

in the 15th century, the Hebrew words for “prayer” and “song” have the same numerical equivalent (515) or *gematria*. Words of prayer are emotionally amplified, personalized, and made more full-bodied through song. For those in our movement who wish to use musical instruments to encourage singing and as a tool to engage the heartstrings of worshippers, we offer guidance and reinforce some restrictions. If, as Rabbi Abraham Joshua Heschel has taught,

Shabbat is a palace in time, then there is a need for an architecture of restraint in which to craft holy space. Such an architectural plan is subject to review and reconfiguration, while keeping in mind the ultimate goals of setting aside holy time and permitting the removal of unnecessary barriers. We honor differences in our movement, while retaining a commitment to Shabbat as a time set apart from the remainder of the week for spiritual uplift. 



Healing Is Always Possible

RACHEL BRODIE & ABBY CAPLIN

For those confronting serious illness, unless a hospital chaplain appears (and not necessarily a Jewish one), the words and wisdom of Judaism are rarely brought into treatment and waiting rooms. “Healing services” are the most prominent form of Jewish ritual around illness, but there are other forms that address a variety of needs, moods, and comfort zones. Ancient ritual objects used for healing include amulets, stones, and a red string. Each of these items allows for symbolic transference by concretizing an abstract value, such as love, power, or support.

Abby,

I’m delighted to be in conversation with you about the role of ritual in healing. I’m particularly interested in hearing about healing rituals you’ve facilitated and how this both intersects with, and is influenced by, your many years as a physician and mind-body therapist.

When broaching the subject of ritual (not prayers per se) with people who are ill, more often than not I encounter resistance: “Are you some kind of shaman?” “That’s so Berkeley!” Or, “What I have is terminal. I’m not going to heal from it.” The latter is one of the reasons I don’t usually use the term “healing ritual.”

I prefer to use rituals to help people be present in the moment, and one of the most effective ways to do that is to use ritual objects. Objects, such as the Amphora Album or Chemotherapy Siddur (see explanation in margin), which Jewish Milestones developed, or a few stones or a cup of water, can be used to evoke substantive, tangible evidence that we are, and always will be, so much more than our illness. (I was once corrected by the mother of a child I was tutoring for his bar mitzvah: “He is not autistic. He has autism.”)

The ritual objects also serve another purpose: No matter how much of a support network someone may be blessed to have, most people undergoing medical treatment spend a lot of time on their own. Having an Amphora Album to hold, read, or stare at is a reminder that we are not alone — even when we are

literally all by ourselves.

I look forward to hearing about your experiences,
Rachel

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Dear Rachel,

Reading your letter, I started thinking about the confusion between healing and curing, which are often assumed to be the same. They aren’t. Curing is about ridding the body of illness and returning to one’s former state of physical health. Healing, however, is the process of finding emotional, psychological, and spiritual wellbeing, and using the experience of illness to help redefine what it means to be fully alive. Healing is a process toward something larger than merely returning to a former self. A person might let go of unhelpful patterns and beliefs, which could put the body in a much better position to repair itself — hence, the “mind-body connection.” Even when cure is not an option, healing is always possible.

I lead healing rituals that are meant to evoke a sense of wholeness, or *shleymut* — for all participants — through community and intention. In the Talmud, *Brakhot* 5B, the healer Rabbi Yohanan realizes that he needs the help of Rabbi Hanina in order to be healed himself. He can’t do it alone. “Give me your hand,” is the primary teaching. We need one another. I use this image both literally and/or metaphorically in all healing rituals.

I love that you have created the Amphora Album, which helps people remain connected to themselves, their community, and the sacred. The objects you mention — stones and water —

Rachel Brodie is executive director of Jewish Milestones in Berkeley, Calif., which — among its many functions — brings Jewish teachings into situations that don’t automatically shout “Jewish.” Jewish Milestones has recently developed a new ritual object — a Chemotherapy Siddur, a keepsake album of prayers, poems, photos, and personal notes that can serve as a resource and a source of support for individuals going through chemotherapy. Designed primarily as an online tool, the siddur, now known as an Amphora Album, enables caregivers and communities to collaborate on a Jewishly meaningful gift in the form of a keepsake album. The object itself reflects a core Jewish belief: Even in the midst of illness or while caring for someone who is not well, we are not alone. www.jewishmilestones.org

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represent God's presence, whether or not it is acknowledged. It doesn't matter, because in touching these objects, the connection is made.

But getting back to the issue of language, what words do you use to introduce a healing ritual to someone who might need it? How have you encouraged someone who might be reluctant to try such a ritual? How have you seen ritual help in healing?

Bivrakha, Abby

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Abby,

The distinction you make between healing and curing is very important. I wish professionals — doctors and clergy — would make it more explicit, delineating the possible and managing hope.

You asked how I broach the subject of a healing ritual or how I might encourage someone to consider participating in one. My approach is rather simple: Listen carefully; don't make assumptions; share examples of rituals other people have found helpful; offer the gifts of acceptance and creative thinking. I try to be

careful not to become attached to any particular outcome — for the ill person, for their interest in ritual, their connection to me or my own idea of success in that setting. Perhaps the most important part of the conversation is in understanding what the ritual needs to accomplish, what will be different after it takes place, and how that transformation (however small) will be measured and held.

While "curing" has no part in my ritual lexicon, healing isn't always explicitly present either. I think the two concepts are often conflated in people's minds and, in my experience, it's not always the goal. Perhaps if we talked this through at greater length, we'd find that we're saying the same thing and that the differences are primarily semantic.

I do know that we have both been privileged to see the transformative power of ritual in action and that the impact, like the person, is present long after the moment is past.

L'vreeoot — to your good health,
Rachel

Managing Hope

MICHAEL AGUS

"House officer to bedspace six — stat!"

During my first month as a doctor, on my first rotation in residency, I was roused from sleep in the call room via an overhead announcement and summoned urgently to

seizures, so we attached leads to her scalp (an EEG) to measure the electrical activity in her brain. Several other organ systems were beginning to shut down as a result of the prolonged lack of oxygen. A CT scan of her brain showed diffuse brain injury and severe swelling. We explained that it was only a matter of time until all brain function ceased; an irreversible process had begun. After we completed our delivery of this

horrendous news, the young father, actively listening throughout the meeting, explained that he maintained his belief in God and, through his tears, said that he still had hope. We all validated this hope, not as an expectation of improvement, but as an expression of his wish, his prayer. He heard what we had been saying. He knew his daughter was lost to the world.

When I arrived at the bedside later that night, the baby looked like she was coughing against the ventilator to which she was attached to support her basic vital functions. I switched on the EEG. Although the inked needles dashed up and down over the page, initially making me hopeful, I quickly recognized that this was seizure activity, the most abnormal

I have struggled to get parents and, occasionally, patients to have just the right amount of hope. At some level, this represents the arrogant side of our profession. But ultimately, it comes down to distinguishing between hope and expectation.

the bedside of a sick child. The patient was a six-month-old girl who had suffered a severe asphyxial brain injury. She had been found lifeless by a babysitter who, along with an emergency response team, brought life back to the baby girl.

Although the etiology of Sudden Infant Death Syndrome (SIDS) is still not fully understood, progress has been made in identifying and mitigating risk factors in order to prevent it. No real progress has been made, unfortunately, in helping the brain to regain function after sustaining such a severe insult.

We had a meeting with the parents to explain that the child was largely no longer "there." On exam, we were not able to elicit any signs of normal brain function. She had occa-

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