



The Gift of Healing Relationship: A Theology of Jewish Pastoral Care

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Rabbi Israel Kestenbaum focuses on empathy as the core of *chesed* and the essence of the pastoral relationship. He builds on the Talmudic notion of the *ben gil*, the helper who is a peer of the one helped, to articulate an understanding of the nature of the empathic bond.

The concept of pastoral care does not have an exact equivalent in Jewish theology or practice; because it emerges from a wholly unfamiliar Christian paradigm, the term does not have resonance for Jews. However, if the term is without a source in Jewish tradition, the essence of pastoral care—extending oneself to another for the purpose of engendering a relief from suffering—is central to Jewish responsibility and communal life. This chapter explicates the responsibility of extending oneself to the suffering, using Jewish paradigms based on the teachings from tradition, which define this unique mode of caregiving. Moreover, this Jewish framework calls the professionals engaged in this endeavor to perform it with excellence.

Chesed and the Healing Relationship

Jewish tradition challenges its adherents to the *mitzvah* of *chesed*, acts of loving-kindness. Forms of *chesed* include *hachnasat orchim*, inviting guests into one's home; *hachnasat kallah*, helping to meet the needs of a bride before her wedding; and *levayat hamet*, honoring the dead by attending a funeral. More relevant to themes of pastoral care is that Judaism requires the *mitzvah* of *bikur cholim*, visiting the sick, and of *nichum avelim*, comforting the mourner. These two *mitzvot* best correspond to what Christian tradition refers to as pastoral care.

It is important to note that although *bikur cholim* and *nichum avelim* are components of the *mitzvah* of *chesed*, they are in their own ways unique. In contrast to the *chesed* of *tzedakah* (giving charity),

bikur cholim and *nichum avelim* do not involve giving one's possessions but rather giving one's *self*. In contrast to *levayat hamet* (attending a funeral), *nichum avelim* and *bikur cholim* require the establishment of a healing relationship. The Talmud identifies a source for the *mitzvah* of *bikur cholim* in the Torah. In the biblical account of the drama of the mutineers who joined Korach in challenging Moses' authority in the wilderness, Moses tells the people, "If these men die in the common death of all men and be visited after the visitation of all men, then the Eternal has not sent me" (Numbers 16:29). The Talmud points out that the deaths of these men were unusual because they died suddenly, with no visitors to provide *bikur cholim*. The implication is that the Torah expects visitation of the sick and dying as the norm.¹ Based on the Talmudic source for this *mitzvah* of *chesed*, *bikur cholim* clearly cannot be for the purpose of cure, for it is derived from the experience of Korach's mutineers, who were about to die. Rather, this *chesed* aims at relieving suffering through the gift of healing relationship.

The critical link between relationship building and *bikur cholim* can be further adduced from the Talmud's discussion in Tractate Sotah on the source for the *mitzvah*. Here, the Talmud derives the *mitzvah* of *chesed* in general and of *bikur cholim* in particular from the responsibility of *imitatio dei* (imitating the Divine). Just as God visits the sick and comforts the mourner, so must all Jews. The text derives God's visitation of the sick from God's appearance to Abraham and the subsequent visit of Abraham by three men identified by tradition as angels. The Talmud relates that this visit occurred on the third day after Abraham's circumcision and that God's appearance was for the purpose of visiting the sick.² One might wonder how the rabbis gleaned from the text that God's appearance was an act of *bikur cholim*. The rabbis noted that in the verse describing God's appearance to Abraham, there is no content or stated message attached to the Divine Presence. In fact, the only clue to the reason for the appearance are the words "to him" which follow "And the Eternal appeared" (Genesis 18:1). Therefore, the Rabbis recognized that here, the whole focus of God's appearance was not to reveal specific content, which is more typical, but *to be with* Abraham. This makes sense if it is understood that God's desire to be with Abraham was in response to Abraham's recent circumcision and need to convalesce.

Through *bikur cholim*, God was not delivering a message, teaching a concept, or even curing an illness (according to the Midrash, that task is left to one of the angels). God appears simply to be with Abraham and to offer the healing gift of relationship.

