
JEWISH RITUAL, REALITY AND RESPONSE AT THE END OF LIFE

A GUIDE TO CARING FOR JEWISH PATIENTS AND THEIR FAMILIES

Prepared by Rabbi Mark A. Popovsky
For the Duke Institute on Care at the End of Life
May 2007

Production of this guide was supported, in part, by the generosity of
the American Hospice Foundation. Learn more online at www.americanhospice.org.

ABOUT THE AUTHOR

Rabbi Mark A. Popovsky graduated from Columbia University and was ordained at the Jewish Theological Seminary, where he also received a Master's Degree in Talmud and Rabbinics. He currently serves as the Coordinator of Jewish Chaplaincy at New York Presbyterian Hospital in Manhattan. He teaches medical students at the Weill Cornell Medical College and has published several articles addressing emerging topics in the fields of pastoral care and medical ethics.

ABOUT THE INSTITUTE

The Duke Institute on Care at the End of Life, based at Duke Divinity School, works to improve the care of seriously ill patients and their families by creating knowledge and rediscovering old wisdoms about the spiritual dimension of end-of-life care. For more information about ICEOL, visit us online at www.iceol.duke.edu.

Duke Institute on Care at the End of Life
Duke University Divinity School
2 Chapel Drive
Room 0020 Westbrook Building
Durham, North Carolina 27708
(919) 660-3553
www.iceol.duke.edu

ISBN 978-0-9796790-0-1
© Duke Institute on Care at the End of Life



Dear Reader,

Thank you for your interest in *Jewish Ritual, Reality and Response at the End of Life: A Guide to Caring for Jewish Patients and Their Families*. It is our hope that you find it a valuable resource for patient care, as well as an interesting exploration of Judaism's rich traditions.

Judaism provides a vision for compassionate care throughout the continuum of illness—from sickness and death to grieving and mourning. The traditions span centuries, and the rituals remain relevant in contemporary society. The practices have meaning for those immersed in Jewish faith and culture and provide lessons for others. In this way, the value of this guide extends beyond better care for Jewish patients and families to better care for all who face life's end.

The Duke Institute on Care at the End of Life works to improve care by creating knowledge about the intersection of spirituality and health care at the end of life. This guide exemplifies that work by providing insight into Jewish approaches to life's end and highlighting the implications for caregiving. This book was developed as a companion to our 2007 conference of the same name.

The Institute thanks the dedicated committee who brought their thoughts, knowledge and expertise to bear on this guide. Committee members included Linda Belans, Director, Health Arts Network at Duke (HAND), Rabbi Michael Goldman, Jewish Life at Duke, Dr. James Tulsky, Professor of Medicine and Director, Duke Center for Palliative Care and Erica Rothman, independent consultant.

The Institute and the committee are indebted to the author of this guide, Rabbi Mark A. Popovsky, for his enthusiasm for this project and his expertise. We are grateful for his ability to put words to the vision of the committee. Joseph Matthews also deserves thanks for his thoughtful editing.

The Institute is a dynamic resource for those interested in spiritual perspectives of advanced illness, death and grief. We invite you to learn more about us, our work and other educational offerings at www.iceol.duke.edu.

Sincerely,

Richard Payne, M.D.
Professor of Divinity and Medicine
and Esther Colliflower Director

Jeanne Twohig, M.P.A.
Deputy Director

CONTENTS

I. Introduction.....	7	V. Traditional Practices Immediately After a Death	29
• A Wide Spectrum of American Jewish Belief and Practice.....	7	• Conduct at the Moment of Death	29
II. Commonly Used Terms	9	• Autopsies.....	30
III. Providing Care During Illness	11	• Lamenting and Grief.....	30
• Jewish Attitudes toward Suffering and Caring.....	11	• Practices Related to Burial	30
• Care through Visiting the Sick— <i>Bikkur Holim</i>	11	• Time Frame for Burial.....	30
• Caring for Someone Who Cannot Respond	13	• Death on the Sabbath	31
• Prayer as a Response to Illness.....	13	• Caring for the Dead— <i>Taharah</i>	31
• Rituals Performed During Illness.....	13	• Arranging for Burial	32
• Pain Management	14	• Cremation	32
• Communicating with Patients and Families	14	• Rending of Garments	33
• Special Issues in Caring for Holocaust Survivors....	14	• The Jewish Funeral	33
• Gender Issues with Orthodox Patients.....	15	• Assistance with Providing a Traditional Funeral . . .	33
• Supporting Elder Patients	16	• Appropriate Conduct at a Jewish Funeral—A Guide for Non-Jews	34
• Propriety of Nursing Facility Care.....	16	• Rituals for Specific Circumstances.....	34
IV. Providing Care at the End of Life	19	• Suicide	34
• Emotional Responses to Dying.....	19	• Perinatal Loss and Infant Death.....	34
• Finding Meaning as Death Approaches.....	19	VI. Elements of the Mourning Process	37
• Fear of the Moment of Death	19	• Beginning the Mourning Process.....	37
• Anger as Death Approaches	20	• The House of Mourning— <i>Shiva</i>	37
• Reluctance Regarding Palliative and Hospice Care....	21	• How to Pay a <i>Shiva</i> Call—A Guide for Non-Jews . .	38
• Palliative Care and Hospice: Working Definitions. .	21	• Prayer During Mourning— <i>Kaddish</i>	39
• Attitudes Toward Advance Directives	22	• Mourning Non-Jewish Family Members.....	39
• Treatment Decisions Near the End of Life	23	• The First Month Following Burial— <i>Shloshim</i>	40
• Life Support	23	• Different Rituals among Sephardic Jews	40
• An Attempt at Life-Support Resolution in Israel . . .	24	• The Continuing Mourning Process	41
• Do-Not-Resuscitate Orders.....	24	• Bereavement During the First Year	41
• Artificial Nutrition and Hydration	24	• Unveiling the Headstone and Visiting the Grave....	41
• Assisted Suicide.....	24	• The First and Subsequent Anniversaries— <i>Yahrzeit</i> .	42
• Jewish Rituals Prior to Death	24	• Memorial Services and Other Ways to Remember . .	42
• Organ Donation.....	25	VII. Epilogue—Final Thoughts.....	43
• Ethical Wills	26	Glossary of Hebrew and Yiddish Terms	45
• The Afterlife	27	Author's Acknowledgments.....	47

The Kaddish

(a translation from the Hebrew)

Magnified and sanctified
is God's great name throughout the world
which God created.

Speedily may God's kingship reign
for all our days, during our lifetime and
the lifetimes of all the people of Israel.

Let us say: Amen.

May God's great name be blessed
throughout eternity.

Blessed, honored, glorified, exalted,
extolled, decorated, lauded and praised
is God's holy name beyond all blessing,
song and tribute that we may ever offer.

Let us say: Amen.

May great peace descend from the
heavens along with full life upon us and
upon all Israel. Let us say: Amen.

May the One who makes peace in the
universe grant peace to us and to all
Israel. Let us say: Amen.

I. INTRODUCTION

This is a guide for healthcare professionals, chaplains, social workers, funeral directors, family caregivers and others caring for Jewish patients and their families through illness, death and bereavement. Its mission is to introduce the reader to core Jewish concepts surrounding end-of-life care and to provide practical suggestions for responding to sometimes complicated situations in which the clinical, religious and cultural are entwined. The guide introduces the reader to Jewish beliefs and practices regarding illness, death and loss.

One of the greatest challenges for some non-Jewish caregivers working with Jewish patients and families is coming to understand Judaism as both a religion and an ethnicity. The fact that a patient has a Hebrew name or wears a Star of David may indicate that a patient is Jewish, but these markers alone do not predict how that patient self-defines and acts on his or her Jewishness. For example, a Jew may altogether reject Jewish faith or be utterly nonobservant of religious rituals yet firmly remain a Jew in his or her own self-definition, strongly identifying with Jewish historical and cultural traditions. However, even this category can be a fluid one, with some non-religious Jews returning to certain formal religious rituals as death approaches.

Throughout the guide, attention is paid to this complicating aspect of Judaism, which can present difficulties for caregivers—that is, that there is no uniform way of “being

Jewish,” no single Jewish approach to any given situation. The task of this guide is to teach about the beliefs and customs regarding illness and death that many Jews share, while simultaneously preparing caregivers for the fact that many other Jews may adapt, ignore or altogether reject these same principles and practices.

Because of the wide variety of American Jewish beliefs and practices, this guide refrains from generalizing about how clinicians and other caregivers should treat Jews as a group. Rather, the intent is to introduce basic concepts and common themes so that, in any individual case, a caregiver can find guidance about questions to ask and resources to call upon. Toward this end, the guide makes extensive use of personal narrative. Often these stories are exemplars of basic topics; at other times, they provide counter-examples to the traditional or mainstream Jewish approaches discussed. In all cases, names and other identifying data have been changed to protect anonymity.

Each subsection of this guide stands on its own so that the reader may quickly find information about a specific topic. Additional resources for clinicians, caregivers, patients and families are suggested within most sections. A directory of commonly used terms immediately follows this introduction. All Hebrew and Yiddish terms are translated and defined where they first appear in the text; for quick reference, they are also listed and defined again in the glossary at the end of the guide.

A WIDE SPECTRUM OF AMERICAN JEWISH BELIEF AND PRACTICE

As with most religions, Jewish beliefs and practices vary among Jews of different backgrounds, different levels of spiritual engagement and different organizational affiliations. The spectrum is even more complicated because Judaism also encompasses a culture and history that is ethnic as well as religious. This means that for many people their Jewishness derives not so much from a continuously observed set of formal religious beliefs as from family and regional histories—which, overwhelmingly in North America, originate among Central and Eastern European Jews, referred to as Ashkenazi Jews.

The following continuum among contemporary American Jews attempts to sketch some of these complexities. The lines between the categories are blurred and often crossed. Nonetheless,

they can give caregivers a sense of the range of beliefs and practices they may encounter in their Jewish patients and their families.

Secular Jews—Approximately one-half of American Jews do not formally affiliate with any religious institution. These Jews may base their Jewish identity on family tradition and on the history of the Jews as a culture and an ethnicity—a “people.” They might not hold any religious faith at all, or perhaps have some sense of religious belief without observing religious rituals, attending religious services at the synagogue, or adhering to religious restrictions. Nonetheless, they may feel strongly about being Jews and follow some Jewish practices handed down to them within their families. When faced with the end of life, they may seek comfort in certain religious rituals.

Religious Jews—Religious Jews follow the particular Jewish rituals and practices as interpreted by the specific movement of American Jewry—Conservative, Reconstructionist, Reform or Orthodox—to which they belong. Those who belong to the Reform and Reconstructionist movements generally exhibit the greatest flexibility regarding ritual and practice; those in the Conservative and Orthodox movements may adhere more strictly to traditional rules of conduct, especially with respect to ritual matters. Religious Jews who give great weight to traditional practice in their daily lives are often referred to as “observant Jews.”

Orthodox Jews—Orthodox Jews generally adhere most strictly to formal ritual practice. Nevertheless, among different Orthodox and ultra-Orthodox communities, there are significant variations in practice.



II. COMMONLY USED TERMS

The following are terms that appear throughout this guide.

JUDAISM—The common religion of the Jewish people, evolved from the religion of the ancient Israelites and modified through millennia of rabbinic interpretation and folk practices.

JEWISH TRADITION—The corpus of Jewish teachings, beliefs and practices. It includes Jewish law, narratives, biblical exegesis, homiletics, folk wisdom and literature.

TRADITIONAL JEWS—Used here interchangeably with “Observant Jews,” this term describes Jews whose daily lives are influenced heavily by Jewish law and traditional Jewish practices.

JEWISH LAW—Attempts to translate biblical teachings, as interpreted by rabbis, into contemporary practice. Jewish law encompasses all aspects of individual and communal life. It is characterized by an extremely high tolerance for debate and dissenting opinions.

TORAH—In its most narrow sense, describes the first five books of the Hebrew Bible—Genesis, Exodus, Leviticus, Numbers and Deuteronomy. Many people, however, use the term more broadly to describe all aspects of Jewish law.

TALMUD—A vast, almost encyclopedic, text containing rabbinic law, narrative, biblical exegesis, folk wisdom and ethical guidance, compiled in ancient Babylonia. Together with the Torah, it is the basis for much of contemporary Jewish law and practice.

RABBI—From the Hebrew word for “great,” Rabbi is the title bestowed on Jewish religious

leaders with formal training. Some rabbis may lead congregations, others may work as teachers, chaplains or professionals in other capacities. Some Jews look to their rabbi for general spiritual and ethical guidance. Others may seek specific counsel and even permission from their rabbi prior to making major life decisions, especially regarding end-of-life care. Unless directed otherwise, a rabbi should be addressed “Rabbi [last name].”

HEBREW—Ancient Hebrew is the language spoken by ancient Israelites and in which most of the Hebrew Bible and many Jewish religious texts are written. Modern Hebrew is the primary language among Jews living in the State of Israel. Clinicians are most likely to encounter Hebrew when hearing reference by a patient or family to a Jewish ritual practice or belief, as well as when treating patients from Israel.

YIDDISH—Was the primary language of Eastern European Jewry until the Holocaust. It derives from medieval German and imports many words and phrases from Hebrew as well as some from Slavic languages. It is written with Hebrew characters. Yiddish is today the primary spoken language for only small pockets of Jews in North America and Israel; however, its pronunciation, phrases and expressions heavily influence the speech of many Jews today.

SABBATH—A day of rest, prayer and family life extending from Friday sundown through Saturday sundown. For those who observe Jewish law, working, writing, traveling, the use of electricity, the spending of money and many other activities are forbidden on the Sabbath. It also mandates communal prayer, festive meals and study.

Clinicians are most likely
to encounter Hebrew
when hearing reference by a
patient or family to a Jewish ritual
practice or belief, as well as when
treating patients from Israel.



III. PROVIDING CARE DURING ILLNESS

Judaism includes particular traditions concerning family and community engagement with the ill. It also offers ritual responses to illness that may provide comfort to the patient and family. This chapter explores the particular ways in which Jewish tradition understands and responds to suffering, pain, illness and aging. It describes common beliefs and practices, and suggests approaches for effective care. All of the discussion is informed by the notion within Jewish tradition that *refuat ha-nefesh* and *refuat ha-guf*—healing of the soul and healing of the body—are profoundly interrelated.

JEWISH ATTITUDES TOWARD SUFFERING AND CARING

The following passage from the Talmud offers an exemplar of the traditional Jewish attitude toward suffering, neither ignoring nor romanticizing it.

Rabbi Eleazar grew sick, so Rabbi Yoḥanan went to visit him. Rabbi Yoḥanan saw that Rabbi Eleazar was weeping and said to him, “Why do you weep? Is it because you did not study enough Torah? Certainly you learned: The one who studies much and the one who studies little share the same merit, as long as their hearts are directed to heaven. Is it perhaps because you lacked wealth? Not everyone may enjoy two tables. Is it perhaps because you lacked children? This is the bone of my tenth son!”

Rabbi Eleazar replied to him, “I weep because of my beauty that is going to rot in the earth.”

Rabbi Yoḥanan said to him, “For that, you surely have reason to weep.” They both cried together.

Rabbi Yoḥanan further said to him, “Is your suffering welcome to you?”

Rabbi Eleazar replied, “Neither it nor its reward.”

Rabbi Yoḥanan said to him, “Give me your hand.” So he gave him his hand and he raised him up.

— THE TALMUD

This Talmudic passage also presents the paradigmatic model of good Jewish care for the sick. In the story, Rabbi Yoḥanan first attempts to understand what is causing his colleague to suffer, recognizing that each individual’s experience is different. Through the discussion, he directs the ill rabbi away from focusing on vain regrets towards confronting the present reality in which many of life’s blessings are lost. He validates rather than denies Rabbi Eleazar’s suffering. The story also employs humor—not to mask the pain of the situation but to affirm that life continues and can be appreciated even at its end.

The story also includes Rabbi Eleazar’s rejection of the suggestion that suffering is to be desired or may be given by God for his benefit. The Talmud teaches that God sits at the head of a sick person’s bed, a partner and companion through illness, not a punisher. Though Jewish tradition has always searched for ways to find opportunities for growth,

regeneration and spiritual development in suffering, few voices in Judaism argue that suffering is good. Judaism permits the sufferer to reject greater meaning in suffering; suffering need not be viewed as a sign of courage or a mark of pride for the Jewish patient but rather something simply to be avoided.

Rabbi Yoḥanan concludes the visit by reaching out physically, a gentle act offering temporary respite from pain. The suffering is mitigated as both the physical and spiritual pain are addressed simultaneously. This model of holistic care informs the following discussion of Jewish responses to illness.

