Encountering THE EDGE

WHAT PEOPLE TOLD ME BEFORE THEY DIED

Hospice Chaplain
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Introduction

"Hey Doll!"

Barney's Unconventional Greeting

As I walked into Barney's room a few doors down from the nursing home lobby, the last thing he wanted from me was pious talk. Knowing that I was a rabbi added an extra kick for the way he greeted me. You see, every time I visited him, he tested me with a forbidden-fruit glance and called out, "Hey doll!" Given the circumstances of Barney being in Act 3 Scene 3 of his life, I was charmed rather than offended. When we had first become acquainted, he was so surprised a woman could be a rabbi.

"I guess I wasn't in the know about these kinds of things," he said, looking embarrassed. "It's been a long time since I've had anything to do with Jewish stuff."

When I asked him why that was, he hinted at a life permeated with shady dealings. Skirting the edge of legal and illegal activities, he had drifted from place to place. Now homeless, he had no place left to go but this nursing home in a Newark neighborhood so iffy, the only safe time for me to drop by was in the morning.

The hospice social worker educated me that criminal types like to sleep in and get their day started in the afternoon. As it was, I saw a dense line of police cars just blocks away from the nursing home, primed for another tumultuous day.

Some weeks later, during one of my last visits with Barney, I hazarded a reference to some Jewish songs and prayers. He was stunned that a prayer beginning with "Hear O Israel" (the most well-known Jewish prayer and referred to in Hebrew as "the Shema") sounded familiar. Hearing me talk about prayers he had not heard for decades, he was taken aback that they comforted him. "Funny how things come in a circle," he reflected. "I heard Hebrew when I was a little kid, and now," he made a face signifying that he did not have long to live, "I'm hearing about it again." He had come home to his Jewish heritage.

At our last visit several weeks later, Barney was almost unconscious. The nurses on the morning shift said he was not responding anymore. But when I came in and said, "Hey doll!" he lifted his left brow and smiled ever so slightly before resuming his voyage onward in the untroubled waters. I sat with him awhile, thinking about my own penchant for flirting with the playful aspects of religion, and for having sought out a vocation that would be full of surprises at every turn.

Throughout my seven-year career of encountering people at death's door, friends and family have puzzled over my offbeat

choice of career. "Isn't it depressing? Doesn't it get you down?" easily take first place for the most frequently asked questions. Other top contenders I get include:

"What do people near the end want to talk about?"

"What do you say to them?"

"What wisdom do they share?"

"Come crunch time, what do they really believe will happen to them?"

"How do they cope with knowing their time is near?"

And one of my own favorites, which even the patients themselves ask:

"Why do you want to do this kind of work?" (Read: "Why on earth would you want to? You must be a little strange.")

Some people persist with even more intrusive inquiries such as, "Doesn't this work make you think about your own mortality a lot? Have you ever seen anyone die right in front of you?" And most aggressive and most revealing of all about the questioner's fear of death: "Are you sure you should be writing a book like this?" Some people have been so upset about my writing this career memoir, you would think I had self-sabotaged hopes of finding an audience for this book by calling it *Disturbing Confessions of a Hospice Chaplain: Terrifying Tales*.

But then again, you may be curious about how my visits with people from all walks of life have shaped my beliefs about the meaning of life and the nature of the hereafter. You might wonder what you would witness if you could invisibly accompany me on my visits. You might wonder what it is like to constantly improvise

how to respond depending on the patient's personality, mood, presence of family or of medical professionals, ethnic and racial background, and even socioeconomic level.

If you are nevertheless ambivalent about reading about this subject any further, it may hearten you to know how I myself reacted when United Hospice of Rockland in New City, New York made me my first hospice employment offer in 2005. It does not take much to imagine how I hesitated over this sharp turn in my career from pulpit to bedside. What was I getting myself into? Talk about encounters with the edge! I took a deep enough breath that would have pleased any yoga instructor and told the interviewer, yes (slowly exhale), I'd take the position. She told me the job would start the very next day, so I did not even have any time to emotionally transition from leading a congregation to being a chaplain under a nursing supervisor in the rule-filled world of health care.

