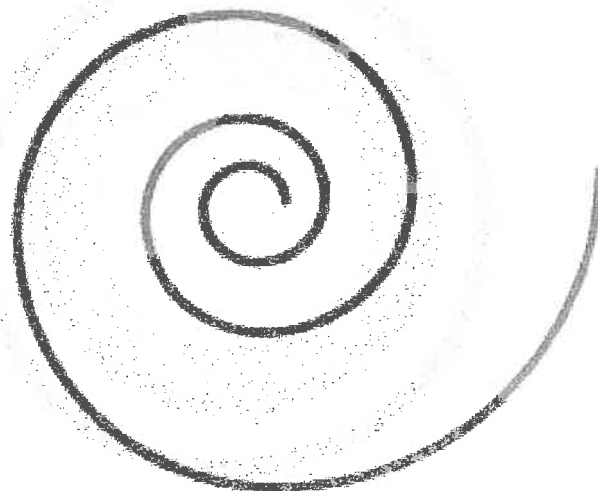


## A JEWISH APPROACH TO HEALTH AND WELLNESS:

*An overview from texts and tradition*

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## A. THEOLOGICAL FOUNDATIONS FROM TRADITION

### 1. THE PHYSICIAN'S PRAYER (Attributed to Maimonides)

Supreme God in heaven; before I begin my holy work, to heal the human beings whom Your hands formed, I pour out my entreaty before Your throne of glory, that You grant me the strength of spirit and great courage to do my work faithfully, and that the ambition to amass riches or goodness shall not blind my eyes from seeing rightly. Give me the merit to regard every suffering person who comes to ask my advice as a human being, without my distinction between rich and poor, friend and foe, good person and bad. When a person is in distress show me only the human being. If physicians with greater understanding than mine wish to teach me understanding, give me the desire to learn from them, because there is no limit to the learning of medicine. But, when fools insult me, I pray, let my love of the profession strengthen my spirit, without any regard for the advanced age of the scorning and their prestige. Let the truth alone be a lamp to my feet, for every yielding in my profession can lead to perdition or illness for a human being whom Your hands formed. I pray You, compassionate and gracious Lord, strengthen and fortify me in body and soul, and implant an intact spirit within me.

### 2. PRAYER BOOK

Heal us Eternal and we shall be healed, save us and we shall be saved: grant a perfect healing for all our afflictions. Blessed are You, Healer of the sick. (Amidah)

Blessed are You, Eternal One, Our God, Sovereign of the universe, who formed the human being with wisdom, making for us all the vessels and openings of the body. It is revealed and known before the throne of Your glory that if just one of these be opened or one of these be closed, it would be impossible to exist and stand before You/ Blessed are You, Eternal One, healer of all flesh, working wonders. (Morning service)

Blessed are You Eternal our God, Sovereign of the universe, who has given the mind the ability to distinguish day from night (Morning service)



### 3. THE BODY AND THE SOUL

In his *Guide for the Perplexed*, Maimonides describes the general objective of Torah law as the well being of the body and the well being of the soul. Bodily well-being is established by removing violence from our midst, eliminating the pattern of everyone doing as he or she pleases, and by teaching good morals that produce a good social context. The well being of the soul is only attained after the well being of the body has been secured. Maimonides argues that one who suffers from hunger, thirst, heat, or cold is incapable of grasping an idea, even if communicated by others, and is even less likely to reach conclusions autonomously. However, if a person is in possession of the first perfection, i.e., well-being of the body, that individual is able to acquire the second perfection, i.e., well-being of the soul. This is the intent of Torah commandments in their entirety, to effect perfection of the body and the soul. In other words, the Torah is vitally concerned with the human psychological state, the state of the human psyche. All these commandments of the Torah become, in a sense, meta-clinical directives for meaningful living, for the good of humankind.

(Moses Maimonides: Physician, Scientist and Philosopher: Rosner/Kottek ed. Jason Aronson, 1993. p.140)

Maimonides addresses the connection between the mind and body in many of his writings. Perhaps the clearest expression of this holistic approach to psychological and physical health is found in his letter to the sultan, son of Saladin the great, whose reign began in 1198....

*And let the physician remember that every ill person's heart is constricted and every healthy person's heart is broadened. Therefore, let the physician relieve the patient of his psychological problems which bring him to despondence. This will strengthen the patient's general health and is the first step in treatment of any ill person.*

*Certainly, when the patient's illness is primarily of a psychological nature, for example, hypochondriasis or melancholia, attention to the patient's psychological state is even more necessary.*

Maimonides demands much from the physician and the patient. He expects the physician to be a reservoir of knowledge concerning ethical, philosophical, and religious approaches to living, as well as an expert in diagnosis, understanding the body, and pharmacotherapy. First, the physician needs to obtain a clear understanding of the patient's subjective world and secure a diagnosis of the patient's psychological distress. Even if psychological stress is not manifest, it is assumed to exist, and the physician is required to search

for it. Only after this "psychological workup" can the physician begin with a medical intervention. Of the patient, Maimonides demands a willingness to undertake an introspective process and adhere strictly to the regimen that the physician would formulate. Once the patient and the physician embark upon a carefully directed program which includes an examination of thoughts, feelings and philosophy of life, as well as any necessary medical interventions, a partial or total cure is likely. Maimonides expects that the patient's "spirits would be raised and depressive and self defeating thoughts would decrease in frequency and vanish."