CARE THROUGH VISITING THE SICK—*BIKKUR ḤOLIM*

The Hebrew phrase *bikkur ḥolim* literally translates as “visiting the sick.” However, it describes a much broader concept in Judaism which obligates healthy family, friends, acquaintances and other community members to provide a range of care for all who are sick. The tradition makes no distinction between addressing the patient’s physical and emotional needs. The primary task of the *bikkur ḥolim* visitor is to help patients maintain their dignity despite the challenges of illness. This is usually best accomplished through the visitor’s attention to detail. The Talmud offers the example of sweeping the floor in the room where the person lies; in modern terms, this might mean such acts as delivering warm food or coffee, bringing books or music which the patient enjoys, or helping the patient to decorate a hospital room with cards and pictures so that it feels more personal. Sometimes a *bikkur ḥolim* visit may be as little as arriving and letting the patient ask the visitor to leave. A hospital patient has little say over who enters the room or when. The visitor restores dignity to the patient by honoring

For contemporary perspectives on the meaning of suffering and illness in Jewish tradition, see *When Bad Things Happen to Good People*, Harold Kushner, Anchor, 2004, and *Jewish Paths Towards Healing and Wholeness: A Personal Guide to Dealing with Suffering*, Kerry Olitzky, Jewish Lights Publishing, 2000.

his or her request to return at another time.

The community's obligation to provide care extends to all those affected by illness. Often, close family members fail to adequately care for themselves as they provide care to a sick loved one. So, someone performing *bikkur ḥolim* may offer to help babysit, run errands, establish a phone tree to pass on information, or otherwise help to reduce the burden on the family. Sometimes a *bikkur ḥolim* caregiver will simply sit in the patient's room while a family member reluctant to leave the patient alone returns home for a few hours to shower and change clothes.

The Talmud reports that Rav Huna once taught that visiting the sick removes one-sixtieth of a person's illness. Rav Huna's students immediately objected, noting that if a person had sixty visitors, then his illness should be cured. Rav Huna agreed, but only when all sixty visitors "love the sick person as they love themselves." While this teaching sets a high standard for caregivers, it stresses the need for empathy. Rarely do health care professionals talk with a patient while sitting at the bedside on the same level as the patient, sustaining eye contact. In contrast, formal Jewish laws of *bikkur ḥolim* require the visitor to sit at eye level with sick person. The concept of *bikkur ḥolim* bids caregivers, professional and otherwise, to reject false hierarchies whenever possible, and to meet the sick person at his or her level, accompanying the patient through the challenge of illness.

A respectful *bikkur ḥolim* visitor lets the patient guide the course of a visit. The visitor should be sensitive to clues that the patient provides about the scope and subject of conversation, and not project his or her own agenda onto the patient. Some patients find it easier to discuss certain aspects of their emotional experience with people outside of their close family and friends. Others may desire a break from discussing their illness but wish to hear news about the synagogue community or details about what is happening at work. Immobility due to illness often prevents people from finding adequate intellectual stimulation; thus, some patients may want to discuss current events or culture in order to feel connected to these worlds and to remain mentally sharp.

What is the difference between one who is sick and one who is considered dangerously ill?
One who is merely sick is so in the normal way. "Dangerously ill" refers to one whose sickness came suddenly. For a normal sickness, relatives visit immediately and those more distant visit after three days. But if the sickness came suddenly, both relatives and those more distant can visit immediately. Rabbi Huna, Rabbi Pinḥas and Rabbi Hikah desisted from visiting Rabbi Yossi for three days. Rabbi Yossi said to them, "Through me you must fulfill this teaching?!"

THE TALMUD

At the same time, many people would like to discuss their illness and its emotional toll. They refrain only because they fear the visitor may not be able to cope with such matters. Each *bikkur ḥolim* visit should include at least a few gentle invitations for the sick person to speak about what is most difficult, including the emotional and spiritual impact of illness. To this end, author and professor Rabbi William Cutter encourages *bikkur ḥolim* visitors to ask, "How is this experience affecting your belief in God?" If the visitor's invitations to begin this or a similarly intense conversation are declined, the visitor should respect the patient's wishes.

Most synagogues and some other Jewish organizations have a *bikkur ḥolim* committee of volunteers who provide support to sick people and their families. Many of these organizations will deliver fresh-cooked kosher food, send visitors and continue to provide support following discharge. They can also refer the sick person to an appropriate rabbi or pastoral counselor when indicated. Whereas once these groups were provided lists of all the Jewish patients in a facility, health privacy standards established by the Health Insurance Portability and Accountability Act (HIPAA) now prohibit a facility from initiating contact. Clinicians can familiarize themselves with local *bikkur ḥolim* resources by consulting institutional chaplains or local synagogues; they may then inform a patient or family in need about the existence of the resource and provide contact information.

For a detailed treatment of *bikkur ḥolim* from an Orthodox perspective, see Joseph Ozarowski, *To Walk In God's Ways: Pastoral Perspectives On Illness and Bereavement*, Jason Aronson Publishing, 1995.

The Chai Lifeline (www.chailifeline.org) is an international *bikkur ḥolim* organization providing support to sick Jewish children and their families.

CARING FOR SOMEONE WHO CANNOT RESPOND

When a patient is in a coma, in a state of advanced dementia, heavily sedated or otherwise unable to speak, visitors and caregivers can feel lost: What do I say? What do I do? Does it even matter if I visit? The great contemporary Jewish legal scholar Rabbi Eliezer Waldenberg opines that a Jew fulfills his or her obligation to visit the sick even when no words are spoken or when the patient is not conscious. This builds on a core understanding of Jewish tradition that profound and intimate communication can take place even without a single word being uttered.

Especially when one remembers a person full of life and fluid in speech, it can be very painful for a family member, friend or even a seasoned professional to enter a patient's room when basic language is no longer possible. Jewish tradition encourages people to overcome this natural discomfort and not abandon the patient to loneliness and isolation. Many believe that music and prayer are able to penetrate deep into the mind even when standard verbal communication is impossible. If uncomfortable with song and prayer, the visitor may want simply to sit at the bedside in silence and hold the patient's hand. One of the most caring acts a person can do is to use a lollipop-like sponge or chips of ice to wet the patient's dry and cracked lips. The specifics do not matter. What is important, according to Jewish tradition, is that the visitor remains present.

PRAYER AS A RESPONSE TO ILLNESS

The seminal code of Jewish law declares that in order to fulfill the obligation to perform *bikkur ḥolim*, a visit to the sick should include an offer of prayer. Prayer can empower those who feel helpless. The prayer need not be recited in Hebrew from a fixed liturgy—there is a strong tradition in Judaism of informal and spontaneous prayer. Jewish prayer may take the form of a request or an expression of gratitude—anything that can help the individual articulate what is most important, or to appreciate the blessings in one's life, when despair takes hold. Jewish prayer also commonly takes the form of a complaint or expression of anger.

Many Jews today, even some with a religious orientation, feel alienated from prayer. For Jews wishing to pray but unable to formulate their own prayers, the tradition provides many models of prayers for various occasions. A

rabbi or chaplain can help a patient or family member find an appropriate prayer for times of fear, depression, anxiety, recovery, transition and confusion. When a patient or visitor is uncertain about how to pray, a common beginning point is to read selections from the biblical book of Psalms—known as *Tehillim* in Hebrew. Someone, Jew or non-Jew alike, wishing to offer a blessing to a Jewish person in need can always use the words of Numbers 6:24–26:

May God bless you and protect you.

May God deal kindly and graciously with you.

May God lift up his countenance towards you and grant you peace.

Prayer for the ill may also be performed at the synagogue. During worship services when the Torah is read publicly, the rabbi or prayer leader may chant a prayer for communal healing called a *mi-sh'berakh*. This prayer offers a space for the

Heal us O Lord and we shall be healed,
save us and we shall be saved; for You are
our praise. Grant a complete healing for
all our wounds; for You are God, the King,
the faithful and compassionate Healer.
Blessed are You, O Lord, who heals the
sick of His people Israel.

TRADITIONAL PRAYER FOR HEALING

names of specific individuals to be recited aloud so that the entire community may pray on their behalf. Most synagogues keep ongoing lists of members in need of healing which are read aloud, followed by time for attendees to state other names. A *mi-sh'berakh* prayer requests that both *refuat ha-nefesh* and *refuat ha-guf*—healing of the soul and of the body—come speedily to all in need. When known, the person's Hebrew name is used. Though Jews

are traditionally called for ritual purposes by the father's name, in times of illness, those in need are called by their mother's name—an effort to evoke images of comfort and nurture.

RITUALS PERFORMED DURING ILLNESS

Prayer is not the only ritual response to illness. Traditional Jews may perform a ritual called *pidyon ha-nefesh*—redeeming the soul. As part of this ritual, a group of elders offers prayer, studies Torah and collects money for charity on the sick person's behalf. Some Jews of Arab or Persian descent may

For a collection of traditional and modern Jewish prayers, see *Gates of Healing*, CCAR Press, 1988.

For modern rituals and readings during times of illness, see www.ritualwell.org (click on "Lifecycles," then "Healing and Hard Times").

also slaughter a chicken on behalf of the one who is ill, using the meat to feed the hungry. The goal is to spiritually cleanse the person's soul through good deeds and, in so doing, appeal to God's mercy.

During times of serious illness, many Jews follow the custom of changing their given name or adding an additional name. This may have originated as an effort to confuse the angel of death. However, many modern Jews continue to find meaning in this practice as it affords hope and serves as a reminder that major transformation is always possible, even in the darkest hour. The new name selected usually relates to long life or good health. Common new names for men include Chaim (life), Alter (long life) or Raphael (God will heal). Women often select Chaya (life) or the names of biblical matriarchs who lived well into their old age such as Sarah.

PAIN MANAGEMENT

Jewish law has always required the aggressive treatment of pain to the same degree that it requires the treatment of disease. As pain restricts people's ability to perform the acts and carry out the routines by which they define themselves, they stop feeling like themselves. The Talmud explains, "The rabbis did not seek to enforce their decrees in cases of pain." Because they wanted devotees to return to normative religious observance as quickly as possible, the rabbis of the Talmud placed great emphasis on pain management.

Living with pain can be even worse than death.

COMMENTARY OF THE
TOSAFOT TO THE TALMUD

Despite this longstanding traditional attention to pain alleviation, certain aspects of Jewish culture may prevent some Jews from receiving aggressive pain care. The Jewish people have suffered terrible tragedies throughout history.

In response, some Jews have internalized the implicit message that pain is to be expected as a natural and necessary part of the human condition. Left unexplored, such a belief can weaken an individual's resolve to treat pain.

COMMUNICATING WITH PATIENTS AND FAMILIES

The issue of clinician-patient communication can be complicated by a potential conflict between the modern medical community's emphasis on full disclosure and a residual Jewish tradition of sometimes withholding devastating information. Traditional Jewish resistance to full disclosure in some medical situations stems from Judaism's sensitivity to the patient's mental anguish and emotional suffering. Ancient Jewish sages understood that the insensitively abrupt disclosure of bad news could trigger panic, anxiety or depression, weakening that person's emotional and spiritual resources to cope. Many rabbis have argued for withholding critical information about a patient's prognosis in order to help him or her maintain confidence in recovery. Because Jewish sages understood

SPECIAL ISSUES IN CARING FOR HOLOCAUST SURVIVORS

A RABBI'S EXPERIENCE:

I was called by a patient's daughter to help her 89-year-old hospitalized father to put on *tefillin*, the black boxes containing biblical verses which observant Jews strap to their arm and head during daily prayers. As we began, I noticed that the patient had a bandaged but still open wound on his left bicep where he usually attached his *tefillin*. I suggested that he attach them to his right arm instead this morning so as not to further irritate the wound. The heretofore sweet man aggressively insisted that I continue laying the *tefillin* on his left arm. I gently reminded him that the *tefillin* contain biblical passages and that one should be very careful to protect them from contact with bodily fluids. At this point he lifted his left arm, showed me the serial number tattooed into it by the Nazis, and exclaimed, "The *tefillin* must cover this up while I pray!"

Many Holocaust survivors do not discuss their experiences openly or frequently, but caregivers

must be sensitive that the trauma of the Nazi extermination efforts necessarily colors every major life experience afterwards, especially the challenges of illness, loss and death. The trauma affects not only those with tattoos who personally survived concentration camps, but any Jew in Europe before the war who faced forced deportation, displacement, the severing of families and the loss of loved ones.

While there are as many different narratives as there are survivors, common themes in many survivors' stories include feelings of extreme isolation, fear, shame and betrayal. No one should expect that a survivor's experiences in the Holocaust—or *Shoah*, as many Jews today refer to it—are so distant as to no longer significantly affect his or her perception of the world. Some survivors distrust institutions, consistently reject help from others and occasionally direct rage towards unsuspecting targets. Others, however, may forge intense bonds with friends and caregivers, having reached a profound spiritual connection through

the process of overcoming their life's challenges.

The Jewish community has made great efforts in the past decades to struggle against the shame that many survivors feel and to encourage survivors to tell their stories. Many survivors who are now ill will be comfortable speaking about their experiences. Others may still carry the burden of great shame and guard their stories closely. Still others who have yet to tell their stories may wish to take this last opportunity to share their experiences before death. When working with patients who are survivors, one should be careful never to exert pressure to speak about the Holocaust experience. At the same time, the healing professional should provide opportunities for survivors to share their stories. Helping those who have lived through the *Shoah* to explore and articulate the internal resources that allowed them to survive and even overcome the trauma can be an important step in uncovering the resources they may now have to face the challenges of aging, illness and death.

the profound connection between hope and healing, they insisted that all efforts to sustain hope be pursued, even at the price of honesty.

In a time when a patient's ability to autonomously decide among treatment options was irrelevant because no treatment options existed, this line of reasoning had greater justification. In the modern era, however, where full disclosure is necessary for a patient to participate adequately in his or her own care, many rabbis agree that the rationale to withhold the truth no longer stands. Jewish tradition places great emphasis on the proven effectiveness of an intervention. Because there is no evidence today that withholding a terminal diagnosis or other bad news provides patients with a survival advantage or increased function, the argument to refrain from truth-telling is greatly diminished. The counter-evidence that a patient's active participation in his or her own treatment can actually improve outcomes demands that rabbinic authorities reconsider their discomfort with the direct disclosure of relevant medical information. However, ancient values shift only slowly and some rabbis and Jewish families have not accepted the above arguments.

There is yet another reason that clinicians need to tread carefully on the question of full disclosure to some Jewish patients. One of the primary reasons to speak honestly

with a patient about his or her condition is to respect that person's individuality and autonomy. Jewish tradition, however, rejects any narrow definition of individual autonomy and holds that, if a patient does not wish to know about his or her prognosis, respecting that patient's autonomy requires withholding the truth. For this reason, whenever possible, clinicians should attempt to assess in advance what information a patient does or does not want disclosed. Documenting and later respecting these wishes represents a much more profound affirmation of the patient's autonomy than a blanket assumption that full-disclosure is always preferable.

As a result of the lingering Jewish tradition of non-disclosure and of some patients' individual preferences, Jewish family members may resist a physician's wish to speak frankly with a patient about his or her condition. This can lead to an antagonistic dynamic between the family and the medical staff. Involving chaplains and social workers to help the family process their own anxiety about illness may reduce tensions. Clinicians may also invite religious Jewish patients to include their rabbi in sensitive discussions. When it is determined that full disclosure is appropriate, the Jewish model of physician communication is careful to distinguish truth-telling with information dumping, which may disable a patient or family with the weight of excessive medical facts and jargon.

GENDER ISSUES WITH ORTHODOX PATIENTS

Many Orthodox Jews today observe strict rules governing social interactions between men and women. Not every Orthodox patient observes all of these rules, and within the healthcare setting many Orthodox rabbis permit significant leniencies. Clinicians should be aware that a patient accustomed to observing these practices may feel especially anxious or vulnerable when the procedures of an institution force the patient to temporarily suspend them. If health care professionals communicate appropriate empathy for the patient's situation and help the patient to observe these practices—even if only in modified form—the therapeutic relationship can be greatly strengthened.

TOUCHING—Within Orthodoxy, members of the opposite sex, except for spouses and immediate family members, do not touch each other. Many Orthodox Jews extend this custom even to casual contact such as a handshake. First, professionals should not misinterpret the failure to reciprocate a proffered handshake, or an instinctive withdrawal following contact, as personal rejection. Second, the sensitive professional should acknowledge that the patient may not be comfortable with contact, even during a routine physical exam. While the clinician should never presume an individual

patient's practice without asking, he or she may begin by saying something like, "I know that men and women don't usually touch in your community. To check for X, I will need to touch your back and abdomen. Is there any way I can do this which will make you more comfortable?" Such a simple and honest acknowledgement of the patient's awkward position will be greatly appreciated and may reveal simple actions that can mitigate the problem.

