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Chaplaincy in long-term care (and prison) settings: How names and identities affect people's lives

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It is suggested that all of us have three names: that which our parents gave us; that by which we are known to others; and the name we make for ourselves.¹ It is no exaggeration to say that our name is our fame. It is who we are; it is often *what* we are. The children's rhyme may go, "Sticks and stones may break my bones, but names will never hurt me"—but we know that this is bravado. Names do define, names do explain, names do — or can — help us or hurt us. As the Talmud explains, people's names affect their lives.²

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If these observations are true about life in general, they have even greater application to residents in long-term care centers. Once people are in long-term care, they cease to be who they were beforehand. They take on a new "name," a new identity, and a new relationship with their family, as their family also takes on a new relationship with them. Their very self-definition changes in significant ways. Previously they were "the Isaacsons of Washington Heights in Manhattan." Now they are "the Isaacsons of Shalom Park Nursing Home." This gift of a new name may or may not have been one that they sought voluntarily, or even wished to possess. They may bear this

"gift" only grudgingly, as it is another indication that they are no longer who they were. They do not have their previous independence, they do not have their previous choices, and often they do not have their previous health. They have acquired a new designation. They understand that they are not who they were before, and that fact rightly gives them pause.

The reality that a change in name, identity, and status affects people's lives is reflected in the story of the Biblical patriarch, Jacob.

Young Jacob is brash and cavalier. Early on, he takes advantage of his brother, Esau, to obtain the primogeniture birthright. Later,

in collusion with Rebecca, he takes advantage of the elderly Isaac.

Twenty years later, the older, wiser, more experienced Jacob does not rush into decision-making. He is much more cautious. He is much more measured in his responses to both Dinah's dilemma and Joseph's self-serving dreams. The mature Jacob is not the man he was before.

What has changed? True, he is older and has more serious family responsibilities. Yet something happened at the nocturnal episode at Peniel (*Gen. 32:22-32* [23-33 Hebrew]). He ended up with a new name and identity, Israel, and also with a serious physical deficit. Jacob now limps. He is not the man he was before; he has aged, and he acts differently.

What does this story say about names, how people see themselves, and how they are seen? What does it say about change, transition, and the elderly?

In the Biblical narrative at Peniel, Jacob was cut off from his belongings. That night, he had with him only the essentials. Typically, when people move to a nursing home, they have to leave behind many accumulated possessions. Gone are reflections of themselves as seen through treasured objects, furniture, and memorabilia. Their new household needs to be condensed into one or two rooms, or less. In this new abode, they are surrounded by unfamiliar furniture and by objects that do not, that inherently cannot, carry memories of warmth, love, and comfort. Even when residents bring some of their mementos, under the best of circumstances, space is limited.

This new environment is emotionally devoid of the past. This is devastating for many people who cannot find "themselves" in it. Their very identity and self-identity has changed. *Who they were is no longer who they are.* (Coincidentally, refugees who are forced to leave their homelands suddenly face a similar sense of emotional dislocation.)

Jacob knew who he was before his night encounter. He was not so sure the next morning. How did his new name, his new identity, Israel—struggler with God—affect him? In future Biblical references, he is sometimes called "Jacob," and sometimes he is addressed as "Israel." He is, in part, who he was before, but now he is also struggling toward his new identity, or perhaps he is struggling *with* his new identity. The post-Peniel Jacob is a much more cautious man. He is more tentative in his dealings. In their transitions, residents of long-term care centers likewise are both "a part of" who they were, and at the same time "apart from" who they were, as they struggle with their new identities. They too, are often more cautious, more tentative, in their dealings.

