Translating Spirituality: Universalism and Particularism in the Diffusion of Spiritual Care from the United States to Israel[1]

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Research on the transnational diffusion of ideas and practices shows how cultural objects go through translation, adaptation, and vernacularization when implemented in new localities. Less attention is given to the translators themselves and their heterogeneous and often conflicting visions. Drawing on the notion of transnational social fields (TSFs), this article investigates how cultural objects get vernacularized differently in different parts of the TSF, demonstrating how processes of translation reflect larger social and political struggles over questions of identity. As a case study, we focus on the attempt of actors from Israel and the United States to institutionalize spiritual care in Israeli health-care organizations. The analysis reveals how spiritual care functioned as a porous cultural object, open to a wide range of interpretations and debates. While actors in New York saw in spiritual care the opportunity to bridge to Israeli Jews and create a global Jewish identity, Israeli actors split between using spiritual care as a vehicle for creating a local Israeli Jewish identity and seeing in spiritual care the opportunity to establish universal identities, broader than the Jewish one. The disagreement and conflicts between the groups influenced the translation process, turning it into a contentious struggle that involved different positions on the continuum between particularism and universalism.

KEYWORDS: cultural diffusion; cultural objects; Jewish identities; religion; spiritual care; transnational social field.

INTRODUCTION

Speaking from the office of his financial management company in Manhattan, David described spiritual care in Israel as the "brain child" of someone eight to ten years ago.[5] The idea was to "begin to seed the world of chaplaincy—the word doesn't even exist in Hebrew apparently—to start to support the world of chaplaincy in Israel, the way that it was gaining some traction in the U.S." David volunteers and donates to the UJA-Federation of New York (referred to as the "Federation"), a large Jewish philanthropic group dedicated to caring for people in need and strengthening Jewish life in New York, Israel, and around the world. It was the financial support of the Federation ($9 million), David explained, that initially helped to build chaplaincy or spiritual care as a profession in Israeli health

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care "using Jewish values, Jewish text, Jewish culture, as a way to help people reach wherever they are trying to reach spiritually." The Federation supported spiritual care efforts as one of many projects focused on "building Jewish identity, building linkages to Judaism—obviously Israel," David concluded.

Tamar, the head of a spiritual care program in Israel, reflected from a coffee shop in Jerusalem on her vision on spiritual care, seeing it from a different vantage point. "We want to use the culture we know. . . and out of this culture develop spiritual life," she said. This culture, according to Tamar, is not limited to Jewish thought but includes Hebrew-based culture, emphasizing that all Israelis, including atheists, "speak the language of the Bible, they read the Bible, and understand it, and we have something no one else has: we speak a language spoken thousands of years ago." When asked about the emphasis on Jewish-Hebrew culture, she answered, "This is the culture that most of us Israelis are connected to, are rooted in, even if it's the same culture we attack, even if we hate it, it's our cultural reference point."

From her office in a central Israeli hospital, Yael, a spiritual care provider, offered a third perspective. For her, spiritual care does not necessary concern Jewish values but is based on universal spirituality because "I believe that every human being has spiritual experiences. . . . I connect to the person I meet in the place of his spirituality. I search for these places, and each person has his own worlds." When she spoke about her work as a spiritual care provider, she mentioned poetry, music, nature, and meditation. She stressed that she has a vision of spiritual care for everyone in Israel, from all religious and ethnic backgrounds.

David, Tamar, Yael, and others in the United States and Israel have played key roles in the movement or diffusion of spiritual care from the United States to Israel in the past 20 years. While David sees spiritual care as a way to build a more global Jewish identity that connects Israel with American Jews, Tamar sees it as a way to broaden Jewish-Hebrew spiritual culture and practice in Israel, and Yael sees it as a way to connect one human spirit with another regardless of religious or ethnic background. Other leaders, on both sides of the Atlantic, have seen in the transmission of spiritual care from the United States to Israel opportunities to develop their own visions of identity and community in very different ways, promoting different perspectives—often conflicting—on the continuum between particularism and universalism.

Studies on the diffusion of cultural objects tend to focus on how objects are adapted and translated as they move from one social context to another. Less attention is given to the translators themselves, and how their position in a joint transnational social field (TSF) leads to different, even conflicting, translation attempts. In this article, we take the process of diffusion of spiritual care from the United States to Israel as a case study that sheds light on how the positions and identities of different groups of translators affect processes of translation. We argue that because cultural objects are characterized by "interpretative flexibility" and "porousness," different groups of actors can pour into them a wide range of ideals and values. By shifting the focus from the object that is being translated to the translators as agents, we shed light on the complex and never fully complete process of

translation, as the same cultural object comes to represent multiple, sometimes conflicting, values and hopes among differing constituencies.

THE CIRCULATION OF CULTURAL OBJECTS IN TRANSNATIONAL FIELDS

This article is based on the premise that cultural objects are not pregiven closed entities but instead hold "interpretative flexibility" (Pinch and Bijker 1984). We use Griswold's (1987) notion of cultural objects to capture shared ideas, practices, or relationships that have some public or community expression over and above individuals. While cultural objects are based on shared recognition, this shared recognition does not imply a consensus and is open to conflicting interpretations. In order to stress that such conflicting interpretations reflect active work of social agents, we use the notion of porous cultural objects to capture the ability of different social groups to pour different meanings into the same object. The level of porousness of a cultural object is not fixed and can change over time. As Pinch and Bijker (1984) show, cultural objects lose their interpretive flexibility and are stabilized through "closure mechanisms" that limit alternative interpretations (see also Callon 1984; Gotham 2016). However, cultural objects can also go through the opposite process and regain porousness and interpretative flexibility.

A central process that leads to the increased porousness of cultural objects is their diffusion from one social context to another. Research on the diffusion of ideas and practices illustrates that when entering a new cultural context, cultural objects tend to change and adapt (e.g., Ansari, Fiss, and Zajac 2010; Carlile 2004). One of the central perspectives that explain such adaptation draws on Snow et al.'s (1986) notion of "framing" (as adapted from Goffman 1974), and on Strang and Meyer's (1993) notion of "theorization." According to this perspective, for a successful diffusion to take place, there is a need to produce resonance or "cultural linkages" between the object and the new social context. As Ansari et al. (2010:29) write, "many diffusing practices are not 'neutral' entities; rather they come loaded with normative theories about the world that may or may not be in line with the theories and values of potential adopters." In other words, the "fit" between the circulating cultural object and the norms, values, and belief systems of the audience is an important factor in the diffusion process (e.g., Abbott and DeViney 1992; Drori, Höllerer, and Walgenbach 2013; Straub 1994).

