

A Christian-Jewish CPE Experience in Australia: The Boot is On the Other Foot

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Summary

This reflection on the experience of supervising a group of Chabad and Orthodox Rabbis as a Christian illustrates how respect for difference creates a safe environment for learning.

In this article I will describe how I, as a Christian supervisor with the help of another Christian co-supervisor in training, worked with two groups of Chabad and Orthodox Rabbis.¹ I will demonstrate how I worked with these men in order that they might learn firstly, some pastoral skills, and secondly to relate their faith to their ministry experience in theological reflection.

In 2011 and 2012, I had the unique opportunity to coordinate and supervise two CPE (Clinical Pastoral Education) Units of Chabad² and Orthodox Rabbis. This had never been done in Australia before, although several CPE Centres, including ours at The Alfred, had supervised individual Jewish participants within their units of CPE. The initiative to form a specifically Jewish CPE group came from a senior Chabad Rabbi through the Healthcare Chaplaincy Council of Victoria, Inc. The Alfred Health and Community CPE Centre offered to run the Unit and this offer was accepted. This made good practical sense as the hospital is situated near a Jewish residential community in Melbourne and has many Jewish patients and staff. Currently there are no Jewish CPE Supervisors within Australia, hence the need to approach Christians to run the Unit.

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Beginning a new course, especially one as different as CPE, can be quite anxiety-provoking for students. In this case, the boot was on the other foot in the sense that I was the anxious one confronted with differences in religion and dress. I had experienced a single orthodox Jewish student in a group before, but never a group of professional religious leaders, who were even more strict than traditional orthodox Jews. The strictness in terms of things I myself must not do in their presence, e.g., sing or pray, was outlined very clearly while I was negotiating the course with their senior rabbi. So while they were learning about pastoral care, I was learning about Lubivitch Judaism and how they understood pastoral and theological issues.

I had some preconceived ideas of my own about Orthodox rabbis, which turned out not to be important, but there were other surprises along the way, which I realised were important. One unimportant issue was the fact that I was a woman. I had assumed that because women may not lead Orthodox synagogue worship, they might not accept women as leaders in other fields. In hindsight, I realise that I had extrapolated from the Christian fundamentalist position of “male headship”³ that this would be how the Rabbis would think about me as the group leader also. It was not the case at all, as they deferred to my pastoral experience very readily, and there was no question that they respected me as the senior supervisor and coordinator of the group.

Another of my expectations, based on seeing Chabad Rabbis, whom I’d never met, in the hospital corridors as they came to visit their congregants, was that I assumed they would be very serious and bordering on dour. This characteristic would have reflected their appearance in the corridors. The opposite was the case, and I was delighted to be included in their light-heartedness and joking, often at their own expense.

There was another way in which the boot was on the other foot in this group. I now started to realise how much translating a single person of another faith tradition needed to do when they were in a Christian CPE group. By translating, I mean that terms we Christians use freely may not always be terms used within other traditions—terms such as ministry, theological reflection, or services of worship. These differences in terminology could be named and spoken about within this group, and I often did name it as a way of being respectful of our differences and stating the fact that the terminology I used might not be used by them. At the same time, I believed that they did in fact do ministry and theologically reflect. This became a more important aspect to work with in the group, as it was often difficult for them to under-

stand and translate for themselves what I might mean in my explanations. The most important of these translation difficulties was the idea and practice of what I called “theological reflection,” which they told me they didn’t do. They didn’t even do theology I was told! (I have since come to realise that there is also a translation difficulty for more evangelical Christians—and Moslems and Buddhists—in the understanding of the practice of theological reflection.)

PHILOSOPHY OF CPE:
EXPERIENCE IN CONVERSATION WITH TRADITION

Apart from learning practical skills of relating interpersonally, I believe the core CPE training is related to facilitating the patient with the meaning-making of their experience. Human beings need to try and make sense of life and their experience in order to cope. In the healthcare setting, there are several disciplines who are working with patients or residents to facilitate this, such as Social Workers and Clinical Psychologists. However, what makes chaplains and pastoral care workers valuable alongside these other disciplines, is that we use counselling-type interpersonal skills to relate the patient’s experience to their belief system. This is important if we are to keep our identity and integrity within a multi-disciplinary and secular setting and have some reason for being there apart from supplying religious services. Everyone has a belief system and spirituality, even those who claim they are not religious and have no links with organised traditions of belief.

Within the CPE learning process, students learn to understand the elements of the other person’s experience through reflective listening skills. The group presentations of their ministry interactions or verbatims give a context for teaching these listening skills and diagnosing the pastoral or spiritual issues.

