Rabbi, Can We Talk? - Pastoral Counseling at YCT Rabbinical School

View PDF



Dr. Michelle Friedman is Director of Pastoral Counseling at Yeshivat Chovevei Torah in New York City. She is on staff at Mt. Sinai Hospital as an Assistant Clinical Professor of Psychiatry, and she has a private psychiatric practice. This article appears in issue 3 of Conversations, the journal of the Institute for Jewish Ideas and Ideals.

“Rabbi, this is hard to talk about but…

…. our son has a non-Jewish
girlfriend.”

….I’m
feeling really shaky. My ex-husband abused me for years and now our daughter is getting married. I don’t know if I can make it through the wedding.”

…either
that pervert leaves the community or I do. And I’m taking my family, my money and my friends with me.”

From
the start of their careers, rabbis are bombarded with profound human dilemmas. Congregants, friends, and even complete strangers ask them for help navigating difficult religious and personal situations. The observant Jewish community should be grateful for this phenomenon—we know that our mesorah, our religious tradition, has
guided generations before, and we hope, in this increasingly complex era, that Jews turn to traditional sources of wisdom for counsel. The best community rabbis have always been those who could make the transition from intellectual

scholarship to practical wisdom in real time and with real people. Steeped in halakha, such rabbis influence
Jewish life not only by answering the specifics of questions posed, but by reaching beyond the manifest she'elot (halakhic questions) and
going to the emotional and psychological core of questions. Pastoral
arts of yesteryear were honed through mentorship and example. As is true in all areas, some rabbis were more talented than others in the raw skills of listening and advising.

The
contemporary rabbinate faces the challenges of an increasingly porous and diverse society. Rigorous classical education in halakha remains bedrock. At the same time, rabbinic training of today can benefit from training in psychology and counseling. In this essay, I explain how Yeshivat Chovevei Rabbinical School (YCT) prepares its students for pastoral counseling. Interspersed throughout are several cases culled from real-life situations and presented in a variety of settings. Please note that all identifying information has been changed.

CASE #1
from "R. Shlomo," a YCT musmakh and current
Hillel rabbi at Penn State University, wrote this email on YCT's private listserv in order to get feedback from colleagues and teachers.
Hi all
I hope everyone is good and enjoying their summer. I wish that I would have been able to attend one of the summer retreats but we were working at camp until yesterday.
Over the summer I fielded a question that I
would like to hear other people's input on. The phone call came from the mother of a young man, a yeshiva high school graduate. He lives in the Harrisburg area. The son never attended Penn State but has a serious girlfriend who is a graduate student here. The
girlfriend is not Jewish. The mother, who is frantic, wants me to reach out to the girlfriend to help convince her to convert (though she didn't put it so explicitly). Neither the son nor the girlfriend is aware that the mother called me.
At Penn State Hillel we have very little to do with graduate students, unless they approach us. So regarding a non-Jewish grad student—I have absolutely no reason to reach out to her.
Thanks,

Shlomo

Questions to consider:
This email query
raises several issues with which all rabbis are familiar. These include:
1.

How does the rabbi respond to the needs of distressed persons (in this case, parents) who want the rabbi to act as their spokesperson when they feel helpless, alienated, or otherwise unable to reach their loved one?

2.

How is pastoral counseling different over the phone, via email, or in person? Given limited contact, how does a rabbi establish realistic goals?

3.

How does the rabbi balance religious/communal concerns with issues of autonomy, privacy, and/or confidentiality?

4.

Should/how can a rabbi intervene in situations of inter-religious dating?

My Response:
Hi “Shlomo,”

While I sympathize with the mother's
distress, her proposition is almost guaranteed to backfire and to alienate both her son and the girlfriend. Rabbinic training is not suited for covert religious operations, and unsolicited third-party interventions are very tricky. But rabbis, especially campus rabbis, get requests such as this frequently—basically
“save my child (but I don't want him/her to know that I called you).”
I suggest that in this situation you call back the mother and tell her that you have given the matter thought. You understand that her son’s serious involvement with a non-Jewish woman is upsetting and you feel that the best approach is for her to tell her son (and possibly the girlfriend if she has a cordial relationship with her) that she wants to/has already called you. You would then be available and open to meeting the young woman (who is the Penn State

student) and the son. You could then explore the situation and take it from there.