SECLUSION—Called *yihud* in Hebrew, many Orthodox Jews avoid remaining in a closed room alone with one or two members of the opposite sex outside of immediate family. While exceptions are usually made for doctor's offices and some other similar professional settings, the Orthodox patient in this position may still feel uncomfortable. When possible, this anxiety may be relieved by leaving the door ajar. In an inpatient setting, the clinician may elect to delay a patient visit until the patient's spouse or other visitor is present, in order to avoid complete seclusion with the patient. People who observe these rules are accustomed to a high degree of modesty and privacy. In a hospital or other institution where staff members enter and leave unannounced without the patient's

invitation, the Orthodox patient may remain at elevated levels of anxiety and discomfort. Direct acknowledgement and appropriate attempts to help the patient better control the environment will often be greatly appreciated.

DRESS AND HEAD COVERING—Most Orthodox Jews dress modestly. Men often wear suits while women make sure to cover their necklines, elbows and knees. Hospital garb with open backs often makes patients very uncomfortable. Men cover their heads with a *kippah* (Hebrew), *yarmulke* (Yiddish). When a patient is immobile, staff assistance in making sure that a male patient has his head covered is appreciated. Married women also cover their natural hair in the presence of men. Head coverings may include a wig (*sheitel*), hat, scarf (*tichel*), snood or headband. Women without their heads covered may feel especially vulnerable around male staff. In a hospital room, offering to step outside and provide the female patient with a minute to don her head covering will not only reduce discomfort but also affirm the clinician's desire to respect the patient's culture. Exploring creative ways to help a woman cover her hair when bandages or electrodes interfere also shows sensitivity and may help to build long-term trust.

SUPPORTING ELDER PATIENTS

The Talmud teaches that the fragments of the shattered tablets of the Ten Commandments, which Moses broke at the base of Mount Sinai, were carried in the Holy Ark together with the new ones. This serves as a reminder that even when someone has lost much of his or her wisdom and capacity, the community must continue to honor and respect the person. This principle guides the Jewish response to the challenges and opportunities presented by aging and dementia.

Rabbi Akiva said: “The Jewish people are like a bird. Just as a bird cannot fly without wings, so too the Jewish people can do nothing without their elders.”

TRADITIONAL RABBINIC TEACHING

With the loss of loved ones and memories, many elderly people begin to feel alienated from their past. Without hope and a vision of possible change, they also cannot imagine a brighter future. The elder can become trapped in an eternal present, with only a seemingly endless void ahead. For too many elders, that emptiness becomes filled with television or other numbing distractions. As pastoral care expert Rabbi Dayle Friedman and some others have observed, Jewish tradition offers an alternative: the *mitzvah*—religious duty. Americans are accustomed to relieving the elderly of obligations, not emphasizing them. Jewish law, to the contrary, exempts the elderly from religious requirements only in the very rare situations when their observance might pose immediate harm. Otherwise, Judaism views the elderly as having the same responsibility to worship

God and contribute to others as anyone else. The Jewish theologian Abraham Joshua Heschel writes, “Advancing in years must not be taken to mean a process of suspending the requirements and commitments under which a person lives.” Age does not diminish one’s humanity; Judaism acknowledges this by expecting the participation of its elders in communal life.

An older Jewish person’s performance of ritual acts of worship may help connect the elder to a rapidly fading past. When someone feels isolated, participating in activities that have been performed for thousands of years connects him or her to a broader community. Religious rituals such as prayer, lighting Sabbath candles and thanking God after a meal also offer hope and point toward a meaningful future. And they can give focus to an elder’s otherwise relatively inactive days.

A Christian chaplain recounts the following story of his encounter with a Jewish hospital patient:

I arrived to find several staff members very concerned. Mrs. B., a woman in her eighties, had apparently become worried that nobody would bring her upstairs for the Rosh HaShanah [Jewish holy day] service. She was out of her hospital gown and wearing a dress, waiting. Mrs. B. had emigrated from Eastern Europe following the war and served as a nurse for decades. She never had a family or many friends outside of her work. She was intelligent, determined, very strong for her small frame and spoke many languages. This hospitalization was difficult and, while always remaining polite, Mrs. B was consistently uncooperative with the medical staff.

I offered to escort Mrs. B to the service on my own. I walked her arm-in-arm up to the service and sat with her, holding her prayer book, which she didn’t need to look at once. During the moment for silent prayer, I read one of the prayers in English quietly

PROPRIETY OF NURSING FACILITY CARE

The only one of the Ten Commandments with a reward attached to its observance is honoring one’s parents. The reward that the Bible stipulates is “length of days,” with the not-so-subtle hint that those who expect to be cared for in old age must care for those who are elderly now. Throughout most of Jewish history, the care was expected to be direct: spoon-feeding and washing one’s parents, if necessary. However, the Talmud recognizes that sometimes it was better for a third-party to provide care as an agent of the child instead of the child personally providing direct care.

The great medieval Jewish thinker Moses Maimonides wrote, “If the condition of the parent has grown dire and the child is no longer able to endure the burden, he may leave his father or mother, go elsewhere, and delegate proper care of the parent to others.” In a modern interpretation of Maimonides’s ruling, leading contemporary scholar Rabbi Elliot Dorff writes, “[...] if the children cannot realistically care for their parents themselves or if the parents would be better off and happier living in their own home or in a facility for the elderly, then placing them in such a facility is not only permissible [according to Jewish law] but possibly the most desirable option, provided that the tone with

which this arrangement is made and carried out is one of honor, respect, and ideally even love” (*Love Your Neighbor and Yourself: A Jewish Approach to Modern Personal Ethics*, Jewish Publication Society, Philadelphia, 2003, p. 140).

Judaism does not suggest one answer to all situations; rather, it encourages the elderly, their adult children, other caregivers and healthcare professionals to join together in a frank and honest exploration of the risks and benefits of all possibilities. Jewish tradition demands that children work to care for their parents but sets limits so that they do not fail to care for themselves and their families in the process.

to her...though I understand now that it wasn't necessary.

She stood for the whole service—a full hour. She out-stood even the young rabbi and cantor who needed to sit during the Torah discussion. She recited each word in Hebrew aloud. At one point, just for a moment, she cried softly. She was very happy to greet the rabbi at the end of the service.

Taking her back to her room afterward, I said, “You knew all your prayers...that’s good!”

“Had good teacher,” she said in a thick accent.

“I can tell you did,” I said. “Who was that?”

“Mother...Father,” she said.

When we got back onto the unit, everyone fussed over Mrs. B. “She stood longer than the rabbi and the cantor,” I reported.

Several nurses raised their hands in triumph. “Way to go, Mrs. B!” they said.

In an institutional setting, clinical staff should work together with pastoral care professionals as early as possible in the care of the elderly, to identify ritual practices that may have significance for the elder and which the elder remains capable of performing. For both institutionalized elders and those living at home, health care professionals should be familiar with the resources the local Jewish community provides for the elderly, many of which include assistance with establishing routines for the performance of religious rituals.

For social work and chaplaincy services in the home, contact the Jewish Family and Children’s Agency at www.ajfca.org, or by phone at (800) 634-7346.

For resources for elders and their caregivers to continue Torah study, holiday celebration and spiritual development at home or in an institution, see Hiddur: The Center for Aging and Judaism at www.hiddur.org or by phone at (215) 576-0800, and the Sacred Seasons program at www.sacredseasons.org.

Sacred Aging (www.urj.org/jfc/olderadults) is a project developed by the Reform Movement to provide support and resources for Jewish institutions and individuals coping with the challenges of aging. The Reform Movement also publishes a guide for adult caregivers, *That You May Live Long: Caring For Our Aging Parents, Caring For Ourselves*, Richard Address and Hara Persons, eds., UAHC Press, 2003.



IV. PROVIDING CARE AT THE END OF LIFE

This chapter is intended to help caregivers understand the beliefs and rituals of Jewish patients and their families as death approaches. It describes the context in which many Jews understand death, and addresses clinical topics such as palliative care and hospice, advance directives and life-sustaining treatment. It also summarizes the most common Jewish beliefs about the afterlife. The single most important point for clinicians and other caregivers to bear in mind while reading this material is that there is no monolithic set of religious directives about Jewish beliefs on these subjects. In other words, while Jewish beliefs on these matters can be described and considered, they do not provide simple rules to follow for patient, family or caregiver.

EMOTIONAL RESPONSES TO DYING

Both traditional Jewish texts and contemporary Jewish practice recognize that as death approaches, a variety of emotional responses—intermixed, shifting, contradictory—may emerge among patients and family. Jewish teaching neither anoints nor abjures any particular emotional response but instead seeks to have patients and family accept and respond compassionately to the whole range of human responses.

Life is pleasant. Death is peaceful.
It's the transition that's troublesome.

ISAAC ASIMOV, WELL-KNOWN AUTHOR

FINDING MEANING AS DEATH APPROACHES

One chaplain recounts:

I visited Mrs. Schwartz regularly when she was hospitalized for chemotherapy treatments. As her disease progressed, her estranged father traveled from New England to make amends and say goodbye. Less than a week later her brother, who had converted to Christianity and rejected his family, traveled from California to care for his dying sister. As I was leaving the room following one of these visits, Mrs. Schwartz's hospital roommate beckoned me to sit by her side. She whispered, "Rabbi, I know I'm not supposed to say this, but I'm thinking about telling my family that this stupid tumor will kill me...just so we can kiss and make up like *they* are doing."

The sentiment expressed by Mrs. Schwartz's roommate echoes a longstanding Jewish belief that facing death provides an opportunity for growth, learning and acceptance. Judaism does not argue that suffering is good, nor does it minimize how difficult it is for people and their families to face death. Jewish tradition does, however, encourage people to acknowledge that they can control their response to suffering and, in so doing, may find opportunities for spiritual healing and development even when physical healing is no longer possible.

A rabbinic teaching recounts that prior to the time of the biblical patriarch Jacob, there was no illness. People simply died suddenly. Jacob, however, prayed to God to grant illness as a gift to humans so that we could know when death was coming and arrange our affairs—financial and

spiritual—accordingly. Honestly facing the reality of death provides a catalyst to prioritize one's spiritual and emotional needs. When Jacob is preparing for death, he approaches his children saying, "Behold, I am about to die." As noted by author Rabbi Jack Reimer, this passage from scripture typifies the classical Jewish approach to death—direct and free from euphemism. Jacob does not attempt to shield his children from the pain of loss; instead, he invites them to share in the dying process with him. Judaism teaches that death is a natural and necessary aspect

of divine creation. During times of illness, Jewish tradition places great emphasis on pursuing effective treatments and praying for recovery, but it also acknowledges that not every disease can be cured, that medical technologies have their limits and that prayers for health may be answered with spiritual rather than physical healing.

Affirming the painful reality of impending death allows those involved to mobilize spiritual and emotional resources. The rituals and teachings of Jewish tradition remind the individual that, no matter how solitary and hopeless one feels, there is a community of people wanting to provide love, support and acceptance.

FEAR OF THE MOMENT OF DEATH

The Talmud teaches that death comes "like a gentle kiss from the mouth of God." Another story reports that when the ancient sage Rabbi Nachman visited his student Raba in a dream following the great teacher's death, Raba's first question was whether his master had suffered pain at the moment of death. Rabbi Nachman replied that he had not; it was as gentle as "removing a hair from a glass of milk."

On the other hand, the Talmud can be extraordinarily graphic in its depiction of the moment of death itself.

It is said that the angel of death is covered with eyeballs. At a person's moment of death, the angel stands at the head of his sickbed with his sword unsheathed and a drop of bile at its tip. The person sees the angel, trembles, and his mouth falls open. The angel of death drops the bile into the dying person's mouth and he dies.

This fantastically descriptive passage gives voice to the common and timeless human fear of the act of dying itself, as distinguished from a more general fear of death. Some patients who are able to overcome fears about their impending non-existence nonetheless retain a profound fear regarding the moment of death. Though no data exists, some clinicians believe that this fear may be greater among Jews than among the general population. This may be partly explained by the fact that, as is discussed later in this chapter, most Jews are unlikely to be comforted by thoughts of “going to a better place.”

ANGER AS DEATH APPROACHES

Jewish tradition asserts that change and growth are always possible, even in the waning hours of life. Jewish texts offer an ideal in which individuals find opportunities for spiritual growth, emotional healing and the reconciliation of broken relationships as death approaches. However, Judaism also acknowledges that death does not always come peacefully. Physical pain amplified by fear, denial, guilt or anger can create intense emotional turmoil. The impending death of a loved one can also reopen longstanding wounds and tensions within families. The following story, shared by the adult daughter of a dying woman, captures one family member’s wish for a moment of intimacy colliding with a different, painful reality:

My mother lay dying. My daughter Leah and I took turns lying in the bed with her so that she would never be alone, and I quietly sang her favorite Hebrew songs. My father, who himself was recovering from near fatal pneumonia, looked on helplessly. It was one of the few times in their 62 years of marriage that my parents slept in different beds. All his life, he had been the quintessential provider and family protector, and here he was, too weak and too scared to move.

When it became clear that she would likely die in the next day or so, we wheeled my dad to her bedside. Quietly weeping, he placed her small hand in his palm and began to stroke it tenderly and rhythmically. “I love you, Bessie. I love you Bessie. You’re the only woman I ever loved. Do you love me Bessie? Do you love me?” How could he feel unsure after a lifetime together? Of course, she loved him.

“No!” she said sharply, and turned her head away. This must be a mistake. She must have misunderstood. It must be the morphine. Crying, he asked again: “Bessie, do you love me? This time, the “No” was sharper and louder.

My father was bereft and we were stung—all of us. Over the last few days, there had been so much grace in the room, and now, totally unprepared for this sudden shift, and feeling my father’s pain, I begged and admonished: “Mum, you can’t say that to Dad, you can’t say that. Please tell him you love him.” But she never did.

Anger is a natural reaction when people realize that they can no longer fulfill their roles as parent, provider, teacher or spouse—essential elements of identity. Beyond the shame and guilt of not being able to support others, some people fear that their illness is actually burdening those they love. This cycle can lead to antagonistic behavior and angry outbursts. Jewish tradition does not instruct people to hide or inhibit the intense emotions which accompany the facing of death. Notably, there are no taboos in traditional Judaism against expressing anger even at God.

When a dying person rejects the care offered, family members and others may remind the patient explicitly that providing care at the end of life, far from being a burden, constitutes a great act of *hesed*—loving kindness—which family members *want* to do. Moreover, accepting care can rightly be seen as a gift the dying person is giving to those whom he or she loves. Thus the terminally ill may be not only passive receivers of care but simultaneous providers as well. By accepting care, they are serving the needs of their loved ones to provide that care. In fact, there is an even more stern formulation of this dynamic: Jewish law demands that even those who receive *tzeddakah*—charity—still have the obligation to give charity to others.

This tradition of bluntness, unrepressed anger and open conflict among Jewish family members may not be comfortable for some professional caregivers. Healthcare professionals must remember that they cannot compel specific types of behavior by dying patients and their families. Nor can they abandon patients or families who approach death in ways that make them uncomfortable. Instead, caregivers must endeavor to understand the cultural basis of this set of responses, and above all to remain present—even through a dying process which the patient or family seems to be making unnecessarily difficult.

For further treatment of these issues, see *Dying Well: The Prospect for Growth at the End of Life*, Ira Byock, Riverhead Books, 1997, and *Wrestling with the Angel: Jewish Insights on Death and Mourning*, Jack Reimer, Syracuse University Press, 2002.

RELUCTANCE REGARDING PALLIATIVE AND HOSPICE CARE

As people filed out following the Yom Kippur evening service I led in a hospital conference room, I noticed Mrs. Rubenstein, connected to her portable IV pole, crying in the back row. I sat next to her quietly for a long time before she spoke. When she was ready, she explained that she had just agreed, hours before the service, to accept a bed the following day at an inpatient hospice facility. She grabbed my hand, looked me in the eye, and asked, “Rabbi, I’m a Jew. I’m not supposed to give up like this, am I?”

This rabbi’s story highlights the common misperception among many Jews that palliative care in general and hospice in particular are inconsistent with Jewish teaching against “giving up on life.” Because there is a strong sense in Judaism that life and health should be pursued with great vigor, Jewish patients may be especially reluctant to consider hospice care. This section considers how the values underlying palliative care and hospice are in fact consistent with Jewish values at the end of life.

The terms “palliative care” and “hospice care” are poorly understood not only by patients but also by many healthcare professionals. Clinicians may want to emphasize some of the following talking points when explaining these concepts to Jewish patients and families who may harbor significant misconceptions about Jewish perspectives on the matter.

Regarding palliative care:

- Jewish tradition emphasizes the profound interconnection between healing of the body and healing of the soul—*refuat ha-nefesh* and *refuat ha-guf*. This dovetails well with palliative care, which addresses a patient’s emotional and spiritual needs as well as physical concerns. Palliative care medical specialists work closely with social workers and chaplains to provide highly integrated care.
- Palliative care specialists work closely with the patient’s admitting or primary care physician in same way any

other specialty service would. Instead of reducing medical care, the involvement of a palliative care team adds to the patient’s overall treatment.

