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Capstone Podcast Project:  
*Healing the Hidden: Discussions on Mental Health and Stigma through  
Contemporary Jewish Practice and Tradition*

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Submitted in Partial Fulfillment of Requirements for Ordination

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**Abstract:**

The mental health crisis in this country has guided this capstone project, and I begin with the broad statistic that “1 in 5 U.S. adults experience mental illness each year.”<sup>1</sup> A study published by the World Health Organization (WHO) last March of 2022, the numbers shot up 25% worldwide since the COVID-19 pandemic hit two years earlier.<sup>2</sup> A variety of factors have led to this drastic increase, including social stress and isolation and a lack of mental health resources and care, among others. The numbers are overwhelming, and yet there is still so much stigma and shame attached to the global conversation on mental health and mental illness.

This capstone project is intended to shed light on this subject through the lens of progressive Judaism. As the issue of stigma is examined in depth in this endeavor, it seemed most fitting to create an audible format for sharing of this research, as opposed to writing this solely as a dissertation. To that effect, this capstone is carried out from a series of ten podcast episodes, including eight interviews with various thought leaders, and two solo podcasts at the beginning and end of the series.

Each podcast episode’s interviewees and subjects will be explored in the following chapters. I chose to invite various participants include Reform and other Jewish clergy, educators, writers, and mental health experts into this eight-part series for the sake of creating a diverse and dynamic discussion on mental health and stigma. The guiding questions leading into each podcast will be presented within each of those sections, as well as a full written transcript of the interview and solo podcasts. I encourage listeners to use both resources as a means of gaining deeper understanding of the material discussed.

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<sup>1</sup> “Mental Health by the Numbers,” NAMI (National Alliance on Mental Illness), <https://www.nami.org/mhstats>.

<sup>2</sup> “Covid-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide,” WHO (World Health Organization), accessed 3AD, <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>.

**Acknowledgments:**

First and foremost, I would like to thank my advisor Rabbi Julie Schwartz. Rabbi Schwartz has been a mentor and great source of care and support for me throughout my five years of rabbinical school, and four years stateside in Cincinnati. She has worn so many hats in our relationship as a mentor, teacher, advisor, supervisor, therapist, personal guru, and many more. My gratitude extends far beyond these pages, I cannot imagine my experience over the last five years without her. Rabbi Schwartz, I thank you for all your encouragement in the process of creating this capstone project, and in helping me overcome every challenge I have faced over the years since I first met you.

\* \* \*

I want to thank each and every one of the extraordinary professors I have had the honor of being their pupil in my time at HUC-JIR's historic Cincinnati campus. My rabbinical education and training success is due to their wisdom and teaching, alphabetically including Barbara Dragul, Dr. Christine Thomas, Dr. Daniel Fisher-Livne, Rabbi Dr. David Aaron, Rabbi Dr. Gary Zola, Rabbi Dr. Haim Rechnitzer, Rabbi Jan Katzew, Dr. Jason Kalman, Dr. Jennifer Grayson, Dean Rabbi Jonathan Hecht, Rabbi Kenneth Kanter, Rabbi Margaret Meyer, Rabbi Dr. Mark Washofsky, Rabbi Dr. Rachel Sabath Beit-Halachmi, Rabbi Dr. Richard Sarason, Cantor Yvon Shore. Likewise, I would like to thank Cincinnati's administration and additional faculty, Autumn Wheeler, Dr. Dana Herman, Hara Jun, Lynn Hudson, and Monisha Ringler, and Ryan Replogle.

\* \* \*

I want to thank everyone who enthusiastically participated in this project as interview subjects on these eight episodes. All of you have also been mentors, teachers, friends of mine before and since this project, in order of podcasts, Rabbi Richard Address, Rabbi Sandra Cohen, Dr. Mark Washofsky, Rabbi David Burstein, Mark Baranek, Rabbi Joshua Lesser, Alden Solovy, and my mother Dr. Anna Shustack. Without you, this project would have never taken off the ground and developed into a work I hope to continue into my rabbinate for years to come. You are all an inspiration to this sacred work of advocacy and activism for those who suffer from mental illness and the stigma attached. It has been an honor knowing you and learning from you in this process, thank you.

\* \* \*

I finally want to thank my family, my parents Anna Shustack and Herb Liverman for all the support they have given me since I first came into this world. Your love and support have guided me in every step I have taken. To my mom, I am so grateful for the role model of compassion and care for those who struggle with mental illness, your work and enormous heart continues to inspire me and the work I have taken on each and every day. To my dad, thank you for having confidence in me even when I couldn't find it myself. To my wonderful little sister Erica, thank you for your guidance during this project in offering me advice from your own professional field in social work and education, and thank you for being my sister and best friend. Finally, to my inspiring big brother Marc, thank you for your counsel in this project from your field in journalism, your name was my first word, and I will never stop looking up to you. I carry all of you in my work and in my heart, wherever I go.

## Table of Contents:

<b>Abstract.....</b>	<b>1</b>
<b>Acknowledgments.....</b>	<b>2-3</b>
<b>Section One: Introduction &amp;</b>	
<b>Methodology.....</b>	<b>6-13</b>
<b>Section Two: Episodes: Background, Summaries, &amp; Transcripts</b>	
Chapter I. Introducing <i>Healing the Hidden: Discussions on Mental Health &amp; Stigma through Contemporary Jewish Practice &amp; Tradition</i> .....	14-26
Chapter II. Mental Health Impacts on Aging Populations within our Communities: Episode 1 with Rabbi Richard Address (DMin) .....	27-49
Chapter III. Mental Health Outreach and Advocacy for Clergy & Congregants – <i>Middot &amp; Mitzvot</i> : Episode 2 with Rabbi Sandra Cohen.....	50-76
Chapter IV. The <i>Halakhic</i> Perspective on Issues of Mental Health: Episode 3 with Rabbi Mark Washofsky (PhD).....	77-103
Chapter V. Destigmatizing Mental Illness from Lived Experiences: Episode 4 with Rabbi David Burstein.....	104-138
Chapter VI. Mental Health Outreach & Support in Congregational Settings: Episode 5 with Mark Baranek .....	139-152
Chapter VII. Mental Health as a Social Justice Issue: Episode 6 with Rabbi Joshua Lesser.....	153-167
Chapter VIII. The Contemporary Jewish Liturgical Project – Removing Mental Health Stigma through Writing: Episode 7 with Alden Solovy.....	168-189

