

# Judaism, Health, and Healing: How a New Jewish Communal Field Took Root and Where it Might Grow

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Implicit within Judaism is a vision of human well-being that is grounded in “a fierce engagement with life, the importance of community, and a belief that sacred texts and rituals can be relevant to modern dilemmas. It is both an intensely private experience and inextricably bound to the fate of the collective” (Kessler, Rosenthal, & Weintraub, 2003). The field of Judaism, health, and healing draws on a deeply rooted wisdom that has evolved for more than 3,500 years and has much to say about the effects of stress, isolation, loss, hard times, and celebration on the body, mind, and spirit.

Heightened attention to the individual versus the communal, new shapes and forms of the Jewish family and life-cycle practice, distance from the Holocaust and the founding of the state of Israel, and demographic trends including the graying of the Jewish population have fueled the needs for new intellectual understanding of the community and redesigned programming. The field of Judaism, health, and healing, a subsector within the Jewish communal field, has developed to provide intellectual, spiritual, and clinical resources and services to individuals and families experiencing illness and wellness.

The growth of this subsector has also been coupled with a recent proliferation of studies on religion and health within the academic community. Such research affirms that communal participation in religion *and* private spiritual devotion are beneficial to the health of people and populations regardless of one's faith tradition (Levin, 2001). There is good reason to believe that what is true for religion generally, in this regard, is true for Judaism.

## WHAT IS THE JEWISH HEALING MOVEMENT?

In an early article on the Jewish healing movement, Rachel Cowan, one of the movement's “foremothers,” wrote that it was created to provide

*spiritual resources for Jews facing serious illness and their families and caregivers. . . . Jews are discovering that they can turn to Judaism for rituals and practices, developed over the centuries, which help them find strength and maintain hope. The Jewish healing movement involves rabbis, chaplains, and medical caregivers who connect Jews with these practices. They work also to revise and renew these rituals, liturgies, and texts to give them a voice the modern Jew can hear (Cowan, 1995).*

As was described in this journal in 2007 by Tracy Kite and Susan Rosenthal, the contemporary Jewish healing movement emerged in the early 1990s. Initial

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efforts were spearheaded by professionals and lay leaders who came to realize that, as a consequence of modern life, many Jews no longer had easy or meaningful access to the spiritual and communal supports that had sustained previous generations of Jews through difficult times of illness and loss. These Jewish leaders sought to provide institutional remedies for this state of affairs. Communal agencies and organizations, grassroots groups, and synagogues developed and delivered health-related services and resources. These initiatives drew on well-springs of Jewish thinking that spoke to the religious tradition as a resource for comfort and solace (Kite & Rosenthal, 2007). Such developments came at an opportune time, as Jewish religious leaders begin to decry that in the health care field, as in society, “the sacred is being supplanted by technology” (Silverman in Cutter, 2007).

The field of Judaism, health, and healing now encompasses a vast and complex array of components, including social services; spiritual counseling; individual prayer and healing services; education and training of volunteers, clergy, and health care professionals; advocacy for health care coverage; and bioethical decision making. The Jewish healing movement evolved to provide services and resources not only for those experiencing loss and illness but also for those who wish to foster wellness by enhancing the engagement of spirituality and framing the pursuit of well-being as a sacred journey. The Jewish healing movement, in its broadest sense, is thus a pathway to transcendence, mindfulness, and wholeness for individual Jews and for the Jewish people. This movement recognizes that, for Jews, “religious faith is the most profound response to the wonders and trauma of life” (Karff, 2005).

This rediscovered heritage of Judaism, health, and healing is grounded in traditional Judaism, but it also is characterized by a new elasticity, stretched by the search for a personal and professional spirituality, demographic shifts, and the feminist movement. The National Center for Jewish Healing caught this notion by pointing out that “the history and practice of authentic Judaism is an ever-evolving one; and today, the Jewish healing movement integrates modern psychology, medical science, complementary medicine and pertinent insights of other religious traditions” (Kessler et al., 2003).