- Many people mistakenly assume that palliative care means shortening life, which is why they are resistant. Patients and families need to be reassured that palliative care does not interfere with curative treatment. Moreover, some data suggests that palliative care prolongs life in addition to improving its quality.
- Proper palliative care in a Jewish context is careful to avoid any intervention which might actively hasten death.

For more discussion of palliative and hospice care for Jews, see *Embracing Life & Facing Death: A Jewish Guide to Palliative Care*, Daniel Brenner, Tsvi Blanchard, Joseph Fins and Bradley Hirschfield, CLAL, 2002, and *The Jewish Hospice Manual: A Guide to Compassionate End-of-Life Care for Jewish Patients and their Families*, Maurice Lamm and Barry M. Kinzbrunner, National Institute for Jewish Hospice and VITAS Healthcare Corporation, 2003.

For resources about specifically Jewish hospice programs, see The National Institute for Jewish Hospice at www.nijh.org or by phone at (800) 446-4448.

For general information about hospice, see The National Hospice and Palliative Care Organization at www.nhpc.org or by phone at (800) 658-8898 and The Hospice Foundation of America at www.hospicefoundation.org or by phone at (800) 854-3402.

PALLIATIVE CARE AND HOSPICE: WORKING DEFINITIONS

The terms palliative care and hospice are not always used with precision even within the healthcare community, a problem that contributes to public misunderstanding about them. This guide uses the terms in the following specific ways:

- **PALLIATIVE CARE** is a broad field of medical and related care, provided in both inpatient and outpatient settings. It brings medical, social, emotional and spiritual concerns

into the realm of patient care. Rather than attempting to treat disease directly, palliative care focuses on the physical and emotional impact of the disease, and on the family as well as the patient. Palliative care does *not* require ending treatment of disease; in fact, curative and palliative care are often offered concurrently. Palliative care is generally available regardless of prognosis or estimate of mortality.

- **HOSPICE** is a subset of palliative care, specific to patients at the end of life. The election of hospice by a patient usually implies the forgoing of any further attempts at treatment with curative intent. Eligibility for hospice is usually limited to patients who are expected to die within six months. Hospice care is most often provided at home but is also offered in many acute care, nursing or hospice facilities.

Regarding hospice:

- While Judaism helps people to maintain hope even as death is approaching, Jewish tradition does not encourage false or unrealistic hope. Contemporary hospice care reflects the values that Judaism has traditionally demanded of caregivers at the end of life: pain management, maximizing function, respecting dignity, facilitating lucidity and providing peace. So, accepting hospice when curative treatment is no longer effective becomes a means not to abandon life but to hold on to it while maintaining appropriate hope.
- By treating symptoms and pain without introducing invasive procedures unlikely to benefit the patient, hospice allows the dying person to use his or her final days to complete the great spiritual, emotional and relationship tasks at hand in a setting better-suited to the project. In this way, hospice allows the individual to reaffirm life, as Jewish tradition demands when death is approaching.
- It is often Jews without a strong religious affiliation who are most resistant to hospice. They tend to be unaware of many Jewish teachings that call for accepting the reality of death when it is imminent. All movements in American Judaism recognize a place for hospice at the end of life. When religious concerns present as the primary obstacle to accepting hospice, a patient and family should be directed to a certified chaplain or local rabbi with appropriate training and relevant experience.

ATTITUDES TOWARD ADVANCE DIRECTIVES

Many people are confused by the terms “advance directive,” “medical directive” and “living will,” and do not understand the parameters of a do-not-resuscitate order (DNR). Also, because Jewish tradition demands the pursuit of aggressive treatment—an assumption explored in the following section—some Jews are especially reluctant to enter into a conversation about advance directives. The fact, however, is that *there is no Jewish objection to advance directives* and each movement within Judaism has drafted model advance directive templates (see the list of resources on this page) which guide the individual through religiously appropriate decision-making.

Preparing an advance directive, and appointing a proxy to ensure that the directive is followed, present an opportunity for a person to explore and articulate what values are most important. In this way, the process of discussing an advance directive dovetails well with the emphasis traditional Judaism places on evaluating one’s priorities and articulating one’s beliefs when preparing for death.

Conversations about advance directives typically tend towards what one does not want: “I don’t want to die hooked

up to a machine.” “I don’t want to die in pain.” While these concerns are crucial, Jewish tradition concerning the end of life directs the individual also to discuss what he or she *does* want. There are no check boxes on the standard forms for most of these, but caregivers—family, proxy, rabbi, and clinician—can assist patients in this regard by encouraging them to consider a number of the following questions:

- When you think about your own dying, what concerns you the most?
- What might give you the most peace of mind?
- Do your religious beliefs lead you to any specific concerns?
- Who do you want present at the end?
- What do and do you not want to be told about the imminence of death?
- What music, prayer or ambience would you want?
- What do you want told to others, and specifically to whom?
- Generally, how and with whom would you like to spend your final days?

For advance directive templates consistent with the theological principles of each major movement of Judaism, see:

CONSERVATIVE:

Jewish Medical Directives for Health Care
www.rabbinicalassembly.org/teshuvot/docs/19861990/mackler_care.pdf

ORTHODOX:

Living Will, Rabbinic Council of America
www.hods.org (click on “Halakhic Issues,” then “Documents”)

Living Will, Agudath Israel of America
www.jlaw.com (click on “Halakhic Forms,” then “General Form” under the heading: “Halakhic Living Will”)

REFORM:

A Time To Prepare: A Practical Guide for Individuals and Families in Determining One’s Wishes for Extraordinary Medical Treatment and Financial Arrangements, ed. Richard Address, UAHC Press, 2002.

In this way, instead of discussions about an advance directive seeming to constitute a rejection of Jewish end-of-life values, the process can guide the individual through the steps that Jewish sages have encouraged for centuries.

TREATMENT DECISIONS NEAR THE END OF LIFE

Medical care at the end of life is an issue of active debate in all corners of the Jewish world today. A wide range of opinions exists and the level of one's ritual observance proves a very poor predictor of decision-making priorities at the end of life. This section summarizes Judaism's mainstream views and introduces healthcare professionals to the basic concepts within Judaism that inform the debate.

The Bible commands that all Jews "choose life," which marks the basis for Jewish tradition's profound emphasis on pursuing good health. For example, while the Jewish dietary restrictions and rules about the Sabbath are observed meticulously in some communities, Jewish teaching is clear that one need not hesitate to violate *Shabbat* or almost any other law when necessary to preserve life or health.

Throughout most of Jewish history, good health and length of days were indivisible. Consequently, Jewish tradition generally encouraged any life-saving measure that has a reasonable chance for success, even over patient objections. In secular bioethics terms, traditional Judaism has always prioritized beneficence over individual autonomy.

In the modern era, however, medicine has developed technologies which can lengthen life without simultaneously promoting overall well-being. In considering the appropriateness of these technologies, Jewish law makes three primary distinctions:

- between a person who is actively dying with no chance of recovery and a person who may continue to live
- between withholding and withdrawing treatment
- between interventions which hasten death and interventions which serve as an impediment to natural death.

Of course, these distinctions often break down and blur together in practice, so specific situations must always be assessed on an individual basis. The following discussion of particular end-of-life issues is intended to illuminate the ways in which these basic distinctions affect treatment decisions. In the end, caregivers must understand that Jewish law provides no clear and simple rules to follow regarding these immensely difficult decisions.

LIFE SUPPORT

Classical Jewish law asserts that when a person has a chance to live, even with a reduced "quality of life," aggressive treatment with a proven, reasonable probability of success—called in Hebrew *refuah bedoka*—is obligatory unless the treatment itself introduces new medical risks at a level comparable to the disease itself. Jewish law further recognizes that death is natural and the dying process begins long before the last breath is drawn. An "actively dying person" is known in Hebrew as a *goses*. However, understandings vary widely of who exactly is a *goses*; some definitions include only those expected to die within 72 hours while the most expansive opinions include all those diagnosed with a terminal illness, regardless of life expectancy.

Ancient rabbis understood well that human beings could not stop the process of death once it has begun. Consequently, when someone becomes a *goses*, the imperative for aggressive treatment ends. In fact, while nothing may be done to actively hasten death, any medical treatment or other intervention which serves as an "impediment to death" should be withheld from the *goses*, even if it causes the patient to die more quickly. Rabbi Moses Feinstein, a 20th-century Orthodox scholar, writes, "even routine hospital procedures such as drawing blood and taking temperature have no place in the final hours of a patient's life." Contemporary rabbis today disagree vehemently about which life-sustaining treatments, e.g. dialysis or mechanical ventilation, are to be classified as "impediments to death," allowing them to be withheld from someone who is actively dying with no chance

of long-term recovery. Various opinions on all of these issues can be found across each movement in Judaism.

These issues are further complicated by the fact that Jewish tradition affords great weight to the distinction between withholding and withdrawing treatment, despite the medical community's general acceptance that there is no moral distinction between them. For example, no Jewish authority argues that life-support measures such as mechanical ventilation or dialysis are necessary absent a reasonable expectation of success. Again, the imperative to treat applies *only when the treatment is likely to reverse the disease, improve function or provide comfort to the patient*. However, once an on-going life-sustaining therapy has been introduced, its withdrawal becomes problematic. Withdrawal is prohibited according to some rabbinic opinions while other rabbis rule that, in such a case, the person receiving life-support should be considered a *goses*, even though he or she might thereby remain alive for an

When one is in the final stages of the dying process, others should not pester him to retain his soul. Not only is this not possible to do, but if only a few more days are produced by the pestering, those days will be days of suffering.

SEFER HASIDIM,
13TH CENTURY BOOK OF JEWISH PRACTICE

extended time. In this interpretation, the intervention constitutes an unnecessary impediment to the dying process and should be removed.

Most Jews, even those with a strong connection to traditional observance, are usually ill-informed about the nuances of Jewish law surrounding end-of-life issues. In practice, this often translates into the gravely oversimplified belief that Judaism mandates maximizing length of life at all costs. Individuals and families in this situation who are affiliated with a synagogue should be encouraged to discuss these decisions with their rabbi. A pastoral care referral can be made for those who do not have their own rabbi.

DO-NOT-RESUSCITATE ORDERS

Treatment that cannot reverse the underlying cause of an illness or provide comfort to the patient is never obligatory. So, when a patient is already a *goses*—in an actively dying state—before a cardiac arrest, cardio-pulmonary resuscitation may be withheld because it interferes with the natural dying process. In these situations, rabbis across all movements generally agree that do-not resuscitate (DNR) orders are consistent with Jewish law. Many rabbis also permit the withholding of cardio-pulmonary resuscitation—and thus would approve of a DNR order—in a broad range of other instances when there is little evidence that the intervention is likely to lead to improved health or function.

ARTIFICIAL NUTRITION AND HYDRATION

The greatest area of debate in contemporary Jewish end-of-life ethics revolves around artificial nutrition and hydration. While Jewish law permits patients to decline medical treatment which has no reasonable chance of success, it does not allow a person to refuse to eat. The question thus becomes whether artificial nutrition and hydration should be considered food or medical treatment. The issue is complicated, and remains unresolved in most Jewish communities. Interestingly, all authorities agree that, because artificial nutrition does not pass through the mouth, it is exempt from all Jewish dietary restrictions. The fact that this nutrition need not be kosher suggests that it is not considered food in the ordinary sense of the term.

Many rabbis view artificial nutrition and hydration as an “impediment to death” and thus not appropriate in situations where the patient is actively dying. They point to the growing medical evidence which suggests that dehydration may actually be beneficial to some terminal patients as it reduces sensations of pain and avoids common complications

such as swelling of the legs and abdomen as well as lung congestion. For many rabbis, this understanding extends to patients with advanced dementia for whom there is no evidence that artificial nutrition improves function, comfort or survival. Most of these same rabbis would, however, argue for artificial nutrition when a patient is in a permanent vegetative state and not actively dying.

Other rabbis argue that, except in cases where it is medically contraindicated, tube-feeding constitutes standard treatment which must be provided to everyone, including those actively dying. However, many of the opinions that mandate artificial nutrition and hydration allow for exceptions when the patient explicitly refuses or consistently attempts to remove the tube. Many other opinions attempt to find compromise positions among these extremes.

In practice, the difficulty surrounding this decision for most family members is not the Jewish legal arguments—there is enough weight on each side of the debate to justify either decision—but rather the non-sectarian, simply human crisis of not feeding a loved one. In such cases, a pastoral care referral is indicated. Certified chaplains can help family members process their feelings of helplessness and explore alternative means of providing care for the patient that remain consistent with the goals of treatment.

ASSISTED SUICIDE

Jewish tradition places great emphasis on the importance of aggressive pain management, and as discussed above, once the dying process has begun, Jewish tradition also demands the removal of artificial impediments to death. However, active intervention with the primary purpose of hastening death is not sanctioned under Jewish law. Nonetheless, a Jewish patient who is considering assisted suicide deserves comprehensive emotional and social support, which includes a complete spiritual assessment from a trained chaplain.

JEWISH RITUALS PRIOR TO DEATH

An elderly woman came before Rabbi Yose ben Halafta and said, “Rabbi, I no longer taste food or drink. My limbs are heavy. I would be happy to leave this world.” The rabbi said, “Are you interested in your daily life? Is there nothing you do that is part of a routine which keeps you going?” The elderly woman replied, “I go to synagogue every day.” The rabbi said, “When you are too weak to live, abandon

AN ATTEMPT AT LIFE-SUPPORT RESOLUTION IN ISRAEL

Attempting to resolve some of the problems that follow from a prohibition against withdrawing life support, a recent law in Israel requires all mechanical ventilators to be set on 24-hour

timers. The decision to reinstate treatment must be made deliberately each day. Thereby, without requiring active withdrawal by the hands of the physician, the same result of removing the

patient from life support can be reached by passively not resetting the timer and thus accord with even the strictest opinions in Jewish law.

this practice.” The old woman followed the rabbi’s advice and three days later, she died.

TRADITIONAL RABBINIC TEACHING

Letting go of life, physically and spiritually, is a natural process that Judaism views as holy. Jewish rituals prior to death seek to gently guide individuals through this sacred process. As death approaches, Jewish tradition teaches one to reflect on the life he or she has lived, to make amends for any misdeeds, to pass on wisdom gained from experience and to say goodbye. The most widely observed ritual prior to death is to recite a prayer of confession known as the *vidui*. Its form is familiar to religious Jews because of its similarity to the communal confession recited throughout *Yom Kippur*—the yearly Day of Atonement. However, when recited at the deathbed, the prayer is personal rather than communal. It provides the dying person an opportunity to acknowledge that he or she is imperfect and to request forgiveness.

The *Vidui*—Confessional Prayer Before Death

My God and the God of my ancestors, please accept my prayer and do not turn away from me. Forgive me for all the times that I have disappointed You throughout my life. I acknowledge my sins and misdeeds. Through my suffering, may I find atonement for my shortcomings. Against You have I sinned.

May it be your will, My God and the God of my ancestors, that I sin no more and that you grant healing—healing of the body and healing of the soul—to me together with all those who suffer.

I acknowledge before you, My God and the God of my ancestors, that my healing and my death are in Your hands. If it should be that I die, may I find atonement for all my sins, errors and transgressions before You. May you accept me into Your eternal kingdom.

Protector of orphans and guardian of widows, may my family and all those who love me find comfort in your presence. In your hands lies my soul.

Hear, O Israel: The Lord is our God; the Lord is One.

The Halakhic Organ Donors Society (www.hods.org, 212-213-5087) can connect individuals with well-respected local Orthodox rabbis trained in this issue. The website also provides detailed information emphasizing the permissibility in Jewish tradition to donate organs.

For additional information about end-of-life issues from the perspective of each movement in Judaism, see:

CONSERVATIVE:

Matters of Life and Death: A Jewish Approach to Modern Medical Ethics, Elliot Dorff, Jewish Publication Society, 2004.

ORTHODOX:

The Encyclopedia of Jewish Medical Ethics, ed. Avraham Steinberg, Feldheim Publishing, 2003.

REFORM:

A Time To Prepare: A Practical Guide for Individuals and Families in Determining One’s Wishes for Extraordinary Medical Treatment and Financial Arrangements, ed. Richard Address, UAHC Press, 2002.

ORGAN DONATION

In the early years of organ donation, significant resistance developed in religious Jewish circles. Some rabbis argued that a clinically brain-dead person whose heart was still beating remained alive according to Jewish law; consequently, the harvesting of organs constituted murder. Others, who accepted that brain-death means death according to Jewish law, still had concerns about the removal of organs because, as will be discussed later, Jewish tradition mandates that a body be buried intact. This latter concern was quickly addressed, however, as rabbis witnessed successful transplants leading to recipients living long and meaningful lives. While respect for the body’s integrity is one of the highest principles in Jewish tradition, the imperative to save human life was viewed as paramount.

