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AN HISTORICAL AND SOCIOLOGICAL ANALYSIS OF THE
COUNSELING ASPECT OF THE RABBINIC ROLE

by

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1982

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ABSTRACT

Throughout Jewish history, the rabbi has served as a counselor and advisor. For centuries he answered questions relating to religious observance, ritual matters, and personal status, and his decisions were accepted as authoritative counsel by fellow Jews. In this traditional role of rabbi we find anticipations of the modern rabbinic counselor.

Although the pre-mid-20th century rabbi did not call himself counselor, he often functioned in that role: he had caring personal relationships with his people, he participated in their crises, in events of joy and sorrow, and he taught by word and deed.

The modern rabbi engages in all these activities and yet is faced with counseling challenges heretofore unknown to Jewish spiritual leaders. These challenges stem from a broadened interpretation of the rabbinate which suggests that, in addition to the traditional pursuits of teaching, preaching and pastoral visitation, the rabbi is now expected to be conversant with psychology and other social sciences as they impact on the Western understanding of (wo)man.

Because of the plethora of emotional and social crises which plague people today, and for which they seek antidotes and explanations, the rabbi is in a unique position to help provide the guidance so desperately sought. She can be maximally responsive and responsible to the community when she claims as part of her professional purview, the counseling role.

What has caused this evolution of the rabbinic "job description" from

one that implicitly included counseling to one that explicitly demands counseling? What therapist models and counseling styles exist for the rabbi-counselor? Is there a difference between a rabbinic counselor and a secular therapist or social worker? What is the Jewish attitude towards psychology and psychiatry? What is meant by the term "Pastoral Theology?" This thesis will investigate these issues.

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ACKNOWLEDGMENTS

I would like to thank those on whom I have depended for guidance and support during the preparation of this manuscript.

Dr. Robert L. Katz, who advised the writing of this thesis, and from whose supervision I have greatly benefited.

Rabbi Eugene J. Lipman, who continues to teach me about counseling and the rabbinate by word and deed.

Congregation Rodeph Shalom, Rome, Ga., whose members have shown me friendship, and have allowed me to enter their lives as rabbi-counselor.

My parents and my Aunt Alice, from whose life experience and nurturance I grow day by day.

I am also indebted to the rabbis and ministers in the field who consented to be interviewed for this thesis, and whose time, thought, and experience contributed greatly to this project.

Thank you.

For Erica

"To be nobody-but-yourself in
a world which is doing its best
night and day, to make you every-
body else - means to fight the
hardest battle which any human
being can fight; and never stop
fighting. "

e. e. cummings

PREFACE

In the past thirty years, the counseling aspect of the liberal rabbi's role has become increasingly more prominent. It is an area in which the rabbi can exercise compassion, and impact positively on the lives of troubled or struggling people. Counseling allows the rabbi to teach religious values as well, by helping individuals and families work through their problems against the backdrop of Jewish tradition and within a Jewish setting.

The average rabbi has received limited formal education in counseling and psychology. Many, however, recognize in humanistic psychology and in the techniques of other counselors (i. e., social workers, marriage counselors, mental health professionals) tools to help give structure and direction to their rabbinic counseling. Participation in workshops and seminars, readings in psychology and personality development also help supplement the rabbi-counselor's understanding of human nature and interpersonal communication.

There is a wealth of written material available on pastoral counseling per se. An example of this is a book entitled Rabbinical Counseling (ed. Earl Grollman, 1966), which consists of several articles dealing with problems frequently brought to rabbis' studies: intermarriage, suicide, aging, mental illness. An initial chapter discusses the significant role of the rabbi as counselor.

Rabbinical Counseling is an important book because it was the first of its kind written as a guide for rabbis who face troubled people daily.

Though many articles have been published since the Grollman work, his remains the only Jewish book of its kind. In the Introduction, Rabbi Grollman explains why:

Heretofore, rabbis were reluctant to enter the field of counseling. Many agreed with the psychiatrist, Dr. James Mann, who had cautioned the clergyman that since he lacked both knowledge and training, he should relegate the responsibility to trained professionals.¹

Does the rabbi in 1982 still feel that counseling is beyond her professional competence? Should rabbis receive additional training in counseling to boost their confidence and skill in this area? What resources, e.g. prayer, small groups or chavurot within the congregation, referrals, should do and rabbis utilize in their counseling? In the past six months, I have spoken at length to ten rabbis in five states about these issues. Their responses help form part of this thesis. (See Appendix for full list of interview questions.) It has also been my privilege to discuss the role of rabbi-counselor with a number of social workers with whom I have come in contact during an internship this year at the Jewish Family Service of Cincinnati.

In contrast to the diffidence of Jewish clergy towards the counseling ministry, assertiveness on the part of Protestant clergy can be found as evidenced by the considerable literature available under the rubrics "Pastoral Care," "Pastoral Counseling," and "Pastoral Theology." As early as 1925, Protestant seminaries were sending students, under supervision, to hospitals for firsthand experience with the physically and mentally ill. These seminarians learned of their own potential, as

religious and not as medical personnel, in achieving therapeutic goals with deeply troubled people. Today many such Clinical Pastoral Education programs continue to thrive and offer ordained people of all religious traditions an opportunity to study the relationship between theology and psychology. To translate that knowledge into effective pastoral service to the dis-cased people with whom they come in contact then becomes the challenge.

How do Christian ministers view pastoral counseling? What problems are being brought to their attention in congregational work? What are the ministers' resources as they seek to help troubled people? These are some of the questions which I put to four ministers in the past six months. Their responses are also included here.

INTRODUCTION

Since World War II, a strong interest in counseling of all types and in all spheres has developed. Numerous schools of therapy have been formulated and are practiced in an attempt to help the "normal person" adjust and handle problems, be they job dissatisfaction, strained marital relations, low self-esteem, or health-related issues. While the more parochial of our nation's citizenry may retain a feeling of stigma towards the individual or family who seeks counseling, the college-educated and urban population, which includes the majority of liberal American Jews, are comfortable with the idea of engaging a counselor's services through a social worker, psychologist, or psychiatrist.

The past three decades have also witnessed an increasing recognition on the part of both lay and ordained people that clergy, too, can be of therapeutic value to people with all sorts of life-situation problems. In former days when psychiatric help was unavailable or thought of as unseemly for any but the mentally ill, frustrated people turned readily to a pastor, a priest, or a rabbi. The religious leader and counselor were one. But today there are recognized distinctions between the religious and secular healer, and both the scientific-medical and the religious-spiritual communities offer guidance.

Who does the modern person turn to? For life cycle events, clearly the religious leader will be called upon. If the matter at hand is a family or personal issue of emotional significance, such as aging

parents, alcoholism, or an unresolved love affair, many would choose a rabbi because she is familiar with the family dynamics and the individual's personal history, while others would pursue a more anonymous counselor precisely because of her lack of ties to the family. If the problem is moral in nature, such as euthenasia, open marriage, or an issue of confidentiality, some would seek counsel from an ordained person because of her assumed insight, or because one might anticipate (correctly or not) a particular authoritarian or value-laden response. Others would shun a rabbi in a moral dilemma because they would not want to "confess" to a person whom they think experiences little or no temptation, has not violated any societal mores, or does not struggle with questions of right or wrong.

It is important that the distinction between rabbi-counselor and other counselor-therapists be clear. The rabbi-counselor has been called the following: a mental health para-professional, a poor person's psychiatrist, a glamorized social worker, a physician of the soul, a religious shrink, a pastoral theologian. Her counseling includes elements of all these, but is wholly none of them. Basically, the rabbi-counselor is one who welcomes as part of her religious calling, personal, active involvement with persons who choose such guidance. This can take the form of an impromptu conversation after worship services, a series of extended talks surrounding an event, e. g. , Bar Mitzvah, conversion, death, or one of several more focused dialogues, overtly spiritual in nature or not, in the rabbi's study.

Unlike any other therapist, the rabbi usually does not charge a fee, can often be seen without an appointment, can be contacted at home for less than dire emergencies, and can enter a counselee's home and socialize with him on occasions with no pertinence to the on-going counseling relationship. In short, the rabbi has unique access to the totality of another's life in ways that make her an invaluable spiritual resource in living.

The rabbi-counselor does not necessarily receive psychological training outside the seminary to buttress her performance in this area, and many argue that native, "unteachable" qualities such as insightfulness, perception, and sensitivity are the best possible assets a rabbi has for counseling. With the rise of the more humanistic psychologies stressing self-actualization, human potential, and growth through crisis, this attitude is reinforced. Counseling, it is now popularly believed, no longer need deal only with the unconscious, and a religious counselor, an individual representing a known life-orientation and possessing (ideally) a loving and forgiving spirit, can be a tremendous source of strength and acceptance to someone floundering in a vacuum of doubt and confusion. Furthermore, a counselee might find in a relationship with a rabbi-counselor what often appears elusive in other counseling relationships:

The rabbi represents a religious tradition in which the empathic theme is strongly emphasized. When he counsels he is expressing the major motifs in Judaism and translating into human relations here and now the religious value of real participation in the experience of others.

The theological basis of empathy is imitatio Dei. God is the partner in the sorrows of His people. When man empathizes with his fellow-man, he emulates God whose *métier* is loving kindness.²

For some, the hyphen in rabbi-counselor is problematic. They would prefer to be all-rabbi or all-counselor at any given moment, thus separating what at its best can be a sensitive, creative, and effective whole. What these people fail to realize is that the roles of rabbi and counselor have been merging in our society. The laity has increasingly demanded that the rabbi become more and more adept at secular tasks (i. e., public speaking, fund raising), and to a greater and greater extent, emulate the Protestant pastor. Concurrently in the post-Freudian era, classic "couch" analysis has been complemented by other varieties of therapy emphasizing personal relations and the dynamics of social behavior as they determine satisfaction or cause conflict in daily living. These humanistic therapy styles have provided models for some pastoral counselors as they seek to heighten counselees' self-awareness and increase their interpersonal communication skills.