Jewish discourse on health and healing is part of a longstanding tradition of religious and scholarly writing on the intersection of the sacred and physical realms. Summarizing these discussions is not a simple matter of tracing a single historical trajectory; rather, many distinct threads define this discourse. It includes biblical, rabbinic, and contemporary writing on myriad topics (Freeman & Abrams, 1999). Judaism, for example, has much to say about human anatomy and physiology and about illness and health (Preuss, 1993). Leading rabbinic sages wrote about medical themes, notably Maimonides, who published extensively on both philosophical theology and medicine (Rosner & Kottek, 1993). Joseph Karo’s *Shulhan Aruch* (a foundational Jewish legal code) includes much on the implications of law on the ill and their caregivers (Avraham, 2000). Modern Jewish bioethics is informed by a deep tradition of writing on the *halakhic* dimensions of health care and healing (Dorff, 1998). In recent years, there have been continuing conversations about Jewish pastoral care (Friedman, 2005), about communal and health services directed to older adults (Friedman, 2008), and about what has come to be known as the Jewish healing movement.

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**INFLUENCES ON THE JEWISH HEALING MOVEMENT**

Rachel Cowan, in her early article on Jewish healing, reflected on many Jews' initial discomfort with the concept:

*Back in 1991, most people in the Jewish community thought the (Jewish healing) concept a foreign one. Jews believe in medicine, they said, not in healing. Healing seemed a dangerous word, an intrusion of fundamentalist Christian revivalism or New Age crystals into our culture and worldview (Cowan, 1995).*

In response to that discomfort, another of the movement's foremothers, Rabbi Amy Eilberg, framed "the healing-curing issue in terms of emphasizing *r'fuat hanefesh* (healing of the spirit) rather than *r'fuat haguf* (healing of the body)." She is quoted as saying, "We (were) very sensitive to the possibility that the mainstream Jewish community would see our work as too funky, marginal, inaccessible.... We wanted to make sure that more conventional Jews didn't think that Jewish healing was only for Jews who like a countercultural, progressive style" (Barnes & Sered, 2004).

Jewish culture has a lengthy history of healing rituals, including fasting, praying, wearing protective amulets, and going on pilgrimage. These practices have largely fallen into disuse in contemporary life, suggests Susan Starr Sered, an anthropology scholar who studied the Jewish healing field in 1999–2001, interviewing and reading the scholarship of many of the founders of the field. "Since the beginning of the 20th century, American Jews, for the most part, have been among the most eager proponents of modern medicine, and in the forefront of immigrant groups that have rejected traditional 'superstitions' and 'magical practices' in regard to health and illness" (Sered, 2002). A phrase Sered heard frequently in Jewish healing contexts was, "'This is not about curing, this is about healing.' That phrase often is followed by: 'To be cured, go see a doctor.' The implication is that American Jewish healing does not seek to replace conventional medicine, but rather to complement and supplement medical treatments and practitioners" (Barnes & Sered, 2004).

From the clinical side, I see the situation differently. The majority of mainstream liberal Jews are not employing what she calls folk practices, but many Jews, particularly Jewish women, do use a variety of healing practices. Rabbi Pearl Barlev, Jewish chaplain at the UCLA Medical Center, agreed in a recent interview:

*I am immersed in the world of Jewish healing and chaplaincy and so I do see Jewish people, often Jewish women, who read psalms, check their mezuzot for accuracy if they are not feeling well, and give tzedakah as an offering for healing. I even see the occasional necklace with a red stone, among women who are struggling with infertility, or the occasional red string bracelet. Even though these may be called folk practices, or even superstitions, much of this is documented in what we esteem as a variety of Jewish sacred texts and represents a thread of thinking through Jewish thought movements over time (Barlev, personal communication, May 19, 2009).*

This understanding of women's increased likelihood of turning to healing and spiritual tools and texts is notable in the Jewish healing movement. Rabbis Valerie Joseph and Alana Suskin have described feminism's historical impact on Judaism, health, and healing:

*We see that the Jewish healing movement, a movement created largely by women, has transformed the landscape of Jewish healing. This is a feminist message: healing women heal Judaism.... As women became rabbis, the interest in spirituality increased. We came to see that not all rabbis are pulpit rabbis.... The unfolding of what is hurting a person through the art of active listening is an essential part of our tradition that took feminist healers to recover (Joseph & Suskin, 2008).*

### **The Jewish Healing Centers**

In 1991, the emerging leadership of the healing movement organized a conference for rabbis and committed community leaders to share experiences and look closely both at what Judaism had to say about illness and loss and what Jewish life had to offer those who were ill or bereaved. Shortly thereafter, the Bay Area Jewish Healing Center and the New York Jewish Healing Center were founded, and the National Center for Jewish Healing (NCJH) followed in 1994. "The NCJH was developed to help support and build the growing network of Jewish spiritual care and services throughout North America," stated Susan Rosenthal, the organization's coordinator (personal communication, May 14, 2009).