Transnational and global lenses have enlarged this perspective asking how certain ideas and practices that are shared in one social context or locality move across borders. Three interrelated concepts have become extremely influential in this regard. First, "glocalization" used to describe the hybridization process that takes place in the adaptation of a global (often Western or American) cultural object into local contexts (Robertson 1995). Second, "translation," which relates to the transnational flow of cultural objects (not necessarily global or Western) and their continual change as they are made to make sense in different social and cultural contexts (Czarniawska and Sevón 2005; Merry 2006). Third, the notion of "vernacularization," which relates to the appropriation and customization of cultural

objects so they can be comprehended and used in particular contexts (Levitt et al. 2013). For example, popular culture, such as TV shows and literature, are customized and nationalized to fit new audiences (e.g., Couldry 2007; Salmenniemi and Vorona 2014). Women's rights ideas are vernacularized to fit local belief systems and norms so they can be appropriated in new cultural contexts (e.g., Levitt et al. 2013; Rinaldo 2011). Management and organizational practices are translated into new cultural contexts as they circulate transnationally (e.g., Doorewaard and Bijsterveld 2001; Frenkel 2005).

Existing research offers important insights into the process through which cultural objects are localized. However, by emphasizing the cultural object and the way it is adapted to the new social context, these studies tend to gloss over a key factor in the translation process—the translators as active agents (Merry 2006). Recent studies that began to shed light on this category of intermediaries illustrate that this focus reveals the complexity of translation processes, and with it its contentious nature. For example, in her study of transnational human rights and local activism, Merry (2006:49) illustrates how the position and visions of the translators lead to a state in which ideas regarding women's rights were interpreted differently by translators and their targets, leading to "a failure to fully indigenize." Likewise, in her study on the transnational circulation of the book *Our Bodies Our Selves*, Davis (2007:206) illustrates how the different groups of translators actively and strategically translated the content of the book "in the context of their own (often very different) modernization projects," projects that did not necessarily have a cultural "fit" with the local audience.

To extend research on the translators, we suggest that translators are not a coherent group of people who have a clear coherent sense of local language but instead are composed of different groups of people who are negotiating and contesting the definitions of context, object, and relations between the two. Such perspective resonates with Steinberg's (1999:737) dialogic approach for the study of collective action, which sees "the production of meaning as essentially contested collective action that is motivated both by group conflict and the internal dynamics of discourse itself." In other words, the meaning and content that are poured into cultural objects are not just a question of a pregiven fixed local culture or a potential audience (i.e., translation to fit a specific locality) but a question of visions, desires, and interests of a specific group of agents of diffusion, frequently in conflict with other such groups.

In order to shift the focus to the active role of translators, we turn to the notion of a TSF defined as "interlocking, multi-layered, unequal networks of individuals, institutions, and governance regimes that connect cultural producers and consumers to multiple people and places on the basis of multiple identities" (Levitt 2016:144; see also Levitt and Glick Schiller 2004:1009). This notion recognizes the multiple positions, power relations, conflicts, and consensus that exist in a social field, because "fields are rarely organized around a truly consensual 'taken for granted' reality" (Fligstein and McAdam 2012:11). Because the boundaries of a TSF are not fixed, and because actors and objects move back and forth, using this concept challenges the classical differentiation between source and target or global and local. Actors in TSFs can hold national or ethnic local identities, side-by-side universal-

cosmopolitan ones. Moreover, local ethnic, religious, and even national identifications can become sources for transnational citizenship and civil action that extends beyond the boundaries of the classically defined nation-state (e.g., Basch, Glick Schiller, and Blanc 2005; Kutz-Flamenbaum and Duncan 2015).

By combining the insights from the TSF perspective, together with the focus on the translators as a heterogeneous, often conflicting group, we track how the same cultural object gets vernacularized or translated differently in different parts of the TSF. We investigate how the meeting between different visions and hopes affect the diffusion process, and illustrate that translation is not only a question of creating the best fit with the new culture but is a complex process that is embedded in larger political struggles and debates.

THE TRANSNATIONAL CIRCULATION OF SPIRITUAL IDEAS AND PRACTICES

Religion and spirituality is a particularly fruitful case to examine the active role of different groups of translators. This is because religious ideas and practices challenge the oppositions between local and global, universal and particular. As Tweed (2006:54) claims, when religion travels, it serves simultaneously "to make homes and cross boundaries," expressing "tropes of dwelling and crossing" (2006:22). Religious ideas and practices unite people in local communities and joint culture, yet at the same time, religious ideas and practices travel beyond these communities producing transnational identifications and global religious citizens. Religions define collectives and groups, yet at the same time include more universal aspirations for extending influence beyond these groups.

We build on existing research about how religion and spirituality circulate in TSFs. First, we draw on research that illustrates how religious identifications create transnational communities and ties that cross national boundaries (Cadge and Ecklund 2007; Ebaugh and Chafetz 2002; Levitt 2007; Vasquez and Marquardt 2003). Second, we extend and contribute to research on the transnational movement of symbols and practices and the diffusion of aspects of religious traditions (Bender et al. 2013; Cadge and Ecklund 2007; Kucinskas 2014; Levitt 2007; Mooney 2009; Tweed 2006). We pay particular attention to case studies that can shed light on how different positions between particularism and universalism (including national, ethnic, and cosmopolitan identifications) lead to various translation attempts in different parts of TSFs. Examples include the Aztec Conchera Mexican-Catholic dance, mindfulness meditation, and yoga (De La Torre and Gutiérrez Zúñiga 2013; Kucinskas 2014; Strauss 2005). We return to these case studies in the discussion.

We concentrate on spirituality seeing it not as highly individualized but as including sets of practices that are patterned and may be connected to public and civil institutions (Bender 2010). We consider spiritual care as a set of practices that originated from the professional role of the chaplain. Chaplains long had responsibilities distinct from local clergy first in the military in the Latin church (Sullivan 2014). Christopher Swift (2009) traces chaplaincy in health-care organizations to medieval hospitals in the eleventh century refounded in the seventeen century.

Chaplains today are attached to a wide range of institutions in the United States, Great Britain, Western Europe, and Australia (Swift, Cobb, and Todd 2015).