While many of Maimonides' prescriptions for psychological health are behavioral, the approach he posits in his letter to the sultan is much broader in nature. The patient and the physician must attempt to explore deep seated emotions and the patient's philosophy of life. At the same time, a cognitive approach is taken where negative or self-defeating thoughts are identified and confronted. Stress is to be avoided, particularly during meals or afterwards while the digestive process is underway, and moderate exercise is recommended for stress reduction and general fitness. In fact, Maimonides seems to be in favor of a multimodal therapeutic approach which includes elements of analyses, behavioral and cognitive therapy, rational –emotive therapy, stress reduction and even logotherapy. Finally, speaking to the Sultan, and through him to as large religious Muslim population, Maimonides unabashedly prescribes faith in God as a significant factor in reducing anxiety and fostering emotional well being and a sense of equanimity.

(Rosner/Kottek. Pp. 167, 168)

It was a Maimonidean precept that the purpose of keeping the body Healthy is to enable the unhindered pursuit of knowledge of God, and of the perfect morality for which God is the model; the study of medicine is a religious activity. In saying this, Maimonides was echoing a thesis promulgated by the rabbis of the Talmud, who spoke of the physician as a messenger—or in ways, even a partner—of God, and essential to the pursuit of an understanding of God's ways.

Though this is a Talmudic concept, it has its origins and inspiration—as do all the rabbinic writings—in the Torah. The stringent directives about public health, hygiene, preventive medicine, and sanitation laid out in Leviticus are expanded in the Talmud to cover every facet of personal behavior. The aim of these injunctions being cleanliness in the presence of God; the underlying message of the Talmudic sages is the biblical link between physical and moral purity, always emphasizing that maintenance of health is maintenance of life, the obligation of every Jew, though it might mean disobeying the Decalogue, may be violated in the interest of saving a life, the only exceptions being the injunctions against blasphemy, adultery, incest, and murder. "First choose life", enjoins God, linking the acceptance of God's precepts to the embrace of life. And by the very word *choose*, God makes it clear that man has free will.

And so, the rabbis of the Talmud taught in the presence of a heritage of ethics and with the conviction that the preservation of life is a basic teaching of

their religious system of values, to be varied out by human action and existing as an instrument of Divine will, and yet being applied independently of the Divinity's direct intervention. Though God is the ultimate healer—and indeed, in several dramatic biblical passages God chooses to intercede in order to either cause or cure illness—God is not to be used by mankind as a medicine. When sickness occurs, a doctor is to be sought out, a dictum clearly anticipated by Maimonides in *Pesacchim IV* of his *Commentary on the Mishnah*: "One who is ill has not only the right but also the duty to seek medical aid."

("Maimonides": Sherwin Nuland. *Nextbook-Schocken*. 2005. pp. 5,6,10)

## II) PROOF TEXTS FOR PERMISSION TO HEAL

a. Exodus 15.26: If you heed the Lord your God diligently, doing what is upright in His sight, giving ear to His commandments and keeping all His laws; then I will not bring upon you any of the diseases that I brought upon the Egyptians, for I am the Lord your Healer. (*rofecha*)

b. Exodus 21.18-19: When men quarrel and one strikes the other with stone or fist, and he does not die but has to take to his bed, if he then gets up and walks outdoors on his staff, the assailant shall go unpunished, except that he must pay for his idleness (time lost) and his cure (*v'rofeh y'rah'peh*)

c. Leviticus 19.16: "...do not stand idly by the blood of your neighbor"

d. Deuteronomy 22. 1-2: If you see your fellow's ox or sheep gone astray, do not ignore it; you must take it back to your fellow. If your fellow does not live near you or you do not know who he is, you shall bring it home and it shall remain with you until your fellow claims it; then you shall cause it to be returned to him.

e. Babylonian Talmud. Yoma 85b: It was taught: How do we know that saving a life supersedes the laws of Shabbat? Rabbi Judah said in the name of Samuel: For it is written, "And you shall observe My statutes and judgments which a person should do and live by them" (Lev. 18.5) (i.e. and not die by them) See also Sanhedrin 74a: live by (the Commandments) and not die by them.

f. Shuchan Aruch, Yoreh Deah 336.1: The Torah gave permission to heal, moreover, this is a religious obligation and is included in the category of saving life; and if the physician withholds his services, it is considered as shedding blood.

