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These are the obligations whose fruit a person eats in this world and the principle is saved for him/her in the World to Come and these are they:

- To honor father and mother;
- To perform acts of loving kindness (gemillut chasadim); To attend the house of study daily;
- To welcome the stranger;
- To visit the sick;
- To accompany bride and groom;
- To bury the dead;
- To pray with sincerity;
- To make peace between a person and his/her friend.

And the study of Torah is equal to them all.

From the daily morning prayers

The Stephen S. Wise Temple Wise Hearts Program

Statement of Purpose: As members of the Stephen S. Wise community we believe that it is our responsibility to reach out to other members who are ill or home bound. When a member of our community is in need of a friendly visit or supportive voice we are the ones who will offer our presence. We will make a phone call, offer appropriate support, and perhaps visit regularly to assist that person on his or her way to recovery both of body and spirit. We will do our best to assess the needs of our community and step forward to reinforce the bonds that make us strong by offering our compassion and the warmth of our hearts.

Bikkur Cholim in the Jewish Tradition

From: Jewish Paths toward Healing and Wholeness, by Rabbi Kerry M. Olitzky, Jewish Lights.

Out of a profound respect for the potency of the individual in Jewish tradition, Judaism imposes an obligation on every person to visit the sick. Additionally, Jewish law mandates that this is one of the few obligations that may be “performed without measure” (Mishnah Peah 1:1). Unlike most mitzvot whose limits should not be exceeded, this mitzvah should be continuously performed without regard to frequency or duration. It is so important that it is included as part of the study material in the morning worship service as a reminder of what we are obligated to do during the day ahead.

Each individual is part of the healing equation. But healing is not a consolidated process nor is the power to heal in the hands of any single person. Individuals visit the sick, but their visits are best viewed as part of a personal responsibility in the context of a community response. Such visits help to address the reality of isolation and alienation felt by someone who is ill. Thus, healing involves the persistent actions of a variety of people, all focused on the well-being of the one who is sick. . .

The rabbis of the Talmud promoted the notion of how a visit can relieve suffering. Rabbi Abba ben R. Chananiah taught that the visit to an individual who is ill takes away one-sixtieth of the person’s suffering (Babylonian Talmud, Nedarim 39b). If that is the case, reasoned his critics, then a visit by 60 people would alleviate all of the suffering. Rabbi Chananiah explains that each visit removes one-sixtieth of the suffering that remains from the previous visitor (starting with the first). As individuals, we may be unable to fully alleviate suffering, but we can do a great deal to minimize it. The first visit may be the most healing (if we measure in quantities), but each visitor contributes.

Elsewhere in the Talmud, Rav Huna asserts that enough love might entirely eradicate the pain (Nedarim 30a). This is a powerful theory. How much love would it take to eradicate the pain of suffering, and are we capable of giving that much? . . . here we come to understand that the expression of love by others can similarly alleviate pain. . .

Rabbi Yochanan ben Zakkai was well-known among his peers for his power to heal. One day, ben Zakkai himself fell ill. Just as he had been taught, colleague Rabbi Hanina visited him. After speaking to the stricken sage, Hanina held out his hand and ben Zakkai stood up. Following this episode, Hanina's students asked, "If Yochanan ben Zakkai was such a great healer, why couldn't he heal himself?" The rabbis answered with a metaphor, "Because the prisoner cannot free himself from prison." (Berakhot 5b).

When we visit those who are ill, we actually share the burden of their illness, much like the priest did with those who were stricken in the Torah with tza'arat, the mysterious disease that struck both the body and the soul. In the Torah, the priest was only able to heal the stricken Israelite when he took on the tza'arat himself. Similarly, we can only bring healing to others when we are prepared to share the emotional, spiritual, and physical burdens. It is what the rabbis of the Talmud really meant when they taught about "lifting" one-sixtieth of the burden.

What we do?

- ▶ Visit the homebound, elderly, or those recovering from illness on a regular basis
- ▶ Make periodic phone calls if visits are not possible
- ▶ Provide a personal link to the Temple community
- ▶ Help to make “transportation connections” if this is needed
- ▶ Provide a human face/voice to the experience of community that is Stephen S. Wise Temple
- ▶ Check in on individuals who live alone to offer support and compassion

Who is a Home Visitor?

- ▶ Compassionate, patient, and flexible
- ▶ Good communication and listening skills
- ▶ Available to visit the client regularly (not to exceed four hours per month)
- ▶ Highly responsible and ethical
- ▶ Maintains the confidentiality of others
- ▶ Committed to putting Jewish ideals in to action
- ▶ Part of the Stephen S. Wise community and committed to the Mitzvah Network Mission
- ▶ Able to attend orientation and training meetings
- ▶ Conscientious in follow-up, documentation, and commitments to the chairperson
- ▶ Able to make a commitment to an individual in need for up to 12 months (varies according to particular situations)
- ▶ Comfortable in many settings (hospitals, nursing facilities, homes)

Who do we visit?

