

THE RABBI AS A COUNSELLOR AND HIS RELATIONSHIP WITH PROFESSIONAL SOCIAL WORKERS *

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THE rabbi is many things to many people. He is a scholar to some and, in turn, a teacher, preacher, pastor, and friend to others. Let us examine briefly the status and role of the rabbi in contemporary American society as contrasted with the status and role formerly assigned to him. Traditionally the rabbi was a man of learning and piety. His authority flowed from his knowledge of the Torah and Halacha. He served as a model of total Jewish living. People came to him for answers to religious, legal, and ritual questions. He was also regarded as a man of wisdom and people often sought his sage advice. His wisdom, even as his authority, stemmed from his Torah scholarship. The counsel he gave disturbed and distressed people was derived from the teachings of the Torah and Talmud, and was rooted in a firm faith in a God of justice and mercy.

In America, the rabbi is more a functionary-administrator than a scholar-saint. The rabbi is a professional who has acquired specialized skills as well as Torah learning. He is simultaneously a communal servant and a communal leader. The rabbi must be prepared to live in two worlds, the religious and the

secular, and be at home in two cultures, the Jewish and the general. He is expected to retain his mastery over the former while he keeps pace with the latter. The rabbi no longer lives an insular life in his study. He moves among his people serving them in many ways. The American rabbi is still regarded as the Torah authority not necessarily because he knows as much as his predecessors, but because his flock knows so little. While he possesses less Torah learning than the scholar-saint, he is conversant with general culture, psychology, philosophy, literature and other Humanities.

Some of his people, when beset with personal or family problems, turn to the rabbi. What they expect from him depends upon their particular perception of the rabbi. Some view him as the disciple of a God of compassion and understanding who will provide the type of approach they feel their situation needs. Others regard him as a man of wisdom and learning who can furnish the counsel they require. Still others see him as a warm, sensitive friend, who, because of his genuine concern for his fellow man, will lead them out of their perplexities. Some perceive him as a spiritual person who looks beyond the mundane and superficial to the deeper motivations and yearnings of man, and

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who will therefore empathize with them in their dilemma and offer them comfort and support. To some, the rabbi is a symbol of faith, fortitude and conviction which they desperately need in their hour of bewilderment and confusion.

Some people, I may add, continue to bring to the rabbi questions of Jewish law, but their number is diminishing. Still others come to the rabbi with their personal problems primarily because they do not know where else to turn for advice that is free for the asking. Their number is not diminishing and actually may be on the increase.

Generally speaking, people approach the rabbi in the belief that his unique gifts, as they conceive them, his "charismatic" endowments, as Max Weber termed them, render the rabbi especially suited to guide them out of their vexations.

This, then, is my first point. I believe that people turn to the rabbi not because they regard him a specialist as for instance, a psychiatrist, or a marriage counsellor or social worker. Quite to the contrary, the rabbi-image and therefore the rabbi-function belong to another dimension, as I have just attempted to indicate. When a person or family in distress turns to me for help, I try to bear in mind the reason they applied to me as a rabbi, also the source of my sanction and appeal, and therefore the limitations of my resources and competence. There are problems the rabbi is generally prepared and equipped to treat, such as bringing comfort to the bereaved and cheer to the sick. In these and other pastoral areas the rabbi's services are both welcome and appropriate. The delineation of function is unambiguous and non-controversial. However, what is proper for the rabbi to do in the various other family and personal problems brought to him by his congregation is a complex issue which should be thoroughly and cooperatively explored by practi-

ing rabbis and competent people from other professions.

I strongly believe that where the rabbi's skills and talents are not equal to the challenge, or where the problem is inappropriately brought to him, the rabbi should solicit the help of specialists. With problems which call for cultivated techniques and special insights, the best the rabbi can do—although regrettably some rabbis attempt more—is to refer the client to an appropriate source of help, such as a psychiatrist, a psychologist, a clinic or a social agency. In such cases the rabbi is more than a transmission belt. The process of referral is complex, requiring sensitivity and discrimination. The rabbi can, and indeed should serve as a valuable catalyst. A crucial problem in referral is the attitude of the specialist. It is the rabbi's right and I believe duty, as I will discuss later, to make certain that the specialist he recommends will respect and not negate the rabbi's religious *weltanschauung*. In cases where sex morality is involved, the rabbi should ascertain whether or not the specialist's philosophy embraces in general the Jewish moral code. To determine the specialist's attitudes and outlook is no simple task. Yet, it is precisely here that disaffection and distrust are engendered.

Rabbi as Counsellor and Referrant

My personal attitude and answer to the provocative and often provoking problem as to where the rabbi's duties properly end, where the professional specialist's legitimately commence, and who does what in the often contested neutral zone, will be made implicit in what follows. I will describe several major types of problems which came to me during the past six months, the manner in which I dealt with them, and the kind of professional assistance I recruited in pursuit of a satisfactory solution.

