
HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION
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CONSULTATION BETWEEN
RABBIS AND JEWISH SOCIAL WORKERS:
A MODEL FOR COOPERATION

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CHAPTER I

INTRODUCTION

One day, following a sermon by a rabbinic student, the communal service, education, and rabbinic students at Hebrew Union College got together to talk about social action. During this discussion, I heard rabbinic and education students say that the only place for social action is in the synagogue. I found this comment depressing--and symbolic of the division that exists in the school between rabbinic, education, and communal service students. Hebrew Union College (H.U.C.) would appear to provide the perfect setting for such interaction, a basis for inter-professional dialogue in Jewish communal life. I was concerned that such a good opportunity might be lost and decided to explore the rabbinic-social worker relationship for my thesis.

Since I am particularly interested in casework, I wanted to study the exchange between rabbinic counselors and Jewish caseworkers. I saw consultation as one means of bringing these two professionals together.

Although rabbis have traditionally concerned themselves with issues of everyday life and relationships among people, they did so in the context of scholarship and for the purpose of implementing and interpreting the halachah. Some social service needs, such as burial, care of the sick, and gathering of dowries for orphan girls, were performed as mitzvahs by volunteers, often operating within organizations

which had been developed for these purposes in the community.

The Hasidic rebe introduced a more personal element into the religious leader's role. He responded to all the needs, personal and spiritual, of his followers. Later, other rabbis adopted the Hasidic rebbe's model in providing social services to the Jewish community.

Increasing industrialization and mass migration, phenomena of the late 1800's in the United States, led to the expansion of secular social service agencies.¹ Now, Jewish individuals in need of help could go elsewhere. Thus, some rabbis saw themselves in competition with Jewish social service agencies.

Religion can contribute a great deal...
by helping the individual to separate
the unreal from the truth of living.
While religion offers many the comfort
and escape from some of the burdens of
reality, its main purpose goes over and
beyond this elementary use. Basically,
religion's function is to help man face
himself and his place in the universe.²

A detriment to the relationship between rabbis and social workers has been the social worker's failure to realize the importance of religion in the helping process.

In my thesis, I decided to explore what problems--other than the perception of competition and lack of appreciation of the role of

¹Robert Z. Segalman, "Rabbi-Caseworker Cooperation--Partners in Counseling," CCAR Journal 20 (Autumn 1973): 21; and Isaac N. Trainin, "The Rabbi and the Jewish Social Worker," in The Rabbi and the Jewish Social Worker, ed. Morris N. Kertzer (New York: The Commission on Synagogue Relations, Federation of Jewish Philanthropies), p. 8.

²Solomon J. Spiro and David Weiss, "The Role of the Rabbi and Social Worker in Adoption and Conversion," Jewish Social Work Forum 2 (Winter 1964-1965): 11.

religion on the part of social workers--affect the relationship between rabbis and social workers, so as to find methods to reduce conflicts and increase cooperation. I decided to interview rabbis--to see how they function as counselors, their use of referral and consultation, and their relationship with social workers.

The most exciting part of writing my thesis has been the data gathering process. The interviews with rabbis provided "real-life experience" of rabbinic counselors. This study would have been impossible without the willingness to be interviewed and the warm response to me on the part of the rabbis. I wish to thank them for the time and insight they gave me into their role as counselors.

I am also indebted to Dean Lewis Barth, Assistant Dean Leonard Thal, and Rabbi Stuart Kelman for placing me in touch with responsive rabbis and allowing me to use their names in contacting the rabbis.

Content analysis of the incidents rabbis related to me was "first" as a method at the School of Jewish Communal Service. It was valuable to my professional growth in research to develop my own methodology in order to achieve my goals.

My gratitude to Rosa Felsenburg Kaplan, my thesis advisor, is immeasurable. She has given me guidance, enhanced my insight, alleviated my confusion, helped me in rewriting, and provided valuable support.

I also wish to express my appreciation to Norman Mirsky and Stanley Chyet for their consultation, encouragement, repeated reading--and improving--of my manuscript.

Had there been no School of Jewish Communal Service at Hebrew

Union College, and no class on the Jewish Component in Social Work Practice, I would neither have thought of this topic nor have had the academic setting in which to study it. Thanks go to Gerald B. Bubis, Director of the School of Jewish Communal Service, for the establishment of a stimulating program and an environment which allowed me to pursue my interests creatively.

A special vote of gratitude goes to the rabbinic students at Hebrew Union College. As I began to attend chapel at school regularly, one rabbi gave me an aliyah to the Torah. I got to know these students better and often discussed my studies with them in the library. They related experiences and offered insights.

My warmest feelings are for my two best friends, Rosie Kaminski and Scott Pritchard. They were unstinting in support and had the patience to see me through the hard times of writing my thesis.

CHAPTER II

COMMUNITY MENTAL HEALTH--

THE RABBI AND THE JEWISH SOCIAL WORKER

With the passage of the Community Mental Health Center legislation in the 1960's, responsibility for the preservation of mental health moved out of the state hospitals and into the community, away from traditional mental health professionals to community caretakers, from an emphasis on treatment and "cure" to one on prevention.

There are three levels of prevention in the mental health field:

- (1) Primary prevention aims at reducing the incidence of new cases of mental disorder in the population by combatting harmful forces which operate in the community and by strengthening the capacity of people to withstand stress...
- (2) Secondary prevention aims at reducing the duration of cases of mental disorder which occur in spite of the programs of primary prevention.
- (3) Tertiary prevention aims at reducing the community rate of residual defect which is a sequel to mental disorder. It seeks to ensure that people that have recovered from mental disorder will be hampered as little as possible by their past difficulties in returning to full participation in the occupational and social life of the community.¹

There are unique aspects of the rabbinic function that enable

¹Gerald Caplan, Support Systems and Community Mental Health, (New York: Behavioral Publications, 1974), pp. 189-190.

rabbis to engage in primary prevention as community caretakers. Rabbis are present at life cycle events--birth, marriage, or death, sometimes divorce as well. Their presence enables them to participate in these events in a constructive manner. They can use Jewish traditions to start people off on a good marriage or to cope with a personal loss in as healthy a way as possible. A sermon may address itself to crucial issues involving interpersonal relationships. A thoughtful word or cordial gesture in passing at the end of a service, a synagogue function, or a congregational social event may carry special meaning and convey a sense of genuine concern.

One important element of the rabbinic role in secondary prevention is the rabbi's availability and accessibility. Congregants may call or see rabbis at any time of the day or night. Because a person is more easily influenced during a crisis, the rabbi may be able to provide counseling at a strategic time to help the congregant back on the road to mental health.² Rabbis are thus in a position to intervene in the lives of congregants at crucial moments. In fact, unlike other counselors, rabbis may be able to act before congregants come to them for help.³

Rabbis may give moral advice in counseling. The dispensing of such injunctions in the context of the rabbi's authority places them in a position to keep people from disaster or loss of control in their

²Ruth Caplan, Helping the Helpers to Help, (New York: Seabury Press, 1972), p. 20.

³Roy Furman, "Rabbinic Counseling: An Exploratory Study" (Master's thesis, University of Southern California, 1977), p. 18.

lives and to restore them to normal and/or socially desirable behavior.⁴

People may go to rabbis for help, because it is free and there is no stigma attached to seeking their help. Some individuals may seek out rabbis because they feel most comfortable discussing their problems in a religious context.⁵ The fact that they are comfortable in seeking aid from someone whom they know and respect and who knows them and may be in a better position to assess the seriousness of their situation are additional advantages. Going to a rabbi for help does not require a commitment to become involved in counseling.⁶

It may be advantageous that rabbis are not professional counselors with the associated training and thus do not give psychiatric labels to people. Such a humanistic and practical approach may make them more responsive to congregants' needs in specific situations.⁷ Thus rabbis may see people at the earliest stages of crisis.⁸

After rabbis counsel congregants, their relationship does not end. They are still in contact with the individuals through their many other roles in the synagogue. Katz indicates that if the post-counseling relationship is handled in the appropriate way, congregants feel more

⁴Caplan, Helping, pp. 29-31.

⁵Richard Israel, "Don't Shout: It Doesn't Help," Jewish Social Work Forum 5 (Spring 1968): 46.

⁶Robert L. Katz, "Counseling, Empathy, and the Rabbi," in Rabbinical Counseling, ed. Earl A. Grollman (New York: Bloch Publishing Company, 1966), p. 8.

⁷Caplan, Helping, p. 34.

⁸Ibid., pp. 20-25; David I. Golovensky, "The Rabbi as a Counselor and His Relationship with Professional Social Workers," Journal of Jewish Communal Service (Winter 1958): 219.

comfortable in participating in synagogue life.⁹

Rabbis may play an important role in tertiary prevention. They can help people who were mentally ill to become involved in the life of the community and the synagogue. They can educate their congregants on the nature of mental illness, so that an ex-mental patient is not stigmatized. They can enable individuals in the community to help one another by providing jobs and social supports.

In summary, the rabbi's very special position as a counselor consists of the following aspects: (1) availability to and potential familiarity with the individual, (2) a position of authority, and (3) association with the religious and moral aspects of life.

As representatives of a tradition, rabbis often deal with "moral, theological, and existential problems."¹⁰ Thus, people will approach them because they are searching for such elements and characteristics in their own lives.¹¹ Being spiritual leaders, rabbis have an "aura" about them and sometimes even appear to be charismatic individuals with special gifts, wisdom, and learning that can alleviate human problems.¹² Because rabbis represent a way of life, they can be models for the individual.

Several rabbis have addressed themselves in varying ways to the religious-God-oriented-moral role. Folkman summarizes the rabbinic

⁹Katz, "Counseling," p. 19.

¹⁰Ibid., p. 9.

¹¹Jeshaia Schmilzer, New Horizons for the Synagogue, (New York: Bloch Publishing Company, 1956), p. 33.

¹²Golovensky, p. 219.

counseling process thus:

To me, as a rabbi, it seems that religious counseling of the "normally" disturbed can be summarized within three general categories:

1. sharing trouble in human brotherhood, testifying to the supreme Fatherhood of God;
2. giving supportive assistance in the quest for His forgiveness;
3. inviting one's fellow humans to a better understanding of themselves, of each other, of the world in which they live, and of the loving Father God Who presides over it, so that they might reorient themselves to it more realistically, more affectionately, and more reverently.¹³

The rabbi's familiarity with Scripture and Jewish tradition provides a unique conceptual framework for the helping process.

Luxembourg summarizes it thus:

The Rabbis present a set of precedents, if not a consistent theory of their own, from which the modern Rabbi can draw while establishing his own theoretical counseling basis. The Rabbis evidence an appreciation of the complexity of human nature, an understanding of the conflict between the disparate elements of the personality which result in various behaviors, and an encouraging notion that the Good Inclination, or more desirable elements of the personality, can overcome the Evil Inclination, or undesirable elements of the personality.¹⁴

As representatives of a tradition and of a moral way of life,

¹³Jerome D. Folkman, "The Rabbinical Use of Religious Resources in Counseling with the Emotionally and Mentally Disturbed," CCAR Journal 10 (June 1962) : 26.

¹⁴Jack A. Luxembourg, "Counseling: A Rabbinic Model," in The Jewish Component in Jewish Communal Service, eds. Gerald B. Bubis and Norman B. Mirsky (Los Angeles: Hebrew Union College, 1976), p. 37.

rabbis cannot be neutral.¹⁵ Although they do not preach in individual contact with congregants, they can give advice, suggest alternative ways of thinking, and offer their insights.¹⁶

Thus,

...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--as a unique type of counseling relationship--can have their greatest impact. "Religion can make a positive contribution to mental health in the broader area of the individual's search for a center of personal organization, a center which will provide him with resources enabling him to accept and integrate his personality, to deal constructively with his environment, to perceive meaning, purpose, and satisfactory fulfillment in the pursuits of his life."¹⁷

The virtues of the rabbi as a counselor--(1) availability to and familiarity with the individual, (2) a position of authority, and (3) association with the religious and moral aspects of life--may also become weaknesses. Availability and familiarity may interfere with confidentiality and objectivity. The position of authority can lead to such problems as role conflict, transference, and a lack of acceptance of congregants. Their association with the religious and moral aspects

¹⁵Trainin, "The Rabbi and the Jewish Social Worker;" Reuben M. Katz, "The Relationship Between the Rabbinate and Social Work," in The Rabbi and the Jewish Social Worker, ed. Kertzer; Herbert Bronstein, "The Rabbi Asks: On Rabbinical Counseling," CCAR Journal 9 (January 1962) : 49; and Mortimer Ostow, "Rabbinic Counseling," Conservative Judaism 21 (Fall 1966).

¹⁶Robert L. Katz, "The Rabbi Asks: On Rabbinical Counseling," CCAR Journal 9 (January 1962) : 45-46.

¹⁷Luxembourg, pp. 58-59.

of life may make rabbis judgmental and alienate congregants in need of help. These disadvantages are in part a consequence of the rabbi's lack of, or limited, professional counseling education.

