

Synagogues In the Continuum of Care

by Amy Sales

Synagogues need to dare to think differently about engaging their older adults. They also need to re-orient themselves toward the elderly so that the congregation can make the special contribution to the continuum of care that only it can do.

The Cohen Center for Modern Jewish Studies at Brandeis University recently set out to uncover what synagogues were doing with respect to Jewish elders.¹ As part of this effort, we sent a postcard survey to 1500 Reform and Conservative congregations in the U.S. The survey asked three simple questions:

- ♦ Do you offer special programs or services for older members of the congregation or community?
- ♦ Are you engaged in planning, leadership development, or training related to seniors?
- ♦ Would you like to receive information on the work we are doing in this field?

Responses came from about 200 synagogues — half of whom offered nothing for older adults. Most of the others had lunch-and-learn programs that met from once a week to a few times a year.

Our search eventually led us to synagogues that had embraced the concept of sacred aging, but finding them was like locating the proverbial needle in the haystack.

A number of factors explain the scant attention paid to older adults, but let me offer just one. In a study conducted for a Reform congregation in the Northeast, we held focus groups with people at different life stages who were only marginally involved in the synagogue. We asked why they continue to pay their dues and to maintain their membership year after year when they use the institution so little.

The older adults spoke of synagogue membership as a “habit” and an “obligation,” and they expressed appreciation for the connection it gives them to clergy and to co-congregants. Raised as synagogue members, this generation understands that supporting the synagogue is something that one does in life. Their membership is a piece of their identity and it contributes to their sense of being a part of the Jewish community. These elders also wanted to be certain that when they or their spouse dies, the rabbi will be there and that they will have full rights to be buried in the Jewish cemetery. (Asked if synagogue membership were required for this latter purpose, none was certain, but none wanted to take a chance.)

For many synagogue members, their involvement in the synagogue may drop as they age, but their commitment does not. The sense of obligation and connection are too great for them to let membership lapse. The unfortunate message to the synagogue is that it does not have to provide special services to this age group in order to keep them in the fold.

Re-orienting Synagogues Toward Elder Care

The core purpose of a synagogue is to be a house of prayer, study, community, and caring. Judaism teaches that we are to honor the elderly and care for the sick and frail. The melding of these institutional and religious purposes points to the unique role that synagogues can play in lives of older adults as they age into increasingly greater need for support services. The list extends from mobilizing caring volunteers to creating events that celebrate the lives and contributions of the synagogue’s elders.²

In 1999, the Grotta Foundation for Senior Care undertook an initiative to help synagogues take their place in the community’s continuum of care for older adults. Understanding the resource constraints that synagogues face, the Foundation gave selected synagogues a grant to hire part-time older adult workers. Extensive study over a three-year period of the 21 synagogues that joined the initiative yielded valuable learning about what it takes for a synagogue to enter the continuum of care.

Most importantly, we learned that holding a program in a synagogues does not necessarily make it a program in Sacred Aging. With rare exception, all of the programs produced under this initiative were social in nature — lunch-and-learn series, trips, exercise, and lunch. Almost none would fall into the programming category of religious, spiritual, or caring. Why is this the case?

Social Motivations

We surveyed participants and asked about their motivations for attending the senior programs at their synagogue. Their number one reason was intellectual — to learn new things

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and to stretch their minds. The number two reason was social. Being in a Jewish setting or having a Jewish experience appeared third on the list. Most, it seems, were not looking for spiritual or religious experiences.

We also conducted focus groups with older adults who were leaders of the program in their synagogue. The opening question was: "What does a good day look like?" Responses fell into two general categories. A good day is marked by good health, for individuals and their families. It is a day when they know that their children are "safe and sound" and when they get to see their grandchildren. It is a day with no aches and pains, no doctor's appointments, and nothing wrong. "It is," as more than one participant quipped, "looking in the obit column and not seeing my own name."