## Chapter IX. Creating a Bridge between Faith Communities &amp; the Field of Mental Health:

Episode 8 with Dr. Anna Shustack.....190-207

**Section Three: Reflection & Conclusion**Bringing it All Together – Final Episode of *Healing the Hidden: Discussions on Mental Health  
& Stigma through Contemporary Jewish Practice &*

Tradition.....208-223

References &amp; Bibliography.....224-230

## Section I: Introduction, Goals & Methodology

Over the course of my five years in rabbinical school at Hebrew Union College-Jewish Institute of Religion (HUC-JIR), I have become increasingly aware of the need for resources and education for leaders of the Reform Jewish movement on issues of mental health and illness. As someone who has been personally touched by mental illness, I am deeply passionate about helping others learn how to talk about and contend with mental health in our Jewish communities, especially those who serve in leadership roles as representatives for progressive Judaism. My previous, but limited, advocacy work with NAMI (National Alliance on Mental Illness) has been a major influence on my continued interest in mental health education and support. Among other important initiatives NAMI continues to enhance, I have taken a particular interest in their faith-based organizations, including NAMI FaithNet<sup>3</sup> and StigmaFree<sup>4</sup> projects that I know will continue to prove valuable to the work I hope to accomplish here.

In addition to this external work, my fieldwork and education in Clinical Pastoral Care under the guidance of Rabbi Julie Schwartz has been another major influence toward this endeavor. CPE continues to drive me in my pursuit of working with these advocacy initiatives through ongoing chaplaincy work out in the field. The range of my personal and professional experience on this subject has compelled me to create a medium for open discussion with leaders and laypersons involved in the Reform Jewish movement and progressive Judaism overall. I am hopeful that we can grow this kind of mental health care activism and support from the faith networks created in our Jewish communities.

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<sup>3</sup> “NAMI FaithNet: Get Involved,” NAMI FaithNet (National Alliance on Mental Illness, n.d.), <https://www.nami.org/Get-Involved/NAMI-FaithNet>.

<sup>4</sup> “Here Are Nami's Three Steps for Being StigmaFree,” NAMI (National Alliance on Mental Illness), <https://www.nami.org/Get-Involved/Pledge-to-Bc-StigmaFree>.



\* \* \*

As briefly laid out in this project's abstract, the COVID-19 pandemic has exacerbated an already serious mental health crisis in the United States and across the world. The gravity of this as an overall global health crisis is also relative to two major issues, as I see them. The first is in the way mental illness is perceived as an 'invisible' illness that faces the challenge of being genuinely and thoroughly understood as any other serious medical condition or illness that can be 'seen.' This creates a lot of misunderstanding on the fatal nature of many conditions under the umbrella of mental illness. In my experience, many people find this to be an exaggeration of sorts, it is a challenge for people to see that mental illness can be fatal, but the fact that suicide is a leading cause of death in the U.S. should be an indicator on the deadly risks associated with mental illness. As one of my interviewees powerfully put it, "[someone] dies of depression [...] dies of mental illness, the last thing they do is take their own life."<sup>5</sup> In other words, suicide is the fatal outcome of severe and untreated mental illness.

The second of these issues can be found in that second work that follows "mental health" in the title of my podcast: "stigma." The American Psychiatric Association (APA) explains that this "stigma" piece correlates to the greater negative perception of mental illness and its attachment to "discrimination and prejudice." The APA outlines the stigma of mental illness as three subsectors of "public stigma, self-stigma, and institutional stigma."<sup>6</sup> When I asked many of my interview subjects, if not all of them, the first emotional reaction understood is 'shame.' Thus, the matter of *stigma* is so central to this project and research because it becomes a barrier

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<sup>5</sup> David Burstein, "Episode Four," January 4, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:26:08.

<sup>6</sup> "Stigma, Prejudice and Discrimination against People with Mental Illness," Psychiatry.org (American Psychiatric Association), <https://www.psychiatry.org/patients-families/stigma-and-discrimination>.

for those who suffer from and those who treat mental illness on multiple levels. When shame is involved, the conversation often stops before it was ever started.

Eventually, the matter of stigma became the inspiration for the beginning of the podcast's working title, and now published title: *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. It was also important to me that the theme of 'healing' be part of the project's main frame, particularly because one of the goals of this work is to create a healing movement for those who struggle with mental health conditions in our communities. Furthermore, the principle of *refuah* (healing) in Jewish parlance and practice was at the center of all my interviewees' discourse in one way or another, under each of the subheadings in the chapters that follow.

In relation to the final title I gave this podcast, I came to realize as the interviews went on that my original grander capstone title: "Mental Health and Stigma in the Reform Jewish Movement Podcast: Why Learning About Mental Illness is Crucial to Jewish Leadership: Caring and Supporting Each Other and Those We Serve," was far too wordy for a podcast. To that end, it is arguably too wordy for the title of a thesis in general, so I slowly fizzled this out into the more concise title of the podcast to date. It has also been my experience as a podcast listener that the 'punchier' titles tend to generate more listeners. "Healing the Hidden [...]" may not be the most unique title, in fact I had to make sure it wasn't already copyrighted, which fortunately it wasn't, but that is also due to the rest of the title which is admittedly still on the longer side.