It is to these historical and sociological themes that the following pages address themselves. The aim of this work is to chart the development of the rabbinic/pastoral counseling movement in light of the secular and religious forces which have shaped it. This thesis will further analyze the current role of rabbi-counselor and its projection into the coming decades. Counseling resources including prayer and preaching, focused small groups and chavurot, and the rabbinic

office itself will also be suggested in an attempt to stimulate new interest in the mental health possibilities of creative and informed religious counseling.

CHAPTER I

THE JEWISH PERSPECTIVE ON COUNSELING

A. Early Counseling Prototypes

The modern rabbi-counselor is not without antecedent in religious leadership. In primitive societies, the function of priest and healer were united in one person. He who could intercede on behalf of another human being could also affect a change within him. The healer was an official helper in this society, and he was turned to for guidance in almost all areas of life.

Astrologers, sorcerers, and magicians in Egypt, Babylonia, Judea, Chaldea, Arabia, Greece, and Rome believed in the efficacy of charms and incantations, of strange concoctions and in religious rites, and at this stage it is impossible to separate spiritual and physical healing. Here, in this strange medley of superstition and magic, were the origins both of religious healing and psychotherapy.³

Among the Hebrews in biblical times, the Kohen served this dual function of priest and healer. His domain included the altar where sin offerings were brought, and the human body within which sin and disease could dwell. The Kohen could invoke the aid of God in the healing process, and could win peace of mind or health of body for his fellow.

The Kohen is one of several biblical prototypes for the contemporary counselor. Moses, to whom disputes and problems were brought during the Israelite wanderings, is another example. Deborah, who heard cases and rendered judgments, also offers a counseling model. These ancients were more than lawyers and professional problem-solvers; they struggled with the human personality; they mediated between God's

law and humanity's strivings; they sought to be both sensitive and responsible to their people.

Rabbinic literature provides another perspective on counseling. While the Rabbis did not think in psychological terms, rabbinic literature reflects many insights into the nature of (wo)man. They accepted conflict within and between people, they did not deny negative feelings of jealousy, hatred or envy, but strove to turn these manifestations of the Yetzer Hara (the Evil Inclination) into positive, creative activities. The Rabbis sought to stimulate, on the other hand, the Yetzer Hatov (the Inclination to do Good), and provided outlets through Teshuvah (Repentance) and Mitzvot (Religiously prescribed actions) for release of negative feelings and aggressive behavior.

Undoubtedly, the Rabbis did not view themselves as counselors, though they did aim to be exemplars in living as many of their recorded dictums indicate.⁴ Some of these are:

Do not ascribe your defect to your fellow.
(Bava Metzia 59b)

Test your words before you utter them, and make your deeds conform to proper behavior, and let your footsteps lead towards actions which bring merit. Acknowledge always the justice of God, and refrain from murmuring.
(Der. Er. Z. 3, 1)

Let the honor of your neighbor be as dear to you as your own.
(Ab. R. N. 15, 30a)

Judge everyone in the scale of merit.
(Avot 1. 6)

He in whom the spirit of his fellow creatures takes delight,
 in him the Spirit of the All-present takes delight; and he in
 whom the spirit of his fellow-creatures takes not delight,
 in him the Spirit of the All-present takes no delight.

(Avot 3. 13)

Like many others found elsewhere in rabbinic literature, these exhortations reveal the Rabbis' interest in human nature and interpersonal relations. It is an interest which can be described as psychological in orientation.

B. The Hasidic Model

During the various stages of Jewish history, the rabbinic role included a counseling aspect though often it was more implicitly assumed than explicitly defined. A century before Freud, however, a unique and explicit kind of counseling relationship was devised by the Hasidim, followers of the pietistic movement established by the Baal Shem Tov (Israel Tallismacher) in 17th century Poland. The movement is characterized by religious fervor, strong community sanctions, and by charismatic leaders known as rebbes, whose followers look to them alone for spiritual guidance. The rebbe, or Hasidic master, was believed to operate by innate power which enabled him to know the Divine Will and to possess a spirit of holiness which gave him special insight as a counselor.

It was the rebbe's desire "to bring his hasid to shlemut, that state in which there is a wholeness to the totality of his life."⁵ The rebbe had many resources by which to help his hasid; most notable was the yehidut,

an interview between a rebbe and hasid that includes many aspects of pastoral counseling. The yehidut is a form of counseling that exists in Hasidic circles to this day.

One of the ways of "mending the soul" which is often quoted in Hasidic literature, is the oral confession before a teacher - that is, the Hasid goes to his Rabbi and lays before him all of his problems and cares. This oral confession is considered (with no reference to the advice or instruction received from the Rabbi - this being an entirely separate matter) one of the highest rungs in the healing and amelioration of an ailing soul. The similarity to the practice of psychoanalysis is striking.⁶

In yehidut, the hasid and rebbe are alone. The atmosphere must be one of great trust in order for the process to be successful. The hasid has confidence in the rebbe, tales of whose greatness and competence he has heard all his life. The hasid trusts that the rebbe, a righteous, enlightened and highly spiritual man, will know which way to guide him. The rebbe will even be able to overcome barriers to receiving help that the hasid might unknowingly have raised.

Implied in yehidut is the hasid's consent to abide by the rebbe's counsel, and similarly understood is the rebbe's discretion in giving advice or involving other persons, perhaps even as a referral. "The entire energy system of the transaction on the parts of both rebbe and hasid, is one of love and empathy..."⁷ The rebbe acts as a catalyst, accepting the hasid as he is with his particular problem, and seeking to absolve the hasid from his guilt or fixation. The rebbe's assurance of his concern for the hasid is of enormous emotional significance as well.

"...the rebbe will want to interact with his hasid in such a way that the hasid will leave the yehidut a richer, more fulfilled person."⁸

The yehidut is a deliberate and planned encounter. Each rebbe has a particular style (i. e., some see Hasidim only at certain times of the day or season, some ask for more or less personal information on the quittel, the note of request for the rebbe's intercession), but basically the form is fixed. This provides comforting familiarity to the hasid who never enters the rebbe's presence without tremor. The yehidut is authoritative, implicitly directive, and binding. In this way, it differs from any other counsel one might receive. It is noteworthy in this regard that the yehidut has been compared to psychiatry which favors non-directiveness on the part of its practitioners.

In its glorious period, however, Hasidism was an effort to apply to Jews the psychotherapy that lies in Judaism for the individual soul.⁹

It is interesting that with the impact of modern psychiatric thinking in the world today we have suddenly become aware, in American Jewish life and in world Jewish thinking, of a revival of Hassidism, or neo-Hasidic concepts... The Hassidic rabbi was in the early days of the movement an intuitive psychiatrist.¹⁰

In his yehidut with a hasid, the rebbe uses many sound counseling techniques: he seeks to enter into the realm of the hasid's pain, he does not ask for, but willingly hears confessions, he attempts to strengthen the hasid's will to live, he physically touches the hasid when so moved, and responds to him personally, individually. The rebbe observes the hasid's body language and demeanor and listens for speech

patterns, all in an attempt to deal empathically with the person who faces him.

None of these things, of course, require any religious training or background, and yet the yehidut is a powerful encounter precisely because the rebbe relates as a healer-counselor out of a frame of reference (a particular Jewish worldview), with which the hasid is totally familiar. Their shared way of life and mutually honored relationship causes the meeting between counselor and counselee to be of great significance.

C. The Musar Movement

The Musar (Morality) movement, developed by Rabbi Israel Salanter in Russia in the mid 19th century, stressed ethics and self-scrutiny. The movement came as a response to the perceived inadequacy of Talmudic studies in arousing enthusiasm for the religious life in students. The message and initial impact of the Musar movement bears resemblance to the Hasidic movement which, a century before, threatened to cause irreconcilable differences within the Jewish community.

Salanter, himself a keen-minded Talmudist, wanted to devise a system of study and living which could better highlight the emotional side of religion. At the expense of foregoing the legal intricacies which had intellectually nourished Jews for centuries, Salanter sought a more intuitive approach to Jewish living which emphasized a clean and disciplined conscience, the study of ethical works, and ecstatic displays

of religious devotion.

Musar is highly interesting because of its striking resemblance to many aspects of modern psychotherapy... in its search for the best way of teaching ethics and understanding ethical behavior, it evolved a sophisticated system for individual therapy, group encounter and the eradication of self-destructive thought and action.¹¹

At weekly meetings following study, a Musarnike who had had an ethical dilemma, and who was suffering from some emotional confusion or trauma, would confess his pain to those gathered. He was expected to be totally honest, and give in to his emotions before the group. Then the other group members would respond to him with questions, criticisms, warnings or recriminations based on the extent to which they believed he was being honest with himself and them. The literature speaks of the heady catharsis that would follow such a ritual. No one was exempted from participation, and the meetings were aimed at further solidifying the emotional commitment of group members to Musar philosophy and to each other. Individually as well, the Musarnikes were instructed to engage in intense self-analysis in order to better know and improve themselves. The way of life prescribed by the Musar Movement indicates a sensitivity to the development of group dynamics as they impact on personal conscience and morality. Though Musar activities were considered to be solely of religious value, their psychological orientation is apparent.

D. The Jewish Science Movement

Faith healing has been of considerable interest to historians of pastoral counseling. Though mostly identified within Christian groups, faith healing or mind cure has had its prophets and devotees in many religious systems including Judaism. Jewish Science is the most noteworthy of such movements, and while it differs from Christian Science in philosophy, its attitudes are similar, and its development followed on the heels of the surge of interest in mind cure.

Mind cure is a technique of mental manipulation whereby healing is thought to result from spiritual discipline and faith. It grew out of groups in New England in the 1890's which promoted therapeutic religion. A literature and federation of churches developed based on mind cure, and Christian Science soon became mind cure's exclusive religious denomination.

The Christian Science movement is based on the philosophy that the mind is all, and all is mind. God, who is totally powerful and good, is also all mind. Matter does not exist and should be denied. Sickness, disease, even death, is, as it were, figments of the imagination, and the undesirable product of erroneous thinking. When someone becomes ill, he can cure himself by not believing the illness or pain to be real. He can open his mind to fill it with God-consciousness, and deny out of existence the imaginary pain. If a cure fails, the patient lacked sufficient faith, and his failure to regain health lay in his own imperfect belief.