## A SMALL SAMPLE OF CLASSIC TEXTS ON HEALTH, WELLNESS AND THE CARE OF THE BODY \*

- a) A story is told of Hillel that when he had finished a lesson with his pupils, he accompanied them part of the way. They said to him, "Master, where are you going?" He answered, "To perform a religious duty." They asked, "Which religious duty?" He answered, "To bathe in the bath house.." They questioned, "Is this a religious obligation?" Hillel replied, "If someone is appointed to scrape and clean the statues of the king that are set up in the theatres and circuses, and is paid to do the work, and furthermore associates with the nobility, how much the more so should I, who am created in the divine image and likeness, take care of my body?" (Lev. Rabbah 34:3)
- b) One who regulates one's life in accordance with the laws of medicine with the sole motive of maintaining a sound and vigorous physique and begetting children to do his work and labor for his benefit is not following the right course. A person should aim to maintain physical health and vigor in order that his soul may be upright, and in a condition to know God...Whoever throughout his life follows this course will be continually serving God; even while engaged in business and even during cohabitation, because his purpose in all he does will be to satisfy his needs so as to have a sound body with which to serve God. Even when he sleeps and seeks repose to calm his mind and rest his body so as not to fall sick and be incapacitated from serving God, his sleep is service to the Almighty. (Maimonides: Mishneh Torah )
- c) Healing Psalms:...Rabbi Nachman of Breslov, the early Hassidic master specified 10 Psalms that would bring about a complete healing of body and spirit. Psalms 16, 32, 41, 42, 59, 77, 90, 105, 137, 150.
- ✓ d) Those who eat food with unwashed hands endanger their health, because they are full of dangerous germs. (Yoma 77b)
- ✓ e) One does not consider exercise, though it is the main principle in keeping one's health and in the repulsion of most illnesses...And there is no such thing as excessive body movements and exercise...Exercise removes the harm caused by most bad habits, which most people have. And no movement is as beneficial, according to the physicians, as body movements and exercise. Exercise refers to both strong and weak movements, providing it is movement that is vigorous and affects breathing, increasing it. Violent exercise causes fatigue and not everyone can stand fatigue, or needs it. It is good for the preservation of health to shorten the exercises. (Maimonides: Preservation on Youth)

\* See "Judaism, Medicine and Health": Ronald H. Isaacs. Jason Aronson. Northvale, NJ 1998



# Congregational Health Audit

*The Lekhivitzer Rebbe said: "The Torah begins with the word B'reishit, which can be understood to say, God created the world for the sake of the beginning.' All the Creator asks is that you make a beginning in the right direction."*

Whoever is in pain, lead them to the physician.

Talmud, Baba Kama

- ☐ We have an annual health fair to provide screening, education and referral regarding a wide spectrum of issues. Check all that are addressed.
  - ☐ Smoking cessation
  - ☐ Depression and other mental illnesses
  - ☐ Hypertension
  - ☐ Jewish genetic diseases
  - ☐ Cancer information
  - ☐ Diabetes
  - ☐ Wellness and prevention
  - ☐ Alcohol and other substance abuse
- ☐ We have a health fair or other annual synagogue program. *Check all that apply.*
- ☐ A blood drive at which information on the mitzvah of organ donation is provided
- ☐ Opportunities for volunteers to help advance the health of those in the community who lack access to health care
- ☐ Opportunities for people to sign up to advocate for universal health insurance and health-related reforms

Thou shalt not stand idly by the blood of thy neighbor.

Leviticus 19:16

- ☐ Methods to deal with medical emergencies have been established. *Check all that apply.*
  - ☐ Emergency phone numbers posted
  - ☐ Heimlich maneuver posters hanging in areas where people generally dine
  - ☐ A defibrillator onsite
  - ☐ CPR classes offered
  - ☐ Clergy, teacher and staff training in the recognition of the signs of child abuse and domestic violence and how to appropriately refer for help

For this commandment that I enjoin upon you this day is not too difficult for you, nor is it beyond your reach... Choose life for yourselves and your children.

Deuteronomy 30:11 and 30:19

- ☐ We are using every opportunity in the sanctuary, in the boardroom and in the classroom to support the central Jewish principle to 'choose life' by talking about health, healthy lifestyles and the ways in which we can help one another to achieve these.

A little bit of light dispels a lot of darkness.