In a study of rabbinic counseling in the 1950's, Schnitzer found that most rabbis did not think they needed training in counseling. They tended to counsel on the basis of common sense, intuition, and experience.¹⁸ These three bases, however, may not be sufficient for competent counseling. A lack of professional training may cause rabbis: (1) not to know their limits, i.e., to delve into the unconscious, or to engage in long term counseling,¹⁹ (2) conversely, to be too superficial, not delve sufficiently deeply, and not explore beyond the congregant's direct request for help,²⁰ (3) to interfere with the congregants' ability to function independently, and to "solve" their problems by telling them what to do,²¹ (4) to fail to make referrals when appropriate, (5) to lack objectivity or show partiality, particularly in situations involving several members of a family or the congregation,²² (6) to lack a systematic diagnostically differentiated approach,²³ (7) to have developed a trained incapacity for listening, because of the em-

¹⁸Schnitzer, "Rabbis and Counseling, A Report on a Project," Jewish Social Studies 20 (July 1958).

¹⁹Folkman, "The Rabbi Asks: On Rabbinical Counseling," CCAR Journal 9 (January 1962); Furman; Luxembourg; and Katz, "Counseling," p. 3.

²⁰Katz, "Counseling," pp. 5, 8.

²¹Segalman, p. 25.

²²Furman, p. 20; and Katz, "Counseling," p. 15.

²³Luxembourg, p. 34.

phasis on public speaking in their professional education,²⁴ and (8) to neglect the observance of the necessary "professional ethics" of confidentiality.²⁵

The rabbis' position of authority surrounds them with an "aura" that may cause conflicts in their role as rabbinic counselors. Among the many functions of rabbis are counselors, spiritual leaders, and synagogue administrators. The line between these roles is often ambiguous and unstructured. Robert Katz expresses this problem well:

Since the rabbi's role is not restricted to counseling, he must be able to compartmentalize his experiences and move from one area to another without confusing his professional responsibilities. Role conflict is an inevitable stress for the rabbi.²⁶

This role conflict may cause rabbis to be tempted to draw on their counseling experience for the content of their sermons.²⁷ Because of the smallness of the synagogue community, such sermons may embarrass or even expose congregants, resulting in a problem of violated confidentiality.²⁸

The post-counseling relationship may be another problem area. People are often embarrassed in front of rabbis after they have exposed their personal problems. If rabbis do not handle this situation in a "delicate" way, congregants may withdraw from the congregation. The fear of revealing weaknesses may prevent congregants from even approaching the rabbi. They are afraid to deal with rabbis in relationships

²⁴Katz, "Relationship," p. 33; Israel, "Don't Shout," p. 47; and Schnitzer, "Rabbis and Counseling," p. 145.

²⁵Segalman, p. 25.

²⁶Katz, "Counseling," p. 18.

²⁷Ibid.

²⁸Segalman, p. 25.

outside the counseling one after they have exposed their deficiencies.²⁹

The rabbis' "aura" compounds the problems in the counseling relationship as well. Congregants may see rabbis as "father figures" leading to the phenomenon of transference.³⁰ Rabbis may show a reciprocal attitude--a feeling of superiority. According to Schnitzer, some rabbis are only interested in finding a few elite people for the transmission of Jewish tradition.³¹ This attitude of non-acceptance is counterproductive to the counseling process.

As said, "Their association with the religious and moral aspects of life may make rabbis judgmental and alienate congregants in need of help." People may not seek rabbis' help, because they do symbolize the Jewish traditional lifestyle. Some fear that rabbis will criticize them for their lack of religious observance. They are afraid that rabbis will give them moral advice based on a tradition which they have no intention of observing anyway.³² Because "there is some aspect of playing God in almost every counseling relationship,"³³ congregants may be reluctant to ask rabbis for help with personal problems.

Although there are aspects of rabbinic counseling which are specific to rabbis, the rabbi's goals and techniques are much the same

²⁹Segalman, p. 25; and Katz, "Counseling," p. 19.

³⁰Gwen M. Enfield and David J. Ordin, "Group Approaches to Mental Health Programming in Los Angeles Synagogues" (Master's thesis, Hebrew Union College, 1976), p. 131; Katz, "Counseling," p. 20; and Ostow, "Rabbinic," pp. 25-26.

³¹Schnitzer, "Rabbis and Counseling," pp. 138 & 141.

³²Segalman, p. 25.

³³Katz, "Counseling," p. 21.

as those in basic counseling texts of psychiatrists, psychologists, and social workers. Luxembourg lists seven goals of rabbinic counseling:

1. to create an atmosphere and relationship in which the client feels free and secure;
 2. to aid the client toward an objective analysis of his situation;
 3. to identify problems, tensions, or dissatisfactions;
 4. to help the client develop an understanding of his situation which aids in confronting and solving immediate problems;
 5. to promote recognition of the client's inherent ability to adjust to his own situation;
 6. to encourage the client to responsible exercise of his freedom and agency as part of the problem-solving process;
 7. to develop with the client, guidelines for effectively confronting similar problems in the future...
- These goals are client-centered.³⁴

Rabbis listen, are empathetic and accepting, reflect back, clarify, enhance self-expression, and mediate conflict. Rabbis are estimated to spend approximately 20% of their time in counseling.³⁵ In fact, the greatest expectation of rabbis by 65% of Reform Jewish congregants is in their performance in the pastoral role.³⁶

Use of similar approaches does not necessarily make for mutual understanding and cooperation between rabbis and social workers. Tensions exist in their relationships. Problems include the following: (1) social workers criticize rabbis for their lack of counseling training and knowledge of available community resources; (2) rabbis have re-

³⁴ Luxembourg, p. 55.

³⁵ Furms ; and Enfield and Ordín.

³⁶ Theodore I. Lenn, Rabbi and Synagogue in Reform Judaism, (Connecticut: CCAR, 1972), p. 317.

servations about social workers for these reasons: lack of Jewish education and commitment, secularism, antagonistic attitudes towards Jewish religion, religious laws, and customs, lack of Jewishness in their agencies, and a neutral position in their value base; (3) there is a lack of communication between these two groups of professionals; (4) both see each other as a threat, are in competition for membership and funds, and jealously guard their autonomy and territory; and (5) rabbis are representatives of a tradition and social workers are agents of the community--thus, they have different loyalties. These differences are not mediated because of a stiff-necked quality on the part of both, a reluctance to recognize one's own shortcomings, and a tendency to exaggerate those of the other party. (The term "social worker" is used here, because these problems are commonly seen in rabbinic relationships to all kinds of social workers--caseworkers, Center workers, Federation administrators, and executives.)

There are two dilemmas that are unique to the relationship between rabbis and caseworkers. (1) Caseworkers fail to realize that rabbis do have some counseling skills. (2) In turn, caseworkers perceive themselves to be superior to rabbis. Rabbis also believe that they possess knowledge that places them above the caseworker. Segalman suggests that this "perceived status differential" is compounded by the use of language that is unique to each one's profession.³⁷

Similar problems exist in the relationship between rabbis and Center workers and rabbis and Federation executives. Rabbis question Federation priorities. Funds may be given to the Jewish Center or a

³⁷Segalman, p. 26.

hospital which are not seen by the rabbi as Jewish institutions. On the other hand, Federation neither allocates sufficient money to Jewish education nor any amount to synagogues.³⁸ Rabbis also criticize Federation executives and Center workers for failing to make a place for rabbis in their board structure.³⁹

Unique conflicts may occur between rabbis and Federation executives. They envy each other's different sources of power.⁴⁰ Rabbis may perceive Federation executives as concerned only with money and finances.⁴¹

One of the important ways of achieving cooperation between rabbis and Jewish social workers is through the improvement of their professional preparation. The major mutual complaint centers around their respective educational deficiencies.

Some programs have been developed to deal with these respective deficiencies. For social workers, such programs include: (1) Hebrew Union College, (2) Yeshiva University, (3) Brandeis University, and (4)

³⁸Harold Schulweis, "Jewish Leisure and the Synagogue," Conservative Judaism 26 (Winter-Spring 1962); Bernard Ducoff, "Synagogue, Center, and Bureau: Confrontation and Direction," Conservative Judaism 26 (Winter-Spring 1962); Samuel Dresner, "The Dais and the Pulpit," Moment 1 (December 1975): 25-26; and Eugene Erussell and Paul Weinberger, "Religious Leaders' Assessment of Jewish Social Service Priorities," Journal of Jewish Communal Service 44 (Winter 1967).

³⁹David Polish, "Rabbis and Federations," Jewish Spectator 40 (Fall 1975): 20; and Trainin, "The Place of Religion in Jewish Center Practice," in The Rabbi and the Jewish Social Worker, ed. Kertzer, p.111.

⁴⁰Gerald B. Bubis, "Brokha Brokers and Power Brokers," Jewish Spectator 40 (Spring 1975): 60.

⁴¹Trude Weiss-Rosmarin, "Brokha Brokers and Power Brokers," editorial, Jewish Spectator 40 (Spring 1975).

Baltimore Hebrew College. Several other schools, including Spertus College, are considering developing programs. All of these programs try to combine with varying success the usual social work theory and practice background with the following components: courses on the Jewish family, community, relations to non-Jews, demography, social issues and philosophy, history, values, contemporary issues, and the meaning of the "Jewish component in social work practice." The emphasis in these courses is not only on increased knowledge, but also on heightened Jewish consciousness, a sense of Jewish identity, and a commitment to Jewish continuity. Field work is in an agency expected to promote a positive Jewish identity. Additionally, seminars on Jewish subjects are provided for social workers already in the field.⁴²

All three major rabbinic seminaries have been supplementing text courses with education in human relations. The alumni and faculty have promoted the following additional educational opportunities: courses on marriage and family, crisis intervention, pastoral counseling and its techniques, human growth and behavior, the nature and prevention of mental illness, the synagogue as a social institution, and community organization and resources and field work in social service agencies and other clinical settings. They have been successful in some of these attempts. These learning opportunities should enable rabbis to

⁴² Saul Hofstein, "Preparation of Workers for Casework Practice in the Jewish Agency," Journal of Jewish Communal Service 45 (Winter 1968); Graenum Berger, "Professional Training for Jewish Communal Services," in The Rabbi and the Jewish Social Worker, ed. Kertzer; Sanford Solende, "Jewish Education of Social Workers," Jewish Spectator 34 (November 1969); and Gerald B. Bubis, "Professional Education for the Jewish Component in Casework Practice," Journal of Jewish Communal Service 52 (Spring 1976).

recognize the limitations of their counseling skills and the necessity of making referrals. Additionally, seminars on rabbinic counseling and community resources have been provided for practicing rabbis. The Religious Affairs Department and the Commission on Synagogue-Federation Relations of the New York Federation of Jewish Philanthropies have attempted to conduct such seminars.⁴³

The rabbinic education at the Jewish Theological Seminary (J. T. S.), as described by Ostow, provides an example of this type of education. A practicum is given for third year rabbinic students which offers an opportunity for them to observe and participate in counseling. Additionally, J. T. S. has established the Bernstein Counseling Center which has three main purposes: (1) "to provide students...with a specifically rabbinic experience in counseling," (2) "to obtain material for the study of rabbinic counseling," and (3) "to offer consultation service to rabbis with respect to counseling problems."⁴⁴ Although there are many Christian pastoral counseling centers, this is currently the only rabbinic counseling center in the United States.⁴⁵

Cooperation between rabbis and social workers can only be achieved through an awareness of shared goals on both sides and a clari-

⁴³Trainin, "Who is Qualified to Counsel?" The Reconstructionist (January 1960); Sidney E. Goldstein, The Synagogue and Social Welfare, (New York: Bloch Publishing Company, 1955); "The Rabbi and the Jewish Social Worker," The Jewish Community 21 (June 1966); and Ostow, "Rabbinic."

⁴⁴Ostow, "Rabbinic," pp. 23-24.

⁴⁵Joint Commission on Mental Illness and Health, Action for Mental Health, (New York: Basic Books, Inc., 1961), p. 135; and Richard V. McCann, The Churches and Mental Health, (New York: Basic Books, Inc., 1962), p. 59.

fication of unique and overlapping roles.⁴⁶ As a result of such raised consciousness, cooperation has occurred in the following ways: (1) working on programs together, (2) participating in seminars, (3) developing joint community action programs, (4) fund raising,⁴⁷ (5) providing services to populations at risk, (6) rabbis serving on Jewish communal agency boards, and (7) social workers being employed at the synagogue.

Cooperation between rabbis and caseworkers has also occurred in the making of referrals to caseworkers by rabbis. Many rabbis do recognize the limits of their counseling abilities. They realize that they cannot help every individual that comes to them. In such cases, they make referrals to psychiatrists, psychologists, or social workers.⁴⁸ Rabbis interviewed by Furman were more liberal and middle-class, were secure in their jobs, had more counseling education, and were therefore not reluctant to make referrals.⁴⁹ In the referral process, it is im-

⁴⁶ This approach has been used successfully by the Commission on Synagogue-Federation Relations of the New York Federation of Jewish Philanthropies. Scharfman reports that the most valuable thing he received from the conferences of the Commission has been the establishment of friendships between rabbis and social workers. Misconceptions about each other have been corrected as both have come to see that they have shared goals. Solomon J. Scharfman, "Improving the Relationship Between the Rabbi and the Jewish Social Worker," in New Directions in the Jewish Family and Community, ed. Gilbert S. Rosenthal (New York: Commission on Synagogue Relations, Federation of Jewish Philanthropies of New York, 1974), pp. 95-96.

