

The Jewish **Post & Opinion**

*Presenting a broad spectrum of
Jewish News and Opinions since 1935.*

When someone Jewish is Dying what makes it Jewish?

Interview with Rabbi Amy Eilberg

JENNIE COHEN – Larry Beresford, author of *The Hospice Handbook*, says, “Hospice care is defined as a program of care for people with terminal illness.” He says, “It’s not curative treatment,” it tries to provide comfort by alleviating all the symptoms of a terminal illness, physical pain being the biggest comfort issue. Are you in agreement with this definition?

RABBI AMY EILBERG – I would add, it approaches the whole person, not just their disease and it addresses the person in the context of his or her environment including their loved ones, family and close friends. Hospice brings together the doctor, the nurse, the specialist, the social worker, the volunteer and the chaplain to work in a coordinated way to meet the needs of the person and their “family.” That is really the best kind of medical care.

COHEN: What is the difference between Jewish hospice and secular hospice?

EILBERG: Hospice care in general is attuned to the spiritual dimension of the dying process. The advantage of Jewish Hospice is that it enables terminally ill Jews to address the dying process in a Jewish way with others who are Jewish, some of them knowledgeable in the area of Jewish observance, which enables them to integrate their care giving with specific teachings on living and dying in the Jewish tradition.

COHEN: When a Jewish person is close to death, why would it be important for them to have hospice care that is Jewish?

EILBERG: What is powerful about Jewish hospice is the way the worker, whether professional or volunteer, not only brings himself or herself as an individual caring person but also in some sense represents the care of the entire community. In that way it brings the whole Jewish community into a caring relationship with the person and therefore has the potential to break down isolation which is a common feeling for a dying person.

Also some people have healing to do in their relationship to Judaism. It is not uncommon for people to need that as life draws to an end. It is easier to facilitate that healing when the caregiver is Jewish.

COHEN: What about support for the survivors? Is there help for the family and close friends in mourning?

EILBERG: All hospices offer bereavement care generally supporting the family for up to one year after the death. Sometimes that means referring the survivors to a

bereavement group at Jewish Family and Children Services or other places where that kind of support is offered.

COHEN: People often think of a hospice as a facility or home that takes in terminally ill patients and physically cares for them. Is this always the case?

EILBERG: It is a popular misconception that hospice care is necessarily residential. Most hospice care in the United States is home based. There are places where one can go when it is untenable or not desirable to stay at home, but hospice care is designed to support people to die with as much comfort and dignity in their natural environment for as long as possible. There are a couple of Jewish communities around the country that have a residential program.

COHEN: Does Judaism have anything like the last rites of Catholicism?

EILBERG: We do have a final confessional prayer called the *vidui*, which is essentially a prayer for forgiveness including the recitation of the *Shema*. This ritual is not as dogmatically held or universally known about as the last rites, but it is the Jewish way of easing the transition.

COHEN: Is this only for the dying person or can it be said by their loved ones?

EILBERG: It is preferably said by the dying person but can be said on behalf of the dying person if that person is no longer able to speak. I, often where possible, will gather the family around and recite it together and it becomes a family ritual of farewell.

COHEN: Larry Beresford says that some people who could benefit from the services of a hospice don't get or don't get it until it is too late. Are there any guidelines that you could recommend that would help people in making this decision for themselves or for their loved ones who are very ill?

EILBERG: People are eligible for hospice services at the point when they are told by a doctor that they probably have no more than six months to live. I don't believe that people die sooner once they reach a point of acceptance of their situation. In fact some people live longer once they stop fighting the truth and are open to living fully each day they have left. Sometimes people deprive themselves of the special kind of care that hospice has to offer by being fearful or in denial of this situation.

COHEN: What would you recommend for terminally ill Jews who live in small cities where Jewish hospice is not available?

EILBERG: Hospice care is generally very spiritually centered. I think Jews can get wonderful care from a community program. The next choice is to make contact with a rabbi of a Jewish congregation who is willing to offer supplemental support in order for the person and their family to have that connection to the Jewish community.

COHEN: What advice would you give to communities that have no Jewish hospice but would like to establish one?

EILBERG: The National Institute for Jewish Hospice provides many resources in this area.

