

**Open Arms, Open Hearts:  
Support, Comfort, Connection**

Cantor Audrey Halpern

Submitted in partial fulfillment of requirements for the Doctor of Ministry degree

Hebrew Union College – Jewish Institute of Religion,

Graduate Studies Program, New York, NY

October 2014

Advisors: Rabbi Richard F. Address, D.Min. and Richard Cohen, LCSW, BCDP, NCPsyA

### Acknowledgments

As a student beginning the Doctor of Ministry program I had no idea that the impact of this program would be so far-reaching. Beyond the professional benefits, which have been enormous, the insights and skills I gained during these past two and a half years have impacted all of my interpersonal interactions and offered me deeper levels of understanding and compassion for others. I wish to thank all of my instructors who have imparted invaluable lessons that will always be with me.

This project, in particular, would not have been possible without the assistance and guidance of my two respected mentors: Rabbi Richard F. Address, D.Min. and Richard Cohen, LCSW, BCDP, NCPsyA. Their consistent and reliable input and thoughtful suggestions were most valuable. Reverend Ann Akers has been a source of inspiration for me from our first conversation and has taught me by word and by deed what it means to be a pastoral counselor who cares deeply for those around her. I will always turn to her for guidance.

Temple Beth David of Commack, New York has been my own spiritual home for the past twenty-seven years. They have always supported any new project or undertaking that I have expressed an interest in pursuing, and entering this program was no different. From financial support to flexibility with my schedule, the leadership of my congregation has allowed me to grow and learn and expand both my knowledge base and my areas of focus within the temple.

The women in my support network have been extraordinarily generous in opening their hearts and sharing their lives with all of the pain and the joy that living and aging inevitably entails. I feel tremendous gratitude to them for their candor and their trust which made this project possible.

All of my family has been a source of encouragement, but I would be remiss if I did not mention my son, Dan Rosenberg, and my daughter-in-law, Rebecca Myers, who in the midst of giving us our first grandchild, Miles, also provided loving editorial expertise and Jon, who is always the first to step up to help. My gratitude extends to my son Jonathan, who promised that we would get through the dark days together and my daughter Rachel who inspires me every day with her innate compassion.

Most of all, I wish to thank my incredible husband, Steven Rosenberg, for his never-ending love and encouragement to do and be all that I can.

Open Arms, Open Hearts:  
Support, Comfort, Connection

**Chapter I: Statement of the Issue Addressed by the Project**

Older women have always inspired me. As a young girl, I adored my Grandma Marie who told me I looked pretty in blue, my Grandma Rose who told me my backside was getting big, and especially my Great Aunt Alice, who had hand sewn my mother's wedding dress down to the very last seed pearl. She lived alone, having divorced "the bum" long before it was fashionable to do so. Even now, some of the most influential people in my life are older women: My 83-year-old voice teacher from childhood, who gave me free lessons when my family was struggling and served as a true confidante, my 88-year-old cousin who has gone from songstress, television personality and teacher, to recently published writer and poet, and most of all my mother, who at eighty-four, after losing two husbands and undergoing joint replacements and heart surgery, renovated her condo, lives with her boyfriend, and is still engaged with her passion for art. She is the greatest secret keeper I know, and she gives the best advice.

All of these women, and many more, have taught me the invaluable lesson that women crave connection. Though we value our independence, I believe that women have a gift for knowing intuitively how to connect with those we love, whether they be children, husbands, or friends. Moreover, I would argue that most of us have an intrinsic need to engage. Though to a large extent we have transcended the days when our self-definition relied solely on our relationships with those for whom we cared, we still have a knack for forming mutually enriching bonds. I believe that my embracing this capacity for connection has been a dominating influence in my choices of career, interests, fields of study, and relationships. I have also learned

that because so many of us are emotionally connected, women thrive when we are able to share our trials with others who understand and know how to care, listen, hold, and ultimately bring comfort. This has certainly proved true for me during my own times of difficulty.

Over the past 26 years of serving my congregation, I have interacted with multiple groups who meet for a wide variety of reasons. What began primarily as a musical presence has slowly but continuously evolved into a role more consistent with that of a rabbi, counselor, and spiritual leader. This shift was more organic than planned, due in part to my own inclinations, but also as a response to what has seemed to be an ever expanding need for pastoral and clinical attention from a clergyperson. In my temple, I remain the sole constant after the illness and death of one rabbi, the departure of another, and the hiring of our current rabbi. I have slowly earned the confidence of congregants after demonstrating my interest in and concern for their individual and collective pastoral needs.

One of the ways in which this has recently become more apparent, in addition to an increase in counseling appointments, has been a subtle but definite shift in the focus of my ongoing adult education class at the temple. Over the course of 25 years, this group has grown from two or three women who convened on several Tuesday afternoons a year for lunching and learning to a class of ten or more women who bring their personal dramas to bear on each topic that we discuss. Often, the women who join the group have had encounters of a personal nature with me, whether at funerals, weddings, hospital visits, unveilings, or one-on-one counseling sessions following a loss. Occasionally, the group will gain a new member who is new to the community and wishes to feel at home in a more intimate setting.

What has become more and more evident, however, is the desire on the part of the women in the class to share and find an outlet for expressing what is going on in their lives. Although they may belong to other support networks if they have suffered a major loss, or have affiliations with other groups within the temple, they nonetheless seem to have a palpable need to share stresses and sorrows with this particular group of women. As a note of clarification, this adult education class did not originally target only women, nor did it limit itself to women over fifty years of age. Notwithstanding a lack of definition of this sort, the group has naturally evolved to include only middle aged and older women, all of whom seem to have suffered a loss or multiple losses. I'm most struck and intrigued by the contradiction to the classic assumption – an assumption I have always taken for granted -- that people need to be with others who have shared their specific kind of crisis. Although I still recognize that having the same problem in common can create lasting connection, these women seem to be able to self-disclose and freely express empathy and compassion in a way that takes me somewhat by surprise. What began as a topical class so many years ago, focusing solely on Jewish current events, law, Torah exegesis, and ritual interpretations, has grown to feel like a hungered for opportunity to speak to and to listen to each other. There is a very real need for the kind of support these women offer and receive.

This year, I proposed to members that since we have a tendency to want to function as a kind of support group rather than an actual class, we begin to allow ourselves to be defined as just such a support group. The proposal I have set forth is a project that would officially give the women permission to move beyond the parameters of topical lessons and explore the personal. For example, rather than my outlining the steps of a Jewish funeral service and then taking questions, the group would be encouraged to discuss the deaths they have experienced firsthand.

They would be given the freedom to explore feelings. This proposal would transform an adult education class initially designed to address specific topics of Jewish study into a women's support group with a far looser, less traditional definition. Unlike a typical support group for those coping with a specific problem, which is almost assumed to be requisite to healing and offering comfort, this women's support network would address a multitude of losses. It would not, however, be restricted to a bereavement group. Rather, the group would be defined by its women and their general life issues instead of any exact problem.

Female congregants express to me that they crave a sense of caring and community from the clergy and congregation. They don't want to feel invisible. They want to feel seen, known and understood. What I have repeatedly heard is that the personalized attention each member receives when faced with loss or hardship determines how she feels about being part of the temple. Those who have experienced close interactions with both clergy and fellow congregants when they have observed *shivah*, for example, will report that they were amazed at how much it still means to them. They feel a much more visceral connection to the temple. Likewise, people who have felt that nobody was there for them and that they got little or no support in a time of crisis were quite likely to drop out and even lose faith in religion altogether.

Kenneth Pargament, professor of psychology at Bowling Green State University and author of *Psychology of Religion and Coping*, points to the comfort brought by a caring community and interpersonal religious support:

The followers of most religions are asked to express their faith not only in relationship with the Divine, but in relationship to others. Interpersonal support works in two directions: It is sought and it is offered. Many people turn to their religious communities

for help in sustaining themselves through stressful times. It may come as a surprise to mental health professionals, but the average citizen is more likely to seek out the clergy for help than any other professional (as cited in Pargament, 1997, p. 210).

Pargament suggests that this religious support can be offered by groups as well. He contends that congregations come together, in part, to “minister” to the needs of one another as a way of sharing God’s presence with fellow members who are in distress (Pargament, 1997, p. 211). The women in my adult education class seem to have already created, almost instinctively, an environment of affirmation and a sense of community and cohesion. Unlike other groups in the temple characterized by a more hierarchal prototype with respect to the clergy role, this group doesn’t seem to require a formal leader in the classical sense. My proposal entails that I would contribute only when I felt it was appropriate. I wouldn’t be there to lecture or assert an agenda but rather serve as a facilitator.

One of the goals of the group is to enable the women to find a place of healing where religion and psychology meet. The writings, theories, and philosophy of the renowned 20<sup>th</sup> century self psychologist Heinz Kohut make clear that there is a solid basis for the power of empathy to heal the most basic human injury to the self, an injury which he believed in many cases to be the precursor to the unfolding of further neuroses and personality disorders. Our essential task, as Kohut understood it, is to be human. We are all in this together. In *Grace for The Injured Self*, Kohut advocates compellingly for the role of religion in maintaining self-unity and restoring injured cohesion. Kohut rejects complete autonomy in favor of mutual constitution and influence. Furthermore, unlike more psychoanalytically oriented approaches which are more interpretive in nature, Kohut’s supportive approach lends itself more naturally to the overall nature of pastoral counseling and support groups such as the one I am proposing. He describes



our connectedness when he says that passionate help is what we are born with, how we become (Cooper, 2011, p. 13).

The women currently in my class do share much in common – all are women over 50, living in the same location, who have chosen this synagogue as a spiritual home -- but the tragedies and pain that torments each of them present in a multitude of ways. One primary issue I seek to examine in this project is the nature of the therapeutic benefit the members of such a group receive. I wonder about the resilience necessary to reconnect with others. I am curious about whether there is a therapeutic benefit not only for the person bringing her particular issue to the table, but also for the members contributing to the welfare of those in need. Although these women may seek me out individually, is there value to be gained (as Kohut suggests) by lessening isolation and joining a group?

Many theorists and clinicians will serve as backdrop and guideposts for my own synthesis of the materials being presented and will aid me in carrying out the project. Freud's enumerations of the various forms of anxiety (reality, neurotic, and moral) will likely be useful in understanding issues that arise from and inform the group. The ideas of David Shapiro throughout his description of neurotics will inform my recognition of any variety of aberrant behavior within the group, as will the writings and concepts set forth by Margaret Mahler with respect to autonomy and symbiosis. I will also draw from the core concepts of fundamental beliefs about human nature proposed by Richard Schwartz in his *Family Systems Model* and the clinical principles outlined by psychoanalyst Heinz Kohut. From a clinical vantage point, there will be numerous psychological processes and issues to inform my understanding of the individuals as well as the group. The inevitable transferences that will take place in this setting,

as well as countertransferences, will be some of the possible psychoanalytic by-products of this project.

The principles that lead me to this project have also been informed by group dynamics. Professor Beverly Raphael (1994) captures this best in *The Anatomy of Bereavement* when she describes how group members felt “great relief that came from sharing their distress and problems” (pp. 396-397). The concept of finding comfort from others is primary and at the very core of my proposal. In his book about facing death and grief, George Marshall (1981) speaks of “the fellowship of those who bear the mark of pain,” and this fellowship, he suggests, will include all who are able to form healthy relationships and who ultimately know the meaning and the need for reliance on others (pp. 13-14). Group dynamics, as discussed particularly by Marvin E. Shaw, will also clarify some of the questions about the needs and functioning of groups.

In the spirit of complete honesty, I must mention that a recent problem in the congregation has propelled me to seek to create this kind of group. The financial climate in which we live and the rise of Chabad as a viable alternative have led to concerns about membership. Additionally, the temple is situated next door to a Jewish Y, and we find that the Y serves many of our members by offering support groups led by specialists who address single issues. As we have lost many congregants who feel the Y can help them – not to mention the lure of the beautiful pool, gym, and exercise equipment - I believe there is a greater need for temple clergy to show members the value of communing under the umbrella of congregational life and to remind them of the unrivaled comfort to be gained from the spiritual guidance of a caring Jewish community.

Though it is difficult to quantify in a short period of time, the incentive from the congregational point of view will be to create the kind of community many experience at the Y combined with a clergy presence in the space that is their own spiritual home. For me, this embodies a more holistic approach. It is the very essence of what our tradition sets forth in terms of the paradigm of community represented by a *minyan* (a group of at least ten that is required when we pray) and the concept of study in a *chevruta* (at least a pair, also suggesting that we gain understanding and depth of experience from not being alone). These models of being with others in prayer, study, and support, as exemplified by *shivah*, when the community surrounds and cares for the mourner, are intrinsic concepts in our tradition.

The other model from the Jewish paradigm, which is more implicit in the case of my leading such a group, is that the rabbi/cantor is very much part of the community. Unlike many other religions where the spiritual leader is set apart, Judaism sees its leader as someone who is not only looked up to, but is one of the people. This can be demonstrated by the traditional view that wages should be parallel to those of community members. I believe I am seen as one of the people. Though I am respected, these women have told me repeatedly that they like the fact that they can relate to me. I am a fellow sufferer, and I believe this suffering is a source of both comfort and hope for them. None of us is immune – the women in the group are not singled out to experience pain any more than I have been. Through all of it, however, they have watched my recovery, and in many ways they have been a part of it.

The kind of group I am proposing would serve to be a further integration of support. The same clergy person who buried the bereaved's loved one, who also recites the *Kaddish* (prayer of remembrance and mourning) on Friday evenings, would now be the one leading a group where its members may very well be the women they sit next to at Friday services. If they haven't

experienced that kind of unity yet, maybe they will be open to it. The additional benefit will be that I will make myself available for individual sessions as well when they are desired. It is a much more holistic approach than classical psychotherapy or group therapy.

The multiplicity of my roles will not be the direct focus of the project, but should be mentioned in order to clarify and understand the totality of the setting and various functions I perform for both the group and the individuals. The true focus of the project is to create a support group for women that will enable them to expand their opportunity for a sense of connection with the temple, with one another, and with me. There may be rituals that evolve as we gain familiarity with one another in this new setting. The group may express a desire to extend the originally proposed number of sessions that I would set forth at the outset. All kinds of possibilities exist, and I am excited to both assist and to see them unfold.

My desire to form and lead this support group has been prompted by this Demonstration Project. Notwithstanding this motivation, if I discover through subjective feedback and written comments from members that they wish for me to continue leading them, I am prepared to do so. There may also be additional ritual practices, such as visits to the *mikveh*, the ritual bath, to provide the symbolic cleansing so richly imbued with the meaning of rebirth. This and other possible ways of reinterpreting our tradition through acts, liturgy, and study may all become part of the ongoing support our community can offer to specifically address the need for one another.

Finally, it would be disingenuous of me not to acknowledge my own personal benefit in forming this kind of support group. For the past seven years, I have taken for granted the idea that I will never know the pain and the joy of growing old. Fully expecting to die young from the ovarian cancer I was diagnosed with at age 50, the plight of the older woman was never a

personal concern. With my renewed hope for survival has come the unexpected anxiety of growing old, the fear of losing my own husband (also diagnosed with cancer last year), the pressure of taking care of my aging mother, and the sadness at my grown children moving away. The myriad of problems surrounding age discrimination, loss of professional identity and esteem of others, and the basic experiences of an aging body with its accompanying “delightful” physical changes, have all become very real. These women represent a future for me now, and my compassion for them, as well as my identification *with* them, has intensified as I witness the losses they experience. The search for transcendent meaning, and for building sustaining and renewing relationships, are critical at this phase of life. Prayer, meditation, and religious affiliation and rituals can provide a backdrop of possible forms and structure that offer solace, comfort, and hope in the face of challenges.

I am aware of the obvious effects on me that are inherent in leading these kinds of groups, and the supervision of this program has already proven invaluable in my becoming vigilant in being more aware of how transferences and countertransferences impact my ability to separate and understand my own relationships.

Moreover, the opportunities for those experiencing pain and loss to find expression, compassion and community in their times of need, and the opportunity for fluidity in shifting from comforter to “comfortee,” will offer opportunities for new and uncharted dimensions for sharing and participation.