⁴⁷ Trainin, "Federation and Synagogue Relationships", Journal of Jewish Communal Service 34 (June 1958).

⁴⁸ "The Rabbi and the Jewish Social Worker," p. 12; and Ostow, "Rabbinic," pp. 27 & 31-32.

⁴⁹ Furman, pp. 45, 76.

portant to have communication and follow-up between rabbis and social workers. Rabbis call the social workers or vice versa in order to keep informed of congregants' progress. Social workers have also made referrals to rabbis for their "contribution in spiritual and religious therapy."⁵⁰

Rabbis refer congregants to social workers for several reasons: (1) rabbis' lack of necessary counseling skills, (2) their inability to handle deep psychiatric problems, and (3) a lack of time necessary to engage in long-term counseling.⁵¹

There have been problems in the referral process to Jewish social workers by rabbis. Lack of knowledge of community resources may often prevent rabbis from referring problems.⁵² Rabbis may have previously had a negative experience in making referrals.⁵³ Congregants may complain to rabbis about the lack of help they received from Jewish caseworkers.⁵⁴ Many rabbis are concerned that caseworkers may ignore or be antagonistic to Jewish tradition and moral values.⁵⁵ The "lack of Jewishness" in Jewish casework agencies also prevents rabbis from making referrals.⁵⁶ Some rabbis feel they should be an expert in all areas and

⁵⁰Trainin, "The Rabbi," p. 14.

⁵¹Furman, p. 44.

⁵²"The Rabbi and the Jewish Social Worker," pp. 11-12.

⁵³Trainin, "The Rabbi," p. 13.

⁵⁴Idem, "Who is Qualified," p. 13.

⁵⁵Golovensky, pp. 219-221.

⁵⁶Nina Aronoff, "Rabbis as Counselors Interacting with Other Helping Professions," (Master's thesis abstract, Smith College Studies in Social Work, October 1957), p. 102.

their pride interfere with the referral process.⁵⁷ Often, congregants may feel rejected when rabbis suggest referrals.⁵⁸

People come to rabbis naturally. It is thus more parsimonious for rabbis to provide counseling, because they tend to be the least professionally trained personnel, it is economically efficient, and congregants are not forced into a patient or client role.⁵⁹ However, a counseling situation may be beyond the depth of a rabbi for several reasons: "(1) lack of knowledge, (2) lack of skill, (3) lack of self-confidence, and (4) lack of professional objectivity," because of simple identification, direct personal involvement, transference, characterological distortions, and theme interference, (i.e., an attitudinal block resulting from the association to a personally unresolved conflict in themselves.)⁶⁰

Referral has been mentioned as one means by which rabbis handle problems that are "beyond their depth." However, an opportunity for rabbis to talk over problems with a professional, who has the knowledge

⁵⁷ Trainin, "Who is Qualified," p. 9.

⁵⁸ Katz, "Counseling," p. 24.

⁵⁹ Parsimony in the delivery of mental health services includes: (a) least time of intervention, (b) least traumatic intervention, (c) least cost per patient, (d) least effort by staff, (e) least specialization of services, (f) least development of dependency of patients, and (g) least social and geographic dislocation. Rosa Felsenburg Kaplan adds (h) least need for socialization to the patient role. William Hollister, "The Principle of Parsimony in Mental Health Center Planning," Alabama Mental Health 19 (January 1968), quoted in Rosa Felsenburg, "Between the Conception and the Creation: Problems in the Achievement of the Aims of the Comprehensive Community Mental Health Center Legislation" (D.S.W. dissertation, Columbia University, 1970).

⁶⁰ Gerald Caplan, The Theory and Practice of Mental Health Consultation, (New York and London: Basic Books, Inc., 1970), pp. 127, 132 & 145-149.

rabbis lack or about which they feel insecure, may obviate the need for the disruption of contact with congregants and make it possible for rabbis to do a satisfactory job themselves. Consultation is thus not only a means of cooperation, but enhances the rabbi's role as a community caretaker.

There are four types of mental health consultation: client-centered case, consultee-centered case, program-centered administrative, and consultee-centered administrative consultation.⁶¹ Rabbis most often engage in consultee-centered case consultation.

The relationship between the consultants and consultees is an egalitarian one. Both are experts in their own fields. They must respect each other's competence. They are working together on a problem. The consultees offer information about the case. The consultants offer their knowledge and skill to give insight into the case. Together, they explore the case and try to find ways in which to handle it appropriately. The consultants must make it clear to the consultees that they are not experts in the consultees' fields and thus have limitations.

⁶¹(1) Client-centered case consultation--consultees and consultants discuss the case. The consultants see the clients and make an assessment. The consultants and consultees work out a treatment plan together. (2) Consultee-centered case consultation--the focus is again on a specific case. The consultants do not see the client. The consultees have some work difficulty, and the consultants work with them to remedy this problem. (3) Program-centered administrative consultation--there is a problem in the area of program or administration. The consultants do research on the problem and suggest new programs or ways to improve existing ones. (4) Consultee-centered administrative consultation--the difficulty is again the area of program or administration. The consultants work on these problems by working with the consultees' difficulties. Caplan, Theory and Practice, pp. 32-33.

The consultants then can also learn from the consultees. The consultants are in no position to "judge" the consultees' actions, as they are not in the consultees' professions.⁶² Gerald Caplan has called consultation at its best a relationship of "coordinate interdependence."⁶³

Since consultees' agencies are systems, the work of consultants with particular consultees may cause reverberations within the rest of the system. Thus, the consultants must learn as much as they can about the consultees' systems. This knowledge will enable the consultants to function more effectively in their role. The consultants, as mental health professionals, have an advantage in learning about the consultees' institutions. A knowledge of organizational dynamics should enable them to grasp quickly the internal workings of the systems. The consultants must also learn the language of the consultees' institutions. Use of excessively technical language, mental health jargon, may alienate consultees.⁶⁴

Ruth Caplan describes a consultation program for and with Episcopalian parish clergymen and their priests. The program was largely initiated, planned, and administered by the clergymen. The clergymen met in a group with a psychiatrist from the Harvard Laboratory of Community Psychiatry. Although consultation was provided on a group basis,

⁶² R. K. Janmeja Singh, Community Mental Health Consultation and Crisis Intervention, (California: Book People, 1971); Arnold R. Beisser and Rose Green, Mental Health Consultation and Education, (California: National Press Books, 1972); Fortune V. Mannino, Beryce W. MacLennan, and Milton F. Shore, eds., The Practice of Mental Health Consultation, (New York: Gardner Press, Inc., 1975); and Caplan, Theory and Practice.

⁶³ Caplan, Theory and Practice, p. 81.

⁶⁴ Ibid.; Singh; and Beisser and Green.

the psychiatrist was available to the clergymen for individual consultation. Consultation offered three main types of support to the clergymen: (1) knowledge about mental health and mental illness, an increase in confidence in their roles as pastoral counselors; (2) the group consultation--a chance to get together with colleagues, ease loneliness, and come to understand that they all are faced with common problems and difficulties; and (3) the group as a "reference group"--regular meetings giving continuity to their lives and group values as a source of support in dealing with difficult problems.⁶⁵

The bishop of the Episcopal Diocese of Massachusetts engaged in individual consultation with Gerald Caplan, the director of the Harvard Laboratory of Community Psychiatry. The bishop felt that the consultation was most helpful to him in defining his role as bishop.⁶⁶ Two factors contributed to the success of this consultation: (1) religion and religious knowledge were important to Caplan, and (2) Caplan always came to the bishop's office. Together, they decided that a consultation-education program should be established for parish clergy in order to train them to be consultants to their colleagues. Gerald Caplan considered this development an important aspect of the program. By training the clergymen to be consultants to each other, the psychiatrists are able to move to other care-giving organizations for consultation.⁶⁷

⁶⁵Caplan, Helping.

⁶⁶Another mental health professional, Rockland, served as a consultant to groups of clergymen. He found that they were also primarily interested in exploring their role as pastoral counselors. Lawrence H. Rockland, "Psychiatric Consultation to the Clergy: A Report on a Group Experience," Mental Hygiene 53 (1969).

⁶⁷Caplan, Helping.

Consultation between rabbis and mental health professionals has also occurred in the Jewish world. At Atlantic Town, the rabbi in the congregation decided to develop a Religious and Human Relations Center. Two rabbis counsel there on a regular basis and have weekly meetings together with a Jewish social worker who acts as a consultant.⁶⁸ In Gilbreath and Hoenig's study,

One rabbi mentioned that he is in a "counseling group" with six other ministers of all faiths. This group meets bi-weekly to discuss counseling problems of its members. A clinical psychologist is the leader. Experiences are shared and each helps the other with the counseling situations presented.⁶⁹

Rabbis, like Christian clergymen, most often consulted with psychiatrists and psychologists on an informal basis. Additionally, they consult with other rabbis and their wives who, they feel, have insight into the nature of human problems.⁷⁰

"Religious metaphysical assumptions and values play major roles in the lives of many ethnic people."⁷¹ Although it is "necessary for the

⁶⁸Schnitzer, New Horizons, pp. 93-94.

⁶⁹Stuart H. Gilbreath and Martin A. Hoenig, "The Counseling and Pastoral Role of the Rabbi in the American Jewish Community," Jewish Social Studies 31 (January 1969), pp. 22-23.

⁷⁰Enfield and Ordin, pp. 132-133 & 158; Furman, pp. 16 & 56-57; and McCann, p. 190.

⁷¹Helen Mendes, "Some Religious Values Held by Blacks, Chicanos, and Mexican Americans, and Their Implication for Casework Practice," in Faculty Development--Minority Content in Mental Health, Monograph #4 (Boulder, Colorado: Western Interstate Commission for Higher Education, January 1, 1974), p. 2.

social worker to be familiar with the client's religion and his particular set of beliefs and to utilize this knowledge in the treatment process,"⁷² not all social workers have this knowledge.

Agencies may...use religious specialists as consultants for case conferences involving religious clients. These specialists may also lead training workshops for the casework and administrative staffs.⁷³

Because the solutions to clients' problems may be related to religious tradition, culture, and law, social workers may gain valuable insights by consulting with rabbis.⁷⁴

Rabbis can be involved as community caretakers and in prevention in a comprehensive Community Mental Health Center, serving the Jewish community. Federally supported Community Mental Health Centers are required to provide five essential services: (1) inpatient care, (2) outpatient care, (3) partial hospitalization, (4) twenty-four hour emergency services, and (5) education and consultation.⁷⁵ President Kennedy's 1962 speech to Congress described Community Mental Health Centers:

These centers will focus community resources and provide better community facilities for all aspects of mental health care. Prevention as well as treatment will be a major activity. Located in the patient's own environ-

⁷²Deborah Pessa Oles, "Religious Jewish Clients and Their Perceptions of the Importance of Religion in the Social Work Helping Process" (Master's thesis, University of Southern California, 1977), p. 76.

⁷³Mendes, p. 36.

⁷⁴Trainin, "The Rabbi," pp. 14-15.

⁷⁵Felsenburg.

ment and community, the center will make possible a better understanding of his needs, a more cordial atmosphere for his recovery, and a continuum of treatment.⁷⁶

At one Community Mental Health Center studied by Felsenburg, staff, including social workers, provides consultation to rabbis and mutual aid groups affiliated with the synagogues, such as "Guardians of the Sick," "Women of the Good Deeds." The very specific knowledge of these community caretakers regarding religious and sub-cultural (Chassidic, Yemenite) values, as well as the confidence congregants had in the familiar people, were invaluable in reaching people in need and providing appropriate care. The confidence the community caretakers developed in the Mental Health Center staff made it possible to convince individuals to use direct professional service institutions when the community caretaker's skill was inadequate.⁷⁷

Rothman suggests a "catchment area" system for the Jewish community. "Catchment areas" would be established on the basis of religious school enrollment. Representatives of social service agencies and parents would meet to discuss the problems of the children as seen in the religious schools. A child guidance clinic could be established in the neighborhood. Through consultation with the social workers in the guidance clinic and other agencies, religious school educators could detect problems of children and thus effect an early intervention. In this model, the social workers and rabbis would come to collaborate more

⁷⁶Id., p. 56.

⁷⁷Rosa Felsenburg Kaplan, Personal Communication.

intimately.⁷⁸ In turn, this close personal acquaintance would be a motivation for more use of consultation, and thus, cooperation.

By virtue of the rabbis' ready access to people, they are in a unique position to serve the Jewish community in caretaker and prevention functions. Their role as counselors, crucial in this connection, has many positives, but may also pose certain problems. These problems may be dealt with through referral and consultation. The consultation process puts them into a situation of collaboration with mental health professionals. Although the literature contains a number of instances of rabbis' consultation with psychiatrists and psychologists, there is a dearth of material on consultation with social workers. The next chapters explore this possibility.