COHEN: I checked their website at www.nijh.org and got the following information: NIJH was established in 1985 to help alleviate suffering in serious and terminal illness. A 24 hour toll-free number (1-800-446-4448) counsels families, patients and care givers, and provides locations of hospices, hospitals, health professionals and clergy of all faiths. NIJH provides booklets, books, and cassettes and monographs confronting such issues as truth telling and euthanasia; and provides insights into the art of hoping, the techniques of caring, and the understanding of pain. The NIJH JEWISH LIVING WILL AND DURABLE POWER OF ATTORNEY document is available to anyone at no cost. NIJH's board of governors, headed by Rabbi Dr. Maurice Lamm, President and Founder, and Shirley Lamm, Executive Director,

includes nationally known leaders in business, academia, government and religion who have given their name to support the cause of the Jewish terminally ill. Contact them at: National Institute for Jewish Hospice, 732 University Street, North Woodmere, New York 11581

COHEN: What books would you recommend for people who want to learn more or are in need of information about death and dying from a Jewish perspective?

EILBERG: *Jewish Reflection on Death* edited by Rabbi Jack Reimer; *The Jewish Way in Death and Mourning* by Rabbi Maurice Lamm; *Explaining Death to Children* by Rabbi Earl Grollman; *Mourning and Mitzvah* (a workbook) by Anne Brener; *Open Hands: A Jewish Guide On Dying, Death and Bereavement* and *Willow Baskets, Colored Glasses; A friends Guide to Comforting Mourners* by Rabbi Rami Shapiro. I have a favorite book on grieving that is not specifically Jewish called, *How to Survive the Loss of a Love* by Melba Colgrove. I recommend Stephen Levine's books, *Healing Into Life and Death* and *Who Dies?* Even though they are from a Buddhist perspective, much of what they teach is useful and translatable into Jewish idiom.

COHEN: In *Healing and the Mind*, an award-winning documentary with Bill Moyers, which aired on PBS in February 1993, David Spiegel, M.D., was interviewed. He is professor of psychiatry and behavior sciences at Stanford University School of Medicine. Dr. Spiegel has scientifically proven that women with breast cancer who participate in group therapy live, on the average, 18 months longer than those who do not.

Another interview in the documentary was with Rachel Naomi Remen, M.D., medical director of Commonweal, a retreat center for people with cancer, located in Bolinas, Calif. There was no study done to determine if the people who attend this retreat live longer but it seems the quality of their life was improved. Have you found any practices in general or from Judaism in particular that have been helpful in improving the remaining days of someone with a terminal illness?

EILBERG: All of the work that we do at the Jewish Healing Center and the hospice in particular is geared to helping people to open toward a '*refuat hanefesh*' (healing of the spirit). This process can mean very different things for different people. It can mean reviewing one's life and recognizing and claiming the joys and satisfaction one has experienced. It can be identifying areas that are unfinished and need to be addressed in the time that is remaining, particularly in terms of relationship conflicts that can be resolved. This provides one kind of spiritual healing.

For other people, the process is an opening to a depth of spiritual life, a willingness to let God in or to come into closer contact with their Jewishness. For some people the healing is simply a greater acceptance and peace, past the stage of fighting and raging against their condition, to realizing death is part of life and that their death is part of a cycle of what it means to be human. For example, there were many people who came before and many who will live after and all of those people will at some point reach this place of confronting death.

I used to wonder why rabbis would say the *Mi Sheberach* (prayer for healing) which asks God to grant the person recovery, when they knew the person was going to die. Why would they ask God to bring this person life and healing? For a long time, I sort of choked on those words because it seemed to me to be unrealistic to pray for longevity. When I discussed this with other rabbis, one friend of mine said to me, "How do you know what kind of healing this person needs? We can pray for healing and leave the form of it up to God. God provides whatever type of healing this person needs." Often,

after a long illness of suffering, the death itself is a healing for the person and their family.

The way the *Mi Sheberach* is worded implies something very wise and profound. It places '*refuat hanefesh*' (healing of the mind) before '*refuat haguf*' (healing of the body). That is to say that the spiritual healing is fundamental. There are occasions when that kind of healing actually affects bodily processes but there's no predicting when that may happen. However, opening to the life of spirit always affects how we are living for whatever length of time we have.

COHEN: One of the cancer patients in Dr. Spiegel's group said that when she felt pain returning to her neck after a period of remission, she could not tell her family about it. She said there was already so much tension in her house because of her illness she could not bear to report more bad news. We already know from Dr. Spiegel's study that this woman's need to talk about her pain was helped by being able to share it with the other cancer patients. What advice would you give to the family or close friends about how to communicate with their loved one who is terminally ill?