I am focusing on the title here because it became a big part of the project's audio and written content, and I want to relay that the subsection in the original form that asks the rhetorical question: "Why learning about mental illness is crucial to Jewish leadership [...]" caring and supporting each other and those we serve [...]" is still thoroughly discussed in a great

majority of these interviews. That was an important goal of mine from the inception of this project, especially as I chose *leaders* as participants of the podcast series, even those leaders who are more on the periphery of progressive Judaism and the Reform Jewish movement. In other words, those participants who are not clergy or rabbis in the Reform Jewish tradition.

\* \* \*

Regarding methodology, the purpose of putting my senior project into the capstone format of a *podcast* continues to apply to my initial goal of having a research and reflection product that could be shared and heard beyond the space of HUC's academic community. To be clear, all the planning and research that went into this project has and had the primary goal of reaching a scholarly setting and audience. However, the podcast has this notable extra quality and ability to be used by any listener in the future after it has been under the college's review. To the point where these eight interview podcasts are published right now, they are not yet on a public media and sharing platform. They are edited and 'ready-to-go' in that direction, but the eight interview subjects have only consented to sharing their conversations with the Hebrew Union College academic community for now. As I venture into the world of *Apple Podcast* and *Spotify* platforms, I want to be sure that each participant has given explicit consent before I do so. In short, the footnotes do not contain URL links because they are still in MP3 files that have only been privately published through the secure *Alitu Podcast Maker* application and software.

As a novice in the podcast-hosting world, I made the decision to record each interview first using Zoom, which had the added benefit of allowing me to interview my subjects from all over, including Canada and Israel. I was concerned about the quality throughout, and certainly faced a great deal of challenges and troubleshooting here, but I feel confident with the final product now. I did create a transcript for each of the ten episodes, including the two 'solo

episodes' at the beginning and end of the series. I think podcast transcripts are valuable always, even for the most experienced podcaster, but for the purposes of this project I believe they may serve listeners in following the thread of conversation, especially with those interviews that are more casual conversational in nature. As each interviewee recorded is unique in their expertise, they are also unique in their speaking style, and have varied experience with podcasts. For instance, Rabbi Richard Address has his own podcast series "Seekers of Meaning,"<sup>7</sup> that has been ongoing for several years now, and this is reflected in his conversation on our first episode. Like myself, other interviewees are less acquainted with this kind of recorded conversation and have more interview experience in-person or live in front of 'audiences.' All these factors into the quality and flow of the conversation, and thus it might help to have the transcript versions of the episodes in hand. Therefore, I have added these embedded into each of their individual chapters in their entirety. The transcripts are edited, but mostly unredacted besides words censored by the Alitu platform.

I chose to record these initially as video Zoom recordings and plan to continue in this manner given that my interview subjects are all over the country, as well as one in Canada and another in Israel. The sound also has been most balanced this way, and despite lacking in-person interviews with expensive recording equipment they appear to be converting well thanks to Alitu's platform.<sup>8</sup> Based on this progress, it is still my intention to make this public domain on Apple Podcasts and Spotify with permission from all interview subjects.

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<sup>7</sup> "Seekers of Meaning-JSA Podcast Archives," Jewish Sacred Aging, March 10, 2023, <https://jewishsacredaging.com/category/podcasts/jsa-podcast/>.

<sup>8</sup> Alitu is a paid and secure podcast generator and included with it are copyright managers that ensure everything including music, titles, etc. are legitimate before publication. In addition, I am going to be working with a live podcast editor once all podcasts are recorded and converted to further verify any possible copyright infringements.

In addition to the published podcasts, it is my plan to also provide the original video recordings in my final submission, as well as some supplemental resources where applicable. The last factor corresponding to the physical material of this capstone is the addition of a transcription for each podcast and recording. At this point, the media platform used does not have an automatic generator for this, so I am still determining whether I will include my own transcription of each podcast, or whether I will only include the scripts for each.<sup>9</sup>

\* \* \*

Since my first proposal for this capstone project, some minor changes have been made in my procedural methodology, as explained above. However, I was able to successfully carry out, record, and edit eight interview episodes, which I had not initially thought feasible. As with most big projects that evolve over time, I inevitably thought my final project would look vastly different from the first proposal of it. Yet, I was able to reach much of what I sought out to do when my planning began a little over a year ago. I was able to incorporate chaplaincy fieldwork and personal experience into the production of the podcast. The greatest change was in the choice of interview subjects for the project. Besides the rabbis I interviewed, I decided to add other thought leaders into this endeavor, specifically three interview which include a congregational engagement director, a liturgical writer and author, as well as a social worker and educator. The order of podcasts and interview participants correlated to availability from these generous speakers, as opposed to a more pointed order of speakers to subject matter. However, this worked out well as it allowed me to review what was discussed in the recordings and place them into the chapter titles within the second section of this written portion.

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<sup>9</sup> The matter of transcription vs. script will be determined under the guidance of my advisor, as of now there are scripts for both episode 1 and 2 of my project.

As for the length of interviews and podcasts, they range from eighty minutes at most to forty minutes, including music editing. I chose to keep nearly all the conversation as I transposed them into podcast form, while still trying to edit background noise or abrupt pauses and endings. Some of these were more successful than others in that sense, but all the material was ultimately able to be produced in this final product. The longer episodes were often the most pre-scripted, yet the conversation sometimes moved into other areas that made the questions interspersed throughout those episodes.

\* \* \*

As I mentioned, timing was the predominant factor in dictating the ‘order’ of episodes, the first two episodes worked well thematically, as both speakers are well-known rabbinic leaders and advocates on issues of mental health within the Jewish community. Their experience in podcast interviewing style was a real asset to those being the first episodes, and over time the remaining episodes fell into place. In the following sections on each speaker, I will provide some further background into their connections with the subject and, at times, with one another.