⁷⁸George Rothman, "The Relationship of the Rabbi to the Jewish Social Worker," in New Directions in the Jewish Family and Community, ed. Gilbert S. Rosenthal, pp. 109-110.

CHAPTER III

METHODOLOGY

This is an exploratory study of the role of rabbinic counselors and their relationships with Jewish social workers. The intent of this research is to enhance the existing body of knowledge on this subject and to find areas of need for further study.

Several questions are of particular interest: To what extent, with relation to which problems, and in what manner have rabbis been involved in the counseling encounter? Are rabbis satisfied with their role as rabbinic counselors? Do they see any limitations to this role? If so, do rabbis engage in either the referral or consultation processes? Do they use social workers for these purposes? What, if any, are the problems that exist between rabbis and social workers? What ways are there to improve the relationships between these two types of professionals?

In an attempt to find answers to these questions, a purposive sample consisting of twenty-five Orthodox, Conservative and Reform rabbis was selected to be interviewed. These rabbis were chosen on the basis of one or more of four characteristics: (1) they were known to be involved in counseling; (2) they were known to have had contact with social workers; (3) they were known to have a bias against social workers; and (4) they were believed to be responsive to being interviewed.

The Conservative and Reform rabbis with these traits were selected on the basis of suggestions by rabbis teaching at Hebrew Union College. Two Orthodox rabbis were contacted on the suggestion of the Dean of the School. These rabbis recommended the names of other Orthodox rabbis believed to be willing to participate in this project. The number of Orthodox rabbis who fit this description and had time was limited. It had been initially planned to exclude rabbis previously interviewed in 1975 and 1976 by Gwen M. Enfield and David J. Ordin in connection with a Master's thesis on a related topic. However, the lack of availability of Orthodox rabbis did not permit this. Thus, the author met with eleven Reform, ten Conservative, and four Orthodox rabbis--including three of the latter who were interviewed by Ordin and Enfield.

Interviews with rabbis consisting of open- and close-ended questions, were designed to explore the role of rabbinic counselors and their relationships with social workers. Open-ended questions requested anecdotal material, critical incidents, based on the rabbis' personal experience. This vehicle was used for two reasons: (1) to obtain material as experienced by the rabbi, which would give a clear and detailed picture of the counseling experiences of rabbis; and (2) to set the stage for a free-flowing discussion regarding the other areas. Rabbis were then questioned about their satisfaction with the results of the counseling encounter which sometimes yielded an expression of limitations in skill or time. Inquiries were made into the rabbis' use of referral and consultation--where, when, why, and how these processes had been used. Lastly, the following areas in the rabbis' relationship with Jewish social workers were explored: (1) their opinion of social work-

ers, (2) problems in these interactions, and (3) ways to improve relationships.¹

Initial contact with the rabbis was by mail. A letter on plain white paper with the researcher's home address and signed by her,² invited them to respond to the interviewer on a voluntary basis. Four rabbis contacted the author through the mail, and many reported they had tried unsuccessfully to reach the author by phone. The general response showed a willingness to be interviewed, an interest in the subject matter, and a warm reception of the interviewer. Four rabbis did not have the time to be interviewed, because of their many duties. However, two of them suggested other rabbis in their congregations. Although the response to the interviewer was generally cordial, three rabbis appeared uncomfortable and had difficulty in responding to the questions.

The author requested the rabbis' permission to tape the interviews in order to obtain as accurate and detailed information as possible. All but one of the rabbis were agreeable to this request. This one rabbi was also among those uncomfortable in the interview encounter. The rabbis' receptivity may partially be due to their respect for the source of referral as well as to the interviewer's willingness to meet them at their own convenience. With the exception of one rabbi who was interviewed at Hebrew Union College, all of them were interviewed in their own offices. The duration of all interviews was forty-five minutes to one hour.

The interview schedule's inclusion of critical incidents allowed for flexibility in terms of responses. Rabbis often alluded to

¹For Interview Schedule, see Appendix A.

²For Letter, see Appendix B.

referral, consultation, and their opinion of Jewish social workers while describing specific cases. The informal nature of the encounter allowed the interviewer to pose questions not specifically included in the interview design in order to obtain further clarity. For example, some rabbis were asked if they followed-up after making a referral. In retrospect, it appears that some of these questions should have been included routinely.

The interview schedule was used flexibly. Answers were given to two questions even though they were not asked. These questions were: (1) "You have told me so far (a) that you have used social workers or social agencies for referral, or (b) that you have not used them. Is this impression correct?" and (2) "Can you tell me why this is so?" Two of the questions in the area of ways to improve relationships with social workers were repetitive. "Can you visualize circumstances which would make work with social workers more appealing and satisfactory?" and "(If interviewee has a desire to work better with social workers or for better experiences,) 'what are ways you see of achieving better relations with social workers?'" The interviewer found that it was best to combine these two questions into one.

The interview schedule also presented some problems with regard to the understanding and responses of the rabbis. Many rabbis were confused by the first question. "I am interested in the kinds of personal or interpersonal problems that have come to your attention and that you have had to struggle with. Could you tell me some specific experiences that you have had with such problems brought to you by congregants?" Some responded with the kinds of problems brought to rabbis and spoke of

the specifics of these dilemmas in very general terms. Others answered the question with a discussion of the limitations of rabbinic counselors. In these instances, the interviewer posed the question again emphasizing the words, "specific cases," and telling rabbis, "I would just like to listen to you talk in a free-flowing manner." In general, these techniques were effective. However, four of the rabbis were still unable to relate specific cases. Speculations regarding this inability will be discussed in the following chapter.

There were many instances in which rabbis expressed positive attitudes about social workers through referral or consultation before the interviewer inquired about their opinion of social workers. When this occurred, the interviewer checked the accuracy of her impression with the rabbi. Most of the rabbis confirmed this observation. However, five of them then commented that they had both positive and negative opinions. Because all but six of the rabbis expressed positive opinions of social workers, they were asked to speculate on the causes for problems rather than directly examining their own dilemmas. Nine of the sixteen who were asked to hypothesize were then able to identify problems they had experienced. Because some rabbis described no problems, it was not appropriate to ask them about "ways to improve relationships." Instead the interviewer asked: "What would your advice be to a young rabbi, fresh out of the seminary, concerning the ways for rabbis to develop good working relationships with Jewish social workers?"

Considering the objectives of this study, the author divided the responses of the rabbis into seven categories: (1) problems brought to rabbis by congregants, (2) reasons people come to the rabbi, (3) coun-

seling of the rabbi, (4) referral, (5) consultation, (6) rabbis' relationship with Jewish social workers, and (7) training to prepare rabbis for counseling. The responses in four of these categories were not the results of direct questions asked by the interviewer. Items (1) and (3) were extrapolated from a content analysis of critical incidents. Items (2) and (7) were items mentioned by rabbis in the course of the discussion.

Interviews were taped, and the tapes transcribed. Prior to coding the transcribed tapes, the author listed the categories and subheadings. Each category was given a number and coded in a different color, each subtopic a letter, and each rabbi a number. In the process of coding, it became necessary to include additional subheadings. This coding method made it possible to identify readily general trends expressed by each rabbi.

For example, the category of counseling included (1) counseling approaches and techniques, (2) aspects of rabbinic counseling, and (3) satisfaction in their role. The counseling techniques and approaches were:

- (a) empathy,
- (b) sympathy,
- (c) exploration and clarification of consequences,
- (d) advice giving
- (e) listening,
- (f) helping people to understand the different feelings of people, mediating conflict, and facilitating communication,
- (g) helping people to relate to reality,

- (h) working for change,
- (i) encouraging people to open up,
- (j) developing trust,
- (k) working to build self-worth,
- (l) helping people to cope with their problems,
- (m) providing support,
- (n) being judgmental,
- (o) being non-judgmental,
- (p) exploring the past,
- (q) encouraging synagogue participation,
- (r) sharing, and
- (s) giving information.

As the interviews were coded the following items were added:

- (t) "grief therapy," and
- (u) taking responsibility for people's problems.

Aspects of rabbinic counseling were:

- (a) reaching out to people,
- (b) long-term counseling,
- (c) short-term counseling,
- (d) use of Jewish tradition,
- (e) lack of use of Jewish resources,
- (f) crisis intervention, the giving of first aid, and serving in the role of community caretaker,
- (g) informal nature of the counseling encounter,
- (h) insight into the nature of human problems,
- (i) lack of insight,

- (j) role conflict, and
- (k) problems in the post-counseling relationship.

In this area, the following were added:

- (l) asking the congregation for the solution to a problem,
- (m) use of Jewish marriage encounter ideas,
- (n) fear of rejecting congregants,
- (o) defensiveness in relation to their counseling role because of their lack of status, and
- (p) counseling of non-Jews.

There were three subheadings concerning the rabbis' satisfaction in their role as counselors:

- (a) expression of satisfaction,
- (b) lack of satisfaction, because they saw it as an insoluble problem, and
- (c) lack of satisfaction, because of lack of skill.

Additionally, the author listed the number of rabbis who had problems in relating specific cases.

Brief mention will be made of the other subtopics.³ In the area of problems, different crises, such as dysfunctions in marital and family relationships, were brought to different rabbis. People came to rabbis for various reasons including their availability and the fact that there is no charge. Similar subheadings were noted in the referral and consultation processes (for example, whom does the rabbi refer to or consult with and how did the rabbi come in contact with this person). Additionally, rabbis' criteria for referral were studied revealing the

³See Appendix C for complete coding scheme.

limitations rabbis see in their role as counselors. Five areas were delineated in the category of relationships with social workers:

- (1) positive and negative opinions toward social workers,
- (2) speculation regarding problems between rabbis and social workers,
- (3) problems that have existed,
- (4) ways to improve relationships, and
- (5) cooperation that has occurred.

The education of rabbis was divided into the different types of undergraduate and graduate education that they received in human growth and behavior and counseling.

Although this study has attempted to be comprehensive, there are certain inherent limitations. (1) The author was able to interview only a small number of rabbis. (2) The sample for the study is purposive and not random. The author interviewed rabbis known to be responsive to talking with a social worker. (3) Eighteen out of the twenty-five rabbis (72%) expressed positive opinions towards Jewish social workers. Although the literature may be outdated, it has not reflected such positive relationships between rabbis and social workers. Therefore, one must question how candid rabbis were with the interviewer, a social worker. (It is possible--and desirable--that the positive response the interviewees may have had in the interview situation may contribute to the remediation of any negative attitudes they may have expressed. This is a matter which might bear further study.) (4) Rabbis interviewed were limited to the Jewish community of Los Angeles. Three rabbis expressed the belief that Los Angeles is a "psychologically

sophisticated" community.⁴ Thus, one must question the validity of the results in applying them to communities outside of Los Angeles which may not be as "psychologically sophisticated."

⁴ Furman also expresses this opinion. See Roy Furman, "Rabbinic Counseling: An Exploratory Study" (Master's thesis, University of Southern California, 1977).

CHAPTER FOUR

LOS ANGELES RABBIS AS COUNSELORS AND THEIR USE OF CONSULTATION

In order to study consultation between rabbis and social workers, twenty-five rabbis were interviewed with regard to their experience in counseling and relationship with Jewish social workers. All of them engaged in counseling to a greater or lesser extent on a large range of problems. Marital problems are the most common problems brought to rabbis. Other problems concerning life cycle events and personal experiences, such as family relations, death or terminal illness, divorce, premarriage, and intermarriage, are frequently brought to rabbis. Although rabbis said they do not often deal with emotional problems, people bring such problems to them. One rabbi spoke of a "border-line psychotic who was in heavy therapy. Every couple of months, he will still come in to talk to the rabbi." People often come to rabbis with economic problems. One rabbi said,

Mendicants, beggars, people who need money, will come to the rabbi. This is a problem for the rabbi. They say they have no money or food. They always come on Saturdays, because then you can't send them to a social agency. Social agencies are closed on Saturdays. What I often do is just listen to them and give them a couple of bucks [after sunset].

Religious problems, such as dilemmas around a bar mitzvah or confirma-

tion event, are brought to rabbis. Parents who are divorced may be prevented by bitterness from participating jointly or being on the pulpit at the same time. Rabbis are also asked about problems relating to sexual activity--particularly of congregants' children. Parents request help from rabbis, because their children have gotten involved with drugs or Jews for Jesus. Some people may come to the rabbi "just to tell him their life story." One rabbi felt that people wish to talk, because when they die, they want the rabbi to give a eulogy based on the fact that he knows them. Extramarital affairs, immigration, relations other than marital, help in finding a marriage partner, the need for a bet din, senility, and problems in old age homes were other less common concerns brought to rabbis.

People see the rabbi for many different reasons. The two most common reasons are: "It is cheaper or free" and "People want to know the traditional or Jewish way of dealing with their concerns." Some other reasons in decreasing order of frequency are: (1) "People do not know where else to go," (2) "It is easier and more convenient," (3) "People want the rabbi to adjudicate," (4) "People do not want to become involved in long-term counseling," (5) "People want a ghet," (6) "There is no stigma in seeing a rabbi," (7) "People cannot face up to the reality of how sick they are," (8) "People want to become involved in synagogue life," (9) "People want financial help," and (10) "People know the rabbi."