EILBERG: The main thing is to be as open as you can and to speak as honestly to the patient as they can tolerate. That often means breaking longstanding family traditions of not talking about painful truths. If those rules stay enforced at this time it means the patient has to go through the dying process in isolation. Those rules cease to serve well at this time, because then the pain and fear is compounded by loneliness which is unnecessary. When the family members, out of love, spend all their energy trying to protect one another from what everyone knows anyway, there is loss of opportunity for both helping one another share the burden and also taking the step forward to saying goodbye in a more meaningful and loving way.

My advice is to say as much as you can. We live in a culture in which speaking about death is a taboo. Notice your own fear and don't be limited by it. Many of the most beautiful and sacred passages through the dying process occur in families where people allow themselves to speak the truth, including speaking of their own sadness.

COHEN: What might help the survivors cope with their own doubts, fears, sadness and grief?

EILBERG: Community. The time of grieving both before and after the loss is the time to call upon every conceivable source of support that you have in your life and to look for new ones. It is a time to turn to family and friends, professional caregivers and spiritual resources.

The classic Jewish way of searching out a new source of support is attending services regularly and saying the *Kaddish* (prayer for mourners). When this proves to be beneficial, it is because community and structure help people put one foot in front of the other in the midst of overwhelming feelings. Also this helps one recognize that this is a process of life that everyone goes through at one time or another.

In my experience, people grieving who know that they have already said everything that needs to be said before the person died, have a much easier time, relatively speaking, than those who did not. There is no way to prevent the feelings of sadness, anger and grief but it would be wise to anticipate, "What will I be sorry for if I don't say and do?" and do just that. Otherwise one could end up having to deal with feelings of regret and guilt in addition to the feelings of grief.

COHEN: How would you answer the previous question if the survivors were young children.

EILBERG: Definitely tell them that death has happened and acknowledge the sadness. The worst thing for kids is to be left to their own imagination to explain why everyone is crying or why the other people who care for them are suddenly unavailable because they are wrapped up in their own grief. Leave open space for the child to express what they feel in words or actions. For a child, that will probably be sporadic over a long period of time because they cannot sit down and talk through their feelings. Sometimes they display their grief indirectly and sometimes they ask the same questions over and over again.

Do not say to young children that the person who died has gone to sleep because that can make some kids afraid to go to sleep. Differentiate between the kind of sick that someone dies from and the kind of sick that healthy kids get. Don't make things up or say things that you cannot say with integrity because kids know if you mean what you say. For example, "I don't know why she died. I'm not sure. I know where her body is now, I'm not sure where her spirit is."

COHEN: In 1989 I attended a weekend workshop led by Stephen Levine. He has several years experience with hospice work. He told the workshop participants one statement that surprised me. There were some terminally ill people with whom he worked that improved and recovered from their illnesses. When he saw them a few years later, they told him they missed that time in their life when they thought their death was near. They said, at that time, a lot of life's pressures had been lifted such as financial debts and they lived each day more fully, not leaving unfinished business in the relationships. What can we learn from the terminally ill that could improve our lives?

EILBERG: I agree. An important lesson we can learn from the dying is to live each day fully. I often think about the misunderstanding in the teaching in the Torah that says if one does certain mitzvot, one will be blessed with "length of days." The rabbis knew that physically and chronologically speaking that was not true. Just because a person has done a lot of mitzvot does not guarantee them a long life. However, doing mitzvot, that is to say, touching into the life of the spirit, by living in gratitude of the blessings each day, does guarantee depth of living. It does not ensure how long one will live but it does ensure fullness of days.

Some people only begin to live fully when they know they are going to die. I have certainly seen people who were filled with anxiety but changed in their dying process and in a sense lived a lifetime's worth of beauty and connectedness in the end.

A famous Jewish teaching that encourages one to live fully, leaving no unfinished business is: "Do *t'shuvah* (repentance) the day before you die." At first glance that sounds incomprehensible, however, since no one knows for sure when they are going to die, the teaching is saying, review your actions every day and if you have transgressed, ask for forgiveness.

COHEN: In *Charge Your Mind, Change Your life* by Gerald Jampolsky and Diane Cirincione, they say when they work with the terminally ill they look on each individual as their teacher. Also they found that frequently it was not necessary to say or do anything. Just sitting with the person was all that was needed. Are there any scriptures or teachings in Judaism for caregivers to help keep them from getting "stressed out?"