## Chapter II: Principles that Guide and Inform

### Theological Principles:

From a theological perspective, the texts of our matriarchs may provide a backdrop and paradigm of comfort to women who share modern day losses resonant with those from Jewish history. Pain and loss are replete in our scripture and our commentaries. Our ancient stories all offer invaluable prototypes, not only of suffering, but of hope: Sarah's despair over decades of infertility countered by her indomitable spirit, Rebecca's dilemmas and ultimate compromises in parenting two such different sons, and Rachel and Leah's complex sibling conflict and competition with its resulting rapprochement. In modern interpretations or in *midrashim*, expansions of the unwritten but somewhat hypothesized sacred texts, there is much that is relevant and of use in directly helping the women of my support group gain insight into what ultimately keeps us connected in the face of times of trial.

In "The Face Under the Huppah," Nancy Fuchs Kreimer (2013) writes about a moment in married life to which many of us can readily relate. Her essay, included in *Chapters of the Heart*, is a testament to not all arguments being deeply rooted in philosophical incompatibilities. She sets the scene: she and her husband are having their well-worn disagreement about which car route to take. Frustrated and disenchanted by their repetitive bickering, Fuchs wonders, as she glances across the front seat, if she might not have seen this obdurate version of her husband's face under their marriage chupah. She recalls hearing a rabbi from the past instruct a young couple to gaze into one another's eyes at that very instant of consecrating themselves to one another. "Just as the Torah has seventy faces," he explained, "so too does each person. At this

time – for a fleeting moment – if you look carefully, you can see all seventy of each other’s faces” (2013, p. 27).

Sustaining relationships is difficult. Fuchs Kreimer remembers a line spoken to her in counseling by her therapist: “You can either be right or be in relationship” (2013, p. 28). As the saga of her continued internal conflict with her raw feelings toward her husband unfolds, she finds comfort in a line by Rilke: “Between the closest people, infinite distances exist (2013, p. 28). She realizes that this juxtaposition of intimacy, commitment, and love, alongside frustration, distance, and outright disgust, may well have been what the rabbi with the story of the seventy faces was alluding to. No one loves or confidently believes all the time. Our feelings and our faith can be complex, temporal, and subject to questioning. The ongoing dialectic between separateness and connection is a struggle we all contend with if we are to ever be in a long-term relationship in any meaningful way.

What Fuchs Kreimer posits is a reframing of conflict (emotional and physical abuse aside) that grows out of the Jewish spiritual – ethical practice of *Mussar*. Rather than focus on blame, we can gain insight by challenging ourselves to see God’s face in the face of the other. A command is there in the familiar features suddenly unrecognizable in any heated moment; it is a command to bear the burden of the other. Since we are taught to “love the stranger” (Leviticus 19:34), then it would follow that without necessarily knowing exactly what the burden is, we are still obliged to help one bear it. Fuchs asks, “How is the other’s burden my spiritual opportunity?” (2013, p.32). She suggests that God is a name for that mystery – that which cannot be known – even in the person right beside us. That mystery, Fuchs Kreimer believes, is within ourselves as well, and she suggests that our unconscious, which Freud discusses at great length, is that very same mystery.

What I find particularly compelling about this philosophy is the concept that one need not fully know the pain, the burden, and the plight of the other in order to be a source of compassion and help. It is also an implication for taking responsibility. From a theological stance, the suffering and the plight of the other is my plight as well. I must not turn from it, but rather embrace it. In it, I will not only find the holiness within another, but within myself. As a person who constantly struggles with religious doubt, all of this somehow feels completely authentic and more honest. It implies a God image that we can incorporate and embody.

The women's group I am proposing would, by virtue of my belief that one finds a piece of herself in helping the other, be of benefit to all. Unlike the theory behind so many support networks – that value only stems from its members finding comfort in a shared problem -- this group would operate under the powerful assumption that without full knowledge, we nonetheless are of value to one another. Moreover, it would offer a more holistic approach to how we treat and accept one another; a religiously based approach encourages a level of understanding, compassion, and grace not possible through the lens of single-issue support. In his book *Care of the Soul*, *New York Times* bestselling spiritual writer Thomas Moore (1992) teaches us that:

One of the strongest needs of the soul is for community, but community from the soul point of view is a little different from its social forms. Soul yearns for attachment, for variety in personality, for intimacy and for particularity. So it is these qualities in community that the soul seeks out, and not like mindedness and uniformity. (p. 92)

Repeatedly, we hear the message of being loved for who we are and what we offer, of belonging and feeling that we matter.



Like Moore, Rabbi Richard Address (2012) also speaks of our crucial search for connection. In his book *Seekers of Meaning: Baby Boomers, Judaism and the Pursuit of Healthy Aging*, he asserts that we derive our uniqueness largely by serving and being involved with others. The very relationships that add new meaning to our lives and enhance its quality require our presence. Rachel Naomi Remen, founder of the Institute for Study of Health & Illness, takes this a step further, observing how service heightens our awareness of holiness and gives us a sense of belonging to something larger than ourselves. Indeed this is a powerful Jewish concept, for at its core Jews are taught that deed trumps creed. It is in the doing of deeds that faith emerges. So too, in the doing for the members of my women's group, may come the belonging. Remen writes:

All who serve, serve life. What we serve is something worthy of our attention, of the commitment of our time and our lives. Service is not about fixing life, outwitting life, manipulating life, controlling life, or struggling to gain mastery over life. When we serve, we discover that life is holy. Service is closer to generosity than it is to duty. It connects us to one another and to life itself. When we experience our connectedness, serving others becomes the natural and joyful thing to do. Over the long run, fixing and helping are draining but service is renewing. When you serve, your work will sustain you, renew you, and bless you, often over many years. The best definition of service I have come across is a single word. Belonging. Service is the final healing of isolation and loneliness, it is the lived experience of belonging (as cited in Address, 2012, p. 27).

The idea that the religious community is one that can bring solace and comfort is not a groundbreaking idea, in theory. Pargament, for example, suggests that "there is a horizontal as well as a vertical dimension to religious support," meaning that members of a temple have an

impactful relationship to each other as well as to God (1997, p. 210). My project seeks to create a support group in this synagogue that has up until this point *officially* operated as a class, and in being defined as such, has potentially held many of the women back from honest disclosure and its healing potential. I am looking to apply practice to theory. In some ways, these women have already identified themselves by seeking out an all-female group with the desire to share and offer consolation. In effect, they have been self-selecting, but appear to be waiting to take the next step. Those who have joined seem to have found some comfort from one another and, I believe, from me. I hold the dubious distinction of having survived both my own cancer and the recent cancer of my husband. I have become a lightning rod for those in need of hope and comfort.

Our tradition demonstrates the ways in which we can reach out our arms to be there for one another. Sitting with the ill eye to eye, as 12<sup>th</sup> century Talmudic scholar Maimonides entreats, enables us to feel the comfort of community and the presence of others. For example, Maimonides states that the commandment to visit the sick (*bikkur cholim*) is an important aspect of the mitzvah “You shall love your fellow as yourself.” Ministering spiritually to the sick, offering them our company, is one of the greatest good deeds and exemplifies the specific ways in which our teachings spell out our obligation to those in need. As the principle and mystical text for Kabbalists, the *Zohar*, urges, we must attend to both the body and the soul. This practice echoes the horizontal support that Pargament suggests. My role as clergy brings unique possibilities for me to be of help spiritually and psychologically. In that sense, this project seems to feel very natural for me.

Notwithstanding the potential for enormous comfort that may be brought by the group, it is important to always bear in mind that losing and grieving may be two of life’s greatest

challenges, and that the road to finding solace is most often bumpy and circuitous. In her book *Good Grief: Healing Through the Shadow of Loss*, grief educator Deborah Morris Coryell describes the pain of loss as overwhelming: “When we are in pain, everything in us wants to close down” (2007, p. 84). However, she goes on to speak about the benefits of honoring the pain and facing it. She, like many others, believes pain and love are two sides of the same coin, and that pain is the path to the sacred – that which is holy. Passion, she explains, is derived from the Latin for suffer, and when we are truly passionate, we can’t help but suffer the loss of ourselves in the other and be left bereft (2007, pp. 85-87).

The age old question of “Why me?” takes on a much more realistic and relevant meaning when one is the actual rather than hypothetical victim of a horrible tragedy. Be it a death of a child, a terminal illness, or a devastating betrayal, we all have the potential for feeling like the victim if our circumstances are dire enough. In his book *The Psychology of Religion and Coping*, Pargament offers the following words of Biegert to those who are vulnerable to questions about the fairness and meaning of suffering:

God does not make arbitrary choices about who shall suffer and who shall not, who shall live and who shall die. Nor does God desire to punish or humble us...Knowing that difficulties are part of life and that God does not purposely send them our way enables us to move from the “Why me?” questions to the “How?” questions – “How can I survive this trying time? How can I cope with my situation? How can I grow through what I am experiencing?” (as cited in Pargament, 1997, pp. 5-6)

From my more than quarter century of experience as a cantor, I can attest to there being no more critical time for a clergy person to be present physically, emotionally, and spiritually

than when someone is suffering. As listeners we might feel helpless, yet the solace of our mere presence is often remarked upon by the sufferer when he or she looks back. This proposed women's group has that same opportunity to both give and receive a comfort that is nothing short of a precious gift. Loss can easily leave sufferers wondering who they are in the absence of a loved one, a job, or a home. They are left to redefine themselves and create anew. When Morris Coryell (2007) asked her brother to describe what a Kabbalist does, he stated that his role is one of *tikkun olam*, or repairing the world. He went on to depict all of creation as a fabric or a covering of divinity and to explain that a Kabbalist's duty is to repair any tears in it. When Morris Coryell posits the question, "Are tears what we shed, when we feel the 'tears' in the fabric of our world torn apart by loss?" she is acknowledging an English homograph whose two different meanings are often conjoined in our minds under the umbrella of suffering (2007, p. 125).

Kabbalah, the mystical foundation of Judaism, instructs us on how to receive lessons meant to help us heal ourselves so that we can in turn heal the world. The implication from a Kabbalistic vantage point is that we should help mend any pain responsible for the crying of others. The repair of the world – not just the personal psychological universe we each inhabit, but all of humankind --is inextricably linked to helping those in pain. In a multitude of religious and cultural traditions, we are bound together by our human experience, and we form a family that is responsible for one another in our times of need.

### **Clinical Principles:**

In discussing the goals and purpose of the support group with the women, I would be informed by the broader dimension of insight and empathy that Kohut articulates in *Grace for the Injured Self*, which provides a basis for facilitating healing through clinical principles. Kohut's work helps us to better understand the role and the meaning of empathy and how the group could actually begin to heal the injuries of the disparate individual selves within our collective midst. I believe the women understand intuitively, as well as explicitly, that this group holds the promise of lessening their sense of isolation and deepening their sense of belonging. Each woman feels that she could potentially play a vital role in reaching out to others with what might be called a horizontal grace (Cooper & Randall, 2011, p. xii). Kohut, who saw the church (or synagogue) as a group that functions as a self (Cooper & Randall, 2011, pp. 87-89), also understood that attachment to selfobject figures provides opportunities for healing through mirroring and idealizing as well as through alter ego responses (Cooper & Randall, 2011, p. 7).

Kohut asserts that our very sense of self cohesion becomes fragmented when as children we are deprived of experiencing the affirming effects of mirroring. The idealization of parents by children allows them to experience being part of or merging with the idealized caregiver's power. This power then becomes integrated in the child. We all have a need to feel aligned and connected to others, which Kohut describes as "alter ego responses." He posits that when this alignment happens consistently, we feel bonded and experience a sense of belonging. In this way, we learn to regulate the fragmenting tensions that arise when we suffer the inevitable blows of human existence. Overall, as children develop the mature ability to integrate all of these mirroring, idealizing, and alter ego selfobject responses (through a process Kohut refers to as *transmuting internalization*), the result is a healthy narcissism that provides a sense of self

cohesion. In other words, the healing that occurs in successful therapy by practicing Kohut's empathic stance, enabling the patient to transfer feelings of deprivation in childhood onto the therapist and eventually heal through the process of *transmuting internalization*, can have implications for the kind of restoration that may potentially take place in the group setting as well (2011, p. 45).

In discussing the goals, needs, and successes of any group, it is important to understand clinical findings with respect to the group's constitution. In his book *Group Dynamics: The Psychology of Small Group Behavior*, Marvin E. Shaw notes that the two primary components of group formation and desirability are attraction to other members of the group and proximity (1971, pp. 84-85). With respect to what constitutes attraction, Shaw (1971) observes the following:

The degree to which one person is attracted to another has been shown to be due to physical attractiveness of the other person, the degree to which the two persons are similar with respect to a variety of characteristics, and the perceived availability of the other person. Similarity has been studied far more extensively than other determinants of attractiveness and the evidence is highly consistent: Attraction is a function of attitude similarity, belief congruence, personality similarity, race similarity, sex similarity, and economic similarity. It is also evident that under some circumstances similarity of characteristics may lead to reduced attraction, e.g., when the other person is seen as emotionally disturbed or when needs are the characteristics under consideration. In the latter case, need compatibility appears to be the important factor. The implicit assumption in the foregoing discussion is, of course, that attraction between two persons will influence the formation of groups with these persons as members. Undoubtedly, there are

many other determinants of interpersonal attraction that have not been considered here.  
(p. 91)

There is basis to believe that the women's support network is representative of the characteristics that Shaw describes as critical to group formation. Their demographic similarities – that they are all women, mostly Jewish and white, living in the same location, of the same age, and all with a palpable need to connect to other women to share their pain – override the variety to be found in their specific issues. Shaw cites the neurosurgeon Wilifred Trotter, who believed in affiliation want, and who went so far as to claim that affiliation want is one of the four instincts that govern human life (as cited in Shaw, 1971, p.94). The implication that affiliation reduces anxiety is demonstrated throughout psychological literature. More than simply a desire, we deem affiliation to be a necessity.

On a level applicable to my proposed group, members would have the simple but critical opportunity to connect at the temple with other older women who have much in common despite some clear differences. These women are openhearted and looking to share their respective losses with an empathic group. As representatives of an older demographic, they have much to teach. In *The Expanded Family Life Cycle*, Monica McGoldrick refers to Erikson's assertion that later years and relationships hold a significance of their own, and that elders offer an unparalleled wisdom. Also implicit in Erikson's theory of development is that old age is a time for review of our earlier lives in a quest to achieve integration and overcome despair (as cited in McGoldrick, 2011, p. 273).

It is my belief that our ageist culture ignores the elderly and that the suffering of older individuals can and should be addressed in a broader context through community. Kohut reminds

us of the healing that can come from the life giving experience of feeling connected to those who empathically understand us (Cooper, 2011, p. 13). The healing that we are each in search of comes, he believes, when a person feels empathetically understood. He even goes so far as to say that empathy cures. This curative effect, I believe, is a direct result of participation in a caring community, and older women are especially receptive to it.

We live in a culture that worships youth and beauty and is much like what McGoldrick describes as “gerophobic” (2011, p. 263). We fear and dread our own aging, which may play a part in our aversion to the aged population around us. We often separate ourselves from the old and try to recapture our own youth. Although many women in this temple support group are toward the end of what Harvard sociologist Lawrence-Lightfoot calls “extended middle age,” some do not possess the skills or the confidence that would allow them to enjoy a productive life (as cited in McGoldrick, 2011, p. 263). This productive way of living may be one of the social keys to finding meaning and happiness well into old age. Personal projects and new careers offer a newly defined self-image, but the ability to productively transition depends on inner strengths and life skills acquired only through the lessons of experience and gained insight.

All of these theories will serve as backdrop to my listening to and understanding of the women in the group and their experiences. What seems critical with respect to my role is that I maintain an acute awareness of the kinds of transferences and countertransferences that may well develop. I believe my own years of psychoanalysis have been invaluable in giving me an intuitive understanding of this process even outside of the analytic context. As clergy in general, we are subject to our congregants’ transferential feelings and projections. This is all the more likely in the case of a group setting which is so intimate and psychological/therapeutic in nature.



Throughout this project, I believe that it is critical for me to be vigilant in observing my leadership style and role. I will aspire to be a gentle resource. My goal is for the individuals in the group to be able to do most of the talking. This will not be easy for me. I am aware of my own propensity for too much self-disclosure and my desire to personalize and identify with each issue that is discussed.