Rabbi Shneur Zalman of Liadi

- ☐ Important health notices and brochures are located in places where members and visitors of all age groups will have access to them, such as
  - ☐ The bathrooms
  - ☐ A resource area or on a central bulletin board
- ☐ The synagogue health notices include
  - ☐ General information with contact numbers
  - ☐ Hotline numbers for domestic violence, date rape, sexually transmitted diseases and unplanned pregnancy
  - ☐ Suicide prevention
  - ☐ Alcohol and other substance abuse information
  - ☐ Smoking cessation
  - ☐ Warning signs of cancer, heart attack and stroke
  - ☐ Self-examination instructions for breast, testicular and skin cancer
  - ☐ Information regarding coping with chronic illness and pain
  - ☐ A sticker or other indication on all of the above materials regarding whom to contact among the clergy or temple staff for confidential support
- ☐ Our synagogue community has learned about and has considered establishing a congregational nurse or health worker position on staff to provide direct help where appropriate and assistance with health-related referrals.

Oh, give me the kisses of your mouth, for your love is more delightful than wine.

Song of Songs 1:2

- ☐ We provide programs on a Jewish understanding of healthy sexuality throughout the life cycle.

God is our refuge and our strength, an ever-present help in times of trouble.

Psalms 46:1

- ☐ Our congregation offers help, direction and support to people who are struggling with substance abuse.
- ☐ We speak of these and other issues from the bimah in a way that offers hope.
- ☐ We provide grape juice as an alternative to wine at Kiddush.
- ☐ We offer space to substance abuse support programs like Alcoholics Anonymous (AA) and JACS (Jewish Alcoholics, Chemically Dependent Persons and Significant Others).

God said, "See, I give you every seed-bearing plant that is upon all the earth, and every tree that has seed-bearing fruit; they shall be yours for food."

Genesis 1:29

- ☐ We are offering healthy food choices (low fat, whole grains, fresh fruits and vegetables) at meetings, onegs and in the classroom.

But if we lead a sedentary life and do not take exercise, we will throughout our lives be subject to aches and pains and our strength will fail us.

Maimonides

- ☐ We offer a variety of noncompetitive fitness programs that combine the social and the active in all age groups from religious school to seniors. *Check all that apply.*
  - ☐ Congregational walking or hiking groups
  - ☐ Congregational participation in walkathons for tzedakah
  - ☐ Participation in community cleanup days
  - ☐ Family fun days featuring softball, volleyball or other popular sports
  - ☐ Balance and bone-strengthening exercise classes for older adults
  - ☐ "Jewish" yoga for kids and adults

These are the obligations without measure, whose reward, too, is without measure: to honor father and mother; to perform acts of love and kindness; to attend the house of study daily; to welcome the stranger; to visit the sick...

Mishnah

- ☐ We have programs that promote the physical, social, intellectual and emotional health of our older congregants.
- ☐ As part of our Caring Community program, we also stress tikkun olam and bikur cholim (visiting the sick) initiatives that reach out to the ill and isolated of our community and the larger community.
- ☐ We as a congregation are doing all we can to help members of our community who are coping with chronic illness.
- ☐ There is an ongoing support group for those who are serving as caregivers for infants, children, the disabled and older adults.

There is a realm of time where the goal is not to have but to be, not to own but to share, not to subdue but to be in accord.

Abraham Joshua Heschel

- ☐ We teach the idea that Shabbat is not just a day of the week but also a time of accepting what is and taking pleasure in what we have been given—a time when we stop trying to fix things and attempt to live in the moment.
- ☐ We show that we mean the above by offering services and programs on Shabbat that stress joy and relaxation in addition to our programs of self-improvement and tikkun olam.
- ☐ Our congregational leadership (including lay leadership) models the importance of including relaxation and healthy sources of pleasure and fun in our very programmed and stressful lives.

# My Personal Health Audit

A person should aim to maintain physical health and vigor in order that the soul may be upright, in a condition to know God.

Maimonides

- ☐ I participate in at least thirty minutes of physical activity, such as brisk walking, cycling, gardening, dancing, swimming, jogging or other sports, a minimum of three or four days each week.
- ☐ I maintain a healthy weight.
- ☐ I get adequate sleep almost every night.
- ☐ I am a nonsmoker.
- ☐ If I drink alcohol, I do so with moderation.
- ☐ I practice safe sex.
- ☐ I limit foods high in saturated fat, cholesterol, sugar, salt and trans fat, such as steaks, hamburgers, hot dogs, fried food, French fries, cheese, ice cream, chips, pastries, soda and candy.
- ☐ I eat at least five servings of fresh fruits and vegetables every day.
- ☐ I always wear a seat belt when riding in a car.
- ☐ I have working smoke alarms in my home.
- ☐ I avoid excessive exposure to the sun and wear protective clothing and sunscreen.
- ☐ I always wear protective gear, like a helmet, when biking or inline skating.
- ☐ I avoid driving after drinking and avoid riding in a car/motorcycle with someone who has been drinking.
- ☐ I am aware of those aspects of my life that bring me stress, and I have developed ways to reduce this stress.
- ☐ I take some time each day to quiet my mind and relax.
- ☐ I take some time each day to do something that I simply enjoy.
- ☐ I spend quality time with my family and friends.
- ☐ I have a faith community or other group or activity that gives support, comfort, meaning and direction to my life.
- ☐ I have a periodic checkup that monitors my blood pressure, weight, cholesterol and lipid levels, including HDL and LDL.
- ☐ I am over fifty and have been screened for colorectal cancer.
- ☐ I am a woman (eighteen or over) and have had a Pap smear within the last one to three years.
- ☐ I am a woman (forty years or over) and have had a mammogram within the last two years.
- ☐ I am a man over fifty and have had a prostate exam.
- ☐ I am over fifty and have had my yearly flu shot.
- ☐ I am coping with a chronic illness and follow the exercise, diet and medication regime recommended by my physician.
- ☐ I keep my medical and personal records, which include a Health Care Proxy, up to date.
- ☐ I promise to make the following changes to promote a healthier lifestyle:

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## JEWISH TEXTS AND MENTAL HEALTH:

1. Saul and David: \*1 Samuel 15 and 16... "ruach ra'ah" (evil spirit)
  - *m'shuga-shigaon (insane, mad)* 1Sam. 21
  - *mitholail—feigning madness* 1Sam. 21
  - *timhon ha'lev—astonishment of heart* Dt. 28
  - *ruach ivim—a perverse spirit* Isa. 19
  - \* the madness of Nebuchadnezzar Daniel 4
2. The "Shoteh": Talmud definition. Based on legal issues (who can be an "ayd" witness at "bet din" (court)).
  - a. defined by actions:
    - i. going out alone at night (where not usual)
    - ii. sleeping in a cemetery
    - iii. tearing one's garments (*chagiga 3.b*)

In a follow-up discussion, the Talmud tries to conclude if all three separate actions are necessary as determinants or if one action alone is an indication of incompetence. Rav Huna= all 3.

Rav Yochanan = 1 alone. But, says Talmud, we know that any 1 can be explained in a normal fashion. Thus, the definition must be altered to one who performs such actions in such a way that would indicate abnormality.

- b. why do we then need all 3 actions? If all may have plausible explanation...then the 3 need not define a "shoteh"...R. Huna: if there is only 1 act, we attempt to rationalize it and say the person is OK...  
BUT...if all 3 actions were performed by the same person, then we do not try and find any explanations and the person is deemed incompetent.
    - c. Chagiga 4a: another explanation..."shoteh" not only a person who performs those 3 actions, but also, a person who destroys all that is given to him. (Jerusalem Talmud )
    - d. Maimonides extends definition to include someone who has lost his Rational thought and is always confused in one particular area, even though he or she is rational in other areas. (Mishne Torah)

- e. Maimonides seeks to broaden the definitions of incompetence..based On his experience as a practicing physician...knows that there are many psychological conditions that biological states can influence the way the mind works. Each case to be judged on case by case basis. Talmudic definition did not equal clinical experience. Opted for experience.
- f. Maimonides , in his ethical and philosophical writings, examined role Of the soul, the inner essence of man and the development of one's character. Sees inter-connection between mind/body/soul. Sees mental health as balanced middle way between the extremes of any emotion or character trait, the golden mean. Illness of the soul and character is defined as any deviation from the balanced middle way.

### 3. Talmudic Terms:

- a. Marah Sh'chorah ✓
- b. T'ruf Ha'da'at ✓ (Guilt)
- c. Kordiakos
- d. Sakanot Nefesh: danger to self....others  
P'kuach nefesh...reduce or eliminate mental anguish which could cause Threat to life.  
? Alzheimer's/ Dementia

### 4. Prayers:

- a. birkat gomel BAAEMH *sheg'malahni cal tov...who has bestowed every goodness upon me*
- b. amidah 2d paragraph: *m'chai matim:*
- c. *mi sh'berach :*

# Standing in Life before God: Report and Reflection on One Congregation's First Steps for Creating a Congregation-Based Program on Health and Wellness

*Richard F. Address*

One of the unexpected outgrowths of the Sacred Aging program of the Union for Reform Judaism's Department of Jewish Family Concerns<sup>1</sup> was the interest that was evidenced in issues related to health and wellness. As we looked at this fact, it became clear that this heightened interest was being driven by the rising number of baby boomers. Faced with the challenges of extended life spans, caring for their own aging parents over a longer period of time, and the desire to delay the reality of aging as long as possible, boomers have emerged as an active cohort in seeking physical, emotional, and spiritual avenues that seek to promote health and wellness. Longevity has also meant that more people are living with chronic medical conditions that in a previous generation may have meant death. However, the miracle of medical technology has now made it possible for many to live long and fulfilling lives. Their interest in maintaining a healthy lifestyle is more than just theoretical; it may be life saving. On the other end, longevity has also seen the gradual rise in instances of dementia and Alzheimer's, which bring into sharp focus the frail and random nature of health. With these blessings and curses has come a greater awareness of the mystery of health and the importance of our need to take care of this most basic of gifts.