Suffering as Estrangement: The Power of the Ben Gil

If the *chesed* of *bikur cholim* is centered on building a relationship for healing, what suffering is it meant to relieve? It is important to identify suffering rather than pain as the operative issue here because the distinction between the two is critical. Pain is a neurological phenomenon; it can be quantified and measured. Although each person may have a different tolerance level for pain, it is essentially an objective reality, open to scientific measurement. Suffering is a *response* to pain; it results from the emotional and spiritual meaning that the pain has in one's life.³ Medicine treats pain; caregiving responds to suffering.

In fact, the degree to which one finds a situation unbearable usually has more to do with suffering than with pain. One can endure the pain caused by wounds that are healing, but similar levels of pain related to disease may be unbearable. Childbirth may produce pain similar to a gallbladder attack, yet it is felt entirely differently. It is the *meaning* that one attaches to the pain that differs, and so does one's level of suffering.

The suffering that is at the core of illness and loss is estrangement. When ill, one becomes estranged from the key components of life and, ultimately, even from a healthy sense of self. In Jewish tradition, the sick person is given a title, *choleh*. Similarly, one who is bereaved is not only living an experience, but has a new description, *avel*. This is not intended to brand or to label the sick and the grieving, but to acknowledge their sense of "otherness." In her classic book, *Suffering*, Dorothee Soelle describes illness as an experience of estrangement⁴ that can be discerned on three levels. First, in illness the sick are estranged from their community. They are hospitalized or kept at home, separated from their jobs, their synagogues, their clubs; they lose their places as participants in the community's life. Second, illness estranges one from family. Even when the family is present, the sick feel alone; their role is compromised. For example, a frail, elderly

woman suffers because she has given as a mother all her life, and finds it unbearably painful to be suddenly forced into a reversal of roles when her children take care of her. Finally, and most devastatingly, prolonged illness causes an estrangement from the self. The sick lose a relationship to the person they have been throughout their lives. The inability to function as before causes self-doubt. They do not recognize themselves in this new, compromised situation. The terms *choleh* and *avel* reflect the reality that the world of the sick and the grieving and that of the healthy may not feel the same at all.

The estrangement of the suffering, the sense of alienation from community, family, and self is at the center of the despair, sadness, and fear the caregiver encounters at the bedside. Illness and loss force the ill into an exile in a most profound way; perhaps it is this personal experience of exile encountered by the sick that explains why, in Jewish tradition, "The *Shechina* [G-d's presence] is above the bed of the ill."⁵ The Rabbis have explained that there is a *galut* (exile) on high that corresponds to Israel's *galut* as a people below. The *Shechina* itself is in exile, estranged from the fullness of intimacy with the *Ein Sof* (the Infinite One), even as Israel the people are exiled from their land.⁶ What abode could be more appropriate for the exiled *Shechina* than the bedside of the ill, who parallel most poignantly the heartache of estrangement? Together, they form a community of the alone.

Bikur cholim and *nichum avelim* are responses to this sense of estrangement. They represent an effort to help the *choleh* or the *avel* find community, not by pretending that he or she is a part of the world of the healthy and well, but by having members of that community enter into the world of the other, the world of the estranged. The Talmud teaches that "anyone who visits the sick takes away one-sixtieth of his or her suffering,"⁷ but adds that the statement is only true if the visitor is "*ben gilo*." Some commentators interpret *ben gilo* as meaning that the visitor should be the same age as the one visited;⁸ others interpret it to mean that the visitor must be of the same astrological sign.⁹ In either case, we are left with the challenge of making sense of the Talmudic qualifier.

In light of the preceding explication of *bikur cholim* as a response to the estrangement of the ill, the gift of a *ben gil* is quite clear. One-sixtieth of the suffering can be alleviated if the visitor identifies and builds community with the sick. A *ben gil*, one who is either of similar

age or similar temperament (as reflected in the sharing of an astrological sign) with the sick person, has a greater capacity to create an empathic bond and hence, a healing relationship. Although other visitors may provide some relief, the fullest measure (one-sixtieth) can be gained only by establishment of the deepest level of rapport, and this level is most available to a *ben gil*.