A good day is also one in which there is a pleasurable activity and/or something to look forward to tomorrow. These comments encoded the importance of social programming. Although participants like "down time," they prefer days on which they are busy. Days on which they see people, talk to good friends, have a luncheon appointment, "accomplish something," volunteer, get some exercise, go someplace, see a show or concert, and go out to dinner were all defined as good days. Even if the activity is anticipatory, it still turns a day into a good one. As one participant expressed it, "A good day is when I know there is something social on the calendar for the next day. A bad day is when there is no one to talk to."

The preference for social activities is linked to factors affecting the quality of life for older adults. Our survey identified three such factors: (1) decline in physical capacities, (2) illness or death of a spouse, (3) and loss of the ability to drive. All three of these are seen in the words of one interviewee: "I'm not sure I love this stage. I'm not crazy about being 83. I have less mental and physical ability than before. I don't feel needed. The volunteer work I do is 'idiot' work. I found another volunteer job, but I couldn't get there..." Widows often mentioned the isolation and loneliness of widowhood. Respondents with ill or incapacitated spouses talked about their caregiver responsibilities and how it precludes their involvement in activities outside of the home.

The resiliency of those who confront these factors is impressive. We spoke with older adults who are increasingly troubled by physical limitations but still continue to make the effort to be engaged in the synagogue and the community. One sight-impaired woman, for example, showed her mettle as follows: "To get to morning classes at the synagogue, I have to walk and cross a street without a light. So I listen very carefully and take my time and sometimes I put up my arm to let the cars know to stop." "There are whiners and there are doers," explained another. The resilient types have chosen to be doers.

Social programs avert isolation and loneliness; they keep people involved in activities outside of the home; and they thus have the capacity to increase resilience and help more people become doers. Participants' attraction to such programs is understandable.

Role of the Professionals

The older adult workers hired under this initiative had primary responsibility for the nature of the project in their synagogue.

Their selection and training emphasized social work and programming skills and not Jewish education and experience. The grant that made this work possible called upon the synagogues to think about older adult services, but not necessarily to think about them as a *Jewish* challenge.

These two factors interacted to drive programming choices. Participants wanted an opportunity to socialize and the professionals, who came to the work with a programmer's eye, worked hard to give them what they wanted.

Role of Clergy

The rabbis, too, played a role in determining whether or not the older adult program would link to Spiritual Aging. When we asked rabbis about the synagogue's obligation toward older adults and the elderly, they commonly responded that the obligation was the same as it was to any other population — to make them feel that the synagogue is their home and to make the synagogue a central part of their lives. The focus was also the same as for any other population — study, prayer, and community. These rabbis felt that when it came to spiritual matters, they and the synagogue were fully obligated and that when it came to other matters, they had to be reasonable, given constraints of time and resources. Given this stance, many of the clergy had minimal contact with the older adult program, which they saw as a social program. The result was an untenable situation: The less Jewishly grounded the program, the less interested and involved the clergy were; the less rabbinic involvement, the less chance the program would take on a Jewish or spiritual aspect.

Rabbis were asked to estimate the percentage of their time each week that they devote to pastoral work. The question proved predictive: Those who had created a pastoral rabbinate were more likely to have engendered older adult programs with a Judaic or spiritual character than were those who were not pastorally oriented.

Synagogue's Role

Other dynamics, as well, made it difficult for the synagogues to enter the continuum of care.

Our participant survey asked the older adults what they thought the synagogue's obligation should be to people as they age. Respondents thought that the synagogue should have a big role in people's lives: 91% said that the synagogue should offer age-specific social opportunities; 89% said that it should provide counseling for personal problems; 83% said it should provide healing or spiritual nourishment; 79% said it should care for the homebound, the frail, and the sick. However, these views were in the abstract and did not refer to them personally. When we asked how likely they would be to partake of each of these offerings, percentages dropped dramatically.