But the result of that yes has often been privileged access to persons and their families during some of the more intimate and meaningful moments of their lives. What you will see here are recollections of some of these slices of life: some humorous in their own right, some edgy, some peaceful, some sad, some odd, and some uplifting. You will also find an inside look at spiritual and emotional issues that arise in hospice care, such as interfaith conflict, remorse, doubt, and guilt. These are not so much stories about death as they are about people's lives in the moment I see them. They reminisce over their experiences, thoughts, and actions whether past or present. They care about family issues just

as we all do at any other stage of our lives. The aim of each anecdote in this book is to portray how the moments in question were adventurous, inspiring, meaningful, perplexing, or otherwise authentic to those present. As you peruse these tales, you may in turn have these reactions, or at least get a glimpse into a time of life that was a fertile ground for the patient's search for meaning and for the affirmation of what each valued most.

When I told friends and family that I was going to write about my encounters as a chaplain, one friend cheered me on saying I would be preserving intimate spiritual events that many people would otherwise not know about. Moreover, he said this collection of stories would be my legacy. Mentioning my legacy is fittingly ironic, as much of my job is to encourage others to ponder what their legacy is, and to construct their life's meaning by doing so. For me to be the one considering my own is a deserved challenge.

Unlike many other books I have seen about hospice chaplaincy, this one is not about inserting any agenda overt or hidden to influence your religious beliefs or non-beliefs one way or the other. Some people are unaware that professionally trained chaplains do not visit clients to preach or persuade them of the superiority of a specific religion. As you will see, I aim to be like an amplifier that boosts and affirms the spiritual and emotional self-awareness of those I serve, whatever their beliefs, be they religious, spiritual, or secular. With no conscious intent to persuade them of anything, I seek to open myself to whatever they want to convey to me. And so I expose myself not only to the great unknown of death but to its unknown impact on each person's beliefs and priorities that fall

under its shadow. In a word, this book will make you privy to the dramas played out in these disquieting yet revealing moments.

One last thing which I must note before proceeding any further is the issue of confidentiality. Like congregational work, and like healthcare work in general, hospice service requires absolute confidentiality. No one else but fellow members of the hospice team such as the nurse or social worker is privy to what I say or observe about a given client. Nor is that divulged even to them unless it enables better holistic care. Thus, all the names in this narrative are pseudonyms, with no other conceivable identifying factors such as dates of the visits.

Everything else about these visits, however, is genuine. I have not, as a strikingly large number of friends and family have suggested, "enhanced" any of these tales. I have not made them more dramatic, or combined elements from one encounter with those of another. There is no need, as especially in the world of hospice, truth is not only stranger than fiction but is at least equally compelling. The only difference between this narrative and my day-to-day work is that many of the days are routine, with no particularly outstanding encounter to remark upon. On such days there are no families who wish to see a chaplain, leaving me to stop in the nursing homes to make sure the patients there are not in pain. Often these patients are asleep or minimally responsive or indifferent to the visit. On those days, the sadness of lives ebbing away just adds up, with no apparent benefit from my presence except in the occasional instance where I do see signs of pain such as moaning or rigid body posture and I report such things to the nurse.

As I was agonizing over what to call this book, and believe you me I did agonize, my husband Steve was skeptical about the first part of the title. "Encountering the edge how?" he asked. I replied, "Well, I was thinking of people like a mountain climber or an ultra-marathoner or those scientists who work real close to an active volcano." Unlike those adventurers, I do not put myself in physical danger, but I do face emotional danger. I jump into interactions that can be laced with escalating anxiety or impotent anger displaced onto me or through me onto God. But on the plus side, just like the ultra-marathoner, I undergo moments of exhilaration such as when a patient experiences spiritual healing or suddenly gains an insight into the meaning of her life. So as a hospice chaplain, I am living on the edge with its perils but also its joys. Not only that, I think using this expression about my work reveals a deeper reason for choosing it. I have taken on a challenge which forces me to see what stuff my beliefs are made of when applied to people facing suffering and death. I have taken on a dare to tear myself away from the false comfort of stock responses and to instead stand next to my clients as they totter at the boundary between the known and the unknown.