Three of the most frequently mentioned approaches to people in trouble on the part of rabbis are empathy, sympathy, and listening.¹

¹For percentages, see Appendix D.

As one rabbi puts it,

There is a whole range of situations where the function of the rabbi is simply being a sympathetic listener who can somehow validate the other person by showing him he is worthy of concern and by communicating a genuine sense of caring.

Commenting on the case of a man who had had surgery for cancer and now needs additional radical surgery, another rabbi said, "I have never really faced anything like that before so directly. I want to comfort him... I am a pretty good listener and will be listening to him." His tone of voice and the grave concern he felt for this man's situation demonstrated his empathic capacities almost more than his words.

Seventy-two percent, eighteen out of twenty-five rabbis interviewed, are involved in giving advice to people who came to them for help. The rabbi's initial response is crucial. One rabbi reported that a man came to see him who was already in "heavy therapy twenty hours a week." Says the rabbi,

He likes to come in to see me, because he feels I do not have a method. He likes that, because I will respond. He will say something, and I will say that is stupid. I will give him an answer or opinion about an issue...I spend most of my time telling him he has really done all he can. (The man has a tremendous guilt problem.) Apparently, his psychiatrist will not tell him this. They want him to come to this conclusion himself, which apparently he is unable to do. He derives a great deal of comfort from sessions with me... He likes the fact that the rabbi is an unskilled laborer when it comes to counseling.

On the other hand, giving advice can be detrimental when it interferes with the independent functioning of congregants. One rabbi

told of a young woman in her twenties who wanted to move out of her parent's house. "I objected strenuously," the rabbi said. "I feel this is wrong. She is young and has a family and needs the values of her parents. I feel this ought not to be done."

Two other common approaches used by rabbis interviewed were: (1) exploration and clarification of consequences and (2) helping people to understand one another's feelings in an attempt to mediate conflict and facilitate communication. A rabbi told of parents who had come to him, because their son was involved in the Jews for Jesus movement.

I discussed with the parents how they thought the situation had developed. I then raised the question if the parents thought this was their problem or their son's problem. If the son is finding satisfaction in this identification, whether the parents agree with it or not--do the parents then face a situation where the son is fine and the parents are in trouble? Therefore, it is really the parent's problem and not the son's... Parents could cope with it more effectively if they could accept that they had bought a piece of the problem. As long as it was only the son's problem which he did not perceive as a problem, there would never be any process of growth.

This case also illustrates two techniques used by approximately half of the rabbis interviewed: helping the congregant to relate to and cope with reality.

Another case of involvement with Jews for Jesus illustrates the rabbi's use of support, a method used by over half of the rabbis. One rabbi said that when parents come to him about their children's in-

volvement with this movement, the parents say, "What did I do wrong?" The rabbi's response is, "You probably did the best you could." This rabbi feels, "It is beyond anyone's control at this point." The rabbi says,

Generally, they did not do the best they could, at least from a Jewish standpoint. The Temple keeps trying to hammer into their heads that if they want their child to grow up as a Jew, they have to create a Jewish home. But they do not, and so their children become involved with Moonies, Jews for Jesus, etc.

Although this rabbi has a point of view, his compassion causes him to refrain from expressing it in the counseling encounter.

Other rabbis show their personal biases while counseling.

I am strong believer in genetic predisposition. I have seen too many adoptions where despite strong environmental supports, the child could not be that different from the biological parent... A couple came to me asking whether they should adopt a child. I counseled against it for the reasons mentioned above.

On the other hand, some rabbis are totally accepting of people.

One rabbi describes his position thus:

I take an important posture. No matter what happens, I am not judgmental... I am no longer the rabbi who a girl came to for advice with her feeling that she will do whatever the rabbi tells her to do. She did not come to me to hear what to do. She knew what the rabbi believes is right or what Judaism says is right. She came to me on a one-to-one basis. I had to accept her for that, not because she came to me for advice or that I am a judge telling her what to do or else she gets thrown in jail. Once she had developed that personal relationship and a real sense of trust, then I was able to give

her much more guidance. She really has to believe in me and I have to prove that. This is what takes a great deal of time. I feel this way about everything that comes to me.

Sixty-four percent of the rabbis interviewed use the resources of Jewish tradition when counseling. "A man who had returned from prison started to act on an inferiority complex, a guilt feeling." The rabbi said to him:

We all make mistakes and that is the whole idea of Yom Kippur. We repent and make restitution where possible and God forgives. When God forgives, we have no reason to change God's will. Come to the synagogue next week and I will give you an aliyah. Never think that you owe anything to anybody except the pain indirectly suffered by your family. I will talk to your family also.

This technique worked and also illustrated the rabbi's use of encouraging synagogue participation in an effort to enhance the congregant's sense of self-worth.

Jewish tradition enables rabbis to engage in "grief therapy." When a family suffers a severe loss,

it is important for them to mourn, not to put it off or involve themselves in work or school. I try to explain that Judaism gives us a method by which we can grieve. I go through the entire Jewish process of death and dying.

This method also illustrates the rabbi's giving of information in an area in which he has specific knowledge that may take place in counseling.

Rabbis may encourage congregants to "open up" and develop a trust relationship. A woman came in to a rabbi.

Her life was really in a shambles... She had a lot of problems...sexual ones... I started to work with her and got her to talk and open up about things she had never talked about before. I stayed with her a considerable amount of time... I developed a sense of trust with her which helped her in transition to a psychiatrist.

Involvement of rabbis in long-term counseling is also illustrated by this case.

Rabbis may take responsibility for solving people's problems themselves. Only two rabbis interviewed mentioned this approach in relating specific cases. An adopted girl became

sexually active... The parents came to me and said they were throwing her out. I advised counseling. They almost got to a counselor, but she ran away. She turned up overseas in Israel taking hashish. She had been sleeping around. I used my diplomatic influence to get her thrown out of Israel and brought back... Her parents later came to me and said they were going to court to disunburden (*sic*) themselves of her guardianship, i.e., to undo the adoption. They got the court order. I fought them on it.

Rabbis see the goal of counseling as change in the congregant's behavior. One rabbi was working toward this objective, but felt dissatisfaction in trying to reach this goal. In relating a marital counseling case, he said:

We came to a point where I believed it would be fruitless to go on and I told them this. They were in agreement, because neither one was moving. They moved toward a certain place of understanding, and then they just kind of stopped growing.

Four of the twenty-five rabbis saw their role in counseling as

a sharing process. One rabbi puts it thus:

Ultimately, when a rabbi is in a congregation as long as I have been, he is regarded as a wise friend rather than a psychological counselor, i.e., somebody that can see their side.

Twelve percent (three out of twenty-five) rabbis explored a congregant's past when it was relevant to the counseling process. A man whose wife made him leave his house came to the rabbi.

He talked about his childhood. He felt no love as a child and secure in being rejected.² It is one thing for him to say it and another thing for him to internalize it... He asked me if I would speak with his wife... I spoke with him several times before I approached his wife. If I am going to talk to his wife, I want to be able to talk about someone I know.

This case illustrates two other issues that were explored during the content analysis: (1) the rabbi's ability to reach out to congregants, and (2) the rabbi's intuitive understanding of unconscious psychodynamics.

Ninety-two percent of the rabbis interviewed saw themselves as community caretakers who could provide first aid during crises in the lives of congregants. One rabbi poignantly describes this role:

Rabbis see people before it has gotten so bad that they think they need help. This means that rabbis are in a position to help kind of preventively, in a sense of to ease the transition periods and give them a better perspective as to what is happening, so that they may avoid congregants ending up somewhere else. They can deal with people that are not really that bad that they would have to go to a psychologist. It is just a difficult period for them and they can get through it

² He unconsciously sets things up so as to be rejected.

themselves. If they have a few friends, these friends can help them get through it a little better. If one of these friends is the rabbi or one who knows from experience more about what is going on rather than just having a sympathetic ear, these people do a little more.

Involvement in Jewish marriage encounter is one form of primary prevention used by rabbis.

My wife and I are involved in Jewish marriage encounter which is a process of enriching marriages and putting that strength back into the community and of bringing the message that marriages are really fun.

As a community caretaker, much of the counseling rabbis do is of an informal nature. "I spend little time in formal counseling. Most counseling is done in passing and seeing people in the Temple." According to another rabbi, "I know when I go to the supermarket, I will usually see someone from the Temple. If I ask how they are, they will really tell me."

Rabbis may engage in counseling with non-Jews. Only one rabbi related such a counseling experience.

A non-Jewish couple was sent to me by a psychiatrist. I saw them for several months. However, I do not fashion myself as a referable person outside the Jewish community.

One rabbi tried to find a solution to a congregant's problem by presenting the dilemma to the congregation for their response. Two widowed people have been seeing each other for a number of years and are hesitant about getting married.

If they married, they might feel an obligation to be buried next to each other.

This bothers both of them, because they feel an obligation to be buried next to their late spouse. If they got married, they think they should be buried together. I will deal with it not by presenting them with what I think ought to be the answer, because I am distant from such thoughts due to my age. I am going to use it as a question to pose before my congregation in the synagogue newspaper. I will indicate in the column that I have been presented with this problem and ask what thoughts the congregation has. I know of another older person that will be anxious to respond, and a number of them have been having these thoughts themselves.

Some rabbis discussed problems in their counseling role:

(1) role conflict, (2) post-counseling relationship, (3) tenuous position due to being new in a congregation, and (4) lack of insight.

One rabbi describes this role conflict thus:

I found that I was confronted by problems that I could not handle in terms of wearing different hats. It was hard to know someone's sexual problems and then be in a meeting with them somewhere else.

The post-counseling relationship presented a particular problem for one rabbi.

People will go to their rabbi when they are really troubled, but then they feel embarrassed about it. In one case, where things are back to normal, this woman is embarrassed to talk to me about it. It was a self-exposure to someone she sees around.

A rabbi new to his congregation said: "I was not anxious to become involved in counseling while I was trying to establish myself in the community." He seemed defensive about his reluctance to offer counseling and expressed a fear of rejecting congregants by taking such a

posture.

Another young rabbi throughout the interview seemed to be unable to recall any counseling situations in his rabbinic activity. He did not consider counseling a priority. This choice may be the result of a general lack of insight into the nature of human problems.

Three other rabbis were unable to relate specific cases for content analysis to the interviewer. They had had graduate training in counseling. It could be interpreted that through such education, they do not see counseling as part of their role. Thus, they rely only on professional counseling or psychotherapy as the modes necessary to help individuals in trouble.

The rabbis interviewed were questioned about their satisfaction in their role as counselors. Thirty-six percent of the rabbis expressed satisfaction in being a rabbinic counselor, and many spoke of cases that reflected their satisfaction with the outcome.

I received a letter from a woman who I had talked with a couple of times just after she was divorced. She wrote me a thank-you note and said she was ready to start dating again.

The rabbis who expressed dissatisfaction with counseling fall into two categories: (1) rabbis who are dissatisfied due to the perception of problems as insoluble and (2) rabbis concerned about a lack of training. An example of "perceived insoluble problems" follows:

I am satisfied with myself in that role, if in satisfaction one includes the ability to tell yourself that in counseling situations you can avoid or avert trouble for the family or solve the problem in twenty-five percent of the cases, you are doing fine. Counseling is one of the most frustrating parts of the rabbi's role, because

if they did not have a problem that they cannot solve, they would not come to the rabbi. If they cannot solve it with some common sense, the chances of the rabbi solving it for them are relatively small.

Another rabbi expresses lack of satisfaction due to training deficiencies.

In a divorce case, I saw the people separately. I know I do not have all the answers. I really felt I needed more training, because it was not just a case of people ventilating or sharing their concerns. I had a hard time handling it. I felt some sense of failure.

Sixty percent of the rabbis expressed dissatisfaction with the limitations in the counseling that a congregational rabbi can offer. Many of them engage only in short-term counseling and refer congregants needing more long-term help to other professionals.

I have developed a procedure over the years of really beginning to refer pretty early on in counseling. I meet usually for one or two sessions and then refer them to the appropriate person.

Rabbis engage in referral for several reasons. The two most common reasons were: (1) a lack of time necessary to engage in long-term counseling and (2) an inability to help people with deep psychiatric problems. Most rabbis attributed this inability to a lack in their own competence. Another reason for referring congregants, mentioned by twenty-four percent of the rabbis interviewed, was their perception of a real "dysfunction" in people's interpersonal relationships. One response that surprised the author was that three rabbis did not see it as their role to engage in counseling. One rabbi said,

There are generally two areas of thought that I find among my colleagues. One is that as a rabbi you are responsible for everything in your congregation. There are some rabbis that do no referral work at all. I take the opposite view. I do not think rabbis should do therapeutic work even if they are prepared. Ninety-nine percent of the rabbis do not have this training. Even if one has it, I think there are many other kinds of rabbinic things to do. This is only my observation. Therefore I do a lot of referral work.