The proliferation of support groups in contemporary society reflects the wisdom embedded in this tradition. That gatherings of people facing similar life concerns, from substance abuse to child loss, have become central to recovery and healing gives witness to the unparalleled capacity of the *ben gil* to relieve suffering. Support groups are not, by definition, designed to offer solutions; rather, they create a context in which the estranged can feel a sense of belonging. For many sufferers, they offer the only sense of solace.

The laws surrounding *nichum avelim* reflect the same theme. In making a *shiva* (initial period of mourning) visit, we are mandated to sit down to be with the mourner, who remains on or near the floor. We are forbidden to initiate a conversation. We comfort the mourner by including him or her in our blessing with “all the mourners of Zion.”¹⁰ The halachic (legal) guidelines govern what can and cannot be said in the prayer service of the *tzibur* (community) that takes place in the mourner’s home. As a chaplaincy intern of mine once observed about pastoral care, “We need to slow down to keep up.” Indeed, it is in slowing down that it becomes possible to join with the other to build a community and relieve suffering during a time of estrangement.

“Because You Were Strangers”: Empathy as the Central Pastoral Tool

Building relationship with the suffering is the challenge of this unique form of *chesed* for all in the community on whom the *mitzvah* devolves. The expectation is that visitors are usually friends of the sick or the mourner, who share a history with them.¹¹ The task of chaplains, rabbis, and other professionals in this work is to develop a facility that allows them to become a *ben gil*, that is, to align at a profound level, even with those with whom they have no similarity or history. How do chaplains, rabbis, and others deeply committed to this work

develop the capacity to become a *ben gil*? From where do they draw the points of identification that make possible the establishment of a rapport at the deepest level with those who may be so different from themselves?

In his classic work, *The Wounded Healer*, Henri Nouwen called upon those providing pastoral care to identify with the sick and suffering by finding a corollary woundedness within themselves to serve as a conduit to the primary woundedness experience of the other.¹² He made it clear that this vulnerability on the part of caregivers was key to the healing relationship and that, to the extent to which caregivers could access that vulnerability, they had the potential to bring healing. In Nouwen's view, it was not helpful to enter the world of the sufferer with an aura of competence and completeness because it only encouraged the sick person's feeling of isolation. Caregivers need instead to be in touch with their own inner brokenness and incompleteness to form a community and to remedy the despair.¹³

Nouwen's paradigm is compelling. He challenges caregivers to meet the suffering by taking up residence in their world. However, Nouwen's image of the wounded healer is not a Jewish one. The Christian tradition has a wounded messiah, but the God who appears to Abraham and calls his children to imitate the Divine way is not a wounded one.¹⁴ Indeed, caregivers need to discover a point of internal identification with the suffering by entering their world. But the portal paradigm for Jews is not one of common woundedness. Jewish caregivers need an authentic and accessible paradigm that emerges out of Jewish tradition and story.

The Torah provides just such a paradigm, and it consistently reminds the Jewish people that this paradigm is at the core of their national and religious identity: "And you shall love the stranger, for you too were strangers in the land of Egypt" (Deuteronomy 10:19). Forty-five times, more frequently than any other imperative, the Torah challenges the Jew to love and to care for the stranger, and yet, one wonders how there can be a command to love. Tell us to put on *tefillin*, and we can do it; forbid us to work on the Sabbath, and we can comply; but how can we be commanded to love the stranger? Love is a feeling. How can we control what we feel? The Torah itself provides the response: "Love the stranger for you too were strangers" (Deuteronomy 10:19). To love another, we need to identify with the

other, to find in ourselves the similarity that opens the door to empathy. Precisely because we, the Jewish people, were strangers ourselves, the experience of the stranger is emblazoned on our consciousness. Because of this, we can identify with the stranger, cultivate empathy, and experience love.¹⁵

Estrangement is at the root of suffering. Caregivers must find the stranger in themselves to become *benei gil* of the other and to build a community with the estranged. The other may have a different age or temperament, a different gender, socioeconomic background, or religious knowledge and observance, but Jews know and share the experience of being a stranger; it is part of our national and religious psyche. It is not the *Shechina* alone that is drawn to the bedside because of the intimacy of a mutual journey of estrangement. All the members of the community of Israel have a history that can identify with the suffering of the stranger. Moreover, all have shared a long postbiblical exile whose most compelling component has been the estrangement from our homeland, from our G-d, and, in the most profound way, from ourselves.