Over time, the acceptance of organ donation as consistent with Jewish law has become widespread, though not universal. In most Jewish circles, the claim that organ removal is tantamount to murder no longer stands. One of the most compelling arguments is that Jews who have no objection to receiving donated organs would be hypocritical if they did not also approve of donating organs. In Israel, even the strictest religious communities have come to accept the Israeli Chief Rabbinate’s endorsement of organ donation. In North America, the Conservative, Reconstructionist and Reform movements and some elements of modern Orthodoxy have arrived at this position; however, ultra-Orthodox communities in North America are generally more reluctant to embrace organ donation.

Jewish authorities are also actively debating the permissibility of administering heparin, which is derived from animal tissue, to a patient who is not clinically brain-dead prior to withdrawing life-support for the sole purpose of increasing the likelihood of a successful transplant at the risk of hastening death.

The early trepidation about organ donation and the refusal to accept it even today in some corners of the Jewish world often lead many well-intended Jews to mistakenly imagine that there is a Jewish prohibition against it. A knowledgeable rabbi should be brought in to discuss the issue with families when religious values present as the primary obstacle to consent.

Although the *vidui* is not considered a mandatory ritual, many dying Jewish patients, even those who do not believe in God, find reciting the prayer to be a meaningful spiritual exercise. Immediately prior to death, some people feel tremendous guilt for the pain they are causing to others by their departure and for leaving family members behind. When this is the case, reciting the *vidui* surrounded by loved ones can serve as a public absolution. Even if family members do not say a word during the ritual, their presence confirms their acceptance of the patient letting go and saying goodbye. Many Jews, religious and non-religious both, also value the prayer—particularly the closing line, which is the central Jewish prayer known as the *shema*—as an assertion of their bond to the Jewish people. Frequently, people augment the formal liturgy by adding their own words of affection or benediction at the end.

In order that a suggestion that the *vidui* be recited is not misunderstood by the patient as an abandonment of hope, Jewish teachings suggests that someone present reassure the dying person that “Many have said the *vidui* and not died. Many have not said the *vidui* and died.” The teachings go on to explain that someone who cannot say the *vidui* aloud should say it in his or her heart. If one is unable to recite it altogether, another person may recite it on his or her behalf.

Though no rabbi is necessary, most Jewish patients prefer the comfort of a rabbinic presence during this ritual. If the dying person is not in contact with a rabbi of his or her own, the medical staff should make a pastoral care referral as early as possible so staff chaplains can ensure that a rabbi or Jewish chaplain arrives in time to help with the *vidui* ritual.

ETHICAL WILLS

Rabbinic literature is replete with the deathbed narratives of great sages. Often, great teachers of Torah die surrounded by their students while offering final words of wisdom or reiterating core teachings. Such stories remind the reader that someone who is dying remains a full human being with important wisdom to offer. They further teach that one’s values can live on through others even after one’s physical existence has ended.

Toward the same purpose, there is a tradition within Judaism of ethical wills, which are documents intended to pass on one’s spiritual legacy as one faces death. There is no formal template; the only requirement is that they be a genuine reflection of the author’s values. An ethical will

may be written as a letter that offers spiritual and practical advice from a parent to children or a specific child, or it may aim at a broader audience, describing who the author is and what he or she stands for. The process empowers the writer who actively chooses how to be remembered.

Someone drafting an ethical will may want to include

- personal narratives
- childhood experiences
- stories about parents, siblings or lovers
- observations about how the world has changed during the author’s lifetime
- moments of personal achievement
- points of great pride, unresolved grief or lingering regrets
- important life lessons
- blessings for those left behind and statements of love or forgiveness.

In sum, an ethical will is an opportunity to define what one believes in most strongly and to explain how such beliefs were formed. Regardless of the final product, the process of gathering these thoughts and exploring these issues directs the dying person to evaluate his or her life and provides a final opportunity to say what still needs to be said.

Many chaplains and hospital-based social workers are trained in life-review techniques. While this process does not normally produce a final document like an ethical will, it may permit the engagement of a dying Jewish patient in many of the same conversations. If the patient then wishes to transform his or her thoughts into an ethical will, a pastoral care referral should be made to the patient’s rabbi or a Jewish chaplain.

For ethical wills from Jewish tradition, see *Hebrew Ethical Wills*, Israel Abrahams, ed., Jewish Publication Society, 2006. For assistance in drafting an ethical will, see *So That Your Values Live On: Ethical Wills & How to Prepare Them*, Jack Riemer & Nathaniel Stampfer, eds., Jewish Lights Publishing, 1994.

THE AFTERLIFE

One chaplain recounts:

From my first visit, Mr. Klein made clear that his wife was the religious type and he was the “rational” one in the family. He had a strong Jewish ethnic identity and was proud that one of his children had become the principal of a Jewish school; yet, he reminded me often, religion wasn’t for him. As usual, CNBC blared from the television overhead and Mr. Klein began our visit by giving me investment advice. As I directed the conversation towards Mr. Klein’s experience of his illness, he acknowledged that his death was approaching faster than he would prefer. After a long pause, the confident market analyst dropped his eyes and sheepishly asked, “Rabbi, do we believe in heaven?”

Many modern Jewish theologies de-emphasize what happens after death and remind adherents that Judaism focuses on making the world a better place in the present, not passively waiting for some future resolution. Nevertheless, even many of the most secular of Jews, as dying approaches, will question if death really marks a complete end to life.

Jewish tradition provides no simple answer. The Hebrew Bible seems profoundly disinterested in the afterlife. The few passages which do address it generally imagine a realm in which souls rest peacefully with no conscious thought. Many later Jewish sages spoke of *olam ha-ba*—the World to Come. One ancient Jewish source made clear that only the most sinister Jews do not have a share in the World to Come; entry is not limited to saints. For some, the World to Come involves bodily resurrection and physical pleasures. Others are more strongly influenced by Hellenistic ideas of a sharp divide between body and soul: while the body decomposes, physical presence becomes irrelevant and the soul lives eternally, cleaving to the divine presence. Some

I don’t believe in the afterlife,
although I am bringing
a change of underwear.

WOODY ALLEN

sources imagine a waiting period during which the disembodied soul is purged of any sins by the prayers of mourners before final acceptance into God’s kingdom.

Later rabbis make various complicated efforts to combine a view of physical resurrection with a belief in the immortality of the soul. In the

middle ages, some mystical thinkers introduced concepts of reincarnation into Jewish thought; the soul transmigrates until it has completed its task of restoring holiness to the divine creation. The great Jewish philosopher Moses Maimonides listed a belief in the afterlife as a core Jewish principle but he remained silent as to its specifics. His view seems to be that Jews must hold hope for an afterlife, but there is no dogma about what precisely it will be. Jewish tradition generally recognizes that mortals, by definition, cannot know what will happen after death and any definitive statement about what it consists of amounts to hubris.

Jewish tradition teaches that people do good deeds on this earth simply for the sake of doing good, not to earn some future reward. However, hope that existence continues in some altered form following death is an essential, if undefined, tenet of Jewish doctrine. The lack of definition or specific imagery may cause anxiety for some as death approaches, and patients may seek the counsel of a rabbi to help address their uncertainty.

For more concerning Jewish views of the afterlife, see *The Death of Death: Resurrection and Immortality in Jewish Thought*, Neil Gillman, Jewish Lights Publishing, 1997, and *Jewish Views of the Afterlife*, Simcha Paull Rafael, Jason Aronson Publishing, 1996.



V. TRADITIONAL PRACTICES IMMEDIATELY AFTER A DEATH

This chapter is intended to help caregivers understand Jewish customs and beliefs during the period between death and burial. It explains traditional practices for handling and burying the body, describes the protocol for a Jewish funeral and discusses particular issues related to suicide and perinatal death. As with all other rituals, the degree to which each of these practices is adhered to varies considerably among Jews of different levels of religiosity and organizational affiliations.

CONDUCT AT THE MOMENT OF DEATH

A Jewish chaplain recounts:

I was paged to the cardiac ICU. When I arrived, I found Mrs. Gottbaum wailing on the floor by her late husband's corpse. Though his condition had been severe, neither the staff nor the family was expecting Mr. Gottbaum to die so soon. Throughout his hospitalization and probably throughout their long life together, Mrs. Gottbaum had been a constant presence at her husband's side.

After spending several nights in the ICU lounge, she had gone home to shower and bring pictures of their two dogs to place at the bedside. During this time, he died. Mrs. Gottbaum squeezed my arm and cried that she had not been able to say goodbye. She had promised she would never abandon her husband and she worried that, by going home for a few hours, she had failed to keep her word.

Mrs. Gottbaum knew the tradition that a Jewish corpse is not left unattended prior to burial. I explained that this was so because Jews believe that the soul remains present, hovering over the body after death. I suggested that she speak directly to her husband's soul, express her regret that she was not in the room when he died, say the goodbye that she wanted to say, and display the dog pictures as a reminder that he is not alone.

While Jewish tradition recognizes that death marks the beginning of a separation between body and soul, that separation is not considered complete until the body is buried. From the moment of death until burial, the soul may have left body, but it has not traveled very far. Many Jewish theologies imagine that the soul lingers, somewhat confused, in the room where the corpse lies. For this reason, Jewish tradition demands utmost care that nothing is done in the room which might show disrespect for the deceased. For example, casual or unrelated conversation is prohibited. Around the corpse, discussion must focus exclusively on funeral arrangements or praise for the character of the deceased. Mourners may say what had been left unsaid when the person was alive; Jewish sages believe the deceased's soul may be especially receptive to words of closure during this period. This does not mark the final time that words may be spoken to the deceased, but it may afford opportune moments for goodbyes. Observant Jews

do not eat, drink, smoke or even perform most religious rituals in the same room as the corpse lest the soul of the deceased feel jealous that he or she is no longer able to do so as well.

Some Jews follow traditions such as opening a window or laying the corpse on the floor with the feet pointing towards the door in a symbolic effort to help the soul leave the room and begin its journey towards the divine realm. Similarly, candles may be lit, mirrors may be covered and standing water may be discarded with the intent of removing any obstacles to the soul's departure. These longstanding customs have become helpful metaphors for saying goodbye and, as such, should be encouraged and supported when initiated by mourners.

From the moment of death until burial, observant Jews arrange for at least one Jewish person to remain in the room with the corpse, or immediately outside. This practice—called *shemirah* in Hebrew—ensures that the deceased's soul does not feel abandoned before it is able to separate from the body completely. Even Jews who no longer hold this view of the body and soul may still find meaning in the longstanding practice, or may observe it without understanding its exact purpose. Jewish funeral homes and non-sectarian funeral homes that serve a Jewish clientele usually have a list of people in the community on call to stay overnight with the body when the mourners are not able to. The designated person sleeps no more than twenty minutes every hour and spends at least twenty minutes every hour reciting Psalms on behalf of the deceased.

Many traditionally inclined mourners recite the following blessing immediately after a death or upon first hearing the news that someone has died:

Baruch ata Adonai Eloheynu melech ha-olam, dayan ha-emet.

(Blessed are You, Lord our God, King of the Universe, the true judge.)

At a time when many feel most distant from God, this prayer reminds the mourner that he or she has not been abandoned by God, while simultaneously acknowledging the magnitude of what has happened.

Medical staff attending to an observant Jewish patient who has died should allow family members or their designees to handle the body without interference. If no one is present, staff should:

- Make sure that the eyes and mouth are closed as quickly as possible.

- Straighten the body if it lies in an awkward position.
- If any linens or clothes have the patient's blood on them, they should be placed by the body's feet.
- Disconnect machines and cut tubes. *However, nothing should be removed directly from the body.* As discussed below, normative Jewish practice demands that the body be buried in its entirety, including even trace amounts of blood or other tissue. Consequently, no tube should be removed if there is a chance that doing so could cause blood to spill. If the family is arranging a traditional Jewish burial, the funeral home will ensure that those preparing the body remove foreign objects in a way that accords with Jewish law.
- Gently cover the entire corpse, including the face and extremities, with a clean bed sheet.

LAMENTING AND GRIEF

Immediately after a death, mourners enter a transitional period characterized by the raw intensity of grief. Jewish tradition provides a name for this phase—*aninut*, lamenting. This name reinforces to the mourners that this period constitutes part of the natural progression of grief and that it will eventually give way to other emotional states. The mourners themselves at this time are called *onenim* (*onen*, singular), lamenters. Judaism teaches that there is no right or wrong emotion—rage, overwhelming sorrow, numbness, relief—for mourners at this time. An ancient text declares, “Lament your dead! Do not hide your grief! Do not restrain your mourning!” Outsiders during this time may provide comfort through their presence, but active consolation or any effort to explore the grief is not appropriate until after the funeral.

Prior to burial, the one obligation that Jewish tradition demands of mourners is *kevod ha-met*—honoring the dead. Mourners are exempt from all other religious obligations such as prayer, charity and Torah study during this time lest they interfere with the mourner's primary task, ensuring the highest level of honor and respect for the deceased.

Do not try to comfort your fellow
while the body of the deceased
lies before him.

— THE TALMUD

Traditionally, mourners refrain from sexual activity, personal grooming, conducting business, drinking alcohol and eating meat. In this way, mourners are set apart from the rest of the community and are directed to confront their loss.

PRACTICES RELATED TO BURIAL

TIME FRAME FOR BURIAL

One of the most well known Jewish customs, intended to show honor for the dead, is the tradition of burial as soon as possible. In ancient times, an unburied body was subject to thievery and looting. Because Jews are not traditionally embalmed, unburied bodies were also subject to rapid decomposition. Consequently, delaying burial came and continues to be viewed as an act of disrespect towards the deceased. In some ultra-Orthodox communities, when someone dies in the morning or early afternoon, the funeral and burial may take place before sundown. More common among Jews today, the funeral is scheduled for the following day.

One effect of a quick burial is that mourners are not left alone in the initial stages after a death, to be overwhelmed by grief. Instead, the rush to make funeral arrangements provides specific tasks and focusing mechanisms that work to temporarily bind the emotions of grief until they can be managed with greater perspective. When a death occurs on Friday, though, the funeral is postponed until Sunday because it may not take place on the Sabbath (see Death on the Sabbath, right). If loved ones must travel a great distance, the funeral may be delayed up to 48 hours so that they may attend. However, funerals are not traditionally postponed for the convenience of mourners or for other social reasons.

For information about the hours immediately after a death, see *The Jewish Mourner's Handbook*, ed. William Cutter, Behrman House, Inc., 1992.

AUTOPSIES

Following from the principle that the corpse is divine property, the body should not be altered by humans in any way after death. Consequently, Jewish law prohibits autopsies in most situations. Exceptions are made when an autopsy is required by civil law or when the knowledge gained from an autopsy is

reasonably expected to provide information that can save the life of another human being. When an autopsy is performed on an observant Jew:

- It should be completed as quickly as possible so that burial may take place without undue delay.

- All fluids, tissue, and other body parts removed for inspection should be collected, preserved and returned, as they will be buried together with the body.

Because of the need to prepare the body for burial so quickly, it is essential that medical staff caring for a Jewish patient who has died expedite the paperwork necessary for the death certificate, so that the funeral home may retrieve the corpse immediately.

CARING FOR THE DEAD—TAHARAH

The traditional Jewish practice is to prepare the body for burial through a process known as *taharah*—purification. During *taharah*, the body is washed, dressed, ritually purified and placed into the coffin. This ritual used to be observed primarily in Orthodox communities, but in recent decades many non-Orthodox Jews have reclaimed the tradition. *Taharah* is most often performed in the funeral home by Jewish volunteers who serve as part of a *hevra kadisha*—holy society.

Respecting the Jewish value of modesty, only *hevra kadisha* members of the same gender as the deceased prepare the body. They begin by thoroughly washing the corpse, cleaning the fingernails, de-impacting the bowels and stopping any blood, at all times exhibiting utmost respect for the deceased. The ritual begins with solemn prayer, and usually at least one member of the *hevra kadisha* continues to recite prayers throughout the *taharah*. Only conversation about the process itself is permitted. In an effort not to treat the body as an object, nothing is passed over body; rather, volunteers working on opposite sides of the body walk around in order to hand items such as scissors or cloths to each other. To maintain the dignity of the deceased, only the area of the body being treated is uncovered.

The washing may take up to an hour, much longer in cases of traumatic death. Once the physical washing is complete, the *hevra kadisha* turns to spiritual cleansing. Water from a *mikveh*—Jewish ritual bath—is poured over the corpse in a continuous stream so that all parts of the body are touched by it. Upon completion, the body is declared *tahor*—pure.