Categorically, all interview subjects fell into personal journey conversations with me, and this proved early on just how prevalent mental illness is among all of us. I believe listeners will pick up on this too. Still, all of the speakers addressed the following core themes and questions of 1) how faith work and spirituality can be integrated with mental health, 2) where and what is the stigma in each speaker’s experience within their Jewish communities, 3) how do they see the role of clergy leaders in the discussion of mental health and stigma, 4) how can mental health education be broadened for leaders and members of our Jewish communities alike, 5) how has mental illness touched them personally, 6) how can we make our synagogues and Jewish institutions more accessible and inclusive for people suffering from mental illness, 7) how can

we approach the language we use to be more sensitive to those we serve and pray with, and finally 8) is mental health advocacy a social justice issue and if so, how?

\* \* \*

It is my hope that these ten episodes will provide listeners new perspectives into the subject of mental health and stigma and allow the conversation to continue. There is a mix of textual and personal material in every podcast, and I believe this will provide listeners with the understanding that Judaism has a voice in this greater societal issue. The goal at the heart of this capstone podcast series is to provide a safe space of learning for listeners into a subject I believe can often fall silent. From wherever listeners are in their search for understanding mental illness, whether for their own personal use for Jewish guidance, or as a source of material they can use as their own educational tools, I hope listeners come out feeling inspired and hopeful about the future of mental health discourse.

## **Section Two: Episodes Background, Summaries, & Transcripts**

### **Chapter I: Introducing Healing the Hidden: Discussions on Mental Health & Stigma through Contemporary Jewish Practice & Tradition**

#### **Background & Summary:**

This solo first episode is intended to act as an introduction to the series as a whole, and provide my own personal background and interest into the study as written Section I. This podcast was entirely pre-scripted and mostly read (and heard) that way, unlike the interview podcasts that follow in their conversational format.

I first discussed the timeliness and importance of mental health outreach and advocacy and pointed to a declaration published by the CCAR Responsa Committee: “Resolution on Establishing a Complete System of Care for Persons with Mental Illnesses”<sup>10</sup> published in 2001 outlining all those affected by mental illness and what actions the Reform Jewish community must and should take moving forward. I chose to read excerpts of this “Resolution,” to highlight the Reform Jewish position on mental illness as an issue of social justice. I pointed to those other social justice advocacy issues that intersect with mental health advocacy, including health care equity, economic justice, criminal justice reform, and disability rights. All of these issues are further established under the Religious Action Center’s approach to advocacy from the values of progressive Judaism.<sup>11</sup> Although I believe it should be a source of pride for us as a progressive Jewish movement that we already had this kind of statement from the CCAR over two decades

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<sup>10</sup> “Resolution on Suicide and Mental Illness,” Resolution on Suicide and Mental Illness | The Rabbinical Assembly, March 26, 2019, <https://www.rabbinicalassembly.org/story/resolution-suicide-and-mental-illness-1>.

<sup>11</sup> “Advocacy Issues,” Religious Action Center of Reform Judaism (RAC), <https://rac.org/advocacy-activism/advocacy-issues>.



ago, there is still so much that needs to be done in order to fulfill the goals that document set out to do.<sup>12</sup>

\* \* \*

The introduction to the issue and the episode series was followed by the following list of 14 overarching questions for interview subjects as a starting point for listeners to find the questions that spoke to them individually and could be used as guiding questions for their own conversations:

- 1) How can faith be used in treatment and recovery from mental illness?
- 2) How can spiritual support and chaplaincy work aid in such treatment and recovery?
- 3) How is mental health and wellbeing best framed from a Jewish background and perspective?
- 4) What are Jewish communities already doing to remove the stigma attached to mental illness?
- 5) What are Jewish communities already doing to help people cope with mental illness?
- 6) How do we distinguish various mental health conditions and continue to support them all under the umbrella of the Reform Jewish movement?
- 7) Which mental health conditions and illnesses are most prevalent in our communities, why and how can we help?
- 8) How can we incorporate personal experiences as leaders in the Jewish community to allow those we serve to seek help from us? When is this appropriate and useful and when is it not?
- 9) What can Jewish culture, practice, and rituals help those who are suffering from mental illness?

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<sup>12</sup> “Establishing a Complete System of Care for Persons with Mental Illnesses,” Central Conference of American Rabbis, June 2001, <https://www.ccarnet.org/ccar-resolutions/establishing-a-complete-system-of-care-for-persons-with-mental-illnesses-resolution-on/>.

- 10) How can we provide early education to those in the Jewish community to allow early intervention and understanding of mental health and wellbeing? How can these approaches continue our future facilitation of these difficult conversations?
- 11) How is mental illness defined in Judaism and through a Jewish lens and perspective?
- 12) What methods in the past have (or have not) worked through a religious Jewish initiative in assisting those with mental illness?
- 13) In light of what hasn't worked in the past, how can we move forward eliminating stigma and continuing to advocate for better mental health care and support?
- 14) Why is mental health advocacy a social justice issue from the Jewish perspective?<sup>13</sup>

\* \* \*

In this episode, I chose to include a very short text study and analysis that was succinct enough for listeners to follow audibly. I had hoped to get to this passage from the Talmud in my episode interviewing Dr. Mark Washofsky, but there was far too much additional material in that episode on *halakhic* discourse, so I chose to include this here:

This podcast explores the issue of language and its' delicate nature when discussing sensitive issues around mental health and mental illness. This short passage is from the Talmud, tractate *Yoma*, where matters of issues around emotions, emotional fortitude, and resiliency are concerned. We might notice that even the rabbis of long ago disagreed on concepts related to contemporary matters on mental health in our Jewish texts. We read:

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<sup>13</sup> Remy Liverman. "Introducing Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition" March 5, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 40:51.

דאָגה בלָב איז יִשְׁחָנָה", רבי אמי ורבי אסי, סד אָמַר: יִשְׁחָנָה מְדַעְתּוֹ, וְסָד אָמַר: יִשְׁחָנָה לְאַחֲרֵיהֶם

“In the Talmud, the sages of our Jewish tradition discussed the meaning of a passage in the Book of Proverbs “If there is care in a man’s heart, let him quash it [*yashena*].” We read: “Rabbi Ami and Rabbi Asi dispute the verse’s meaning. One said: He should forcefully push it [*yashena*] out of his mind. One who worries should banish his concerns from his thoughts. And one said: It means he should tell [*yesihena*] others his concerns, which will lower his anxiety.” (B.T. *Yoma*, 75a:2).