A further point: Jacob clearly has a traumatic experience the night before he is to meet Esau. He is apprehensive, worried, and uncertain about what is going to happen the next day, much less what life will be like after that. When people are scheduled to move into long-term care, they, like Jacob, are very apprehensive. They, too, are worried and uncertain; they, too, wonder what it is going to be like, and how life will change with their new situation. When residents

enter long-term care facilities, even well run facilities, they are metaphorically limping. They are unsure of their steps, emotionally and spiritually. In addition to that, many are, literally, physically unsure of their steps. They come in with walkers, in wheelchairs, or on an ambulance gurney straight from the hospital. They enter a new environment, one not necessarily of their choosing, and certainly, in most cases, not where they ideally want to be. Many come against their will. This is very, very traumatic.

Chaplains, when meeting with new residents or their families, aware of their rightful concerns and apprehensions, can explain to them that the transition will take time. It will not occur overnight. It may well take three or four weeks. It may take six weeks or more. These changes are difficult, and as one ages, it takes longer to make even minor adjustments, never mind major ones. For the newly arrived resident, new surroundings, new faces, new regimens, new food, all require getting used to. Some people truly never make a complete transition.

In our transitions, names are important—and in many ways, they define us. Sometimes, we are known by one "name" and sometimes by another. We all are, in fact, a combination of many names, many identities, depending upon the given situation. Let us remember that the names and identities people carry affect their lives.

Earlier reference was made to the fictional couple called "the Isaacsons of Washington Heights in Manhattan." Now they are

"the Isaacsons of Shalom Park." They are experiencing feelings of deprivation. A chaplain can provide enormous comfort by simply listening to them, by letting them reminisce about life "then," and perhaps letting them lament their loss. There is nothing to "fix," because in all probability, their health will not return. They certainly will not suddenly become younger. The chaplain's ability to affirm their reality is a great gift. Through active and empathetic listening, the chaplain can help residents think through their new identities. He or she can help residents define, even if only momentarily, who they are now. The pastoral caregiver provides a friendly face, a listening ear, and a gentle gesture of concern. Unlike doctors, or nurses, or physical therapy staff, the chaplain does not ask the resident to "do" anything, but merely to "be." The pastoral caregiver provides a presence of nonjudgmental empathy.

Sometimes a loss of identity takes on a different meaning for residents. What is lost is the very memory itself; the names (identities) of the past are gone. A resident will try to respond to a simple question, but many, increasingly, cannot recollect something they thought they obviously should know: the name of their hometown, where they were born, their children's names. Dementia is devastating emotionally and brings embarrassment—and terror—in its wake, both for the people involved and for their families. Here again, the nonjudgmental chaplain brings needed calm to what could become an overly emotional situation. Sitting with residents and simply listening to

where they are at this moment, supporting their name at this particular time, is a sacred task. It does not matter that tomorrow they may be someone else, with a new name, or a new set of circumstances. To appreciate the sacredness of the moment, irrespective of what changes may occur in the future, is an important task of the chaplain.

The experiences of chaplains in long-term care facilities have an interesting parallel, and application, in another setting: chaplaincy care for those who are incarcerated.

Over a number of years, I served as the regular part-time chaplain at several federal correctional institutes. I also had frequent opportunities to visit men and women serving time in state prisons, or under temporary incarceration in a local jail. Whether it is jail or prison, those incarcerated are in the "big house," and their lives could not be more different from yours and mine. Nearly every moment of their day is regulated. On the whole, they lack access to countless items that we take for granted: telephones, computers, fax machines, their own private rooms, privacy when using the toilet, meals of what and when they would like—the list could go on endlessly. They are prisoners, living a highly regulated, often boring, sometimes dangerous, and always limited life, a life where they rarely can make decisions that affect their routine.

There are certain parallels between being incarcerated and living in a nursing home. One experience does not equal the other, and there are significant

differences as well, but parallels do exist. The fact is that, in both cases, the resident or prisoner now has a new label; their self-definition, and the designation/identity given to them, does seriously affect their lives. Prisoners, like residents in nursing homes, yearn for their previous freedom, their previous lifestyle, and their previous name. They grieve for their past, and feel a great sense of loss. They sorely regret the fact that they do not have the control over their lives that they had in their previous existence.