I think my personal temperament as a quiet person has a lot to do with my compatibility with this career, too. Countless patients, families, and interviewers have described my soft, low-pitched voice as soothing. I have imparted a tranquilizing presence as far back as I can remember, like the time my parents took my brother and me to see a great aunt and some other relatives in Philadelphia. That night, my brother and I were asked to decide

who was going to sleep in which room with which relative—or rather, my brother, by right of seniority, did the deciding. He chose to be with the ones he deemed the more entertaining relatives, while I was relegated to my great aunt, in my young eyes a stuffy old lady. After both she and I slept well through the night, she said, "I haven't been sleeping well. But last night I slept like a baby." That was my initiation into learning I could "enter the quiet immensity of my own healing presence" (John O'Donohue).

Visiting a patient for the first time might be like how deep sea divers feel as they are about to take the plunge. I do not really know what I am going to encounter until I come face to face with the patient and the give and take between us springs into life. The information on the medical records does not tell me much. What little there is states the disease, age, ethnicity, the pain treatment plan, and includes other information such as whether there are young children in the home. As for the spiritual component, I am lucky if I get the name of their religion. Take my first visit to Lynn, for example. This patient summoned me to her home (as the family told me on her behalf) with a peculiar stipulation: that I only visit her one single time. Usually patients decide this sort of thing after, not before, meeting me, and not for very flattering reasons. The exception is when all they wish for is a prayer good for onetime use only. I figured Lynn had some unresolved question and that after she got the answer to it she was going to conserve her future remaining energy for other people. For many patients, even speaking a few words, even opening their eyes, exacts a high percentage of their available energy, much as walking for several miles would deplete mine.

Upon entering her bedroom, all curtains drawn and no lights on to compensate for the dusk-like atmosphere, a hospice volunteer named Pam was finishing up a Reiki session as Lynn reclined on a velvety brown couch. Hospice volunteers receive training over a two-month period and then a volunteer coordinator assigns each person to one or two patients. They often are drawn to this service as a way to "give back" for help they had received for loved ones on hospice some time ago. As I watched Pam's hands hover over Lynn's outstretched legs, she explained that minimizing the light in the room made Lynn feel more relaxed. I felt a calm yet alert atmosphere among the three of us.

Pam let me know that Lynn communicated just by moving one sole finger. "She used to move more of her hand, but now that is all that is left for us." Along with taking in the sadness of the implied drawn-out history of one loss after another, it was going to take a lot of intuition to figure out why Lynn wanted me there. Even if I could come again, she might not be conscious anymore or even alive. As I looked at her inquiring face, I thought about the concerns that all humans have. I thought about what every single one of us wants to know such as what our life story has amounted to. I knew that if I could guess her question and answer it, she would invest the effort to make that finger move.

As I tell you this story about Lynn, I think of Alice. B. Toklas' account that Gertrude Stein's last words to her devotees surrounding her deathbed were, "What's the answer?" When no one replied, she then queried, "In that case, what is the question?" Maybe this was Gertrude Stein's idea of having the last laugh.

But when I was with Lynn, knowing that she was aware I was a chaplain and for that reason had asked for me, I decided to ask and answer the most fundamental spiritual question there is if you get down to it: what is the meaning of life? This in part has to do with our legacy. Sensing the supremely caring atmosphere we were in, I answered, "We are here to both receive and to give love." Her hand relaxed. Her finger from the knuckle up painstakingly moved up and down as if nodding, "yes yes yes."

Chapter 1

"You're Too Nice Looking to Work for Hospice"

Being Made Welcome to My New Career

I started looking for hospice work in 2005 as I wrapped up a three-year contract with Progressive Temple Beth Ahavat Sholom in Brooklyn, New York. Though I had my share of detractors while serving there, I did have my ardent fans as well. As my contract was drawing to a close, I interviewed for pulpit as well as hospice positions, being ambivalent about leaving congregational life. The congregation was unaware that I was considering serving at a hospice. As of yet unannounced to a soul, soon after I got the offer from United Hospice of Rockland, one of these fans said, "Rabbi, I don't care how far away your next post is, I will follow you there." I told him I was overwhelmed with his faithfulness and touching sentiments, but that he would not want to fulfill his vow as the only way he would be following me would be as a hospice patient! A portrait painter would have had a heyday capturing the motley crew of emotions all over his face.