Other mind cure groups claiming the power to heal developed in the years prior to World War I, but none had the wide influence of Christian Science. This can certainly be said of the Jewish Science Movement, inspired by Rabbi Morris Lichtenstein, who authored Jewish Science and Health.

Rabbi Lichtenstein did not need Jesus, the healer, nor Christ, the Scientist, in order to develop a Jewish Science. He drew his inspiration and authority from the Hebrew Scriptures, citing numerous passages hailing God as Divine Healer and faith as essential to a total cure.

Examples he used include:

- | | |
|-------------|--|
| Ex. 23:25 | Worship the Lord your God, and He will bless your bread and water. I will take away all sickness out of your midst. |
| Ps. 30:2 | O Lord my God, I cried to thee and thou didst heal me. |
| Ps. 103:1-3 | Bless the Lord, my soul;
my innermost heart, bless his holy name.
Bless the Lord, my soul,
and forget none of his benefits.
He pardons all my guilt
and heals all my suffering. |
| Is. 19:22 | The Lord will strike down Egypt, healing as he strikes; then they will turn back to him and he will hear their prayers and heal them. |
| Jer. 17:14 | Heal me, O Lord, and I shall be healed,
save me and I shall be saved;
for thou art my praise. |
| Hosea 6:1 | Come, let us return to the Lord; for he has torn us and will heal us, he has struck us and he will bind up our wounds; |

In his book, Jewish Science, The Applied Psychology of Judaism,

Alfred G. Moses explains further:

Jewish Science teaches that God is the Healer of the sick of His people, Israel. The conception of God as the divine healer - rofeh cholim - is found in the Bible and throughout later writings. The liturgy of Israel rests on the main thesis that Divine Spirit is the source of all healing.¹²

and

Jewish Science is the application of Jewish psychology to the problems of individuals and groups. The central feature is the re-discovery of the truth that man has in himself the power to create health, happiness, and success, by direction of the sub-conscious mind and by conscious relation with the super-mind of God. Man possesses the instruments with which to re-build life in body, mind and affairs.¹³

In its day, Jewish Science was a force to be reckoned with. Rabbi Lichtenstein recognized among Jews the same needs which Christian mind cure aficionados exhibited; however, rather than watch Christian Science reach out to those souls, Lichtenstein determined to offer a Jewish mind cure equivalent. He formed the Society of Jewish Science, generated his own publishing company with its organ, The Jewish Science Interpreter, and conducted Friday evening and Sunday morning services in a synagogue in New York City. Lichtenstein further developed prayers for Jewish Science, a specialized understanding of holidays, and wrote many articles on the themes of attaining peace of mind, good health and perfect faith through Jewish Science.

The appearance of both Christian and Jewish Science on the American religious scene was problematic for many religious leaders. Adherents to these "new" faiths often left their home congregations and joined those

whose total philosophy was based in Science. In the Reform Jewish community, there was acknowledgment that Christian Science itself was making inroads in seeking Jewish converts. A point made in a CCAR Resolution of 1912 draws attention not so much to the numbers of these converts as to their claim that by joining Christian Science, they were becoming better Jews.¹⁴

In 1927, the CCAR Yearbook includes several articles, recommendations and discussions on Jewish Science. Notable is a report on the nature of Jewish Science and how it is totally in keeping with Jewish tradition. The article includes the following accolades for Jewish Science rabbis:

The great advantage possessed by the rabbi known to be identified with Jewish Science is that his people send for him, and consult him as never before. He himself is improved in temper and temperament, and his discourses become concrete and purposeful, instead of being abstract and academic.¹⁵

This particular Yearbook also contains an article which displays a rather hostile attitude towards Jewish Science, "A Note on Spiritual Healing in the Jewish Tradition."¹⁶

In the 1928 CCAR Yearbook, the Report of the Committee on the Relation of Synagogue to Mental Healing says:

It is also to be made emphatic that however high the synagogue may, within given limits, value its function of healing, it dare not permit itself to be converted into an institution of healing. The synagogue is an institution of religion. And the purpose of religion is not only to yield therapies to our ailing flesh and soul, but also to discipline us to live in just and loving ways with our fellows... Healing is only one of its uses and

flows rather by indirection from its major fulfillments.¹⁷

This seems to have closed the case of Jewish Science as an antagonist for Reform Jews as very little else, and nothing emotionally-charged, appears in Reform journals thereafter.

E. Viktor Frankl's Logotherapy and Martin Buber's I-Thou Motif

Frankl and Buber and their philosophies are juxtaposed here for two reasons: 1) they both provide valuable models for the rabbi-counselor in terms of attitude and technique, and, 2) they are the most consistently cited Jewish philosopher-theologians in Jewish and Protestant pastoral care/counseling literature.

Dr. Viktor E. Frankl developed a school of logotherapy, or existential analysis, following three grim years at Auschwitz and other Nazi prisons, where he suffered the loss of his entire family. He defined logotherapy as a therapy "that dares to enter the spiritual dimension of human existence."¹⁸ It is a therapy that attempts to assist the patient to find meaning in life. Leo Baeck called logotherapy "the Jewish psychotherapy,"¹⁹ but Frankl himself saw it otherwise:

Logotherapy deviates from psychoanalysis insofar as it considers man as a being whose main concern consists in fulfilling a meaning and in actualizing values, rather than in the mere gratification and satisfaction of drives and instincts...²⁰

Frankl maintained that logotherapy is a secular therapy, but in its attempt to deal with the spiritual side of persons, it can be said to have religious ramifications.

Logotherapy tries to make the patient fully aware of who he is, that he is responsible for his life and its choices, and that through these choices, he can find meaning in life.

That is why a logotherapist is the least tempted of all psychotherapists to impose value judgments on the patient, for he will never permit the patient to pass on to the doctor the responsibility of judging.²¹

Martin Buber, like Frankl, was concerned with helping the individual gain access to reality and to the meaning of his existence. He recognized two approaches to existence: the "I-Thou" relationship and the "I-It" relationship. The difference between the two is not in the nature of the object to which one is relating, but in the relationship itself. An "I-Thou" relationship is characterized by openness, directness, mutuality, and presence. It can take place with inanimate as well as living beings. "I-Thou" is an attitude and a response, a state of being and relating.

It is interesting that Buber did not recommend the "I-Thou" relationship as a model for therapy. He felt that the patient needed to be responded to sometimes as a "Thou" and sometimes as an "It." Instead, Buber suggested the phrase "Healing Through Meeting" to define his notion of therapy. Its premise is that all real living occurs in meetings and is manifested through sensitive dialogue. The dialogue can be therapeutic, as in its purest form it is intimate and direct. Through the dialogue, an individual can become fully human. He achieves wholeness through relationships and encounters. In this "meeting," the

troubled soul experiences his potential as well as his reality.

Buber stressed the individual's responsibility much as does Frankl:

Conventional psychotherapy can assist the individual to achieve some unity and integration but ultimately, says Buber, man must confront the demands of his conscience and accept his share of responsibility for the order of the world.²²

and

But full psychic health and the full development of his potential as a person will elude him unless he opens himself to the reality of a world that lies over against him; he must also respond to its demands.²³

Both men were reality-oriented in their approach, and both suggested "man-to-man" issues as fundamental to solving problems of the soul.

CODA

As has become evident, rabbis have a legacy of Jewish traditions, diverse and multifaceted, to assist in building a philosophy in counseling. From the biblical Kohen who provided guidance in his joint roles of priest and healer, the Hasidic rebbe, who seeks an intimate and deeply spiritual relationship with his counselees, the Musar and Jewish Science movements with their psychological and pastoral underpinnings, leading to the 20th-century Frankl and Buber who confront contemporary existential issues of finding meaning in life and reason in living, much has been written and experienced in the development of a Jewish perspective on counseling. These traditions and attitudes provide a strong foundation for the modern rabbi as she seeks to understand the historical roots of the counseling role.

Of more recent and direct impact have been the practice of psychology and its use in the training of clergy. Psychological concepts, as will be seen, have been welcomed by liberal Jewish scholars, such as Joshua Loth Liebman, and by seminaries, such as the Hebrew Union College.

CHAPTER II

CONTRIBUTIONS OF PSYCHOLOGY TO RELIGIOUS COUNSELING

A. Judaism Confronts Psychology

The 1950's brought an initial rapprochement between liberal religion and psychology. Prior to that, the agendas of these two disciplines had seemed totally opposite, the former relying on faith and tradition as its tools and *raison d'être*, and the latter on clinical research with social science as its guiding light.

Much of the antagonism between the two grew out of Freud, the founder of psychoanalysis and an avowed atheist, and his understanding of religion:

In 1927, in The Future of An Illusion, Freud called religion an illusion, and a mass neurosis. He said that it was a version of wishful thinking, whereby an adult returned to the state of a child in a protected environment. Freud said that through religion, man found authority figures who could help him overcome his feeling of helplessness and the resulting anxiety.¹

In many of his other books as well, Freud spoke openly of his impatience with traditional religion, which he believed forced people into an inadequate way of handling conflict. It is no surprise, then, that despite the richness of Freud's knowledge of the human mind, it was more than a decade after his death that the sting of his attacks on religion had softened, and the insight of his psychological concepts could be appreciated by religious leaders.

The horrors of World War II with its shocking evidence of what one "civilized" people could do to another prompted a new respect for and

curiosity about psychology by clergy. As military chaplains sought, but failed to significantly ease war-related anxieties, and interest in psychosomatic medicine increased, the vital relationship between mental illness and less severe mental distress was recognized. The resulting message of the day became cooperation between psychology and religion, and use of psychological concepts by the clergy in their attempts to heal.