One reason is that people are slow to see themselves as seniors and to admit "elder" into their self-image. The older adult group is generally about others, not about them. As one participant said, "I'm not a typical 85-year old. The others in the program feel older than me, even though we are the same age." Programmers struggle to find names for their programs that do not suggest that this is for the elderly and the elders face the psy-

chological barrier of putting themselves into this age category. In several synagogues, the reluctance to be seen as one of "them" led to splinter groups of the older-older adults and the younger-older adults — designations based on actual and perceived abilities and having little to do with age *per se*. This issue, by the way, is likely to be even more acute once the Baby Boomers begin to enter older adulthood. A generation characterized by vitality, creativity, and idealism is not going to age quietly.³

Participants also have concerns about confidentiality and privacy. We often say that synagogues are like families and, indeed, synagogues promote this analogy. As we know, however, it is difficult to maintain privacy in families. The rabbis we interviewed told stories of people who did not want their names said during *Misheberakh* since they did not want the community to know that they were having medical problems. One gentleman, as the story goes, finally said to the rabbi, "Use my Hebrew name. That way no one in the congregation will know, but G-d will."

Locating Caring

Other synagogue research that we have conducted shows that, ironically, new ideas take hold most effectively when they are placed in old structures. When Combined Jewish Philanthropies of Boston provided professionals to help establish family education in synagogues, the religious schools quickly absorbed these new professionals and made family education a part of the school (even though one might argue that school families are but one family type). The older adult workers, however, had no ready-made structure into which they could fit.

In the first years of the program, we found tension between programming and building infrastructure. The latter entails identifying lay leadership; reaching out to people; developing an older adult committee; getting buy-in from the synagogue board; and connecting with the clergy, educator, and other professional staff. All this takes time and delays the onset of programming. People, however, judge a program by the amount of programming that takes place. Programming activity is a sign that the initiative is healthy and vibrant and that the funder is getting its money's worth. There are, however, limited resources of time and energy. As the older adult workers put their time into programming, they could not put it into organizing. Without an older adult infrastructure, however, they ended up being programming machines with increasing expectations and an endless treadmill of finding speakers, musicians, and films and of making the coffee and unwrapping the sandwiches.

Lessons Learned

From this critical view emerges important lessons about how to re-orient synagogues toward the elderly so that the congregation can make the special contribution to the continuum of care that only it can do.

Bringing Sacred Aging into a synagogue requires a professional who understands the Jewish foundations of elder work and who possesses skills in both community organizing and programming;

a caring committee, older adult program, or other structure into which to fit the work; and a rabbi who embraces the concept both in theory and in the practice of his/her own rabbinate.

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These structural elements are necessary, but not sufficient. Synagogues also need to dare to think differently about engaging their older adults. For example, synagogues repeatedly pointed to individual older adults who were playing leadership roles in the community. They had individual leaders, but did not have an older adult leadership development program. They did not have a forum for "*Hochma* sharing," for writing and performing ethical wills, or for devising new forms of leadership that suit the third age of life. Such new thinking needs to be applied to every area of the endeavor — volunteerism, learning, spirituality, community, caring.

Synagogues also need to think bigger. The programs that we studied were primarily social and were not developed as Jewish education, spirituality, healing, or caring. Participants seemed to indicate that as long as the content was interesting and the group was welcoming, they desired nothing more from the program. The goal of the professionals was to attract people by giving them what they wanted. There is a need, perhaps, to move from a "comfort" model to a "challenge" model. Programs are market-driven and, therefore, destined to address the needs as defined by the audience. If they turn to being mission-driven, they have the chance to bring people into new realms and to imbue them with a sense of Sacred Aging. ✿

ENDNOTES:

1. Synagogue H.O.P.E. was conceived and sponsored by the Grotta Foundation for Senior Care.
2. For details on synagogue programs and program models see: Sales, A.L. *Help, Opportunities, and Programs for Jewish Elders: An Action Guide for Synagogues*. Waltham, MA: Brandeis University, Cohen Center for Modern Jewish Studies, 1988.
3. See Wilber, K. *A Theory of Everything: An integral vision for business, politics, science, and spirituality*. Boston, MA: Shambhala Publications, Inc., 2000.



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