And that was one of the more positive reactions to my announcement of my career plans. One person made such an expression of disgust you would think I had already ritually defiled myself from contact with the dead as described in the Book of Leviticus. He was afraid I would be contaminating him in no time. Sure enough, he backed away from our remaining opportunities to get together over coffee. Someone else, upon hearing the news, raised his arms as if to protect himself, emitted an "Oh!" looked away, and retreated a step or two. Mentioning my new career to my congregants definitely was a way to throw a curveball into a conversation. (Nowadays, there is a mischievous part of me that sometimes gets a kick out of springing this surprise upon unsuspecting listeners such as fellow Bed and Breakfast guests.) Yet another congregant gave me a knowing look, saying "That is just the kind of job that would suit you." Maybe I was imagining it, having been stung by the premature end of my tenure, but it felt like the subtext of that remark was "A pulpit rabbi you should not or could not ever be." I had visited her a number of times for bereavement care, listening to her accounts of family lost in the Holocaust. Another reaction, from multiple members of the congregation, was "Oh, so you're retiring!" So onward I went, with all these votes of confidence, to life at the edge. (Though to be fair, some people greatly respect and marvel at this form of service.) And as with all new challenges, I was indeed on edge about what lay ahead.

In addition to dealing with those often skeptical responses, I was not sure how a handicap of mine would play out in this

new setting. I have a listening disorder that is hard to explain and therefore hard to get people to make adjustments for. When I hear other sounds the same time that I hear speech, my brain does not allow me to ignore the extraneous sounds and focus on the speech. I hear everything, but what I hear takes some wrong turns as the brain interprets the sounds. So when I am with friends in a restaurant for example, the conversations at the other tables, the sounds of dishes being washed, the background music, and especially the sounds of coffee makers, all compete to make hearing my friends a fatiguing enterprise. This is probably what it is like for a person communicating in a second language that they do not know very well. As I discovered, nursing homes are full of noise, and sometimes the patient I was visiting spoke softly, so I did what I could to steer the patient out of the common areas and into her room or some quiet nook. (I may have what is called "Central Auditory Processing Disorder," but I never have sought a formal diagnosis.)

I had to contend with this problem from the start with my colleagues, too. If an air conditioner was rattling away at a meeting, I had to concentrate very hard to understand what they were saying. If the door was open with the copier chugging away, same effect. No matter how closely I concentrate on what people are saying on the job or off, I can guarantee you I miss a certain percentage of what is being said. More often than not, there will be some background noise which the normal brain unconsciously and automatically screens out but my brain doesn't. So if a social worker and I were standing in a hallway to discuss a patient, and I

heard a car going by through an open window, I would miss some of what she was saying until the sound of the car faded away.

Even when I forewarn my colleagues and friends about this listening disorder, they often forget about the problem or misunderstand it and think I am partially deaf. Moreover, my processing of speech in a noisy place takes longer, and so I confuse and annoy people with my slow reaction time. A fellow chaplain once told me that talking to me is like when a newscaster on TV says something to another one at a different location, and there is a brief delay before the latter hears what is said, and then finally responds. And so that is why I revere and seek quiet, or at least am grateful when I can hear one thing at a time, be it a conversation, a piece of music, a colleague's report, or the change in a patient's breathing from labored to relaxed and steady. I listen, and as I encounter each new patient, I wonder, like an explorer of new worlds, what unique features will come my way.

In the first weeks of my first hospice job, I had plenty to adjust to. First, I had to learn how I knew which patients to contact. At any given time, a certain number of patients are on the hospice program and they usually get there via a referral from their doctor. They have to fit criteria that more or less predict that given the usual course of the disease, the patient will live for about six months. Some of these criteria are unplanned substantial weight loss, increased sleeping, incontinence, loss of interest in life, and of

course the malady itself such as cancer or heart disease. Once admitted, the patients might be living at home, in a nursing home, in an assisted living facility, or be in the middle of a hospital stay. At some hospices, they might also be in that hospice's residence. Unless a patient or family member explicitly asks the admission nurse to tell the chaplain not to contact them, my initial task is to phone them. Then if requested, within five days of admission, I visit each new patient. After the first contact, I make further visits depending on the needs and wishes of the patients and their families.