Reform Jewish leaders supported this effort. In fact, they were among the first to welcome psychology as a tool for healing, as this citation from the 1954 CCAR Journal indicates:

As religion and psychiatry come to know each other better we find that the goals and attitudes they have in common are far more significant than the techniques and evaluations on which they differ - a difference which is often merely an "otherness" rather than an opposite-ness. Liberal Judaism as represented by the CCAR, recognizes no serious barriers between that care of souls which is the province of psychiatry and that cure of souls which is the role of religion.²

Ann Elizabeth Rosenberg, in her cross-disciplinary study entitled Freudian Theory and American Religious Journals, 1900-1965, explains why, in her opinion, the Jewish response to psychology was so favorable:

There was almost no opposition by Jewish theologians to the acceptance of psychoanalytic concepts. Those who were less interested in psychology continued studying the traditional religious books. Their inattention, combined with the existence of Jewish social service organizations outside of the synagogue, and the high respect in which doctors and medical knowledge were held in the Jewish community, resulted in very little opposition to the assimilation of psychological concepts into Jewish thought and life.³

Furthermore, Rosenberg makes the point that as rabbis began to evaluate Jewish practice and attitudes, there was evidence of its great compatibility with psychoanalytic theory. Jewish practice seemed to encourage these mental health adjuncts: a positive outlook on life, a healthy sexual expression, the freedom to grieve, and recourse to make reparations to God and neighbor when guilt interfered with daily functioning. Great hope was placed in psychology, and none advocated its use more than Rabbi Joshua Loth Liebman, renowned author of Peace of Mind. Liebman wrote: "What gymnastics has done for the body, mathematics for the mind, an emerging psychology may yet do for the soul of man."⁴

B. Joshua Loth Liebman

More so than any other religionist, Rabbi Liebman popularized the congeniality of psychoanalysis and religion. Drawing on select psychoanalytic theories, he endeavored to show that peace of mind could be obtained through religion by viewing life optimistically, responsibly, and analytically. Rabbi Liebman believed that religion had an obligation to help its adherents live mature and ethical lives, and that psychology could help explain what maturity means, just as the eternal insights of religion could enlighten people as to what constitutes ethics.

Peace of Mind (also the title of one of Rabbi Lichtenstein's books), written in 1946 and called inspirational by millions, attempted to answer questions about the human dilemmas of conscience, love, fear, guilt,

and God. In this book, Rabbi Liebman discussed the enormous contribution dynamic psychology made to religion. Through this psychology, religion is used in the struggle against human misery and unhappiness. An example is made in the case of a grief situation:

The discoveries of psychiatry - of how essential it is to express grief to talk about one's loss with friends and companions, to move step by step from inactivity to activity again - remind us that the ancient teachers of Judaism often had intuitive wisdom about human nature and its needs, which our more sophisticated and liberal age has forgotten.⁵

Liebman recognized the fears of many that psychology and psychiatry would replace religion and tried to calm them. He drew a distinction between psychiatry which deals with "the finite, the limited, the partial aspects of existence" and religion which "alone can give men awareness of the Infinite and the sense of the total significance of life - a precious relatedness to the wider frame of purpose and perfection."⁶ Rabbi Liebman explained psychology relative to religion in a simpler way as well: "It [psychology] is a key to the temple, not the temple itself."⁷

For Liebman, religion had nothing to gain from being exclusivistic in domain. By relating other disciplines of human truth, notably psychiatry, to religion, religion's own cause would be helped: life would be sanctified through even more avenues. It was not a matter of religion abdicating its role in favor of psychiatry; rather, Liebman saw their similar goals, namely, to foster inner security in people, to help them become justice- and peace-seekers, unencumbered lovers of life, tolerant to and forgiving of others.

A second book of Liebman's, Hope For Man, was published posthumously by his wife, Fan Loth Liebman, in 1965. While this work did not have the impact of Peace of Mind, its message was the same: Seek the goal of inner serenity by understanding yourself. Use both the guidance of psychology and religion in this endeavor. In Hope For Man, Liebman's words continued to have a neo-Freudian ring in their call for social reform based on religiously matured consciences:

If we want to make life worth living, we too need to express a normal amount of aggressiveness insofar as life itself permits. Instead of its being a withering destructive force, however, aggression can be channeled into a creative attack upon disease, injustice, delinquency, war - all the manifold evils which can give us the moral equivalent of hatred.⁸

Liebman is often compared to Norman Vincent Peale, the leading Protestant figure associated with popularizing mind cure or "religio-psychiatry" in the 1940's and 50's. The comparison is largely based on their concurrent success in mass counseling through the media, Liebman's "Message of Israel" and Peale's "Art of Living."

Peale's major book, The Power of Positive Thinking, is basically a "how-to" book including suggestions on how to be successful, how to lose an inferiority complex, how to achieve a calm center in life. These types of themes were also touched on by Liebman in his ministry, and by his followers, for example, Edgar F. Magnin in his book How To Live a Richer and Fuller Life. But the difference between Liebman and Peale is clear: Liebman sought to marry psychiatry and religion in an attempt to improve the world, to teach people responsibility, to develop

their capabilities as co-workers with God. Peale preached "social anesthesia,"⁹ encouraging people to think mainly about themselves, and he was opposed to ecumenism. He believed in religion as doctoring and preferred to be called "Doctor" to "Reverend."¹⁰ In contrast to this attitude, Liebman emphasized social morality, grounding his identity and authority in religion. He did not advocate any form of mind cure. Also unlike Peale, Liebman was never condemned by his co-religionists for being divisive and undercutting his religion's credibility.

It is not the role of psychiatry and psychoanalysis to set the goals for mankind. The goals for mankind must be set and can be set in our age by a mature, prophetic religion. One of the goals shall be attainment of growth in conscience as well as in intellect and the fostering of creative dissatisfaction with our often immature notions of right and wrong.¹¹

Rabbi Liebman represented an enriched religion reconciled to and strengthened by psychoanalysis. As such, he was a singularly effective spokesperson for informed rabbinic counseling.

C. The Preparation of Clergy

The postwar year of 1947 saw the establishment of a Department of Human Relations at the Cincinnati campus of Hebrew Union College.

Its scope is described in A Centennial History of the College:

It was established in recognition of the increasing significance which recent developments in the fields of psychiatry and sociology possessed for the rabbinical profession. Initially the department did not offer required courses but devoted its efforts to arranging symposia participated in by rabbis and psychiatrists.¹²

In liberal Protestant seminaries as well, programs in Clinical Pastoral

Training and courses in Pastoral Theology had begun to appear in the first half of this century. A change in pastoral education was apparent when ministers and rabbis increasingly studied psychology and psychotherapy as part of their seminary experience.

In the early 1900's, under the influence of William James (founder of American psychology, and, in particular, a theoretician of its relation to religion), some seminaries offered courses in the psychology of religion. By 1925, a handful of students were receiving clinical training under the aegis of hospital chaplains. The goal of these programs was to enable the students to look more carefully into the mental health and personality needs of individuals, and through this new awareness, to develop and formulate a more scientific and effective pastoral approach to their ministry.

The supervised training was made available to theological students and previously ordained clergy. Ernest Bruder who established a Clinical Pastoral Training program for ministers at a mental hospital in Washington, D. C., considered them, "...one of the most significant resources a candidate has available for testing his vocation as a minister and his aptitude for counseling relationships."¹³

Some clinical training supporters, like Bruder, were particularly interested in educating students about mental illness. They believed it was most important to clarify misconceptions about mental illness so that clergy could be more sensitive to its causes and ramifications, thus recognizing its appearance in congregants. Other leaders in the

clinical pastoral movement had broader goals in mind.

Seminaries should use their resources and opportunities to prepare men to minister to the needs of people instead of merely schooling them in Biblical, historical and theological subject matter, as too many are content to do. This is not to deny the importance of content, but it must serve a purpose other than itself.¹⁴

In this early stage of goal formation for clinical pastoral training, organizations developed to better coordinate the varied programs and resources coming into fruition. The Council for Clinical Pastoral Training (later called the Institute for Pastoral Care) set minimum standards for training programs, sought to expand their number, and published the Journal for Pastoral Care beginning in 1947. This Journal, like others of its genre - the Journal of Clinical Pastoral Work and Pastoral Psychology - appeared with regularity in seminary libraries and rabbis' and ministers' offices. Articles focused on applying the insights of psychology to pastoral work. The names of Seward Hiltner, Wayne Oates, and Carroll Wise became prominent in the literature of the pastoral counseling movement. Anton T. Boisen, an Episcopal minister and father of clinical training for clergy, was often cited, as well.

By 1955, 3/4 of the accredited seminaries had developed or were participating in training programs.¹⁵ In 1965, the President of Union Theological Seminary, Dr. Henry Van Dusen, said that "...over these years clinical pastoral education had influenced the Protestant Church more than any effort since the Reformation, except the founding of the

World Council of Churches."¹⁶ Reaction to the counseling ministry in Jewish circles was restrained; nevertheless, most Jewish seminaries taught psychology and counseling, though in contrast to the Protestant schools, "the courses are just footnotes."¹⁷ At HUC-JIR in N. Y., the Jewish Council for Clinical Training was formed on the Protestant model. The Jewish Theological Seminary of America, a Conservative institution, established its Department of Psychiatry in 1957.¹⁸

Recently there has been considerable growth in the Jewish pastoral counseling movement. In an article entitled "The Training of the Modern Rabbi" written by Julian Morgenstern and published as far back as 1922 in the CCAR Yearbook, nothing about counseling or psychology is listed.¹⁹ In the 1956 Yearbook, the point was made that many magazine articles and books in the field of pastoral psychology are written from the Christian point of view, and it was felt that American Reform rabbis need to be kept abreast of "this ever increasing resource material, and also to analyze it from the Jewish point of view."²⁰ And in a 1965 issue of the Journal of Religion and Health (which consistently contained at least one article per issue relevant to the Jewish community), Henry Enoch Kagan made this suggestion: that Jewish clergy should have the best clinical training available, with possible psychological licensing by state. Kagan, one of the few Jewish names associated with this field, recommended the specialization of clergy-therapists because "Such counseling clergymen cannot also be preachers. The judgmental role for the preacher is in conflict with the permissive

role of the pastoral counselor. "21

D. Pastoral Theology

Clinical training for clergy became more commonplace and teachings of psychology and psychotherapeutic techniques were utilized and adapted to many rabbis'/ministers' counseling. The unanswered question of psychology - what is the meaning of life now that I understand myself better and am able to live more effectively? - led the psychologically-aware clergy into the field of theology. It was difficult to find the clear line, if any existed, separating the realms of psychology and theology as both concerned themselves with values and behavior.