This passage is often cited regarding traditional Jewish understandings of mental suffering and anguish. Two opinions are emphasized here: (1) one must suppress their emotional distress and (2) one should reveal and share their emotional distress, thereby allowing others to help. The second perspective provides a foundation for many forms of therapeutic and pastoral support to become possible. Furthermore, we are given an entrance into a new forum of communal support for those suffering from mental health conditions. Most importantly for the work within this capstone project, there is another underlying layer, when one speaks about these issues out loud, they can become normalized. When we stifle the speech of those who suffer from mental illness we reinforce stigma, and when we stifle those who would speak and advocate on behalf of those suffering the stigma only grows.<sup>14</sup>

\* \* \*

Finally, this introductory podcast concluded with the following disclaimer and trigger warning that applies to each episode and its’ subsequent subject matter:

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<sup>14</sup> *Ibid*

Though the views and opinions in this podcast and in each episode are personal to both me as the host and creator, as well as each individual interviewed in their own personal capacity, they do not reflect the formal opinions or statements of specific institutions and organizations, but rather as a reference to such. I am also including the disclaimer that this podcast should not be used as an attempt to treat or diagnose any mental health condition or other medical need for intervention. We encourage all those who listen to seek professional help if they are in crisis or experiencing symptoms of mental illness or any other condition for which they and/or their loved ones are concerned. I also want to provide this as a trigger warning that these episodes, to various degrees and in different depths, discuss serious matters surrounding mental illness, including suicide. Often, these podcasts also discuss various mental health related conditions, including addiction, alcoholism, eating disorders, childhood trauma and abuse, and complex trauma, among others. So please be advised of this before listening, and please seek help if you're struggling. Our podcast seeks to remove the stigma and shame around getting help for those who are suffering. It would be a failure of our part and its very intention for listeners not to hear the following: "you are not alone!" Thank you.<sup>15</sup>

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<sup>15</sup> *Ibid.*

TRANSCRIPT: INTRODUCING "HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION

HOST – REMY LIVERMAN

MARCH 5<sup>TH</sup>, 2023

\* \* \*

[INTRODUCTION MUSIC]

**HOST:** Hi, and welcome to Healing the hidden discussions on mental health and stigma through contemporary Jewish practice and tradition. This is our introduction episode, a solo episode with me your host, Remy Liverman, fifth year rabbinical student and ordination candidate at Hebrew Union College-Jewish Institute of Religion (HUC-JIR), in Cincinnati, Ohio. So, over the course of my five years in rabbinical school at Hebrew Union College, I have become increasingly aware of the need for resources and education for leaders of the Reform Jewish Movement on issues of mental health and stigma. As someone who has been personally touched by mental illness, I am deeply passionate about helping others learn how to talk about and contend with mental health in their Jewish communities and greater communities, especially those, but not only those, in leadership roles as representatives for progressive Judaism.

\* \* \*

**HOST:** My previous, but limited advocacy work with NAMI- National Alliance on Mental Illness has been a major influence on my continued interest in mental health, education and support, among other important initiatives NAMI continues to enhance. I have had particular interest and experience with NAMI FaithNet and StigmaFree projects, and those will be included in resources and discussed with experts and those interviewed. I know these will continue to be valuable to our overall work and the work I hope to accomplish here.

\* \* \*

**HOST:** In addition to this external work, my field work in education and clinical pastoral care, under the guidance of my supervisor and my advisor for this project, Rabbi Julie Schwartz, has been a major influence as well on my desire to continue these advocacy initiatives through continued chaplaincy field work. The range of my personal and professional experience on this subject has compelled me to create a medium for open discussion with leaders and laypersons involved in the Reform Jewish Movement and beyond in the hope of answering the question how do we heal the hidden? How do we deal with mental health and stigma? I am certainly not the

first or the only scholar, leader, clergy, rabbi, rabbi-in-formation in the Reform tradition and all of Judaism, to find this issue a critical one. A resolution was adopted by the CCAR, which is the Central Conference of American Rabbis, and by the Board of Trustees in June 2001 titled "A Resolution on "Establishing a Complete System of Care for Persons with Mental Illnesses." This is a quote from their introduction:

*"Mental illness can shatter lives. It is a condition often lacking explicit physical manifestations and thus is both easily hidden and easily denied. Like physical illnesses, and perhaps even more so, the ramifications of mental illnesses are experienced in every sector of life, whether or not people with mental illnesses receive treatment. Such illness is therefore best considered not only as a medical one, but also an important social one with far reaching economic and human welfare implications. Judaism concerns itself with the health and wellbeing of the mind and the soul, as well as the body. Maimonides wrote 'when one is overpowered by imagination, prolonged meditation and avoidance of social contact which he never exhibited before, or when one avoids pleasant experiences which were in him before, the physician should do nothing before he improves the soul by removing the extreme emotions.' Likewise, in the Mishebeirach 'Prayer for the Sick', we pray for Refuah Shleima - complete recovery and further specify Refuat HaNefesh u-Refuat HaGuf – a healing of the soul and the body. Our tradition recognizes a distinction between mental and physical health, but treats them on an equal plane, recognizing that both are necessary for us to be complete. In this context, we examine the issues of mental illness and its multiple and far-reaching manifestations for individuals from all walks of life."*

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**HOST:** End quote. This Resolution continues for them under the subheadings of concerns for the movement and those included those that they affect. So, in this case, they specifically name: for adults, elderly populations and children, with other ages mentioned therein, as well as issues of mental illness in pursuit of health care equity and parity, issues of mental illness and disability and employment, issues on homelessness, and issues on mental illness in the criminal justice system. Ultimately, the CCAR's Resolution called for a 'coordinated system of care' around all of these subheadings and individuals in societal realms where such individuals are at risk of poorer treatment. Their conclusions and proposed solutions included, begin quote,

