

On the afternoon of Monday, January 24, Dr. Elizabeth Feldman facilitated a workshop for Kalsman Partners, titled “Kedusha and Rituals for Healthcare Professionals and Clergy.” She lead the group in a discussion of what the participants do or say prior to beginning a session with a patient or congregant. Group members shared a spectrum of practices and ideas, many of which are printed here. Small groups also participated in a ritual during which water and spontaneous prayer were used as elements of kedusha. Samples of the prayers are also printed here.

## **MINDFULNESS/KAVANNAH/KEDUSHA QUESTIONS**

### **January, 2005**

**I. What, if anything you do/say in preparation, before you enter the room to meet with someone who would like your help, someone for whom you hope to be of service with healing in some way?**

I guess when I pick up the chart I just focus on what I need to get done for the patient so that I can address those issues after I hear what the patient needs from me. I realize that I really am quite focused during a visit and I kind of enter the world of the patient. I do pray about certain patients throughout the week and send them strength, but that is usually when I am not at work. (physician)

I am generally in the room before my clients enter. I attempt to arrive at my office at least 30 minutes before any session starts. I want the session to be as relaxing as possible, and do not want them to feel that I am rushed, harried, or running late. I also want them to feel that they have my full attention, so I do everything to set the room up fully, or set out anything I might need before the client arrives. I then take time for breathing/prayer/meditation. I do my best to center myself and relax my body and breath. Sometimes I do this through gentle stretching. Frequently I sit in a straight, relaxed, and open pose, breathe, and do my best to quiet my mind. (massage therapist)

The best thing I can do before engaging in healing prayer is having done my prayers and meditations that morning, particularly making myself a chariot for Gd. Right before I do the healing prayer I (re)fill myself with divine light. Recently I've been calling on the angels for success in the healing. When I most clearly see myself as a channel for Gd's healing to come through me it works the best. It's also important that the person have faith or try to suspend their disbelief. (rabbi)

One of the important things I learned is that the patient must see themselves well and already healed. So right before surgery, when patients are most anxious, outside the O.R. door, I ask them: where is your favorite place, or what is your favorite thing to do. I have them imagine they are there or doing that thing. This all started with one man I was about to operate upon that had a metastatic tumor in his spinal cord. Right before surgery he lost it and said "Doc, I don't want to be paralyzed, doc, I'm scared" I knew that the "don't worry, you'll be ok, " line wouldn't cut it. So I said to this elderly man, "Mr. W, what do you like best, where would you like to be" and he said "I love fishing in Arkansas." So I said, "well, close your eyes and see yourself there, fishing in Arkansas".

He did and said he could see himself reeling in the big fish. Needless, to say, he did well, and ever since, I use this technique, especially with kids. (physician)

To be very honest, at least 99% of the time I push from one patient to another without any sort of spiritual preparation. I sometimes do some brief praying if I am feeling particularly fearful or apprehensive about a particular visit, or about my day in general. For instance, the first page I get when I'm on call always jumps up my anxiety level, or seeing that I have a particularly packed schedule, or doing inpatient medicine, where I always feel in over my head. So most often my prayer goes something like this: "Please grant me the clarity of mind to access all of the knowledge that I have, and the humility to ask for help if I need it. Please let me be helpful to those you have created." Sometimes I use a phrase from Maimonides' prayer for the physician: "May I never see in the patient anything else but a fellow-creature in pain" (this is especially useful with "hateful" patients!) (physician)

I don't really have anything that I do before every appointment, but when I'm changing gears, having a really busy day, or about to deal with a crisis, I tend to just take a minute or two for deep breathing. It takes me out of crisis mode or feeling rushed. I think it started on an externship when I realized that other people's crises were not my own and that I did a much better job if I stayed calm (logically I have always known this, but I would still get wound up or more high strung). (clinical psychologist)

Before entering a room I have a few self-talks. I sometimes remind myself that although I "know" the patient, I need to not jump to any conclusions before thoroughly listening to him/her. But more often I make my mind consciously a blank slate for listening and enter the room pretty empty of myself. I have done this for many years. I like that I am not thinking about the roomful of other patients waiting or my aching knee or anything except what the student will tell me. After a period of listening, I obviously kick into interpretation/diagnosis mode but it is nice to start all ears. So I suppose it is the opposite of "mindfulness". The only other purposeful preparation I do is to remind myself to be very kind to the patient. I may get cranky over the course of the visit but I want to at least begin upbeat and friendly, interested and trustworthy. (nurse-practitioner)

I try to find some quiet space to think about why I've come--to remind myself that it is for the person and that my attention needs to focus on that individual's expressed needs. That I will need to listen and look for signals so I can respond with silence or words, touching or not, but I will try to be appropriate. Not always easy but it helps to focus first.