Part of the diagnosis of the patient’s issues will include a spiritual assessment, however informally this might be done. This then enables the student to guide the patient into reflectively looking at what their experience, as just related, might mean in terms of their ultimate values and meaning. I call this process theological reflection.⁴

Killen and de Beer, in their book *The Art of Theological Reflection*,⁵ explain this process extremely well. They write of the importance of giving due weight to both the experience and the tradition, not trying to fit one into the other, but allowing them to converse with each other, as it were, even if

that is not always a comfortable process. In my supervision, I aimed to teach the Rabbis this art of conversation between the two, as they were evaluating their pastoral experience from the standpoint of Certitude in their tradition,⁶ which often meant they did not hear the full content of what was being shared with them. I believe it was their trust in my pastoral experience that enabled them to listen to my challenge to explore the conversation of tradition and full experience, along with evidence from their own experimentation with responding pastorally as a way into religiously appropriate ministry that combined to enable the breakthrough. I saw the process of moving from certitude to experience for these students as similar to that of moving from experience to tradition, in that my role in both instances was to open up their insight into the richness and fullness of the other's position. The fullness of the position then spoke for itself.

I often helped these rabbis to see the depth of the experience of the other which they had written about. (I also had to learn not to call this process 'theological reflection,' because that name was a culturally religious stumbling block for them.)

Learning to theologically reflect is important not only for the patient's meaning-making process, but also for long-term sustenance of the pastoral care worker and chaplain. In our pastoral role, we hear about much suffering and without our own way of making sense of it or, at least, wrestling with the experience-tradition "conversation," we won't have the ability to sit with our patients as they encounter suffering, or be sustained ourselves when they do.

PROCESSING THE PASTORAL ENCOUNTER EXPERIENCE

The practical placements for the Rabbis included aged-care facilities, The Alfred Hospital, and their congregations. Initially, they did not place much importance on listening to the patient's story, but were more intent on guiding and teaching. Within the aged-care facility, this might mean visiting the residents and helping the men put on *tephilin* and praying with them. However, when they presented their early verbatim, they described how the residents would start by telling them something of their life story. For some, this included surviving the Holocaust, and for others it was the loss of a spouse or child or their family home. In the early days, their analysis of the encounter focused more on prayer as a way of both parties meeting their Jewish obligation. I encouraged them to broaden their understanding of the experience

by asking what they thought was going on for the resident as they talked about their lost spouse, for example, asking them how they thought the resident might have felt, and what details they observed around feelings, such as any body language. I then asked them how they felt as they listened to the story. They could readily identify that they were often extremely moved, and the more we did this exercise the more able they became to name their many emotions. This realisation became important later on as they were able to name this empathetic feeling as a way of Jewishly visiting the sick and reflecting on the *ben gilo* or right inner disposition for visiting. They also learned to use feelings as a window into identifying what might be pastoral or spiritual issues for their diagnosis.

PROCESSING THE RELIGIOUS TRADITION IN THE ENCOUNTER

Initially, in their verbatim analyses, the Rabbis would identify which part of the Law, or Halakhah, applied to the pastoral experience. I explained that I wanted to explore where and who G-d⁷ might be for the resident or patient. They laughed when I asked about “where” G-d might be, as they just said “everywhere!” I personally found it quite confronting when they named G-d as being present in a cancer, for example, or when they said that G-d was everywhere. I would prefer to name G-d as being in the person coping with the cancer, rather than being in the cancer. I just accepted their understanding of where God might be because I was more interested in exploring “who” G-d might be for the other person. This proved a more difficult idea to explore, and my co-supervisor and I explained it in several different ways as we tried to get the concept of reflecting “theologically” across.

Each morning, before the seminars began, the Rabbis would take it in turn to present a spiritual reflection. This was in place of any worship or prayer, which they were not allowed to do in my presence, and also the room we were using was not suitable as it had a picture of a former matron. I pointed out that these reflections, in which they often took the Torah portion for the week and used it to reflect on an aspect of pastoral care, was exactly the kind of thing I was asking for as part of the verbatim analysis. Reflection like this was what I called “theological reflection” and could be used to reflect on the experience as well as on pastoral care.

Eventually my co-supervisor used this image to explain that we were wanting to explore what went behind the Law, the understanding of G-d which made sense of the Halakhah. This was his metaphor:

You guys are driving around town in a magnificent Maserati sports car, and I want to ask you to pop the bonnet so I can have a look at the engine. But you seem to be saying that you just drive the car and don't know anything about the engine; you just worry about the pedals, the brake and accelerator. One Rabbi responded that this was right. There is a terrific engine there, but they are so preoccupied with how to sort out the pedals while driving, all 613 of them, that they don't think about the engine.