Another element of the Jewish healing centers' history was a "coalescence of twelve-step programming, HIV/AIDS, and the need for not only women, but gay and lesbian rabbis to find and make a place for themselves," said Rabbi Eric Weiss, executive director of the Bay Area Jewish Healing Center (personal communication, May 11, 2009). The Bay Area Jewish Healing Center is an example of a Jewish healing center that is still thriving today, with a staff of four rabbis who provide chaplaincy and support services to anyone who wants to see a rabbi, regardless of affiliation or financial resources.

### **Expansion Into Synagogues**

Although the contemporary healing centers commonly serve an unaffiliated constituency, the expansion of the Jewish healing movement has greatly influenced synagogues, the traditional homes of community life. Congregational leadership largely taught themselves how to meet the needs of those experiencing illness and loss in the 1980s. "There were no classes twenty years ago at the seminary called, 'Rabbi, Community and Hospital' or 'The Jewish Healing Movement,'" recalled Rabbi Denise Eger, as she recently described how the AIDS crisis affected her synagogue. "We figured it out by the seat of our pants" (personal communication, April 2, 2009). When local hospital chaplains refused to provide spiritual care for her congregants, their partners, and friends, she stepped in. Rabbi Eger gathered instruction and tips from other community rabbis and leaders and provided prayer, support, and a spiritual presence to the young men and their families. Rabbi Eger is now the leader of Congregation Kol Ami in Los Angeles and head of both the Pacific Association of Reform Rabbis (PARR) and the Los Angeles Board of Rabbis.

Current congregational life is now all the more rich for the impact of Judaism, health, and healing on synagogue structure and programming. Adult and youth education on a wide range of health and healing topics such as Jewish bioethics, end-of-life care, or Jewish meditation, are offered formally through classes, retreats, and workshops and informally, through *tefilla* (prayer), sermons, and support. *Bikur cholim*, groups visiting the sick, or "Caring Congregation" committee work influences the daily life of the community. Some congregations

use nurses or social workers to provide community resources, referrals, counseling, and occasional crisis intervention, modeled after successful parish nursing programs in churches around the country. Other congregations provide health and healing programs to the broader community.

Founded in 1996, the Shalom Center of the Reform movement's Temple Chai in Phoenix exemplifies the transformational influence of the healing movement on synagogue life. It gradually expanded its programs and purview to confront a variety of issues and concerns, including ongoing support groups for needs ranging from bereavement and divorce to a JACS group (Jewish alcoholics, chemically dependent persons, and significant others). It also offers programs and conferences on topics such as dementia and mental health and has added retreats and healing services to its offerings. Most of these services and programs are open to the community. The temple's *bikur cholim* program, like that of many temples and synagogues, teaches the *mitzvah* of visiting the sick.

The sensitivity and comfort of the Shalom Center now pervade the entire congregation, which shifted from a traditional congregational model of providing rabbi-only pastoral and supportive care to congregation-wide mutual support. Sharona Silverman, the center's director, described the impact of providing volunteer training not only to adults but also to children in its Hebrew school: "After the death of a community member last year, it was clear to us when we gathered in the *shivah* home, that the kids were far more comfortable around the bereaved family than their parents. The kids were at ease with quiet listening" (personal communication, March 31, 2009). When the temple itself experienced traumatic change, with the retirement of its senior rabbi, the termination of the new rabbi, and legal and financial challenges, the Shalom Center provided a safe place for congregants to process their frustrations and fears. According to Silverman, it "provided a neutral and healing ground outside of congregational politics."

Building on the successes of Temple Chai's Shalom Center, Valley Beth Shalom (VBS), a Conservative synagogue in Los Angeles, launched its healing center in 2008. Rabbi Ed Feinstein, alongside social worker and Jewish communal leader, Sally Weber (see her article in this issue), gathered a team of volunteers to develop the group's mission and choose among possible programming strategies. The center now employs a part-time coordinator, and one of the VBS rabbis is assigned to it.<sup>1</sup> Susan Rubin, healing center coordinator, described its initial focus:

*VBS already has a counseling center, offering individual therapy and support groups. We opted to focus on four things at our start: one, building a core of volunteers who gain a great deal through the training itself, and are often returning to the community after they themselves have been helped through illness and loss; two, making sure we are linking the VBS membership to L.A. community offerings on economic and vocational assistance during this challenging economic downturn; three, offering programming for those families affected by dementia, and four, gathering, inspiring and educating our healthcare professionals, particularly our physicians (personal communication, April 6, 2009).*