Let me know what happens.

Discussion

The original email involves Rabbi
Shlomo in a pastoral situation with several “congregants,” none of whom he knows. They are the mother (and possibly the father by extension), her son, and finally, the non-Jewish girlfriend who is the student at Penn State. Rabbi Shlomo understands that there is
much history behind the mother’s email and that there are many sides to the current story. He is mindful of situations in his own past with relatives and friends that involved interfaith relationships. Rabbi Shlomo’s awareness of the painful feelings experienced in those personal situations help him empathize with the current counseling situation and at the same time to maintain professional boundaries. He might wonder if the parents have consulted with their own rabbi. Rabbi Shlomo realizes that he can only make a limited intervention.

I
encouraged Rabbi Shlomo to convey to the mother that he honors her concern and
that he is committed to Jewish continuity. At the same time, Rabbi Shlomo should not carry out her strategy of contacting a student (the girlfriend), who is not a member of Hillel and has not contacted him herself. Instead, he should encourage the parents involved to directly express their distress to their son and tell him that they want him and his girlfriend to meet with the Penn State rabbi. By offering his services once the
son or the girlfriend contact him, the rabbi conveys his respect for privacy and confidentiality. Such an atmosphere of trust is more likely to facilitate deeper discussion between them and the rabbi. Hopefully, this talk would evolve over several in-person sessions and would include an exploration of the couples’ relationship, their commitment to Judaism, and their mutual expectations of the future. Only after time is spent constructing such a dialogue can a significant conversation about conversion possibly begin.

YCT
makes pastoral counseling a mandatory course of study throughout all four years of the program. The program rests on a three-part foundation: 1) didactic

instruction in the classroom, 2) practical experience in hospitals and rabbinic internships, and 3) individual awareness through special group work and supervision. Our goal is to prepare our graduate rabbis to listen to congregants and/or students with rigor and compassion, to do competent basic assessment by knowing what additional information is needed and tactfully asking appropriate questions, and to bring the issue to resolution or refer the congregant to a more expert resource.

Throughout,
we emphasize the sensitivity of the pastoral counseling encounter. Divulging personal matters evokes powerful emotions on both sides. Rabbis need to be aware of feelings and issues touched off within them and to monitor the boundary between themselves and their congregants. Such awareness allows them to
chaperone the vulnerability and stigma congregants may experience.

The
didactic component of the YCT pastoral counseling program begins with a weekly skill-building course in the first year. Through classroom instruction, reading assignments, and role-play, students learn interview techniques. The students explore challenges inherent in the rabbinic encounter—specifically, how to meld the role of compassionate, non-judgmental listener with that of halakhic authority. The course
goes on to introduce classic signs and symptoms of emotional distress, such as anxiety and depression, which rabbis are likely to come across in their communities. Also covered are highly emotional personal and community situations that rabbis more uniquely encounter. The psychology of ba’alei teshuva and converts and the impact of trauma and catastrophe are but two examples.

The
second year didactic curriculum is devoted to two pastoral areas that rabbis deal with extensively—bikkur holim (visiting the sick) and marital and family counseling.
All of our students rotate through an intensive chaplaincy course run by the Jewish Health Care Chaplaincy of New York. These hours are divided between classroom instruction and hospital visits. Group sessions provide a forum for students to discuss and process the powerful experiences evoked sitting by the bedsides of ill and dying patients.

