

JEWISH CHAPLAINCY Into the 21st Century

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The scope of Jewish chaplaincy has expanded greatly in recent years. Although many Jewish chaplains still serve hospitals and nursing homes, chaplains also work in community settings serving non-institutionalized populations. Changing healthcare and population trends point toward an increased need for professional Jewish chaplaincy in the future.

The husband, confronting his wife's pancreatic cancer, asks the Jewish hospice chaplain, "Why is this happening?" Both Mr. and Mrs. A. are Holocaust survivors, who were looking forward to the fiftieth anniversary of their marriage. The chaplain has no simple answer, but spends time listening and exploring Mr. and Mrs. A.'s concepts of God. During her home visits, the chaplain assists in building a fabric of memories, many of them rooted in Jewish experience. Many of these memories will become part of this family's heritage.

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David G., a man in his thirties, is being treated for alcoholism and depression as an inpatient at University Hospital. The Jewish chaplain visits the inpatient psych ward regularly, where he meets David who is receiving regular group and individual therapy and begins participating in a Twelve Step Alcoholics Anonymous program at the hospital. David had not been Jewishly active since his Bar Mitzvah and is now confronting issues of anger and guilt as he tries to wrestle with his understanding of a Higher Power. His conversations with the rabbi over several weeks give him a Jewish context for supporting his explorations with a largely Christian peer group. The chaplain also provides reading materials on Jewish spiritual approaches to recovery. He connects David with a Jewish support group for people in recovery from addictions and with a sympathetic congregational rabbi in his area. David's discussions with the chaplain about God and *teshuvah*

(repentance) were not ones he could have had easily with a psychologist or social worker, even a Jewish one.

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Ellen H. is 24 and suffering from ovarian cancer. Aggressive treatments have been unsuccessful, and her hospital refers her to a hospice program. The Jewish hospice chaplain visits her at home. At first, Ellen said, "I don't want to talk. Just hold my hand and sing Hebrew songs." That is what the chaplain did.

During later visits, Ellen does begin to talk. Her spiritual needs are compounded by her mother having left Judaism for a Christian sect. This chasm could not be bridged, but Ellen did become closer to her Jewish grandmother in her final weeks. The chaplain commented, "This was a very difficult situation for me as well as Ellen—someone just beginning her life losing it. The music was more than passing the time. It also was building a sense of connection to God. Ellen was able to reclaim what her mother had rejected, and be part of the Jewish community at the end of her life. My role as a chaplain is not identical to other professionals—as a chaplain, I have permission to cry with the patient."

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The chaplain works as a Jewish chaplain in City Hospital where she meets Susan K., a 33-year-old new mother, in the neonatal intensive care unit. Susan's baby boy had been

born hours earlier at 28 weeks with multiple life-threatening birth defects. The chaplain spends hours with Susan, not only comforting her but also exploring her frame of reference, her deeper prayers, and feelings. What would be meaningful for her at this moment of crisis? At first Susan, with the chaplain, prays for a normal life for her baby. Later she prays for him to live until his first birthday. Still later, Susan prays for him to live long enough to have a *bris*. Becoming officially part of the Jewish people and receiving a Hebrew name are extremely important for Susan and her husband Dan. Unfortunately, none of these hopes was to be. The baby dies 24 hours later and is formally named and circumcised posthumously (this ritual is a tradition not followed by all Jews). The chaplain's modest presence helps Susan and Dan articulate their hopes, prayers, and fear of loss in a supportive Jewish context.

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At a geriatric center, the Jewish chaplain creates a rhythm of Jewish time through celebrations of Shabbat and holidays. Even cognitively impaired residents respond to music and liturgy. Time is often repetitive in an institution, with little variation for the residents. Yet the chaplain and chaplaincy assistants change the entire atmosphere in small ways. People wish the chaplain "Good Shabbes" even at midweek.