Members of the Stephen S. Wise community who are:

- ▶ Ill or recovering from surgery and have a long convalescence ahead or might simply appreciate a visit from a caring member of our community.
- ▶ Elderly who might have less opportunity to get out and enjoy human contact. They could be homebound or in a nursing home.
- ▶ A person who is in hospice care with an incurable illness or condition.

Guidelines for Visiting

1. **Call first**
 - a. Introduce yourself
 - i. Suggested opening for the first call:
Hello. My name is _____ and I am a member of the Stephen S. Wise's Mitzvah Network Wise Hearts Program. We visit people in our Temple community and offer support and friendship. Would you feel comfortable if I came by to visit?.
 - b. Find out the best time for your visit
 - c. Confirm the location and time
 - i. Check the access: stairs, elevator, buzzer, etc.
2. **Prepare for your visit**
 - a. Make sure you have the “**Renewal of Spirit**” Booklet (other pertinent materials are available from Rabbi Stern or Cantor Kates) (available soon)
 - b. Prepare mentally—anticipate what you might see, smell, and experience
 - c. Make sure that your clothing is appropriate (some recommend that strong perfumes or cologne should not be worn)
 - d. Health issues;
 - i. Don't visit if you are sick (call to reschedule),
 - ii. Wash hands before and after your visit (use discretion)
3. **During your visit**
 - a. Identify yourself at the door
 - b. Practice good listening skills and techniques
 - c. Give them the “**Renewal of Spirit**” Booklet
 - i. If there's prayer or reading that you think is appropriate for them, either refer them to it, or read it to them.
 - d. Be aware of the limits of your assistance
 - e. Based on your assessment of their needs offer to stop by again for second visit
 - f. Leave! Recognize when you've visited long enough.
 - g. Complete the appropriate documentation for your records and fax to the Home Visit Coordinator at the end of each month (phone numbers are in the back of this manual)

Special Considerations

- ▶ Make sure that you are healthy before you visit anyone!
- ▶ You are not a nurse. Don't administer medical advice, assistance, or diagnosis
- ▶ Do not offer to move the patient or even take them to the bathroom. Offer to call a nurse or a family member
- ▶ Remain calm in an emergency. Dial 911 if at home, summon a nurse if in a hospital
- ▶ Be aware of health changes from one visit to the next. If you have concerns contact the Home Visitation Coordinator (or Rabbi Stern or Cantor Kates)
- ▶ **Respect the confidentiality of the patient.**
 - ✓ Do not read charts.
 - ✓ Step outside if a doctor visits, don't eavesdrop.
 - ✓ Don't discuss the patient's illness with others.
 - ✓ Don't be a source of gossip
- ▶ Make promises you can keep. Know your own limitations and what you're willing to do
Don't make offers that you do not or cannot do
- ▶ **Hospital and Long Term Care Facility Visits:**
 - ✓ Check visiting hours
 - ✓ Look at the door to follow directions posted (if there are any)
 - ✓ Respect a person's privacy—don't enter closed doors without knocking, check to make sure the person isn't sleeping, make sure your visit is desired
 - ✓ Speak to a nurse if you have questions about your visit
 - ✓ Don't visit during meal times
 - ✓ Ask if you may be seated, don't sit on the bed
- ▶ Set limits if and when they are necessary. Do not feel that you should do things you are uncomfortable doing or be involved in conversations that make you uncomfortable. Once you set the limits (politely) your subsequent visits will be much more pleasant.

A Checklist of DOs and DON'Ts for Wise Hearts Visitors

The Initial Visit

DO

- Visit sick friends or strangers when they are ready, but not before. If in doubt, ask.
- Call or write a note before coming if you do not know the patient well
- Call again if the patient does not wish to see you initially. This Simply may be a bad day.
- Familiarize yourself with the patient's condition, if possible, so that you do not appear surprised if he or she is disfigured or disabled.
- Enter the room with something to talk about that will interest the patient
- Leave a note if, when you visit, the patient is asleep or out of the room.
- Bring a little gift.
- Relax yourself into a visiting mode by concentrating on your visit, so that you can truly "be present".

DON'T

- Be afraid of doing something wrong.
- Wear perfume or shaving lotion, as illness often heightens a person's sense of smell
- Make elaborate plans for your initial visit
- Insist on visiting if the patient repeatedly asks you not to visit.
- Wear a depressed face.

