

CURRENT TALMUD PASSAGE

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BH

Commentary and Introduction

Making the Journey Through Illness a Journey Through Heaven

The expression, "I'm in seventh heaven", is probably a familiar one to you. Yet its ancient and mystical roots has most likely remained hidden from you. In a form of ancient mysticism, a lone soul would travel through seven heavenly halls, having to pass fierce guardian angels who barred all those who were unworthy. The pilgrim had to know the names of the angels and know which were true angels and which were demons in disguise. Any mistake the mystic would make would immediately consign him or her to hell. The journey was treacherous, fraught with danger, but at its end, the supplicant could enter the hall where the angels praised God and where the throne of God stood. This ancient mystical vision has been passed on to us through various ancient texts. Now, why do I bring you such arcane information about ancient worship ideas? Because I think they are useful as paradigms for the journey, the pilgrimage, that we experience when we experience illness.

The journey through the seven levels of heaven can be likened quite closely to the journey through the stages of illness. Indeed, I think we, who suffer illness and churn through the machinations of the medical system, could benefit greatly from framing our journey in this way. Why? Because one of the greatest sources of our suffering is not just our physical pain but the question of meaning and incorporating the tragic rift illness creates into our lives' stories in a way that allows us to make sense of this horrible experience. Then the journey becomes meaningful, a pilgrimage, rather than a set of random circumstances that blindside us, ruining our lives.

In his wonderful work, *Stories of Sickness* (Howard Brody, New Haven: Yale University Press, 1987, p. 5), Howard Brody explains the importance of being able to tell one's story of illness: "Suffering is produced, and alleviated, primarily by the meaning that one attaches to one's experience. The primary human mechanism for attaching meaning to particular experiences is to tell stories about them. Stories serve to relate individual experiences to the explanatory constructs of the society and culture and also to place the experiences within the context of a particular individual's life history."

He goes on to point out a reality that many of us who have been ill have lived through. He says, "If sickness leads us to see our bodies as being something foreign, thwarting our wills by their intransigence and unmanageability, then sickness has fundamentally altered our experience of self and has introduced a sense of split and disruption where formerly unity reigned (p. 27)." In other words, we have trouble fitting our experience of illness into our life story. We had an idea, a script, of how our life would go, what goals we would achieve at which points in our lives, but sickness has changed all that. All of a sudden, we lose control of our life's story, particularly if our problem is a chronic one.

Things are not going to turn out the way we had planned. And this is what brings about so much of our suffering. Again, as Brody says, "Pain per se does not equal suffering (as today's marathon runners are always demonstrating). But pain may constitute suffering when it is overwhelming, uncontrolled, unexplained, or in some other way associated with a dire meaning that calls into the question the continued, integrated existence of the personal self. (p. 29)" The assigning of meaning, even merely the recognition of meaning's importance, is one of the things that is often lacking in medicine as it is practiced today.

I'm sure more than a few of you can identify with the following examples of the ways in which meaning can be ignored in medicine. You are told you'll have a test and the doctor blithely lists cancer or heart disease or some other serious condition as a possible result without recognizing what that means. And who could fail to understand the utter

loss of status, individuality or personhood associated with a hospital gown? Or even take the routine 2-3 hour waits one must endure while waiting for a doctor's appointment. In this, I do not blame the physicians. They are harried and overbooked and emergencies happen that ruin the rest of the day's schedule. However, they don't seem to understand what that means to the patient in the waiting room. Patients often experience this as a total denigration of the worth of their time. Indeed, I have frequently heard people wish devoutly they could bill their normal hourly rates for the hours they sit in waiting rooms.