Rabbis interviewed refer most often to Jewish Family Service and psychiatrists. Other common referral places were general community agencies, social workers, therapists in private practice, psychologists, and family counselors. At least one rabbi mentioned the use of the following Jewish Agencies for referral: Chabad, Jewish Vocational Service, Thaliens at Cedars-Sinai Hospital, Hillel, Gateways, Jewish Big Brother, and Valley Beth Shalom Temple's para-professional program. One rabbi referred a woman who came to him to another rabbi who served in a congregation in the area in which she lived. Another rabbi mentioned that he will refer to non-Jews in private practice. Two rabbis referred to people in a business or profession related to the interest of the congregant seeking help. A rabbi said,

People come to rabbis when they are looking for jobs. They are hopeful that the rabbi with his whole range of contacts with various kinds of people might be the one who in some way could be helpful to them and advise them. I do try to put them in touch with people in business or professions that might be able to give better advice than I about what the job market is and what possibilities there are. Although I am not an employment agent, I am a person who acts as a kind of broker in bringing people together.

Rabbis may also put people in touch with attorneys. One rabbi had a case of a serious immigration problem.

I know an immigration attorney who is an expert in the field. I do not try to solve the problem. I do not even try to call the immigration authorities. I say, "Let the attorney handle it." If someone is without funds, there are attorneys who on the say of the rabbi will render service.

Rabbis are in contact with these referral sources mainly through the synagogue, i.e., these helping professionals are members of the congregation. There are three other common means of contact:

(1) the larger community, (2) previous successful work together, and (3) friendships. Other forms of contact mentioned by one to four rabbis were membership in a group, research into referral sources, helping professionals giving rabbis their cards, a helping professional's reputation, the rabbi being in psychotherapy, and through another rabbi.

Some rabbis mentioned that they had received referrals. These referrals to rabbis were made by social workers, psychiatrists, people outside the Jewish community, another rabbi, and family counselors.

Several rabbis mentioned problems in the referral process. Three rabbis said that they have not had occasion to engage in referral, because their congregations were "psychologically sophisticated." People would go to appropriate helping professionals instead of the rabbi for deep emotional problems.

Four rabbis mentioned problems in referring to Jewish Family Service. One rabbi's feelings about J. F. S. based upon an experience of contacting the agency when he was under considerable pressure from a

congregant were expressed as follows:

I never refer to J. F. S., because it is such a bureaucratic mess. People have told me that they do not get an immediate response... At J. F. S., they sit in their office. When I call them with a crying congregant in my office, they have to understand that I cannot spend from ten in the morning until five at night with this crying congregant. They have to understand that when I call for help, I need help at least within a reasonable period of time. I have constantly been frustrated by the lack of response from J. F. S. when I have not been able to help and have called them for help.

Another rabbi mentioned that a J. F. S. worker was assigned to his congregation once a week. However, he did not make referrals to this worker.

In terms of personal contact with this person, I have had very little beyond the formal level. I am not sure why I have not used her for referral. People in the congregation are middle class, and there is some hesitancy to go to J. F. S.

In response to a question regarding follow-up on referrals, three rabbis indicated that they did not follow-up, because of a lack of time and because they did not wish to interfere. Six rabbis said that they kept in touch with the congregant in order to find out "how things were going." This was most often done on an informal basis, i.e., in passing at the synagogue. Six rabbis said they liked to keep in contact with the professional, because they like to know if the congregant has established contact, how the congregant is doing, and if he or she is improving. They may have information to give the helping professional that will be pertinent to the congregant's case.

Because sixty percent of the rabbis interviewed expressed some dissatisfaction in counseling, they may not only refer congregants but also consult with other helping professionals in order to gain insight into a congregant's problem and handle cases themselves. Eighty percent (twenty) of the rabbis interviewed did engage in consultation with other helping professionals. However, ten of those engaged in consultation rarely, five sometimes, and five often. Five rabbis did not engage at all in consultation with mental health professionals. However, two of the latter did consult with other rabbis.

Rabbis gave various reasons for failing to engage in consultation. Most rabbis said that they either lacked the time or were not very much involved in counseling. Shortly after one rabbi was ordained, he tried to engage in consultation. However, because both he and the helping professionals are so busy, there were real problems in contacting each other. Another rabbi said that he did not engage in consultation, because

My own personality is such that I would never think of going to anyone else for advice. It does not occur to me. Not only advice, but consultation has not occurred to me. The nature of my personality is that I have a strong need for independence... I am skeptical of the effects of therapy. I think that this is one of the reasons I would not think of...asking for advice.

Another rabbi said he was not engaged in consultation, because

The system does not allow for it. Federation, the system, says that people do not have to belong to a synagogue. There is the assumption that the rabbi is going to try to do this. They give the impression to the rabbi that they are

handling a "hands off" situation. The system perpetuates this. We have not developed a model for this kind of relationship.

Those rabbis who engage in consultation most often consult with psychiatrists in private practice on an informal basis. This finding coincides with Furman's. They also consulted with social workers, J. F. S., psychologists, family counselors, and other rabbis, though less frequently. One or two rabbis mentioned other types of people they consulted with: "psychiatric social workers," wives, Protestant ministers, people in a consulting group, secretaries, lay leadership, doctors, religious school teachers, friends, people in a class, and attorneys.

Rabbis most often come in contact with these people, because they are friends or congregational members. In three instances, these people were relatives of rabbis or were employed in a professional agency with which the rabbi had contact. Some rabbis consulted with other professionals, psychiatrists, psychologists, and social workers, because both were seeing the congregant. One rabbi said that counselors had come to him for consultation about a client's religious problem. Three rabbis said that congregants often come to see them after having been to see a professional. However, these rabbis did not consult with the professional.

Although rabbis may have used social workers for referral or consultation, some rabbis expressed negative opinions about social workers. Of these ten rabbis, four did not engage in consultation. Five expressed both positive and negative opinions. Negative attitudes

result from the problems that exist in the relationship between rabbis and Jewish social workers.

The most common problem in rabbi and social worker relationships as expressed by rabbis interviewed was the social worker's lack of Jewish education and commitment. Other common problems were the lack of contact with social workers and a negative impression through contact or referral. Additional problems mentioned by one to three rabbis are listed in Appendix D.

Sixty percent or fifteen rabbis expressed only positive opinions about social workers. When they were asked to speculate on problems in relationships between rabbis and social workers, many of the problems were the same as those described by rabbis who had experienced problems: the rabbi's lack of time, the lack of Jewishness in Jewish social workers, they did not consider it a priority to develop good relationships, "social workers are not high status professionals," a sense of each other as a threat and/or a competitor, and both feeling they are experts. Additional reasons were: "the social worker does not refer to rabbis," problems in Federation-synagogue relationships, lack of clear role definition, the changing personnel in social work agencies, the lack of community funding for synagogues, and rabbis being "over their heads" in counseling.

Although rabbis are aware of the problems in their relationships with social workers, they do not feel that these strains are inevitable. The most common suggestions to improve the situation are respect for and education about each other's roles and clear role definition. Social workers, rabbis feel, should be more knowledgeable and

committed to Jewish life, and seminars should be set up for dialogue. Some rabbis think that seminars should be developed by social workers or that the School of Jewish Communal Service should have responsibility for the program. At least four rabbis mentioned the following methods for cooperation: (1) bringing social workers into the synagogue structure to develop a program, (2) more communication, (3) mutual reaching out by rabbis and social workers, (4) congregational membership and participation on the part of social workers, (5) team work by social workers and rabbis, and (6) an informal medium for dialogue. Other means for cooperation mentioned by one to three rabbis are listed in Appendix D.

Some rabbis did refer to instances of cooperation with social workers. Most often, cooperation involved developing and implementing projects together. Two rabbis mentioned that they have cooperated with social workers through contact with the School of Jewish Communal Service. Cooperation with social workers has occurred also through Jewish marriage encounter weekends. One rabbi from a small community outside of Los Angeles felt that the size of the community facilitated coordination with social workers.

Some rabbis mentioned their education in human growth and behavior. Two rabbis felt a real lack of education in counseling techniques. Two others felt that experience was the most important factor in their ability to counsel congregants. Some rabbis had had general counseling training. Three rabbis were undergraduate majors in psychology. Some rabbis had received graduate training on various levels--through the National Training Laboratories in Bethel, Maine, licensed

marriage counseling, a Master's in Social Work, and counseling education and field work in rabbinic school. After ordination, some rabbis have attended seminars on counseling and tried to keep abreast of readings in counseling and human growth and behavior.

In summary, regardless of denomination, all rabbis are faced with the need of helping congregants through counseling. Some are more effective than others. Whatever their level of effectiveness, however, time constraints, at least as much as their perception of skill, make it necessary for them to refer congregants to mental health professionals. Some rabbis have sought consultation in situations in which they are troubled by a personal lack of knowledge or skill. Social workers are not used as frequently for consultation as psychiatrists. This state of affairs appears to be the result of a perception of social workers as low in professional status and, therefore, in competence. Some suggestions for improving these relationships were made by rabbis.

CHAPTER FIVE

TOWARD A MODEL FOR COOPERATION

BETWEEN RABBIS AND JEWISH SOCIAL WORKERS

Rabbis and Jewish social workers have many similar functions that are helpful to the Jewish community--counseling people on life cycle events or crises, providing moral support, organizing programs during community emergencies, and family life education. However, there appear to be only few instances of the two disciplines working together to accomplish these tasks on behalf of the Jewish community.

There are several ways to improve the relationship between the two groups of professionals. (1) Modification of the education of both rabbis and Jewish social workers is one means. Rabbis would have more education in counseling and human growth and behavior theory. Social workers would get more "Jewish" education--knowledge in values, beliefs, and customs, history, philosophy, the Jewish community and its organizations, and an opportunity to explore their own Jewish identity. (2) Placing them in a position of working together as well as exposing them to opportunities for informal exchange is another method of encouraging people to appreciate one another. Consultation and referral are processes which can serve as vehicles for cooperation. Consultation is particularly helpful, because it can strengthen the rabbi's effectiveness as counselor, increase his or her ability to engage in crisis in-

tervention, and enhance all levels of prevention on the part of the rabbi.

All of the twenty-five rabbis who were interviewed counseled their congregants--primarily in connection with a variety of life cycle problems. Ninety-two percent of them related specific examples in which they served the preventive role of community caretakers. Many rabbis, however, were at one time or another in a situation in which their skill or knowledge proved insufficient. All rabbis solve some situations by referring congregants to the more traditional mental health professionals.

Eighty percent of the rabbis used consultation, but only a few were engaged in this process regularly. Generally, (in line with Furman's findings) they consulted psychiatrists. Their reluctance to use social workers for consultation appears to be an expression of the problems that exist in their relationships: (1) a lack of appreciation on the part of social workers for the Jewish dimensions of their clients' lives, (2) a belief that social workers have a lower professional status than psychiatrists, (3) a view that social workers are competitors, and (4) generally, a lack of contact with social workers.

Two models have been suggested in the community mental health and consultation fields that might increase cooperation between rabbis and social workers who are already professionally active. (1) In a program which Ruth Caplan describes, psychiatrists provided Episcopal clergymen with group consultation. As a result of this activity, clergymen were able to handle more cases independently while the group provided them with a valuable support system. (2) George Rothman describes

a possible community mental health model for the Jewish community. Social service agencies, temples, synagogues, and day schools, he suggests, would cooperate with one another and provide consultation in order to detect and deal with the problems of religious school children early. Rothman suggests that coordination be on the basis of a "catchment area" with relation to religious school enrollment.

A Jewish community of moderate or large size needs a community consultation center.

The center would provide consultation for social workers by rabbis and vice versa. This approach--which involves mutuality between social workers and clergymen--is different from that of Gerald Caplan's program for Episcopal clergymen as described in Ruth Caplan's book. Since religious factors often play an important part in the problems of people, social workers may need to consult with clergymen as well.

In a large city, such as Los Angeles, participation might be based on the "catchment area" concept of Rothman's. All Jewish social workers, educators, and rabbis within this "catchment area" would be a part of the center. In contrast to the pattern suggested by Rothman, the cooperative efforts of professionals should address themselves to all problems of all age groups in the Jewish population and not only school children.

It may be helpful to have psychiatrists or social workers with a specialty in education and consultation train rabbis and social workers in the necessary techniques.

At the center, joint conferences would be held between rabbis and social workers to discuss the best way and the most appropriate

professional to handle a particular situation. It may also be helpful for the center to provide informal opportunities, such as coffee hours or social get togethers, to facilitate the development of good working relationships and thus enhance the effectiveness of the consultation process. The suggestion of an "informal medium" was made in the literature and by four of the rabbis interviewed.

Consultation at the center would be on an ongoing basis and available to professionals frequently. In time, professionals using the consultation will need to do so less often as they increase their skills. They will thus remain autonomous but have the possibility of using consultation as needed. This differs from Gerald Caplan's concept of the consultant teaching the caretakers the methods of consultation and then moving on to another care giving organization.

This continuous consultation might be offered through joint conferences sponsored by organizations other than the consultation center. The Board of Rabbis, the Union of American Hebrew Congregations, the United Synagogue of America, the Union of Orthodox Congregations, and other rabbinic groups as well as the Conference of Jewish Communal Service and other Jewish communal organizations, might sponsor these conferences. Ten of the rabbis suggested that Hebrew Union College might host such a conference. Schools like Hebrew Union College, the Jewish Theological Seminary, and Yeshiva University have easy access to both the rabbinic and communal service workers populations.