I try to remember to say a brief prayer between patients -- asking God to help me to listen well and to be open to them.

In every case when I purposefully visit a hospital room, nursing home person, or a client at home, I pause beforehand to collect myself and I guess pray. That is what makes these visits different from the normal patient contacts. I consciously remind myself that I am in a different role. It is not that I am not integrated in whole person thinking. The difference is that sensitivity to where a person is at

that moment spiritually requires a different, a higher diagnostic gear. I guess my clinical assessment eye is instinctive and automatic; I still struggle for authenticity when assessing spirituality. (nurse)

I learned from 'SM's example- he was a religious Jew with a huge Palestinian patient population who regularly took a year off to study Buddhism or meditation. In the chaotic delivery room he used his voice and his intense presence to bring calm to a usually hyperactive space. Everyone calmed down and everything went smoothly- the delivery room felt like a sacred space. Having experienced this once, I unconsciously strive for this with my most complicated and difficult patient encounters. It feels like is shifting into a different mode- I access my calmest and most intense, grounded self, which then expands and fills the room. The patient I'm working with usually feels safe and cared for. Usually I then make a fairly powerful connection with that patient. After making this connection, we can begin working on the problems that bring this person thru the door. I can only do this a one or two times in any clinic session, but only one or two encounters call for this level of intensity. I generally make this shift at a moment's notice, whenever the need arises. I've never put these thoughts into words before. (physician)

I'm not aware of saying anything to myself before I start each session with a patient. I try to give myself a bit of down time (a few minutes) before each appointment so that I go in a bit refreshed. I think I use my spirituality or whatever word is appropriate most when I am trying to help someone who is feeling hopeless or despairing. I think that is when I most use my own experience (usually not directly shared with the patient) and Jewish learning/convictions to try to help the person persevere, feel that it matters to transcend his/her difficulties and go on, and that there is meaning in the small daily things of life. It seems to me that hope is somehow "religious." (clinical psychologist)

Before I enter a new mom's home/space, I remind myself that I am entering someone's sacred space at an especially sacred time in their lives and that it is an honor and a privilege to work with them during such an intimate and life-changing time. I shake off any remnant of my life that's swirling in my head, take a few breaths, and plunge in! Eye contact and emotional presence to the moment and to the persons I'm working with help me be very singularly focused on THEM, and not me. As far as the babies go, I feel a strong connection with them as they are so close to the life force, and to the moms, too, as they've been so close to the life force as well. There is something very compelling about them all that drives the work for me. I rarely forget to "do" this, if you can call it something that I "do". (nurse)

I try to get into a deep-listening, open mode...similar to a prayer or meditative mode...place of more vulnerability, in some sense...sense of self as a vessel.. (rabbi)

AFTER I HAVE REVIEWED THE CHART, I PLACE MY HAND ON THE DOOR HANDLE, PAUSE...TAKE ONE CLEANSING BREATH...AND THEN OPEN THE DOOR SAYING, "HI, IT'S DR. R, MAY I COME IN?" (physician)

The survey has inspired me to begin doing some spiritual centering before seeing a patient. I must admit that, despite my desire and the importance of doing so, I do not regularly prepare myself for each therapeutic encounter. What I do do is review my records, prepare mentally for what I expect to be discussed, and make sure I have some of the potentially important clinical information at my fingertips. I would very much appreciate hearing any ideas that surface that might inspire more of us to add such a holiness-enhancing practice to our work. (physician)

I generally simply say a quick prayer -- "God Be With Me" (minister)

Sometimes (and only sometimes ) I make sure to open myself to additional mindfulness. to being able to 'feel' 'empath' what is happening to the other person. I can't do it all the time; it is too overpowering, too full of emotion, and too difficult to sustain. It just seemed to happen, and then I intentionally quit doing it in the mid 90's after I had 4 HIV patients die within 6 months. Then, one of my friends (American Indian) asked me why I quit doing it. I said, how did you even know? And, she told me that lots of people knew that I was able to 'feel somehow' and that I shouldn't block it. so, I started letting 'it' be there again. It is really hard, though, to be that present. (physician)

SINCE I WORK IN A HOSPITAL SETTING (AS AN ONCOLOGY SOCIAL WORKER), I ALWAYS WASH MY HANDS, NOT ONLY FOR HYGIENE BUT ALSO TO MAKE A TRANSITION, FROM ONE PATIENT TO THE NEXT. ALSO, IF I KNOW AHEAD OF TIME THAT I AM ABOUT TO SEE A CHALLENGING PATIENT, THEN I TRY TO STOP FOR A FEW SECONDS AND JUST PRAY FOR EXTRA ASSISTANCE TO PROVIDE THE BEST SERVICE.