I will never forget one scene which so graphically displayed for me the difference between how the patient experiences procedures and how the medical profession does. Once, while waiting for a test in the Nuclear Medicine Suite of a major hospital in town I saw the following interchange. First, you must understand that the Nuclear Medicine Suite is deep in the bowels of the hospital's basement, it's name is somewhat frightening and its procedures involve exposure to radioactive agents. These factors in themselves would be frightening enough. But as I waited to be injected with radioactive dye, I saw a husband wheel in his obviously suffering wife. You could tell from looking at her that every second was agony. The husband, politely, asked the young woman behind the desk if she could find a place for his wife to lie down as she was feeling quite unwell. The girl answered, absently, "Yes, yes." But then she proceeded to adjust something with the cables that linked her computer screen to her computer. Now, the office was just opening and she was trying to fix something without which her equipment wouldn't work correctly all day. But the pain and dignity on the man's face and the agony in the wife's were so palpable! It was obvious that he was aware that every moment that the woman behind the desk was taking to fix her computer was another moment of agony his wife had to endure sitting up was fixed in my memory. I could see it took every ounce of forbearance the man had not to step up the young woman and say, "My wife's in agony. Can't you do that later?" It was a dramatic, encapsulated moment of the clash of paradigms between "suffering" and "medicine". Here was a woman and her husband, facing a frightening test, in the grip of pain that was crushing their ordinarily gentle and polite spirits and here was someone who could help them who was blind to the meaning this moment had for them.

This gap, between pain and suffering, between findings and meanings, is one that religion is well equipped to bridge. All religions are concerned with issues of meaning, especially the meaning of suffering, and allowing us to feel other than stained, cursed by God, rejected and valueless when we become sick or disabled. It would seem to me, then, that no medical experience could really be complete without the input of a religious perspective which can put the suffering into the larger framework of our lives; that is, recognize its meaning for us as whole persons.

This is where I feel that the paradigm of the pilgrimage, of the journey through seven perilous heavenly halls that is central to Judaism's ancient Hechalot mysticism, can help us frame our experience of illness. Making a long journey, walking through many gates, and moving into ever-more restricted-access realms, pilgrims would make their way to the Temple in Jerusalem three times a year. One walked through a series of gates and courtyards until, if one were the High Priest and it were the Day of Atonement, we could reach the Holy of Holies, the place of ultimate communion with God.

Indeed, we can understand the Temple and its personnel in much the same way as we think of hospitals today. A hospital is a place of healing and so was the Temple. Hospital staffs are arranged hierarchically: heads of sections, M.D.s, nurses, technicians and patients. So the "staff" of the Temple was arranged hierarchically as well. Strict rules regarding cleanliness and purity apply in hospitals and analogous rules applied in the Temple, too. Blood was central to the cults effectiveness as it is in a hospital.

There were strict rules of purity that had to be adhered to in the Temple: the priests could only officiate in a state of ritual purity. Similarly, strict rules of purity adhere to hospitals. Just as there was a "Holy of Holies" in the Temple, to which access was extremely limited, so we have operating rooms in hospitals which are subject to the strictest rules of antisepsis, and have the least public access. Just as a priest's manner when offering a sacrifice was secondary to his correct offering of the animal, so a surgeon's bedside manner is not primary. We will tolerate the gruffest surgeon if he or she is sufficiently proficient technically. Finally, both are places conceived of as centers for healing. Just as we enter a hospital hoping to be transformed from illness to health, so did ancient Israelites come to the Temple hoping for transformation from a sinful state to a sanctified one or from illness to health.

Like pilgrims to the ancient Temple, we approach the experience of illness from all different directions, but once we

are in it, we experience many things, together, that give us a common bond. So, here then, is a way to transform our terrible journey into a spiritual experience and, perhaps once we've done so, we can return and help make it not so painful for others. We will ascend through the seven levels of heaven which the Talmud of the land of Babylonia, redacted around the year 500, outlines, relating each of these ancient levels of heaven to a phase in the process of illness.

A set of curtains symbolizing these seven levels of heaven has been made to symbolize the pilgrimage to the Temple, through Heaven, and through illness which, it is hoped, will allow the "pilgrim" to connect the current journey through illness to others who made treacherous journeys through corporeal and spiritual space. The curtains range in color from darkest blue to bridal white, progressing through that spectrum. Blue and white are the colors of heaven (sky and clouds) and were colors featured in the priests' garments in the Temple. The sides of this rectangular structure are covered with dark blue chiffon and the roof is of light blue and white chiffon. The sides allow the participant a sense of privacy that does not close off the outside world (chiffon can be seen through) and the roof continues the theme of the heavens and the sky. The floor is covered with white paper. This is a path toward wholeness and purity and is similar to the path a bride takes down the aisle. Indeed, it is mystical union with God that we seek to promote in this experience.