Appropriate Time to Visit

DO

- Visit during hospital hours or at home, during the early afternoon to early evening, unless the patient requests otherwise.
- Visit on the Sabbath and holy days.

Length and Frequency of Visits

DO

- Visit a patient both at the hospital and after returning home.
- Suggest that you come another time, if the patient has visitors.
- Step out of the room if the doctor wants to examine the patient.
- Visit frequently, if possible. Or on a regular basis.

DON'T

- Stay long unless the patient requests it.

Talking

DO

- Watch and listen for clues from the patient regarding the desire for conversation.
- Talk about the patient's world beyond the sickroom.
- Try to create a sense of hope and meaning.

- Let the patient know that he or she matter and that you and the community care.
- Listen actively by questioning and acknowledging what the patient is telling you.
- Let the patient's anger come out without taking it personally.
- Remember that you are there as a friend and do not have to make things better.
- Always keep the confidence of the person you are visiting even to the extent of keeping the visit confidential if that is the patient's desire. (In all cases, report your visit to the home visitation coordinator.)

DON'T

- Feel that it is necessary to talk with the patient all the time you are visiting.
- Be afraid to laugh with the patient
- Initiate discussion of patient's medical condition or the possibility of death. Instead, follow his or her lead.
- Talk about the patient who appears unable to hear, in that patient's presence. Step outside.
- Tire the patient
- Offer platitudes or speak as if you know God's plans
- Talk about your own illnesses or troubles
- Question the doctor's judgment on the diagnosis or treatment even when the patient does.
- Take sides in a patient's expressions of anger about family or friends.
- Change the subject. As tough as it may be for you, try to hear him or her out.
- Talk about yourself, this visit is for the person who is ill.
- Ask too many questions.

Prayer

DO

- Pray with a sick person's presence, but only if he or she requests it.
- Pray so that the patient can hear and understand you.
- Pray for the patient outside of his or her presence.
- Feel free to formulate your own personal prayers, or use a commonly accepted prayer in the prayer book.
- Conclude the visit with the words: **May you have a refuah shelaymah**—a complete recovery

Touching the Sick Person

DO

- Ask the patient whether you may touch him or her if you are in doubt. Keep your touch light.
- Offer to hold hands, brush hair, or touch in other non-threatening ways.

DON'T

- Touch a patient's wheelchair, walker or other medical paraphernalia without asking permission.

Sitting with the Patient

DO

- Position yourself so that the patient can see you without strain.
- Sit at the same level.

DON'T

- Sit on the bed without asking the patient's permission
- Communicate a desire to get away or that you are in a hurry.

Tending to Tangible Needs

DO

- Discover how you can be of assistance to the patient by asking the patient or family.
- Offer to help only with things that you are actually able to perform.
- Be sensitive to the ways in which you can help the patient's family.
- Be sensitive to the patient's vulnerable situation.

DON'T

- Insist on helping if the patient or family indicates that they don't need your help.
- Decide for the patient or his family what sort of help they most need.
- Offer to do more than you are able to do.
- Try to "fix" it.

Adapted from "Give Me Your Hand: Traditional and Practical Guidance for Visiting the Sick, 2nd Edition.

ACTIVE LISTENING

1) Validate

It does not matter whether you agree or disagree with what the person is saying or feeling, that's how it is to them. Affirm that you understand it when they say things like: what has happened is not fair, or it is the worst thing in the world, because to a family or individual that might be exactly how it seems.

2) Never One Up On a Family

There is nothing wrong with sharing stories or experiences if it is to reinforce, educate or bring another perspective, but if it is only to share a "bigger", better, more exciting experience. Put it on hold.

Avoid saying things like: *I know this child/family who...*

3) Never Assure a Family That They Should Feel Lucky

Because;

- their child is not as severely impaired or ill as someone else's.
- their child is alive.
- they can have another child.

No one feels lucky when they are told that their child is disabled or ill. None of the reasons listed above will really take away someone's pain or tears.

4) Ask Open Ended Questions

- how do you feel about that?
- is that how you see it?
- how is the rest of the family?

Avoid

- Are you okay?
- Do you need anything?

These are easy to answer and the person may feel obligated to say yes or fine so they won't appear weak/incapable.

CONVERSATION STARTERS

Active listening sometimes sounds stilted or artificial. There are however a variety of ways to start a response which sounds spontaneous, some of which are listed below. The feeling word is underlined and can be changed to fit you message.

I see, you meant that you hoped she would...

That sounds to me like you're sad about...

I guess you want/wish/feel...

You feel upset about...