EILBERG: There is no quick fix that guarantees protection against burnout. Caregivers need to balance the intensity of this kind of work with lots of joy and love in other parts of their lives. Frequently, when someone is dying, the message is: "Do it now. Squeeze as much joy out of every day as you can." So I think the work inspires one to do precisely what one needs to do.

I think it is important for one to respect one's own cycles. This is a time to practice asking for help and support in physical, emotional spiritual ways. This is very hard work and we need to give ourselves a lot of love and support. If one is experiencing a time of low energy, one may need to take a break or reduce the amount of work. Also I think it is very important to talk to someone about upsetting experiences, keeping that within the limits of confidentiality.

One of the biblical resources that I use that is nourishing to me is "Kol haneshama t'halelya." To me it means, with every breath one can give praise to God. One can make every breath a prayer, an awareness of the joy of life. This is so meaningful to me that the name of our hospice comes from that verse.

Another favorite teaching which is from psalms and we use is in Hallel is, "This is from God, it is wondrous in our eyes, this is the day that God has made." I used to *daven* this thinking it meant only Pesach or Sukkot or that day that Hallel is said. Then I realized it means every day is special.

COHEN: Did any unexpected difficulties ever arise in your chaplaincy work because you are Jewish? female? a rabbi?

EILBERG: Much less often than I would have expected. There have been occasions in the eight years that I have been doing this kind of work that someone explicitly told me that they were not interested in my coming back, although that has been very rare. There have been occasions when I have worked with Orthodox Jews for whom there was no way that I could be their rabbi but they would accept me into lives, at that moment, as another caring person. I think there is less resistance to women in the role of pastoral caregiver.

The vast majority of people in this situation, if they are ready to talk, will welcome whoever is compassionate and a good listener. I have a book called *No Time For Nonsense*. I think there are lots of kinds of nonsense for which people do not have time, when they are sick. People set up rules for themselves about who it is okay to talk to and I think at this time people let those rules fall away.

When I first started my job in Indianapolis, I expected that there would be lots of Christians that would not want to talk to a Jew. I have worked with many Christians over the years and I knew there was no way I could substitute for their parish clergy person. That is a special relationship in which I do not speak their language. However, frequently something striking took place in my conversations with Christians. It seemed our differences did not matter because the spiritual dynamics about which we were talking transcended the specific differences in language or metaphors between my tradition and theirs.

COHEN: Are there any important issues that you would like to address which have not been asked?

EILBERG: We need to refrain from romanticizing or judging the dying process, saying that one process is more preferred or elevated than another. For example, saying, "to die in peace is better than to die in rage." We need to be open to the possibility that the dying

process holds opportunities for healing, beyond curing of the body. However it is wise not to impose our own notion of what healing might be and be accepting of whatever process is unfolding for the person in the end. Mitzvah work with the dying is about being present with them no matter what their process is.

COHEN: In your experiences as a chaplain or as a hospice caregiver can you think of any interesting stories that you would like to share?

EILBERG: This is a touching story about interfaith ministry. I was “on call” on Easter at Methodist Hospital in Indianapolis. I had volunteered to do this in order to give the day off to the Christians. I was called to baptize a woman who had just undergone surgery. The woman was unconscious and her daughter was asking for a pastor to baptize her mother. I explained to her that I could not do the baptism but I could help her do it. I told her I could not pray for her mother’s connection with Jesus or the Christian community but I could pray for her mother’s healing and I could be present as she baptized her mother. She prayed and I said some prayers out loud. After the ceremony was over, she turned to me in tears and said, “God must have heard our prayers.”

Rabbi Amy Eilberg is the first woman ordained as a Conservative rabbi by the Jewish Theological Seminary of America. After many years of work in pastoral care, hospice and spiritual direction, Rabbi Eilberg now directs interfaith dialogue programs in Minneapolis and St. Paul, including at the Jay Phillips Center for Jewish-Christian Learning in St. Paul. She teaches the art of compassionate listening in venues throughout the country, and is deeply engaged in peace and reconciliation efforts in connection with the Israeli-Palestinian conflict, as well as with issues of conflict within the Jewish community. She lectures and writes on issues of Jewish healing, spiritual direction, and peace-making.

This interview originally appeared in The National Jewish Post & Opinion July 14, 1993. When it was reprinted in two parts in July 27 and Aug. 3, 2005, a few outdated questions were omitted and an update was added in a different font.

Copyright © 2011 *The Jewish Post & Opinion*. All Rights Reserved