An important issue in counseling done by clergy is this question of theology, or ultimate values. In a powerful article entitled "Preventive Pastoral Theology" which appeared in The Reconstructionist in 1956, Rabbi Harold Schulweis explains: "Pastoral psychiatry without meaningful theology is empty; theology without pastoral psychiatry is blind. "22 In short, the pastor must be a theologian whose skills lie in keeping theological concepts significantly related to human experience. This means, continues Schulweis, that

...no theology can safely begin its teachings in moments of crisis, though it must be applied at such events. The time to begin to teach a realistic theology is well before sickness, death, and calamity strike. But it must anticipate these crises which befall us all and create the type of intelligent and honest religious attitude which will prepare us to cope with the compelling pressures about us ethically and courageously. 23

The term "Pastoral Theology" (sometimes used interchangeably with

"Pastoral Philosophy" or "Pastoral Psychology") is neither 20th-century nor Jewish in origin. Its first use was in 18th-century Protestantism, and an American book of lectures on Pastoral Theology appeared in 1847.²⁴ It was not until more recent decades, though, that attention has been paid to Pastoral Theology as a discipline, one that claims psychological theory as a handmaiden. This occurred partially because of the development of psychology as a potent weapon to deal with modern (wo)man's emotional anxiety. The general theological revival that demanded religious practices be psychologically valid, that church and synagogue address the needs and values of people today has also contributed to revitalized, systematic consideration of Pastoral Theology.

In the joining of hands by psychology and theology, that is, in Pastoral Theology, new emphasis has been placed on the acceptance of self and others as preludes to the love and acceptance of God.

CODA

In the union of psychology and religion great advances have been made in the 20th-century. The use of psychology by organized religion has led to a more sophisticated type of pastoral counseling, taught in seminaries and hospitals, and practiced in synagogues and churches. This new awareness has created a partnership of religious practice and scientific procedure to enhance modern (wo)man's self-awareness and spiritual journey.

CHAPTER III

PSYCHOLOGY AND RELIGION: CREATIVE ALLIANCE

A. Religion and Mental Health

In promoting mental health and serving the interrelated needs of the total person, postwar theology and psychology had similar goals. The psychologist and rabbi/minister were aiming for the same things - wholeness, health, and reconciliation - even when using different words to describe their strivings. By the mid-1960's, even the words were not so different. "...many Protestants viewed aspects of the human condition in terms which had been first suggested by psychoanalysis."¹

The psychologist turned his emphasis away from the objective study of the individual towards the relief of problems through counseling; the theologian and rabbi/minister showed new sophistication in dealing with psychoanalytic concepts. The sound techniques of psychology were increasingly applied to pastoral counseling. It was the growth of the social sciences with their interest in the human personality that helped give the religious teacher this new orientation, and the trend was applauded by mental health professionals.

The previous cleavage in the goals of psychology and religion broke down almost completely in the late 1950's and early 1960's. The liberal clergy embraced mental health as part of their religious concern, and the social scientists recognized the therapeutic value of religious fellowship.

Among those cited as emphasizing religious values to maintain mental wholeness was Carl G. Jung, the noted Swiss psychiatrist. He wrote:

Among all my patients in the second half of life - that is to say, over 35 - there has not been one whose problem in the last resort was not that of finding a religious outlook on life. It is safe to say that every one of them fell ill because he has lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook.²

Many felt that religion could play a significant role in the field of mental health, though clearly not as a substitute for psychiatry.³

To be an effective force in the community, religion had to be understood as being supportive of and compatible with mentally healthy behavior. Since mental health deals with the wholeness and fulfillment of people in relationship to themselves and others, it found a committed ally in religion which traditionally concerned itself with (wo)man's attitudes towards self, others, universe, and God. Religion also could make a powerful contribution to mental health in the area of a personal search for identity and purpose in life.⁴

B. Humanistic Psychology

Along with the growth of interest in mental health came the development of a cadre of mental health professionals. They recognized the abundant resources of psychology for aiding individuals, and largely relied on psychological insights and techniques in their efforts to help people think, love, and act more productively. Humanistic (person-centered) psychology provided a particular type of counseling and

Weltanschauung that contributed favorably to the maturing mental health movement as it ventured to transform society through personal transformation.

Humanistic psychology, the so-called "third-force" psychology following Freudian analysis and Skinnerian behaviorism, emphasizes personal responsibility, creativity, the sacredness of the individual and the goal of achieving one's potential. Abraham H. Maslow is the name most often associated with the humanistic approach, and he is responsible for popularizing the concepts of self-actualization and self-transcendence as indicators of psychological well-being. Humanistic psychology also seeks wholeness in personality, and recognizes the desire for acceptance of self and others as a basic human need.

Carl Rogers, a vocal proponent and theoretician of humanistic psychology, developed a style of counseling which he called "non-directive" (and others sometimes call "client-centered"). His aim was to allow the counselee maximum growth and self-awareness. This is achieved by the counselor's providing a helping relationship within which the counselee can discover his own capacity for personal development. The counselor must be genuine, accept the counselee as is, and respond empathically.

Empathy is a term found often in the literature of humanistic psychology. Rollo May, a pioneer in counseling and author of The Art of Counseling among other books linking theological and psychological themes, described empathy as a "key process" in counseling. The same

holds true, he maintained, for preachers, teachers and others whose vocation depends upon the influencing of people.⁵ Robert L. Katz, Professor of Human Relations at the Hebrew Union College, explained why:

The case for empathy rests on the fact that however similar human beings may be, there is something distinctive and unique about each. If our goal is to understand what is individual and distinctive in a person we must use empathic methods.⁶

Empathy is also a favored response in "responsive counseling," a system developed by Paul Johnson.⁷ Its central thesis is that persons are not complete alone, but seek fulfillment in relation to others. This differs from the Rogerian approach because its goal is for counselees to enter into relationships more fully, not only to become more fully actualized within themselves. But non-directive or client-centered therapy, like responsive counseling, share basic premises: the fundamental integrity of the individual, his drive towards health, and the importance of the counselor in enabling the counselee to re-educate emotionally. Personal growth in these systems is more important than any problem, and self-enhancing independence is viewed as a primary agent for change.

Broadly speaking, the aims of humanistic types of counseling and pastoral counseling are in harmony. In fact, proponents of humanistic psychology were among the first and most vocal spokespersons for the view that a successful therapist is not necessarily one with a lot of training, but one who communicates with sensitivity, and has come to

a sufficient state of inner resolution so as not to pose a threat to the troubled counselee.

Many doctors and other professional helpers now affirm the counseling function of clergy. What had long been forgotten, that clergy were engaged in the healing and comforting process well before the medical profession entered the field, is now being recalled. New respect hallmarks pastoral counseling when clergy consider themselves, and are considered by others, as bona fide counselors.

Two premises have promoted this cultivation of pastoral counseling: recognition of the mental health value in a religious community, and acceptance of psychological techniques in enhancing the rabbi/minister's helping capacity. It is now generally recognized that pastoral work which ignores or attempts to do without the discoveries of contemporary psychology is weak and short-sighted,⁸ and that

A well-trained clergy is among the strongest assets a community has for mental health. Mental health and counseling go hand in hand. Counseling may bring about mental health; and mental health achieved through broad means, including spiritual values, is likely to make the counseling load lighter.⁹

C. Pastoral Counseling Evolves

Since about 1960, pastoral counseling has become professionalized. The founding of the American Association of Pastoral Counselors in 1963 has done much to validate this field's identity internally and externally in relations with other specialists and the public at large. Pastoral counseling is not entirely distinct from other forms of

counseling and therapy yet the pastoral counselor is different from other helping professionals by virtue of religious and communal commitment. The pastoral counselor is akin to other counselors to the extent of similar training received, competence sought, and empathy engendered.

In the *Journal of Pastoral Care*, Dr. Abraham N. Franzblau, who offered the first courses in pastoral psychology at Hebrew Union College, delineated the boundaries between the proper roles of the pastor and psychotherapist. He said that the pastor can give direct advice, rebuke and correct, render solace and comfort, offer specific help in crisis, encourage objectivity, manipulate the environment advantageously (as in finding a job or securing a loan), and pray. Furthermore, according to Dr. Franzblau, the pastor gives the person who seeks guidance a feeling of warmth and recognition by symbolizing a religious tradition. The pastor can also tie the troubled person into the larger context of the faith community and its particular historic mission.¹⁰ Since pastoral counseling involves a pastor as counselor, these stances are acceptable. In Chapter Four of this thesis, these and other resources will be explored in greater depth.

Many pastoral counselors along with other helping professionals have tried to define reasonable and realistic parameters for their field. Some say they should only deal with so-called "normal" problems and leave personality disorders to psychotherapists. Many share the view that pastoral counselors must remain within the limits of reality as consciously perceived by their counselees. Others agree that the aim

of pastoral counseling be limited to the expressed concern of the individual seeking guidance, and that the pastor has the right and obligation to speak out of a religious value system, different though it may be from that of the secular society whose mores the individual embraces.

Rabbi Eugene J. Lipman defines pastoral counseling in this way:

Pastoral counseling should aim to change either the behavior or the attitudes or both of people who are generally functional in their worlds. Certainly persons who come for pastoral counseling are under stress, but there need not be any psychopathology present as a prerequisite for counseling to be undertaken. I am not suggesting that only topical, immediate, problem-centered counseling is valid for the pastor. Spiritual counseling can cover a broader spectrum. But pastoral counseling begins with a problem and the pastor should be bound, in his/her own mind, to work at the present problem, expanding the field only when necessary.¹¹

Three types of pastoral counseling emerge as normative for the contemporary rabbi/minister: short-term counseling oriented towards solving a stated problem, referral counseling to deal with a particular and specialized problem which the pastor thinks would better be served by another professional, and supportive, long-term counseling. In this third type of pastoral counseling, the pastor's availability can be successfully buttressed by synagogue/church fellowship. The purpose of supportive counseling is to help a troubled person establish as good an adjustment as possible to a difficult situation, long-term in nature. Examples of this are widowhood, handicapped children, and resettlement of refugees.