So practically the first day at my new job, I had to telephone a list of forty strangers during a crisis situation in their lives and see if they wished to have an unknown quantity like me drop by to visit for spiritual support. Meanwhile, the Christian chaplain Bruce was telephoning his forty families, as we both got hired at the same time. There we were, in a building filled with about one hundred employees, from human resources personnel to bookkeepers to medical record coordinators to all those who are said to "go in the field" such as nurses, social workers, music therapists, home health aides, and of course chaplains. As I made the calls, I was relieved at how courteous the families were; I must have figured that under such an emotionally volatile situation they would have directed their anger and helplessness at me. I was so nervous that day I was glad that most of them declined my offer to visit or even call again. It was hard enough just learning how to document online; computers have to be extremely user-friendly for me to catch on quickly. For each call and visit, I had to enter

what happened in their medical record, even if it were a short note like, "No chaplain desired at this time."

The main reason I was relieved not to have to make many visits initially was that I had to learn all new driving directions—starting with, as I left the building, should I turn left or right? And where was that back entrance again? In those days, I did not have a navigator, and I was more phobic about learning new directions. Some of the patients lived nearby, but government rules allow hospices to admit patients who are as far as fifty miles away from the agency building. To admit a patient more than that is not allowed because it could take too long for a member of the team to get there and give urgently needed assistance such as pain relief.

When two or more chaplains are working at the same agency, one of the tricky logistical tasks is to figure out which chaplain gets which patients. Aside from special requests for a chaplain to be of a certain religion, the main criterion for dividing up patients among chaplains is geography. But this is not easy, as of course each chaplain would like to visit patients that are either close to the agency or who live close to the chaplain's own home. My husband likes to kid that when I telephone patients who live fifty miles away, I should say, "You don't really need a chaplain today, now do you?" Traveling for visits could get very involved too, because patients can be scattered in all four directions (theoretically up to one hundred miles away from each other) and not necessarily be clustered near each other. On a big travelling day, I can easily log 130 miles including the commute to and from the office. The logistics can get even more complicated when one chaplain is out sick or on vacation.

At United Hospice of Rockland, when Chaplain Bruce was away for a few days, I had to assign new patients to him and to myself, call Bruce's patients to see if they wanted to see him the next week, and document the results online for his and mine. We had agreed that every other new admission would be his while I took the rest. One time, when a patient lived at that fifty-mile borderline out in Sloatsburg somewhere and was not conveniently near any of my other patients, I could not resist assigning that outlier to Bruce even though that patient should have been mine. Should I feel guilty? Maybe not, because he probably returned the favor when I was away!

The actual door-to-door travel itself that all the team had to take can be an adventure all its own. Driving, I quickly discovered, can consume more of the day (much, much more) than the visits themselves due to distance, bad weather, horrific traffic, or of course getting lost. Not only that, the risk for accidents probably ranks travel time a greater occupational hazard than the possibility of catching some disease (like the flu) making its rounds in the nursing homes. Of at least equal concern is that despite cell phones and navigators, each of us is alone in the car and therefore vulnerable to mishaps and ticklish situations, such as rude gas attendants and iffy neighborhoods. And by the time I make it all the way there, the patient may have died in the meantime. Or the patient might have changed his mind about seeing me by then or have gone to sleep for the day. Relatively rarely, the patient has not even been home, possibly because despite the call I make hours before I set out, he forgot or someone else with him did and

took him on an outing. "Drat!" I say to myself among other less professional things as I trudge back to the doggone car, kicking any ill-fated debris that dares to cross my way.

My husband teases me that after a day like that that when we get rich, my chauffeur will drive me around in our Mercedes. But hospice salaries being what they are at approximately twenty-five dollars an hour, hospice pay will never be a source of wealth. I have joked with friends that I travel around like a truck driver but get paid far less. (I know this is hyperbole, as truck drivers travel considerably more than I do.)