I will need to be on guard against my judgmental nature and tendency to grow impatient with individuals who drone on about obscure topics that I deem to be a *waste of time*. While I am aware that this is often a defensive maneuver on their part, it irritates me, and I have the potential to come across as curt or uninterested. The technique I plan to employ is one of consistently analyzing what countertransferential reaction I am having when I become intolerant or annoyed with someone. I am also somewhat embarrassed to admit that I think I have a tendency to be snobbish and a bit condescending to people who I judge to be of lesser intelligence – particularly when they are opinionated. I feel almost as though if they are humble enough to accept the fact that they aren't intelligent, then I can tolerate them, but if they are oblivious to their shortcomings, I have a tendency to want to underscore their intellectual inferiority (which is probably my unconscious desire to humiliate them). Were it not for my own analysis, I would be unaware of all of this. Having had the benefit of these and so many other insights, I understand that it is primarily my own insecurities and history of humiliation that are at play in these instances. Nonetheless, I must be on guard, lest my members feel that they are not being held in a secure and accepting environment.

The other additional defense I have become aware of recently is that it is easier for me to feel less vulnerable myself if I take a somewhat distanced and a rather impersonal, professional posture. While this is not inherently a terrible approach, it is self-protective to the extent that it

## OPEN ARMS, OPEN HEARTS

may have the effect of numbing me to the pain and the plight of others. All of these are issues that I must remain aware of and attend to rather than act out.

### **Chapter III: Method and Carrying Out of My Project**

#### **Approach and Procedure in Execution:**

It was a long time coming. Over the many years I have spent serving my congregation, I have watched as women sought out other women to share their stories, their pain, and their hearts. I have watched as they found comfort in opening themselves up to listen and self-disclose in a safe place. Countless times, they have reported back to me that they are seeking healthy outlets of expression: joining a group of widows at the Y, for example, or participating in a singles group comprised of just women.

This year, I would like to propose to our group that since we have organically morphed into more of a support network than an actual class, that we give ourselves permission to be defined as such. As Reverend Lynne M. Mikulak suggests in “Spirituality Groups” (2012, p. 195), the initial step for me in reorganizing these women has been to ask, “What is the purpose of this group?” Although they already share much in common, having been drawn from the same demographic (sex, language, location, and temple affiliation), what could potentially emerge is a set of vastly differentiating factors. Within our intimate group are two African American sisters in their forties, a Holocaust survivor dying of cancer, a recently blind former teacher, geriatric women, widows, and women both married and unmarried (as further evidence of the diversity of this temple group, it seems as though one of the sisters is orthodox while the other may not even be Jewish). What, then, could be the common denominator? Surely, there must be something beyond the fact that they are all women in a temple in Commack, Long Island. I would be looking to answer these questions as part of the group transformation process. In an effort to delineate the change in both purpose and function of the group from the way we met as a class

before, I would also change our name to “Women’s Support Network” from its original “Cantor’s Luncheon Discussion Group.” I would place announcements in temple newsletters and expand on the tenants of the new group in various articles that I write. Dates and times would be clearly posted, and the office would maintain a sign-up sheet to keep track of all the women’s names and vital information. In addition, meeting details would be printed in the Friday evening service pamphlet and announced verbally each week. All those interested would be encouraged to speak with me personally after services.

My current adult education class would of course be told about the change, and their feelings about it would be discussed candidly. In describing the revised goals and purpose of the group with the women, I would make it clear that the broader dimension of insight and compassion facilitated by this kind of group offers a potentially rewarding experience. Inherent in this prospective dynamic is the opportunity for a heightened awareness of the shared human experience. In order for this group to function as one which serves a real need, the women would have to feel intuitively, as well as explicitly, that a support network holds the promise of a lessening of their sense of isolation and a deepened sense of belonging. Each woman must feel almost from the start that she could play a vital role in reaching out to others and transcend her own individual concerns. Unlike other groups in the temple which have a more hierarchal prototype with respect to the clergy role, I would inform the group that I would contribute only when I felt it was appropriate. (Exactly what that would mean is not completely clear, but having been a part of such groups both in our program at HUC and elsewhere, I do have experience with this dynamic). Sue Kruske, CNM, Ph.D. writes about the equalizing experience women find in support groups. In “Mothers’ Experiences of Facilitating Peer Support Groups and Individual Child Health Nursing Support: A Comparative Evaluation” (2004), she states that, “The group

appears to promote group relationships and to empower...as a group by de-emphasizing the power and expertise of the professional.”

In fact, many psychologists and scholars believe that members of a support group provide one another with various types of help. Women with issues come together to share coping strategies, to feel more empowered, and to find a sense of community. In relating personal experiences and listening attentively, they encourage acceptance and promote sympathetic understanding. Nancy Kehoe, psychologist and Director of Expanding Connections, posits that participants are able “to explore diverse attitudes and approaches to spirituality in a safe environment” (Pargament, 2007, p. 310). Kehoe insists on the one ground rule of spiritual tolerance, which would be one of our tenets as well. Adelphi University Professor Samuel Natale’s article about encounter groups echoes Kehoe, asserting the benefits of a group dynamic in affecting change (1993, p. 387). I hold that positive change is most possible in a safe, spiritual space.

In my approach, I acknowledge that the value of the group setting is seen as a more recent development, but the fact remains that its genesis, as well as its value, has been underscored even from a psychodynamic vantage point. One needs to look no further than Erik Erikson to find the social roots that are expressed in his theories, which when extrapolated, could advocate group formation. Erikson was a pioneer in examining the social and interpersonal dimensions of his psychosocial focus. In his famous *Eight Ages of Man*, he articulates the six accompanying dimensions that capture the essence of each stage. In his Fifth Stage: Identity vs. Identity Confusion, he describes the dimension of the radius of significant relations as widening. Specifically, he identifies the widening to include groups (as cited in Palombo, 2010, p. 214). The optimally positive outcome would be, he suggests, a coherent sense of identity. During

Erikson's Seventh Stage: Generativity vs. Stagnation, he speaks about adults from forty to sixty-five years old. He expressly names community and caring for others as essential features of the accompanying dimensions (p. 217). Even in Erikson's Eighth Stage: Ego Integrity vs. Despair, ages sixty-five to death, he asserts that "participation in communal activities" and "maintaining a sense of integrity in the face of disintegration of body and mind provide sustenance and a durable hope in wisdom" (p. 219).

From an object relations and attachment point of view, my intended approach finds solid footing in its value for the support group model as well. British psychoanalyst John Bowlby takes an evolutionary stance when he points to, as Fred Pine (1990) explains, "the time when survival for the early man, living in the wild and near the danger of animal attack, would be enhanced by attachment to the group which lessened the dangers of wandering off into darkness" (p. 79) Bowlby concludes that it makes sense to think of object attachment as a primary, built in feature of human functioning (Pine, 1990, p. 79). He implies by example that the object can easily be a group.

As one final example of the four psychologies' attitude towards groups, I must cite the father of Self Psychology, Heinz Kohut, as being most influential in my approach. Attachment to selfobject figures provide opportunities for healing through mirroring and idealizing. As we've come to understand, Kohut's view of the church or synagogue as being able to function as a self – just as our group could potentially function as a selfobject figure— could therefore allow attachment and usher in a true healing opportunity. In other words, the healing that occurs in successful therapy by Kohut's empathic stance can have the same kinds of implications that can take place in our group.

The aforementioned clinical and theological approaches informing our sessions would lead me to create a somewhat unstructured dialogue with only a few ground rules in line with those of most groups that are not directly led. I would ask the women to attend as regularly as possible. In requesting consistent attendance, I believe that the gestalt of what would be created would then be shared by all. From a group dynamic vantage point, everyone would have the opportunity to hear all that was shared by the others rather than having to catch up. I would explain that shared information within the group should always be considered confidential. I also would encourage members to try and allow one person to finish expressing herself before speaking, so that they could really listen before speaking themselves. Attentive listening is a skill I have challenged myself to improve upon, and I have come to realize that it is very difficult to really hear if one is busy thinking and formulating a response. In this adult education class, the women have already had the tendency to break into many dyads and private conversations. This splintering would not be conducive to forming a group where people feel comfortable sharing and helping. In an ideal world, we would leave our table and sit in a circle, so that there is no group head. Whether or not the women would be comfortable with this set-up remains to be seen.

In thinking about how to begin each session, my intention would be to read a short quotation, text, or prayer to hopefully generate ideas that would either give the women something to contemplate or provoke a conversation. The objective is to open up an opportunity for higher levels of thought and communication than what they experience in the normal daily round. In other words, I would seek to create a space and a slight distance -- not unlike that which Judaism would describe as *l'havdil*, a distinction between the sacred and profane. Elevating the group to function with a sense of holiness in its broadest sense would allow the

women to trust one another and to feel empowered and forthcoming. I would encourage them to view other members as valued individuals who have much to offer. One might even posit that by seeing the holiness in themselves and in the group, they might in turn become vessels to hold the injuries of one another, permitting healing through a modified version of Kohut's theories.

In terms of any planned procedures or activities, this would be more of a talking support group than a group with any particular agenda. Although I would not eliminate the possibility for a trip to the *mikveh*, the ritual bath of symbolic cleansing (if that were ever something the women expressed an interest in doing), the only goal I have in mind for the immediate future is to create an environment of trust and respect where the women eventually feel they can come to share a problem, dilemma, or simply a feeling. Optimally, each woman would discover that she has a great capacity to hold others through the practice of expanding her own openness.

#### **Methods for Assessing Outcomes:**

Due to ever-changing group dynamics, I believe I would need two ways of evaluating these women. Marvin Shaw characterizes even established groups as constantly in flux. He writes, "The initial event in group interaction, the establishment of a relationship between two or more persons, is often described as group formation. It is evident, however, that the formation of a group is a continuous process of change." He goes on to describe the day to day modification of group relationships (p. 82). I would be relying in part on my own analysis of what transpires in keeping with the theories discussed.



### **Questionnaires:**

In facilitating a group such as this, I would also propose to conduct rather comprehensive, yet fairly straightforward and simple, pre- and post- questionnaires that I would ask the women to fill out. The pre- and post- questionnaire is considered the most widely used evaluation design. There are strengths and weaknesses of this method, but it is nonetheless considered to be (in the words of Cook and Campbell, 1979) the “best available approximation to the truth or falsity of a given inference, proposition or conclusion” (as cited in Takona, 2002, p. 143).

The first would be distributed after our initial session and would seek to determine a baseline value. Both questionnaires would solicit information about the value of the group in terms of the growth of comfort and connection each woman feels with the temple, the group, and with me. One of the inherent problems in asking members to complete questionnaires is the issue of anonymity. Each woman would be dealing with me as her clergy person as well as the group facilitator. Because of the multiple roles in which I function, members would probably be less comfortable disclosing negative feelings about me or possibly even about the group and the temple. In an effort to allow the women to express themselves candidly, I would have them fill out the pre-questionnaire and the post-questionnaire using a made up name or number. In doing so, I could still evaluate the differences in how any one person felt after the first session as compared to after the group had met for the five sessions I would propose at the outset.

Specific questions would address each woman’s areas of connection with the temple, her comfort level in the group and with other members, and whether or not she feels heard by the group and by me. I would also be interested in whether or not she feels well-liked by the group, which might correlate to whether or not she feels valued by the group. I would ask about her connection to her emotions and how comfortable she feels self-disclosing in a group context. The

issue of how she feels impacted by the group's responses would be of interest. I would want to know what relevance our discussions may have to her life, as well as whether or not my opening remarks or readings are helpful. Finally, I would ask each woman if she feels she adds something valuable to the group and if she feels she gains something from participating.

In order to evaluate the changes between each woman's pre- and post- questionnaire responses, I would assign a numerical value to each response. I would then total the numerical values of each participant's pre- and post- questionnaires and compare the results by participant and the group as a whole.

What would be of particular interest to me would be how each woman's feelings about these areas might change after the course of the proposed sessions. I would look for increased or decreased levels of comfort and connection in all of the mentioned areas and relationships. All of these questions will be helpful in allowing me to determine the essential potential gain and efficacy of this support group in addressing the need for a caring community that is responsive to the needs of the individual. The goal is to engender a sense of belonging that so many have felt was missing both in their lives and in their religious community.

The most potentially misleading component of the questionnaire is the fact that this is not really a newly formed group of women. Although we are functioning in an entirely different way, the group of women who will, in all likelihood, be the majority of the members of the support network will be the very same women who have been with me in my luncheon discussion group for many years. Many of them have been private counselees of mine, and I wonder how they will feel with these changes and my being less directly involved, less vocal. In the past I have been instrumental in directing the discussion group. I would present a topic and

possibly teach a class on that topic, or distribute materials. There would be lunch served, and then we would have an open ended conversation. At nearly every session, however, the class would digress into a discussion of issues in the women's lives. Notwithstanding my excitement about initiating this support network, I do have trepidations about the new and more subtle role I will be taking. The direct psychological vulnerability of the women is also a concern. There are women in this group with serious clinical problems. One of them is dying of cancer. Another is a former counselee who I attempted to direct elsewhere for psychological or psychiatric evaluation due to concerns I was having. Still another is someone who the group barely tolerates because her diatribes are difficult to interrupt, and she often seems oblivious to the women's obvious irritation. We already have strong leaders, well-liked members, and a couple of funny women (who add a lighthearted sense of humor to the group). The truth is that each one seems to have already created and sustained a particular identity with our 'class,' and I am not sure how this will take shape in a different context. Additionally, I am currently very much a part of their conversations, and I am concerned about how I will be perceived if I am suddenly more of a witness and less of a participant. How will group history invalidate or affect the outcome of pre- and post- questionnaires? It is difficult to determine.

**Verbatim:**

Another less calculable -- but possibly more useful and telling -- tool in my assessment of the outcome of this project will be the creation of session verbatim. I would explain to the group that because part of the impetus for the formation of this group is the fulfillment of my doctoral degree in pastoral counseling, I would need to take some notes about what transpires. I believe that by explaining the truth about why I am doing this, the women will feel almost empowered by the fact that they are helping me achieve a personal goal. I would explain that their complete candor concerning what they feel or what transpires is more important than any results. I would not want to create an atmosphere where they feel compelled to speak or act in a scripted manner. Rather, I want to reassure them that by simply being themselves and being authentic, the group -- and each individual woman in it -- stands to receive the greatest benefit. I am not sure how complete these verbatim will actually be since I want to be able to pay close attention to non-verbal cues in the women's behavior as well. I think what is being acted out in terms of posture, eye contact, and overall body language may also suggest various reactions to one another or the session's issue.

There is, nonetheless, great value for me personally in the verbatim. One of the takeaways from my two years in the Doctor of Ministry program is that when I revisit and reflect on a verbatim of a session, I will very often glean insights that I otherwise might not have the memory or the perspective to see in the midst of a session, or that I would have missed without a verbatim to look at in a concrete way. It inevitably offers me the opportunity to evaluate what went on in the moment. Often, I will look back on a verbatim and wish I had said something different or simply not said anything at all. I can see missed opportunities and places when I may have cut a client off or interpreted prematurely. Moreover, a verbatim holds clues for

interpretations and insights that don't always occur to me immediately in the context of the session.

In reviewing the verbatim of these sessions, I would certainly gain a different perspective. I may be able to make modifications if necessary. My concern for the individuals in the group has to do with the emotional stability and anxiety of some of its members. This too may reveal itself in the dialogue or lack thereof. The possible emergence of different leaders will be of interest to me as well. In reviewing what Shaw (1971) describes as the group dynamics' relationship to leadership, it is clear that a person perceived as high power is naturally of greater influence (p. 290). In revisiting sessions, it will be interesting from a group dynamic point of view to see if and how leaders (other than me) may emerge and possibly change the dynamic from what it was when we defined ourselves as a class. It will be clear who is doing a lot of the talking and who is joining in; which women are taking the initiative to speak and which are not should become self-evident.

In all of these ways, the verbatim of each session will be invaluable. Verbatims will offer the critical opportunity to analyze what is going on and whether or not the status quo is working. My overall attitude with respect to making changes in the group is one of reticence. I will hesitate and will think carefully before intervening in any substantive way. Since my goal is not to become central in terms of influence, I will do my best to be able to make as few modifications as necessary in order to allow the group to function in an organic, natural way.