In his Code, Maimonides refers to *bikur cholim* and *nichum aveilim* as rabbinic laws derived from the Torah injunction, "Love your neighbor as yourself" (Leviticus 19:18).¹⁶ The work of loving the other surely is not all or nothing. The *mitzvah* requires caregivers to move to ever-deeper levels of appreciation of the other's needs to better respond to him or her. In the *chesed* of caregiving, the love that is required is that of putting oneself in the other's place, the other's current context and emotional state. At times, the sufferer may be sad, at other times angry. Underneath it all, those who are suffering are estranged. In calling on the sense of stranger within ourselves as we extend ourselves to the suffering, we create a healing alignment and offer the love G-d asks of us.

Finding the stranger within ourselves means having access to our own stories. When visiting a man suffering with AIDS (acquired immune deficiency syndrome), caregivers may need to connect to their own experiences of feeling ostracized. In engaging a parent terrified by the illness of a child, caregivers need to identify with the terror of loss and aloneness they have known in their own lives. Although caregivers will not be able to understand completely, they can build the best community possible. The richer our own stores of experiences of

loss and suffering, the more we have to offer in the work of healing. Not surprisingly, the best caregivers are frequently those who have suffered greatly and who have had the “stranger” experience in both their national history and their personal odyssey.

Identification with the estranged should not be difficult for chaplains or those providing pastoral care. The medical culture has largely marginalized the place of pastoral care in the hospital milieu, and those of us in the field are frequently reminded that it is not a mandated service. Pastoral caregivers have argued for years that they provide an essential service and are thus entitled to a claim on limited institutional budgets and resources, but the chaplain’s place on the treatment team remains ambiguous. Spiritual well-being has become a focus of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), an accrediting body for health care institutions. Chaplains are increasingly called on to contribute to interdisciplinary treatment plans. On the other hand, chaplains’ credibility at the bedside is founded on the premise that they are advocates for the patients. They earn the patients’ trust precisely because they are seen as outsiders, similar to the patients themselves.

Moreover, if the patient feels estranged in a strange environment, dressed in strange clothes, and attended to by strangers, the chaplain often feels no less strange entering a patient’s room unbidden, attempting to win a seat at the bedside. The awkwardness of the random initial visit is often experienced as much by the chaplain as by the patient.¹⁷ Both are asking themselves in those first moments, “Do I belong here?” And yet, it is precisely that awkwardness that offers the possibility of community building and alignment. Indeed, the chaplain is the stranger, and well he or she should be. Our ambiguous position in the health care setting is helpful to our work precisely because it *is* uncomfortable. In our sense of being a stranger, we open the channel to connect with the estranged patient, creating an alignment and a healing response to the prevailing aloneness.

Perhaps for this reason, when the student chaplain visits a sick person for the first time, he or she may have a deeper conversation than one possible for the sick person’s rabbi of twenty-five years. The student chaplain has fewer interpersonal skills and surely less wisdom, and yet, the awkwardness so evident in the student becomes a powerful place of connection with the awkwardness of the patient, allowing

a sense of community that the more accomplished and sophisticated rabbi cannot engender. Visits by a chaplain from another faith may invite an even more profound intimacy than a visit by one's own clergyman, inasmuch as both chaplain and patient struggle similarly to feel accepted.

The Price and the Challenge of Empathy

There is an interesting discussion in halachic literature about whether one can receive remuneration for performing the *mitzvah* of *bikur cholim*. The distinction has to do with the form the *mitzvah* takes, that is, whether the visitor stood or sat during the visit.¹⁸ The Ran explains this distinction. He argues that performing the *mitzvah* while standing is its most basic form, and thus does not merit remuneration, whereas doing so while *sitting* with the sick is a higher level of performance of the *mitzvah* and thus may be compensated.¹⁹ I suggest that professionals in the field of pastoral care may make a different argument than the Ran's about the basis on which they are entitled to payment.

