

At the Heart of the Rabbinate, the Experience of Chaplaincy

By Eileen Fisher

On a Friday in late December, Dr. Marsha Silberstein arrived as usual for her monthly visit at a Center City nursing home. Having navigated past a glittering Happy Hanukkah banner—which hung across the reception desk, framed by plenty of red and green—she began working her way down her list of a dozen or so Jewish patients, visiting each one.

Her fourth stop brought her to the room occupied by her most challenging case. Silberstein knew she would not be able to have a conversation with this patient, as she had with most of the others: she, wishing them good Shabbas and happy Hanukkah; they, happily greeting her as rabbi (though Silberstein, an M.D. who is in her second year at RRC, reminded them she is still a rabbinical student). Here the patient’s disoriented cries of “No! No!” greeted her even before she stepped into the room.

And so Silberstein segued smoothly into doing what she did each time she visited this patient: She approached his wife, who was always happy to speak with her. “In our 30 years of marriage, we were always on the go—until last year,” the woman volunteered, summoning a small ironic smile. “Should I say a *misheberakh*?” Silberstein asked. The room was quiet as Silberstein leaned close to the man’s good ear and invoked male and female ancestors, “*avoteynu v’imoteynu*,” at the opening of her extemporaneous Hebrew prayer for healing. She asked God in English to help the man recuperate. When she finished speaking, he called out once, a soft low-pitched sound.

Perhaps her words had reached him? For RRC students who serve as chaplains to people in crisis, uncertainties are par for the course—especially at the beginning, as some who have never been so close to serious illness wonder how they can possibly help. Rabbi Linda Holtzman, who oversees applied learning as head of RRC’s Practical Rabbinics department, often hears these students describe variations on the same moment in their early experience: “I stood in the hallway looking in at the patient’s room, frozen.” Inevitably they, like Silberstein, cross the threshold, and the dialogue that follows deepens their rabbinic identity invaluablely.



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Dr. Marsha Silberstein, a student rabbi, with a Center City nursing home client

In the growing field of Jewish chaplaincy, RRC has been a trendsetter. The College was the first Jewish seminary to offer a specialization of any sort in chaplaincy.

All students are required to take a course in pastoral counseling—a class for which they must gain relevant field experience—and some pursue an advanced course as well. Many take on additional training and related jobs in hospitals, eldercare facilities, boarding homes, prisons or hospices. This academic year, RRC students are working as chaplains in a total of eight positions. (Silberstein occupies two,

doubling as service leader and ad hoc pastoral caregiver for an HIV/AIDS group.) In these contexts they offer pastoral care, bringing a spiritual presence to their clients as part of their regular rounds. And a growing number are choosing to pursue an intensive preparation in pastoral work that is highly recommended though not required by RRC: They become certified in CPE, or Clinical Pastoral Education, a rigorous course of professional education in which clergy of various faiths receive instruction and supervision as they serve people of all religions in institutional settings.

Students also can receive clinical

supervision at RRC from Rabbi Dayle Friedman for their pastoral work. And many take all or some of the cycle of courses taught by Friedman—the director of Hiddur: The Center for Aging and Judaism—that lead to a certificate in aging.

But no matter their path or whether they intend to practice as chaplains upon graduation, their pastoral experience becomes an essential tool. Pulpit rabbis don't spend every working moment on the *bimah*. Often there come those times when someone seeks them out: "Rabbi, there's something I'd like to speak with you about." That's when the need for a



person-to-person rabbinic presence arises.

“Something like CPE makes a big difference in your understanding of yourself as a rabbi,” Holtzman says. Often patients and their families are caught in the throes of life’s most difficult experiences, and student chaplains are put in direct contact with those experiences, many for the first time. Yet Holtzman feels that in the process, they undergo crucial personal changes. “When you’re in a room with parents whose child has just died, it pushes you to rethink everything you’re doing and puts everything else in perspective,” she says. “It changes the way you see life in a way that, for a rabbi,

changes the way you see your entire rabbinate.” It is professional maturation, she concludes—“a ‘growing up’ experience.”

Paramount for many students is the question of how to bring an authentic rabbinic response to these situations. In the beginning, at least, many feel they should be able to say just the right thing, the thing that will make everyone feel better. Eventually they come to view that scenario not as a goal but as a fantasy, and they realize that, in fact, a more minimal approach may be more meaningful.

But for RRC’s many high achievers, the philosophy that “less is more” may not be a natural fit.

Silberstein, in addition to being a doctor, is a board-certified anesthesiologist. She directed Medicare review services for Independence Blue Cross and was a vice president at CIGNA. “The hardest thing for me was learning how to just be,” she says. “As a doctor, and in the rest of my life, I *do*. The idea of just coming in, saying hello, sitting down, holding someone’s hand . . . I discovered that a minute is a long time! One of the things that really helped was Jacob Staub’s meditation course. You learn to sit and let things bubble up for you—or in this case, for patients.”