Historically Christian, largely Protestant, chaplaincy has only recently expanded to a religiously pluralistic role in the United States as well as countries outside of North America, Western Europe, and Australia. In North America and the United Kingdom today, chaplains represent Christian as well as Jewish, Muslim, Buddhist, humanist, and other traditions and increasingly work as multifaith chaplains across religious traditions (Hansen 2012; Swift et al. 2015). The U.S. military appointed its first world religions chaplain in 2010 although non-Christian chaplains in the U.S. military and elsewhere continue to be understood through a largely Christian template (Sullivan 2014). This template is evident in the struggles Jewish and Muslim chaplains have gone through trying to create fields and practices for themselves distinct from Protestant norms and appropriate for the constituents they serve (Gillat-Ray, Ali, and Pattison 2013; Taylor and Zucker 2002). While scholars in the United States, Canada, and the United Kingdom have described this first-order translation—the creation of chaplaincy roles for non-Christian chaplains—we focus on a second-order translation in the movement of spiritual care through transnational contexts to countries outside of North America and Western Europe (Cadge 2012; Cobb, Swift, and Todd 2015; Pesut et al. 2012).

In health care, chaplaincy or spiritual care takes multiple forms even in the same geographic contexts. In the United Kingdom, it is a bit more standard as it is provided by the National Health Service (Swift 2009, 2013). It is more varied in Europe, Australia, and the United States (Cadge 2012; Kofinas 2006; Orton 2008). American health-care organizations are not required to have chaplains or spiritual care providers, although two-thirds do (Cadge, Freese, and Christakis 2008). Some continue to have departments of chaplaincy or pastoral care, while others are transitioning to departments of spiritual care or spiritual care services, a frame that integrates a broader range of traditions and practices as the composition of the U.S. population changes and growing numbers of younger people have no religious tradition (Cadge 2012). What spiritual care consists of is an important question in places where it is well established and where it is new (Cobb et al. 2015). Consensus documents describe spiritual care as the attention care providers bring to spiritual, religious, and existential issues best provided by a trained and certified chaplain. Spiritual care tends to be more widely available in palliative care contexts where the use of spiritual assessments, spirituality in care plans, and the work of a chaplain is more common (Puchalski et al. 2009).

In Israel, chaplaincy is not a recognized profession or practice. Most Israeli hospitals are state sponsored and offer religious services by Orthodox rabbis, appointed by the state religious authority. However, these rabbis do not meet with patients and their work involves supervision of Jewish law. Before 2004, when the story of diffusion we are about to tell begins, only a few hospitals in Israel had on staff a person who did work similar to that of a spiritual care provider, and much of their work was volunteer. Today, in 2017, there are 15 hospitals and many other medical institutions that offer spiritual care services in Israel (Bentur and Resnizky 2010; Pagis, Tal, and Cadge 2017).

ISRAEL–UNITED STATES AS A TRANSITIONAL SOCIAL FIELD

The TSF that connects Jews in Israel and Jews in the United States extends Levitt's (2007) notion that "God needs no passport." Because Israel grants immediate citizenship to any individual who provides evidence that one of his or her grandparents were Jewish, American Jews are potential citizens of Israel, and many see themselves as having the right to active participation and influence on Israel. At the same time, Israeli governments invest in connections with the American Jewish communities in attempts to preserve their political and financial support (Sasson 2013).

While the connections between Israeli and American Jews are based on a shared religious category, being Jewish is interpreted and experienced quite differently in different locations in this TSF. When Israel was established, it produced a "church-like" religious authority (rabbinate) that is a part of the state apparatus. This move gave birth to what Levy (2011:94) describes as a "politicized, institutionalized Jewish religion" that is unique to Israel as a Jewish state. Historical circumstances, connected to what people in Israel call the "status quo," granted full authority over state religious services and institutions to Orthodox Judaism.[6] Because more than half of Jewish Israelis do not identify themselves with Orthodoxy, Israeli society is characterized by a religious–secular conflict (Sasson, Tabory, and Selinger-Abutbul 2010; Shafir and Peled 2002). Issues about which there is conflict include public transportation on Saturday, civil marriage, or the army recruitment of Ultra-Orthodox men.

The identification of institutionalized religion with Orthodoxy is reflected in different ways in Israel. To be a "religious" Jew in Israel means to be Orthodox. According to a 2016 Pew Research Center report, 49% of all Jews in Israel self-identified as secular, and 29% self-identified as traditional (middle ground between secularism and Orthodoxy). It is important to note, however, that being a secular Jew in Israel does not necessarily mean being disconnected from Jewish heritage (Liebman 1997). Those who define themselves as secular may in fact be practicing different forms of Jewish- or non-Jewish-based spiritualties (Ezrachi 2004). Studies find in Israel many different vibrant "spiritual" circles and groups, including, among others, meditation groups, rainbow gatherings, channeling, or the more Jewish-based circles such as Kabbalah teachings, Hassidic groups, and varied Jewish renewal circles (e.g., Kaplan and Werczberger 2017; Klin-Oron and Ruah-Midbar 2010; Werczberger and Azulay 2011). However, these trends are much less institutionalized, are not organized under one cultural or religious leadership, and so far, have had little influence on state religious institutions.

In contrast, in the United States where state and religion are officially kept apart, no official rabbinate was established. Because voluntary groups are of great importance in the United States, grassroots movements emerged that offered to reform or modernize Judaism. Usually referred to as the liberal Jewish denominations, these include the Reform, the Conservative, and the Reconstructionist

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[6] Including, among others, marriage registration, burial services, Kosher food supervision, neighborhood synagogues, and military and hospital rabbis (Cohen and Susser 2000).

movements. While these movements are based on different levels of observance of Jewish law, they share an openness to cultural change, a relatively equal gender ideology, and an opposition to the traditional approach of Orthodox Judaism (Waxman 2005). These movements are highly institutionalized in the United States, with synagogues, schools, and rabbinical schools, and they developed their own versions of Jewish rituals, including distinct processes of conversion. According to a 2013 Pew Research Center report, 60% of the Jews in the United States identify with liberal Jewish movements, while only 10% identify with Orthodoxy.