You mean you're afraid of...

I'm not sure I understand. Do you mean you're disappointed that...

You're really clear about that. Your pediatrician...

You wish your husband would....

I get the idea; you want to...

I'll bet that's frustrating...

Are you saying you're so angry you...

You seem unhappy about...

Seems you're sure that...

That seems unfair to you that...

It's frightening to...

It hurts when you...

That's really important to you. You want...

When that happens, you're unhappy....

SOME GUIDELINES FOR EMPATHETIC LISTENING

1. Be attentive. Show this in your non-verbal behavior.
2. Let yourself be interested in the other person's story/needs without being a judge or problem solver.
3. Try to become aware of what is going on in your own psyche and find a way to "bracket" that.
4. "Active" listening is sometimes called "reflective" listening.
5. Be careful about questions. Try to ask open-ended questions.
6. You can use the environment for clues about who this person is, as well as for conversation starters.
7. Avoid stock phrases, especially those that negate or undervalue the speaker's experience/feelings/judgments.
8. Often the best encouragement is a simple and brief reinforcement.
9. Don't interrupt.
10. Don't keep rehearsing things in your head -- be present with the person you're visiting.
11. Don't promise anything you aren't absolutely sure you can deliver. Your credibility may be at stake.
12. Keep checking in with your breath.
13. Let your humanity show through.
14. Talk to your Clergy or Wise Hearts Coordinator if you're having difficulty listening to a particular person or type of person.

Some of these are based upon material in "Listening, The Forgotten Skill" by Madelyn Burley-Allen.

Some suggestions for activities

- Bring something that relates to an upcoming Jewish holiday (dreidel, hamentaschen, Chanukkah decorations etc.)
- Reminisce about the “good old days”. Some studies have shown that reminiscing is therapeutic for improving mental health and attitude among the elderly
- Bring a cassette tape player and play music
- Read aloud from local newspapers (Jewish Journal, L.A. Times). Discuss the articles, radio and TV programs
- Bring a book of short stories to read (think about light humor)
- Bring in and share your own interesting collections. For example, a collection of Hanukkah dreidels
- Think about taking a photograph with your friend
- Arrange old photos into an album. Share some of your own family albums.
- Watch a video together. Sing together or sing for your friend if you can.
- Write and mail letters to relatives of your friend
- Remember birthdays and holidays by sending cards and encourage your friend’s interest in others by asking if they’d like to send cards as well. Make the cards and mail them.
- Fill out the family tree in your ‘Goody Bag’ – (keep a copy for yourself to keep track of family connections.)

Some questions *Bikkur Holim* volunteers might ask to stimulate conversation include:

- How did you and your spouse meet?
- Where is the best place you ever lived? Why?
- What was your first job? Your favorite job? Your last job?
- What is your favorite vacation? What is your favorite place in the world?
- Do you have brothers and sisters? Tell me about them.
- Where did you grow up? What was your early life like?
- What were you mother and father like?
- What is the biggest difference between your childhood and that of your children or great-grandchildren?

These are just suggestions.

Use your own creativity and resourcefulness to come up with other ideas.

Wise Hearts Procedures

1. Once an individual in need of a visit is identified, clergy will inform Wise Hearts Visitation Coordinator(s) about a specific need
2. An appropriate Wise Hearts visitor will be assigned to the Temple member
3. Wise Hearts Visitation Coordinator will contact visitor with information and discuss the case so that the home visitor will be prepared
4. Home visitor will contact member in need and follow procedures for visitation
5. Visitor will file a Home Visitation Report via e-mail, online or fax to Wise Hearts Visitation Coordinator (at present only fax and email are available)
6. Wise Hearts Visitation Coordinator will record information send report to Ann Terrick (and Mitzvah Network Coordinator) for sick list
7. Wise Hearts Visitation Coordinator will follow up with visitor
8. Each time visit is made, visitor will file Home Visitation Report in same way.

About the following section:

While we wish that all home visitors establish a relationship with someone who returns to strength and health, we all realize that this is not always the case. You may find yourself with a person who is facing death either immanently or within several months. The material that follows is provided to help you gain insights in to the experience of death and loss. Hopefully this will facilitate your own encounter with this most profound of human experiences and enable you to offer comfort and support to others in a meaningful way. You may be asked questions that this material will help you answer. **In all cases, please remember that you are a non-professional and should avoid offering “counseling” to the patient or family members. Be sure and contact Rabbi Stern or Cantor Kates if you find yourself in such a situation so that we may discuss the circumstances with you.**

LOSS: THE GRIEVING PROCESS

Source for remaining pages: The Jewish Healing Center of San Diego Training Manual

Loss occurs in many different forms ranging from relatively minor losses to the profound loss of a loved one. Loss is also experienced by people who are seriously ill - loss of health, loss of independence, loss of their regular lifestyle, and often, loss of a normal life expectancy with their families and friends.