## **Chapter IV: Results**

### **Description of Outcomes Assessed According to the Methods Specified**

#### **Questionnaires:**

Maintaining clinical distance when assessing the outcome of this project is a great challenge because of my passion for this area of study. This project represents a weaving together of our Jewish teachings, with its plethora of models of suffering, comfort and community, and my undeniable affinity for psychological thinking. Notwithstanding my visceral experience of connecting to these women both individually and as a group, I will attempt to assess some of the outcomes through the use of both the questionnaires and the actual verbatim from our sessions together. This will be a two-fold process, beginning with the pre-questionnaires.

After our initial session, a questionnaire asking for current feelings as well as expectations was handed out, and the women spent a few minutes circling the most appropriate answer to describe how they were feeling at that time. The questionnaire consisted of sixteen questions, and the answers had five choices: A. Rarely, B. Occasionally, C. Sometimes, D. Frequently, and E. Very Frequently.<sup>1</sup>

The intention was to measure the difference in how each woman felt before and after the group had met and whether or not there was a change for the group as a whole. The women filled out the initial questionnaire after the first session, instead of before, so that they would have at least a general sense of the way the group would function. What I wished to observe was how

---

<sup>1</sup> The questions may be found in the Attached Appendix A. The modified, but similar, questions in the past tense are included as Appendix B.

each woman felt with respect to being comfortable with both me and the group and whether she felt connected to the synagogue. I was interested in whether she felt heard, well liked, and accepted, as well as her comfort level with self-disclosing. The relevance to her daily life and her own value to the group were also important. How she felt about the opening remarks or reading was of interest and whether or not she felt she could or did gain something by her participation in the group were all included in the questions. I was also curious about how she felt she was perceived by the group in terms of her contributions, and finally I wanted to know if and how spirituality could or did play a role in the group process. (The word “spirituality” rather than “religion” was used intentionally so that each woman could interpret that to mean whatever she wished.)

At the first session, nine women filled out the initial questionnaire. During subsequent sessions, between two and four additional women joined the group, and two of these later additions were present for the remainder of the sessions and filled out the final questionnaire. Therefore, there were eleven final questionnaires filled out. For purposes of analysis, I will only include the nine full sets of questionnaires, although I was pleased that we actually had more women at the end of the sessions than at the beginning. After the second session, I didn't encourage additional requests to join because I believed that a dynamic had already been formed and the group members had already begun earning each other's trust.

From a statistical point of view, our group was well below the minimum of thirty needed to constitute a valid sample group for scientific purposes. However, the intimacy achieved within this smaller size did create an environment that would have been impossible to achieve within a larger group setting. I believed I could get an idea of the overall sentiments and reactions of the

group. In order to analyze the results, I matched each participant's initial and final questionnaires, anonymizing them with assigned numbers.<sup>2</sup>

In analyzing the results of the questionnaire, I first simply compared each participant's total score on the pre-questionnaire to her total score on the post-questionnaire. Five of the participant's totals were higher on the post questionnaire, and four of them were lower. The raw data of the participants whose score increased on the final questionnaire appears in Table 1:

Table 1

	Pre-Questionnaire Total Score	Post-Questionnaire Total Score
Participant #1	61	70
Participant #2	48	50
Participant #5	62	75
Participant #9	61	65
TOTAL SCORES	232	260

The raw data of the participants whose score decreased on the final questionnaire appears in Table 2:

Table 2

	Pre-Questionnaire Total Score	Post-Questionnaire Total Score
Participant #3	60	58
Participant #6	66	65

---

<sup>2</sup> The exact numbers can be viewed in Appendix C



Participant #7	47	40
Participant #8	63	62
TOTAL SCORES	236	225

Other than participant #7, the differential of decrease was one or two as compared to much larger changes in the group which showed increases. The total increase of the four participants whose score went up on the post-questionnaire was 28 points, while the total decrease of the four whose score went down was 11 points. As a whole, the group went from a score of 542 on the pre-questionnaire to 560 on the post-questionnaire. Although participant #7 was certainly part of my sample group, I did pull her questionnaires and separate them. Since I do believe she impacted the outcome of this study, I wanted to be able to understand the results without her questionnaire as well.

After analyzing the responses to the questionnaires, I believe there are certain questions that may be redundant. Questions two and three ask, “Do you feel comfortable in the group?” and “Do you feel comfortable with the individuals in the group?” I wonder now whether there is enough difference between those two questions. In other words, how can one feel comfortable with the group if one is not comfortable with the individuals who make up that group? In analyzing the responses in the pre-questionnaire, however, participant #1 and participant #9 both indicated that they would feel more comfortable with the individuals in the group than they would feel in the group. It is interesting that this changed in the post-questionnaire, where all of the answers to those two questions were the same. Perhaps the implication of the different responses initially may have meant that they were comfortable with the actual women but had

trepidations about the shift in context. These participants may have anticipated more discomfort in the larger group setting than they experienced one-on-one.

Another interesting difference between the pre- and post-questionnaires arose in the responses to questions 4 and 5 (“Do you feel you’ll be heard by the group members?” “Do you feel you’ll be heard by the facilitator?”):

	Pre-Questionnaire Total Score	Post-Questionnaire Total Score
Question 4: feeling heard by the group members	39	36
Question 5: feeling heard by the facilitator	40	39

In the pre-questionnaire, the women’s collective responses were one point higher when anticipating how they thought they’d be heard by the facilitator versus how they thought they’d be heard by the other group members. In the post-questionnaire there was a greater difference: Their assessment of how they felt heard by the facilitator was three points higher than how they felt heard by the group. The total score on both measures did decrease, though: three points for being heard by other group members and one point for being heard by the facilitator. Interestingly, participant #7’s changed assessment of how she felt heard by the facilitator represents the most precipitous drop of from a three to a one; there would otherwise have been a slight increase in the total score for question 5.

The participants’ responses also varied on the questions pertaining to comfort level in the group, the role of spirituality in the group, and potential impact on their personal lives. In terms of connection to the temple, the total scores for the pre- and post-questionnaires remained the same, although the numbers vary very slightly among participants. Comfort level in the group

went up three points in the total number, while comfort level with the individuals stayed the same. It may well be that there were individual members of the group that impacted the responses to the question about comfort with the individuals in the group. I believe this to be the case. Over the course of the sessions, it was clear that at least two or three members suffered from depression and one in particular from a serious characterological disorder. Notwithstanding these issues within the group dynamic, the group did seem to find a level of comfort in this setting as a whole. This is evident in the slight increase in the total points for their comfort in self-disclosing in the group, as well as the increase in their feeling that the group might have an impact on their personal issues.

The group's total sense of being liked by the group went up by two points, but their sense of being connected to their inner emotions went down by one point. Interestingly, there was a one point decrease in the total groups' score on the question about whether the group discussions could be relevant to their lives. They scored one point higher on the post-questionnaire on the question about whether the facilitator's opening remarks and comments could be helpful. The increase was three points, slightly greater, with respect to whether they felt they added something valuable to the group. The score for feeling they spoke too much was one point higher in the post-questionnaire and two points higher in quantifying whether they were hesitant to speak. There was a notable decrease from 5 to 2 in participant #8's score, suggesting that she was more hesitant to speak than she had anticipated. Finally, the question about spirituality playing a role in the group increased four points from the pre-questionnaire to the post-questionnaire.

When reviewing the participants' responses, I sometimes found myself doubting my effectiveness and becoming conscious of my countertransferences with a couple of the participants. Did I make them feel unaccepted or intimidated, unable to speak about their

feelings? Did my preferences become apparent? Were the leaders who emerged intimidating to others? I wondered about guidelines for individuals joining this kind of a group. The total numbers for the group's comfort level with each other and with me, as well as their sense of being heard, were the highest scores on both questionnaires. The lowest scores dealt with their connection to the temple and the role of spirituality, although the latter increased somewhat significantly in the post-questionnaire. The score related to their connection to the temple remained exactly the same, though it varied slightly among the individuals. The implications of this are slightly unclear.

After reviewing the range of scores, I was struck by the wide gamut between the lowest score of 47 on the low end of the pre-questionnaire to 74 on the high end. In the post-questionnaire, the low was again participant #7 with a score of 40. The high were two scores of 75.

I found the unsolicited written comments on the questionnaires most curious and affirming. They were nothing short of heartwarming. In the post-questionnaire, participant #4 circled "Very Frequently," when asked if she felt well-liked by the group. She then wrote, "I hope so" in the column. She wrote the same comment next to her answer to question 9, "Do you feel the group responses could impact on any of your personal issues?" to which she answered, "Frequently."

After the first session, when participant #5 was asked if she feels comfortable self-disclosing in a group, she selected "Frequently," and then wrote in "I wasn't sure at first." In her post-questionnaire, she answered the same question, "Very Frequently." In question 13 on the post-questionnaire of this same woman, when asked, "Do you feel you gained something from

this group?" she selected "Very Frequently" and wrote in, "Absolutely." She also wrote a note on the bottom of the page that said, "Wonderful sharing." Participant #8 wrote at the end of her post-questionnaire, "It was a wonderful opportunity to meet other temple members and feel a closeness with other members I didn't have before." While I was very pleased to read this comment, I couldn't help but notice that her overall score had gone down one point from her pre-questionnaire. In question 15 of her pre-questionnaire she responded that she rarely feels hesitant to speak, but in her post questionnaire she answered that she frequently felt hesitant to speak.

It was nearly impossible to draw any concrete conclusions from analyzing the questionnaires in isolation. Clearly, each woman had a different experience, and not everyone is a good fit for this kind of group. Some of the women did a lot more talking and revealing of their personal issues, and they were often the same ones who initiated compassionate responses to others who were self-disclosing. Since I don't know the identities of each questionnaire's respondents, the relationship between participation and positive feelings toward the experience is not determinable. With any anonymous questionnaire, it is impossible to match results to author. Fortunately, I was able to take notes on each session and reconstruct, to a certain degree, the content of the sessions as well as a basic idea of speakers and topics. In presenting the following synopsis of the highlights of some of the sessions, as well as the readings that introduced each session, I will offer another vantage point from which to evaluate the process.

### **Verbatim:**

At the outset of the first session, I began by explaining to the women, who were gathered around a round table, that we would begin each session with a reading and then, since today would be our first time, we could begin with each woman taking an opportunity to say whatever

she wished. Reverend Ann Akers had introduced me to the book *To Bless the Space Between Us* (O'Donohue, 2008) by beginning her classes with readings that engendered a sense of spirituality and connection among participants, and I was hoping to recreate an environment in these sessions that would similarly lift the level of our group above commonplace discussion. I was prepared to experiment with readings from a variety of sources and decided to begin with a reading from the book that Reverend Akers had recommended. I read the following poem to the group:

For Friendship

May you be blessed with good friends  
And learn to be a good friend yourself,  
Journeying to that place in your soul where  
There is love, warmth, and feeling.  
May this change you.

May it transfigure what is negative, distant,  
Or cold within your heart.

May you be brought into real passion, kindness,  
And belonging.

May you treasure your friends.  
May you be good to them, be there for them  
And receive all the challenges, truth, and light you need.

May you never be isolated but know the embrace  
Of your anam cara. (p. 43)

Because I knew that members of the group would be unfamiliar with the term, I defined the Celtic term “anam cara” for them as a person who “always accepts you as you truly are, holding you in beauty and light. In order to appreciate this relationship, you must first recognize your own inner light and beauty. This is not always easy to do” (Donovan n.d.).

The women seemed to understand the potential benefits of a support group that consists of a kind of sisterhood with unique members. We began to define ourselves by way of introductions. Our first session was almost completely devoted to each woman having an opportunity to speak and say whatever came to mind that she wanted to share, describing herself in whatever way she wished. Mandy took the initiative and immediately began. As she spoke about the way her friends supported her after a fall on the ice that had left her foot in chronic pain, she began to cry.

Mandy: I can't help it. I know I shouldn't be asking “why me?” but I have so much to handle. It snowed so much this year and I had to worry about the steps and the driveway. I hurt myself. It's hard to be alone. (She continued describing her multiple losses, including the most devastating loss of her son in his twenties many years ago.) I will never get over it. (She was sobbing.)

Raven: I am having a really hard time. I am fifty-seven years old and I just lost my job. They only want the newest and the youngest. I see the young recruiters at Starbucks – it's a whole different world. It's not about what you know or what you can do. It's about how you look and who you know. (She began to cry.) I lost my husband seven years ago, He died of cancer – melanoma – and I have to do everything myself. My married friends only want to see me during the week, and I am alone every Saturday night. I'm used to it; it's not so bad, but it's a whole different life and I worry.

The session continued with another woman detailing the story of her husband's recent cancer diagnosis, his subsequent surgery, and the treatment he is in the midst of undergoing. Mandy continued to talk about the physical pain she is in and the fact that her friends don't care that she can't park her car far away anymore, which leaves her feeling that they don't care whether or not she joins them for lunch. Later, one of the women began what seemed like a soliloquy about her conversion in 1991, her daughter's acceptance to Dartmouth, and the courses she is taking. It seemed insensitive after the vulnerable discussions that the other women had offered, and I couldn't understand why she was saying any of this unless it was her attempt to introduce herself. She described her daughter as an overachiever. I found it interesting that she would use this derogatory term. I was wondering what to do, but chose not to respond. I wonder if my body language revealed my irritation.

Another woman, Alice, whom I had seen for counseling began to speak about the fact that her father went to Dartmouth. I knew this as part of her own history of being made to feel inferior to him throughout her childhood, but I also knew she was desperate to find friendships and any kind of connection she could in this group. Nikki (the Dartmouth mother) tried to interrupt, but Alice continued to talk about the fact that her longtime partner had died on January 8<sup>th</sup>. She then looked over to another woman, Trudy, and mentioned that they go back a long way. I wondered again if that might be her attempt to feel connected. I immediately noticed my countertransferences and my negative feelings toward her. Her desperation and her loneliness triggered a reaction in me that I felt in the pit of my stomach. She continued with her boyfriend's cancer story in a very in-depth way that also upset me. I remember thinking that maybe this whole thing was a big mistake. However, the women were open and transparent, sharing more on the first day than I ever would have expected. Although they didn't seem attuned to listening to



one another yet, I remained hopeful. Finally another counselee of mine began to speak. I felt myself relax as this very thoughtful, intelligent woman began:

Pearl: I just moved into my daughter's house. It was just getting too hard to live on my own. I sold my home – it was beautiful, but there's a time for everything. (She was quiet.)

Peggy: You're living with D? (her daughter)

Pearl: Yes, she's wonderful, but it's a big adjustment for everyone.

Me: (I waited and I finally spoke) That's a big change.

Pearl: It is, but that's life. I dealt with my husband's death, and you learn to go on. It's never easy. They are very good to me, but I stay in my own space. They have to live their lives. I have to find the right niche for myself. They built a separate apartment for me and I have my own kitchen and entrance, and I respect their privacy. I have access to my grandsons, which I love. It's a new life with bumps. The kids come to see me when they get home from school and I do things for D, but I eat alone. It's fine. They need to maintain their family life and I respect that. It's different, though, because in the condo there was a clubhouse and I had friends. I'm really on my own now even though I'm living with them.

Her insistence that she is fine made me question her true feelings. Her revelation with its very clear sense of multiple losses opened the door to many others sharing stories about moving, children not staying in touch, feelings of losing their identities as they have aged, and their individual encounters with illnesses. This was the moment in the session when the group began to cohere, commenting not just in response to their own needs but also to the revelations of other group members. What I noticed about Pearl, however, was a certain sense of resignation to the

necessary losses of living a long life. Her acceptance of the defined boundaries was very respectful and rational, but I was wondering if she was in touch with her feelings of anger and a hurt that seemed to be just below the surface of her very controlled rationalizations. I detected in her a wariness about self-disclosing prematurely to a group that was still extremely new. Although I know much about her from our prior counseling sessions, I also respected the fact that she was limiting what she wanted to share at our initial session. After the end of the session, several women approached me and told me they felt very positively about the session and looked forward to next week.