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At a Jewish Community Center (JCC) senior center in an older Jewish neighborhood, a Jewish chaplain meets with Mr. D., an elderly member, after a class taught by the chaplain. In this neighborhood, once home to tens of thousands of Jews, two small shuls without rabbis and the JCC are the only remaining Jewish institutions for hundreds of elderly low-income Jews. Mr. D. shares some of his concerns in his private meeting. Before he leaves, he says, "You know, I haven't talked to a rabbi in forty years." The chaplain promises to see Mr. D. again next week at the Hanukkah program he is leading. Soon, the

chaplain leaves the senior center to make a visit to a homebound woman.

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At a federation-sponsored apartment complex for the elderly, a group of residents await the rabbi's weekly Torah study class. As the chaplain introduces some basic ethical issues from *Pirke Avot* ("Ethics of the Fathers"), a lively discussion allows participants to draw on their own values and memories. After the class, the rabbi meets with the building social worker to discuss plans for a Hanukkah celebration. Later, the chaplain will make pastoral visits to a number of residents, including one who has recently lost an adult child. In the past, volunteers led weekly Shabbat worship services, but other Jewish activities were irregular. Volunteers continue to visit, but Jewish programming and attention to the spiritual needs of residents and staff have greatly increased since the chaplaincy program began this year.

Almost all of these examples are from 1996 or 1997. Yet, most of these encounters—in a nonsectarian hospital, a Jewish hospice program, a JCC, or at federation-sponsored apartments—would have been unlikely only a few years ago.

Jewish chaplaincy is a professional service combining religious, spiritual, and human contact. The chaplain not only leads programs or provides counseling but also represents the Jewish community and the spiritual values of Judaism. In addition to working within Jewish institutions, chaplains reach out to the community and to Jews in secular institutions. One director of a major city's chaplaincy program remarked, "Our chaplains see more unaffiliated Jews in a given week than any other agency in the city." Although this statement may not be statistically correct, undoubtedly Jewish chaplains are in contact with hundreds of Jewish families and individuals, most unaffiliated, at times of crisis, loss, or search for meaning.

The importance of spiritual well-being to health and healing, particularly in the face of

disease, aging, and changing life circumstances, is increasingly being recognized. Chaplains have a unique role in promoting this process, in cooperation with social workers, nurses, physicians, Jewish educators, and congregational rabbis.

Jewish chaplaincy today is also a bastion of a *klal yisrael* orientation. Along with Hillel, which can be viewed as a special kind of campus chaplaincy, Jewish chaplaincy is one of the few venues where rabbis and lay people of the Reform, Conservative, Orthodox, and Reconstructionist movements come together and deal with spiritual and religious issues. Chaplains, by definition, have to be willing to work with Jews (and often Jewish and non-Jewish staff) regardless of affiliation. Almost no hospital, geriatric home, or other facility has a separate "Orthodox chaplain" or "Reform chaplain." And together, particularly in the National Association of Jewish Chaplains, women and men in this field of Jewish communal service learn from one another while respecting their differences.

PROFESSIONAL TRAINING AND STANDARDS

In these examples, I have usually used the term "chaplain" rather than "rabbi." Although in fact the vast majority of professional chaplains are ordained rabbis, some are cantors, and others have pursued a combination of advanced Jewish education and specialized chaplaincy education. These chaplains are also eligible for professional affiliation and certification.

In the past, professional chaplaincy training was often hit-or-miss. As part of five or more years of graduate studies in rabbinics, many rabbis had a course or two of the "Counseling 101" type. Some rabbis pursued additional training in social work, psychology, or a related field. However, most rabbis were put into a "sink or swim" mode of learning. And in some places, chaplaincy positions were viewed as rather harmless posts to assign to rabbis who did not quite fit in with congregations or who needed a little extra income.

As in the field of Jewish education, much has changed in recent years. Chaplaincy is increasingly becoming a career choice. Specialized training is more and more becoming the norm in the field and is often required by both Jewish and general employers.