After experiencing significant loss, people enter the grieving process. Elizabeth Kubler-Ross described five stages in this process. While these stages are outlined in sequence, it is important to note that they are not separate and clearly delineated stages. They are interactive experiences that may occur at any stage of the grieving process. Several stages may be experienced simultaneously while other stages may not be experienced at all.

When we lose someone we love (or other kinds of significant loss), the pain we feel is real, as real as physical pain. Time doesn't have anything to do with healing. Anyone who tells you that “time heals” doesn't really get it. Time doesn't heal anything. It takes a real effort to adjust to significant loss. Time is not effort. Adjustments happen over time, some of them for the better, but it's not the time that does the healing.

When you have significant loss, it like strapping on a back pack of sorrow and grief every single day thereafter. You get up, you put it on, and you schlep it around all day, wherever you go, whatever you do. It gets no lighter, and a lot of well-meaning people are constantly stuffing additional weights into the pack on your back. There are days when carrying it on your back is incredibly painful. There are days when you think you can't go on. They are all normal reactions to having to carry around this incredible weight.

But you will also change in the process of carrying it around. The backpack gets no lighter, but your body becomes more able to bear it. You find the ways to make it bearable. Maybe it's by focusing

on all of the beauty which surrounds you; maybe it's through prayer; maybe it's physical exercise; maybe its quiet meditation. Whatever your technique, you find ways to live with that which was unbearable.

The pain doesn't go away. You grow to live with it. Sometimes, you can find moments when you are so used to the backpack of grief on your back, that you can almost not feel it. That's okay. That doesn't mean the person whom you have lost is any less dear to you; it just means you're more used to his/her presence in this way, like you were when you both shared a room, meal, bed, whatever. Sometimes, you will want to take the backpack off and go through all of its contents. That's also okay. You'll reconnect with all of the reasons for why you have been carrying it around with you all this time.

As your life goes on, there will be moments when you will have to open up that backpack to add more contents. Unfortunately, all of the techniques you used to make the original burden bearable may not be effective this time. Just know that you managed to carry the backpack before, and this time, too, you will manage it, even with the additional weight.

STAGES OF GRIEVING

Elizabeth Kubler-Ross described the following five stages of grieving:

Denial

During this stage, people may try to deny the reality of the situation. It is difficult for them to grasp the implications of the position in which they find themselves. For example, they may not understand the serious nature of a diagnosis that they have been given - even though the medical staff may have discussed it fully with them.

Anger

Anger and rage may follow as the implications of the situation are understood more fully. Anger may be directed toward family members, towards medical staff, towards the unfairness of life, towards God.

Bargaining

During this stage an attempt may be made to make a bargain with the situation. "If I get better... I will help others, I will really appreciate life, I will be nicer to my parents, I will become more religious."

Depression

As the situation progresses, a sense of hopelessness may set in. The real implications of their situation, of their losses, of their hopes for the future become clear. Depression is experienced - apathy, sadness, loss of interest are present.

Acceptance

If people can allow themselves to mourn their losses and come to terms with their situation, a stage of acceptance often occurs. The “work” of this stage may then take place - a life review, coming to terms with unfinished situations, resolving painful relationships, leaving a legacy for the future, living in the present as fully as possible, experiencing a sense of peace.

Gratitude

We add an additional stage - gratitude, for the experience of having been connected with the one who is now gone, gratitude for the support and love of those who have been there throughout the experience of loss, and ultimately gratitude for the Holy One filling our lives with the blessings of love and memory.

In summary, these stages are experienced differently by each person. These stages are not always clearly defined - many other factors are also present in the situation. They are not linear! People bounce from one stage to another, back and forth and there should be no sense of judgment or failure when a person goes from depression to anger to acceptance to anger and back again. For the person to come to terms with the situation and to process these profound emotions, support from others is essential. People come to terms with loss in highly individualized ways and it is important to honor their experiences and to allow them to go through the process in their own way.

THE NEEDS OF THE DYING AND THEIR LOVED ONES

By Rabbi Amy Eilberg

Entering a room/a home where death is a presence requires a lot of us. It touches our own relationship to death and to life. It may touch our own personal grief and fears and vulnerability. It may acutely remind us that we, too, will someday die. It may bring us in stark, painful confrontation with the face of injustice when a death is untimely or, in our judgment, preventable. Still, as in all Bikkur Holim, our task is to bring ourselves fully to the side of the person in pain.