The Jewish liberal movements diffused beyond the United States and established branches in Israel, including active synagogues, rabbinical schools, and even a chain of elementary schools. However, their influence on Israel as a whole remained limited (Kaplan 2005; Tabory 2004). In 2013, 7% of Jews in Israel identified with the Reform and Conservative movements (Herman et al. 2013). The recent liberal Jewish renewal witnessed in Israel, such as gender-equal Orthodox circles, or pluralist Bible reading groups, are structurally and institutionally separated from the liberal denominations (Cohen and Susser 2010; Ferziger 2008). Tabory (2000:1) suggests two reasons why liberal Jewish movements did not "catch up" in Israel as they did in the United States. The first is that because in Israel Jews are the majority, and holidays and life-cycling events are based on Jewish culture, non-Orthodox Israeli Jews "have no need" for a religious movement that defines their Jewish identity (Tabory 2000:186). The second reason is a strong discrimination against these groups led by the Israeli state. This discrimination led many American Jews to fiercely criticize what they call the "Orthodox monopoly" in Israel. This is not just a conflict over theology. When Israeli Orthodox authorities, for example, recently declared conversions conducted by Reform rabbis insufficient for conversion, many American Jews understood this as a message that they are not Jews, or that their partners who chose to convert are not Jews, nor are their children and grandchildren.

To conclude, the diffusion of spiritual care into Israel takes place in a TSF characterized by tensions regarding what it means to be Jewish and the Jewish/secular identity of the state. As we are about to show, these tensions became a central axis around which translation attempts around spiritual care took place.

METHODS

The data in this article were gathered as part of a broader historical and sociological study of spiritual care in Israel that started in 2014. We aimed, in this larger project, to interview all of the key leaders in spiritual care in Israel as well as key figures in the United States involved in developing spiritual care in Israel. We started with known informants and used snowball sampling to generate as complete a list of the population as possible. We interviewed 40 people, 28 in Israel and 12 in the United States, including those we and informants judged to be most centrally involved and representing the broadest range of backgrounds and perspectives. Interview data were supplemented by observation of a training session for Jewish American and Israeli spiritual care providers in Israel and the opportunity to

informally shadow one spiritual caregiver in Israel through her work routine. By interviewing key leaders and continuing to interview until we reached saturation, we are confident that the breadth and depth of the field is accurately represented in the data.

Interviews lasted between 30 minutes and three hours and were semistructured. We asked about involvement in spiritual care in Israel, definition of and vision for spiritual care, and experiences interacting with other actors and patients. When interviewing spiritual care providers, we asked about daily practice in medical institutions. Interviews were conducted in English and Hebrew by the authors who are, as a team, fluent in these languages. The majority of interviews were conducted between January and August 2014. Individual respondents selected the language and location of the interviews, which were tape recorded and transcribed. Data were analyzed inductively broadly following the principles of grounded theory (Strauss and Corbin 1998). We identified initial themes in the interviews as a team and then conducted a secondary review of the data, drafting memos and notes to share with one another throughout the analysis process.

Demographically, interviewees included the leaders of nine spiritual care training programs in Israel, almost all of whom also had experience as spiritual care providers. We also interviewed an additional 12 spiritual care providers who were not program leaders. And we interviewed five health-care professionals in the hospitals where the spiritual training programs were located and one hospital rabbi. Most of the spiritual care providers were women (18 in comparison to 3 men), and all but two had gone through some formal spiritual care training. All had provided spiritual care work as volunteers and 19 were currently paid for spiritual care provision or supervision work, mainly through nonprofit organizations. Six providers were ordained as rabbis (four non-Orthodox female rabbis and two Orthodox men). One provider identified as Reform, one as modern Orthodox, and the others identified as universally spiritual. In the United States, we interviewed funders, advocates, and educators. The funders and advocates included seven people from the UJA-Federation of New York and Neshama: The Association of Jewish Chaplains. The educators included six American professional chaplains who were responsible for training and certifying the Israeli spiritual care providers and were recruited by Neshama.

FINDINGS

Like David, Tamar, and Yael, whose stories began this article, dozens of people were involved in the establishment of spiritual care in Israel. They were all a part of one TSF; some were firmly situated in the United States or Israel, whereas others flowed back and forth between the two countries—a kind of circular or transnational migration. They were all motivated by what they saw as emerging in other places and as missing from the Israeli medical system—offering patients spiritual and existential support. Yet, while all the actors involved held a general consensus that allowed them to join forces, they greatly differed in the larger vision they held for spiritual care in Israel, and the content and symbols they poured into this cultural object. In what follows, we introduce three key groups of actors we identified,

illustrating how these varied visions led to different and conflicting translation attempts.

American Jews: Spiritual Care as Promoting a Global Jewish Identity

For the American Jews, spiritual care was seen as a tool in promoting a unified Jewish spiritual identity built on the American model. Their efforts to translate spiritual care into the Israeli context were influenced by their hope of making space in Israel for themselves and their experiences of Judaism. This hope is captured by the words of one of the central American actors, who spoke of the efforts to "bring spirituality to the land of spirituality." From this perspective, whatever spirituality was exercised in Israel at that time, it did not correspond to the definition of Jewish spirituality as experienced and exercised by American Jews.

In the early 2000s, Jewish spiritual care was developing in New York. These beginnings gave some American actors the idea of helping to develop spiritual care in Israel. As Judith, a representative of the UJA-Federation of New York we interviewed, said, "There were developments in New York that were not really being mirrored or echoed by similar developments in Israel because they said like, 'Oh, we don't do that in Israel,' and the question was why don't we do this in Israel if this could be a powerful way to help people?" At that time, the Federation was already involved in funding different spiritual care projects in the United States through the Jewish Spiritual Care Advisory Task Force, who recruited the Federation to bring their resources to bear around this effort: "I said, let's export this to Israel, and we utilized the table, this New York table of this Jewish Spiritual Care Advisory Task Force, and... we had people around the table, totally passionate about Israel."

It is important to note that at the same time that American Jews began to translate chaplaincy into Jewish chaplaincy, Israelis were initiating their own early vernacularizing attempts. However, these early attempts jumped scale when the UJA-Federation of New York entered the field in 2004 and from 2006 onward started to offer funding. In the 10 years to follow, the Federation devoted more than $9 million to these efforts.

Following their own experience of developing Jewish spiritual care in the United States, American Jewish interviewees tended to confine spiritual care to a particular audience. They envisioned spiritual care as a non-Orthodox Jewish practice, based on Jewish texts, traditions, and rituals, that connects the individual to a larger frame of meaning of Jewish identity. As Anna stated, "Anyone can do crystals and meditation and all this kind of stuff, but this is really about what does Judaism have to say?... and that's why right from the beginning I always was an advocate that this has to be Jewish spiritual care." It was, in the words of Judith, a search for a "Jewish way of caring for people that was uniquely Jewish, that could connect New York professionals and Israeli professionals."