Indeed, for a student rabbi considering the range of responses



one might offer in a crisis—from simply listening to sharing a piece of Jewish knowledge—listening is the first step. “It’s listening with the kind of ears that then open you to draw on texts you’ve learned, on stories that speak to you, to share in this kind of setting,” Holtzman says. “Suddenly you may hear the words of a psalm jump out at you. The bottom line for chaplaincy is, it’s about being present, being really connected in body, mind and spirit. And if you are truly present, when something jumps out at you from Jewish tradition, it’s something that can help the other person, the patient, connect.”

For Silberstein, who has always been interested in medical ethics and intends to practice as a chaplain when she graduates, the personal transformation related to this work was most dramatic in her CPE training at Jefferson University Hospital, a setting that echoed her experience as a doctor. Administering anesthesia, she says, was very much like chaplaincy because the people she served medically also were at a dramatic turning point, receiving surgery. “In fact, as the anesthesiologist you are the one person who is keeping the patient going, both psychologically and physically, before, during and after surgery,” she says. The difference, of course, is that she is no longer focused on diagnosis and treatment. “Now it’s more, there’s a person in the bed, and we’re speaking on a very deep level about whatever it is that’s bothering them.”

Of course, the patient has various supports in place, from medical personnel to the physical therapist to the social worker. Yet chaplains have a unique role. “Your job is the connection to God—whatever that means to people, and the meaning ranges tremendously,” Holtzman says. Silberstein agrees that the role varies from “just being a non-anxious presence,

to being a representative of the community, or maybe a representative of God—depending on how particular patients look at you—as they work through the emotional trauma their diagnosis may bring.”

In an interfaith setting such as CPE, chaplains are provided with materials that use fairly generic language but are nonetheless appropriate for the individual patient, given his or her religious background. Silberstein found, though, that specifically Jewish requests came up often. “There was a Jewish fellow in the intensive care unit whose family wanted his name changed so that the angel of death would not find him,” she recalls. “My non-Jewish colleagues asked, Do you know what this is? Yes, I said, I’ll take care of it. It’s traditional, though I hadn’t seen it in years.” She found the ceremony listed in a rabbinic manual.

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The roots of CPE, originally a Protestant-based enterprise, go back to 1930, when the first of four ancestors to today’s overseeing body was established. By contrast, the National Association of Jewish Chaplains, based on the CPE model, was established in 1989.

During Silberstein’s intensive care work, she was asked to change a patient’s name so the angel of death would not find him.

The specialization is now being populated by only its second generation of professionals.

Theories vary as to why the Jewish effort in chaplaincy occurred later than the Christian. Some say that Jews are less comfortable with extemporaneous prayer—without a synagogue, a minyan or a prayer book to frame it. Or maybe it's that visiting the sick has traditionally been considered the responsibility of the community, suggests Friedman, the geriatric chaplaincy specialist. "It's been up to the congregation," she says. "That it would be the purview of the rabbi is a modern American construct." Whatever the reason, by the 1980s rabbis were finding they were called upon to address all sorts of family and personal problems, Friedman points out in her introduction to *Jewish Pastoral Care: A Practical Handbook*. At the same time, she says, the Jewish healing movement, which was crafting a contemporary Jewish response to suffering and illness, was starting to take hold.

Now, Friedman says, the trend toward increased professionalization in Jewish chaplaincy is gaining speed. Indeed, several RRC graduates work in leading

chaplaincy positions around the country. Among them is Elisa Goldberg, '99, who, as the director of the Joan Grossman Center for Chaplaincy and Healing at Jewish Family and Children's Service of Greater Philadelphia, supervises a number of student chaplains. Along with some outside fellowships that students have been granted for such training as Clinical Pastoral Education, RRC offers its own scholarships that fund CPE and offer a stipend; each year, four students can receive a John Bliss Scholarship for Clinical Pastoral Education, funded by RRC board member Bill Fern, Ph.D., in honor of his life partner.

And alongside the growth trend in chaplaincy are related developments that also answer what Friedman terms a "call for relevance" in Judaism. "By that I mean there are a number of kinds of work that seek to respond to the contemporary realities of Jewish life: chaplaincy, healing, spiritual direction and, generally, the field of Jewish spirituality. There is the sense that through these avenues, Judaism can be relevant to people at the high points and the low points of their lives." And chaplaincy, she says,

continues to follow social trends: "With the changing [nature] of health care and the aging of the population, many more chaplains are finding themselves working in hospice," which reflects both the need for spiritual care among the dying and the bottom-line fact that hospice is a required service under Medicare.

Where might today's student chaplains serve tomorrow? Consider the "still undefined but exciting prospect of chaplaincy for the growing numbers of frail elders who will be cared for in their own homes, not in institutions," Friedman projects. "We have a whole new challenge in front of us."



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