The following is intended as a sketch of the terrain that you might encounter as you come to the bedside of a person facing death. Please remember that the sketch is certainly not the territory: each person’s situation is unique, and each person will bring the unique gifts and challenges of their life and being to this final situation of their life. But it is helpful as a visitor to have some sense of what dying people frequently need and long for, in order to have some sense of what issues may must need our compassionate response.

Please note that this summary is offered primarily in terms of what the dying person needs. Loved ones will experience many of the same issues, from their own vantage point, as well as issues specific to their role as caregivers in an intensely demanding and evocative situation.

Primary needs of the dying

Fears

People who face death most often fear (in no particular order!):

1. Loneliness
2. Death
3. The twists and turns of the dying process
4. Pain

Tasks

1. Life review. The primary developmental task of this time of life is to look back, to review the life one has lived, to savor and celebrate the gratifying parts of life, and to acknowledge, grieve, and perhaps make peace with the painful parts of the life one has lived.
2. Finishing business. There may be “business” to finish in relationship to the self (particularly in connection with one’s perceived failures, disappointments, resentments, self-criticism), in relationship to others, and in relationship to God.
3. Reconciliation/forgiveness. There may be work to do - again, with the self, with others, or with God - to acknowledge guilt and pain. One may need to communicate these issues with those involved, in whatever way possible, in order to seek and receive forgiveness.
4. Leaving legacy. In addition to material preparations (to distribute personal property, ensure care for children, financial arrangements, and the like), people long to know that their legacy will continue to live in this world after their death. For some people, writing an ethical will or simply a letter to children (or friends or community), making a video tape, or the like, conveys a satisfying sense of leaving their commitments, beliefs, and contributions behind in tangible form.
5. Grief work. Remember that grief work includes not only sadness about leaving loved ones behind and fear about what death may bring, but also all kinds of ambivalence, anger, resentment, and guilt, to name a few.
6. Plans. Many people have a strong need to participate in their own funeral plans. When they can move beyond the initial awkwardness of talking about these plans, this process becomes a way to exert control where they still can, as well as relieving those left behind of the full burden of decision-making when death comes.
7. Saying goodbye. Those lucky families who are able to do this difficult work inevitably feel grateful, enriched, and even comforted. Note: people rarely die because they said goodbye too soon. If more time remains after good-byes have been said, that time is likely to be more filled with love and beauty.

8. Cultivating moments of acceptance. Dying is rarely beautiful. Most people, even the most spiritually developed, struggle against death's approach. Yet for many there are moments, glimmers of a sense that this is OK, that it is time, that they and their loved ones will be cared for, that people have been doing this for a long time. These fleeting moments, even as they intersperse with a range of other feelings and experiences, can be consciously cultivated.

Jewish Principles of Care for the Dying

Affirmation of *tselem elohim* - that the person was created in the image of the Divine. This is true no matter how long one has remaining to live, no matter how righteous or full of regret one's life has been. No matter how well or poorly the body is working, no matter how much time remains till the moment of death, this person embodies a spark of the divine. Often it is our task as visitors to simply see that.

Refu'at hanefesh - healing of spirit. As a visitor, one should remember that healing of spirit is possible till the very last breath. With surprising frequency, the final state of life offers the possibility of healing of relationships, of guilt, of isolation, of lifelong emotional or spiritual pain, precisely when healing of the body is no longer a possibility. It is helpful for the visitor to simply know this truth, perhaps to remember occasions when one has seen this in life.

Hopefulness - As long as there is life, there is hope. It is not helpful to encourage unrealistic expectations on the level of physical healing, lest the patient and loved ones feel betrayed and shattered when this hope proves unjustified. Nor is false reassurance helpful (e.g. "Everything will be OK"). But an attitude of hopefulness is possible even in dark times: an attitude that says - we just don't know, perhaps there will be some relief, perhaps this will be OK, we are in good hands.

Teshuva - repentance/turning/atonement - One Talmudic rabbi taught, "Do teshuva the day before you die." This poignant teaching encourages all of us to live our lives in such a way that we will be ready when death comes. During your time with the person you may experience expressions of regret, remorse, or a desire to make amends with others. It is best to offer support and compassion but not advice, this is better left to a professional counselor.

Community - Inevitably, we die alone, in our own body, on our own solitary journey. Yet, as with every phase of the Jew's life, we journey with others - those who have gone before, those who stand with us now, those who know the same sorrow and fear. We are part of a larger community (a Jewish community, a human community) that has known death, that transcends death that will continue to live after our bodies are gone. We are part of something that is stronger and larger than death.