Early in this century, a primary model for general chaplaincy training was developed by Protestant clergy educators: Clinical Pastoral Education (CPE). Since the 1980s more Jews (along with more women, blacks, Hispanics, and other non-Protestants) have pursued CPE, professionalizing this field. Largely based in accredited programs in hospitals, each unit (roughly a full-time 40-hour per week academic quarter) includes a small group experience with 400 hours of didactic, group, and individual sessions and supervised chaplaincy service. Many full-time hospital chaplains have four units of CPE (equivalent to twelve months of full-time supervised internship, not always taken consecutively). One unit of CPE may also be completed on a part-time basis over nine months.

In recent years, many more rabbinical students and other Jewish students have been taking CPE. In addition there are special CPE programs or other supervised internships in chaplaincy at several rabbinical seminaries or sponsored by other Jewish institutions, such as the Philadelphia Geriatric Center and Baltimore's Sinai Hospital. Other future chaplains have pursued master's-level training in pastoral counseling, social work, clinical psychology, or family therapy. All of these programs have in common a strong base of supervised casework and classroom studies.

The National Association of Jewish Chaplains (NAJC), founded in 1990, includes many chaplains now working in the field among its 200 members. To recognize advanced training and experience the NAJC awards (as do non-Jewish chaplaincy groups) certified status to some members. To receive the credential of Certified Jewish Chaplain requires advanced Jewish and general education and practical experience plus four units of CPE or an equivalent in another field (at least a year of graduate-level specialized training).

ROLES AND LOCATIONS OF CHAPLAINCY

Military

The first Jewish chaplains in the modern sense were in the military. In fact, the only references to chaplains in the *Encyclopedia Judaica* (1971) are to military chaplains. Hundreds of rabbis have served in the armed forces over the years, particularly during wartime. Today, with military force reductions, there are fewer than three dozen rabbis on active duty with the U.S. Armed Forces, although many more serve in the Reserves. Their work is coordinated by the Jewish Chaplains Council, which works in coordination with the JCC Association.

Jewish Facilities

Jewish-affiliated nursing homes and other long-term care facilities and Jewish-affiliated hospitals have often had Jewish chaplains, in this country and abroad. Yet, many of these facilities in North America have viewed Jewish religious needs in very narrow terms: the provision of kosher food (in many cases) and religious services, especially for Shabbat and major holidays. Missing from this view is pastoral care that actually takes up most chaplains' time: counseling residents, leading classes and educational activities, providing spiritual support to staff, serving on institutional ethics and other committees, and working with families over issues of institutionalization and the care of their loved one. Yet one major Jewish-sponsored institution a few years ago responded to protests when it terminated its Jewish chaplain by saying it did have a rabbi—working in the kitchen as a *mashgiach* (kashrut supervisor)!

The majority of full-time Jewish chaplains in North America work at a facility with a Jewish affiliation. With changes in the health care field, there are only about a dozen Jewish hospitals outside of New York, although many others retain elements of a prior Jewish connection. Yet, not all federation-affiliated and independent Jewish geriatric facilities have a staff Jewish chaplain. One recent article on

Jewish geriatric facilities did not mention chaplaincy or the specific Jewish needs of residents (Shore, 1995/96). Federation housing facilities and other Jewish-supported living apartment complexes, even if they have a chapel, are even less likely than nursing homes to have a Jewish chaplain as part of their staff.

Correctional Institutions

Although Jews do not like to acknowledge that Jewish criminals exist, Jewish chaplains have served on a part-time basis in prisons for decades. Prisons have become one of the few growth areas of the state and federal government, with the total number of incarcerated persons doubling in the last decade. Many Jewish prisoners feel special pangs of separation from home and family and the pain of being in a religiously alien environment. Most Jewish prison chaplaincies are part-time appointments. In several states, such as New York, Pennsylvania, and California, Boards of Rabbis have a contractual or advisory role (Religious Endorsing Body) for Jewish chaplains. In recent years, several full-time Jewish chaplaincy positions have been established in the Federal Bureau of Prisons and in a few of the largest states.