There is an additional area in which pastoral counseling is taken for

granted by both the rabbi/minister and the community. This is in crisis situations. Crisis situations are commonly called life cycle events - birth, puberty, marriage, divorce, illness, retirement, death - but rarely occur "on time" and inevitably cause unexpected responses from the people involved. Therefore, it is highly desirable for the individuals or families to freely express concerns arising at these times. The rabbi/minister is in a unique position, then, not only to stave off fears which may accompany these pressure points in life, but also to promote the kind of integration and growth through crisis needed for healthy living. Because these events constitute predictable crises in everyone's life, the pastoral counselor can use these situations as welcome opportunities for pastoral work. It allows for counseling that aims at positive Jewish identification through religious symbols and rituals and psychologically healthy attitude formation.

D. The New Role of Rabbi-Counselor

For centuries, a rabbi's duties have included counseling fellow Jews for small personal problems as well as for devastating crises. The rabbi's presence represented, among other things, a compassionate, concerned God and the caring community at large. The rabbi was usually welcomed by troubled persons to whose bedside, table, or store he came. But today the rabbi's role has changed as a result of historical and sociological factors already mentioned. The rabbi-counselor shows new sophistication in the depth and breadth of counseling. Ideally, the

quality of counseling has improved, or at least remained constant, even as the areas of life requiring rabbinic guidance in a dominantly secular society have grown.

The modern rabbi-counselor is committed to furthering Jewish life and successfully participating in it, as well as to encouraging others to do the same. Therefore, she can easily be fraught with ambivalence in setting priorities for self and others. Struggling and watching others struggle with these two seemingly opposed worldviews, the rabbi's role becomes more complex. Judaism has something to say about each of these: family and community relationships, the earth, material goods, spiritual ideals. The secular society in which we live offers attractive options for dealing with these alliances, too.

Coming to the rabbi-counselor's aid, are the teachings of the mental health field which speak poignantly to the normative and ruling value system of most Jewish people in this country. But there are other perspectives also available to the rabbi-counselor which are rich and can be compelling. Jack A. Luxemburg's (unpublished) rabbinic thesis entitled "Counseling: A Rabbinic Model" offers this insight:

The rabbi is uniquely equipped to help the client develop an effective set of values and beliefs around which to organize a more successful life-style. This is where Judaism as a system of values, beliefs, and practices - and rabbinic counseling - as a unique type of counseling relationship - can have their greatest impact.¹²

Luxemburg explains further than when the axioms of rabbinic counseling are formed by appropriate Jewish concepts, the counselee can recognize

in Judaism an attractive component to help with personal problem solving:

A common criteria for effective rabbinical counseling is "compatibility with the teachings of Judaism." One is tempted to dismiss this idea as being painfully obvious. However, it is exactly this quality which makes rabbinic counseling "rabbinic." If the counseling approach which the rabbi develops is incompatible with the notions of "what is Jewish," he may confuse his client and miss an opportunity to create a relevant relationship between the client and the insights and values of Judaism.¹³

CODA

Pastoral care can be more than the subject matter discussed in an hour-long counseling session, and more than the sum total of individual, isolated instances in which the rabbi is called upon to function as counselor. For the modern rabbi-counselor, pastoral care is a total perspective from which a Jewishly vital and psychologically healthy life orientation can be promoted. The teachings of mental health and humanistic psychology can serve the modern rabbi-counselor well in the daily challenge of finding spiritually satisfying and realistic solutions to diverse problems in a turbulent world.

— CHAPTER IV
RESOURCES IN RABBINIC COUNSELING

A. The Rabbinic Office

Some descriptions of rabbinic counseling given by several of its practitioners interviewed in the past six months (see Appendix) are: counseling monitored by Jewish concepts, counseling engaged in by a spiritual person with a theological perspective, counseling that is short-term and directive, counseling sought by people who want specifically Jewish answers, counseling that depends largely on referral, and, counseling that is defined by the counselee rather than the counselor.

For all those interviewed, counseling constitutes a considerable part of their rabbinate. It is something they take special pride in, and for which many have sought or are seeking specific training. People approach these rabbi-counselors with a variety of problems, though most are family or life-cycle related.

In many cases, the rabbi-counselor functions as a trusted friend; at times, she views herself as an expert practitioner. She encourages persons to use their strengths more readily, and uncovers their talents and promotes their interests. She can suggest relationships potentially beneficial to the counselee's self-esteem and growth. By doing so, the religious counselor helps not only the troubled individual, but also contributes to a warmer, more involved, and actively caring congregation.

When the rabbi-counselor approaches counseling with seriousness and honest feeling, she increases her authority in the eyes of the

counselee. She needs discipline to divest herself of all concerns which are not central to the person at hand. Some rabbi-counselors prepare themselves through prayer and meditation prior to a counseling session. Each must determine for oneself a method of preparation which will allow maximum responsiveness to the counselee. This method can be worked out over time, and it is important that the rabbi-counselor feel comfortable with herself as well as the person facing her as a counseling session - what some call a pastoral dialogue - begins.

The person of the rabbi is a crucial element in religious counseling. Her affect and impression, as well as the way she is perceived by those who seek her guidance, determine the intangibles in rabbinic counseling. These include religious attitude and feeling, life experience, sensitivity, and quality of relationship. Ideally, all these play a part in the gamut of rabbinic functions, but whereas in preaching, teaching, casual socializing and officiating, the rabbi's message is conveyed through the spoken word, listening in silence provides another significant form of pastoral care and counseling.

The rabbi-counselor need not be directive to be effective. Many counselees may wish to be heard more than anything else. Words can intrude on intimacy, and can cut off the expression of feelings difficult to verbalize. Conclusions from a survey conducted in 1950 indicate that among Conservative and Reform rabbis,

Most rabbis believed that their experience in the rabbinate and their common sense were the essential prerequisites... Not many had learned the delicate

art of listening, which helps greatly to keep out of counseling the projecting "I," "common sense," and "my personal experience." One has to become a listening rabbi rather than a talking rabbi in the counseling situation.¹

The listening rabbi can speak as compellingly as the talking rabbi as she gives the counselee time and space in which to reflect on the problems at hand.

Physical touch has long been associated with care and healing, and this can be appropriate to the modern rabbi-counselor's method. While the rabbi need not be self-conscious in employing this highly symbolic touching, she should be aware of possible misinterpretation of a caring stroke or squeeze of the hand. A blessing or prayer in which the troubled person's name is mentioned can be of similar symbolic import to one who feels isolated, misunderstood, or searching.

Taking the time to listen, offering a Jewish perspective and spiritual atmosphere, praying, and reaching out to touch when appropriate, all these define the rabbi-counselor in contrast to other types of helpers.

B. Small Groups and Chavurot

Two areas about which many congregants today voice frustration are the lack of a sense of relatedness and low self-esteem. People are lonely and feel isolated. Often they look to their religious community to provide support, and many times the camaraderie is not there:

A recent study of why churches are losing members revealed that the key is the failure of people to nurture and support one another. Those who were closely identified with a congregation felt cared

about in warm human relationships. Those who had become inactive had done so primarily because they lacked feelings of being cared about. It is in communities of mutual caring that the fullest possible liberation of spiritual potentials takes place.²

The modern rabbi-counselor can draw on the effective use of groups to help congregants feel related, part of a larger family. She can foster groups in which persons have real status and genuine affectional security because of what they are rather than their status or achievements. The goal of these groups, like the goal of rabbinic counseling, is not structural change in personality, but the development of positive identifications, the enjoyment of shared experience, and the stirring of emotion for others in whose humanity one finds a common bond.

Several pastoral counselors have had success in organizing groups of people who are experiencing similar developmental, or unanticipated crisis points in their lives. One example given was for students in the year prior to beginning a new school, junior high, high school, or college. In this church, group (or groups) met with a trained member of the church staff. She functioned as facilitator, opening discussions by talking about normal feelings associated with leaving familiar surroundings. Sometimes she would present a case study, or read an appropriate passage from a book. Sometimes she would ask for participants to role-play a scene highlighting the anxiety brought on by saying good-bye to family and friends. The participants were encouraged to interact with each other more so than with the facilitator. Her main function was to keep the group's attention focused on their

particular "identity issue," in this case, leaving the known for the unknown.

Groups of this kind have worked well, according to several ministers, with newly divorced, single, and widowed people, with women experiencing the "empty-nest" syndrome, with children of divorced parents, with families wherein one member has a terminal illness, and with businesspeople facing difficult ethical choices in day-to-day decision-making. The content of the discussion was never based on a textbook, but on the living experiences of its members. The groups contracted for meeting time, place and length of tenure. Each group was different based on the different identity issues involved. The ministers who led these groups said they gained as much from the experience as the participants seemed to. A verbal and written evaluation by group members took place after each group's final session.

In many ways, this type of congregational group is similar to a therapy group: it engages people with others, it deals with personal issues that would otherwise remain hidden or discussed only with family members and close friends, it encourages members to look beyond themselves and recognize like problems in others. There are, however, two distinct differences between such a congregational group and the more traditional secular therapy group. One difference is that the setting is that of a synagogue/church and the participants are co-religionists who share synagogue/church membership. A more subtle difference is that the leader of the group is a religious counselor

who has as resources the many intangibles mentioned earlier in this Chapter.

The Jewish community is known and respected for offering classes in many areas of intellectual interest, and more recently, for offering "classes" which deal with problems in living, namely, when and how to invest, how to handle family conflict, etc. These are often worthwhile and stimulating, and usually serve to benefit and enlighten people individually, but not to enrich them through relationships with others.

The groups mentioned here are not classes; they are gatherings with a pastoral purpose, and they can be sound resources for the rabbi-counselor as she aims to create a more intimate congregation, one in which people increase in willingness to call on each other to help at trying times and to celebrate at joyous times.