Like anything else, such as what I happen to be wearing, I learned that the kind of car I have can be a patient's topic of choice or inspire skepticism on the part of security at gated communities. For a while, I was driving a sporty dazzling blue 1994 Mustang while my sedate Honda Civic was in for repairs. I noticed that unlike when I had my Honda, when I drove up to the gate to enter those communities, security was not so quick to wave me in. They looked askance at my hot-rod, asked for my ID, and scrutinized it at length before taking a gamble on senior safety. Once my car and I were in the grounds, a few patients pointed to the vehicle and made remarks such as, "*That's* your car? I did not expect you of all people to have a car like that." I suppose my unholy roller reduced my credibility. I never ever got remarks implying an unexpected incongruity between car and chaplain when I drove the Honda.

One of my most ridiculous and awkward driving predicaments, a perfect story for the Tappet Brothers' radio program *Car Talk*,

happened as I was leaving a rest stop near Exit 8A headed northbound on the New Jersey Turnpike. Naturally, just as I had already irrevocably pulled out and had proceeded onto the highway, my nose started to bleed like its contents had to rush to an emergency exit. Fortunately I had a few tissues within clutching distance, but even so, the interval between realizing what was taking place, carefully removing one hand from the wheel at some fifty miles per hour to get at the tissues without looking at them, and at long last bringing them firmly towards my nose and holding them there, left plenty of time for me and my clothes to get an extremely red makeover.

I did not have much choice but to keep driving to the next rest stop several miles away with one hand on the wheel and one tissue-filled hand on my face. Keeping my eyes on the road conflicted with but took first priority over keeping said nose up in the air to staunch the rosy output. I thought about pulling over to the shoulder with just one hand, but at the high speed I was travelling, such a sudden drop would have been too perilous. A race car driver I am not. I think I then put on my blinkers and anxiously yet stalwartly kept going, the next rest stop several miles away. When I got there, I was faced with the nerve-racking task of negotiating the sharply curved ramp with mostly one hand with milliseconds of intermittent help from the other. For the grand finale, I singlehandedly made an abrupt turn into a parking space. Double whew! After leaning back and pinching my nose to stop the flow, I went in to wash up. I must have looked like I had been mauled! It could have been worse. What if no tissues had

been sitting on the seat or along the side pockets of the car, or as sometimes happens, all of my tissues had gone on strike and disappeared? But then again, my half-empty-glass self scolded my half-full-glass self saying, did I really have to be all by my lonesome and have this micro melodrama happen far from local roads and a good sixteen miles to the next rest area? Talk about a red-letter day.

Besides getting used to calls, driving, and visits, there were meetings to attend at the agency, such as learning the rules for functioning as part of a health care team. For example, we had to clue each other in to the patients' needs. If I saw that a patient was in pain, I was to notify the nurse. If a social worker heard a patient expressing ambivalence about their religious beliefs, she was to let me know. And I learned so much about how to wash my hands—about the most important way to avoid infection of oneself and others—I am sure I could give a twenty minute "hands on" presentation on the subject.

Another agency meeting subjected us to a detailed review of sexual harassment, complete with a hokey video of two of our own supervisors posing as coworkers with one worker "accidentally" brushing past the other. After some basic definitions, the speaker gave example after example of subtle borderline cases, such as when a male supervisor might with all innocence make comments on a female subordinate's appearance. The assumption throughout the presentation was that most sexual harassment is done by men to women. Somehow I was not too worried about my leading anyone into temptation with my feminine charms. Of all

the hospice personnel in the entire agency, there were about two men in the whole lot!

I also attended meetings in the broader community such as the local board of rabbis. When I introduced myself as the new hospice chaplain in town, one rabbi (they were all or nearly all male as I recall) said, "You're with hospice? You are far too nice looking to be in hospice work." I wondered if that meant death and my legendary beauty didn't go together. I also fidgeted at what felt like a left-handed compliment. Did that imply my beauty had not opened more prestigious doors for me? But from their side, I sensed relief in the air that my being involved with hospice instead of pulpits meant that I would not be competing with them. It also meant I was no threat to the distribution of rabbinic power in that town. I knew about that sort of dynamic all too well from my pulpit work, which had power issues all of its own. The members of the board of trustees often wanted power and prestige more than spiritual fulfillment. As a pulpit rabbi, I felt like I was playing the part of a mayor who not only must maintain her own place as a leader but also constantly deal with various factions and watch her back. Those factions sometimes had conflicting, or at least different, needs and hopes. I saw that those were not the sort of circumstances that I was skilled at (a view both charitable to myself as well as to the congregation), whereas I was most effective at caring for individual congregants in crisis. Thus I switched to a career as a professional chaplain.