1. A wife enlisted my help on behalf of her emotionally disturbed husband. He had been under private psychiatric care for more than a year and the family funds were exhausted. I first tried to cheer and comfort her and attempted to make her feel that mental illness is no more humiliating or stigmatizing than physical illness. I described to her a number of similar cases in our congregation without identifying the patients. This tended to relieve her of some of her anxiety and timidity. I then listened to her complete story and assured her that I would aid her as much as I could. My main service to her, apart from the therapeutic catharsis and an offer of a modest sum of money, was to call a Jewish social agency and to arrange for an early interview. The fact that I was there to open the door to a potential source of help meant a great deal to her. The head of the Jewish Federation agency to which she was referred was responsive to me and, as I later learned, cordial to her and helpful to her husband.

Social workers are, of course, familiar with the anxious ambivalence which accompanies seeking help. Social workers, however, are not available 24 hours a day. The rabbi, on the other hand, is available and is therefore called at very odd times and hours. The woman in the above instance phoned late at night. Others called early morning, Sunday afternoons, Saturday nights or even Friday evening and Saturday morning. Why? Turning to the rabbi, for some, is an act of desperation. They may respect the rabbi and his confidence, yet are reluctant to expose even to him their carefully concealed anguish. Many search hard and fast for other alternatives. Only after concluding that other avenues are closed, do they appeal to the rabbi. When this decision is reached, they immediately call or visit the rabbi, feeling that if they do not then take the plunge, they may not again be able to muster the required courage.

2. This may partially explain why the wife of a congregant drove up to see me at a

mountain resort where my wife and I were vacationing for a few days. She felt that before she instructed her attorney to press separation proceedings against her husband, she should consult me. We spent several hours discussing her marital tangle. I finally persuaded her to postpone legal action. My guess is that deep down in her heart she sought some one to stay her hand and turned to the rabbi expecting him to render that service.

3. On a recent Saturday evening a distraught mother came to my home without an appointment to discuss with me the case of her 16 year old son who had long been suffering from emotional distress. Until six months ago, she kept transferring him from school to school, blaming his difficulties on the lack of wholesome friends and the absence of understanding teachers. When the symptoms became too compelling to be rationalized, she turned him over to the care of a psychiatrist. This specialist charged a very substantial fee for two sessions a week . . . for a period of six months. Her son showed no substantial improvement. In fact, his condition suddenly deteriorated to the point where he made several attempts at suicide. His "compulsive neurosis" (*sic*) seemed to deepen. Why did she intrude on the rabbi's privacy? That very Saturday morning the psychiatrist told her in essence that he could no longer help her son and advised her to send him to a hospital. What hospital, or where or how, either he did not specify to her, or she was too confused to listen. The woman was understandably shaken, confounded, terrified. What now? What next?

I spent several hours commiserating with her, strengthening her morale and attempting to reassure her. I told her that neither she nor I had the answer to her son's problem. The decision as to what the next step should be must be made by a competent specialist. I urged the mother to return to the psychiatrist since he was in the best position to help her son. I even volunteered to call him and resolve the misunderstanding. She rejected both suggestions, insisting that the psychiatrist betrayed her son. I then offered to contact a psychiatrist in whom I had confidence who would listen to her story, obtain the necessary history from her son's former psychiatrist, and on the basis of the data advise her what to do. This made

sense to her. I then called the psychiatrist, and in the mother's presence and hearing informed the psychiatrist about the case and then turned the phone over to the mother. I left the room and their conversation continued for more than half an hour. What they decided between them I do not know. The mother left my home relieved, comforted and assured that someone of professional competence was recruited by the rabbi to help her out of her painful dilemma.

Religious Orientation of Therapists

The problem of mixed marriage is becoming increasingly serious among the middle and upper middle classes. Ninety-five per cent of our Jewish suburban high school graduates attend college and ninety per cent of these live on campus away from home. Since the Jewish student is a member of a minority in many colleges and because of the current trend to early marriages, the number of exogamous alliances is mounting. During the past six months, I dealt with four such situations. Three were brought to me by anguished parents. In the fourth instance the young man came directly to me. I was successful in two, in that the marriage plans were cancelled. I failed in the other two. I will now describe one of these cases.