*"[...] therefore, the Central Conference of American Rabbis resolves to call upon its member rabbis to participate in communal efforts aimed at destigmatizing mental illness and work with other members of the Jewish community to develop resources and programming aimed at addressing stigmatization of mental illness. To work with persons afflicted with mental illness and their families so that they may feel welcome within our synagogues. To prepare materials for training synagogues, religious schools, camps, and youth program personnel to recognize and deal appropriately with members and participants with mental illness. To work with other groups performing mental health outreach within the Jewish community toward all persons with mental illness. To call for increased governmental and community support and development of programming for caregivers of those with mental illnesses. To*

*call on the United States and Canadian governments to maintain and increase funding for federal programs aimed at treating those with mental illness and assisting them to live healthy and independent lives. To call on the United States and Canadian governments to increase funding for mental health research and the development of testing, and innovative mental health programs, including those focused on the co-occurrence of mental health disorders and substance abuse disorders. To encourage governmental integration and coordination of equality of quality housing and mental health systems. To provide comprehensive assistance with special attention paid to the number of individuals with mental illness who live on our streets and in our shelters. To call for federal and state legislation to require parity between physical and mental health coverage by health insurance carriers, both private and public. To call for increased attention to the many inmates in our nation's prisons with mental illnesses, focusing on the need to encourage the diversion of nonviolent mentally ill criminal offenders into community-based mental health programs, and also to ensure that individuals with mental illness sentenced to prison receive appropriate and humane treatment, including access to appropriate medication. To call upon law enforcement agencies to develop policies, practices, and specialized training for police officers and corrections officers to recognize and deal appropriately with persons with mental illnesses. To call for increased governmental attention to the youth within the justice system and the need for increased funding for community-based treatment programs for mentally ill juvenile defenders and to call on state and federal jurisdictions within the United States that retain the death penalty to exclude from consideration for the death penalty persons with mental illness. To encourage an end to workplace discrimination against the mentally ill and also encourage governmental development of further programs to assist those with mental illness in returning to the workplace and assist employers in working with them. To call for an increased focus on the mental health needs of children, including teenagers, by advocating for the necessity of a coordinated system of care for children and teenagers with mental health problems, with an emphasis on early recognition, prevention and intervention, especially focusing on the prevention of suicide, increased research on the mental and health problems of juveniles, and increased attention toward mental health needs within the schools and among professionals dealing with children in child care facilities and schools, as well as the development and implementation of training programs for these individuals. To call for increased focus on the recognition, prevention, intervention and treatment of depression and other related mental illnesses in the elderly population."*

\* \* \*

**HOST:** End quote. So, when this project asks whether mental health and mental illness is a social justice issue or matter of social justice based on all that I previously read, even from the CCAR's Resolution, the answer should and needs to be a resounding "yes!" To that end, this question became a core part of my interviews in the eight following episodes. I am proud of all the Reform Jewish movement has supported in this area, even 22 years ago when the Resolution first appeared, but I also believe we have failed to do so or do so sufficiently in many of our communities and institutions. From all that was stated above, it is my hope that this podcast will address these issues and enlighten listeners on how we can and must respond to the growing

epidemic of mental illness and those suffering in our own communities and our broader communities.

\* \* \*

**HOST:** The podcast form of interviews is geared both towards leaders, rabbis, educators, clergy, and all professionals who serve communities where mental health is inevitably prevalent and pervasive, as well as for all listeners of all faith backgrounds to use as a guide and a tool for approaching this, from the incredible stories, teachings, lessons, and experiences of those I've had the honor of interviewing over the course of this series. Further, it is my hope that this will also be a way to tell leaders of these communities who suffer Themselves that they too aren't alone, and it's important to confront our own mental health concerns as professionals, clergy, etc., to complete the endeavor of helping others through this combined work. It's my hope that we will continue to remove the stigma associated with mental health and use this as an important resource for those who seek to learn more about this critical and important problem for so many among our communities that suffer and deal with this alone, in silence.

\* \* \*

**HOST:** My intention in creating a podcast on stigma and mental health in Jewish communities is to allow an opening for listeners to approach the issue from a Jewish perspective as well. The title: Healing the Hidden Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition, opens with "healing the hidden", because I have come to find it precisely that which is hidden to us. The Hebrew *me-rapeh et-hanistar*, means "to heal the hidden", and it is quite apropos to the subjects of healing that come up again and again in these interviews. The second part of the so-called 'hidden' is that this is all that cannot be seen because of the literal invisibility of mental illness, unlike physical illness, as well as a reference to the hidden of that which we don't, we won't, or we can't talk about or believe we cannot talk about, at this point. and that is the stigma of mental illness.

\* \* \*

**HOST:** Some of my early questions, although you will hear how they have been adapted over time and for each interview, include the following, which I hope listeners might also be able to use if this works as a framework for forming their own conversations on our subject. Some of those early questions included, and I've numbered these: 1) How can faith be used in treatment and recovery from mental illness? 2) How can spiritual support and chaplaincy work aid in such treatment and recovery? 3) How is mental health and wellbeing best framed from a Jewish background and perspective? 4) What are Jewish communities already doing to remove the stigma attached to mental illness? 5) What are Jewish communities already doing to help



people cope with mental illness? 6) How do we distinguish various mental health conditions and continue to support them all under the umbrella of the Reform Jewish movement and the Jewish movement at large? 7) Which mental health conditions and illnesses are perhaps most prevalent in our communities? Why and how can we help? 8) How can we incorporate personal experiences as leaders in the Jewish community to allow those we serve to seek help from us? When is this appropriate and useful, and when is it not? 9) What can Jewish culture, practice, and rituals do to help those who are suffering from mental illness? 10) How can we provide early education to those in the Jewish community to allow early intervention and understanding of mental health and wellbeing? How can these approaches continue our future facilitation of these difficult conversations? 11) How is mental illness defined in Judaism and through a Jewish lens and perspective? 12) What methods in the past have or have not worked through a religious Jewish initiative in assisting those with mental illness? 13) In light of what hasn't worked in the past, how can we move forward eliminating stigma and continuing to advocate for better mental health care and support? And 14) [and the last for now] Why is mental health advocacy a social justice issue from the Jewish perspective?