I can share plenty of anecdotes with you that showed me that pulpit work was not my long-term destiny. I will confine myself

to two. At a temple in Parsippany, New Jersey, soon after a new temple president was elected in the middle of my first contract term, I fell out of favor. About half of the rank and file members hoped I would stay, and about half did not. Most of the board of trustees wanted me to be an "unintended" interim rabbi and not renew my contract. This in itself is par for the course in retrospect. What really shook me up though and still astounds me today is the following: after services at most temples, the congregants help themselves to refreshments and sit down at tables to socialize. At this particular temple, there was an aisle that divided the seating area in half. Someone told me that the people who wanted me to stay for another term sat on one side of that aisle, and the rest on the other, and that when someone crossed over to "the other side" there was talk. They would be asked why they were not in their own side. Once I left that temple, I was deeply saddened to hear that many friendships had foundered between people who liked me and people who did not. To suffer the results of political maneuvers as a religious leader is one thing, causing me acute spiritual distress. But the havoc it works upon the faith of the rank and file is quite another, counting as a far more grievous sin.

The second anecdote has to do with a congregation in Long Island City in Queens, New York. With no provocation that I knew of, one random day someone impersonated me on the phone and called the chairman of the board at around two o'clock in the morning. The caller said something about having to talk to him then. The chairman then woke me up soon after with a call of his own to me, infuriated to such an extent he could not completely believe me when I said I did not and of course would not ever

make such a call. "Someone in the congregation sure must hate you to go to such lengths," my brother said. I never did find out who impersonated me, which by the way in the State of New York is illegal since the intent was to injure my reputation. It could be that the chairman himself made this up. If that seems implausible, how plausible is the other scenario? I chuckle at the absurdity of these two anecdotes now, but at the time, these and all the other manifestations of power plays and divisiveness constantly threw me off balance and afflicted my innermost being.

If you do not believe these stories, or you think this just happens in Jewish houses of worship, or that it just happened to me because of my own shortcomings, a May 2012 Google search revealed over 200,000 entries on clergy burnout. As one example of how extensive this problem is, a book was published with the melodramatic title, *Clergy Killers: Guidance for Clergy and Congregations under Attack*, by G. Lloyd Rediger. Interestingly, such dysfunction is not even peculiar to houses of worship. As C.P. Snow said in *The Affair*, his novel about the intricate political maneuverings of a college faculty over the ouster of one of their colleagues, one can forget "how intense and open the emotions could show in a closed society." He goes on to say: "The curious thing is, in terms of person-to-person conflict, when one moves from high affairs to the college, one moves from a more sheltered life to a less." And so the lack of protection from my proponents and the distress I suffered in pulpit life was not even about religion, but about fundamental human behavior in any small lasting informal society.

In comparison with the emotionally wrenching years in pulpit work, the adjustments I have had to make to chaplaincy have been kids' stuff. As you will see in the story below, not only did I adapt to serving people who were not Jewish, but also found my way to nourishing their spiritual needs.

One of my very first visits as a hospice chaplain was to Judy, who was the matriarch of her family. She was an African American who was just hours from the end and unable to speak. Her husband and other loved ones were quietly arrayed near her bed or sitting gingerly on it in an expansive bedroom. As her daughter gestured for me to sit on the edge of the bed, I glanced around their upscale home and thought about how the beauty of their surroundings seemed to mock the ugliness of what they were going through. They had asked me to pray, and I offered generically spiritual words from the heart, trying to unobtrusively avoid the "J" word so I would not falsely express something contrary to my beliefs. What I often say in such cases is something like, "May your loved one feel God's nearness. God's love is all around us, surrounding us. Judy, this love is going from your head to your feet, God is your protector who neither slumbers nor sleeps and you will be welcomed in God's embrace. We give thanks for the love that this family has given and received."