Mental Health and Mental Retardation Facilities

In contrast to prisons, the census at these state facilities has gradually been declining as deinstitutionalization continues, particularly in state mental health centers. Again, in larger states, the state authorities have a formal relationship with Boards of Rabbis to appoint and finance Jewish chaplains. Other facilities make individual arrangements or have no paid Jewish chaplains. This creates special burdens for serving Jews in institutions in isolated rural areas. In addition, Jewish groups need to consider how to maintain Jewish ties for residents who may be discharged into group homes scattered across a state. Chaplains with special training and abilities are particularly valuable, yet often

the part-time nature of these settings makes it difficult to find Jewish chaplains with an interest in populations with special needs.

Newer Roles

In several cities, there are now Jewish hospice programs under Jewish communal auspices. One of the earliest programs was Philadelphia's Yedid Nefesh (formerly Yad L'Chaim) program of Jewish hospice chaplaincy, which began in 1985. Now a part of the Board of Rabbis, this federation-funded program provides spiritual counseling to Jewish patients and families in various hospice programs in the region. Chaplains make home visits to patients and follow-up bereavement visits to families. Yedid Nefesh does not include the medical aspects of hospice. Similar programs exist in San Francisco (Ruach Ami) and in MetroWest, New Jersey. In another model, in use in Detroit, a Jewish chaplaincy is affiliated with a particular secular hospice that can provide the medical and social services needed.

Jewish Chaplains in "Secular" Facilities

In the larger cities, Boards of Rabbis or other Jewish chaplaincy agencies have long provided part-time Jewish chaplains to major hospitals and long-term care facilities. Some non-Jewish hospitals have hired full- or part-time Jewish chaplains, although this is still unusual.

Hospital stays are shorter than in the past, and hospitals are merging and sometimes changing their focus. In general, hospital patients are likely to be sicker than in years past. Spiritual health is increasingly recognized as a component of physical and mental well-being. Yet, the specific needs of Jewish patients are not always met.

With more rabbis completing Clinical Pastoral Education or similar programs, will Jewish chaplains be considered for positions not specifically slotted for Jewish chaplains? It has long been assumed that Protestant chaplains in particular can provide "generic pastoral care." Relatively few Jewish chap-

lains are currently in such positions. As the number of Jewish candidates with appropriate training and experience grows, we will have to watch trends and advocate for fair consideration of chaplains of a variety of religious backgrounds.

Community Chaplaincy— An Emerging Field

One exciting development in recent years is the development of community chaplaincies, in which several part-time chaplaincy positions at separate facilities are combined into one full-time position. This enables medium-sized communities, such as South Jersey or St. Louis, to find a chaplain with appropriate training and experience.

A second focus of community chaplaincy is on Jewish connection outreach, and service to those isolated in the community. In Philadelphia, the Board of Rabbis now has programs of Jewish chaplaincy serving the non-institutionalized elderly at two JCC senior centers, one non-federation Jewish senior center, and one apartment unit of federation housing. These programs all include adult education, holiday programming, individual counseling, home visits to shut-ins, and work with the staffs. Due to limited funding, as yet none of these pilot programs is more than four hours a week. Yet, the chaplains are bringing an important Jewish dimension to hundreds of individuals who largely are not affiliated with synagogues.

Other discussions have taken place in Philadelphia between the Board of Rabbis and such federation agencies as Jewish Family and Children's Service, Federation Day Care Service, the JCC, and Federation Housing on possible future roles for a professionally trained rabbi. A rabbinic resource, with a background in counseling or Jewish education, would serve the agencies by providing Judaic enrichment through continuing education for staff, program development, and assisting in referrals from individual counselors. Although this position may not formally be called "chaplain," it is a kindred role.