Other congregations focus on mental health needs and the stigma of mental illness. In 2002, a consortium of northern California synagogues, the Bay Area Jewish Healing Center (BAJHC), and the Kalsman Institute presented a one-day

<sup>1</sup> The author is a member of the VBS Steering Committee.

conference on reducing the stigma of mental illness in the Jewish community, entitled "Help, Hope and Healing." According to Rabbi Weiss, BAJHC executive director, more than 40% of those seeking help for emotional problems approach a spiritual adviser first, yet "most (rabbis) don't get the information we need to provide support" (Boroff, 2002). That first conference attacked myths of mental illness, connected the suffering of individuals and their families to ancient Jewish sources, and developed strategies to advocate for a parity law, which mandates equitable health insurance coverage of treatment for mental health alongside other physical health conditions. Activists celebrated the signing into law of a federal mental health parity act, which goes into effect in October 2009. Annual conferences, in partnership with Congregation Beth Am, Los Altos Hills, have followed the initial northern California effort.

### **Debbie Friedman and *Misheberach***

Among the most recognizable components of the influence of the healing movement on contemporary congregational life is the sound of Debbie Friedman's melody and interpretation of the *Misheberach* (healing) prayer. Friedman is a well-known songwriter and singer who became a symbol of the healing arts movement; she is now an adjunct faculty member of the Hebrew Union College. In February 2009, she guest-lectured at the college's Los Angeles campus, meeting with students, co-leading *tefilla*, and opening herself up to staff and faculty. She explained that she had not set out to write the *Misheberach* to transform the healing prayer in contemporary synagogues, but that sometimes inspiration, or God, intervenes. She described a serendipitous combination of timing, need, and meaning when she and Rabbi Drorah Setel wrote a song of healing for their friend and Jewish community leader Marcia Cohn Spiegel, who was experiencing difficult challenges. They composed the song for Spiegel's *Simchat Chochma* (celebration of wisdom) ceremony honoring her 60th birthday. It was introduced to the Reform movement at the UAHC San Francisco Biennial in 1993 and has since become the fastest adopted liturgical melody in the Reform and Conservative movements (Bordowitz, 2002).

### **LITERATURE OF JEWISH HEALING**

Any article on the field of Judaism, health, and healing would be remiss if it did not note the work of Jewish Lights Publishing. In 2000, founding publisher, Stuart Matlins, described his own spiritual search, and how and why the publishing house was created in *Jewish Lights Spirituality Handbook: A Guide to Understanding, Exploring & Living a Spiritual Life*:

*My wife and I started Jewish Lights to extend the reach of our teachers' voices, to attract, engage, educate, and spiritually inspire other people just like us.... When we began Jewish Lights.... spirituality was not a word said readily or heard comfortably in most of the Jewish world.... [We] focus on the issue of the quest for the self, seeking meaning in life... deal(ing) with issues of personal growth.... with issues of religious inspiration (www.jewishlights.com, 2009).*

Jewish Lights Publishing has produced many of the books central to this field. Topics range from grief resources (*Mourning & Mitzvah: A Guided Journal for Walking the Mourner's Path*, by Anne Brener), to specific health and illness sources,

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such as *Tears of Sorrow, Seeds of Hope: A Jewish Spiritual Companion for Infertility and Pregnancy Loss*, by Rabbi Nina Beth Cardin, to spiritual wellness (*Healing From Despair: Choosing Wholeness in a Broken World*, by Elie Kaplan Spitz), and to the afterlife (*Does the Soul Survive? A Jewish Journey to Belief in Afterlife, Past Lives & Living With Purpose*, by Spitz).

### **CURRENT HEALING MOVEMENT ACTIVITY**

I am often asked whether the connection between health and Judaism might not be exaggerated. When I mention my work as the director of an institute on Judaism and health, I get one of two reactions: (1) what do Judaism and health have to do with one another, or (2) that is such a specialized niche; how can that intersection fuel an entire field? In fact, the contemporary Jewish healing movement is quite active. Faith-based initiatives in congregational programming, health services and assistance provided by Jewish community agencies, Jewish chaplaincy and rabbinic efforts in pastoral care, the work of Jewish bioethicists, rabbinic documentation of biblical and talmudic teachings about medicine, congregational and liturgical innovation in the area of Jewish healing—all of these efforts speak to themes at the intersection of Judaism and health. These efforts support a growing desire to explore what Judaism has to say and offer regarding human health and well-being. Accordingly, Jewish religious and academic leaders have begun describing “Judaism and health” as an acknowledged subject for discussion, even as a potential scholarly field.