The
third- and fourth-year program blends counseling and practical halakha around a life-cycle
curriculum. We alternate didactics with fieldwork experience. We start with parenthood as a development. We consider issues such as the impact of having a disabled child and the spiritual life of young children. Other topics further along the life cycle include adolescence, dating, courtship, and the creation of mature intimate relationships. Pre-marital counseling is a priority; we expect that prior to serving as mesader kiddushin at a wedding, a YCT rabbi has spent several sessions with the couple helping them prepare for marriage. The challenges of non-traditional individual and family life as experienced by older singles, widowed, divorced, and homosexual persons are discussed. Class time is allocated for infertility, adoption, infidelity, and domestic violence. Aging, end-of-life issues, and involvement of caregivers create increasingly complex questions in our society. While not all areas can be covered, the goal is to give the students a basic comfort in the halakhic parameters and broad
psychological issues of major practical topics.

Fieldwork
offers a range of opportunities. Students discuss the pastoral counseling component of their rabbinic internships in a seminar. In addition they elect rotations through prisons, specialized hospital units, retreats for Jewish alcoholics, and support groups.

CASE #2

a series of phone conversations between
“Rabbi Stone” (RS) in Florida
and me (MF)

Conversation #1

RS: There's a woman, Chana, who is about 47
years old and who recently left an abusive marriage. She lived here in Miami years ago and has maintained a few close friends in the community. Chana is temporarily living with Nancy and Jack, who are terrific people. She moved to my community this past summer and she is doing somewhat better, but her friends
are concerned because Chana will sometimes say things like “I don't know if I will be around in two weeks,” implying that she may commit suicide.

I think
that this may be severe depression. Nancy told
me that Chana wakes up in the middle of the night frightened about a
recipe that she is preparing for the next night, because she is worried about
missing an ingredient, and she'll stand over the kitchen table all night.
Chana's husband used to severely criticize her cooking. Nancy
suspects that he also hit Chana.

I have only known Chana for
the past two months. She usually comes to shul Shabbos day, but hardly
talks. She rarely smiles or shows other emotion, but she recently started
coming to some of the Torah classes that I offer at the shul. I notice
that she is looking haggard and not too well groomed.

MF: This really sounds like a psychiatric
crisis—hospitalization might be warranted. But getting her to a good
psychiatrist is the critical first step. Find out from Chana if there is a
mental health professional already in the picture. If so, ask permission to
contact him/her. If she has no psychiatric care, you need to help her get some.

Conversation #2, a few days later

RS: Your last impression was on point. Chana
had no therapists or doctors, so I found two psychiatrists by calling the local
UJA/Federation office and also asking the other rabbi in town. When I called
Chana and her friend to give them the doctors' names and numbers they told
me that Chana is already in the hospital! To make a long story short, last
night, when Nancy and Jack were asleep, Chana left the house and walked to the
hospital in the middle of the pouring rain. She left the door wide open to the
house, but left a message on Nancy and Jack's phone that she couldn't get back
in, so she's going to the hospital. She's currently in the hospital being
evaluated in the psychiatric ward.

MF: What a story. Thank God that even in her
impaired state the woman had the right idea—to go to a hospital. Your support
and competence continue to be invaluable to this woman. Great work.

RS: Thank you. At this point, I'm kind of
worried about Nancy and Jack. This is a huge responsibility for them. I doubt
they expected any of this when they offered their home to Chana. How much can
they be expected to do?

MF: You are wise to be thinking of them.
Supporting the caregivers is always a key factor. It can be quite impressive how people will rise to occasions of human need. It can also be disappointing. But your staying in close touch with Jack and Nancy
has already and will continue to mean a great deal to them. You are recognizing and validating their effort as well as giving them practical advice.

Conversation #3, the next day

RS: I spoke to Nancy
today. Chana is doing okay in the hospital. I asked if she would like me to visit, but Nancy
said that Chana is so embarrassed and ashamed that she doesn't want anyone to know. I asked Nancy
to tell Chana that there is nothing to be ashamed about and that she did the right thing by going to the hospital.