Chaplains and Congregations

Chaplaincy offers a potential bridge between the synagogue and federation communities. Most congregational rabbis are extremely busy with their own synagogues and community activities. Although almost all respond to questions from strangers or occasional emergencies, few congregational rabbis or cantors can make serving the unaffiliated their highest priority. Not all rabbis have the specialized training to work effectively with the elderly, the sick, or other special populations. Chaplains have both the background and the potential to bridge denominational differences while engaged in their work of *bikkur holim* (visiting the sick).

Chaplains, along with congregational rabbis, cantors, and other professionals in the community, can play a key role in training para-chaplains or other volunteers, such as synagogue-based *bikkur holim* or "caring community" committees.

A wider field of Jewish healing has emerged as well, involving lay people, congregations, rabbis, as well as professional chaplains. Many synagogues and communities now have healing services to pray for spiritual and physical health for those in need and their loved ones. The National Center for Jewish Healing, based in New York, has played an important role as a resource to these developments. Jewish Family Service agencies, synagogues, and other Jewish agencies have supported some of these programs (Hirsch & Weintraub, 1996/97).

STRUCTURE

Direct Employment by a Jewish-Affiliated Facility

This model is the most familiar arrangement. The Jewish geriatric home or hospital directly hires a Jewish chaplain as part of its staff, on either a full- or part-time basis. Sadly, some Jewish long-term care facilities do not have a regular chaplaincy program. Others have limited programs that do not make possible ongoing pastoral care of resi-

dents and families, educational programs for residents and staff, and fostering Jewish celebration. Facilities contemplating hiring a chaplain directly should contact the National Association of Jewish Chaplains so that they can be aware of professional standards in the field.

Direct Employment by a Secular Institution

Some hospitals, nursing homes, and hospitals, recognizing the needs of a significant Jewish population, employ a Jewish chaplain directly on a full- or part-time basis.

Chaplain Hired by a Board of Rabbis or Jewish Chaplaincy Agency

In such large cities as Philadelphia, New York, Chicago, and Los Angeles, many part-time and some full-time chaplains are hired and supervised by the Board of Rabbis. In other communities, such as Boston and MetroWest, a special Jewish chaplaincy agency (usually federation-affiliated) fills this role. Together, these chaplains serve many thousands of residents and patients at dozens of institutions.

In some cities, hospitals have made major contributions to funding Jewish chaplains hired by these agencies, whereas in others federation or other communal funding is used almost totally. Some major hospitals, such as Philadelphia's Hospital of the University of Pennsylvania, have added a Jewish chaplain to the staff on a half-time or greater basis; other hospitals have reduced chaplaincy service. In some communities, an interfaith coalition may be able to lobby key institutions for greater support for chaplaincy. What seems certain is that, while hospital funding should be sought, it is not usually a dependable basis for providing a needed service to patients and families. Nursing homes/long-term care/rehabilitation facilities, with a different financial structure (many owned by profit-making entities), are more able to fund chaplaincy services, but not all are willing to do so.

Chaplain Hired by Other Jewish Agencies

In some medium and small communities, such as South Jersey and Denver, the professional Jewish chaplaincy program is affiliated with a Jewish Family Service or with a Jewish geriatric home, Jewish hospital, or other agency.

Private Organizations/Consortiums

The most prominent example of this model is a nondenominational nonprofit organization, The Healthcare Chaplaincy, Inc. (HCI), centered in the New York area. HCI contracts with many hospitals to provide full-time interfaith chaplaincy coverage by professionally trained chaplains, including Jewish chaplains. HCI serves major hospitals including Memorial-Sloane Kettering and New York University Hospital.

The Role of Foundations

As Jewish agencies face limited budgets and the prospect of major government funding cuts, both small and major foundations have a growing role to play in establishing and maintaining Jewish community chaplaincy programs. Without such support, it may be difficult to create new types of chaplaincies in JCCs, Jewish senior citizen housing, services to Jews with mental retardation, and other settings.