### **Health Care Professionals, Medical Schools, and Spirituality**

The Jewish healing movement is part of a larger movement in the United States to return to holistic medicine. Historically, health care in the United States was founded on spiritual values—service, altruism, and compassionate care. Over the last several decades, the practice of medicine has been challenged by an explosion of technological advances and increasing costs. “These challenges have overshadowed the primary mission of medicine and healthcare—to serve the whole person with care and compassion,” stated Christina Puchalski, director of the George Washington Institute for Spirituality and Health (GWish). GWish’s mission is “to foster more compassionate and caring healthcare systems and restore the heart and humanity to healthcare” (Puchalski & Larson, 1998).

To remedy the gap between current practice and spiritual values, a growing number of medical schools offer courses in spirituality in medicine. In 1994, only 17 of the 126 accredited U.S. medical schools offered courses on spirituality in medicine (Puchalski & Larson, 1998). By 1998, this number had increased to 39 and, by 2004, to 84 schools (Fortin & Gergen Barnett, 2004).

In the Jewish community, health care practitioners are passionately working to help remedy the lack of consistently holistic medicine for patients and practitioners. In 2007, the Kalsman Institute, with partner Howard Silverman, M.D., developed a course of Jewish learning for Jewish doctors, designed to help them integrate their clinical and spiritual lives. The format was an integrated retreat and online distance education program, which included an opening *Shabbaton*; ten weeks of *chevruta*, or partnered, interactive online learning; and a closing retreat. A pilot of the program, ASSAF: Judaism, Health and Healing for Clinicians, was launched in February 2008 in Scottsdale, Arizona, in partnership with

Temple Chai (described earlier). It brought together 18 physicians with experienced clinicians, educators, and clergy. Participants reported that they experienced reduced stress, an increased sense of community, and heightened knowledge of Jewish sources on Judaism and health. Future courses are being planned both for physicians and for other health care professionals.

### Shifts and Challenges in the Field

Jewish pastoral education has been enhanced in the seminaries, spiritual awareness and assessment coursework has been added to some contemporary social work and behavioral health education programs, and congregational lay leadership is seeking volunteer work and adult education to match their spiritual yearning. However, the field of Judaism, health, and healing has many of the corresponding challenges of the larger Jewish communal or nonprofit management sector: funding, leadership, and evaluation and measurement. How will the current economic dismantling of the Jewish nonprofit arena affect the healing movement?

Of 49 Jewish healing centers operating in early 2000, 13 have shut down, minimized operations, or shifted mission and vision away from spiritual care and toward meeting other community psychosocial needs. Fundraising has challenged clinicians who are not trained in development strategies and who struggle both to meet clinical needs and provide macro-level management and leadership.

Personnel matters are a challenge to the healing movement. In the health and healing subsector, as in the field of Jewish nonprofit management as a whole, large numbers of senior management will soon retire, leaving skilled and experienced middle managers in high demand. Professional development in administrative, fiduciary, and personnel management, as well as in fundraising and organizational development, is greatly needed (Richard Siegel, personal communication, May 21, 2009). A new generation of professionals is also needed to infuse health and healing into congregation and agency life. Thus far it appears that we may not be creating a large enough new cohort of young clinicians and leadership to spark ingenuity and to further develop the field.

More than in some clinical areas, it is difficult to measure deliverable outcomes in the health and healing field. Rabbi Simkha Weintraub, rabbinic director of the NCJH, said in a recent interview,

*I wish there was a way to fully quantify—not only for funders, but certainly for them—the potential and impact of all our work, but some of that, of necessity, eludes quantification. Imagine trying to document, fully, what the Jewish healing movement work has yielded in terms of pastoral leadership, rabbinical student inspiration, communal sensitivity, individual hope, or family resilience. We know, certainly experientially and anecdotally, how much has shifted, but I doubt we'll ever truly be able to measure all the outcomes and “deliverables.”*