At our second session, I read just one verse, Genesis 2:18 (The Pentateuch and Rashi's Commentary), as a jumping off point:

“And the Lord God said: It is not good that the man should be alone; I will make him a help mate for him.”

After I read that verse of Torah, which seemed to reflect and be relevant to the themes in the prior session, I said, “Is there a difference between alone and loneliness?” Jane began to speak: I can't really see anymore. I have a glass eye in one eye and the other is almost completely blind. I can't drive at all, and I can barely get around my own house. I rely on my husband for everything.

Raven: That must be so hard to adjust to.

Jane: It's awful, and he's not always so nice about it. I really think if I were taking care of him, I would be a lot nicer. I tell him to go play cards or whatever with his friends, but he leaves me the whole day. It's very lonely and it's hard because I can't do the things I used to do. I loved to read and I can't anymore. He even acts annoyed about taking me to the doctor. I mean, it could be

worse: I knew a woman who was so sick in the hospital and her husband just left her – I mean can you imagine? He just picked up and left. (She shook her head.)

Me: That sounds pretty scary – depending on someone and then they leave.

Jane: It is, I mean, I don't think he'll leave, but he leaves me alone a lot, and there's nothing I can do. I was married before, and I'm not going back to that whole thing. None of them are perfect, and I know what's out there. That's why I have always worked my whole life. Never depend on a man or anyone else. This way you're not in trouble when they die or when they leave you. I have my own name and my own bank account. I learned.

Rhoda: That's the best thing. My father always told us we had to go to college and we had to have some kind of career. Thank God I listened because I was alone too.

Mandy: Once you've been divorced you know it's not so simple to find someone perfect. They're all the same. My first husband left me, and L was no great bargain either. His daughter tortured me, and he never stuck up for me.

Jane: The good news is that I went to the doctor and when they shone the light in my eye, they said it looks like I am a candidate for surgery. There is a good enough chance that I will get my sight back that they are going to try. (She began to cry.)

Raven: That's so wonderful!

Denny: Good for you.

Mandy: That's the best news I've heard in a long time. This is the most heartwarming story I've heard in a long time. It's so nice to hear good news for a change.

The group seemed genuinely thrilled, as if they were empathetically feeling the pain and the relief of the prospect of Jane regaining not only her sight but her independence as well. There were several other women who joined in with words of hopeful congratulations and requests to be kept up to date with her plans for surgery. The room was filled with joy for her and a sense that all of the women were going through this together. What struck me was her story about someone else whose husband had left her when she was most vulnerable. She immediately shifted to herself since clearly the story was an easier way for her to express her own anxiety about being abandoned by her husband and being alone and blind. There was also a palpable sense that each group member recognized her own vulnerability and realized that none of us is immune to the possible betrayals of life. Be it a loss of innocence about men, friends or family, or even the temporal nature of our health, we all share in the fragility and precariousness of life. The group seemed in part to counter the sense of imperfect realities with humor to offset the serious nature of what we had begun to discuss. Though Mandy's comments sound depressing on the surface, her sarcasm and underlying levity were ever present. I wondered what the following week might bring.

Before our third session, Rhoda asked me if she could talk about S, her son. S had been a Bar Mitzvah student of mine many years ago. I had since performed Rhoda's daughter's marriage to a lovely young man, and Rhoda had shared her own divorce stories with me before her daughter's wedding. Earlier in the year, Rhoda had asked to meet with me privately. During that session, she revealed to me that her son S was about to undergo a series of surgeries that would culminate in a gender change. She cried as she shared this confidence, and I felt her anticipating my reaction. I reassured her of course, and now she was at the point after the prior

two sessions with the group, that she felt ready to share this information. I felt they could handle it even if they were somewhat shocked.

I began the third session with a reading from Genesis 12:1 (CJB) when God tells Abram: “*Lech L’cha* - Get yourself out of your country, away from your kinsmen and away from your father’s house, and go to the land that I will show you.” I asked the group, “Have you had *Lech L’cha* moments in your life, when you’ve been challenged or afraid to move forward and take a risk?”

Rhoda: I have been thinking about this and I think I want to share something with you that has been going on in my life for a while now. (She paused as the group seemed to focus their attention more sharply on her, sensing that what she was about to reveal was significant.) I have two children; a son and a daughter, well I’m still not really sure how to say this, but my son S is transitioning to a woman. For a long time – he’s in his late thirties now, but he’s always been very depressed – I mean clinically depressed. I never knew what was wrong. It was terrible. He was always unhappy and he finally told me that he felt he was really meant to be a woman. It took a long time for him to figure it out. He’s gone for a lot of therapy and this is what he wants. He’s already begun the process and I am going to have a new daughter. She has already begun to have some of the “top” surgeries. She found an unbelievable doctor in Boston who does facial surgeries for people who are transitioning. And she changed her name to X [a female name]. (Through her tears, she continued.) I still have trouble calling him “her.” But I’m starting to remember. The whole thing takes a lot of getting used to but I have to focus on the fact that I will have a new daughter.

OPEN ARMS, OPEN HEARTS

Me: But of course it's hard because you're also losing S. (As I said this I thought, maybe that would work in a private session, but I should not offer that in a group setting, because it involved probing deeper feelings, and I did not want to put her on the spot. Rhoda cried a lot when I said this, but then she continued.)

Rhoda: I am losing him. I love S, but he was so unhappy and I already see a difference in him...I mean her. She is so much happier as X.

Jane: How far in the process is she?

Rhoda: She already looks like a woman. The doctor in Boston is incredible and so kind. I never knew about the differences between a man's face and a woman's face, but there are a lot of differences. (She went on explaining some of the physiology.) I am going to Dallas with her because there is a doctor there who specializes in electrolysis for men becoming women. It's very painful but she is so determined she doesn't care, and I want to be there for her.

Trudy: She is so lucky to have a mother like you.

Peggy: You're amazing and she's very fortunate to have a mother who cares more about her real happiness than what other people think or say. Good for you!

Raven: Did S have a job? It must cost a fortune?

Rhoda: He has such a good job. (She explained what he does in technology.) They are so supportive. Thank God he lives and works in Manhattan where everyone is really liberal. They are so great that they all chipped in and bought X (his new name) a necklace. The human resource department is offering workshops to educate the people working there on transgender issues. It's really wonderful. She has to take estrogen and all kinds of things that she wouldn't

have had to do if it had been done when he was pre-pubescent. It's harder to go from man to woman than the other way. I've met so many people going through this since I joined P Flag. It's an organization for the families. The other news I have is that my other daughter is expecting a baby. She just moved to Austin so it's gonna be hard. I want to be there for her too.

Raven: Austin is a great place. Apparently they have their own silicon valley.

Rhoda: They have a Whole Foods there and they love that. She was happy to find that. My son-in-law is opening a business there. There's a large Jewish community and I think they'll be happy, but it's so far and I worry. I worry about X too. There's all kind of violence against transgender people.

Trudy: It's natural to worry.

Alice: Look at Renee Richards.

As Rhoda spoke, the tears came to her eyes, and the members' empathy filled the room. They commended her for her courage to speak about such a raw and difficult subject, and they applauded the way in which she was supporting her son on this new journey. I marveled at the way this group of older women attuned themselves quickly and tracked her thoughts and words carefully. It was clear when J said, "How far along in the process is she?" that she was actively listening to Rhoda. More encouraging words continued from the group and then they got quiet. After a few moments, Bea began to speak. I was not confident that she would be as supportive, or as engaged, as the other women. I held my breath.

Bea: My youngest grandson is fourteen months old. He was born with the opening of his penis in the wrong place. When he urinates, it's not in the middle. It's like it comes out the side almost. He has to have surgery.

I felt aggravated and almost angry at her, but I stopped myself by thinking that this is as close as she can come to identifying with what Rhoda is going through. She continued with a very long description of the surgery. It seemed as though she was trying to equate X's multiple, complex, and radical series of surgeries with that of her grandson. I remember thinking that at least it wasn't a bigoted response, but rather a sort of ineffectual attempt at empathy.

Rhoda continued by politely acknowledging Bea's contribution and then led the group into a deeper discussion of a parent or grandparent's tendency to worry, no matter the problem.

Trudy: I had to call my parents.

Pearl: I miss having to call them. I loved having someone needing to hear my voice.

She continued by referring back to the issues of boundaries between parents and children, an issue that is so alive for her in her new living situation.

Pearl: My daughter-in-law is a psychiatrist and she is the best listener I know – like you, Cantor. She calls me every single day and asks me how I'm feeling. I can tell her anything. I'm her best patient.

By the end of our third session, the room was pregnant with emotions. The scene was reminiscent of when Kohut describes a selfobject as a function, rather than a person. In the example of a wife, Kohut says, "When you're in trouble she will understand and grasp that you come home burdened, and will not respond, 'Snap out of it! I've been busy all day. Don't burden



me with your burdens.’ Instead, he says, she will see that you need more and will give it” (Cooper, p. 133). Being the selfobject involves hatching, nourishing, nurturing of a growing self and I was able to observe the members of our group achieving this role. I felt proud. The group had begun in some sense to embody the teachings of Maimonides, particularly with respect to the treatment of those in physical or psychological pain. He instructs us to be responsive to one another’s needs and to mirror. Even in the twelfth century, he had the sophisticated thinking that was so far ahead of his time. His concrete suggestions about sitting at eye level with the physically ill and bedridden, or sitting beside someone who is emotionally suffering, have far-reaching implications. Chairs arranged in a circle, looking in each other’s eyes, the group attempted to transcend the ordinary and strive for a compassionate approach, particularly when Rhoda shed tears over the loss of her son. When they began to take these teachings to heart, they did not necessarily need to speak in terms of God. Rather they became messengers of holiness. They were engaged in a sacred interaction. We allowed her to express her inevitable self recriminations, and we supported her reflections on whether she had any responsibility for his choices without shutting her down or attempting to drown out her anguish with hollow platitudes. In doing so, we accompanied her into the depths of her sorrow. She was no longer alone. Thus, the endeavor we undertook is clinical to be sure, but also absolutely religious. This is the most honest way I can come to authentically speak in terms of religion and God.

Before the fourth session, I thought a lot about what to share as my opening reading. Since I had sensed a greater connection to our people’s history through the writings of Maimonides that I had been reading, I looked for an example of changed identities in our text. Rabbi Richard Address had suggested just such an example to me in the very beginning of this project, and so I began.

Me: We read in Genesis about Jacob, who the biblical text describes as having struggled in the womb even prior to his birth and about his continuing struggle in Genesis. It begins with Jacob's fear about an imminent and potentially dangerous encounter with his estranged brother Esau. After preparing for this encounter, we are told that Jacob wrestles physically with a mysterious figure who may or may not be divine, and his name changes as a result. How have we changed our identities? What has that meant? Are we afraid to keep doing that? We heard last week about another kind of struggle to change identities. Many of you have spoken about all kind of shifts in your identities and, in a way, name changes.

Connie: I had a major career change, and I was very nervous. I started working now in a center for disabled children after my own granddaughter was born with autism. It is much better than I expected. R (C's husband) went from his job to what we do now. You can see it all over the temple. We love taking pictures and we're having another show of our photographs at the Chai Club. I hope you'll come.

As she spoke, I felt my countertransferences filling my head. I felt pressure about attending uninteresting events, and the kind of obligations my mother would impose upon me concerning her artwork and unending openings.

Rhoda: After thirty-seven years of marriage, I got divorced. It was the best thing I ever did. I am engaged now, but I'm in no rush to get married. I think my divorce helped me gain the confidence to live on my own. Even though my parents always taught me to be independent, somehow I was dependent. You don't really think about it and you begin to rely on them for so many things until you start to forget how to do things for yourself. It feels good to be able to take care of myself. It's like a new life.

Bea: I converted to Judaism. In those days we didn't use birth control. I was engaged, and I went to college. I had a daughter, and he came to a play she was in. He was criticizing her. He would go out drinking. He was a bum. He was going to take a course in Wisconsin and I became braver, doing everything on my own. I ended up meeting L (her current husband). It's wasn't easy. We had lots of step-family rules. We didn't agree on any of the rules and then they would go back to the other parent and they had different rules too.

Bea began another ten minute diatribe about so many divergent subjects that I had a really hard time keeping track of what she was talking about. It was filled with unrelated pieces of chatter. I was wondering the whole time about how to intercede or change the topic. I looked around at the other women and sensed their discomfort. Was this my projection? I will never really know, but I don't think so. Finally Jane, the woman with the vision problems, began an intelligible comment about her story with her first husband, her relationships with other men, and her times of living alone. She spoke about how she learned different skills from each set of circumstances. She spoke of working and answering ads and meeting losers, and she was cynical and funny. She loved her Italian boyfriend who was generous, but too possessive. How could I not have my personal favorites as well as be challenged by the women I found tiresome? I was now filled with self-recriminations of my own. Then Alice began to speak. I felt my patience already exhausted by Bea's monologue, and I found myself dreading what Alice would say.

Alice: I got divorced after sixteen years of marriage. He was having an affair while I was pregnant with my son. (My heart softened.) Then I was alone for fifteen years until I met M. We were together for eight years and he died this year.

She went on to tell the story of his cancer and her own struggle with being single again. She detailed the days of loneliness and getting up with nothing to do and nowhere to go. Somehow, despite her heart-wrenching words, her affect seemed artificial and stagey to me. She always spoke too loudly, and it almost felt as though she were saying what she thought she should for the subject that was being discussed.

Denny: Is it hard to see other couples?

Connie: Growing old is scary. We're lucky so far, but who knows? I ask, "Why me?" but the other way around. I see so many other people and hear stories like yours, Alice. Being alone scares me. I'm married fifty-three years. I think I'd rather be with girlfriends than have to deal with dating again.

When she finished, Esther spoke for one of the first times. She is a woman I have known for twenty-six years, and I have visited her many times in the hospital.

Esther: I'm married for fifty-three years, too. Thirty-three years ago, I was in an auto accident and it changed my life. I have trouble thinking, and my personality changed. I don't know things anymore. I have a seizure disorder and I had surgery. I used to be a math and science person but my brain is different now. People say it's my fault.

Connie: I like to think about it from positive. You're lucky to be here. I have an autistic granddaughter. She has a lot of problems, outbursts. Life can be overwhelming. It affected all of us. My daughter says she'll never have an empty house. She volunteers, but only for short intervals. She's busy trying to regulate everyone's life.

As our time came to a close, the group ended with a slightly unsatisfying feeling. I resented Connie's remarks that shut down Esther's sense of loss from the brain issue, which sounded like a major shift in the course of her life. Nonetheless, I couldn't help but feel a sense of pride in how easy it all seemed. The women were eager to share their personal sagas. They had all gone through major identity shifts throughout the years. Although this is no surprise, I thought of Richard Address' wisdom in suggesting the story of Jacob's name change as a way to open the idea that we all have identity crises throughout life – often multiple times. It is interesting to notice and reflect on the ways that we have dealt with those times of struggle.

When I looked back at Rabbi Stephanie Bernstein's *Women's Commentary*, it speaks of the final struggle as one that transformed Jacob's life:

a transformation represented by a change of name—Jacob is now “Israel.” Jacob is the last of the patriarchs to receive a personal covenant with God. His new name foreshadows that future renewal of the covenant that will transpire between God and the children of Israel. Jacob's lifelong struggles prepare him, and the children of Israel, for the challenges that lie ahead.

This struggle renews itself in each of our lives as we are recreated in the face of losses, challenges and times of trial.

At the beginning of our fifth session, there were fifteen women in the circle. Word had spread, and there was an energy about the group as we gathered. Despite my misgivings about the way the last session had ended, the women seemed anxious to begin. Since I had sensed a need for group members to try to reconcile themselves to losses and voids in their lives, I began with this poem, which Ann Akers had shared with us:

“For Absence”

May you know that absence is alive with hidden presence, that nothing is ever lost or forgotten.

May the absences in your life grow full of eternal echo.

May you sense around you the secret Elsewhere, where the presences that have left you dwell.

May you be generous in your embrace of loss.

May the sore well of grief turn into a seamless flow of presence.

May your compassion reach out to the ones we never hear from.

May you have the courage to speak for the excluded ones.

May you become the gracious and passionate subject of your own life.

May you not disrespect your mystery through brittle words or false belonging.

May you be embraced by God in whom dawn and twilight are one.