Appreciation of everyday miracles - Quite often, the reality of the nearness of death awakens a powerful appreciation of the wondrousness of being alive. Frequently dying people and their loved ones grow in awareness of the "miracles that are with us, morning, noon and night" (in the language of the Amidah prayer). Appreciation loves company; the visitor need only say "yes" when people express these things. (The visitor will be blessed by this as well.)

How Jews Respond to Death and Dying

[This material is provided for information only. Please refer the family or individual to one of our rabbis to discuss the details of funerals. It has been modified from the original source for use in this manual.]

You may be working with people who are ill, old or frail. There's a possibility that the people with and for whom you are working might die. While we all hope that this will not happen, we also recognize that death is inevitable, and want to be prepared, from emotional, spiritual and practical points of view. For many people this is a very difficult topic, one we avoid talking or thinking about. But the more familiar you become with it, the better able you will be to help someone or his/her family through issues of grief, loss, and memory.

Jewish bereavement practices are intended to honor the dead and help ease the transition for the survivors. Below is a summary of Jewish mourning traditions.

Aninut. From the moment of death until burial of the body, the family is in Jewish limbo, called *aninut*. Their only responsibility is to take care of arranging for the funeral. Everything else in their lives is supposed to stop. (After all, how can you go about your business in the midst of significant loss?) During this time, they are not supposed to receive visitors, although helping them make arrangements, and caring for their needs is certainly permitted. Many people will use this time to contact relatives, notify them of when the funeral is, and to rest.

Shemirah and Tahara. The body is usually taken to a mortuary, where it is prepared for burial. Jewish tradition requires that the body not be left alone. Many families hire a *shomer* or watch person who remains with the body until the funeral. This is considered to be an honor for the person who died, easing his/her transition to the next world. The *shomer* is supposed to recite psalms and pray for the deceased.

Preparation for burial also includes tahara, a ritual of cleansing the body before burial. In many communities a group called *hevra kadisha* takes responsibility for this ritual bathing. Most mortuaries have access to people who perform this mitzvah (good deed). After tahara, the body is placed in a shroud.

Shrouds. Shrouds (*tachrichim*) are clothes designed for burial. They have no pockets, signifying that you can't take anything with you. You came into the world with nothing, and return the same way, in a simple garment made of linen or cotton. Many people are also buried in their *tallit* (prayer shawl). Some people may opt for burial in the clothing which the person wore during his/her lifetime.

Coffin. The coffin used is supposed to be made of wood. Many people choose a very plain pine coffin, but any wood coffin is usable. The coffin is supposed to decompose with the body (returning to the dust of the earth) and so anything that might slow or prevent decomposition is discouraged.

Cremation. There are differences of opinion in the Jewish community regarding cremation. While it is done within the Reform or Reconstructionist Movements, it is not permitted for Conservative or Orthodox Jews. The body is seen as the holy vessel which has been carrying a soul. Disposal of this vessel is supposed to be by burial only. Traditional we are taught that our bodies are not ours - they are “on loan” to us. God breathes our souls into us, bringing us life. While we get to live in our bodies, we do not own them. Therefore the body must be “returned” to the earth intact.

Organ Donation. *Pikuach Nefesh*, saving life is considered to be one of the highest values of Judaism. Organ donation is not only permitted, it is to be encouraged as an act of *pikuach nefesh*, saving a life.

Viewing the Body. According to Jewish tradition, looking at the body of a person who has died is disrespectful. His/her soul is no longer occupying the body. The memory of the person who died is best served by remembering the things s/he did, not the way s/he looks in a coffin. Our emphasis has to be on the spirit and soul of the person. Having said this, there are many mitigating factors that might compel a family to have some sort of viewing.

The Funeral

The Rabbi. Families should contact a rabbi as soon as possible after the death to begin arrangements. This can be the next morning if the death occurs at night. Together with the rabbi and mortuary the family should select a mutually agreed upon time for the ceremony. Usually the family will meet with the rabbi to discuss the eulogy and funeral service.

Timing. Jewish funerals are supposed to take place as quickly as possible after the person’s death. Funerals can’t take place on Shabbat or holidays. If there are close relatives who have to come from far away, funerals can be delayed somewhat.

Flowers. Excessive floral displays are not generally appropriate at Jewish funerals. They are seen as unnecessary adornment that stresses the material aspect of life which is fleeting (they wither and die just like material possessions). Jewish tradition suggests that people bring a rock or pebble to the cemetery. This is a perfect symbol for what the funeral or cemetery visit is about: the rock or pebble is an indication that your memory is “like a rock”, permanent, won’t wither or fade away.