Department staff observed a slow rise in the number of synagogue programs that began to look at various aspects of health and wellness

and how Jewish texts could inform this new interest. Congregations have begun to develop support groups and programs for families dealing with dementia and Alzheimer's as well as diseases such as cancer. Numerous communities have created major programs, either on a yearly or random basis, that look at issues that speak to Judaism and issues of mental health.<sup>2</sup> A renewed emphasis on what we put into our bodies informs how congregations add healthy food choices to *Oneg Shabbat*, youth group events, and snacks served at meetings. It is no longer unusual to find apples and fruit next to the cakes and candy, or juices and water as an option to sodas. As baby boomers expand their own searches for spirituality, congregations have responded by adding classes on yoga and meditation, even incorporating some of these techniques into worship. Gradually these ideas are permeating the psyches of congregational life. There have even been congregations that have taken health and wellness on as a yearlong project or as a theme for a scholar-in-residence weekend. All of this is slowly impacting the world of Jewish communal programming—one project at a time. An interesting challenge that has grown from this is whether these disparate programs can be harnessed to create a holistic, congregation-wide approach to health and wellness—an approach that would encompass not a segment of a community, but be cross generational in nature.

Congregation M'kor Shalom is representative of many of our congregations. It is located in a suburb of Philadelphia and has a membership that spans the generations. The congregation is approaching its fortieth year of life and has an active and involved membership. I came to the pulpit in the summer of 2011 and presented a challenge to the lay leadership to see if we could evolve a congregation-wide program on Judaism, health, and wellness that would involve the entire congregation—from preschool through older adults. What I wanted to try was to see if we could create an integrated cross-generational approach to the issues of health that would involve a variety of people and resources and that would possibly provide new opportunities for leadership development, programmatic integration, and creativity. This effort could fall under a common united theme of health and wellness and emerge from Jewish texts and tradition. The congregation had an existing Caring Community committee and I approached them initially with an overall outline of the project as much of what I envisioned would fall under their purview.

<sup>1</sup> RICHARD F. ADDRESS (C72) serves as senior rabbi of Congregation M'kor Shalom in Cherry Hill, New Jersey. He previously served as founder and director of the URI Department of Jewish Family Concerns.





The Caring Community membership along with the congregation's executive leadership and my clergy team agreed that we would launch this idea after Yom Kippur with a Sunday morning think tank open to the first thirty-six people to respond to an open invitation, distributed through the congregation's electronic and print communications. We were hoping that people who had an interest in this subject, and may not be ordinarily involved, would come forward for the discussion.

We filled our quota with two weeks to spare, and the group represented the desired cross sections: youth group through older adults, board members and new members, healthcare professionals and consumers. The stage was set.

### The Think Tank

The Sunday after Yom Kippur we held the think tank from 9:00 A.M. to noon. To model some of the food issues, we served fresh fruit, yogurt, and energy bars along with coffee, tea, and water. A week prior to the session we sent out a kit of material that included a sample of texts that spoke to the issue of health and wellness, a collection of sample best practices culled from the work of Jewish Family Concerns, sample articles and a series of ideas for the congregation sent in by several people who were unable to come to the think tank due to family conflicts.

We began the morning with a *Shehechyanu* and proceeded to outline the goal of the day: to share ideas on what a program on health and wellness would look like for the congregation. We explained that the ground rule was that we were not to worry about money or logistics; we were there to dream. We followed with about twenty minutes of text study. We asked the group (seated around tables, eight to a table) to look at one of three texts that spoke to the theology of health. The discussion set the stage for an overview of existing programs that have been tried in various congregations around North America. We outlined how they emerged and what resources were available to assist in their being developed for the congregation. These two preliminary conversations allowed us to see what the theological foundation was for our overall project, as well as to observe that this discussion was not taking place in a vacuum—that indeed, other congregations had developed bits and pieces of programming on health and wellness

issues. Our next task was then to spend a significant amount of time in table discussion with the goal of asking each other what a congregation-wide program would look like.