There was a reverent mood, and Judy's daughter joyfully said, "We are so comforted to have a Christian presence at this time." This is one of many "amusing" situations I would bring home to hubby to enliven dinner. Of course, how I handle my identity is a serious matter for each family. In this particular case I deemed

it more important that the family felt comforted than intellectually enlightened as to who I "really" was. I was already different enough being white, and I did not wish to throw my differences into even sharper relief. I hoped I was serving them at the more universal level of a human offering ministry. One of the draws of being a chaplain is the potential to transcend racial, religious, ethnic, and other boundaries, which can all shrink to insignificance in the face of impending death. While I am not a Christian clergyperson, to that family I was ushering in God's love and care within a familiar and therefore comforting framework: that of a "standard issue" chaplain. Of course, if they had asked me to officiate at the funeral or had become puzzled by my Jesus-free prayer, I would have had to gently explain that I was Jewish and see if they would have preferred the services of the Christian chaplain on the team for future contact.

My Christian counterpart has his own challenges when it comes to interfaith work. I remember a colleague telling me, "When I pray with a Jewish patient, and I don't end the prayer with an 'in Jesus' name, Amen,' I feel like I am writing an email without pushing the 'send' button." To which another colleague retorted, "That may be, but to the Jewish patient, as soon as they hear 'Jesus' then that's like hitting the 'delete' button!"

All in all though, the interfaith nature of my work often enables all parties to push past religious barriers and to resonate with the spiritual values virtually all religions share. Take for example a situation where the patient was dying of AIDS. His son John was in jail and though the prison did not even allow him

to visit his father on his deathbed, I knew that with chaplain-to-chaplain contact, there was a good chance that he would be allowed to make a telephone call that same day to his father. The prison chaplain I contacted happened to be Muslim. So there we were Muslim and Jew, collaborating on behalf of a Baptist patient. I never did find out if the call came to pass. As is often the case in hospice care, carrying out such actions depends on many factors, in this case the prison warden, the nursing home staffer who first answered the phone, and whether the patient was awake at the time. Chaplaincy unites not only religions, but groups within religions. When I attend the National Association of Jewish Chaplains' annual conference, the differences among Orthodox, Conservative, and Reform Jews do not matter a jot.

I owe my comfort and even fascination with diverse cultures to my upbringing. My parents were very open to receiving visitors from other countries and other ethnic groups. I remember the time my parents' Russian friends brought along friends from their church choir between Christmas and New Year's. They sang some folk tunes for us and conversed amongst themselves in Russian. I remember too how my mother inadvertently frightened them when she asked them to mail a letter for her after they left. They did not do so, perhaps fearing that the letter had to do with notifying the authorities about them because they carried many bad memories from Russia about the KGB. Other visitors I remember included a biracial couple, very unusual in the nineteen-sixties, especially in a small city like Erie, Pennsylvania.

I became interested enough in other cultures to become a foreigner myself. I attended a semester-abroad program in college. While living for one summer in Puerto de la Libertad, El Salvador, and then for one semester in the cities of Bogotà and Silvia in Colombia, I felt the freedom and stimulation of being in places with different norms than where I was raised. It fascinated me to experience wearing ponchos, to lunch on huge papayas and luscious soft mangos, and to witness celebrations for the communal construction of indigenous homes. I also was exposed to new attitudes toward time (more laid back), religion (more loosely defined), and money (far scarcer). As I learned about the Hispanic and indigenous cultures as well as the Spanish language, I felt like I was in an alternate reality.

Visiting with patients, particularly the first time, is something like a sojourn in a foreign country too. I have to learn the language of their assumptions as formed by their life history, their lingo as shaped by their religious heritage, and their private secret code as they encounter the edge of the beyond. My job is to enter their rapidly shifting terrain to help them make sense of their past, present, and future. In the coming chapters, I invite you to explore more of these foreign places with me in this sometimes disturbing, sometimes uplifting, and sometimes surprising journey.