\* \* \*

**HOST:** And these questions have been adapted and include many more. But I want to add that given that 1 in 5 Americans experience mental illness every year, and these are post-COVID stats, we are doing a grave disservice to ignore mental illness in our own communities. The research I have completed so far and continue to work on shows that Jews are no exception in those who suffer from mental health conditions in daily life. It's my hope that these interviews and podcast episodes will provide a means to break down these barriers in our conversations on mental health. Furthermore, I hope this might allow listeners to incorporate this listening material into their own further and deeper discussions on mental health support and a way to end misconceptions on the subject that lead to damaging stigma.

\* \* \*

**HOST:** So, I want to conclude this introduction episode, as it's been given a very broad overlay of goals, etc., with a brief text study that I didn't include in any of the interviews and that I wanted to include here. And I think fits well into the issues that will be brought up and have been about the language that we choose when we are discussing mental illness, as well as a brief taste of how traditional Jewish sources approach these issues surrounding emotional issues and emotions, emotional fortitude, and resiliency, and how that was even a debate thousands of years ago. It's important to mention that they were not in the same time, these weren't written in the same time and how we've seen them differently. And I would point specifically to, although I will mention and summarize later all of the wonderful interviewees that we've had, but to hear more on traditional sources, the episode that we share with Dr. Rabbi Mark Washofsky, who discusses in depth this in the *Halakhah*.

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**HOST:** But what I've chosen here is a passage from the Babylonian Talmud, Tractate *Yoma*, where the rabbis, Rabbi Asi and Ami discussed the following, and I'm going to read the Hebrew first:

*"D'agah b'lev ish yashena, Ravi Ami v'Ravi Asi, chad amar: yashena m'dato, v'chad amar: yesichena la-acharim".*

**HOST:** So, I'm going to translate this from the Talmud, where the sages of our Jewish tradition discuss this meaning. It was from a passage in the Book of Proverbs that read "[...] if there is care in a man's heart, let him quash it. Yashena, we read, and this is in the preceding passage Rabbi Ami and Rabbi Asi dispute the verse's meaning. "One said he should forcefully 'push it;' *yashena*, out of his mind. One who worries should banish his concerns from his thoughts. And the other said it means he should 'tell;' *yesichena*, others his concerns, which will lower his anxiety [...]", which is some of his commentary and elaboration on the passage. But a brief note on the Hebrew here. This business of *yashena* and *yesichena* portrays similar words that can even seem the same, but that have different meanings. The first, yes, may conform to the infinitive verb *lischo*, 'to bow down or to prostrate oneself,' and there are others. But one definition that might apply also is even a way to say 'to depress' or perhaps 'suppress,' in the case as the rabbis translated as quash, not squash, but quash. Here, the second, *yesichena*, may apply to the infinitive verb *lasicha*, with the literary meaning, not the modern way Hebrew way of saying this, but the literary meaning *lasicha*; 'to say or to tell.' So, differentiating these verbs is a matter of this Mishnaic Hebrew debate.

But for our purposes, I'm bringing it up because it's a great example of when language and its meaning can change our perceptions on how we think now and how the sages of our tradition understood some similar concepts from where they were pre- all of the medical interventions that obviously exist thousands of years later.

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**HOST:** So, this passage is often cited regarding traditional understandings of mental suffering and anguish, and two opinions are emphasized here. So, to be clear, if the Hebrew wasn't clearer in the translation before; 1) one must suppress their emotional distress, and 2), the other side, one should reveal or tell or share their emotional distress, thereby allowing others to help. So, the second perspective, the 'telling,' provides a foundation for many forms of therapeutic and pastoral support to become possible in these many years later. And furthermore, we're given an entrance into a new forum of communal support for those suffering from mental health

conditions. So, most importantly for the work within this capstone project, there is another underlying layer. When one speaks about these issues out loud, as the second perspective says, they can become normalized. When we stifle the speech of those who suffer from mental illness, we reinforce stigma. And when we stifle those who could speak and advocate on behalf of those suffering the stigma, that stigma only grows. And this is true, and sadly, so often the case.

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**HOST:** So, through this podcast series, the issues surrounding mental health awareness and advocacy will be explored through interviews with rabbis, chaplains, scholars, writers, and educators of various areas of expertise and opinion on mental health and stigma among those in our Jewish communities. And these interviewees are not exclusively rabbis, but those experts from other fields who also affiliate or are affiliated with the Jewish movement.

\* \* \*

**HOST:** Each interviewee is described in detail in the following written chapters of this project but will also have broad introductions at the beginning of each episode. So, worry not, we will get to know each of them, and some of them have personally struggled with mental illness or have experienced what it's like to live with someone who suffers from mental illness and the difficulties that come with this. These people often call themselves, or those interviewees refer to this experience as quotations 'coming out' about their mental illness because indeed it was for some and whether it took years or different forums for them to be able to do so, it is, as you will see, is a challenge for leaders to speak, and especially so candidly, about mental illness, given how it's still perceived.

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**HOST:** Other interviewees speak from their experience as advocates and founders of mental health support and education programs, those who serve on those boards, including NAMI, as I mentioned earlier, and we have someone who's just [...] a big mazel tov to her, Rabbi Sandra Cohen, who was appointed to her regional National Alliance of Mental Illness Board, and other organizations dedicated to outreach work on mental illness or related fields from various ages and stages of life. The initiative is intended to be another way we may apply that second perspective broached by the Talmudic discussion I mentioned previously that we 'talk' about it. We talk about it to alleviate some of the mental turmoil, where written research alone feels insufficient.