4. This story began a year ago. Jane was an 18-year-old freshman in a small college where she was one of five Jewish women. Before long she became enamoured of a Christian boy. The parents, who are deeply involved with the Synagogue and Jewish causes, came to me with the sad story. They intercepted a letter the boy sent her which revealed that they were contemplating marriage. Since I knew the young woman fairly well I called her during the winter recess on some pretext which seemed valid to her. I spent four hours with her in a relaxed mood and friendly atmosphere of my home. She told me the whole story, except that it was not she but her best friend who was involved. This camouflage gave me an excellent opportunity to objectify the many problems and pitfalls of intermarriage. Before

she left my home, she promised to help her "poor friend" terminate the relationship. I kept in touch with her, always careful to preserve the fiction, until she assured me that the problem was solved. At least her parents and I believed it was solved, and they were exceedingly grateful to me.

The relieved parents determined that this would not happen again. They had Jane agree to transfer to a New York college, come the following September, and arranged for her to become a counselor in a Jewish summer camp. All was serene and quiet on the home front.

Upon her return from camp, however, the parents were alarmed to discover ominous clouds quickly gathering. Their suspicion was aroused in a curious way. Jubilant that their daughter had broken off relations with her Gentile suitor, the parents decided to reward her. A few weeks before the close of the camp season they wrote to her hinting they had a wonderful surprise for her . . . a beautiful new car. Strangely they received no exciting response. This troubled them but they remained silent. The parents met Jane at the station upon her return and pressed the new car keys into her palm. Picture their astonishment when she said "Dad, I really don't need a car. I have no use for one." This was a sure sign that a storm was brewing. To quote the father: "knowing Jane as I do I was convinced she was either 'meshugah' or in trouble. I soon found out she was both." They learned Jane fell in love with the only Gentile counsellor in that Jewish camp. This time she meant it. John is her man and for keeps. Her parents were openly antagonistic and equally obdurate. Jane must repudiate her fiance or else she must leave home and be disowned. This was their only concession: if Jane would visit the rabbi with her fiance and get the rabbi to approve of him as a person, the parents would consent to meet him and consider him as a prospective son-in-law. Recalling my sympathetic attitude in the first encounter which involved her "friend," Jane agreed. An appointment was made for that evening. I met Jane and John and after a long and frank discussion I expressed the sincere feeling that he, as a person, whether Jew or Gentile, was not for her. He was amazingly naive and

lacking in maturity and realism. In our discussion he solved the most complex human and social problems by denying their existence. Jane, for her part, for the first time showed symptoms of bitterness and hostility towards her parents, her Jewish heritage and identity. To me it was quite clear that her involvements had a deep etiology and that she therefore required some outside help. Among those who knew of this affair was the head of the Jewish camp they both attended. He was a professional social worker in a Jewish Federation agency. This couple had much respect for him. I wanted him to help me persuade the couple to abandon their marriage plans. That is all I wanted from him.

Now my dilemma. How does this social worker feel about intermarriage? Does he assume, as I do, that mixed marriage is "bad" for the two people involved, and "wrong," considering Jewish group survival? Does he approach the problem with the view of discouraging the union unless it is conclusively proven that this particular mixed marriage, for compelling reasons, is different? Does he as a Jewish social worker feel as I do as a rabbi, that I am committed to the perpetuation of my ethic and religious group, even as I am dedicated to the happiness and welfare of the people I serve? Does he believe as I do that when a Jew applies to me he is seeking my help as a rabbi and as such, I am a guardian of the Jewish people, a role I may not violate or compromise? Or does he assume that he is first and foremost a counsellor who seeks to resolve human problems, who aims to liberate his clients from their personal conflicts, and whose primary goal is their happiness and adjustment without regard for Jewish group interests? Does he feel that the fact that he and his clients are Jewish simply means that because of their common background he can better understand his clients' needs, more fully communicate with them, and is therefore better equipped to resolve

their difficulties? Does he feel that if Jewish group belonging can be enlisted as a sort of *amicus curae*, as an aid in the therapeutic process, well and good? Judaism then is an added resource. But the ethnic group welfare need not be considered if found to be a roadblock to emotional health and self-fulfillment. A social worker so oriented views mixed marriage as posing another problem, a serious obstacle, an additional hazard for the couple to consider. But to him intermarriage is neither "bad" nor "wrong" even if it does operate against Jewish group survival.

I was, therefore, confronted with these questions. Should I ask the social worker to intercede? Can I, as a rabbi, in good conscience, invite his participation? At the same time, can I as a counsellor afford to forego the assistance and resources available to me? I was thus caught in a conflict of roles. My first step was to call him to discuss the case in broad outline. As I had feared, this particular social worker was not opposed to mixed marriages as such. Fortunately, however, he concurred in my feeling that *this* marriage would not work for reasons not related to differences in religious backgrounds. Being assured that he would oppose the marriage, be it on secular and psychological terms only, I arranged to have the couple meet with him. Meanwhile, I felt that the basic problem, her hostile and ambivalent feelings must also be treated. I called the parents and advised them to furnish psychiatric help for Jane.