Chavurot, or small fellowship groups, within the synagogue, offer another vehicle for developing community concern within a congregation. Many chavurot members seek a more intimate setting in which to pursue their Jewish interests; many desire friendship and a sense of family. Chavurot have become popular, Bernard Reisman explains in The Chavurah: A Contemporary Jewish Experience, because they are designed to counteract the impact of alienation in people's lives.³ Surely there is no greater human therapy than to become part of this kind of working group wherein community, participation, and transcendence are all components:

The Jewish dimension of the chavurah adds to its social purpose the potential for making it a transcending experience. As the members involve themselves in Jewish programs and activities, they are transformed from a friendship unit seeking personal gratification to a fellowship pursuing purposes which move beyond individual and material needs.⁴

As a resource in pastoral care, chavurot go beyond problem-solving in attempting to come to grips with what is fundamentally lacking in people's lives: shared, valued experiences. The chavurah's emphasis on the group as a vehicle for fulfilling Jewish religious and communal responsibilities allows for the experience of belonging which can lead to a heightened self-respect and a renewed sense of personal worth. These are goals of counseling, and they can be the desirable by-products of creative and carefully guided small groups and chavurot.

Another example of a small group program designed to enhance religious and social interaction among Jews is the Mishpacha Program. Organized by Rabbi Dov Peretz Elkins at his congregation, the Mishpacha Program is not leaderless like the typical chavurah, and is made up of entire family units including children of all ages and adults of different generations. Like the chavurah, this group is geared to the needs and interests of its participants as they aim to grow in Jewishness and fellowship. Several families make a time commitment (e. g. 10 Sunday evenings), and participate in professionally facilitated activities in order to get to know one another better (within and among families) and to share religious experiences intensively over a short period of time.⁵

C. Special Programs

Using the concept of synagogue as service center for the varied emotional needs of congregants, several innovative counseling programs have begun in recent years. At one congregation, a crisis intervention service was established under the leadership of a clinical social worker who is a member of the Temple staff. He does not provide "major therapy," but meets with individuals and families to resolve problems, or make the appropriate referral. The program is well-publicized and utilized:

The services of our synagogue have been multiplied immensely... Our congregants are looking at it in a new light. We are a house of prayer and a place to get help with dealing with psychological family and individual problems. And the amount of counseling work has increased by at least 50%.⁶

A variation on this theme is found in some churches. In an article entitled "Ministering to Emotions as Well as to the Spirit," a church counseling service is described. This particular one is run by three therapists who are also parishioners. There is tremendous need for this type of service, the church rector explained, because among the troubled people who are members of a congregation, "Many are more willing to go into counseling connected to the church because of a certain stigma attached to psychotherapy."⁷ The demand for such help is great, and more and more religious institutions are responding to the call to aid their members burdened with emotional stress.

Another special program was developed by Rabbi Harold Schulweis,

initiator of the first congregational chavurah in this country. Rabbi Schulweis instituted a Paraprofessional, or Pararabbinic, Counseling Program in his synagogue. The program is designed to provide help at a nominal fee for people of all ages who seek counseling in a Jewish setting. The paraprofessionals undergo a two-year training which enable them to screen psychological problems, interview and counsel, and intervene in crisis situations. They attend informal lectures, workshops, and various community agencies in order to prepare them for their three-year tenure as pararabbinic counselors.

Rabbi Schulweis described the role Jewish paraprofessionals can play in the life of a congregation:

I need, rabbis need, allies in the sacred task of creating Jews. We need Jewish persons to relate personally and sympathetically to other Jews. We need Jews who can listen to other Jews and who can help them anticipate the kinds of concerns they will confront at the critical junctures of their lives.⁸

Through the Paraprofessional Program, Jewish consciousness is raised and internalized. Compassion is "institutionalized." Jewish feelings are explored and ventilated as Jews help one another through the trying moments which may attend the stages of personal and family growth: Bar and Bat Mitzvah celebration, divorce, remarriage, drug or alcohol abuse by a family member.

D. Preaching

Two of the more subtle avenues for rabbinic counseling are the sermon and the worship service which surrounds it. Although not

traditionally thought of as exercises in counseling, the sermon and liturgy share things in common with a religious counseling session: a chance for emotional catharsis, the experience of transforming day-to-day concerns into issues of spiritual import, the relief of draining feelings, e.g., jealousy, self-hate, boredom. A prayer service that includes words and songs of beauty, and the preaching of honest convictions can make worship an uplifting and integrating force within each listener as well as in the life of the community.

Harry Emerson Fosdick, considered by many to be the greatest preacher of the 20th-century, developed the view that preaching is an act of pastoral counseling. He observed that he knew a sermon was effective when it led people to his office for personal consultation. For Fosdick, both counseling and a good sermon begin with people's identifiable problems. Both express clear convictions based on personal experience, and both speak to the listener individually.

Dr. Robert L. Katz voiced a similar prescription for psychologically resourceful preaching when he wrote:

...the preacher, like the counselor, can give the individual the feeling that he has dignity, that he can be accepted as an individual. In his words, and above all, in his attitude to the group, the preacher dramatizes the traditional emphasis on man's innate worth as a child of God.⁹

For both Fosdick and Katz, preaching and counseling involve the sensitive use of dialogue and speak to the expressed needs and problems of the audience. Many of the rabbis and ministers interviewed for this

paper agreed that their most appreciated sermons (based on congregational feedback following the sermon or at a later date, privately) were the ones that touched on basic emotional concerns - feelings of pain, inadequacy, hostility, and disappointment. Fosdick reflected:

People come to church on Sunday with every kind of personal difficulty, and problem flesh is heir to. A sermon was meant to meet such needs; it should be personal counseling on a group scale.¹⁰

The preacher, like the personal counselor, can use modern psychology to help identify the spiritual and emotional needs of the congregation. With insight gained from counseling, the rabbinic or pastoral counselor can address the congregation's real concerns in the sermon.

Rabbinic and pastoral counselors have observed that funeral sermons are very much akin to religious counseling. Funeral sermons often mention people's names, and draw on shared experiences in highlighting the deceased's life. Most significantly perhaps, funeral sermons more so than any other type of delivered message, reflect the rabbi/pastor's interest in entering the bereaved's deeply felt experience of loss.

Sermons can also help accomplish preventive work in the area of mental health. Like counseling, sermons can encourage self-acceptance and introduce new approaches to problem-solving. Sermons can offer a larger perspective in which a congregant, or congregation as a whole, can see itself, and to which it may choose to relate and grow from.

Like counseling, sermons can provide motivation to act, and the opportunity for the listener to sense his own feelings about a situation,

and thus to walk away from a service knowing himself better, or perhaps understanding another person better. For his part, the listener can test out the sensitivity of the preacher in an attempt to discern whether or not she will be a desirable counselor for him. If the preacher speaks to realistic problems and interests of the audience, if she is non-judgmental, respectful, and caring in approach, if she confronts problems with well thought-out answers, the preacher can expect to be called upon as a counselor. Her preaching will have indicated positive counseling qualities and personal empathy.

CODA

As rabbis inform themselves about the nature of interpersonal relationships and human motivation, they can make religious counseling a viable and valuable source of aid to their congregants. They can foster groups, e. g. chavurot, whose goals include self-understanding and mutual affirmation. They can create programs that allow for maximum expression of the affiliative need in people. They can preach in dialogue with their congregation by sensitively anticipating the audience's views and concerns.

The rabbinic counselor is also in a unique position in her ability to orchestrate the worship service, Board meeting, or Youth Group program to function in such a way as to better meet the emotional needs of their members. The religious counselor draws upon the most basic teachings of her religion when she restores confidence in her

co-religionists that each is worthwhile as a child of God, and each has the ability to direct life with purpose. This can be accomplished in one-on-one counseling, but need not be limited to that, as programmatic suggestions mentioned here have indicated.

CHAPTER V

CONCLUSIONS AND PROSPECTUS

A. Defining Rabbinic Counseling

Despite the secular nature of the times and the enormous growth of professional and paraprofessional helpers, many people experiencing emotional pain still turn first to their rabbi or minister for guidance. Looking for answers or judgment, platitudes or comfort, these people have alternative counselors available in the persons of trained or self-styled therapists; yet they often remain committed to the age-old notion of priest as healer when they seek personal counsel. Problems of marriage and familial relationships, substance abuse, economic insecurity, and undefinable anxiety, all these reach the rabbinic or pastoral counselor's ears as she interacts with the congregation.

What are the religious counselor's credentials as she aims to help troubled people around her? She takes the appropriate courses at the seminary, perhaps attends workshops related to pastoral care and counseling, and listens to people daily as they verbalize their desires and frustrations. But the religious counselor is not a psychotherapist and those asking for her time and input know that. Many of the problems brought to the rabbinic or pastoral counselor are identical with the problems brought to the psychiatrist, yet her counseling is based, for the most part, on other than purely objective and scientific methods. She uses common sense and training as does the psychiatrist, but religious teachings and sensitivities define her counseling, too.

The modern rabbinic/pastoral counselor also has these natural advantages, not shared by her non-religious counterpart: she knows and is known by her congregation, she can be approached easily, without an appointment, and can approach those who seem troubled, she can get involved at critical moments in the lives of congregants. As religious counselor, not as quasi-therapist, the rabbi or minister has broad access to people's lives.

Clergymen also have an advantage over the clinicians precisely because, in the mental health area, they are not professionalized but have the flexibility of a gifted amateur. . . Clergymen seem to regard cases as idiosyncratic human beings, and tailor their help to fit the specific needs of the client. Consequently, they have a greater stimulus to find unexpected, innovative approaches which often satisfy the needs of their parishioners more fully than the "correct" professional treatment.¹

Nevertheless, what may be a problem for some rabbinic counselors is that their counsel is primarily intuitive, and they sometimes depend on personal warmth and caring to make up for possible deficiencies in technical know-how. While the warm, caring rabbi is often the most easily approached, and while a strong, emotional involvement can be of support to the counselee, it cannot substitute for psychological awareness and understanding.