American Jewish interviewees suggested that they saw spiritual care as a vehicle through which they could connect to Israel. In their perception, in Israel being Jewish is mainly a national identification, and the aim of spiritual care was to offer Israelis ways to "identify Jewishly outside of identifying as a citizen of the state of

Israel." Emily, for example, stressed that "a lot of the Jewish people in Israel kind of look at religion as only being Orthodox" and stated that especially at the end of life, Israelis are "seeking a spirituality" that isn't "available elsewhere." Moreover, American Jews saw in spiritual care a tool to push against what they named the Orthodox monopoly in Israel, as Evelyn said: "You know, we know every single institution, they have their quote, unquote rabbi assigned to it. But his, and only his job, is to keep the kashruth [laws of kosher food] and then if there's anything ritual that has to be done. . . ." Not seeing in these Orthodox-based rituals what they experience as the beauty and intensely personal nature of Jewish identity themselves, Emily added, "[Spiritual care in Israel] allows people to access Judaism in a way they would not otherwise. Have a person on staff who would use Jewish texts and traditions to access the tradition. . . opening the gates to other forms of Judaism."

In a somewhat paradoxical turn, even though American actors advocated spiritual care for Israelis, their efforts were motivated by their hope to strengthen their own feelings of belonging. They focused on spiritual care believing that in their last moments of life, or in moments of sickness and despair, people in Israeli are "seeking" broader connections spiritual care can provide. The medical system, in other words, offers a convenient space for spreading ideas regarding meaning and identity at a moment people most need it (see also Kucinskas 2014).

Working through the medical system may have been a strategic choice that allowed American Jews to advance their vision of Jewish identity in relation to broad "existential" issues rather than through more "national" or "religious" fields. However, unlike the common relegation of spiritual care to palliative care (see Puchalski et al. 2009), they envisioned the medical system as the first step in a larger development that will include other institutions such as social services. Thus, even though the path they chose was subjective, their vision was to create a collective identity that transcended the individual. As Anna concluded, "This [spiritual care] really provided a vehicle for us to help strengthen or to provide a great opportunity, a vehicle, to address some of what Judaism has to offer for people. So it became a Jewish identity."

Jewish Pluralists in Israel: Spiritual Care as Promoting an Israeli-Jewish Identity

The second group of translators we identified were the Jewish pluralists, who saw in spiritual care the opportunity to create space for a broader range of types of Jewish-Hebrew-based identities than those facilitated by and through the Orthodox state. In other words, for them, spiritual care was entangled with political and social visions regarding Jewish society in Israel. Many of the actors in this group had previous contact with non-Orthodox Judaism—a few immigrated to Israel from the United States, South Africa, or Australia. Some were born in Israel, but their families arrived from these countries. Some were active participants in liberal Jewish groups in Israel (Reform and Conservative), and a few were ordained as rabbis (women).

Jewish pluralists emphasized creating opportunities not for a global shared Judaism but among a broader range of Jews in Israel, and with it among Jews and

non-Jews. They thus shared with the American Jews a vision of advancing pluralism in Israel, but defined pluralism in a very different way. As Ahuva, one of the pluralist actors, said:

> I don't accept the fact that the Israel Jewry is not pluralistic; perhaps it's even more pluralistic than the North American Jewry. The Jewish ethnic diversity here is unparalleled in the world; we have here Sephardic Jews [people who trace their lineage to Jews expelled from Spain in 1492, or who come from Middle Eastern countries] and Ethiopians, etc., and all the existing Jewries came here and it's an ingathering of the exiles, and it's very difficult to sustain it. That's why there are so many struggles.

In contrast to the perspective of many American Jews, this perspective suggests that Jewish pluralism is not necessarily based on encouraging non-Orthodox religious movements but can be found in the already existing variety of cultures and traditions that are present in Israel.

Moreover, the audience that this group envisioned included both Jews and non-Jews as providers and recipients of spiritual care. In talking about spiritual care, these respondents frequently saw it as a tool of a more democratic and inclusive state. As Ilana, a key actor in this group, said, "The idea that a person who comes into any health or social service system, no matter what their background is, and they're in this existential pain and they don't have meaning in their life, to us to embrace that person... to us, that's like part of being a democratic Jewish state." While this group of actors stressed the Jewishness of the state, they also kept in mind the fact that in Israel there are 20% of people who are not Jews who are also going to be the receivers of spiritual care. As Ilana continued:

> So the Jewish part for us is really coming from a broader context of Israel as a modern democratic Jewish state, understanding that we have responsibility for people here and understanding that anybody in suffering is our responsibility.... If this is the ultimate democratic state, if you want to be this proud Jewish state, then you need to be really clearly like truly compassionate in giving to everybody and understand as much as you can what will get them to a place of meaning.

Pushing back against the Orthodox state, these respondents saw spiritual care as a tool to create a Jewish state that was more inclusive than the Orthodox alone. Because the pluralists were deeply connected to Judaism, they searched for ways to define the Jewish element in spiritual care without limiting it to religious identification. They emphasized nonreligious Jewish culture and Israeli culture (specifically Hebrew culture) as a way for secular Jews to connect to being Jewish. Yair, a spiritual care provider, said, "I bring a broad conception... everything ever written by a person who speaks the Jewish language, who is in dialogue with Jewish thought, which includes Spinoza and Maimonides, which includes Martin Buber and the Ramban, all that's in between all this, from Bialik to Agnon." Yair's words illustrate that his position as a pluralist affect the actual content that is poured into spiritual care and the way he and other pluralists translated spiritual care into the Israeli context. The symbolic meaning that is used in this case is quite different from the one used by the American Jews. From this perspective, Jewish identity can draw on a wide variety of sources, from traditional Jewish texts to modern Hebrew poetry. Judaism in this sense is a language, a culture, and a system of meaning making and not a religious practice.

Israeli Universalists: Spiritual Care as Promoting a Religious-Cosmopolitan Identity

We named the third group of actors Israeli universalists. This group was composed of Israelis less interested in Judaism than in a broader and holistic approach to spirituality they believed to be at the core of spiritual care. This group was not primarily motivated by Jewish dimensions of spiritual care and was much less interested in questions of religious, Jewish, or Israeli identity. Some of these people were actually doing work that can be defined as spiritual care in Israel, even though they had no formal training or title. Some identified as Buddhists or New Age spiritualists or did not identify personally at all. While this group is the most "Israeli" in terms of physical location as they were the least likely to have traveled outside the borders of Israel, their position in the TSF is that of "global religious citizens," as they identified with all spiritual and religious traditions and see themselves as a part of a global spiritual community.