May your longing inhabit its dreams within the Great Belonging (O'Donohue, 2008, pp. 45-46).

There was a long pause after I read this poem, so starkly different from the very Jewish sources I had been citing. Or maybe it was because this was a broader opening that was less subject-oriented. It was actually chosen because it seemed to reflect the feeling of the prior week. I wanted to take them back to the spirit of that dialogue. After a few moments, Pearl began.

Pearl: I don't think it's bad to be alone. You can be alone without being lonely. Loneliness is when being alone is not out of choice – when we feel abandoned.

Sonya: I don't like being alone. (She whispered, having just gone through major cancer surgery where they had discovered it was also in her lungs.)

Mandy: I feel lonely most of the time. I can't go out in bad weather because of my foot and I feel like a bother to my friends. I go to visit people at Gurwin (the local nursing home) all the time, but I don't really like how quiet it is in my house even though L was a pain in the neck and we fought a lot when he was alive.

Eve: I'm never lonely. I have so many good friends. Sometimes I need them, sometimes I don't.

Mandy, if ever you feel lonely or you need something, just call me.

Esther: Thank you, Eve, for calling me.

I marveled at this exchange. There sat Eve, a Holocaust survivor who was now in the final stages of metastatic breast cancer. Her husband drove her each week, she walked with a walker, and she looked like she was ready to be in Hospice. Nonetheless, her attitude was positive, and she was

continuing in her quiet way to reach out to others, even if only to lend an ear. The group continued with a discussion about their comfort or discomfort with being alone. They confessed their insecurity about fitting into groups and their wavering inner sense of security. Alice spoke about the fact that she doesn't feel secure enough to fit into any group. They discussed what it's like eating out alone in a restaurant and even what it's like coming to services alone.

Mandy: I can't eat out alone. After L died I tried it, and I was so uncomfortable, I just had them pack up the food.

Alice continued her story of eating alone and suggested to Mandy that she try sitting at the bar. Pearl commented that this was a very smart thing to do.

Mandy: I did. It was worse at the bar. (She laughed.) I went to the doctor and I told them I'm fifty-eight. I'm really seventy-eight. They believed me. I walked out of a movie too. I was too uncomfortable being alone.

Rhoda: When I left my husband the TV was always on. It was so quiet you could hear a pin drop.

Eve: You miss him?

Bea: In my fifties I was doing research. I would skip lunch not to be alone (she said, interrupting Eve's question to Rhoda). I went back to the hotel, ate alone and brought a book.

Many of the other women told their tales of being alone or took on the role of empathizing with the women who were still dealing with being on their own. After Mandy complained that her friends were choosing places that were too hard for her to park and walk to, the conversation took an odd turn and became somewhat confrontational.



Peggy: I'm going to say something; you want friends, you can't do that! You can't take it out on them. I see my husband's patients (he's a psychiatrist) when I work in the office. They all have problems, but they're all different. Some are pleasant and speak nicely to me when they come to the office; others are nasty and obnoxious. You have to put on a happy face.

Connie: I have friends who are alone and they reach out. They initiate too. They don't only wait to be included.

After a long discussion about widows and the responsibilities of their married friends, Mandy began again.

Mandy: In my thirties my mother told me I was a threat to their marriages.

Alice: I had some friends and their husbands came on to me.

The conversation slowly morphed into a congealing of the women's analysis of why married women don't like to be with single women when their husbands are around. They finally concluded that women know how to reach out and satisfy their social desires and are generally less needy of men than men are of women.

Rhoda: R (her boyfriend) never told anyone his feelings.

Peggy: My girls are much more social than their husbands.

When I looked back on this session, I felt that the women were subdivided into those who were single and those who weren't. Almost all of them had some time in their adult lives that they could recall being single and feeling disconnected. The accusatory outburst by Peggy felt more like a defense of her own lack of action toward others than it was an actual argument about what Mandy should do. Mandy seemed to have hit a nerve. Exactly why, I wasn't sure; maybe

Peggy felt guilty. They eventually found common ground in asserting that most women have a greater need to feel a sense of belonging with same-sex companions than men do. There was definitely a sense of a true group emerging with its conflicts and its moments of consensus.

In preparing for our sixth session, I thought about the fact that there would only be two more sessions. The end of this temple year was in sight, and I felt both relieved as well as a little nostalgic. I wondered what the women were thinking, and I wanted to help them begin to feel a sense of closure. Eleven women were present and seemed ready to dive into whatever we would end up sharing. I reviewed some suggestions from Rabbi Address again and began with a quote he had offered from Betty Friedan's (1993) book, *The Fountain of Age*: "But if love and work are what define our humanness, and age is accepted as a new and unique stage in our development, what kind of love, what kind of work can we hope to experience beyond youth?" (p. 191)

Connie: I'm working at it! It's very hard from a sexual point of view. (The whole group started laughing and I was taken by surprise that this was the thought that came to her mind.)

Mandy: What's that? (She asked sarcastically, but laughing.)

Connie: It's not as primary anymore. It's more about affection. Not that we're giving up altogether.

Bea: It expands with age. We're friends, mates.

Peggy: I was thinking more about personally, we learn to love ourselves more – accept yourself. Instead of what you can't do. You find other things more satisfying.

Peggy spoke for a long time about not wanting to work in her husband's medical office anymore. The two of them are in very different places with respect to retirement. She enjoys being devoted to her grandchildren, traveling, and being with people. He loves to work. Essentially, she feels she has earned the right after all these years to use her time the way she finds fulfilling. Mandy went on to begin complaining about the fact that her grandchildren and her surviving son are all in California. She was going to visit the following week, but began to list the obstacles that were problematic. At the ballgames of her granddaughter, there was a big hill she had trouble climbing. Eventually the conversation evolved into a discussion about feeling well-liked or not. This was similar to the prior week's session. I wondered about the constant theme of being loved and accepted. It seemed to be recurrent in different contexts. Maybe older women are more vulnerable to feeling rejected or unwanted – even unlovable. Certainly they are concerned about their desirability and whether or not they are accepted by others.

Finally Janet, who was quiet a lot of the time, began to speak: It's up to us to adapt. I was always left out when I was young and one of my daughters has always struggled. I see myself in her, and it hurts when I feel what she goes through. I had to really work at overcoming my shyness.

Trudy: I can't make conversation so easily. I always dreaded open school night when the parents would come. I was scared to death.

I found myself surprised at where this session had gone. It seemed that the women were still preoccupied with the sense of loneliness and the lack of inner security that they had begun discussing the prior week. Rather than being preoccupied with establishing themselves as professionals, they were much more concerned about the relationships in their lives.

It was time for our final session. I looked for something to begin the session that would offer comfort at the end of our time together, and reassurance that this stopping point was only temporary. I wanted to acknowledge that our time together was ending and that it had great meaning. This short reading began our class:

In the Mishnah, many of the earlier stages [of life] deal with the subjects a student must study, while the later ones deal with the spiritual and intellectual milestones he reaches. The focus at first is thus more on what one should be doing than what one has become. This is because the earlier stages of a person's life are still formative. A person typically has not yet developed his talents and personality. Often in youth, we are too preoccupied trying to become what we think would find others' approval and enhance our popularity than figuring out who we really are. As we age, however, we begin to come to terms with ourselves – and to realize the futility of trying to turn ourselves into something we are not. At that point we are ready to recognize – and realize – true spiritual accomplishment – something we can only truly do after we have mastered that first crucial step: knowing ourselves. (Rosenfeld, 2006)

At this final class, there were twelve women present. They began to speak about their fears. They articulated a fear of aging and becoming a burden. They spoke about the fact that the things they used to do without a thought now had become intimidating. They had much anxiety about health issues. They didn't like taking risks the way men seemed to. Life used to feel like an adventure, and they didn't seek adventures any longer.

Raven: The devil you know is better than the one you don't. The thought of moving is so overwhelming. I feel paralyzed by the idea of it.

Me: More so than when D (her husband) was alive?

Raven: Oh, so much more! (She began crying.)

Rhoda: I was just diagnosed with breast cancer.

The group began a long sharing of cancer stories of their own and a palpable reaching out to Rhoda, who is very beloved since her revelation about her son's transgendering process. The class ended by members filling out the final questionnaire and telling one another they would see each other soon. I assured all of them that we would reconvene in the fall after the High Holidays. There were many hugs and everyone told Rhoda that they would be available should she need any kind of help. They all wished her well.

Although this project was executed very much the way I had anticipated, the final outcome was very much affected by the fact that I had no real control over the criteria for women joining the group. There was one woman in particular whom I believe to be suffering with significant emotional problems. Beyond the typical neuroses of many in our group, Alice is clearly in need of psychiatric treatment. Her affect is very strange, and she has a lot of trouble relating normally to others. I have personally witnessed her in multiple contexts, and she is simply not able to feel comfortable in her own skin. She had been seeing me privately for a few months until I told her, as gently as possible, that I believed she should see someone with more specific training. I offered to make referrals, but she refused. She told me that I was the only one she wanted to see, and that made me very concerned. I told her that I am not trained to do the kind of therapy that I believe would be the most helpful to her. She was very upset. When she joined the group I was not happy, but I am not a clinical therapist; I am a member of the clergy and therefore was in an untenable position. In any case, it is very difficult, if not impossible, in a

congregational setting, to dissuade an individual from joining a group. I believe she impeded some of the group's interactions with her strange behavior.

Despite my reservations about the presence of a member with serious emotional problems, the group was nonetheless cohesive and supportive of one another. Over the course of the initial sessions, the revelations were so profound and the empathy so palpable, that the group requested to add two more sessions to those initially on the calendar. I made the arrangements to extend the dates, and the women continued to open their hearts to one another. After each session, one woman or another would approach me to warn me of their impending revelations for the next session. We began with Jane, who had recently lost her sight and her description of her resentment of the way her husband seemed to be constantly preoccupied and his overall avoidant attitude toward her. At the outset she spoke almost dispassionately, but by the end she was in tears as she walked us through the life and the frustrations of a person who can no longer do the simplest things independently. Women began by responding with concrete suggestions and finally realized that although they could not solve her problems, they could give her the greatest gift of connectedness and empathy. We heard tales of divorce and of abuse. One of the women confessed that she had just left her orthodox husband who had been beating her and their young son. When she finally contacted the authorities, he lost his job as a psychiatrist. Now her problems have been compounded by financial pressures. The opening up of the drama and the dysfunction was incredible.

Over the course of a few short weeks the group has, by and large, learned to resist (most of the time) the urge to fix, deny, minimize or surpass one another's pain. They have demonstrated beyond all doubt the value of this support group and the need for its continuance.

## **Chapter V: Discussion**

### **Implications of Results:**

In order to discuss the implications of the results, one would expect that there would be a definitive and calculable quality to the findings. I am not positive that this is the case with this project. Despite the numerical analysis that I have provided, as well as the synthesis of the verbatim of the actual sessions, there remains a nebulous quality that defies a true statistical conclusion. Nevertheless, I do believe there are implications with respect to support networks and what they may be able to offer members in a congregational context. These implications are quite personal for me because of what I perceived to be the melting away of the traditional division that I had always believed there to be between the clinical and the theological schools of thought. There is at the same time a universality about the implications for support to be offered between people with common ground. One might argue that we all have common ground – that of the human condition. While I would agree with this somewhat self-evident truth, I believe that this study by its very nature addresses the kind of support offered within ministry in general and in a congregational setting.

While the horizontal grace that Pargament describes was clearly evident, and the group dynamic principles that Shaw spoke of were represented and acted out in a variety of scenarios, my holistic sense is that there is, in fact, an empathy that was engendered from being together. None of us is immune, even if we are fine right now, to the transient nature of our existence, and a deep awareness of this fact underscored all of our sessions and brought the women closer together. I had anticipated that they would welcome this unhindered opportunity to speak openly about their lives and their relationships. They did so in a respectful, almost reverent way in terms

of caring for each other. They were eager to lend support, and I had a sense that the weaker members began to borrow strength from the group to enhance their sense of belonging. It did not come as a surprise that the very same women who were most vocal when we met as an adult education class became the spirited leaders of the group in its new incarnation. Nonetheless, everyone there was involved in some fashion. It was fascinating to watch the women try to adapt to the presence of those members who were clearly not emotionally stable. The most pronounced and disturbing case was Alice, who I had frankly wished was not part of the group. But even with Mandy, a lovable woman despite her depression and anxiety, the group was at a loss when it came to how to respond to her extreme expressions of anger and resentment. They seemed at times to be exasperated by Mandy's inability to cope with the difficult situations she faces. It may well have troubled them and frightened them that so many injuries, both physical and emotional, could be inflicted on one person. They seemed to feel impotent as a support network, and that resulted in anxiousness or irritation.

Among the circumstantial factors that seemed to be of relevance with respect to the stability of the individual members, the presence of extended family and both the quality and proximity of those relationships seemed to be critical. In the past, it was more typical that two and often three generations would live in the same apartment building or even the same house. With modern families relocating to the suburbs, distance became a pivotal factor. The fact that our culture has changed dramatically from the generation that these women's parents grew up in was also an area of shared experience. There are outward areas of commonality and differences we look at when considering a group of middle aged to older women living within a community. Some have had careers; some not. Some have raised children that are now independent, and some are intimately involved with the raising of their grandchildren. While many of these



women lived near their own parents until their death, caring for them in many cases in their own homes, this may well not be the case with these women's own children. Their fear of loneliness and abandonment was an ongoing theme in our discussions.

British psychoanalyst Eric Rayner speaks of this break-up of extended families, suggesting that because it is not unusual for children and parents to live further apart, it has lessened the opportunity for the grandparent to be involved in the child's life on a day-to-day basis – even become an integral part of child rearing. There was a time when it was common for grandparents to live with their grandchildren, offering a host of opportunities for both. Becoming a grandparent, for many older people, can open a window to the future and provide a new role that is satisfying and fulfilling. Rayner (1971) asserts that “Grandparents are not burdened with the parents' anxiety and responsibility, so that they can be both more patient and have more time to relax and play in a childlike way with children. Communication and a sense of equality often grows between the old and the young which makes them very fond of each other” (p. 181). Grandparents often have the benefit of a broader context and perspective to understand grandchildren. There are physical challenges to be sure, and a multitude of losses, but older people may often have the capacity to find new investments (Rayner, 1971, p. 180).

What I found of interest which I did not anticipate, or possibly just never considered, was that the women who had a clear sense of feeling loved at home (by a husband or extended family) were also the most engaged verbally in the group. The active grandparents, and in some cases the women still very involved with raising older children, as well as the retirees who are travelling and pursuing their interests, seemed to feel very at home in the group. Naturally, one might ask the obvious question of what came first: Did the emotionally healthier women create a life that would be fulfilling, or did their fulfilling lives give them a sense of emotional security?

The women who seemed worse adjusted suffered from a range of disadvantages, from actual mental disorders to circumstantial family situations. Rather than their physical disabilities or illnesses, the ego strength and overall mental health of each individual woman in the group seemed central to her level of functioning in the group. Psychologists Gray and Zide (2012), in *Psychopathology: A Competency-Based Assessment*, describe personality as the manner in which a person interacts with his or her environment and other people (p. 365). It may well be a combination of internal and external factors that determined the state of each woman which, in turn, played a pivotal role in the way she interacted within the group.

### **Clarifying and Expanding Religious Principles:**

I would describe myself as somewhat of an agnostic. As much of a conflict for me as this may seem at first glance, I believe it has afforded me the opportunity to view my own ministry with a bit more objectivity. I can understand from a very honest perspective that it is difficult for many people to endure the feeling of either being punished by God or simply not believing in God. My own theological approach has been to separate out the question of God's existence and live in the most authentic way I can. Somehow, despite my lack of religiosity, my Jewish identity is still essential to my life and, therefore, I felt no discomfort bringing Jewish text and thinking into our sessions. In counseling, the God question rarely comes up. When it does, I simply direct my attention to what meaning it holds for the client, just as an analyst would probably do.