Not all, but many of the skills applicable to good chaplaincy in a nursing home will be helpful in prison chaplaincy. The sense of dislocation is felt even more keenly if incarcerates (or residents) perceive that they are now living in a situation where they are isolated from former links, such as cultural or ethnic associations. For example, in terms of the Jewish experience, though there are Jewish nursing homes with a preponderance of Jews, many or perhaps most Jews who live in long-term care facilities find themselves a clear minority with often, at best, only a handful of other Jews. The rest of the nursing home residents and certainly the staff are predominantly, at least nominally, Christians. In these cases, where Jews are socially and religiously isolated, the psychological parallels to prison life are even more relevant.

For some people in prison, praying with the chaplain may be an important activity. For others, merely being with one's own co-religionist, or with people who share the same ethnic heritage, is foremost. Seeing someone with

authority, in this case the chaplain, who does not make any demands, has a certain appeal. The chaplain is a link to the normalcy of the outside world. Some people want or need to unload their hearts, to seek counsel. Simply by being there to listen, to empathize, to be present, is an important act. The chaplain cannot take away the pain of being in prison (any more than the chaplain can take away the pain of being in a long-term care setting). You can address, but not really resolve, the issues of fear, loneliness, shame, and guilt. Nonetheless, the chaplain can offer the gifts of compassionate caring, an empathetic ear, a healing heart, a gentle gesture of concern, a wise word, and even a helpful touching hand during moments of distress.

No one goes to prison willingly; no one goes without shame and guilt. Entering prison is disorienting and depressing; it is a very different society. Oftentimes, prisoners carry around a fair amount of anxiety, angst, and anger. A chaplain's kindly presence and an empathetic ear will not shorten the prisoner's sentence, but it can lighten a prisoner's day and bring momentary relief from a very dull and regimented existence. Prison chaplains and prison volunteers, who are God's representatives, cannot literally release the bonds of jail or prison, but they can, through their presence, bring relief and empathy to the incarcerated population.

There are other parallel concerns between those incarcerated

and those living in long-term care. These include, but are not limited to: the availability of certain foods, how food is prepared and served, as well as the issues of *kashrut* for Jews or *halal* for Muslims. There may be family embarrassment or shame about the person's whereabouts. Other important subjects are mental, physical, emotional, psychological, and sexual abuse among prisoners and among the elderly.

In both settings, chaplains should be there for their "congregants." Likewise, in both cases the chaplain may find her- or himself walking a careful line between the needs of the local staff (nurses, social workers, or the guards and prison administration) and the needs of their congregants. In both settings, the chaplain's job is to listen. It is not to argue. The chaplain is not there to defend the nursing staff or social workers. The chaplain is not there to defend the actions of the guards and prison administration. The chaplain is not there to defend God. Chaplains are there to hear their congregants' laments, to be concerned with their truths in the moment, not the reality of the situation. Issues of trust, legality, confidentiality, affirmation, empathy, and connections to families on the "outside," if not exactly parallel, do have great overlap in both settings.

Having said all this, there are very significant differences between the two worlds, the world of incarceration and the world of long-term care. Comparisons, while valid, need to be carefully evaluated, and not taken out of context.

Conclusions

In conclusion, special conditions apply when there are major life changes which require living in a new and different setting, whether it be long-term care or incarceration. Further, often when this change is involuntary but necessary, there are serious adjustments that people (and their families) make in their own sense of self, how they see and understand who they are. This often means taking on a new name, a new self-definition/identity, a gift unwanted and unappreciated, and often reluctantly accepted. Names do define who and what we are.

Our name is our fame. Names can help us or hurt us. People's names and identities affect their lives. The chaplain can help enormously by being there, "in the moment," affirming these new conditions, and recognizing the difficulty of these changes. The chaplain's presence can be a sacred moment, irrespective of what might take place over the coming period of time.

Note

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References

1. Midrash Ecclesiastes Rabbah 7.1.3.
2. Babylonian Talmud Berakhot 7b.