Through such joint conferences, informal contacts, and the consultation center, cooperation between rabbis and social workers, prevention, greater knowledge and skills, and increased mental health of

the Jewish community would grow.

Some may ask where the funds for such a program would be found. Some of the funds may be contributed by the parties and organizations involved. More important than funds are the good will and the willingness of people to invest themselves for the benefit of the Jewish community.

A companion study to this one, addressing itself to the other half of the equation--the social workers' use of rabbinic consultation--ought to be done. With a few modifications, the interview schedule used in this study could provide the basis for an instrument for such a companion piece.

Education in communal service and Jewish social work and rabbinic schools must increase the utilization of opportunities for cooperation with and mutual appreciation of the other profession. The California School of the Hebrew Union College provides the perfect setting for such interaction, because rabbis and social workers study in the same building. With the optimal use of this educational opportunity, a structure for consultation and cooperation could be set up which both groups of professionals could utilize as they move into the communities in which they work.

Cooperation between rabbis and Jewish social workers is essential if both are to use their full potential to serve the Jewish community. It is time that both ask themselves, as Hillel did, "If not now, when?"

Appendix A

Interview Schedule

1. (Introduce myself) I am doing this study for my Master's thesis in Jewish Communal Studies and Social Work.
2. Do you mind if I record our conversation and take a few notes so that I can get a record of what you are sharing with me most accurately?
3. I am interested in the kinds of personal or interpersonal problems that have come to your attention and that you have had to struggle with. Could you tell me some specific experiences you have had with such problems brought to you by congregants?
4. Any others that you have?
5. How did you deal with these situations?
I would like to clarify some things about these experiences:
6. How did things work out?
7. How did you feel about the way things worked out?
8. I gather you were or were not satisfied with the outcome. Is this impression correct?
9. (If not satisfied) what about the situation were you not quite satisfied with?
10. Did you discuss this case with anyone at any point?
11. (If yes,) could you tell me more about this person?
12. Why did you pick this person?
13. What is this person's professional expertise?
14. How is this person accessible to you?

15. Is it this person as a person or his or her professional expertise?
16. What caused you to consult with him or her?
17. Did you ever make referrals?
18. Where, to what kind of agencies, and what kind of people?
19. What precipitated your making a referral?
20. Why did you decide to refer this congregant instead of handling it yourself?
21. Since I am in the communal service field which is closest to social work, I am particularly interested in the relationship between rabbis and social workers. I am interested in your point of view regarding social workers, particularly Jewish social workers.
22. You have told me so far that (1) you have used social workers or social agencies for referral or consultation, or (2) that you have not used them. Is this impression correct?
23. Can you tell me why this is so?
24. Can you visualize circumstances or factors which would make work with social workers more appealing and satisfactory?
25. From your point of view or experience, what is wrong with the way social workers have been working with rabbis so far?
26. (If interviewee has a desire to work better with social workers or for better experiences,) what are ways you see of achieving better relations between rabbis and social workers?
27. I have asked you a lot of questions. Do you have any questions you would like to ask or thoughts that you would like to share

with me that you have not so far?

28. Thank you for your time. I would be happy to share my findings with you if you are interested.

Appendix B

Letter to Rabbis

Gail Guttman
1653 Amberwood Dr. #26
South Pasadena, California
91030

Rabbi address

Dear Rabbi _____,

Rabbi _____ has suggested that it might be helpful to interview you in connection with a study in which I am engaged regarding the way a rabbi addresses himself to the personal problems of his congregants. I am doing this study under the auspices of the Hebrew Union College, School of Jewish Communal Studies.

I would like to arrange a mutually convenient time in which we could get together and will be in touch with you in the next couple of weeks. If you wish, you may contact me at my home at 441-2345.

I am looking forward to our meeting.

Sincerely,

Gail Guttman

Gail Guttman

Appendix C

Coding of the Interviews

1. Problems brought to rabbis:

- (a) family,
- (b) marital,
- (c) premarital,
- (d) death and terminal illness,
- (e) economic,
- (f) intermarriage,
- (g) sexual,
- (h) extra-marital,
- (i) divorce,
- (j) homosexuality,
- (k) emotional,
- (l) immigration,
- (m) suicide,
- (n) Jews for Jesus,
- (o) religious, and
- (p) drugs.

Added:

- (q) diffused need to tell one's life story,
- (r) relationship other than marital,
- (s) help in finding a partner,
- (t) adjudication through a bet din,
- (u) senility, and

(v) problems with old age homes.

2. Reasons people come to rabbis:

- (a) free or cheaper,
- (b) no stigma,
- (c) want Judaism's view,
- (d) do not know where else to go, and
- (e) more convenient.

Added:

- (f) want rabbi to adjudicate,
- (g) cannot face up to the reality of how sick they are,
- (h) to become involved in synagogue life,
- (i) to get financial help,
- (j) do not want to get involved in long-term counseling,
- (k) know the rabbi and respect rabbi's ability to maintain confidentiality, and
- (l) to get a ghet.

3. Counseling of the rabbi--

Counseling approaches and techniques:

- (a) empathy,
- (b) sympathy,
- (c) exploration and clarification of consequences,
- (d) advice giving,
- (e) listening,
- (f) helping people to understand the different feelings of people, mediating conflict, and facilitating communication,
- (g) helping people to relate to reality,

- (h) working for change,
- (i) encouraging people to open up,
- (j) developing trust,
- (k) working to build self-worth,
- (l) helping people to cope with their problems,
- (m) providing support,
- (n) being judgmental,
- (o) being non-judgmental,
- (p) exploring the past,
- (q) encouraging synagogue participation,
- (r) sharing, and
- (s) giving information.

Added:

- (t) "grief therapy," and
- (u) taking responsibility for people's problems.

Aspects of rabbinic counseling:

- (a) reaching out to people,
- (b) long-term counseling,
- (c) short-term counseling,
- (d) use of Jewish tradition,
- (e) lack of use of Jewish resources,
- (f) crisis intervention, the giving of first aid, and serving in the role of community caretaker,
- (g) informal nature of the counseling encounter,
- (h) insight into the nature of human problems,
- (i) lack of insight,

- (j) role conflict, and
- (k) problems in the post counseling relationship.

Added:

- (l) asking the congregation for the solution to a problem,
- (m) use of Jewish marriage encounter ideas,
- (n) fear of rejecting congregants,
- (o) defensiveness in relation to their counseling role because of their lack of status, and
- (p) counseling of non-Jews.

Satisfaction in their role as counselors:

- (a) expression of satisfaction,
- (b) lack of satisfaction, because they saw it as an insoluble problem, and
- (c) lack of satisfaction, because of lack of skill.

4. Referral--

To whom do rabbis refer?

- (a) Jewish Family Service,
- (b) general community agencies,
- (c) psychiatrists,
- (d) social workers,
- (e) psychiatric social workers,
- (f) therapists in private practice,
- (g) Jews only,
- (h) non-Jews also,
- (i) psychologists,
- (j) marriage and family counselors, and

(k) other rabbis.

Added:

- (l) the para-professional program at Valley Beth Shalom Temple,
- (m) business professionals,
- (n) Thailians at Cedars-Sinai Hospital,
- (o) attorneys,
- (p) Jewish Big Brother,
- (q) Gateways,
- (r) Hillel,
- (s) Jewish Vocational Service, and
- (t) Chabad.

The rabbi came in contact with these people through:

- (a) the synagogue,
- (b) the larger community,
- (c) successful work together and contact with professional agencies,
- (d) friendships,
- (e) relatives, and
- (f) other rabbis.

Added:

- (g) research into available helping sources,
- (h) professionals giving rabbis their cards,
- (i) hearsay about reputation, and
- (j) being in psychotherapy.

Criteria for rabbis' referral:

- (a) presence of emotional or mental illness,
- (b) rabbi's inability to help,

- (c) no long-term counseling because of a lack of time,
- (d) rabbi's perception of "dysfunctions" in relationships, and
- (e) rabbi's feeling a lack of competence.

Added:

- (f) rabbis not seeing counseling as part of their role.

Follow-up after a referral was made:

- (a) the rabbi followed-up with the congregant,
- (b) the rabbi followed-up with the professional, and
- (c) the rabbi did not follow-up.

Referral to rabbis by: (all added)

- (a) social workers,
- (b) psychiatrists,
- (c) people outside the Jewish community,
- (d) other rabbis, and
- (e) family counselors.

Problems in the referral process: (all added)

- (a) Jewish Family Service (J. F. S.) or other agencies had an overload of clients already,
- (b) there was little need for rabbis to refer, because their congregation is "psychologically sophisticated,"
- (c) there is a J. F. S. worker at the synagogue with whom the rabbi has no contact, and
- (d) J. F. S. is too bureaucratic.

5. Consultation--

With whom do rabbis consult:

- (a) Jewish Family Service,

- (b) psychiatrists,
- (c) social workers,
- (d) psychiatric social workers,
- (e) psychologists,
- (f) marriage and family counselors,
- (g) other rabbis, and
- (h) their wives.

Added:

- (i) attorneys,
- (j) Protestant minister,
- (k) through membership in a group,
- (l) secretary,
- (m) lay leadership,
- (n) doctors,
- (o) religious school teachers,
- (p) friends, and
- (q) through taking a class.

The rabbi came in contact with these people through:

- (a) relative,
- (b) friend,
- (c) congregation member, and
- (d) professional agency.

Reasons for failure to engage in the consultation process:

- (a) lack of time,
- (b) problems in contacting each other, because of lack of time, and
- (c) rabbi's limited involvement in counseling.

Added:

- (d) the "independent personality" of the rabbi,
- (e) rabbi's skepticism about therapy,
- (f) "system does not allow for it," and
- (g) lack of need.

Miscellaneous items mentioned by rabbis concerning the consultation process: (all added)

- (a) the informal nature of consultation,
- (b) the existence of a small community facilitating consultation,
- (c) congregants seeing rabbis and other professionals at the same time, i.e., psychiatrists, psychologists, and social workers,
- (d) rabbis consulted by other professionals on religious problems, and
- (e) people coming to see rabbis after they have seen other professionals.

6. Rabbi's relationship with Jewish social workers--

Opinion of social workers:

- (a) positive, and
- (b) negative.

Speculation regarding problems:

- (a) lack of clear role definition,
- (b) threats and competition,
- (c) lack of Jewishness of social workers,
- (d) both professionals feel they are experts,
- (e) symbolic of Federation-synagogue relationships,
- (f) lack of time,

- (g) not a high priority for either professional,
- (h) the lack of community funding to synagogues, and
- (i) social workers do not refer to rabbis when necessary.

Added:

- (j) social workers are not high status professionals,
- (k) the changing personnel of social work agencies, and
- (l) rabbis are in "over their heads."

Problems that existed:

- (a) lack of time,
- (b) lack of contact,
- (c) lack of Jewishness of social workers,
- (d) contact or referral experience leading to rabbis' negative impression,
- (e) unwillingness by either the rabbi or the social worker to do the work necessary for cooperation,
- (f) threat and competition,
- (g) lack of referral to rabbis by social workers,
- (h) "social workers are only concerned with fund raising," and
- (i) symbolic of Federation-synagogue relationships.

Added:

- (j) "snobbishness" by rabbis,
- (k) rabbis not impressed by counseling techniques of social workers,
- (l) the bureaucratic nature of social work agencies,
- (m) different interests,
- (n) not a high priority for either professional,

- (o) social worker not being a high status professional,
- (p) social workers' incompetence,
- (q) social workers' perception of rabbis as incompetent,
- (r) no need for good relationships,
- (s) "social workers used to be communists," and
- (t) "social workers only concerned with their own advancement."

Ways to improve relationships:

- (a) respect for roles,
- (b) contact after referral,
- (c) bring people together for a program or seminar,
- (d) clearer role definition of rabbis,
- (e) social workers on the staff of the synagogue,
- (f) education on the nature of each other's roles,
- (g) communication needed,
- (h) need for reaching out by both professionals,
- (i) social workers should become more Jewish,
- (j) social workers be a member of a congregation,
- (k) need to work together as a team,
- (l) establish an informal medium for getting together,
- (m) rabbis have contact with Hebrew Union College, School of Jewish Communal Service,
- (n) need for a formal medium, like rabbis serving on social work agency boards,
- (o) rabbis and social workers work on a program together,
- (p) retreats,
- (q) need to develop trust,

- (r) social workers encourage clients to be more committed to Judaism and participate in synagogue life, and
- (s) improve rabbinic education in community resources.

Added:

- (t) social workers help to develop a para-professional program within the synagogue,
- (u) social workers or School of Jewish Communal Service set up a program for dialogue,
- (v) social workers should respond more quickly to rabbis' request for help,
- (w) need for top-level contact,
- (x) physical nearness important,
- (y) coordinating council on counseling,
- (z) social workers attend chaplaincy conferences, and
- (aa) "Jewish experiential workshops."