MF: Try calling Chana directly. Tell her the
same thing, how wise and protective it was of her to go to the hospital—you admire her instincts, even in her distressed state she knew to do the right thing. Ask her if you might drop by for ten minutes, take it from there. Mitigating shame is the most important thing here. Self-respect and honor are the most important ingredients in helping this woman stay in the long-term treatment that she needs.

Conversation #4, a few months later

RS: You remember that woman we spoke about in
the winter? She has been doing much better. She has her own apartment, is working part-time and volunteering. The problem is now that her daughter is getting married in London
and Chana is feeling really shaky. She asked me what her religious obligations are vis-a-vis attending the simha.
The thought of being in the presence of so many people, in an unfamiliar place, and in such close proximity to her ex-husband terrifies her. How can I help her?

MF: First, sit down with Chana and go through
all the events involved in the wedding. This will establish some order and then you can work from there as to what she can reasonably tolerate. Will there be an aufruf, for example? What about

the wedding itself—who is doing the planning? What do Chana's daughter and her fiancé expect? What about sheva berakhot?
The more you can help Chana anticipate the major components of the event, the more she can make a plan as to her attendance and participation in the wedding events. This will give her a sense of control. It will also be very helpful to make sure that Chana has a relative or friend that she can count on for support during what is sure to be a challenging event. Are Nancy and Jack able to attend and be with Chana? Finally, check in that Chana has discussed all of this with her therapist/doctor. You can ask if she is on medication and if there is some kind of contingency plan if her anxiety or depression flares.

Discussion

Acute emotional distress is not
subtle. However, in order to recognize states such as depression or severe panic, a rabbi has to be familiar with key signs and symptoms of these syndromes. This does not mean that he should attempt to treat the congregant himself. He can help a vulnerable person who might be too ashamed or disorganized to get needed professional care. Rabbi Stone's attention to Chana's appearance as well as the alarming comments reported by her friends mobilized his concern. While her own alarming behavior actually got her to the hospital, the rabbi's steadfast involvement with Chana and her friends established ongoing trust. Support of caregiver(s) is a key component of a longer-term picture, as is follow-up over time. The rabbi needs to check in, even with a brief chat or quick phone call, to let congregants know that he cares and is available for consultation. Similarly, the rabbi needs to have trusted mentors with whom he can reveal his own uncertainty and get advice. Hopefully, his own rabbis and
teachers will be such advisors. Classmates from yeshiva as well as local clergy who also grapple with complex pastoral matters might also be persons with whom a rabbi can talk through such situations.

Practice and judgment are needed to
figure out what a congregant is asking when he or she poses a religious question to a rabbi. In Chana's case, she had not discussed her massive anxiety regarding her daughter's wedding with her hospital assigned outpatient psychiatrist who she saw once a month. Instead, she sought out Rabbi Stone and asked him a "rabbinic" question. Because of the respect and trust built earlier, Rabbi Stone could intervene in a situation that threatened to destabilize Chana's fragile mental health.

In addition to class and experiential learning, YCT incorporates a unique forum for personal development—the process group. One of the most difficult challenges for rabbis is the inherent loneliness of the profession. In order to be effective, rabbis need to be simultaneously available, charismatic, and slightly separate from their congregants.

Negotiating these boundaries requires preparation. We believe that the process group experiences help our students encounter these issues individually while also strengthening the bonds of trust and support between their fellow students. Every week, throughout the entire program, each student class meets with a process group leader, a mental health professional who makes a commitment to work with that group for the full four years. Discussions of the process group are entirely confidential between leaders and students. They may explore personal, academic, religious, or any other issues that they choose. The process group is a template for life outside the yeshiva. Undoubtedly, tension and confrontation between group members occurs. The students need to learn how to mediate moments of crisis in the process group and how to live with conflicts that cannot be resolved. These skills will serve them well in their future work as community rabbis.

Based on the enthusiasm that the rabbinical students have for their process groups, we provide a monthly support group for spouses. The yeshiva realizes that the role of the rabbi's wife is complex. Women come from varied personal and professional backgrounds. They anticipate different degrees of engagement in their husband's work. The support group, facilitated by a rebbetzin who is also a mental health professional, allows study and exploration of these issues.