Ritually, this symbolizes that the dead person is no longer burdened by his or her misdeeds and shortcomings while alive. The soul is free to leave the world unencumbered and enter the divine realm.

The members of the *hevra kadisha* then dress the body in *tachrichin*—burial shrouds. They are made of plain white linen and have no pockets—a reminder that a person takes nothing from here into the next world. All Jews who observe this practice, regardless of status or wealth, appear the same in death, wearing identical simple shrouds. Also, no mourning family needs to worry in their grief about what kind or elaborateness of clothing is appropriate for burial; only the most basic dress is permitted.

Once dressed, the volunteers sprinkle earth from the land of Israel into the coffin. Some *hevra kadisha* organizations also observe various local customs, such as applying a mixture of egg-whites and vinegar to the forehead of the deceased, resting pottery shards over the eyes and mouth, or placing wooden sticks in the hand. The coffin is sealed at the end of the ritual and is not opened again. The ritual concludes with the volunteers reciting additional prayers on behalf of the deceased, requesting divine forgiveness and acceptance into the eternal kingdom. Most *hevra kadisha* members also perform a ritual of seeking forgiveness from the deceased for any unintentional act of disrespect during the *taharah* process. Volunteers consistently describe the process as

For stories by *hevra kadisha* members, and more information about the *taharah* process, finding and joining a *hevra kadisha*, and selecting funeral homes, see *Dignity Beyond Death: The Jewish Preparation for Burial*, Rochel Berman, Urim Publications, 2005, and www.jewish-funerals.org.

DEATH ON THE SABBATH

The Jewish Sabbath (Hebrew: *Shabbat*, Yiddish: *Shabbos*) extends from sundown Friday evening through an hour after sundown on Saturday. Observant Jews refrain from all manner of “work” during this time, including writing, the use of electricity or motorized transport, spending money and even carrying objects from inside to outside. A funeral may not take place on the Sabbath, nor may most funeral preparations be made.

When a death occurs on the Sabbath, strictly observant families will not contact the funeral home until Saturday evening. Even if the family members are willing to use the telephone, many Jewish funeral homes will not retrieve the

corpse during the Sabbath. When death occurs in an institutional setting, efforts should be made to permit the corpse to remain in the room until the Sabbath has ended. This will allow family members to ensure that the body is not left unattended.

If leaving the corpse in the room through the end of the Sabbath is not possible:

- One or two designees of the family should be permitted to accompany the body during transfer to the morgue.
- Once there, they should be allowed to sit in the room where the body is stored, or just outside.

- Staff should be aware that those accompanying the body will likely neither use the telephone nor turn lights on or off. They may also choose to take stairs rather than an elevator.
- In institutions where the morgue is in an area usually free from visitor traffic, security should be alerted that family members will be present.
- A chaplain should be contacted to provide emotional support and appropriate prayer books to those accompanying the body.

profoundly life-affirming. One woman describes her experience volunteering with the *hevra kadisha* as follows:

I have never felt that combination of honor and terror as I did that very first time of performing the ritual. You never get used to that initial shock of walking into the room and finding a dead person on the table. Who wants to confront the evidence that we're going to die? After the first time I had trouble getting to sleep, but now, I can sleep. The honor always surmounts the terror of it. The purpose is to treat the body with utmost respect. I can't say that this experience changes me, but I do feel that I am in sacred space. It's really so loving, and a deep bond develops. After we perform *taharah*, I feel honored. We decompress. We share a bottle of Schnapps. We tell stories and go back to our regular life.

ARRANGING FOR BURIAL

In the biblical book of Genesis, God declares to the first humans, "You will return to the soil for from it you were taken. You are made from dust and to dust shall you return." Jews have traditionally interpreted this as a mandate for the body to be returned to earth following death with as little interference as possible. Any artificial impediment to decomposition is prohibited by Jewish law. Consequently, neither embalming nor the application of cosmetics to the deceased is traditionally permitted; in addition to hindering the decomposition process, they run contrary to the Jewish teaching that death should be confronted directly and recognized as the painful loss that it is.

In Israel today, bodies are buried directly in the ground, wrapped in a shroud without a casket; this allows the body to decompose and "return to dust" as quickly as possible. However, American law in most localities requires the use of a casket; observant Jews usually select a plain pine box free from decoration. Holes are drilled into the bottom so that the corpse comes into direct contact with the earth. Further, every element of it should be biodegradable. For example, wooden pegs are often used instead of metal nails. Such a simple casket also reminds mourners of the utter equality human beings share in death, and no family need feel any embarrassment at not being able to afford a luxurious coffin.

Of course, many Jews today are uncomfortable with these ancient practices which can appear primitive or undignified to the modern observer. Also, some funeral homes may encourage a family to purchase a more expensive casket not ritually fit by traditional Jewish standards. Jewish tradition militates against such excess, teaching instead that a memorial fund or charitable donation which benefits

people still living constitutes a much greater gesture to honor the deceased than a fancy coffin.

In a traditional burial, the body must be intact, meaning that even small amounts of fluid or tissue should be collected at the time of death and buried together with the body. Jews who believe in physical resurrection require this to ensure that the resurrected body is complete. Even Jews with alternate understandings of the afterlife typically value this tradition because it reflects the Jewish belief that the body is sacred, must be treated with great care and be returned to God whole. Observant Jews who have a limb amputated may even make arrangements for a funeral home to preserve and store the limb so that it can be buried with the person when he or she eventually dies.

CREMATION

Some Jews today prefer cremation to a traditional Jewish burial. Arguments are made that it is more environmentally friendly and that it reduces the burden on mourners who may be spread across the globe and find it difficult to visit a gravesite far from where they live. Also, some people who choose cremation do so in part because they are terrified by the image of an unkempt and unvisited grave. For many people considering their death, cremation seems to offer more control over a frightening process.

Those Jews who choose cremation do so despite it not being permitted

by Jewish law. The body is viewed as belonging to God: We borrow the body in life on the condition that we protect it as best as possible; after death, tradition says that we have no authority to alter it or destroy it in any way. Also, following the Holocaust where many Jews were cremated in acts of genocide, the practice became offensive to many Jews, even some who do not normally hold by strict Jewish law. In most Orthodox communities, a person who was cremated is not mourned formally: There are no funeral rites or other mourning rituals such as *shiva* or the recitation of *kaddish*. Many non-Orthodox rabbis will argue strongly for traditional burial before the decision is made but, after a cremation, will agree to officiate at a funeral or memorial service and perform other rituals intended to honor the deceased and comfort the mourners.

Family members often face a painful dilemma when they wish to honor their loved one through normative Jewish practices but also wish to respect the deceased's request to be cremated. Jewish law generally inclines towards what will bring the most comfort to the bereaved. Different rabbis propose various solutions to this conflict. Despite a rabbi's counsel, however, this choice can lead to arguments and increased family tensions while mourners are in an especially raw emotional state.

I wish to be cremated.
One tenth of my ashes shall
be given to my agent,
as written in our contract.

GROUCHO MARX

RENDING OF GARMENTS

Immediately prior to a traditional funeral service, a rabbi meets with the family privately. If they did not do so when they first were informed of the death, family members perform the ritual of *keriah*—ripping—at this time, rending a garment to symbolize the brokenness they feel. Traditionally, men tear the lapel of a jacket or a tie, while women tear their sweater, blouse or scarf. In so doing, mourners mutilate something valuable which they cherish and have now lost forever. Many Jews today prefer to tear a symbolic black ribbon, often provided by the funeral home, pinned over the heart following the death of a parent and over the right breast for others. Mourners traditionally wear the rent garment or ribbon throughout the entire *shiva* period—the seven days following burial.

THE JEWISH FUNERAL

Because Jewish funerals take place so quickly following death, the atmosphere is often one of shock or intense anguish. Traditional Jewish funerals are strikingly stark: the casket is closed and covered with a simple cloth unadorned by floral arrangements; Jewish tradition encourages mourners to remember the person as a vibrant living human being instead of a corpse. There is no music, honor guard or display of colors to blunt the painful reality that a death has occurred.

The funeral liturgy is quite simple, consisting of several Psalms followed by eulogies. The Hebrew word for eulogy—*hesped*—implies lamenting; the eulogies are a time to reflect on the life of the deceased and lament the qualities that are lost. Jewish tradition prohibits exaggeration and saintly portrayals with little basis in reality. Following the eulogy, a memorial prayer called *El Maleh Rahamim*—God, Full of Compassion—is chanted by the rabbi or service leader. At the conclusion of the service, pallbearers are called forward to carry the coffin to the hearse, followed by the immediate family, the rabbi, and, finally, the guests. Serving as a pallbearer represents an honor usually reserved for direct descendants of the deceased or other close family.

Once the casket is lowered into the ground, the rabbi declares in Hebrew, “May [the person’s name] go to his/

Jacob rent his clothes,
put sackcloth on his loins
and mourned for his son
many days.

GENESIS 37:34

her place in peace,” and then hands a shovel to the principal mourner, usually the spouse or child of the deceased. He or she uses the back of the shovel to lift the first load of dirt into the grave, symbolizing the mourner’s reluctance to complete the task. The sound of the first shovelful of rocks and dirt falling onto the wooden coffin often elicits tears or shrieks from those in attendance.

After the first inverted shovelful, the shovel may be used regularly. Those present gather in line for their turn to help fill the grave. Some individuals only lift a symbolic amount of dirt into the grave; others shovel furiously. The grave need not be filled to completion, but enough that the coffin is entirely covered before proceeding.

Once this process is complete, the mourners recite the most well-known graveside prayer, the *kaddish*. As discussed in the next chapter, this prayer affirms God’s greatness at a moment when the mourner may feel most distant from or angry with God. It accepts the painful reality of the present but also provides hope that redemption arrive soon. The graveside reading marks the immediate family’s first recitation of the *kaddish*. They may continue to recite it daily from this point on, for up to a year.

After the recitation of the *kaddish*, all in attendance except the immediate family of the deceased arrange themselves into two lines. The immediate family then leaves the graveside, passing through these rows of comforters; they are reminded that they are not alone in their grief but surrounded by a supportive community. As the family members pass, individuals offer the traditional consolation:

Ha-makom yinahem et-hem b’tokh sha’ar avelei tzion v’yerushalayim. (May the Holy One comfort you together with all the mourners of Zion and Jerusalem.)

Upon leaving the cemetery, a bucket of water may be provided with a small cup just outside the gate. It is customary for all mourners to use the cup to scoop water over their hands. This ritual hand washing symbolizes that attendees of the funeral do not carry any impurity with them following their contact with the dead. This ritual also marks the moment when the focus shifts from honoring the dead to comforting the mourners. Until now, the mourners’ sole responsibility was to ensure that the burial proceeded

ASSISTANCE WITH PROVIDING A TRADITIONAL FUNERAL

Local Jewish funeral homes around the country can assist families in finding resources to help them pay for an appropriate Jewish funeral if they cannot afford one on their own.

in a way that bestowed the highest honor possible on the deceased. Now their attention turns to their own grief, and the attention of the community turns to supporting the mourners.

For more regarding Jewish burial customs, funeral rites and mourning practices, see *Saying Kaddish: How to Comfort the Dying, Bury the Dead and Mourn as a Jew*, by Anita Diamant, Schocken Books, 1999.

RITUALS FOR SPECIFIC CIRCUMSTANCES

SUICIDE

Jewish tradition holds that the body belongs to God, not the person who inhabits it. Consequently, suicide has been viewed in classical Jewish tradition as a direct rejection of divine authority. During the course of Jewish history, the family of a suicide was not permitted to rend their garments and eulogies were not offered at the funeral. Many Jews today know of the customary practice of burying suicides at the far corner of cemetery grounds.

As Jewish authorities began to better understand mental illness, and suicide in particular, during the twentieth century, these restrictions have been relaxed in almost all situations. One who kills himself or herself while suffering from mental illness now need not be excluded from the community after death. Even when no formal diagnosis

of mental illness is present, Jewish tradition has come to understand that almost all suicides suffer from duress, despair or other mental anguish which may have been hidden to others. Judaism now views a suicide as a lost opportunity to share in the blessings of life, but not as a sin to be punished. *Today, the rituals of mourning do not differ following a suicide.*

PERINATAL LOSS AND INFANT DEATH

The central Jewish mystical text, the *Zohar*, offers a lament on behalf of infants who die:

Most hideous is the pain of the oppressed ones who are taken from their mother's breast while still suckling. The whole world weeps on their behalf. Nothing compares with the tears that flow from these babies; they issue from furthest and darkest places of the heart. The entire world stands confused exclaiming: Just are the judgments of the Holy One, blessed be He, and God's ways are the ways of truth. However, it is necessary that these sad infants, without sin and without guilt, should die? Where is the just and righteous judgment from the Ruler of the World?!

Because perinatal loss and the death of infants was so common in the ancient world, the mourning customs developed for these situations are not necessarily appropriate for modern times where this kind of loss is so much more rare.

Customarily, one did not hold a standard funeral, recite *kaddish* or sit *shiva* (a period of mourning in the home; see Chapter VI) for a baby who died during the first thirty days of life. This tradition was instituted to ease the

APPROPRIATE CONDUCT AT A JEWISH FUNERAL—A GUIDE FOR NON-JEWS

Nowadays, a Jewish funeral is typically divided into two parts: the service, which usually takes place at the funeral home or a synagogue, and the interment. Sometimes, both elements are combined at the graveside, as they were in pre-modern times.

Those who have not attended a Jewish funeral previously should familiarize themselves with the following points. However, it should be emphasized that the simple act of attending the funeral is sign of great honor and respect for the dead. There is no unintentional *faux-pas* or good-faith ritual mistake which would show dishonor to deceased or the family.

- Proper attire consists of a jacket and tie for men and modest dress for women.
- Flowers should not be offered or delivered. They are traditionally viewed as a vain effort to hide the pain of the loss. Instead,

a donation should be offered in memory of the deceased to a charity that represents the values of the deceased.

- Guests should plan to arrive early as funeral services start promptly.
- All men, including non-Jews, should cover their heads out of respect, both inside the chapel and at the graveside. An appropriate hat may be worn or guests may borrow one of the skullcaps offered by the funeral director.
- Though it is common to see old friends, acquaintances and colleagues, a Jewish funeral is not an appropriate time for casual conversation. Whatever is said should be spoken softly.
- Guests should not greet family members in mourning. Even when the intent is to offer comfort, the appropriate time and place is at the *shiva* house, not prior to the service.

- Guests are invited to respond "Amen" at the conclusion of all prayers offered during the service, and to participate in any English responsive readings.
- Following burial, guests should feel encouraged to shovel dirt into the grave. Jewish tradition views filling the grave as a final act of kindness which those in attendance may offer to the deceased.
- Little should be said to the family members at the graveside after interment. Even well-intended kind words serve to distract the mourners from their own grief. The traditional Hebrew prayer offered to the mourners at this time is brief: "May the Holy One comfort you together with all the mourners of Zion and Jerusalem."

burden on parents in ancient times when infant mortality was high. Families who may have lost several children would be greatly encumbered by complete observance of all mourning practices. Today, many rabbis suggest that parents observe these rituals even though traditionally they are not required to. In such situations, often the *shiva* period is three days instead of seven.

How to appropriately mourn a stillbirth or miscarriage remains an active area of discussion in many Jewish circles. Grieving parents should be referred to a Jewish chaplain or rabbi who will guide them through the rituals specific to their situation. Generally, if the loss occurred in the fifth gestational month or later, burial of the remains is required by Jewish law, usually without a marker or formal graveside service. Most Jewish cemeteries have a section reserved for this purpose. Some rabbis assert the need for a circumcision following the stillbirth of a male child, and a naming ceremony for any stillborn child, so that no Jewish life remains anonymous. Even rabbis who do not believe

these rituals are required may nonetheless suggest them if it seems they might help ease the parents' pain. *Shiva* is not usually observed following the burial of a fetus, though the community may elect to observe a *Yom Niḥum*—day of comfort—where guests offer blessings, prayer and support to the parents. The mother may enter the *mikvah*—ritual bath—following her physical recovery as an act of spiritual healing, affirming her wholeness and holiness.

For more on ritual ceremonies following pregnancy loss, see www.ritualwell.org/lifecyclespregnancyinfertility and *Tears of Sorrow, Seeds of Hope: A Jewish Spiritual Companion for Pregnancy Loss and Infertility* by Rabbi Nina Beth Cardin, Jewish Lights Publishing, 2007.

VI. ELEMENTS OF THE MOURNING PROCESS

This chapter discusses the various parts of the traditional Jewish mourning process. The process has several formal stages, including an intense period of mourning for the first week after the burial, followed by a transition period of another thirty days during which continued mourning begins to combine with daily life. For the children of the deceased, formal mourning practices continue for another eleven months. At the end of a year, a certain closure is brought to the process by the marking of the anniversary of the death. In subsequent years, the memory of the deceased may be celebrated in a number of ways.