*Nonetheless, or, “all the more,” we can keep finding ways to express it. The other day, in shul, I heard a child ask her mother during the Torah service if she should give a friend's name “for that prayer they say for sick people.” This girl knew that you needn't hide the reality of illness, and that the Jewish community has a structure to join together and express its concern and support. Meaning, shul was relevant and related. Now there's a change for many people over the past decade or two... and it's fairly widespread (Rabbi Weintraub, personal communication, April 20, 2009).*

### Program Example

The SeRaF project exemplifies the funding, leadership, and measurement challenges of the movement. The Senior Resource Faculty (SeRaF) project was designed in 2002 to support leadership development in the Jewish healing movement, including the publication of resources and materials for the field. The leadership partnership was a joint project of the NCJH and the Kalsman Institute with partial funding provided by the Nathan Cummings Foundation. The participants were rabbis, chaplains, social workers, psychologists, and nurses. According to Susan Rosenthal, National Center for Jewish Health coordinator, "SeRaF met the essential need for multidisciplinary peer support for people doing cutting edge work in non-traditional settings . . . such as outside of *shuls* and hospitals." Susie Kessler, former coordinator of the NCJH, stated that the project was designed to help "propel the healing movement, to bring gravitas to the movement" (personal communication, June 2, 2009).

"I didn't really know I was part of a Jewish healing movement, until I was asked to be part of the SeRaF faculty," quipped Rabbi Sheldon Marder, Jewish chaplain of the Jewish Home of the Aged, San Francisco, in a 2005 telephone conference call among SeRaF faculty. The project helped participants recognize the scope of the field of Judaism, health, and healing. Each participant was responsible for creating a final product to help further the field. The projects, finalized in 2006, met standards of excellence in their clinical breadth and reflected an understanding of targeted participants or readers, as well as depth of Torah and pastoral knowledge. The projects, however, failed to deepen the scholarly foundation of the field. Only 3 of the 14 final products were published and gained a broader dissemination beyond the network of healing centers, and no further action has been taken yet to share, distribute, publish, or apply the material. "The participants were like many in the Jewish healing movement, overworked and underfunded, and when push came to shove, they were going to choose being with a client in crisis over writing a journal article," said Gila Silverman, doctoral student in medical anthropology and a SeRaF participant from Tucson (personal communication, 2009).

### Opportunity to Increase Scholarship in the Field

Religious thought scholar Arnold Eisen spoke at a health and healing conference on mining the Jewish tradition for its healing wisdom in 2003, prior to his 2006 appointment as Chancellor of Jewish Theological Seminary; his topic was "Choose Life: American Jews and the Quest for Healing." Some in attendance were offended at his statement that "the most important modern Jewish thinkers over the past two hundred years have had precious little to say about health and healing and virtually nothing systematic or rigorous" (Cutter, 2007).

The intersection of religion, spirituality, and health is now a recognized area of investigation. Research identifying features of religious identity and practice as protective factors against physical and psychiatric morbidity has been conducted for many decades, and the scope and depth of findings continue to expand. However, an overview of existing research reveals that very little systematic work in this area has been conducted among Jews. Of the 1,200 published studies over the past several decades, few have included Jewish subjects or have compared rates of morbidity or mortality between Jews and members of other religions (Koenig,

McCullough, & Larson, 2001). For instance, a group of early-20th-century studies compared rates of cervical and uterine cancer among Jewish and non-Jewish women, and another group of mid-century studies identified a significant Jewish risk of colitis and enteritis (Levin & Schiller, 1987). Another small project out of Bowling Green University is a randomized controlled study of Jewish participants in an online intervention designed to treat anxiety. But not very much other than occasional articles on bioethics, end-of-life care, or Jewish chaplaincy care has focused on the influence of patterns of Jewish religious observance, particularly liberal Judaism, on markers of health or illness.

As efforts to further the conversation about the intersection of Judaism and health begin to coalesce, it is clear that this nascent field is missing a vital and necessary component. Judaism and health does not yet possess a sufficient research foundation. Scholarship is needed—basic and applied, scientific and evaluative, quantitative and qualitative—to provide this foundation. Building a scholarly foundation for the Jewish healing movement will promote research that will systematize and validate ancient and contemporary Jewish knowledge about illness, wellness, and healing through scholarship drawing on historical, liturgical, biblical, and rabbinic sources. This foundation will also establish standards for evaluative research on health-related services, resources, and care provided by Jewish congregations and organizations, while continuing to build and strengthen an enduring professional community of scholars and practitioners who will deeply and systematically explore research topics and methodology related to Judaism, health, and healing. It will be important to gather and categorize what work is being done in the field; assess how practitioners in this sector are validating clinical styles, interventions, and approaches; and explore whose theories are being followed.