CASE #3

YCT pastoral counseling class discussion of the following vignette

A prominent congregant, Max, comes to speak with Rabbi Smith, who took over the synagogue a few months earlier. Several weeks ago, another congregant, Dr. Paul, a surgeon, returned to the community after serving six months in prison for sexual impropriety with younger female patients. Dr. Paul is in court-mandated psychotherapy and has a

parole officer. During Dr. Paul's prison term, his wife attended shul rarely, but their two children came to groups and are students in the local day school.

Max demands that Dr. Paul be ejected from the kehilla. He states that Dr. Paul is a danger to the community. Max's tone gets belligerent as he threatens to switch his membership and his very generous building fund pledge to the other synagogue in town. He hints that some of his friends may go with him.

Students reacted to the vignette in many ways:

Student #1: Max is out of bounds. While Dr. Paul's offense is reprehensible, he has been tried and convicted, and he served his sentence. I would want to make sure that Dr. Paul has no contact with shul youth, but neither he nor his family should be barred from the synagogue.

Student #2: I wonder if Max or anyone in his family was ever abused? Do you know if Max used Dr. Paul or anyone in his family used Dr. Paul for their own medical care? Perhaps Rabbi Smith can ask a few questions to try and understand where Max's outrage is coming from.

Student #3: You both have good points. But I can also understand the rabbi's anxiety. I feel kind of sick myself at the thought of seeing this guy back in shul. Certainly many people in the community are very uncomfortable with a convicted molester returning to the community. How does Rabbi Smith model teshuva in this painful situation? Also, how does he deal with his own concerns about finances if key supporters pull out?

Student #4: I'm thinking about the teshuva issue. Shouldn't Rabbi Smith be meeting with Dr. Paul to talk about all these things? Should he have visited Dr. Paul in prison? Has Rabbi Smith developed any rapport with the Paul family? Has there been any attempt at apology by Dr. Paul or restitution to his former patients or their families? How are Mrs. Paul and their children doing? Given the situation, should Mrs. Smith, the rabbi's wife, be the one to reach out to Mrs. Paul?

Student #5: This may not be the main point, but assuming that Dr. Paul stays in the community, does he get any kibbudim (community honors)? Let's say he used to be a leader in

his synagogue or his son is having a bar mitzvah in the next few months….

Discussion

All of the points raised by students in class discussion are valid. Criminal behaviors, especially sexual or violent offenses, shake the foundations of any community, especially a religious community. Most of us believe that religious life makes better people, or at least safeguards us against certain kinds of violations. Integrating an offender back into community life is a significant challenge. Whether a rabbi was present throughout the whole episode, or came in new, as in the case of Rabbi Smith, he needs to meet with key constituents. These include Dr. Paul, the Paul family, and any other people who request rabbinic counseling. Such members may have been victimized by Dr. Paul or have other experience with sexual trauma. Although Rabbi Smith respects the confidentiality of individuals involved, the overall scenario is known to the larger community.

As Dr. Paul's return to the community is sure to elicit discomfort, if not outright protest as in the case of Max, Rabbi Smith would do well to meet with several involved synagogue members to anticipate and plan for larger reaction.

The rabbi's grasp of individual and group dynamics is key. Rabbi Smith's understanding of the tensions and vulnerabilities inherent in the Max/Dr. Paul situation allow him to formulate a clear plan for which the rabbi can mobilize support.

Building a comprehensive pastoral counseling program requires commitment of precious academic time and financial resources. Even more, it calls for flexibility of mind and tolerance. Today's Jewish world desperately needs learned rabbis who can reach kehillot through involvement in the day-to-day challenges of living. Pastoral counseling is thus a building block in the foundation of Yeshivat Chovevei Torah Rabbinical School. We hope that semikha preparation elsewhere seeks to prepare graduates for these challenges, and we look forward to collaborative efforts in the service of all Jewish communities.