BEGINNING THE MOURNING PROCESS

Jewish beliefs and customs commonly observed during the first month following a death including *shiva*, mourning in the home during the first week. This is followed by a less intense mourning period of thirty days, called *shloshim*. Throughout this period, Jewish tradition calls for mourners—by custom, this means a spouse, parents, children and siblings—daily to recite specific prayers and refrain from some activities.

THE HOUSE OF MOURNING—*SHIVA*

Maybe the most well-known Jewish mourning practice is *shiva*—a seven-day period of focused mourning, prayer and consolation. The term derives from the Hebrew word for seven because it traditionally extends through the first seven days following burial. It also sounds like a form of the Hebrew verb “to sit” which calls to mind one of *shiva*’s most salient customs: mourners sit on low stools or overturned crates, symbolizing their sorrow and discomfort. In English, people often refer to mourners as “sitting *shiva*.”

Shiva is traditionally observed in the home of the deceased or of the primary mourner, usually the spouse or an adult child of the deceased. However, in today’s society, with families often spread apart, *shiva* may be observed simultaneously by different mourners in separate locations, or by the same mourners in more than one place over the course of the seven days.

Shiva begins as soon as the mourners return home from the burial, when they turn from honoring the deceased to expressing their own grief. Upon arriving home, traditional mourners may remove their leather shoes, which symbolize luxury, and refrain from wearing them throughout the seven days. They also light a large memorial candle—

[Jewish law] commands the mourner
to undertake an heroic task:
to start picking up the debris
of his own shattered personality
and to reestablish himself as a man,
restoring lost glory, dignity
and uniqueness...

No matter how powerful death is...
however terrifying the grave is...
no matter how black the despair is...
we declare and profess...
that we are not giving up...
that we will carry on the work of our
ancestors.

RABBI JOSEPH B. SOLOVEITCHIK,
20TH CENTURY SCHOLAR

ner daluk—which burns throughout *shiva*, offering a concrete symbol of hope in a setting filled with emotional darkness. Customarily, the doors of a *shiva* house are not locked in order to encourage visitors. Mourners are not generally left alone during *shiva*, though all requests by the family for privacy and respite are to be respected.

There is no right or wrong way for mourners to behave during *shiva*. Some may prefer to sit in silence with their pain; others may prefer to talk about their loss. It is common during *shiva* for mourners to cry, reminisce, leaf through photo albums and swap stories about the deceased. Often a mourner is able to express grief directly at

times, but needs silence at others.

For some, *shiva* proves to be a period of increased family tension. Estranged siblings may share tight quarters and interact with each other more than they have in years. Different levels of religious observance among mourners may lead to disagreements about appropriate behavior or ritual practice. Regression to childhood coping mechanisms and family dynamics is common. However, sometimes the direct conflict which bubbles up during mourning, while painful, is the first step towards resolution of longstanding family tensions.

Shiva is not observed over the Sabbath—Friday sundown through Saturday sundown. Mourners are encouraged to leave their home and enter the synagogue to celebrate the Sabbath even in the midst of their grief. Some other Jewish holidays also interrupt *shiva*, delay its start or cause it to end early, depending on when the holiday falls in relation to the death. Though *shiva* technically extends for seven days, the day of the funeral is counted as one full day and *shiva* ends just after morning prayers on the last day. This means that, in most cases, mourners spend only about four full days actually “sitting *shiva*.” In modern practice, some

Jews shorten this period even further, most commonly to three days.

The community is obligated to offer comfort and support. Jewish law forbids mourners from eating any food they have prepared for themselves on the day of the burial. This forces friends and others to come to the home in person, sustaining the mourners physically with gifts of food and emotionally with their presence. The religious obligation to visit a *shiva* house falls on the entire community; there is no expectation that a visitor had known the deceased well, or even at all. Mourners are known to experience profound comfort from condolences and support by community

Why are lentils proper food
for mourners? As the lentil rolls,
so does the mourning roll
from one person to the next.
As the lentil is silent
(without a cleft opening),
so too is the mourner silent.

— THE TALMUD

members who were virtual strangers to them. A sense of the emotional and physical support generated by the practice of *shiva* can be gleaned from a woman's description of her experience:

When I sat *shiva*, about fifty people would pass through my house every day. They would bring food and speak with each other. I had this incredible realization that all of these people cared about me and I could call on them anytime I wanted to. They would be there in a heartbeat. My sense of feeling alone was completely delusional. Actually, I was surrounded. The most amazing thing for me was that all these people were there because they cared about us and there was no way I could fall. They were there in my dark hour.

The first meal in a *shiva* house is called a *se'udat havra'ah*—meal of condolence. It usually begins with a blessing over the bread, a simple act of offering gratitude for what one has at a time when mourners are normally focused on what they have lost. The menu traditionally includes round foods such as lentils and eggs, symbolizing the cycle of life. Often, guests serve the mourners before partaking themselves.

Jewish law prohibits mourners from attending work or school during *shiva*. It is a time to begin processing one's grief and acknowledging the loss—an immediate return

HOW TO PAY A *SHIVA* CALL—A GUIDE FOR NON-JEWS

The etiquette for visiting someone sitting *shiva* is quite different from visiting the same person at home on another occasion. Some behaviors which are generally considered "good manners" for a social visit may prove burdensome for mourners and interfere with the grieving process. The following are some basic guidelines for a standard *shiva* visit.

- Check to see if the mourners have suggested specific hours for visiting. Families often do this to allow the principal mourners to rest and spend quality time with each other.
- Outside the house, you may find a bucket of water. The custom is to ritually wash one's hands before entering, marking the transition between the world of the mourners and the world outside.
- The door is likely to be unlocked. If so, let yourself in quietly. Knocking or ringing the bell may interrupt a prayer service or a mourner's conversation.
- Flowers are inappropriate in a *shiva* house. The best gift is food, though visiting without a gift is both common and acceptable. If you do plan to bring food, make sure that it is certified kosher or at least strictly vegetarian—even if the family does not

observe Jewish dietary restrictions, other visitors may.

- The custom among observant Jews is not to speak to a mourner until he or she has addressed you first. If the mourner does not acknowledge you upon entry, sit quietly. In less traditional settings, visitors may initiate conversation with the mourner by offering brief words of condolence.
- Mourners traditionally do not greet visitors with a standard "hello" or "how are you?" during *shiva*. If this is the case, understand that it represents a longstanding Jewish practice, not rudeness.
- There is no "right" thing to say and there are very few wrong things to say. Visitors provide comfort merely by being present. However, it is inappropriate to attempt to cheer up the mourners, advise them about how to mourn or seek to take their mind off of their grief.
- The primary task of the visitor is to listen, not speak. Let the mourner direct the conversation. If he or she wants to talk about the deceased, ask open-ended questions which allow the mourner to relate stories. Good questions include: What kind of obstacles did he overcome in life? What

things were most important to her? What was he like as a father/husband/brother? What were her final days like? You may also share a story of your own about the deceased. Try to avoid asking, "How are you doing?" Such questions tend to elicit one-word answers, stifling more substantive conversation.

- Mourners may ask you about your well-being, family or job. It is appropriate to answer briefly, but do not speak about yourself at length. The focus should always be on the deceased and those left behind.
- Visitors are likely to see people they know in a *shiva* house, some they may not have spoken to in a long time. A *shiva* house should not become a place for casual conversation, though it often does. A simple greeting of other visitors is appropriate, but if another visitor attempts to engage you in conversation unrelated to the deceased, suggest making a plan to meet or speak on the phone later.
- A good *shiva* visit need not last more than about twenty minutes. Grieving can be very tiring for the mourners. Be sensitive to clues the mourner may be sending requesting that you end your condolence conversation with them.

to standard routines might falsely appear to diminish the death's impact on the mourner. Jewish law does, however, permit certain leniencies when the financial burden of lost work would cause the mourners significant hardship.

The mourner physically represents his or her incompleteness during this time by not focusing on outward appearance. To this end, many people observe the custom of covering all the mirrors in a *shiva* house as a rejection of vanity during this period. Traditional mourners may also refrain from most acts of personal grooming, such as shaving or applying makeup.

Jewish law forbids most pleasurable and other non-essential activities during *shiva*, such as sex, games, shopping and even Torah study. Judaism's incorporation of this self-denying behavior into traditional mourning practices validates the human tendency to self-punish; simultaneously, it strictly prescribes its boundaries, lest it expand into a complete disregard for one's own welfare.

PRAYER DURING MOURNING—KADDISH

Jewish law obligates most mourners to recite the *kaddish* prayer three times daily for a month following burial. Children of the deceased recite it for an entire year. In Orthodoxy, the prayer is only required of men; in more liberal movements, the obligation falls on both men and women. The *kaddish* prayer may only be said in a *minyan*—a group of ten Jews (in Orthodoxy, ten men). This requirement forces mourners to remain connected to their community and not shrink into isolation during their grief. Because it is customary for mourners not to leave their home during *shiva*, a traditional community arranges for a *minyan* to be present in the *shiva* house three times a day so that the

The Kaddish

(a translation from the Hebrew)

Magnified and sanctified
is God's great name throughout the world
which God created.

Speedily may God's kingship reign
for all our days, during our lifetime and
the lifetimes of all the people of Israel.

Let us say: Amen.

May God's great name be blessed
throughout eternity.

Blessed, honored, glorified, exalted,
extolled, decorated, lauded and praised
is God's holy name beyond all blessing,
song and tribute that we may ever offer.

Let us say: Amen.

May great peace descend from the
heavens along with full life upon us and
upon all Israel. Let us say: Amen.

May the One who makes peace in the
universe grant peace to us and to all
Israel. Let us say: Amen.

prayer may be said. Once *shiva* has ended, *kaddish* is recited in the synagogue.

The *kaddish* prayer offers praise and pronounces that God will speedily bring peace to the entire world. There is no mention of death or mourning. It is a prayer whose text looks forward to a better time even as the reader hearkens back on what has been lost. The prayer asserts God's love and compassion at a time when the mourner feels it is most absent. It affirms that death and loss comprise essential elements of the divine plan for ultimate redemption.

In a traditional synagogue, the congregation remains seated while the mourners rise to recite *kaddish*, the mourners thereby publicly announcing their loss. As those saying *kaddish* read together, the congregation responds, "May God's great name be blessed throughout eternity." The community declares through this ritual that the mourners do not stand alone in their grief. The strength and words of the group encourage the mourner to bless life instead of surrendering to death.

For personal stories of experiences during the first year of mourning, see *Kaddish*, by Leon Wieseltier, Vintage, 2000, and *Living a Year of Kaddish: A Memoir*, by Ari Goldman, Schocken Books, 2006.

MOURNING NON-JEWISH FAMILY MEMBERS

While Jewish tradition has generally placed great emphasis on endogamy, many Jews in America today have non-Jewish spouses, relatives or close friends. This phenomenon is accelerated by rates of conversion to Judaism which

have increased greatly in recent years. These Jews face complicated questions when it comes to deciding how to mourn their non-Jewish family members and dear friends.

According to strict Jewish law, there is no formal obligation to recite *kaddish*, sit *shiva* or observe other customary mourning rituals for non-Jews. However, Jewish mourning rites are designed to console those left behind, so most non-Orthodox rabbis encourage Jews to observe these customs if they might bring comfort to the mourner.

Many rabbis decline to officiate at the funeral of a non-Jewish relative, though some may be willing to offer a eulogy. Traditional Jewish cemeteries will not bury non-Jews next to Jewish spouses or relatives; however, some provide a separate area just outside the grounds so that intermarried couples may be buried together.

The deceased may have had a strong affiliation with another faith tradition, which dictates a non-Jewish burial and funeral. If so, Jewish mourners may feel alienated by not being able to honor their loved one with basic Jewish rites such as a speedy burial and accompanying the body from the moment of death onward. Jewish mourners may want to sit *shiva* but find that the process isolates them from their non-Jewish family members who mourn in other ways. Because converts may be especially eager to observe death in “the proper Jewish way,” the guilt of not doing so can become burdensome, making an already complicated emotional period all the more difficult. The introduction of a chaplain or experienced rabbi can often help to resolve such a crisis, comforting mourners and helping them adapt traditional customs to meet the needs of specific situations.

THE FIRST MONTH FOLLOWING BURIAL—*SHLOSHIM*

Shiva concludes just after completion of the morning prayers on the seventh day. Though there is no formal ritual to end *shiva*, often families take a walk outside, to get fresh air and to symbolize the beginning of their gradual reentry into the world. The religious restrictions on the mourners’ behavior

during *shiva* are now relaxed: mirrors are uncovered; laundry is washed; low stools are replaced by standard chairs. Daily life is allowed slowly to reassert itself.

This transition can be painful and often marks the time when mourners are most vulnerable. Comforters no longer visit. Condolence calls grow fewer and fewer. Other people return to their normal lives and the mourners receive the implicit—and sometimes explicit—message

that they are expected to do so as well.

Jewish tradition recognizes this vulnerability by establishing a transitional period called *shloshim*—thirty days. Following the completion of *shiva*, observant mourners may return to work and reestablish old routines, but they continue to refrain from sexual activity, public celebrations and acts of self-care such as wearing new clothes or shaving, during the remainder of first month following the burial. Mourners reenter the community through synagogue attendance, work and family obligations, but simultaneously they remain apart. These continuing restrictions mirror the mourners’ emotional alienation, encouraging them to confront it.

Rabbi Levi says: A mourner during the first three days [of *shiva*] should see himself as if a sword lies on him between his two thighs; from the third to the seventh day it is as if it faces him in a corner; afterwards it is as if it moves along with him in the market.

THE TALMUD

DIFFERENT RITUALS AMONG SEPHARDIC JEWS

The majority of Jews in North America are known as *Ashkenazi* Jews, which means they trace their family roots through Central or Eastern Europe where, historically, they lived among Christians. However, about 3 percent of Jews living in North America, and a much larger percentage of Jews worldwide, descend from families that once lived in North Africa, Asia Minor, the Levant, Arabia, Persia or Muslim-controlled sections of the Iberian Peninsula. These Jews are commonly called *Sephardi* or *Mizrahi* Jews and historically were surrounded by Muslim culture. While both communities share most core Jewish practices and values, each also holds unique customs and traditions.

This book, including this chapter on burial, funeral and mourning practices, focuses on Ashkenazi tradition. Care providers should be aware, however, that Sephardic Jews may have practices quite different from those discussed here. For example, in some Sephardic communities, sons attend the burial of their mother but not of their father. Women from the Sephardic tradition may engage in ritualized weeping and wailing at the funeral or graveside. At the cemetery, some Sephardic males circle the funeral bier seven times, publicly seek forgiveness from the deceased, and blow a *shofar* (ram’s horn) following the burial. In some Syrian Jewish communities, men and women are buried in separate sections of the cemetery,

in the next available grave. In Persian Jewish communities, rosewater is often sprinkled on the grave.

While Ashkenazi Jews traditionally sit on low stools during *shiva*, Sephardic Jews are more likely to sit on pillows placed directly on the floor. Often there is a formal ceremony among Sephardic Jews to end the period of *shiva*, which involves the reading of sacred texts, additional eulogies and guests offering sweets to the mourners. The Yiddish term *Yahrzeit*, referring to the anniversary of the death, is called *Mishmarah* or *Nahala* by Sephardic Jews and may be commemorated with the reading of Psalms together with the lighting of a candle.

There is no formal ritual to end *shloshim*, though often families gather for a prayer service or study session in honor of the deceased. Families spread across great distances may reunite for the thirtieth day, to offer each other support and share their experiences of the past month.

Clinicians who treated the patient and worked with the family prior to death are strongly encouraged to use this time to follow up with mourners. In situations where there is no ongoing professional relationship with the family following a death, a brief phone call around the thirtieth day may provide tremendous support. This shows respect for the family's loved one by the physician.

THE CONTINUING MOURNING PROCESS

Jewish bereavement practices do not end with the close of *Shloshim*, the transitional month following the burial. They continue for the children of the deceased for the next eleven months, culminating in a commemoration on the anniversary of a death. There are also ritual commemorations of the dead on certain Jewish holidays throughout each year.

BEREAVEMENT DURING THE FIRST YEAR

Death challenges a person's belief in the safety, predictability and fairness of the universe. The critical task of healing is to make sense of the loss and eventually rebuild a worldview in which life has meaning despite its fragility and the surrounding chaos. Jewish tradition does not expect individuals to engage in this difficult work alone. While the obligation to recite *kaddish* ends after thirty days for some mourners, children mourning their parents continue for eleven more months. Those observing this custom find themselves creating a supportive community with others who similarly attend synagogue every day in order to recite the prayer.

For help finding local healing services, contact The National Center for Jewish Healing at www.ncjh.org or by phone at (212) 399-2320. Bereavement groups for Jewish mourners of all religious orientations can be located through the directory on the website of The Association of Jewish Family and Children's Agencies at www.ajfca.org or by phone at (800) 634-7346.