Janet, a spiritual care provider who adopted this approach, defines herself as spiritual and believes that "spiritual care should be a must in life and in death. . . . We are human beings, an open heart this is where it is coming from. . . . This is my approach. There are approaches that are more Jewish, those that are more Buddhists, those who are priests, the rabbis, everything, everything is legitimate." Others echoed this frame emphasizing how everyone needs spiritual care and calling it "completely universal." As Efrat stated, "It is universal when you understand that each has his own spirituality, and power of the spirit, and it is just a little help to remember or find the way or add some light."

Spiritual care for this group is a vehicle that enables all people to tap into universal dimensions of what it means to be human, many of which they see as shared beyond religion. "Death is as important as birth," said Naama. "This is an important spiritual moment in any religion, Judaism, Buddhism, Sufism. It is a moment of light. We should not leave people, abandon them at that moment; we should be with them. We are all mortal; let's share it. . . ." In their words, their mission is to enable people to find their own spirituality. "Most people I met had no interest in spirituality," Abigail, another spiritual care provider, explained. "There is tradition, there is going to the synagogue or not going. . . but the place of spirituality is foreign to them and I don't sell spirituality. . . . I try to go to the place where I 'help you meet yourself.' It is not me; I can be nice and smiling and sing nicely, but I want to create something beyond them meeting me. I want them to meet themselves and that it would be accessible." Moreover, they constantly stressed that everyone, regardless of origin, can do this. As Dan said, "Everyone has spirituality. Everyone has things that are significant for them, or people that are important to them, or things that make them feel good. From my perspective on spirituality, every human being has a spiritual life."

The spiritual for the universalists was a very general term, meaning a connection with the transcendent or a connection with another human being. Thus, the content and symbols they poured into spiritual care had little to do with Judaism. As Nadia said, "I ask them, 'What gives you strength?' What lifts his or her spirit? It could be art, it could be music. . . it could be anything. . . ." When talking about the practice of spiritual care, this group mentioned a large variety of practices and

techniques that were used under the umbrella term *spiritual care*, from guided imagination, to meditation, to art therapy, to playing chess or reading a book. Adi described what is important in the meeting with a patient: "The meeting, the touch of one soul in another, these are moments that lead the spirit, that the human spirit is there… and if you can connect to something that is bigger than us, whatever it is."

Contesting Translations: Closure Attempts

Because the three groups—American Jews, pluralistic Israelis, and more universalistic Israelis—had different visions for spiritual care in Israel leading them, their translation attempts conflicted.[7] While each of the conflicts we describe below revolved around a different subject, they shared a similar dynamic—the tension between universalism and particularism reflected in attempts to close down the porousness of spiritual care and stabilize it in a way that serves the vision of one group, versus keeping it undefined, flexible, and open to interpretations.

The first point of conflict was around the question of whether spiritual care providers could or should be rabbis or people who have some theological education. The Americans were hoping to import their own model of chaplaincy into Israel, and this model was based on clergy. Under this model, the chaplain or the spiritual care provider has theological education and can work with people with different backgrounds. This model served the Americans' purposes, as they hoped to certify rabbis from the liberal movements as spiritual care providers, and thus promote their positions in Israel. However, Israeli actors found this model inappropriate to the Israeli context, where the title *rabbi* is identified with Orthodox Judaism. As Shlumit stated, "that these are not clergy who serve as spiritual care is very essential… because it is irrelevant to Israeli culture to bring another rabbinical profession, not the traditional rabbinate and not the new rabbinate [i.e., Reform or Conservative]—not this and not that."

After long deliberations between the different leaders of spiritual care organizations in Israel and the American actors, the majority supported the decision that spiritual care givers do not have to be clergy, and if they are ordained as rabbis, the title should not be written on their name tags and they should not introduce themselves as such. This decision was not easily made. Judith who was present in one of the debates revolving this decision described the situation as such: "We were close to a food fight one meeting when someone said, 'Why should a doctor be called doctor so-and-so and one of our graduates should not be called rabbi so-and-so?' And it was clear that it was like a red button issue; it's not a red button issue in my mind, it's not a red button issue for New York Jewry, but in Israeli society in the current context [it is a red button]. . . ." The red button metaphor illustrates the perspective that in Israel, for a non-Orthodox rabbi, to walk around with a tag that says *rabbi* (as many do in the U.S. hospitals) is a political statement.

[7] The platform that was created for the joint work of spiritual care advocates in Israel was originally named the Network of Organizations for Spiritual Care in Israel, and today is named the Foundation for Spiritual Care in Israel. It includes representatives from different spiritual care programs in Israel and is supported financially by the Federation.

Interestingly, while this decision not to use rabbis was made against the Americans' vision, they realized that pragmatically it might be better to avoid a political statement at least temporarily and that using a more general platform to advocate Jewish spirituality that is disconnected from religious affiliations might serve their purposes better. They still hoped that in the future non-Orthodox rabbis would become involved. As Judith concluded, "I see a long-term vision that recognizes that [non-Orthodox] rabbis in Israel will also become involved… for the rabbinate that evolves and for rabbinical training programs in Israel." Thus, while the non-clergy model seems to stabilize spiritual care in a way that conflicts with the vision of the American Jews, they viewed this step as a temporary stabilization that might be reopened in the future.

A second point of tension concerned whether spiritual care in Israel should be "Jewish." As written above, each of the groups related to the idea of "Jewish spiritual care" in a different way. Because a main statement of the UJA-Federation of New York is "to strengthen the global Jewish community and encourage passion to Jewish life and Jewish study,"[8] it is therefore not surprising that the Federation sponsored only programs that identified with Judaism. This meant that early programs that were based on universal spiritualism or on Buddhism did not receive funding, or had to incorporate Jewish teaching into their programs in order to become eligible for funding. This created resistance, especially from the group of universalists who felt that the money was being used as a coercive device. For example, Adi, the leader of a spiritual care program in Israel, was against calling her training program a program of "Jewish spiritual care" emphasizing that "what we learn is universal." She added that "I think that whoever has a Jewish spiritual world and wants to do Jewish care and does it naturally, that is perfectly fine, but this definition is also limiting and I personally also find it antagonizing."