One Talmudic discussion derives the responsibility to perform acts of *chesed* from a verse in the biblical portion in which Jethro advises his son-in-law Moses to establish a system of justice. Jethro tells Moses that the judges to be appointed will "enjoin upon them the laws and the teachings, and make known to them the way they are to go and the practices they are to follow" (Exodus 18:20). The Talmud analyzes the latter half of the verse: "the way" refers to acts of *chesed*, "to go" refers to *bikur cholim*,²⁰ and then queries: If we have already derived the charge to teach *chesed* from "the way," why do we need the extra words "to go" to teach the importance of *bikur cholim*? Is not *bikur cholim* included within the larger responsibility to do *chesed*? The Talmud answers that we need the added specificity of *bikur cholim* when the visitor is a *ben gil* because a *ben gil* takes away one-sixtieth of the illness.²¹

The passage is confusing. What does the Talmud mean in requiring the extra verse to include a *ben gil*? If a person who cannot take away one-sixtieth of suffering is charged with the *mitzvah* of visiting, surely the *ben gil*, who is more efficacious at relieving suffering, should be mandated to visit. The answer is that in removing

one-sixtieth of the suffering, the *ben gil* does not simply relieve the other's suffering, but takes that one-sixtieth onto himself or herself. The *ben gil*, the visitor who identifies with the one who is ill because of similarities in temperament or age, indeed establishes a healing rapport, but at a personal cost. The *ben gil* visitor feels the other's suffering, and, in fact, might hesitate to visit precisely because of the similarity of circumstances. It is threatening and even terrifying to see oneself in the bed. Were it not for a specific charge, we might have exempted the *ben gil* from the obligation to visit, for in visiting, the *ben gil* gives more than time. The *ben gil* gives of himself or herself.

Professionals providing the *chesed* of *bikur cholim* or *nichum avelim* are charged to become the *ben gil*. They are called on to identify with those who suffer in estrangement and to facilitate an alignment for healing. The work is not without consequence. As indicated earlier, the marginalization that chaplains experience in the health care setting engenders a helpful, but nonetheless hurtful, sense of estrangement. Entering into one's own persona of the stranger during a visit will indeed help alleviate the suffering of a *choleh* or an *avel*, but at a cost. Caregivers taste the very suffering they hope to relieve. Becoming a *ben gil* is the performance of the *chesed* of *bikur cholim* in its highest form. Chaplains and others providing emotional and spiritual support give of *themselves* to do the *mitzvah* and are therefore entitled to remuneration. They have gone beyond the expected; they, too, have gone into *galut*, if only for a while, to build a community in exile with their suffering brothers and sisters.

At times, the challenge of becoming a *ben gil* is not so much the difficulty in finding an inner story that matches the experience of the sufferer, but rather, of separating the sufferer's experience from one's own. Having had experiences similar to those of the person in the bed can sometimes make visiting too difficult to be healing. A woman chaplain who has recently had a mastectomy may be unable to offer relationship to a woman of her age with breast cancer. It is not that she does not understand, but that she understands too well, and the nearness of the experience makes it too painful to reenter. To become a *ben gil*, one needs both to have had an experience similar to that of the other and to have successfully integrated that experience so that one can revisit it without becoming overwhelmed. An emotionally defenseless chaplain is as unavailable to cultivate healing relationships as

an overly defended one. The ongoing challenge for chaplains is to live in a community in which they can feel safe enough to be vulnerable but secure enough to ask for help.

The challenge of taking on the persona of the stranger, if consistent with the experience of the chaplain, is quite at odds with the persona of a rabbi in a congregational context. As spiritual leaders of synagogues, rabbis are primarily identified as teachers. The Talmud makes clear that the role of teacher calls for a different paradigm: "If the teacher can be compared to an angel of the Eternal of Hosts, then seek Torah from him. If not, then do not seek Torah from him."²² The rabbi as teacher is expected to model a level of scholarly accomplishment that the student does not yet possess. Unlike the role of the rabbi as caregiver, which calls for *vulnerability*, the role of the rabbi as teacher demands excellence, competence, and a kind of invulnerability. Becoming a good educator requires the rabbi's knowing, competent, "angel"-like qualities. However, this distances the rabbi from access to the internal "stranger," which allows him or her to empathically relate to sufferers. Undoubtedly, much of the disappointment congregants express about the pastoral abilities of their rabbi is rooted in this paradox.