This metaphor gave me a tool to use in explaining what I meant by theological reflection as a way of exploring G-d, or the meaning behind the experience, rather than just looking at the way to live through it religiously. I believe that one aspect of their training which made it doubly difficult for the Chabad Rabbis to reflect in this way was that most of their training focused on the Halakhah rather than the Torah and the rest of Scripture, and also, they had little "western-style" education in arguing and reflecting outside of their Torah classes. I encouraged them to use this Torah class questioning approach in their reflecting on the experience, but they struggled to transfer this skill.

The breakthrough for the Rabbis in their understanding came when they wrote their Integration Paper. I ask students to do a 2,000 word essay integrating their pastoral experience during CPE with either their theology or some pastoral theory. Several of them chose as their topic *bikur cholim*, or the visiting of the sick, which is an important *mitzvah* of the Law. As they wrote about what *bikur cholim* and *ben gilo* meant, and traced their own development and skills in pastoral practice, they could see that what they at first thought of as a Christian practice, i.e., pastoral care, was in fact very Jewish. It was exciting to see the Rabbis rejoice in this understanding.

CONCLUSION

In conclusion, in order to demonstrate the benefits of the CPE process for these Rabbis and the ways I saw I could help them understand the reflecting on experience and tradition, I will quote from a couple of their Integration Papers and Final Evaluations.

The following example shows one Rabbi's understanding of the benefit of listening to the experience as a way in to guiding a person religiously. He wrote:

One instance was of a groom, who kept telling me of the difficulty his wife's family was causing on his marriage day arrangements. This is quite a common concern that comes up. The Rabbi as the guide would delin-

eat the important and specific roles everyone should play according to Judaism as well as common sense. But sometimes it is better just to sit and listen and care and allow the person to feel the comfort of that.

This was a great understanding of how he might now offer pastoral care, and then the religious matters would be better attended to.

Another Rabbi wrote:

Great example of eventual rapport was with X. His first reaction when he saw me was: "I'm not religious!" Theoretically this could be the end of our conversation. However, it didn't turn me off. I smiled and said: "But you still deserve a visit!" This enabled us to start a conversation that eventually led to his spilling all his hard feeling about the Jewish community and G-d that he was carrying in his heart for over 65 years! Being there for him, listening empathetically, validating his feelings enabled him to free himself from heavy emotional baggage he was carrying for years. I could see visible change in him when I was leaving 40 minutes later.

This again demonstrates how he understood the importance of listening to the patient's story and experience as the first step of pastoral care.

From an Integration Paper, one student wrote:

Before I started this CPE course, I always felt that when I spoke to a sick man or someone who has just lost their relative, I didn't hit the point, I felt there is something missing in our conversation. Little did I know that I was not doing it correctly. When I learned of this theory of *ben gilo* I understood that our conversation wasn't a *ben gilo* conversation.

This Rabbi had discussed in his paper the idea of *ben gilo* as creating an empathetic relationship with the patient by finding something within one's own experience which relates to that of the other person, and he quoted Deuteronomy 10:19: "Love the stranger for you too were strangers." This was a beautiful example of his theologically reflecting on the practice of pastoral care, rather than on one patient's experience.

In a Final Evaluation paper, another Rabbi wrote:

CPE has been a real eye opener. All of us were sceptical; the main thing I will walk away from this course with is that we are only there for others. Therefore we must be sensitive to their needs. I am already more careful with what I ask, say etc. Since visiting the sick is a Mitzvah this is thus enhancing my religious life as well.

These Rabbis found a way to reflect "theologically" and in their own way about their practice of pastoral care and visiting the sick. They felt safer having the 'conversation' between their experience of pastoral care and their tradition within the framework of the Integration Paper rather than in

the verbatim analysis, and I gave them the space to find their own way into the process of theological reflection. They could also celebrate their newly-learned skills of listening, which then enabled them to have deeper and more meaningful conversations with their patients and residents. As their supervisor, I was also excited to see their development and celebrate their learning with them.

NOTES

1. I know that the correct plural for Rabbi is Rabbonim, but Rabbis is the term used by non-Jewish people in Australia.
2. These Rabbis were Lubivitch Chabadi, which is a branch of Hasidic Orthodoxy within Judaism. Lubivitch Jews originated in the town of Lubivitch in Russia 250 years ago. It is a philosophy developed by its seven leaders or "Rebbs" and is very vibrant within Melbourne Jewry.
3. Christians who espouse "male headship" theology do not accept that a woman can teach men in any religious context, and men are the leaders within marriage and the home.
4. We ended up abbreviating this to TR, and the rabbis then thought of it as "Torah Reflection."
5. Patricia O'Connell Killen and John de Beer, *The Art of Theological Reflection* (New York: Crossroad, 2012), accessed April 11, 2014, <http://www.bishopdale.ac.nz/documents/TheArtTheologicalReflectionSml.pdf>.
6. *Ibid.*, 4–9
7. I use this way of writing out of respect for my Jewish colleagues.