Cooperation has occurred through:

- (a) working together on projects,
- (b) contact with Hebrew Union College, School of Jewish Communal Service students, and
- (c) smallness of the community.

Added:

- (d) Jewish marriage encounter weekend.
7. Training to prepare rabbis for counseling: (all added)
- (a) its occurrence,
 - (b) undergraduate major in psychology,
 - (c) National Training Laboratories,

- (d) seminars,
- (e) rabbinic education,
- (f) field work,
- (g) reading,
- (h) general graduate work,
- (i) licensed marriage counselor,
- (j) Master's in Social Work,
- (k) lack of counseling education, and
- (l) "experience is most important."

Appendix D

Frequencies within Categories

	Number of Rabbis	Percentage of Total (25) Rabbis
1. <u>Problems brought to rabbis:</u>		
(1) marital	22	88
(2) family	19	75
(3) death and terminal illness	18	72
(4) divorce	13	52
(5) emotional	13	52
(6) intermarriage	11	44
(7) premarital	10	40
(8) religious	9	36
(9) economic	8	32
(10) drugs	5	20
(11) sexual	4	16
(12) Jews for Jesus	4	16
(13) homosexuality	3	12
(14) diffused need to tell one's life story	3	12
(15) extra-marital	2	8
(16) suicide	2	8
(17) relationship other than marital	2	8
(18) adjudication through a <u>bet din</u>	2	8
(19) immigration	1	4

	Number of Rabbis	Percentage of Total (25) Rabbis
(20) help in finding a partner	1	4
(21) senility	1	4
(22) problems with old age homes	1	4

2. Reasons people come to rabbis:

(1) want Judaism's view	6	24
(2) free or cheaper	4	16
(3) do not know where else to go	2	8
(4) more convenient	2	8
(5) want rabbi to adjudicate	2	8
(6) do not want to get involved in long-term counseling	2	8
(7) to get a <u>ghet</u>	2	8
(8) no stigma	1	4
(9) cannot face up to the reality of how sick they are	1	4
(10) to become involved in synagogue life	1	4
(11) to get financial help	1	4
(12) know the rabbi and respect the rabbi's ability to maintain confidentiality	1	4

3. Counseling of the rabbi--

Counseling approaches and techniques:

(1) listening	21	84
(2) exploration and clarification of consequences	20	80

	Number of Rabbis	Percentage of Total (25) Rabbis
(3) empathy	19	76
(4) helping people to understand the different feelings of people, mediating conflict, and facilitating communi- cation	19	76
(5) advice giving	18	72
(6) sympathy	15	60
(7) providing support	13	52
(8) helping people to relate to reality	12	48
(9) helping people to cope with their problems	11	44
(10) giving information	11	44
(11) working to build self-worth	10	40
(12) encouraging people to open up	9	36
(13) being non-judgmental	9	36
(14) developing trust	8	32
(15) being judgmental	8	32
(16) encouraging synagogue participation	8	32
(17) working for change	4	16
(18) sharing	4	16
(19) exploring the past	3	12
(20) "grief therapy"	3	12
(21) taking responsibility for people's problems	2	8

	Number of Rabbis	Percentage of Total (25) Rabbis
<u>Aspects of rabbinic counseling:</u>		
(1) crisis intervention, the giving of first aid, and serving in the role of community caretaker	23	92
(2) use of Jewish tradition	16	64
(3) reaching out to people	14	56
(4) short-term counseling	10	40
(5) insight into the nature of human problems	9	36
(6) long-term counseling	7	28
(7) informal nature of the counseling encounter	7	28
(8) use of Jewish marriage encounter ideas	5	20
(9) role conflict	4	16
(10) lack of use of Jewish resources	3	12
(11) lack of insight	1	4
(12) problems in the post-counseling relationship	1	4
(13) asking the congregation for the solution to a problem	1	4
(14) fear of rejecting congregants	1	4
(15) defensiveness in relation to their counseling role because of their lack of status	1	4
(16) counseling of non-Jews	1	4

	Number of Rabbis	Percentage of Total (25) Rabbis
<u>Satisfaction in their role as Counselors:</u>		
(1) expression of satisfaction	9	36
(2) lack of satisfaction, because they saw it as an insoluble problem	9	36
(3) lack of satisfaction, because of lack of skill	6	24

4. Referral--

To whom do rabbis refer?

(1) psychiatrists	19	76
(2) Jewish Family Service	17	68
(3) therapists in private practice	13	52
(4) psychologists	11	44
(5) general community agencies	9	36
(6) social workers	9	36
(7) marriage and family counselors	8	32
(8) Jews only	6	24
(9) Thelians at Cedars-Sinai Hospital	3	12
(10) business professionals	2	8
(11) attorneys	2	8
(12) Jewish Big Brother	2	8
(13) Gateways	2	8
(14) psychiatric social workers	1	4

	Number of Rabbis	Percentage of Total (25) Rabbis
(15) non-Jews also	1	4
(16) other rabbis	1	4
(17) the para-professional program at Valley Beth Shalom Temple	1	4
(18) Hillel	1	4
(19) Jewish Vocational Service	1	4
(20) Chabad	1	4

The rabbi came in contact with these people through:

(1) the synagogue	11	44
(2) friendships	7	28
(3) successful work together and contact with professional agencies	6	24
(4) the larger community	5	20
(5) professionals giving rabbis their cards	4	16
(6) research into available helping sources	3	12
(7) other rabbis	2	8
(8) relatives	1	4
(9) hearsay about reputation	1	4
(10) being in psychotherapy	1	4

Criteria for rabbis' referral:

(1) presence of emotional or mental illness	20	80
(2) no long-term counseling because of a lack of time	19	76

	Number of Rabbis	Percentage of Total 25) Rabbis
(3) rabbi's inability to help	12	48
(4) rabbi's feeling a lack of competence	11	44
(5) rabbi's perception of "dysfunctions" in relationships	6	24
(6) rabbis not seeing counseling as part of their role	3	12
<u>Follow-up after a referral was made:</u>		
(1) the rabbi followed-up with the congregant	8	32
(2) the rabbi followed-up with the professional	6	24
(3) the rabbi did not follow-up	3	12
<u>Referral to rabbis by:</u>		
(1) social workers	3	12
(2) psychiatrists	2	8
(3) other rabbis	2	8
(4) people outside the Jewish community	1	4
(5) family counselors	1	4
<u>Problems in the referral process:</u>		
(1) Jewish Family Service (J. F. S.) or other agencies had an overload of clients already	3	12
(2) there was little need for rabbis to refer, because their congregation is "psychologically sophisticated"	3	12

	Number of Rabbis	Percentage of Total (25) Rabbis
(3) there is a J. F. S. worker at the synagogue with whom the rabbi has no contact	1	4
(4) J. F. S. is too bureaucratic	1	4

5. Consultation--

Frequency of consultation:

(1) Often	5	20
(2) Sometimes	5	20
(3) Rarely	10	40
(4) Never	5	20

With whom do rabbis consult:

(1) psychiatrists	12	48
(2) psychologists	9	36
(3) social workers	7	28
(4) other rabbis	6	24
(5) Jewish Family Service	4	16
(6) marriage and family counselors	3	12
(7) through membership in a group	2	8
(8) doctors	2	8
(9) friends	2	8
(10) psychiatric social workers	1	4
(11) their wives	1	4
(12) attorneys	1	4
(13) Protestant ministers	1	4
(14) secretary	1	4

	Number of Rabbis	Percentage of Total (25) Rabbis
(15) lay leadership	1	4
(16) religious school teachers	1	4
(17) through taking a class	1	4

The rabbi came in contact with these people through:

(1) friend	7	28
(2) congregation member	6	24
(3) relative	2	8
(4) professional agency	1	4

Reasons for failure to engage in the consultation process:

(1) lack of time	4	16
(2) rabbi's limited involvement in counseling	3	12
(3) lack of need	2	8
(4) problems in contacting each other because of lack of time	1	4
(5) the "independent" person- ality of the rabbi	1	4
(6) rabbi's skepticism about therapy	1	4
(7) "system does not allow for it"	1	4

Miscellaneous items mentioned by rabbis concerning the
consultation process:

(1) congregants seeing rabbis and other professionals at the same time, i.e., psychi- atrists, psychologists, and social workers	12	48
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	Number of Rabbis	Percentage of Total (25) Rabbis
(2) the informal nature of consultation	5	20
(3) people coming to see rabbis after they have seen other professionals	3	12
(4) the existence of a small community facilitating consultation	1	4
(5) rabbis consulted by other professionals on religious problems	1	4

6. Rabbi's relationship with Jewish social workers--

Opinion of social workers:

(1) Positive	18	72
(2) Negative	11	44
(3) Expression of both positive and negative opinions	5	20

Problems:

(1) Statement of problems existing	17	68
(2) Speculation on existing problems	16	64
(3) Statement and speculation on existing problems	9	36

Speculation regarding problems:

(1) threats and competition	10	40
(2) lack of Jewishness of social workers	9	36
(3) lack of clear role definition	5	20

	Number of Rabbis	Percentage of Total (25) Rabbis
(4) both professionals feel they are experts	4	16
(5) symbolic of Federation-synagogue relationships	1	4
(6) lack of time	1	4
(7) not a high priority for either professional	1	4
(8) the lack of community funding to synagogues	1	4
(9) social workers do not refer to rabbis when necessary	1	4
(10) social workers are not high status professionals	1	4
(11) the changing personnel of social work agencies	1	4
(12) rabbis are in "over their heads"	1	4

Problems that existed:

(1) lack of Jewishness of social workers	10	40
(2) lack of contact	8	32
(3) contact or referral experience leading to rabbis' negative impression	6	24
(4) the bureaucratic nature of social work agencies	5	20
(5) rabbis not impressed by counseling techniques of social workers	3	12
(6) social workers' incompetence	3	12
(7) social workers' perception of rabbis as incompetent	3	12

	Number of Rabbis	Percentage of Total (25) Rabbis
(8) lack of time	2	8
(9) threat and competition	2	8
(10) lack of referral to rabbis by social workers	2	8
(11) not a high priority for either professional	2	8
(12) social worker not being a high status professional	2	8
(13) unwillingness by either the rabbi or the social worker to do the work necessary for cooperation	1	4
(14) "social workers are only concerned with fund raising"	1	4
(15) symbolic of Federation- synagogue relationships	1	4
(16) "snobbishness" by rabbis	1	4
(17) different interests	1	4
(18) no need for good relationships	1	4
(19) "social workers used to be communists"	1	4
(20) "social workers only concerned with their own advancement"	1	4

Common problems mentioned both directly and through speculation:

(1) lack of Jewishness of social worker	18	72
(2) threat and competition	12	48
(3) lack of time	3	12
(4) not a high priority for either professional	3	12

	Number of Rabbis	Percentage of Total (25) Rabbis
(5) lack of referral to rabbis by social workers	3	12
(6) symbolic of Federation- synagogue relationships	2	8
(7) social worker not being a high status professional	2	8

Ways to improve relationships:

(1) clearer role definition of rabbis and education on the nature of each other's roles	12	48
(2) social workers should become more Jewish	10	40
(3) social workers or School of Jewish Communal Service set up a program for dialogue	10	40
(4) respect for roles	9	36
(5) communication needed	6	24
(6) bring people together for a program or seminar	5	20
(7) need for reaching out by both professionals	5	20
(8) social workers be a member of a congregation	5	20
(9) need to work together as a team	5	20
(10) social workers on the staff of the synagogue	4	16
(11) establish an informal medium for getting together	4	16
(12) rabbis have contact with Hebrew Union College, School of Jewish Communal Service	3	12

	Number of Rabbis	Percentage of Total (25) Rabbis
(13) need for a formal medium, like rabbis serving on social work agency boards	2	8
(14) rabbis and social workers work on a program together	2	8
(15) need for top-level contact	2	8
(16) contact after referral	1	4
(17) retreats	1	4
(18) need to develop trust	1	4
(19) social workers encourage clients to be more committed to Judaism and participate in synagogue life	1	4
(20) improve rabbinic education in community resources	1	4
(21) social workers help to develop a para-professional program within the synagogue	1	4
(22) social workers should respond more quickly to rabbis' requests for help	1	4
(23) physical nearness important	1	4
(24) coordinating council on counseling	1	4
(25) social workers attend chaplaincy conferences	1	4
(26) "Jewish experiential workshops"	1	4
<u>Cooperation has occurred through:</u>		
(1) working together on projects	8	32
(2) contact with Hebrew Union College, School of Jewish Com- munal Service students	2	8

	Number of Rabbis	Percentage of Total (25) Rabbis
(3) smallness of the community	1	4
(4) Jewish marriage encounter weekend	1	4
7. <u>Training to prepare rabbis for counseling:</u>		
(1) its occurrence	3	12
(2) undergraduate major in psychology	3	12
(3) seminars	3	12
(4) rabbinic education	3	12
(5) reading	3	12
(6) field work	2	8
(7) general graduate work	2	8
(8) lack of counseling education	2	8
(9) "experience is most important"	2	8
(10) National Training Laboratories	1	4
(11) licensed marriage counselors	1	4
(12) Master's in Social Work	1	4

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