What came as an unexpected and quite emotional surprise to me is how moving I found the theological readings, the laws and discourse of scholars of my people – the Jewish people – to be. The group seemed to react similarly. When I spoke about our matriarchs and their pain,

there seemed to be the same kind of horizontal grace that the group itself engendered in one another. There is a context in our tradition for dealing with pain. We are part of a continuum of women we admire despite their imperfections – or maybe even because of their imperfections. They are just like us, and we are just like them. The paradigm of the struggle of how to be a mother amidst conflicting feelings was right there for us, along with paradigms of competition between sisters, infertility, marital dramas, and the losses and illnesses inherent in old age. That sense of belonging to a chain of women was comforting to the group, and to me as well. In continuing to investigate what the writings of the Jewish people could bring to bear on the age-old problems of grief, illness, and even how to treat the aged, I explored a plethora of guidelines. In detailing the respect given to elders, from how to offer a seat to how to enter and leave a room, what became evident was that our sages of old were well versed in psychological thinking. The imperative to visit the infirm is wonderful, but what excited me was the idea that we are taught *how* to visit. We should never let our visit become a burden to the patient. We must not stand above their head, nor at their feet. From a physical point of view this makes sense, but the psychological ramifications are deeply rooted. On a personal note, I remember when my own oncologist came to see me during one of my many hospital stays. He sat on a chair next to me rather than standing at the foot of the bed as so many other doctors had done. While he sat, he looked at me eye to eye. I reached out my hand, and he held it. He let me take the initiative, but he met me where I was both physically and emotionally. For me this was a transcendent moment, and I have loved him ever since. Maimonides wrote about this in the twelfth century, and it is relevant and just as brilliant today. When we visit a house of mourning, we are taught to wait for the mourner to speak; we allow the mourner to speak about what they wish. We feed them, not ourselves, literally and figuratively. Once again, our tradition teaches us the specific ways to be

there for one another. All of these laws in the words of our scholars are instructional and inspirational. Furthermore, the philosophy behind our prescribed behaviors has implications that transcend the *shivah* house and the hospital room. Maimonides' lessons have a direct impact on how we treat one another. We are taught to meet the other on their level and to attune ourselves to the situation they are facing. There were beautifully demonstrated moments when our group did just that successfully. The most vivid was when Rhoda shared her compelling tale of her son's plight, and her struggle to be there with him as he slowly gave up his gender and found a new identity as a woman. The rest of the group put aside whatever their personal reactions to transgendered people might have been to support Rhoda as she grieved for the loss of her son, embraced her new daughter, and felt their acceptance of her unfolding drama. All of this also reminded me of the Jewish law that declares it a serious misstep to cause another to feel humiliated:

Humiliating/embarrassing another person is considered a particularly cruel and inconsiderate act. In fact, the act of causing another to go pale (or to blush, since one usually pales as part of the blushing process) is equated with murder: "A Tanna (teacher cited in the Mishna) recited before Rabbi Nahman ben Isaac: He who publicly shames his neighbor is as though he had shed blood. Whereupon he remarked to him: 'You say well, because I have seen it, the ruddiness departing and paleness supervening'" (*Baba Metzia* 58b).

The Talmud goes on to quote Rabbi Hanina in another prohibition against humiliation: "All who descend into Gehenna (purgatory) re-ascend, excepting three, who descend but do not re-ascend: He who commits adultery with a married woman, publicly shames his neighbor, or gives an evil nickname to his neighbor." The laws of behavior are part of our moral compass that we are

blessed with through the writings of our sages. So too are the core values which guide our lives, as seen through the derivatives of some of our essential liturgy.

Rabbi Richard Address (2012) examines the values as seen through the prayer, *V'ahavta*, where we are commanded to love God with all our heart, soul, and might. He asserts that the same wholeness is a prescription for our relationships with one another and within ourselves that enables us to achieve a sense of wholeness, known in Hebrew as *shleimut* (p.125). The women in our support network have the potential, through their treatment of each other and the acceptance they find with one another, to help one another attempt to reach that feeling of completeness. The sense of connection with our people through the study and understanding of our laws, our values, and our teachings proved to be invaluable.

Notwithstanding my own very positive visceral response, and the women's apparent similar response, to the words of our own tradition, most religious disciplines offer advice about the use of symbols and liturgies in bringing comfort (Pruyser, 1976, p. 25). Furthermore, when individuals turn to clergy, they often do so with an existential need or wish to place themselves in an environment where theological models for struggle, pain, and loss can be put into a framework that is not only personal, but communal. As Pruyser suggests:

By virtue of their choice of first seeking pastoral help, are they not asking for their problems to be placed in a pastoral perspective? In seeking a pastoral answer, even if recognizing that his may be only a first or tentative answer, are they not placing themselves voluntarily into a value system, and into an ambiance of special tradition and communion which they may consider relevant? (p. 45)

These women, by and large, were seeking the comfort offered by community in addition to pastoral help. They sought the kind of counsel that did indeed offer possibilities for moving from

the question of why they had to suffer to find, instead, how they could survive, cope, and grow through what they were going through. It was in this exact spirit that these women placed themselves into a group that functions as an extraction of what Kohut described as the self, and a value system that offers a commonality of history and a theological set of teachings.

### **Clarifying and Expanding Clinical Principles and Contributions to Ministry:**

There is no question that the comfort and the inspiration of the group dynamic offered an outlet for many members. What I found fascinating was that throughout the course of our sessions, the lines between theological and clinical became increasingly blurred. The sense of humanity and the compassion we offered one another became the overriding principle. Still, the clinical principles were essential in enabling me to understand both the group dynamics that Shaw describes and the function of the group as a self in the way that Kohut suggests is possible.

The kinds of qualities that Shaw has described in his theories of group dynamics did indeed factor into the constitution of this group. These women were particularly sensitive to the fact that they were almost all older and Jewish. The exceptions to this were Bea, who is married to a Jewish man, and two African American sisters who had a lot of trouble indentifying with the group because of a sense of racial discrimination that they expressed to me and a socioeconomic disparity between themselves and the rest of the group. They felt that they had little in common with the other women, and when they spoke, I often had the sense that they were barely listening to what the others had been saying. They often went off on a tangent that was filled with anger or completely disjointed from any other part of the discussion. Occasionally there was an empathic response, but it was the exception, not the rule. The women who seemed the most engaged and

the most genuinely comfortable were, in fact, the ones who seemed to have the most in common with the majority of the other group members (Shaw, 1971, p. 84-85).

Shaw's (1971) conclusions about desirability within the group seemed particularly relevant when it came to his theory about the exceptions of attractiveness. He states that there is a reduced attraction when an individual is seen as emotionally disturbed (p. 91). This was clearly demonstrated in the case of Alice, who I believe to be seriously in need of psychiatric intervention. Her presence in the group highlighted how frustrating it can be for me to serve a dual role as a clergy member and a pastoral presence.

When I had asked Alice in an individual session what it was like growing up, she described a lonely life in a family where she was considered ugly and fat. Her mother, she said, was beautiful and felt very ashamed to have such an ugly and overweight daughter. Her father called her awful names, and she spent much of the time alone. She then married a man who also treated her badly. It was a painful tale of repeated patterns and a woman who had internalized and projected out the messages she received as a child. Now, in her seventies, she wanted me to fill her.

There was no possibility for me to directly leave her out of the group, and I found her to be a hindrance to the work I was trying to do with the other women. Occasionally, however, I would find myself grateful for having the insights to realize that part of my own frustration had to do with my own countertransferences with respect to her feelings of being unloved and left out. This was clearly a case where my own psychoanalysis was instrumental in allowing me to separate what parts of my reactions to individuals were overdetermined.

Naturally I tried to understand Alice (and my own reactions) from a psychodynamic perspective, but in a case like Alice's I believe a more realistic approach for me was to take a

short term integrative approach like that presented by Eun-Jung Shim (2008, p. 357). Since I have neither the training nor the inclination to enter into a long term therapeutic relationship with Alice, the six to eight private sessions which Garfield and Reid (as cited in Shim, 2008) describe as typical of most short term therapeutic interventions is a much more realistic scenario in this case. I am aware of Alice's tremendous neediness and my own countertransferential issues, which is another reason that a short term approach may be more beneficial, and that it was so challenging to work with her in a group setting.

Rather than attempting to reconstruct her personality or revisit her entire childhood, I prefer to rely on a therapeutic approach with more explicit goals offered by Yesavage and Karasu (1982) in working with older adults, such as:

(a) Symptom relief; (b) adaptation to a changed life situation; (c) acceptance of a somewhat more dependent status; (d) the ability to talk about themselves and their problems in order to conceptualize the task; (e) relief of feelings of insecurity, enhancement of mental attractiveness, and increased self esteem; and (f) the ability to take advantage of community facilities. (as cited in Shim, 2008, p. 365)

It would also be unfair to see Alice in a vacuum. Not unlike many single, often widowed, older women that I see, Alice is also subjected to the many cultural and social injustices that so many women suffer. In her article about the social construction of emotions, Barbara McClure (2010) frames the way we evolve emotionally in a different context. As a product of social construct it is not unreasonable to posit the theory that Alice, like so many women, had little opportunity to vent her anger at her abusers. Angry women have a myriad of negative aspersions



cast upon them by our society and the powerless victimized self that Alice has internalized may well have social and cultural roots (p. 808).

The concept of an ‘affiliation want’ which was postulated by Trotter (1920) and cited in Shaw (1971, p. 94) was very clearly demonstrated in the context of the support network. The women did seem to benefit greatly from a sense of kinship – a sense that they belonged in and were accepted by the group. The benefit of the connection with one another and their comfort in self disclosing seemed to underscore Erikson’s contention that reflecting on our earlier years is helpful in integrating our experiences and dealing with some of the despair that is inevitable as we age (as cited in McGoldrick, 2011, p. 273). They seemed to be strengthened by the fact that they were all aging together, which made the aging process more tolerable.

Kohut’s theories provided the most notable clinical principles with respect to understanding the function of the group from a psychodynamic perspective. This disciple of Freud delved into the theological world in a way that enabled me to understand the merging of these two worlds – clinical and theological – that allowed for integration in a seamless manner. He asserts that just as we have physical needs for food and air and water, so too our psychological survival has its own set of requirements. Included in those needs is the essential need for empathic selfobjects. According to Tyson (1990), he defines this as “a person in the environment who performs particular functions for the self, functions that have the effect of evoking the experience of selfhood – that is, of a cohesive self structure” (p. 86). The optimal outcome of a successful childhood is a cohesive superordinate self. He posits that this is “built on empathic responses from the mirroring selfobject that facilitate the unfolding of the infant’s grandiosity, exhibitionism and feelings of perfection, and that also enable him to build an idealized parental imago with whom he wishes to merge” (Tyson, 1990, p. 87). Of all Kohut’s

theories about the successful formation of the self, his most important contribution for our purposes was to show how a group could be understood to function as a “self” (Cooper, 2011, p. 87).

In understanding a church (or synagogue) as such a self, we come to understand that a church’s self, like an individual’s, does the same kind of attaching to empathic selfobject figures who provide mirroring, idealizing, and alterego responses (Cooper, 2011, p.87). What all of this suggests is that our group, then, as an extension or extraction of the theories about a church or synagogue, takes the place, from Kohut’s point of view, of parents who mirror, are idealized, and provide alterego responses to a child. We are therefore theoretically endowed with a great potential to heal narcissistic and other injuries, just as Kohut’s Self Psychology would suggest the healing through the transferences that take place in therapy. Kohut’s supportive approach, rather than the classic Freudian model of interpretation, lends itself perfectly to a group setting. By functioning in a mirroring capacity for one another and proving alterego functions missing in an individual’s family of origin’s dynamic, Kohut suggests enormous potential for healing in this setting. If this were actually effective, it could begin to heal the myriad of injuries inflicted in childhood. After all, it is widely believed and accepted that our own ability to love is directly linked to our secure sense of self. Kohut himself said, “the more secure a person is regarding his own acceptability, the more certain his sense of who he is, and the more safely internalized his system of values – the more self-confidently and effectively will he be able to offer his love... without undue fear of rejection and humiliation” (Cooper, 2011, p. 37). Others have concurred with this theory in a much simpler form. James Dittes, for example, speaks to the self esteem we borrow from the way we are treated as well. In his book, *Pastoral Counseling*, he writes, “When a counselee is treated like someone, he or she comes to feel like someone” (Dittes, 1999, p. 153).

In our group, much of this feeling was engendered for the emotionally healthier members. Even Jan, who recounts her own feelings of shyness and insecurity, seemed to have benefited. I found it of particular interest to try to understand Mandy from a psychodynamic vantage point. When evaluating Mandy's symptoms, it is clear that she fits the model of dysthymia as opposed to major depressive disorder. The symptoms are very similar, as Gray and Zide suggest (2012, p. 207), but her presentation is chronic in nature, and she is still quite functional. She suffers from poor self-image, fatigue and an overall gloomy outlook on life. These symptoms are not completely incapacitating, but they are longstanding. Although her life circumstances have given her understandable justification for chronic depression, a lot of time has passed since she lost her son and then her husband, and she has had a great amount of support from a close circle of friends. None of this has helped her to rise from the ashes of her unhappiness. Maybe this is part of my own countertransference, but I have witnessed many individuals who have confronted similar challenges and have not fallen into this kind of depressive state for this length of time. Her inability to derive pleasure from anything is a sign to me that this is more than a simple bereavement. Her biological assessments include cancer survivor, foot damage from a fall, and tremendous fatigue. The features of her psychological assessments include sleep disturbances, recurring depressive moods, low self esteem, and gloomy outlook. Her social profile includes a surviving son who lives across the country and two granddaughters whom she rarely sees, longtime friends, affiliation with the synagogue, and an irritability that surfaces at the slightest provocation.

Personality disorders also characterize those who respond poorly to changes. Mandy has had trouble functioning well socially and with her family. Her once very close friends are

drifting away because of her behavior, and her possibility for a boyfriend fell apart when she acted out her negativity. She is living alone and feels helpless to make a move of any kind.

She does exhibit features of DSM-IV-TR cluster C 301.6 Dependent Personality Disorder, such as difficulty in making decisions and a great need for reassurance from others. Features that are consistent with Dependent Personality Disorder include a longstanding need to be taken care of and a fear to let go in a normal mourning process. Much of her behavior is designed to elicit care-giving behavior in others, including myself. She presents as helpless and overwhelmed.

Despite this assessment, I am hesitant to assert that Mandy suffers from Dependent Personality Disorder. She functions too well at times and has seemed to maintain long term friendships as well as running her home more or less on her own. Mandy definitely fits the description of Gray and Zide's model for Generalized Anxiety Disorder (2012, p. 261), as well as the specific criteria described in the DSM-IV-TR (p. 476).

Mandy suffers from a free floating anxiety and chronic anxiety as her predominant feature in her presentation. Although she believes that all of this originated with her son's death, it is empirically clear that the anxiety she feels extends to a more ubiquitous experience of the world. She cannot control her worry and has a variety of physical symptoms as a direct result. These symptoms range from sleep and appetite disturbances to muscle tension and fatigue. Mandy focuses her anxiety on everything from her backyard and fallen trees, to her checkbook, to her surviving son, to the illnesses and deaths of friends. It is all combined into an insurmountable and generalized feeling of being totally overwhelmed by even the simplest chore. Her preoccupations with the commonplace and her constant worrying are a recurring theme in our discussions.

Despite all of Mandy's troubles, I have an overriding sense that she will eventually allow these anxieties to be integrated into a healthier way of functioning. I have recently met with Mandy privately, and she described meeting an old boyfriend and his wife. Later, she met a widower from the congregation and thought he was attractive. Her renewed interest in men gives me reason for hope. In his book, *Neurotic Styles*, David Shapiro (1965) describes a sense of vulnerability and a state of tension that is experienced by an individual according to the modes of existence and the modes of functioning (p. 195). He suggests that our individual ways of coping don't eliminate the tension, but it may vary in degree by a particular defensive process. In simpler terms, I believe that Mandy will eventually manage her anxiety so as to allow herself to function more effectively in social – and perhaps even romantic – contexts. Her attributes are substantial. She is friendly, funny, and intelligent and well related in many ways.

From a psycho-spiritual perspective, Mandy is still very much engaged in life. Her worry serves to neurotically connect her to the world in an odd way. It attaches her to her son; it cathects her to the temple; and it keeps her moving in the world in an active state. Unfortunately, the price she pays for this type of functioning is dear. Although she does feel that she has been unfairly picked on by God, she remains engaged with many others, including me.