What was surprising and inspiring in the early sessions was the conversation that ensued about our body's relationship to God. The three texts that we studied were the Physician's Prayer, attributed to Maimonides; the morning blessing that thanks God that our veins and arteries work so that we can stand in life before God; and a midrash (*Vayikra Rabba* 34:3) that featured a dialogue between Hillel and students on the mitzvah of caring for our bodies. The ideas that our bodies come as a gift from God and that health is a command based on our relationship with God provided a fascinating and challenging few moments of dialogue. It was fascinating to observe how the attendees related to the idea that they may not have "control" over their own bodies, and challenging because a variety of questions were raised about the tension between what someone would want and what Judaism may say. This tension found its way into questions that touched on end-of-life issues and that was pursued even further when we overviewed congregational programs developed to teach the Jewish approach to decision making at the end of life.<sup>3</sup> These conversations pointed out the need for allowing congregants to freely discuss how they see God and the role of tradition in these issues. Our contemporary Western medical model, indeed our secular society, is fine with compartmentalizing the role of God in medical issues. Yet, when we open the conversation to the Jewish holistic mind-body-soul model, it is as if a floodgate opens for many of our people. The role of spirituality in the conversations around health and wellness is coming under increasing scrutiny and is reflective of our people's desire for something more than a scientific approach to these issues. One senses in these conversations the need for meaning and purpose, a need to see the emphasis on health not as an end in itself, but as part of a larger psycho-spiritual quest. It is to this point that synagogues can be of significant importance for, through our texts and traditions, we can again show that we are part of something beyond the self.

For about an hour the members of the think tank discussed their ideas on how to bring this project to life. The conversations around the table were animated. Each table was given the responsibility to

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the group as a whole. We made it clear that this enterprise would be ongoing and evolving and that we would begin implementing some of the ideas this program year. There were five tables in the room and thus five recorders reporting their ideas. The ideas spanned the range of possible programs and included suggestions from preschool through all ages. Ideas suggested everything from classes to large-scale congregation-wide educational forums. There were calls to broaden the base and include other congregations and Jewish organizations (JCC, Jewish Family Service), as well as to increase the congregation's Caring Community portfolio and presence.

It was possible to break down the dozens of suggestions into several broad categories. The first were calls for major congregation-wide education programs. These are scheduled to include a session on how Jewish texts and tradition looks at the issue of caregiving and another on how texts and tradition can inform people on making sacred decisions at the end of life in light of medical technology. These subjects reflect the broad practical need for such educational opportunities given the congregation's demographic. A second rubric looked at community-wide suggestions such as creating, as some congregations have, a regularly scheduled health fair that would include teaching segments on health issues, information on local resources in health-related fields, and direct service sessions such as blood pressure screenings and flu shots.

A third area that attracted a lot of attention can be labeled niche programs. For example, there were several suggestions on creating a more comprehensive curriculum on health for the religious school. Likewise, several tables commented on the need to address the emotional and spiritual health of teens in light of the increased pressure on young people. We also noted calls for the development of programs and support for *b'nei mitzvah* families who were dealing with stresses of blended family, interfaith, and single-parent issues. Finally, and not unexpectedly, we were asked to consider increasing awareness of the issue of Judaism and addiction. This idea also led to a suggestion that we consider developing a staff position for a congregational healthcare worker who would visit members as well as work in teaching issues related to Judaism and health to the entire congregation. This suggestion emerged from some of the Sacred Aging conversations and from previous attempts on the part of a very few congregations to create such a position. This position was an implementation of the Catholic Church's *Dauid Nivon* program. The

not translated so well into our world. The conversation at our think tank around this subject has led to our developing a relationship with our local Jewish Family and Children's Service, which has seen them assign a full time concierge to work with us in the development of the Health and Wellness Initiative.

A fourth area involved some kind of enhanced direct service to congregants: classes in such areas as yoga and meditation, support programming for individuals, and a patient advocate project. This latter idea would see the development of a person or persons within the congregation who would work with clergy to assist congregants in dealing with insurance issues, Medicare and Medicaid issues, assisting in consulting on placement of parents or family members and the like. The idea behind this is to have, as a first line of support, the ability for clergy to refer a person or family to a fellow congregant who had some expertise in these areas. The creation of our Jewish Family Service concierge, as noted above, has helped move this idea forward. Individuals from the congregation who are interested in developing programs can call on our concierge to assist in developing additional support and service to members. The first line of contact will remain within the congregation. We hope this partnership will also model a more cooperative, communal approach to serving the needs of members.

### Priority-Setting Session

Two weeks after the think tank, nine people, who had volunteered to return to discuss priorities, came back to review the suggestions that emerged from the think tank and to begin a process of prioritizing the suggestions as to what was possible in the near term and what could be looked at later. At that meeting, we agreed that we would schedule congregation-wide educational forums titled *The Art of Care-Giving and Making Sacred Decisions at the End of Life*. We also decided to offer support and supplemental programming in each of these areas if the need arose. One participant then agreed to research the development of a cancer survivors' network for the congregation. The issues of illness support continued to be a major topic, and we discussed mechanisms to create a more relationship-based approach to deal with this issue using the existing Caring Community as a prime means of interaction. We decided to move forward and enhance the existing "Caring Community" program that



was in place and to explore additional support in areas of transportation to congregation events.

A second area that meeting participants prioritized was offering programming to respond to the stresses of being a young person. The group decided to immediately implement discussions and classes for confirmation and post-confirmation that dealt with issues such as bullying, peer pressures, body image, self-inflicted violence, addictions, and other self-destructive behaviors. The group suggested that we work with the director of religious education to overview how these subjects could be introduced in middle school grades and how we could develop a healthy-living curriculum that would embrace the entire school.