Another potential pitfall is the problem of rabbis attempting to fill their own needs through the counseling they engage in with others. Rabbi Kagan, the noted proponent of rabbinic counseling in the early years of its development, had this to say in a 1955 CCAR Yearbook article:

It may be that the rabbi is overconcerned with the mechanics of counseling and psychotherapeutic techniques. His concern with his competence as a counselor may be related more to the rabbi's pre-occupation with himself than it is to the parishioner's need.²

Precisely because counseling is an interaction in areas of life where both the helper and helped are vulnerable and perhaps have shared experience, the counselor must learn to recognize what might be the intrusive quality of her own needs. She must guard against imposing personal attitudes and decisions on others, and must learn to distance herself from the counselee's situation. There will be times when the simple discipline of listening rather than talking can help. The religious counselor, like other counselors, has to remain self-aware, yet not overly self-concerned in the helping role.

Therefore, the modern religious counselor is well-advised to acquaint herself as fully as possible with psychology, therapy styles, and counseling skills in order to be comfortable and responsible in this very important task. Needless to say, the traditional qualities associated with a compassionate pulpit rabbi - genuineness, non-possessive warmth, and empathy - are also critical assets for the rabbi when she counsels.

There are limits to the depth and range of rabbinic counseling. In order to have integrity, it must be compatible with the teachings of Judaism. This implies several things - that the counselee be affirmed as a unique human being, that he be encouraged to be responsible and

sensitive in his dealings with others, that he be made aware of the religious tradition of which he is a part and which offers a blueprint for daily living, and that he understand spiritual growth to be an inherent part of the rabbi-counselor's goal for him. These are the elements that distinguish rabbinic counseling from other forms of psychotherapy, and they constitute religious values which can help create a meaningful counseling relationship, and an optimistic, yet realistic worldview with which the counselee can work out other problems later in life.

B. Challenges Facing the Rabbi-Counselor

In an incisive article entitled "The Rabbi As Therapist," Perry London distinguished between the rabbi and psychotherapist in this way: rabbis are in the business of ethics and are in the most logical and suitable position, professionally speaking, to teach people how to live. Psychotherapists "... on the other hand, are in the repair business - not so much telling people how to live as how to be less sick and in less pain."³ It is London's contention that many forms of psychotherapy practiced today are not capable of meeting the needs of people searching for meaning in life. These therapies foster un-Jewish (i. e., narcissistic, egocentric) lifestyles in their attempt to give quick and easy relief to troubled people. London believes that the preeminent challenge facing the modern rabbi is to speak to those issues which send a significant number of American Jews to secular therapists.

It is not an uncommon view that psychiatry has been making inroads into what has traditionally been religion's domain. Whereas religion was once the unequivocal, encompassing force in people's lives, now we are living in a "psychological society":

If there is one all-pervading faith that binds 20th-century Western man, it may be found in his uncritical acceptance of the value of psychotherapy. . . It is our new religion, arising out of and efficiently tailored to the moral crisis of the day.⁴

There is a tendency to confuse the purposes, goals, and methods of psychiatry with those of religion, and to look for psychiatric cures to spiritual ills. But both psychiatry and religion, as well as their practitioners, lose when the two fields are merged. Each can complement the other, but their fundamental purposes constitute two entirely different universes of discourse. This was recognized early by Rabbi Joshua Loth Liebman, though he was one of psychiatry's greatest friends in religious circles:

We should seek to learn what psychiatrists have to teach about human beings, but we should be on guard against letting psychiatry become a substitute for religion, and there is a great danger of that today. Soon there will be no religion and there will be all psychiatry; the goal of life will be not God, but self-expression.⁵

For the rabbinic or pastoral counselor, counseling is an activity, not a profession. It is grounded in the religious leader's larger commitment to her congregation's spiritual and moral growth. This is what separates religious counseling from other styles of therapy, and this is what needs to be stressed to the aspiring rabbi-counselor.

While competence in counseling is to be strived for and respected, ultimately, in religious counseling, it is not technical competence alone that will determine the success or failure of the rabbi as helper; it will be her sense of common humanity in relating to those around her, her willingness to talk about religious and spiritual concerns and her ability to set an example from which others may learn. The rabbi-counselor's integrity as she wears the different mantles of prophet, priest, and healer will also contribute to success in carrying out these roles to her own and the congregation's satisfaction.

C. Retrospect and Prospect

The rabbi today is neither judge nor priest, though her office retains elements of both these roles. She officiates and validates, and in every aspect of her work, she counsels. Counseling is viewed by many as the most contemporary addition to the rabbinic role, yet it has long been part of the Jewish notion of religious leadership. Counseling, more than any other rabbinic activity, allows for the creative use of much of the rabbi's skill and experience. Drawing on traditional Jewish attitudes and modern therapeutic techniques, the rabbi-counselor can refine her ability to relate to others, and can bring quality understanding and insight to those she leads.

But it is not the rabbi's job, nor is it in keeping with the religious vocation, to merely comfort. The rabbi must also confront if she is to bring her people to a higher plane of spirituality and to a deeper sense

of morality:

Many people suffer because of the false supposition on which they have based their lives. That supposition is that there should be no fear or loneliness, no confusion or doubt. But those suffering can only be dealt with creatively when they are understood as wounds integral to our human condition. Therefore ministry is a very confronting service. It does not allow people to live with illusions of immortality and wholeness.⁶

In this society many search for instant transcendence via drugs, instant prestige via wardrobe, instant emotional security via affluence. The message of religious counseling should be that there is a richer alternative to these methods. The rabbi-counselor can help people find constructive ways to relate to one another, finding meaning, expressing self-love, earning self-respect, and experiencing religion as a vital encounter with the universe. Religious resources can enable people to meet this challenge by helping them face the human predicament rather than flee from it. By offering a living fellowship and live symbols, in which and through which people can deal directly and personally with the larger, more sensitive issues in the world, the synagogue and its leadership can be an effective agent for helping people to find meaning in life.

This is the challenge that faces the rabbi today: to be a life-stimulus, to go beyond organizational concerns to theological issues. And in counseling, the challenge is to move beyond the model of the psychotherapist to find a counseling style which uses the teachings of psychology as well as the rabbi's natural resources and advantages. The

well-prepared rabbi of the next decades will be a religiously-sensitive counselor who willingly shares her spiritual awareness with others as part of the total rabbinic role. With insight, she will be able to appreciate the psychological power of religion as it strives to preserve our spiritual side. The rabbi-counselor will use religion as a potent weapon against an increasingly bland, lifeless and quick-thrill seeking society which seeks escape from its own humanity. With this as a basic stance, secular counseling techniques can be used to buttress and sharpen the religious counselor's interpersonal skills. Counseling method may be the tool, religious commitment and idealism will be the message.

As the 21st-century approaches with new sophistication in the areas of mental and emotional health, and new challenges facing religious leadership as a result of secular society's dominance, the questions the rabbi-counselor is confronted with include religious and psychological concerns:

- How can counseling be used to shift concern from simply personal growth to concern for neighbor and moral assessment of society?
- How can the religious community continue to develop as a therapeutically positive fellowship?
- How can the use of religious resources, i. e., literature, liturgy, and life cycle events, heighten a person's psychological self-awareness as well as his religious commitment?
- What kind of training is necessary for the rabbi-counselor to use

psychological concepts and methods responsibly?

---How can the rabbi-counselor best deal with the stress and "burn out" that accompanies intense involvement with others?

---Who can the rabbi turn to when she needs counsel?

With each counseling encounter, some answers to these questions will emerge, as will, hopefully, a more satisfying understanding of the counseling role. As the rabbi grows in experience and empathy, she will be able to better respond to the needs of her congregants as they struggle with spiritual issues, sometimes hidden under the mask of secular language. The contemporary rabbi-counselor who so desires can provide significant aid, through traditional and innovative means, to those who seek her counsel.

APPENDIX

These rabbis and ministers were interviewed as part of the methodology of this thesis:

Rabbi Robert Barr	Cincinnati, Oh.
Rabbi Philmore Berger	Long Island, N. Y.
Rev. Shirley Cadle	Cincinnati, Oh.
Rabbi Norman Cohen	Cincinnati, Oh.
Rabbi William Feyer	Atlanta, Ga.
Rabbi Alan Fuchs	Cincinnati, Oh.
Rabbi Sol Greenberg	Cincinnati, Oh.
Rev. Dale Guckenberger	Cincinnati, Oh.
Rabbi Beverly Lerner	Richmond, Va.
Rabbi Richard Levy	Los Angeles, Ca.
Rev. David Markowich	Oxford, Oh.
Rabbi Ronald Sobel	N. Y., N. Y.
Rabbi Alvin Sugarman	Atlanta, Ga.
Rev. Cean Wilson	Maineville, Oh.

The questions were as follows:

1. What kind of counseling do you do?
2. How would you define rabbinic/pastoral counseling?
3. In what ways do preaching and counseling have similar goals? Do you ever prepare sermons which are responses to issues congregants have raised in counseling sessions?
4. Do you think there is a place for a counseling specialist on the staff of your (or a large) congregation?
5. Do you think that counseling as a function of the rabbinate/ministry requires training beyond what is received at your seminary? That is, without additional training how much can you expect to achieve?
6. About how many hours a week do you spend in counseling sessions? Would you say that counseling is a large, small, or medium part of your rabbinate/ministry in terms of importance to you?
7. In what ways do you perceive your role as different from or similar to that of a psychologist or social worker?

8. Erich Fromm said that the psychoanalyst is a "physician of the soul." In what ways is this true for the rabbi/minister?
9. What personal concerns are bothering people these days?
10. Would you call this an age of therapy, that is, do you think people are comfortable about getting therapy in our society?
11. What works for you, in resource and technique terms, in your counseling?
12. Do you ever intervene in a congregant's life at what appears to be a crisis point?
13. Do you worry about possible malpractice suits with regard to your counseling?
14. Please respond to these statements:
 - a. Pastoral counseling specifically includes God in the counseling process.
 - b. Religion and psychology are alike because they both insist on the need of the individual to confront him/herself in honesty.
 - c. Every personal problem is a religious problem, and every effort to help someone in need is a religious task.

FOOTNOTES

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⁷ J. C. Barden, "Ministering to Emotions as Well as to the Spirit," The New York Times, September 28, 1980, p. 16.

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³Perry London, "The Rabbi as Therapist," Moment, vol. 5, no. 8, (September, 1980), p. 59.

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