The experience of entering the Temple was very much like walking through this series of curtains. One traversed several gates, moving forward through a rectangular space and the Temple itself was rectangular in shape. Just as those who journeyed to the Temple came from all different parts of the Jewish world but had a uniform experience once they reached the Temple, so we approach illness, and this representation of the journey through illness and through heaven from many different directions. Yet, once we enter, we are bound together by our common experience; an experience that transcends class, race, gender and all the other boundaries which we imagine separate us, one from the other.

Preparation

Netilat Yadayim

Washing of hands in a ceremonial fashion is used as a way of easing transitions from one state of consciousness to another, generally helping to elevate one after having been near death (e.g., when returning from a funeral), rising from sleep which is seen as 1/60 of death (B. Berachot 57b, B. Berachot 60b), before prayer (B. Berachot 15a) or eating bread (B. Hullin 105a) before saying Grace (B. Hullin 105a), before eating parsley on Pesach (B. Pesachim 115a-b) the levites wash the hands of the kohanim (priests) before the latter offer the priestly blessing in the synagogue (Shulchan Aruch Orach Chayim 128:6).

Ritual cleansing in a healing setting is a salient feature of many medical experiences: alcohol and iodine, gloves, gowns and masks are used to create a sense of purity. In this case, a fountain is provided for the ritual washing of hands to provide an opportunity to ritually cleanse one's hands before entering the metaphorical experience of rising through the seven levels of heaven, of Torah and of healing.

Taking off one's shoes

The taking off of one's shoes is an ancient, and universal, recognition of humility. Moses is told to take his shoes off when he approaches the burning bush:

[God] said: Do not come near to here, put off your sandal from your foot, for the place on which you stand-it is holy ground! (Exodus 3:5, Everett Fox, transl.)

Rabbinic literature draws an analogy between Moses' experience and a similar epiphany had by Joshua:

"Put off your shoes" Wherever the Shekhinah [God's indwelling presence] appears one must not go about with shoes on; and so we find in the case of Joshua [when he meets an angel and is told]: "Put off your shoe [for the place upon which you stand is holy.] (Joshua 5:15)" Hence, the priests ministered in the Temple, barefooted.

This verse, and this interpretation of it, has implications that are practiced to this very day:

"The idea of explicitly sacred (Heb. kadosh) space is encountered here for the first time. No such concept exists in Genesis, which features only sacred time—the Sabbath. The pagan mythological notion that certain areas are inherently holy does not exist in the Bible. It is solely the theophany that temporarily imparts sanctity to the site, rendering it inaccessible to man.

In the ancient Near East, removal of footwear, here probably sandals of papyrus or leather, was a sign of respect and displayed an attitude of humility. Priests officiated barefoot in the sanctuary; and to this day they remove their footwear before pronouncing the priestly benediction in the synagogue service. (Nahum Sarna, *The JPS Torah Commentary: Exodus* (Philadelphia: JPS, 1991), p. 15)

One of the salient features of becoming a patient is the shedding of one's normal clothes and the donning of the hospital gown and the relinquishing of one's shoes and symbolic items such as wedding rings. To redeem this fearsome experience, and to facilitate a sense of holiness, those entering the metaphorical experience of rising through the seven levels of heaven, of Torah and of healing are invited to doff their shoes, recreating the experiences of becoming a "patient" (note the irony of the word, for patients must have a great deal of patience!) and of coming near the burning bush; in other words, coming near to an awesome realm in humility. (Perhaps today's surgeons and operating room nurses and technicians would feel more empathy with the patient if they, like the patient, had to enter the operating room barefooted!)

Discussion Questions

1. What does the struggle for meaning have in common with the struggle to study Talmud? How are the processes the same? Different?
2. Do you practice the ritual of washing your hands in a Jewish context? In some other context? What does it presage?
3. How does taking off your shoes signal a transition from one state of being to another? Have you ever thought of taking your shoes off while praying? How would it change the experience for you?
4. Have you ever made a pilgrimage? To where and to what purpose? Is it a paradigm you can use in other areas of your life?