The challenge for rabbis and cantors serving communities and families during the vicissitudes of life is to cultivate both aspects of themselves. To teach Torah effectively, they must indeed model the spiritual integration and excellence of angels. To do *chesed* and to demonstrate leadership in healing the suffering, they must humble themselves to enter the world of the other through sharing the experience of estrangement and vulnerability. This is no easy task. It is made more difficult by the fact that the image of "angel" and of "stranger" present striking contrasts. The rabbi or cantor is called on, not to reconcile the images, but to have the maturity to contain and to use both in facilitating growth and healing. To be successful in the caregiving role, rabbis, cantors, and pastoral caregivers have to find a caring community supportive of their vulnerability.

Conclusion

The implications of the themes presented in this chapter are clear for the provision of emotional and spiritual care in the Jewish community.

The suffering experienced in illness and loss is rooted in a sense of estrangement from community, family, and self. The responsibility of the community and its caregivers is to build a rapport with the suffering by summoning the experience of the stranger in themselves. Chaplains and those professionally committed to performing this *chesed* need to develop more than good attending skills and the desire to help. They need to develop the capacity to join the predicament of the other by temporarily surrendering the secure self that lives in the world of the healthy and whole and embracing the dimension of the self that knows what it means to be a stranger. In this way, they are able to take up residence in the world of the suffering. To bring healing and hope, they need to have the courage to suffer. Is it any wonder that the Talmud describes a host of life blessings that will be granted to the one who performs the *mitzvah* of *bikur cholim*?²³ To do it well requires more than presence; it requires personal preparation, discipline, and sacrifice.

Notes

1. BT Nedarim 39b.
2. BT Sotah 14a.
3. See James G. Emerson, *Suffering: Its Meaning and Ministry* (Nashville: Abingdon Press, 1986).
4. Soelle, Dorothee, *Suffering* (Philadelphia: Fortress Press, 1975).
5. BT Nedarim 40a.
6. See BT Megillah 29a.
7. BT Nedarim 39a. Various versions of the text differ as to whether the visitor alleviates one-sixtieth of the "suffering" of the sick or of the "illness" itself.
8. "Either young like him or an elderly visitor for the elderly," Rashi, BT Nedarim 39a.
9. Rabbenu Nisim (Ran), BT Nedarim 39a.
10. The traditional words used to comfort the mourners are: "May you be comforted with the mourners of Zion and Jerusalem."
11. See Keren Orah's (BT Nedarim 40a) explanation of the Talmudic passage citing the rewards promised to those who visit the sick. Among the rewards promised is that one will have good friends because the primary way of performing the *mitzvah* is with friends and contemporaries to whom one thus demonstrates closeness.
12. Henri J.M. Nouwen, *The Wounded Healer* (Garden City, N.Y.: Image Books, 1979), pp. 82ff.
13. Nouwen, *Wounded Healer*, p. 94.

14. Nouwen does indeed use Jewish sources to support his image. He refers to the Talmudic account of Rabbi Joshua ben Levi who met the Messiah sitting at the gate among the poor covered with wounds (p. 81). However, Judaism, unlike Christianity, does not charge its adherents to imitate the Messiah.
15. Nouwen argues for a similar healing model by dint of different symbols. He identifies the woundedness of society in general and of clergy in particular as rooted in the inherent and pervasive experience of loneliness.
16. Hilchos, *Avel* 14:1.
17. See Lawrence E. Holst, "The Random Initial Visit," in *Hospital Ministry: The Role of Chaplains Today*, ed. Lawrence E. Holst (New York: Crossroads Publishing, 1985), pp. 68–81.
18. The Talmud prohibits accepting payment for the mitzvah of visiting the sick (Nedarim 39a).
19. Ran, BT Nedarim 39a. For a fuller discussion on the theme see Shita Mekubetzet, Nedarim 39a.
20. BT Bava Metzia 30b.
21. Ibid.
22. BT Chagiga 15b.
23. BT Nedarim 40a.

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