Again my dilemma. Is the psychiatrist positively or negatively disposed towards religion? How does he feel about intermarriage? Does he belong to the school which is militantly antagonistic to religion? There was a time when all a psychiatrist had to learn was that his patient had a history of religious orthodoxy. The diagnosis was almost routine: obsessional neurosis, tyranny of

taboos, guilt complexes, and other derisive formulations which had their roots in Freudian hostility to religion. According to those extremists, the patient would be perfectly normal had he not been subjected in early youth to dietary restrictions, Sabbath prohibitions and the other restraints of normative Judaism. Does the psychiatrist I am about to introduce into the case belong to that school? If he is so disposed I could expect little help from him. Very likely he approves of intermarriage. Or does he agree with the increasing number of therapists who have made their peace with religion, who agree with Kurt Lewin, Isidor Chein and others that commitment to Judaism often produces feelings of security, a sense of belonging and other wholesome and fulfilling rewards.

At this point, too, I first inquired into the religious attitudes of the psychiatrist I had in mind.¹

Having determined that the psychiatrist was affirmatively oriented towards religion, I brought the doctor and the parents together. To conclude the story,

¹ My concern for the attitude of the Jewish psychiatrist towards Judaism, especially where intermarriage was involved, was later validated by the statistics in *Social Class and Mental Illness*, by August B. Hollingshead and Fredrich C. Redlich (John Wiley and Sons, Inc., New York, 1958). While 83 per cent of the analytically oriented psychiatrists (in New Haven, Conn., the community studied) have Jewish backgrounds, 58 per cent "have no contact with organized religion today. The remainder have nominal affiliation with either Jewish or Protestant (*sic*) congregations." . . . Of the three Jewish psychiatrists with directive and organic orientation, "two have no religious affiliation today, and one is active in a Reform Temple" (p. 163). Furthermore, "some 64 per cent of the analysts contracted mixed religious marriages. Most of these mixed marriages are between men with Jewish backgrounds and women with Protestant backgrounds; the remainder involve Jewish men and Catholic women" (p. 164).

the psychiatrist after three months of treatment informed me and the parents that Jane could not be deterred from the marriage although he too felt the union would not long endure. He predicted that ultimately Jane would return to her parents and her group.

From a considerably larger number of family problems brought to me, I have selected the examples cited for two reasons. Firstly, they are representative of the types of problems I am most often called upon to treat. Secondly, I chose problems for whose solution I solicited the assistance of outside experts. In obtaining the help of specialists, I noted some of the precautions I, as a rabbi, felt compelled to take. In referring my client to a professional specialist, I did not feel freed of my responsibility to make certain that the specialist would not in the course of his treatment vitiate the basis of my authentic role, that of exponent of a religious philosophy of life. This need for vigilance will in time become less essential as the still considerable gap between some Jewish social workers and a positive Jewish orientation continues to contract. The establishment of a school of social work at Yeshiva University and the Institute of Pastoral Psychiatry of the New York Board of Rabbis are salutary and progressive developments which promise to cultivate a broader *stimmung*.

However, let not this narrowing gulf lead us to believe that complete amity is around the corner. Let us face the problem frankly and squarely. Let us not be afraid to admit that there are areas of disagreement between the rabbi and the professional specialist which cannot be bridged. There are compromises a rabbi, especially if he be Orthodox, cannot accept. Torah Judaism has a hard core of theological absolutes which no rabbi professing loyalty to it may waive. Take the plight of a young woman legally

but not religiously divorced. No matter how desirable it may be, from the point of view of social work or psychiatry, for the woman to ignore the religious barrier to marriage, an Orthodox rabbi must oppose her marriage unless and until she obtains a bona fide *ghet* or Jewish divorce. Even if the *ghet* is obtained, the rabbi must persist in his opposition if the prospective groom is a *Kohen*. The number of these irreconcilable conflicts is substantial. In such situations, the distressed person must either follow the dictates of his religion or the advice of his therapist. He cannot satisfy both.

It is heartening to note, however, the emergence of a much warmer and friendlier climate of feeling. We are learning to work together in an atmosphere of mutual respect. Antagonism and suspicion are giving way to an attitude of reciprocal sharing. We are com-

ing to realize that a total process of human restoration requires both the technical skills of specialized training and the regenerative dynamism of a faith-anchored system of spiritual values. The former is provided by professional therapists; the latter by competent rabbis. We are all engaged in the common task of serving our fellow Jews. Many religious leaders, even among the Orthodox, especially those who have been dealing with emotionally and mentally disturbed people, have become prone to adopt, where *Halachacally* possible, a more liberal and lenient interpretation of Jewish law. This, together with the growing trend among Jewish social workers to accept a more positive attitude towards Judaism, is broadening the area of consensus and cooperation. This is indeed a welcome development in American Jewish life.