TOWARD THE FUTURE

Prophecy is always risky. The outline that follows is less a prediction than a positive vision of what a greater recognition of Jewish chaplaincy can achieve.

In the 21st century, there will be more opportunities for Jewish chaplains to work in non-traditional settings, much as some Jewish educators are now working not only in schools but also in JCCs and other community institutions. Chaplains, who have counseling as well as rabbinic or equivalent backgrounds, are more likely to be working with JCCs, Jewish Family Services, Jewish housing complexes, and outreach projects that are

not focused on institutionalized populations. Interagency teams of chaplains, Jewish educators, and outreach workers may become more common.

The aging of the Jewish community will force attention on how to provide Jewish services and religious connection to people in long-term care facilities, at home, and in an increasing number of intermediate facilities such as Jewish apartment and assisted-living complexes. The baby-boomer generation as a whole is more open to spiritual questions than older age groups, and Jewish communal agendas will need to reflect that concern.

This tendency will be enhanced by a need for our major Jewish agencies—housing, Jewish Family Services, JCCs, and the like—to justify what it is that they do for younger or older clients that is specifically Jewish. If the agenda of the Jewish community continues to stress continuity, the unique aspects of providing Jewish connections and a dignified Jewish life for people at various points in their life cycle will need to be articulated and expressed through creating Jewish community.

Jonathan Woocher has recently written that community is the horse that pulls the Jewish continuity cart. If a Jewish apartment complex, day care center, or group home is more than simply a physical building with Jewish clients, how is a particularly Jewish component of education, celebration, counseling, and observance developed? Jewish chaplains will have a larger role working with social workers and other Jewish communal professionals to serve individuals and create new Jewish opportunities—whether through support groups, holiday observances, study sessions, or special Shabbat programs for isolated individuals.

As a result, more communities will recognize that Jewish chaplaincy is a professional field, requiring community support to function at an appropriate level. Almost all communities with Jewish-affiliated geriatric/rehabilitation/senior day care centers and Jewish housing for the elderly will recognize a need for a program of intensive Jewish

pastoral care. Jewish chaplains in hospice programs will be much more common. In addition, aging Jews will be less concentrated in a handful of federation-affiliated facilities, requiring a community-based approach rather than one based solely on a handful of specific institutions.

There will be greater recognition of the importance of spiritual support for people with chronic illness, most of whom are not in institutions. I envision an increased role for chaplains visiting recently discharged hospital patients with serious illnesses, supporting residents of group homes for people with mental illness or mental retardation, and making home visits to the chronically ill and frail elderly. Trained volunteers will have a key role, but they must have professional assistance and be able to refer spiritual or religious issues to someone with Jewish knowledge and professional sensitivity when necessary.

Major hospitals serving a significant number of Jews and their homecare and outpatient programs will have Jewish chaplains, sometimes shared among several facilities or sites. Most medium and large Jewish communities will have one or more professionally trained community Jewish chaplains to serve the sick, institutionalized, and isolated in cooperation with congregational rabbis and Jewish communal agencies. Larger communities will have a staff of several full-time community Jewish chaplains who can specialize by field of work or by neighborhoods served. They will work with part-time chaplains serving some facilities and with volunteers to

meet existing needs and will cooperate with other Jewish agencies in creatively developing more comprehensive ways to meet spiritual and physical needs.

The professional chaplaincy role will be supported by an appropriate level of compensation and benefits. In addition, a structure for planning and setting priorities and for involving volunteers in Jewish chaplaincy will be needed. Professional organizations, particularly NAJC, will play an increasingly important role. NAJC, as well as communities such as Philadelphia with years of experience, will share resources with other communities that are considering an expansion of chaplaincy services to reach out more actively.

Chaplaincy programs can creatively enhance the lives of Jews who may be in need of Jewish contact and spiritual support—the elderly, ill, people with special needs, those facing the death of a loved one, the disabled, the unaffiliated—all those who are also made *b'tzelem elohim*, in the divine image.

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