The pluralists, who in general did not oppose having Jewish content in spiritual care training programs, still opposed the term *Jewish spiritual care*. Shlomit, a program leader, said, "I always opposed the term *Jewish spiritual care* and never adopted it in spite of the instructions. And yet our course is very Jewish in the sense that most teaching is based on Jewish sources and new Hebrew poetry [i.e., nonreligious Hebrew culture]." First, they were afraid it has religious connotations that are problematic in the Israeli context because of the religious–secular conflict. Second, as the practice of spiritual care progressed, actors involved realized that spiritual care providers frequently work with non-Jews and therefore cannot rely on only Jewish sources. In other words, from the point of view of the pluralists, Jewish spiritual care was culturally "unfit" to the Israeli context and had to be adapted.

We found that when the American Jews attempted to use their power advantage (funding) in order to reduce the porousness of the cultural object and limit it to Jewish spiritual care, the pluralists responded to this demand using a vernacularization trick. They extended the notion Jewish, shifting it from a fixed collective identity marker into a more universal marker of humanism. Yair, a spiritual care provider, put it aptly when describing the Jewish element in spiritual care: "In my opinion also with a Christian or a Muslim or a Buddhist or a Circassian or a Druze,

it doesn't matter at all. I bring myself, myself, it's me that's there, that's Jewish, because being Jewish is not just putting on tefillin [phylacteries] in the morning and studying Torah, which are the commandments of the religion. Jewish is to be a human being." We can interpret Yair's statement as a justification process that tries to reduce the inherent tension between the claim that spiritual care is oriented to everyone and the fact that the programs in Israel are biased toward Jewish and Hebrew content and that the vast majority of spiritual care students are Jewish. While the pluralists presented the Jewish orientation as universal, such understanding of Judaism is most likely not shared by people who identify with other religions (such as Christianity and Islam), especially in the Israeli national and religious conflicted context.

Eventually, the universalists' and pluralists' resistance to the notion of Jewish spiritual care led the leaders of the network to remove the word *Jewish* from the certification and code of ethics of spiritual care in Israel and from the programs' names. However, all programs that received Federation funding still incorporated Jewish content. Thus, the removal of the title *Jewish* did not necessary have an effect on the actual content, although this might change as the Federation's funding decreases.

A third tension among the groups advancing spiritual care concerned the professionalization of spiritual care providers and with it the kind of training that is required for certification. In many social fields, professionalization and certification are used as legitimation strategies (Powell and DiMaggio 1991). However, in our case, not all the actors involved supported such a strategy.

The American Jews and many of the pluralists thought that professionalization of spiritual care providers was a must. They were motivated by political and social aspirations to change religion–state relations at the macrolevel, and this meant receiving institutional recognition. Many efforts were put in this direction—meeting politicians and the heads of hospitals, bringing American chaplains to Israel to speak with policy makers, and above all, efforts to create a formal certification process that is acknowledged by an external (American) institution and is recognized globally. In contrast, the universalists and some of the pluralists raised doubts. First, they resisted attempts to stabilize spiritual care and close down its porousness. For them, the malleability and flexibility was a central part of what spiritual care is all about. Second, some actors thought that turning spiritual care providers into a formal profession was problematic under the current religious tension in Israel. "As soon as it would be acknowledged as a profession... there would be also politicians there and then it is burned," said Tamar, a pluralist who resisted the certification attempts. "I personally don't want it to be acknowledged as a profession under the current circumstances of religion–state relations." Their fears of attracting the awareness of politicians were found to be justified. A year after the interview with Tamar, the Israeli minister of health, who belongs to an Ultra-Orthodox party in Israel, canceled the appointment of spiritual care provider who was also a conservative rabbi in a hospital in Tel Aviv. In this sense, spiritual care provision became a field of battle over Jewish pluralism, a battle that the universalists had no interest in and some of the pluralists preferred to keep hidden under the radar of politicians.

The main area in which the controversy over professionalization took place was the question of required education for certification. The Jewish Americans

pushed the American model of Clinical Pastoral Education (CPE), an experiential approach to training that originated out of Protestant theological education in the 1920s (Cadge 2012). Once certified, they thought spiritual care providers and programs could approach more state hospitals and introduce their "certified services," thus presenting themselves as providing a serious, structured profession. This would ensure the institutional acceptance of spiritual care and would reduce the ability of local politicians to confront it. Behind this effort stood the American Neshama: National Association for Jewish Chaplains, which collaborated with the Federation to bring its expertise and authority to Israel. Evelyn, a representative of Neshama, explained the decision to bring CPE to Israel, saying, "We need professional standing for a profession to be accepted. . . . It has to have objective standards."

Interestingly, the pluralists and the universalists pushed against CPE from different positions. The pluralists thought that because CPE is based on a universal model, it does not reflect enough of the particular Jewish element of spirituality. For example, Tamar expressed her dissatisfaction with CPE, saying, "Arguing is so central to Jewish life. . . . I can't understand a spiritual world which doesn't include debates and lots of the spiritual culture that came to us from the U.S. is a culture of touchy-feely, a culture you don't argue in." Others said that while they wanted to keep the Jewish dimension of spiritual care, there were other, more "spiritual" ways to do so without following the CPE model, perhaps Jewish healing. The universalists, on the other hand, thought that CPE was not universal enough and did not include the kind of humanistic spirituality that they envisioned. They criticized it as being a "quantification of the spirit." Moreover, CPE does not always include teachings of religious or spiritual traditions or practices. As Sara said, "More people wanted this place of intensive theology teachings, of spiritual questions regarding the meaning of life, teachings of spiritual tools. . . [such as meditation]."[9]

Despite these issues, spiritual care program leaders completed CPE because it became required in order to continue to get funding from the Federation.[10] Yet, due to the opposition, a compromise was achieved and the number of hours of CPE required was cut in half (from 1,600 required in the United States to 800 in Israel). From 2013 on, the Foundation for Spiritual Care in Israel created a certification process for spiritual care programs and spiritual care providers in Israel, a process based on standards that required all spiritual care providers in Israel who want such certification to go through 800 hours of CPE.[11] This process of certification was supervised by an international board that includes both Israelis and Americans,

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[9] Part of what is interesting about these responses is that when Jewish chaplaincy developed in the United States, American Jews were also encouraged to take CPE, and many of them had related critiques (Taylor and Zucker 2002), eventually calling on Jews to become teachers of CPE so that the training could be done in a more religiously and culturally appropriate way.

[10] The initial ways CPE was introduced to Israel were voluntarily, when the Federation supported the travel of American teachers to Israel, and a few Israeli spiritual care providers received funding to travel to the United States for a CPE-based summer training program. In 2012, the Federation renewed funding to the Israeli programs on the condition that the leader of each program participates in a CPE educator course delivered by American teachers.