At the risk of sounding not particularly mindful or holy--I don't usually do anything in terms of breathing or meditation before I meet with someone. I do however give some thought to what I perceive is going on in their lives and offer a silent prayer that I don't screw up. (priest)

I try to take a moment to wash my hands, cleanse myself (ritually), and wash away my last encounter or personal thoughts. ( physician)

1. I take 1-3 deep breaths, in through my nose and out my mouth
2. I imagine the white warm light coming into me and filling me as to come out my pores and create an aura (energy force ) around me (and think to myself...if the lord brings me to it...the lord will bring me through it)
3. I try not to plan out ahead of time patient answers or responses, or to anticipate...but to stay very present and just walk in
4. If there is no anticipation of some crisis and I am expecting the usual:
  1. I respond very happy to see someone as if I could not wait to see them and treat them like a movie star
  2. I try to stay present in the here and now (clinical social worker)

MY GENERAL PRACTICE IS TO STOP AND SPEND A MINUTE OR TWO IN MEDITATIVE REFLECTION BEFORE ENTERING A ROOM IN WHICH I WILL BE ATTEMPTING TO OFFER HEALING SUPPORT. I FIND IT DIFFICULT TO BE FULLY PRESENT WITHOUT THESE MOMENTS OF REDIRECTION. SOMETIMES, THIS MEDITATIVE TIME IS SPENT

IN COMPLETE SILENCE; SOMETIMES, I WILL FOCUS UPON A SIMPLE JEWISH TEXT ABOUT BREATH AND PERHAPS EVEN HUM A MELODY THAT IS ASSOCIATED WITH THAT TEXT. (rabbi)

I TRY TO TAKE SOME TIME TO DO SOME BREATHING ---FOLLOW MY BREATH. I MIGHT TRY TO LOCATE MY HEART CENTER AND FEEL SPACE. ONE OF MY GOALS IS TO TRY AND CREATE SPACE FOR THE OTHER PERSON --- TO BE RECEPTIVE. I MIGHT WORK WITH THE SOUNDING OF ha-lle-lu-yah. I MIGHT STRAIGHTEN UP MY OFFICE, IF THAT IS WHERE THE ENCOUNTER WILL BE. IF IT'S A DIFFICULT MEETING, FOR EXAMPLE, IF SOMEONE IS DYING OR SOME TRAUMATIC EVENT IS UP, I WILL DO SOME ENERGY CENTER/COLOR BREATHING AND CHANT OR SING HALLELUYAH OR KEDOSH OR REPEAT A SHORT PSALM. I WANT MY ENERGY TO BE GOOD. I MIGHT HOLD A ROCK (TZUR) OR READ SOMETHING. The breath is key --- *g-d breathed our soul into us....*

Despite all that we have talked about over the years, I do very little. The one thing I have been able to do consistently (75% or more of the time) is say "Baruch dayyan emet" (Blessed is the true judge) after calling a code and setting the time of death. There is another piece of preparation for me. I act differently at work from the rest of my life. In someways, I must--in order to be effective, I have to be more gregarious, outgoing, assertive, directive, active than I am at other times, otherwise I won't be the doc I need and want to be in the work I want to do. I've taken to always wearing scrubs to work, and most often change into them after getting to the hospital, as much for comfort en route as for getting into costume, getting into character, transitioning from being (first name) to being Dr. (so-and-so). It is a ritual of sorts. Was the *cohen gadol* the same after he put on the garb for entering the *kodesh kodashim* as before, or was the prep transformative? I also try to remember to add the phrase "*kol elu sheba'u tachat yadai*" (all those that have come under my hands) when a list of names is being recited in shul for misheberach for cholim (prayer for the sick) on Shabbat. I may be able to remember names of some, but want to include all. (physician)

It's one of those seemingly small details that actually added up to a big deal. We were told to wash our hands scrupulously all day long, not just after an encounter with a patient. Then one day in the middle of the summer someone, I think it was a chaplain on the staff, suggested that we do our handwashing *before* each visit with a patient. Even if we ended up washing between one patient and the next, the point was to think of the act as preparation --a purifying of self-- not as something to do *afterwards*, as if it were a gesture of 'washing our hands' of a situation. I was amazed at how much *kedusha* this small change in my routine added to my sense of the sacred in each encounter. There was no change of course in the act itself, only in its timing or sometimes, only in how I thought about the timing. (rabbinical student)