### **Contributions of This Project to Ministry in a Wider Context:**

In writing about Mandy I am describing one of the major challenges in dealing not only with a group comprised of a variety of individuals suffering from a myriad of problems, but also I must acknowledge the enormous countertransferences that take place for me. As clergy, our own vulnerability is always rising to the surface and being ignited when we allow ourselves to

empathize with the pain of someone like Mandy. In her book, *The Anatomy of Bereavement*, Beverly Raphael (1994) discusses this exact issue when she writes:

The core attribute, however, of anyone offering support for the bereaved, is the capacity for empathy. This brings special difficulties for the counselor, since empathy with the bereaved in their encounters with loss and death touches off in each one of us the most personal of terrors. We all have to learn to live with loss, but the person who works in this sphere must confront it every day (p. 401).

Pargament (1997) describes the various cultural responses to sadness and loss. An Egyptian concept suggests that, “Unhappiness must find a way out of the body or it weighs upon the soul” (p.191). If a group of this nature helps its members to allow their own particular unhappiness to find its way out, then that alone is a testament to its success.

On a deeper level, the idea of Ernest Becker (1973) that the essence of man is his paradoxical nature (p. 26), is in many ways going to be the salvation of a person like Mandy. Our half animal nature unconsciously or consciously drives us forward. Our physical and instinctual needs persist despite whatever psychic pain we must endure. Becker believes that neuroses are “a complicated technique for avoiding misery, but reality is the misery” (p. 57). Mandy’s coping mechanisms, like so many with whom we have contact, may or may not be exactly diagnosable, but her neuroses serve a purpose that may well transition and shift as she reengages with life. Though I try to support and guide her toward these more healthy transitions, my role is not to present the “raw, unmitigated hope” that Dittes (1999) cautions against, but rather to blend the stubborn reality of the “as is” while simultaneously regarding the individual “as if” (pp. 151-152).

I have come to have faith in the potential for healing, which is not without its warts and blemishes, but it is with the possibility of a creative and fulfilling future filled with love and pain and difficulty and triumph. While it is still somewhat nebulous as to whether or not this group may have the potential to reach the level that Kohut describes, my personal belief is that in order for this kind of trust to fully develop into a consistent dynamic, there needs to be a consistent schedule of sessions so that the group develops a deepened sense of identity. Reaching the support network's ultimate goal of serving as a selfobject, thereby enabling a healing of psychic injuries, is a worthy endeavor, to be sure.

### **Implications for Future Ministry:**

In many ways, my ministry will be forever changed, directly or indirectly, by this project, and even more so by the study and introspection required of me to do this work. The clinical principles that undergird this study inform every interaction I have. When people speak to me, I hear their words as the manifest content of their message, and then I listen and watch for the latent content and consider carefully what they may be truly saying. I cannot pretend to always come away with a clear understanding. People are complex and multi-layered. Defenses and character armor can be dense and difficult to penetrate, but it is often worth the work and the wait. The truth for me is that most people are fascinating, injured in one way or another, and seeking to feel that they matter in the lives of others. No matter how successful or seemingly secure, most of us need to feel wanted and accepted. This belief colors all of my interactions and offers me a sense of compassion that has begun to overshadow my tendency for dismissing others.

The greater challenge for me in this work has been my very personal wrestling with religion and belief in a supreme being of any kind. Due to my agnosticism about God, Divine or whatever name may seem less imposing, my lack of authenticity as a clergy member has always been a critical and sensitive issue for me. I never disclose my doubts to my members, but when they come to me seeking comfort, I nonetheless have a sense of cheating them out of an opportunity for hope and solace in the world to come. As this work has progressed, however, something interesting has emerged for me. In studying Maimonides, Torah commentaries, and the philosophy of Jewish scholars in search of background information, I noticed my own reactions while reading. Whenever I would share with the group the wisdom that I found to be astounding – the fact that our Jewish sages dealt with the exact everyday questions we often have – I was almost always moved to tears. The writings of Maimonides who instructed us about allowing the mourner to speak first, to visit first the person who has no visitors, to give charity in a way so as to preserve the integrity of the one who receives it – all of this moves me to a new sense of the what is truly holy in humankind and its potential to be there for one another. When I was called upon to officiate a funeral for a beloved congregant recently, I read further in the commentaries about the Torah portion of the week. In this portion, *Chukat*, when we read of Miriam's death, we also read about the people complaining about being thirsty. Even the Hebrew word for water, *mayim*, is only one letter away from the Hebrew spelling of Miriam. The void left by Miriam's passing is a feeling we have all known. She provided the essence of life – her music and dancing, her leadership, and her vitality. Her loss, just like this beloved congregant's widely mourned passing, left a void and a thirst that could not be quenched. The congregant died at the same time on our Hebrew calendar that we read about Miriam's death. We all have an opportunity to pick up the timbrel of Miriam and enter a new land.



The idea that we are all part of the unfolding of our world, that we all have an opportunity to play a vital role by sharing ourselves in whatever way feels most authentic, somehow speaks to me. It speaks to me through the incredible legacy of the wisdom of my people. I feel so blessed to be the inheritor and one of the guarantors of this rich and sacred tradition. Just as we believe in the ongoing revelation of Torah in each generation, so too my future ministry will continue to evolve and reveal itself as an ever-changing expression of this cherished gift.

Appendix A

**Cantor Audrey Halpern**  
**Women's Support Network Questionnaire Pre-Formation Evaluation**

For each of the following questions, circle the letter of the answer that best answers the question.

1. Do you feel connected to the temple?
  - A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
  
2. Do you feel comfortable in the group?
  - A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
  
3. Do you feel comfortable with the individuals in the group?
  - A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
  
4. Do you feel you'll be heard by the group members?
  - A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently

5. Do you feel you'll be heard by the facilitator?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
6. Do you feel you will be well liked by the group?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
7. Do you feel connected to your inner emotions?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
8. Do you feel comfortable self-disclosing in a group?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
9. Do you feel the group responses could impact on any of your personal issues?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently

10. Do you feel that the group discussions could be relevant to your life?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
11. Do you feel that opening remarks and comments by the facilitator could be helpful?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
12. Do you feel that you will add something valuable to the group by your presence?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
13. Do you feel you can gain something from this group?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently
14. Do you feel that you may be perceived as speaking too much in the group?
- A. Rarely
  - B. Occasionally
  - C. Sometimes
  - D. Frequently
  - E. Very frequently

15. Do you feel that you will be hesitant to speak in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

16. Do you feel spirituality plays a role in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

Please add any comments you feel are relevant.

Appendix B

**Cantor Audrey Halpern**  
**Women's Support Network Questionnaire Post Evaluation**

For each of the following questions, circle the letter of the answer that best answers the question.

10. Do you feel connected to the temple?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

11. Do you feel comfortable in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

12. Do you feel comfortable with the individuals in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

13. Do you feel you were heard by the group members?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

14. Do you feel you were heard by the facilitator?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

6. Do you feel you were well liked by the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

15. Do you feel connected to your inner emotions?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

16. Did you feel comfortable self-disclosing in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

17. Did you feel the group responses may have an impact on any of your personal issues?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

10. Did you feel that the group discussions were relevant to your life?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

11. Did you feel that opening remarks and comments by the facilitator were helpful?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

12. Did you feel that you added something valuable to the group by your presence?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

13. Do you feel you gained something from this group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

14. Do you feel that you may have been perceived as speaking too much in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently



15. Do you feel that you were hesitant to speak in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

16. Do you feel spirituality played a role in the group?

- A. Rarely
- B. Occasionally
- C. Sometimes
- D. Frequently
- E. Very frequently

Please add any comments you feel are relevant.

## Appendix C

## Questionnaire Results: Pre-Formation Evaluation

WOMEN'S SUPPORT NETWORK QUESTIONNAIRE: PRE-FORMATION EVALUATION															
PRE															
QUESTION #	1	2	3	4	5	PARTICIPANT # COMMENT	6	7	8	8 COMMENT	9	TOTAL			
1	2	3	4	5	3		3	5	3		3	31			
2	2	4	5	5	4		5	4	5		4	38			
3	4	4	5	5	4		5	4	5		5	41			
4	5	3	5	5	4		5	3	5		4	39			
5	5	4	5	5	5		5	3	4		4	40			
6	4	3	3	5	5		4	3	3		3	33			
7	5	2	3	3	4		5	3	4		4	33			
8	5	2	3	3	4	Wasn't sure at first	4	2	5		3	33			
9	4	3	3	3	4		4	2	3		3	29			
10	5	2	4	5	4		4	2	4		5	35			
11	4	4	3	5	4		3	3	4		5	35			
12	3	2	3	4	4		4	2	4		4	30			
13	3	3	3	5	4		4	3	3		4	32			
14	5	4	3	5	3		3	5	5		4	37			
15	3	3	5	5	3		5	2	5		3	34			
16	2	2	3	4	3		3	1	1		3	22			
TOTAL	61	48	60	74	62		66	47	63		61	542			
COMMENTS															

## Questionnaire Results: Post Evaluation

WOMEN'S SUPPORT NETWORK QUESTIONNAIRE: POST EVALUATION														POST
QUESTION #	1	2	3	4	4	PARTICIPANT # 5	5	6	7	8	8	COMMENT	9	TOTAL
1	4	3	3	5	5	3	3	3	4	3	3		3	31
2	4	4	4	5	5	5	5	5	4	5	5		5	41
3	4	4	4	5	5	5	5	5	4	5	5		5	41
4	4	3	4	5	5	5	5	5	1	5	5		4	36
5	5	4	5	5	5	5	5	5	1	4	5		5	39
6	4	3	3	5	5	5	5	4	3	4	4		4	35
7	4	3	3	3	4	4	4	4	3	4	4		4	32
8	5	3	3	5	5	5	5	4	1	4	4		4	34
9	4	2	3	4	4	5	5	4	3	4	3		3	32
10	4	3	3	5	5	5	5	4	2	4	4		4	34
11	5	3	4	5	5	5	5	3	2	4	5		5	36
12	4	2	4	5	5	5	5	4	1	4	4		4	33
13	5	3	3	5	5	5	5	4	3	4	4		4	36
14	5	4	4	5	5	5	5	3	5	3	4		4	38
15	4	4	5	5	5	5	5	2	2	2	4		4	36
16	5	2	3	3	3	3	3	3	1	3	3		3	26
TOTAL	70	50	58	75	75	75	65	65	40	62	65		65	560
COMMENTS														
Wonderful sharing														
It was a wonderful experience! I learned a lot from other temple members and feel a closeness with other members I didn't have before.														

## References

- Address, R. F. (2012). *Seekers of meaning: Baby boomers, Judaism, and the pursuit of healthy aging*. New York, NY: URJ Press.
- Angel, M. D. (1987). *The orphaned adult: Confronting the death of a parent*. New York, NY: Insight Books.
- Becker, E. (1973). *The denial of death*. New York, NY: The Free Press.
- Cooper, T. D., & Randall, R. L. (2011). *Grace for the injured self: the healing approach of Heinz Kohut*. Cambridge, CB1 2NT: The Lutterworth Press.
- Dittes, J. E. (1999). *Pastoral counseling*. Louisville, KY: Westminster John Knox Press.
- Donovan, J. (n.d.). The meaning of anam cara. Retrieved from <http://www.basalteritage.org/anamcaradesigns.com/meaningofaramcara.html>.
- Erikson, E. H. (1980). *Identity and the life cycle*. New York, NY: W.W. Norton & Company.
- Fuchs Kreimer, N. (2013). The Faces under the *Huppa*: Relating to my Closest Stranger. In Levi Elwell, S. & Fuchs Kreimer, N. (Eds.), *Chapters of the heart: Jewish women sharing the torah of our lives* (pp. 27-34). Eugene, OR: Cascade Books.
- Friedan, D. (1993). *The fountain of age*. New York, NY: Simon & Schuster.
- Gray, S. W., & Zide, M. R. (2012). *Psychopathology: A competency-based assessment for social workers*. (3<sup>rd</sup> ed). Belmont, CA: Thompson Brooks/Cole.

Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy*. New York: The Guilford Press.

Hall, C. S. (1999). *A primer of Freudian psychology*. New York, NY: Meridian.

Krauss, P. & Goldfischer, M. *Why me? Coping with grief, loss and change*. New York, NY: Bantam Books.

Kruske, S., Schmied, V., Sutton, I., & O'Hare, J. (2004). Mothers' experiences of facilitating peer support groups and individual child health nursing support: A comparative evaluation. *The Journal of Perinatal Education*, 13(3), 31-38.

Kubler-Ross, E. (1969). *On death and dying*. New York, NY: Collier Books.

Levi Elwell, S., & Fuchs Kreimer, N. (2013). *Chapters of the heart: Jewish women sharing the torah of our lives*. Eugene, OR: Cascade Books.

Mahler, M., Pine, F., & Bergman, A. (2000). *The psychological birth of the human infant*. New York, NY: Basic Books.

Marshall, G. N. (1981). *Facing death and grief*. Buffalo, NY: Prometheus Books.

McClure, B. (2010). "The social construct of emotions: A new direction on the pastoral work of healing." *Pastoral Psychology*, 59(6), 799-812.

McGoldrick, M., Carter, B., & Garcia-Preto, N. (2011). *The expanded family life cycle*. Boston, MA: Allyn & Bacon.

Mikulak, L. (2012). Spirituality Groups. In *Professional spiritual & pastoral care: A practical clergy and chaplain's handbook* (pp. 193-208). Woodstock, VT: SkyLight Paths Publishing.

Moore, T. (1992). *Care of the soul: A guide for cultivating depth and sacredness in everyday life*. New York, NY: Harper Perennial.

Morris Coryell, D. (1997). *Good grief: Healing through the shadow of loss*. Santa Fe, NM: The Shiva Foundation.

Natale, S. (1993). Pastoral counseling in an industrial and corporate setting. In Wicks, R. J., Parsons, R. D., & Capps, D. *Clinical handbook of pastoral counseling*. New York, NY: Paulist Press.

Nouwen, H. J. M. (1972). *The wounded healer*. Garden City, NY: Image Books.

O'Donohue, J. (2008). *To bless the space between us: A book of blessings*. New York, NY: Doubleday.

Palombo, J., Bendicson, H., & Koch, B. (2010). *Guide to psychoanalytic developmental theories*. New York, NY: Springer.

Pargament, K. I. (1997). *The psychology of religion and coping*. New York, NY: The Guilford Press.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy*. New York, NY: The Guilford Press.

Pine, F. (1990). *Drive, ego, object, and self*. New York, NY: Basic Books.

Pruyser, P. (1976). *The minister as diagnostician: Personal problems in pastoral perspective*.

Philadelphia, PA: The Westminster Press.

Raphael, B. (1994). *The anatomy of bereavement*. Northvale, NJ: Jason Aronson, Inc.

Rayner, E. (1971). *Human development: An introduction to the psychodynamics of growth, maturity and ageing*. New York, NY: Routledge.

Roberts, S. B. (2012). *Professional spiritual & pastoral care*. Woodstock, VT: Skylight Paths Publishing.

Rosenfeld, D. (2006). Pirkei Avos: Quick Answers: Chapter 5, Mishna 25. Retrieved from <http://torah.org/learning/pirkei-avos/chapter5-25.html?print=1>

Schwartz, R.C. (2001). *Internal family systems model*. Oak Park, IL: Trailheads Publications.

Shapiro, D. (1965). *Neurotic styles*. New York, NY: Basic Books.

Shaw Austad, C. (2009). *Counseling and psychotherapy today: Theory, practice, and research*. New York, NY: McGraw-Hill.

Shaw, M.E. (1971). *Group dynamics: The psychology of small group behavior*. New York, NY: McGraw-Hill Book Company.

Shim, E-J. (2008). Pastoral counseling of older adults: Toward a short-term integrative approach. *Pastoral Psychology* (56)3, 355-370.

Tacona, J. (2002). *Educational research: Principles and practice*. Lincoln, NE: Writers Club Press.

Tyson, P., & Tyson, R. (1990). *Psychoanalytic theories of development: An integration*. New Haven, CT: Yale University Press.

Wegela, K.K. (2009). *The courage to be present*. Boston, MA: Shambhala Publications.