[11] So far, three programs have met this criterion and been certified and another central program has received conditional and temporary certification. Two other central programs for spiritual care, one based on Buddhism and the other located at the Hebrew Union College, decided not to incorporate CPE, and the latter is no longer funded by the Federation.

thus ensuring the continual control of American Jews. This tension, again, challenged "full" or "complete" vernacularization efforts, putting an American model in tension with the local context. As Sara concluded in regard to CPE, "So in order to be formally admitted as certified in Israel, I bend my head and do what I have to do."

DISCUSSION AND CONCLUSION

As a result of the process described above, there are 15 hospitals and many other medical institutions that offer spiritual care services in Israel today. In addition, pilot programs are now in process that expand spiritual care provision beyond the medical system, including spiritual care services provided by the Ministry of Social Services, for those who lost a family member in a violent death. While its future is still uncertain, the expansion of spiritual care provision in Israel can be marked as the first significant institutionalization of non-Orthodox-based spiritual and religious perspectives in Israeli state institutions.

The large majority of spiritual care programs in Israel are based on Jewish-Hebrew culture, side by side integrating sources and practices from other religious and cultural traditions. Even though many programs incorporated CPE in order to be entitled for certification, the teachings in the programs, and the actual practice on the ground are not standardized. Thus, despite the attempts to close down the porousness of spiritual care in Israel, it remained relatively malleable and open to interpretations. Such malleability is not unique to Israel and in fact characterizes spiritual care provision in other pluralistic or secularizing societies, where providers and recipients of care have varied religious backgrounds (Cadge 2012).

Our examination of joint attempts to integrate spiritual care in Israeli medical institutions illustrates that translators are a heterogeneous group that holds different positions, visions, and identities. All three groups reviewed were a part of the same TSF, yet their positions in the field were very different and led to different translation attempts. These translation attempts can be located along the continuum of particularism and universalism, a continuum that does not necessarily reflect the actual physical location of the actors. In fact, as we have shown, the most local actors in terms of movement and formal citizenship (the universalists) were the most global in their perspective and identification with all religions and beliefs. In contrast, the most foreign actors, those residing in the United States, were the most particular in their vision of spiritual care as a tool to make space for a very specific Jewish identity. These somewhat paradoxical positions challenge classical oppositions between the global and the local, the universal and the particular.

In broader context, the vernacularization attempts of these translators shed light on the processes of translation carried out in other TSFs. The translation process initiated by the American Jews resemble those of immigrant communities who utilize religious practices to create transnational identities based on particular ethnic and religious belonging (Ebaugh and Chafetz 2002; Warner and Wittner 1998). These communities create new hybrid constructions of religious practices in their new location, constructions that are then sent back as cultural remittances to their

home countries in the attempt to create global ethnic-religious identities. However, when these religious or spiritual objects travel to other spaces, they encounter new groups of translators and with them varied and contradicting interpretations.

In order to exemplify the usefulness of the focus on the heterogeneity of translators and their positions in TSFs, we suggest three comparative case studies of transnational circulation of spirituality-related objects. For example, yoga practice began its spread through a TSF that connected India and Britain. Circulating to the West and back to India, yoga became a tool in building Indian national identity and strengthening Hindu pride (Long 2014). This identity marker is not confined to national borders, as key actors who push the spread of yoga are motivated by enhancement of Hindu nationalism, "broadening the sphere of cultural political and economic influence of the Indian state" (McCartney 2017:12). And yet, resisting these nationalist aspirations, other actors, residing both in India and outside of India, see in yoga a universalist apolitical spiritual practice that signifies belonging to a cosmopolitan community (Long 2014; Strauss 2005). Thus, the contemporary practice of yoga is an outcome of conflicting translation attempts of Indian and non-Indian teachers, politicians, and activists that vernacularized this cultural object in different ways, pouring into it their own visions and hopes.

The circulation of the Aztec Conchera dance, a popular Mexican-Catholic ritual, follows similar patterns. This dance diffused through the TSF that connects Mexico, the United States, and Spain. While this dance was first adopted by the movement to rescue Mexicanism in Mexico, it soon became an anchor of a "supra-ethnic" identity for the Chicano movement—that is, people of Mexican descent residing in the United States. These actors used the dance as a tool that enabled Mexicans in the United States "to gain recognition as citizens belonging to an ethnic minority" (De La Torre and Gutiérrez Zúñiga 2013:222, 223). These dances, however, received different interpretations and did not necessarily serve as identity markers as they traveled to Mexico or to Spain. In these locations, some actors attached to the Aztec dance universal and cosmopolitan hopes that transcend an ethnic identity, while others saw it as a mere therapeutic tool (Gutiérrez Zúñiga 2013 in Levitt 2016).

Last, the circulation of Buddhist-based meditations also includes tensions between particularism and universalism. The resurrection of meditation practice in Buddhist countries, from Burma to Japan, was a nationalist move pushed by local activists and politicians as a counter-reaction to colonialism (Heisig and Maraldo 1995; Jordt 2007). Meditation, thus, was used as a tool in creating a particular ethnic-national religious identity. As Buddhist meditations circulated, they were translated by a mix of actors—some saw in the spread of meditation a marker for strengthening ties to their home countries, some saw the global spread of meditation as a marker of the "truth" of Buddhist religious beliefs, while others saw in meditation a "nonsectarian" universal practice that can be used to create cosmopolitan communities (Cadge 2008; Kucinskas 2014; Pagis 2019).

The focus on the larger motivations of the different groups of translators, and with it the study of the conflicts and compromise that is a part of the translation process, enable us to explain why vernacularization is not necessarily a full or complete process. Translators are not necessary motivated by the idea of best reception or by "cultural fit." While they certainly have in mind the understanding that

changes and adaptations must take place, they also have a vision they are pushing, frequently with the attempt to influence and change social spaces. They are thus not just "framing" the object to create cultural resonance. They have hopes for changing the frames that exist on the ground (Ferree 2003). And because translators are a varied group with different hopes and visions, and because they have different power positions vis-à-vis each other, the vernacularization attempts include tensions and paradoxes that are not necessarily resolved, hindering the full closure or stabilization of the cultural object.

The processes through which cultural objects are translated can, as this case shows, turn into contentious struggles that lead actors located in the same TSF to take different positions on the continuum between particularism and universalism. By shifting the focus from the object that is being translated to the active role of translators, we shed light on the complex continual process of translation showing how the same cultural object comes to represent multiple, sometimes conflicting, things among differing constituencies.

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