Memorial donations. Instead of flowers, donations made to charities are great ways to remember and honor the deceased. By making memorial donations, you enable the person who died to continue to do good deeds, to continue to live on through the good done in his/her name.

The Service. Most funerals include the recitation of psalms, poetry, Jewish texts and recollections of people who knew and loved the person who died. The goal is to find a framework for his/her life, to remember in a context of some kind. Speakers at a funeral are arranged with the family and officiating rabbi.

Kriah. When we hear bad news, we are supposed to tear or rend our clothing as a sign of our shock, dismay and sorrow. The clothing that was torn when you heard the bad news was what you were supposed to wear to the funeral. Since the funeral was supposed to be relatively immediate, and since one was not supposed to worry about how s/he looked, this made sense. For most people in the United States this no longer makes sense. The tradition has shifted to something completely different.

At most funerals today, the family members are given a small black ribbon, which they put on their clothing and then tear. All kinds of other traditions have been applied to these ribbons, such as who wears them, which side to tear, where to wear them and how long to wear them.

Burial. The most important mitzvah (good deed) we can do is to bury our dead. It's considered such an important mitzvah because there's no way the person can ever thank us for this act of lovingkindness. At Jewish funerals, people take shovels full of dirt and place them into the grave, participating in this important act.

Shiva. The traditional mourning period, shiva, begins immediately after the burial and continues for 7 days. (*Shiva* is derived from the Hebrew word, sheva, seven.) The *shiva* period is for the family and loved ones to come to terms with their loss, and for their community to express their support for the bereaved, and recall the person who died. During *shiva*, the family does not have to engage in any social behavior at all, including saying hello or goodbye, going about their livelihoods, or enjoying any luxuries. Many people have services at the home of someone in mourning, so that the mourners may say Kaddish where they are sitting shiva, and, once again, to provide community to the people in mourning. At the end of shiva, the family is supposed to walk around the block, a sign of returning to life in the real world. There are various reasons that *shiva* is abbreviated.

Mandatory and Voluntary. Traditionally we are obligated to sit **shiva** for the following relationships: mother, father, sister, brother, husband, wife, child. There are various reasons to observe this in different ways. The family should consult with their rabbi.

Food. It is traditional for people to bring food to the home of a family in mourning, to help provide meals during this "time out of time" for the people in mourning. Every effort should be made to take care of their physical needs, and to help ease their sorrow. The family is not supposed to be serving as hosts, and should not be expected to entertain or provide food for their "guests". This is often difficult for the family, to learn to be "impolite" as hosts, but shiva is a time out of social norms and expectations.

Other traditions. There is no limit to the number of other traditions associated with Jewish mourning. Some people sit on boxes (to symbolize their "lowered" status as a mourner). Some people cover mirrors (to confuse spirits or to show their complete lack of concern with how they look). Some people wear no leather to demonstrate how they have become impoverished by their loss. Each family should make their own determination about what will be meaningful for them.

Sheloshim. The first 30 days after a loss is considered to be a transitional phase of mourning. During this time, the mourner may resume his/her business, but continues to avoid luxuries, music or parties. Some people will have a ceremony marking the conclusion of the 30-day period of mourning.

Eleven Months. Jewish tradition continues the formal grief period for 11 months for children mourning their parents. Many people see this 11 month period as an opportunity to continue to adjust to the loss, to connect with the community by saying Kaddish (a prayer which is an affirmation of belief in God, God's presence and hope for peace, even with loss). While 11 months is considered to be required for children who have lost a parent, many people will observe this period of time for spouses, their own children or other loved ones. It is not mandatory. A parent who has lost a child will certainly mourn at least the same 11 months, and in most cases for the rest of their lives. Spouses mourn longer than 30 days. There's nothing wrong with continuing to say Kaddish for 11 months for any relationship.

Yahrtzeit. (A year's time) The anniversary of the death is observed every year by saying Kaddish and lighting a memorial candle. Yahrzeits are usually observed on the Jewish calendar's date of death. Many people observe Yahrzeits on the secular date, which is what they remember better. It's a reminder that though the person is gone, s/he is not forgotten, and that memory is permanent. It's also traditional to make a donation in memory of the person who died at this time, once again enabling some good to come out of the grief.

Yizkor. Four times each year we gather to remember our losses in a public manner, Yizkor, a formal ceremony affirming that we remember. Yizkor is said at the end of each of the pilgrimage festivals, Passover, Sukkot and Shavuot, and on Yom Kippur. It is traditional to light a Yahrzeit candle for each person you are remembering on the eve of any holiday when Yizkor is said. Another tradition is to make a donation to charity in memory of the loved one(s) you have lost to keep their names alive and doing mitzvot.

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