The discussion of priorities gave rise to a third concern. Those at the session were very interested in following up suggestions from the think tank on creating educational and direct support programs around the issue of cancer. The number of individuals in the congregation, from teens to older adults, who are living with or have been touched by cancer is noteworthy. This discussion has generated the beginnings of the creation of a support network of individuals who will be available to people who are dealing with the disease, and we will move forward with a major educational program within the year on the spiritual issues related to cancer. It was surprising that the overwhelming theme of the priority-setting meeting dealt not with issues of physical health, but with issues related to mental health. The attendees seemed to feel that spiritual health was very much related to a sense of mental health and well-being—more so than physical health. Even the discussion at the end of our session that dealt with creating the patient advocate project was focused around the idea of lessening stressors for care-givers, thus “making their life easier and relieving the stress of having to make decisions in a crisis.”

Before the meeting ended the group strongly suggested that a serious “needs assessment” be undertaken to better understand the needs of the congregation that relate to the general areas of health and wellness. Everyone in attendance sensed that we needed to do everything we could to strengthen the interpersonal relationships within the congregation and to work in concert with committees and existing resources in the community (“to not reinvent the wheel”). The desire to create a cross-generational, integrated programmatic approach to issues of health and wellness will take

creation of a program, but the desire to reach into the hearts and souls of our members to strengthen our relationships and to provide a safe nonjudgmental environment of spiritual health that, over time, engages an entire community. The application of Jewish texts and tradition to the life issues relevant to members has already begun to create a greater appreciation for the insights that our texts and tradition can provide. For example, various committee discussions raised questions as to how a particular idea would reflect our Health and Wellness project. The programs already done in confirmation and post-confirmation class have sparked ideas for next steps. Changes in foods that are served at meetings have been put into place. A weekly yoga class for synagogue staff was created. This is a project that is in its infancy but has the potential to reach into every household and bring a message and awareness of how Judaism can inform our views on health, healing, and wellness. It shall be an interesting ride.

## Notes

1. The Sacred Aging program of the Union for Reform Judaism was a major part of the URJ's Department of Jewish Family Concerns. The program was created in order to produce programs and resources for congregations that would provide responses to the revolution in longevity that is now impacting our congregations and community. Special emphasis evolved on the growth and impact of the baby boom generation on contemporary synagogue life. For further examination of this issue, see Richard F. Address, *Seekers of Meaning: Baby Boomers, Judaism and the Pursuit of Healthy Aging* (New York: URJ Press, 2011).
2. Examples of such programs on mental health issues are those developed by Temple Israel in Minneapolis, Minnesota; Beth Emeth in Evanston, Illinois; Temple Sinai in Atlanta, Georgia; and Temple Chai in Scottsdale, Arizona. See also Richard F. Address, ed., *Caring for the Soul: R'faat HaNefesh, A Mental Health Resource and Study Guide* (New York: URJ Press, 2003) and Edythe Held Mencher, *Resilience of the Soul: Developing Emotional and Spiritual Resilience in Adolescents and Their Families* (New York: URJ Press, 2007).
3. Richard F. Address, ed., *A Time to Prepare: A Practical Guide for Individuals and Families in Determining a Jewish Approach to Making Personal Arrangements, Establishing the Limits of Medical Care, and Embracing Rituals at the End of Life* (New York: URJ Press, 2002) and *Preparation and Consolation: An End of Life Resource Manual for Congregations* (New York: Congregation Rodeph Shalom, 2010).



FINAL THOUGHTS:

*THE QUANTITY OF LIFE IS IN THE HANDS OF GOD, THE QUALITY OF  
OUR LIFE IN OUR HANDS* (Rabbi Max Ardst)

*STORIES REVEAL A SPIRITUALITY THAT VIEWS LIFE NOT AS A  
PROBLEM TO BE SOLVED, BUT AS A MYSTERY TO BE LIVED*

(“The Spirituality of Imperfection”: Kurtz and Ketcham)

*IT IS HARDLY A SOURCE OF WONDER THAT 213 OF THE 613  
COMMANDMENTS ENUMERATED BY THE SAGES AND EVENTUALLY  
CODIFIED BY MAIMONIDES HAVE IN ONE WAY OR ANOTHER TO  
DO WITH CARE OF THE BODY*

(“Maimonides”: Nuland)

*THE DOCTOR IS GOD’S PARTNER IN THE STRUGGLE BETWEEN LIFE  
AND DEATH. RELIGION IS MEDICINE IN THE FORM OF A PRAYER;  
MEDICINE IS RELIGION IN THE FORM OF A DEED.*

(“The Patient As A Person”: Heschel)