Basically, I set my intention by breathing, checking in with my feelings, mood, and thoughts, to what is in my awareness in that moment. At best, I feel open, trusting, and compassion for myself and the person I am about to meet. I don't have a particular ritual before the session, other than the constant desire to "show up" with real presence-- responsive freedom to use what comes through me and my

feelings, thoughts, actions--for the benefit of my client. The counseling session as an awareness practice for both client and therapist.... (therapist)

Actually, before I see someone, I pause and remain silent for a minute or two - and just focus on being present. It's quite simple and for me, effective. (rabbi)

I am a meditator and so I try to meditate for 20 to 30 minutes daily first thing in the AM. I know that I proceed through my day differently when I do this. I am more present and calmer. I also take some quiet time before I meet with people, facilitate a group or give a presentation. I usually practice some self-talk and give myself very basic reminders: "slowdown....listen....be genuine and present....being rather than doing, etc." Sometimes I say a little prayer which is usually about strength, guidance, healing and that I stay compassionate without being consumed. Sometimes I do a short visualization. I also have some simple rituals that I do after a grief group or an emotionally draining meeting.

I make my space, my room and my office, a container for healing. There is a mezuzah at the door of the office and at the door of my room. I have very special framed picture of hands with stars of David growing out of them. This is to remind me. I often say the "my soul is pure" to slow myself down; and when I do not have clarity, I say Moses's prayer to heal. I always wash my hands with consciousness. I often silently add my patients to the healing part of the service.

I do not do anything special **before** I enter the room with the patient.

My working approach is akin to Hillel's negative form of the Golden Rule (Do not do unto others...), which I take on **after** I've met the patient and have had a chance to interact or react. I may need to remind myself, Don't get angry, or Don't be impatient, or Don't say anything stupid, or Don't be sarcastic. I try to listen (in Theodore Reik's way of "listening with the third ear"). I try to be open to what the patient is saying, even if my first impulse is to be critical or negative or disbelieving. And most important, I try to be empathic. In the patient's description of symptoms I try to hear the person's idiosyncratic voice--how that person as a distinct individual is expressing what s/he is feeling--in order to come as close as I can to sensing what that feeling is like. When I can feel it I am most able to identify with the patient so to be an ally in the quest for relief of discomfort. Empathy becomes a motivating force.

This kind of listening also helps to prevent routinization of practice. Since every person represents his/her symptoms and illness in a specific way, there is then no "one size fits all" approach.(physician)

The most helpful thing I can do is to make a human connection with the "patient". This means putting myself in their shoes, and being together in their/our difficulty. Here, "self-acceptance" is the first step to "other-acceptance". When I can accept my anxiety, frustration, stress, the painful wish/demand to be on top of everything (as a doctor, husband, father, son, and more), this helps me to empathize with what is going on with them, with what they are dealing with in their lives, their illness and distress. This is what is going on with all of us, not just me, not just them. Being together (I/thou) with the difficulties of living can put us both at ease - it's no longer our fault that these things are happening. It doesn't mean we have to like it - but at least we are not alone, and then we can try to see what can be done. Accepting this difficulty can help to free the human/person inside the disease, to connect with wisdom, to see the divine self in the middle of all this, to see the divine. Breathing helps - accepting what is. (physician)

## **Kalsman Workshop Kavannot**

Source of Life, thank you for the blessing of life and breath and the opportunity in this moment to find Your presence as I meet \_\_\_\_\_ who is in need. May I be of service and experience the wonder of your creation.

May it be Your will to open me to hear the story and the real need. Enable me to bring Your presence into this room. Help me to find the words or actions to enable this person who is seeking help to hold on to You outside of this room.

Holy One, enable me to be fully present to this encounter. Allow me to listen deeply to what is truly going on without fear or the need fix blocking the process. Let me be the vehicle for Your healing.

God, Wellspring of Life, open my ears, my eyes, my heart and my hands to the patient I'm about to visit, and help me be a conduit for Your love and their prayer. Amen.

Before I begin my work, I thank God who has given me the gift of life. I know that God is with me and gives me the support to do my "work". Not all outcomes will be how I might want them to be, but if my presence has made a difference, I feel validated and validate the patient.

Wendy's morning prayer, said while putting on her scrubs:

Reebo-no shel Olam,

Let it be a good day. Help me to make it be a good day.

Let me be a kind, compassionate, and competent caregiver to my patients and their loved ones.

Let me be a strength and a support to my co-workers.

And let me remember to balance their needs with mine.

May I be fully present to myself and to \_\_\_\_\_. Holy One, may healing take place.