Whoever sees a mourner within thirty days
should comfort him but not ask him
how he is feeling.
After thirty days, within the first year,
he should ask how he is
and then comfort him.

THE TALMUD

Some Jewish mourners find comfort in the healing services which have become increasingly popular in non-Orthodox synagogues. Often scheduled on a weekday evening, healing services do not follow a rigid format but generally provide space for meditation, prayer, song and companionship. Attendees may reflect on the changes that illness, divorce, death or other types of loss have

introduced to their lives. They find comfort surrounded by others in various stages of coping with their own losses.

Bereavement groups may also offer comfort and companionship, bringing together different people with shared experiences. Mourners who might otherwise incline towards isolation form new relationships and often develop intimate bonds with others. Even when someone has a solid support network of friends and family, the experience of sharing coping strategies and offering support to others who are also suffering can prove incredibly beneficial. Bereavement groups are offered by many synagogues, funeral homes, hospices, long-term care facilities and a growing number of acute care hospitals.

UNVEILING THE HEADSTONE AND VISITING THE GRAVE

Tombstones in a Jewish cemetery are usually simple, engraved with the name and date both in Hebrew and English. Often they also include a series of Hebrew letters, shorthand for the phrase, "May his/her soul be bound up in the bonds of life." Traditionally, Jewish gravestones were placed with little ceremony. However, in recent times, many American Jews have adopted the practice of "unveiling"—holding a brief graveside service within a year of the death, sometimes on the first anniversary. The service is usually attended only by close friends and family. The rabbi, cantor or lay leader will offer brief Psalms and prayers. Those present may share stories or other memories. Sometimes the stone will be covered with a simple cloth during the service and then officially "unveiled" for the first time at its conclusion.

Mourners are discouraged from visiting the grave too often, and Jewish law specifically forbids visits on festive occasions such as the Sabbath or other major holidays. However, it is a widespread custom for loved ones to visit on the anniversary of the death, prior to the High Holidays (in autumn) and before major celebrations such as weddings or bar/bat mitzvahs. Mourners may also visit on dates of personal significance such as birthdays and wedding anniversaries as well as anytime they feel the need. Bringing flowers to the grave is considered an echo

of ancient pagan traditions and is thus prohibited under strict Jewish law.

Following a visit, it is customary for each person to place a small stone or pebble on top of the gravestone. Scholars claim that this custom may date to biblical times when tombs were marked by a makeshift pile of stones. Mourners would add to the pile, symbolically expressing their love for the deceased and their desire to care for him or her eternally. A gravestone with pebbles resting atop testifies that visitors have come, remembering their loved one.

THE FIRST AND SUBSEQUENT ANNIVERSARIES—*YAHRTZEIT*

Yahrtzeit is the Yiddish word for “the time of the year” and refers to the anniversary of a death—traditionally marked on the lunar Hebrew calendar. The first *yahrtzeit* often presents conflicting emotions. Some memories which have begun to fade are likely to reappear. For several weeks before, mourners may think back on what they were doing at that time one year previous—driving to the hospital, speaking to the doctor, sleeping on the chair in the waiting area, even the moment of death itself. People who have been reciting *kaddish* regularly will also be preparing for the end of this supportive ritual. On the day itself, emotions from the early stages of grief may return. At the same, the first *yahrtzeit* can also bring relief and a sense of accomplishment.

The formal commemoration of a *yahrtzeit* is minimal. The observant mourner attends synagogue to recite *kaddish*, the name of the deceased is announced publicly during the worship service and a 24-hour candle is lit in the home. Many modern synagogues have plaques on the wall to honor deceased members; these are illuminated on the day of the individual’s *yahrtzeit*. Some mourners add to these basic rituals by gathering family and friends together, sharing meals and telling stories.

MEMORIAL SERVICES AND OTHER WAYS TO REMEMBER

Following the slaughter of Jews during the Crusades, rabbis introduced a prayer service known as *yizkor*—memorial—to honor the martyrs. Over time, it grew to include memorial prayers for all who have died. Today this service is included in the liturgy of four major Jewish holidays: *Yom Kippur* (Day of Atonement), *Pesach* (Passover), *Sukkot* (Tabernacles) and *Shavuot* (Weeks).

A typical *yizkor* service lasts no more than twenty minutes, though it runs adjacent to the much longer morning prayers of the holiday on which it falls. Sometimes, a member of the congregation or the rabbi will introduce the service by sharing a few words about his or her own experience of loss. The liturgy begins with Psalms and often some responsive readings in English. Some synagogues have the custom of reading the names aloud of all who died in the past year, or in recent memory.

The congregation is then offered time to reflect and pray silently. Prayer books include several different paragraphs to read in silence, specific to the mourner’s relationship to the deceased. In addition to prayers for a lost parent, sibling, spouse or child, one may also silently recite prayers for victims of the Holocaust who have no descendants to pray on their behalf. The prayer leader breaks the silence by chanting the memorial prayer *El Maleh Rahamim* (God, Full of Compassion), then the entire congregation recites the *kaddish* in unison.

Some people do not attend the *yizkor* service during the first year after a death, waiting instead until the initial *yahrtzeit* has passed. While observant Jews attend all four *yizkor* services a year, many less traditional Jews place primary emphasis on the *yizkor* service during *Yom Kippur*. In the home, many people light a memorial candle on the days that *yizkor* is said.

It is typical for mourners to donate money to *tzeddakah*—charity—in memory of the deceased. Mourners continue to give on a regular basis, timed to the anniversary of the death, a birthday or other personally significant dates. Jewish tradition values the giving of time and effort over money, however, so many mourners may prefer to volunteer directly. Other mourners may engage in a process of Torah study to honor the deceased. Or one might enroll in an adult education class, sponsor an informal study group or simply read about any meaningful religious topic.

Naming the next-born child in honor of a deceased relative has also become an important custom among Jews from Eastern Europe. At the baby’s circumcision or public naming ceremony, often the parents explain the name choice and emphasize the values of the deceased which they hope the baby will embody. Sometimes the entire name is given; other times parents select a name beginning with the same first letter.

VII. EPILOGUE—FINAL THOUGHTS

It's been 24 years since my son Gregory died. He was 20 years old. What I've done every year is to go where he is buried. It's lovely there; we all go down to visit the gravesite. There are always about 15 people who go—people who knew him. We tell stories, sometimes we cry. I still put a candle in a shallow bowl of water, fill the rest with flowers, get his picture, set it out and light my candle. It's the picture I took the last time I saw him at a café. I don't have any pictures of him as an adult, as adult as he got to be. Someone always reads *kaddish* with me. It's tremendously comforting, deliberately comforting so the mourners will not be alone. Then we go to a friend's house, she makes sandwiches and we eat.

I did this for 20 years on his *yarzheit* day. It's become hard for me to travel there on that day, but his friends still go. I go a little later on.

The first year, I was a wreck. It was like recovering from surgery: I was exhausted, had no energy, and it took a long time for me not to feel devastated. The first *yarzheit*, it was like I had to go through the death again. For two to three months leading up to it, I got nervous, agitated. It was such a profound experience. It was like he was going to die again.

The second year was similar, but not nearly as strong. And then the third year. Every year, on his *yarzheit*, I would say, "Yes, I feel better." Then about three days after the fourth *yarzheit*, it was dramatic. I woke up and said, "I am really finally myself again." And that was true. It took that long for me to feel like I had truly recovered. The thing is, all along, I didn't know I was recovering. After the fourth *yarzheit*, it was like coming back without the veil. I was myself again.

This testimony of mourning illuminates Judaism's emphasis on communal support and involvement. Many of the rituals and teachings discussed in this guide have the effect of bringing people together, overcoming the isolation that so often accompanies illness and loss. Appropriate care for the Jewish person, then, considers and involves family, friends and the broader community.

Jewish thought also rejects sharp distinctions between physical and emotional suffering, viewing the body and soul as profoundly interconnected. Appropriate care therefore also addresses not only a patient's immediate physical distress but also his or her underlying emotional experience. Jewish tradition values the relief of suffering, struggles to maintain hope even in grim situations, and challenges Jews to look for opportunities for spiritual and personal growth through difficult experiences.

Once a death has occurred, Jewish tradition immediately directs its attention towards showing respect for the deceased. This takes its most concrete form in elaborate Jewish rituals surrounding care for the corpse. After burial, comforting the mourners becomes the focus, and is the responsibility of the entire community. That comfort may at times be provided in the form of logistical support or other direct assistance but, at its core, comes through listening, presence and empathy.

Judaism views mourning as part of a year-long cycle. Throughout that cycle there are moments for healing, growth and acceptance. There is also license for intense emotion—anger, fear, sadness, isolation, grief. While this guide details the most common traditional bereavement practices in Judaism, many individuals observe them in modified forms or observe some strictly while abandoning others. This guide tries to make clear to its readers that the wide variety of experience and expression of contemporary Jewishness makes it impossible to accurately predict how any one Jewish patient or family member will respond to illness and death. Instead, the guide is intended to introduce clinicians and other caregivers to the complicated cultural and religious framework through which many contemporary Jews view sickness, loss and emotional healing.

No Jewish patient or family member expects caregivers to fully understand all the relevant cultural and religious factors relating to these issues. But this guide may at least enable readers to better appreciate the broader cultural and spiritual dynamics at work in any given situation, and empower him or her to ask the questions that can help create sufficient space for the perspectives, beliefs and practices of all those involved.

GLOSSARY OF HEBREW AND YIDDISH TERMS

The following Hebrew and Yiddish terms are found throughout this guide. The pronunciation guide for Hebrew words within this glossary follows contemporary Israeli usage. Many American Jews, however, employ alternate pronunciations, heavily influenced by Yiddish, which stress different syllables, shorten vowels and alter some consonant sounds.

A dot under the letter “h” represents a guttural sound, similar to the “ch” of the Scots/English word *loch*.

Aninut (ah-nee-*newt*)—the period of time between death and burial; during this time, mourners are exempt from all religious obligations unrelated to preparations for burial.

Ashkenazi Jews—Jews who trace their roots through Central and Eastern Europe.

Bar Mitzvah (male)/**Bat Mitzvah** (female)—the ceremony conferring status on a 13-year old as full member of the community for ritual purposes.

Bikkur Holim (Bee-kur ho-*leem*)—the Jewish obligation to provide care and support for those affected by illness.

El Maleh Raḥamim (Ale Maleh Rah-khah-*meem*)—literally, “God, full of compassion”—a prayer in honor of the dead, often chanted at funerals and other memorial services.

Goses (Go-*say-s*)—an actively dying person with no hope for physical recovery.

Ḥesed (Heh-sed)—loving kindness.

Ḥesped (Ḥess-payd)—a eulogy.

Ḥevra Kadisha (Ḥev-ra Ka-*deesh-ah*)—literally, “a holy society”—the group of Jewish volunteers who wash and prepare the body for a traditional burial.

Kaddish (Kah-*deesh*)—a prayer recited by mourners following a death.

Keriah (keh-*ri-ah*)—literally, ripping, the custom of mourners to tear a piece of clothing or a ribbon after a death.

Kevod Ha-met—the obligation to show honor and respect for the corpse prior to burial.

Kippah (Key-*pah*)—the head-covering worn by Jewish men; *Yarmulke* in Yiddish.

Kittel—the white linen robe worn on certain holidays and for a traditional burial.

Levayah (Leh-vai-*yah*)—literally, accompanying—a Jewish funeral.

Matzevah (Mah-*tzei-vah*)—a tombstone or grave marker.

Mikvah—a ritual bath of natural flowing water, used for purification rituals including the submersion of a corpse prior to burial.

Minyan—a prayer quorum of ten, required for certain prayers such as the *kaddish*.

Mi-shberakh (Mee-sheh-bay-*rah*)—a prayer recited on behalf of someone who is ill.

Mitzvah—a religious obligation; also used by some to describe a good deed.

Ner Daluk (Nair Dah-*louk*)—a candle lit in a Jewish house of mourning.

Olam Ha-Ba (Oh-*lam* Ha-*bah*)—the World to Come, a common name for the afterlife in Jewish tradition.

Onen (O-*nen*)—a Jewish mourner (plural: *Onenim*).

Pesach (Peh-*sakh*)—Passover, the Festival of Liberation from Egypt, celebrated for eight days in the spring.

Pidyon Ha-nefesh—literally, redeeming the soul—a ritual for health which involves Torah study and the giving of charity on behalf of the person who is ill.

Rav—A title of respect for a Jewish religious leader, often used interchangeably with rabbi.

Refuah Bedoka (Reh-fu-*ah* Be-du-*kah*)—the Jewish concept that only medical interventions with a reasonable chance of success should be implemented.

Sephardic Jews—Jews who trace their roots through lands dominated by Muslim culture.

Se’udat havra’ah (Se-u-*dat* Hav-rah-*ah*)—the first meal in a Jewish house of mourning, immediately after the burial.

Shabbat—the Sabbath, extending from Friday sundown through Saturday sundown; “Shabbos” in Yiddish.

Shavuot—The Feast of Weeks, celebrated for two days in the late spring; the model for the Christian holiday of Pentecost.

Sheitel (Shay-tel)—a wig worn by some observant married woman to cover their natural hair for reasons of modesty.

Shema (Sheh-*mah*)—a central Hebrew prayer affirming one’s faith in God, often recited prior to death.

Shemirah (Sheh-mee-*rah*)—the practice of accompanying the body from the moment of death until the burial.

Shiva—the name for the first seven days following burial, during which mourners traditionally remain at home and receive condolence visits.

Shloshim—the name for the first thirty days following burial, during which mourners traditionally observe certain restrictions on their behavior.

Shoah (Sho-ah)—the Holocaust.

Shomer—the person who accompanies the body after death.

Sukkot—The Feast of Tabernacles, a harvest festival celebrated for eight days in the fall.

Tachrichin (Tah-ree-hin)—burial shrouds.

Taharah (Tah-ha-rah)—the process of washing and preparing a body for a traditional burial.

Tahor (Tah-hor)—pure, the term used to declare a corpse ritually pure after it has been prepared for burial.

Tallit (Tah-leet)—a prayer shawl; *Tallis* in Yiddish.

Talmud—a vast text containing rabbinic law, narrative, biblical exegesis and ethical guidance, compiled in ancient Babylonia.

Tefillin (Teh-fee-leen)—phylacteries, black boxes which contain biblical verses strapped to the arm and head during morning prayers.

Tehillim (Teh-hee-leem)—Psalms.

Tichel (Tih-hel)—a scarf worn by some observant married women to cover their natural hair for reasons of modesty.

Tzeddakah (Tzeh-dah-kah)—charity.

Vidui (Vee-du-ee)—a traditional prayer of confession commonly recited prior to death.

Yarmulke (Yar-mul-kah)—see *Kippah*.

Yahrtzeit (Yar-tzeit)—the anniversary of a death.

Yihud (Yee-hud)—two members of the opposite sex alone in a room together; many Orthodox Jews avoid this situation with those outside of their immediate family.

Yizkor—literally, “One will remember”—a prayer service held four times a year in memory of those who have died.

Yom Kippur (Yom Key-pur)—The Day of Atonement, a day of prayer, fasting and seeking forgiveness, observed each fall.

Yom Niḥum (Yom Nee-hume)—literally, a day of consolation, a modified and shortened version of *shiva* which may follow some losses, including a stillbirth.

AUTHOR'S ACKNOWLEDGMENTS

Ben and Eli Goldman may be most responsible for my involvement this project. They contented themselves playing with plastic frogs and napping while their father Michael was able to convince me what an amazing team had been assembled at Duke University to create this guide. I want to thank each of the committee members for their fine Southern hospitality, astute insights, high tolerance for quirkiness and their deep desire to make this project as successful as possible. Erica Rothman deserves special mention as she had the unenviable task of serving as the liaison between the committee and me—relating everyone's comments and my responses with both accuracy and tact. Erica and Linda Belans also are responsible for collecting many of the narratives included.

I would like to thank Chaplain Maxwell Grant, a colleague and literary mind, for his stories. The Reverend Curtis Hart, Dr. Joseph Fins, Rabbis Mychal Springer, Elliot Dorff, Mollie Cantor, and David Schuck are all teachers of mine whose lessons fill these pages. Eliana Meirowitz deserves special credit for her willingness to slog through an early version of the entire manuscript and special thanks for her many helpful suggestions. Cantor Elizabeth Stevens has an uncanny ability to understand my own ideas even better than I do at times. She can put into clear words what I am often unable to express. I want to thank her for her edits but even more for her encouragement and support. I look forward to returning the favor many times over as we build our life together. My father Alvin Popovsky does not deserve a simple mention here but rather a lifetime achievement award for editing every draft of everything I have written since Carl Yastrzemski still played.