### WHAT'S AHEAD?

In 2003, Nancy Flam accepted an honor as one of the foremothers of the healing movement, at a conference of the Kalsman Institute on Judaism and Health and the Bay Area Jewish Healing Center. In her address, entitled “Models of Cooperation—Reflections on the Jewish Healing Movement,” Flam described the early days of her work, when she was “not sure of anything” and the process and the development did not yet “feel coherent.” She predicted that “the movement would reveal itself” (Flam, 2003). The process of the field’s unfolding is both true and problematic. We are offered new insights, opportunities, and programs, but sometimes the new work follows a path that is not sustainable or replicable. How is this work still revealing itself today?

Several of the movement’s founders have shifted from a focus on the spirituality of brokenness to the spirituality of wholeness, concentrating on mindfulness and wellness. Rabbis Cowan and Flam helped found the Institute for Judaism and Spirituality. Rabbi Eilberg co-created the Yedidya Center for Jewish Spiritual Direction. In the Manhattan JCC, Makom: The Center for Mindfulness holds programs in meditation and support, as well as spirituality workshops. Susie Kessler, the program’s director, moved from her work as coordinator of the NCJH to this wellness- and spirituality-based program. Will a next generation of entrepreneurial leaders focus their energy on a constituency of Jews facing physical, social, and spiritual challenges who are still in need of services and resources?

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The Jewish healing movement has made phenomenal progress in just 20-some years, but there is much work left to do. Thirty-six cities have Jewish healing centers—but two-thirds of the top 50 Jewish population centers have none (Singer & Grossman, 2001). Many practitioners in the field are focusing their energies on meeting the needs of those in the second half of life. Is that enough? Where is the next generation of leaders of the field? Are young Millennials focused in this clinical area? What is the gap in Jewish life they will try to fill? As multiple generations embrace technology, distance learning, and social networking tools, are health and healing practitioners and leaders considering how to use these tools to help build the field or meet the needs of more Jews in need? How will new areas of emphasis or trends in Jewish life, such as ecology, globalization, retreat Judaism, or community organizing, affect the field?

Does the movement need to be broken into smaller service-specific sectors, such as mental and behavioral health, medical and health care professionals, complementary and alternative medicine practitioners, congregational life, arts, wellness-focused, and unaffiliated? Or is the trend toward interdisciplinary work soundly grounded? Discussions in 2005 and then in 2007 among Kalsman Institute partners revolved about whether chaplains needed to be trained as spiritual directors, but I sense that there is an understanding now that the Jewish healing movement practitioners and scholars come from multiple fields and it is this interdisciplinary nature that will further the field itself. These interdisciplinary teams share resources and best practices, strengthen teamwork and collaboration, and sensitize members to issues of spiritual suffering and celebration. Practitioners who collaborate from multiple fields can take advantage of multiple approaches to new material and practices. The May 2009 “Midrash and Medicine” conference, convened by the Kalsman Institute and the Bay Area Jewish Healing Center, succeeded in attracting a large international, multidisciplinary group of attendees.

It is clear that training, collaboration, and dialogue are needed to continue to develop this young and burgeoning field of Judaism, health, and healing. We need to continue the discussion about health and healing in Jewish chaplaincy and pastoral counseling, additional sources of spiritual counseling and service, the history and trends in Jewish seminary pastoral education, and Jewish values and actions in health care advocacy. For now, the simultaneous development of religion and health research, maintaining the work of the Jewish healing centers, and continued rabbinic and institutional awareness of a communal obligation to enhance spirituality and spiritual resources in illness and wellness present an opportunity for synergy and for meeting the needs of the Jewish community.

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This new bone growth takes place adjacent to the existing walls of the socket, which means that it will fill in from the bottom and sides (as opposed to across the top). This explains why tooth sockets become narrower and more shallow as they heal. â-2 Section references - Pagni, Cohen.Â The amount of time it ultimately takes for bone healing, and thus for the "final" shape of the ridge to form, will greatly depend on the size of the original wound.Â In cases where the dentist feels that the excess is somewhat sizable, they may trim it for the patient, so to speed things along and to insure an ideal final tissue contour (one that doesn't trap debris or interfere with brushing and flossing). Kerrie. Fri, 08/31/2018 - 23:19.