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**HOST:** So, in the early planning stages of this podcast, as a part of my senior capstone project, it became very clear to me that in combating the suppression of these issues, they needed to be spoken aloud in a format that could truly be heard and not just written in research form that would be less accessible because the word heard aloud, the discussion heard aloud, is so important here. And so, a final disclaimer and I truly hope you will enjoy this series as much as I have had in creating it and carrying out these interviews.

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**HOST:** A disclaimer before: Though the views and opinions in this podcast and in each episode are personal to both myself as the host and creator, as well as each individual interviewed in their own personal capacity, they do not reflect the formal opinions or statements of specific institutions and organizations, but rather as a reference to such. I am also including the disclaimer that this podcast should not be used as an attempt to treat or diagnose any mental health condition or other medical need for intervention.

We encourage all those who listen to seek professional help if they are in crisis or experiencing symptoms of mental illness or any other condition for which they and/or their loved ones are concerned.

I also want to provide this as a trigger warning that these episodes, to various degrees and in different depths, discuss serious matters surrounding mental illness, including suicide. Often, these podcasts also discuss various mental health related conditions, including addiction, alcoholism, eating disorders, childhood trauma and abuse, and complex trauma, among others.

So please be advised of this before listening, and please seek help if you're struggling. Our podcast seeks to remove the stigma and shame around getting help for those who are suffering. It would be a failure of our part and its very intention for listeners not to hear the following: "you are not alone!" Thank you.

[OUTRO MUSIC]

## **Chapter II. Mental Health Impacts on Aging Populations within our Communities:**

### **Episode 1 with Rabbi Richard Address (DMin)**

#### **Speaker Background & Biography:**

This episode's guest was Rabbi Richard Address, Founder and Director of *Jewish Sacred Aging*.<sup>16</sup> Rabbi Address served for over three decades on staff of the Union for Reform Judaism; first as a Regional Director and then, beginning in 1997, as Founder and Director of the URJ's Department of Jewish Family Concerns and served as a specialist and consultant for the North American Reform Movement in the areas of family related programming. Rabbi Address was ordained from Hebrew Union College-Jewish Institute of Religion in 1972 and began his rabbinic career in Los Angeles congregations. He also served as a part time rabbi for Beth Hillel in Carmel, NJ while regional director and, after his URJ tenure, served as senior rabbi of Congregation M'kor Shalom in Cherry Hill, NJ from 2011-2014. He directed the now established Union for Reform Judaism's Pennsylvania Council from 1978 through 2000. In 1997 he founded the Department of Jewish Family Concerns and went full time in New York in January of 2001.

Rabbi Address received a Certificate in Pastoral Counseling from the Post Graduate Center for Mental Health in 1998 and his Doctor of Ministry (DMin) from HUC-JIR in 1999. He also received his honorary Doctorate from HUC-JIR in 1997. He received the "Sherut L'Am" award by the Kalsman Institute for Judaism and Health, and another award in 2010 for "Best Practices in Older Adult Programs: First Place by the National Council on Aging-Interfaith

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<sup>16</sup> "Home," Jewish Sacred Aging, August 25, 2021, <https://jewishsacredaging.com/>.

Coalition on Aging.” He teaches classes in Jewish Family issues and Sacred Aging at the New York campus of HUC-JIR. Rabbi Address has written various web articles on matters surrounding his passion on Jewish spirituality and aging populations. He co-chairs the Committee on Spirituality and Diversity for C-TAC (Coalition to Transform Advanced Care) and serves as Rabbinic Advisor to Men of Reform Judaism.<sup>17</sup>

His passion project, *Jewish Sacred Aging*<sup>18</sup> is largely a community forum that has grown tremendously in content and affiliation/membership since it was first founded 26 years ago in 1997. The foundation’s main theme or purpose is in creating “caring communities” for a growing demographic of aging populations in our congregations. *Jewish Sacred Aging* seeks to provide our congregations and Jewish institutions with resources on the “emerging longevity revolution,”<sup>19</sup> including education sessions and a growing array of relevant literary publications. As part of *Jewish Sacred Aging*, Rabbi Address has initiated an attached podcast series, “Seekers of Meaning,” which is largely comprised of one to two interview sessions. Listening to “Seekers of Meaning” was an integral part of my background research for this project, not only in the subjects being discussed, but also as a training example on how these kinds of podcasts work. I point to two specific episodes in the podcast and summary that helped shape part of this episode with Rabbi Address, specifically his episode on “Faith Community Disability and Mental Health

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<sup>17</sup> Rabbi Richard F. Address, D.Min.,” Jewish Sacred Aging, August 9, 2018, <https://jewishsacredaging.com/about-us-2/rabbi-richard-f-address-d-min-2/>.

<sup>18</sup> “Home,” Jewish Sacred Aging, August 25, 2021, <https://jewishsacredaging.com/>.

<sup>19</sup> “Rabbi Richard F. Address, D.Min.,” Jewish Sacred Aging, August 9, 2018, <https://jewishsacredaging.com/about-us-2/rabbi-richard-f-address-d-min-2/>.

Inclusion”<sup>20</sup> with Shelly Christiansen, and on “The Creative Rise in the Use of Healing rituals and Prayer in the Post-Pandemic World”<sup>21</sup> with Rabbi Simkha Weintraub.

### **Purpose and Background of Interview:**

This episode was recorded on December 8<sup>th</sup>, 2022, and in its original format ran over an hour and ten minutes but has been edited in its entirety to one hour. As reflected in the audio of the episode and in the transcript, the following six core questions were the main focus of our conversation. Questions two and four are reflected in nearly all the eight episodes, and question one was related specifically to his field and expertise. The remaining questions are more reflective of the outcome of our discussion:

- 1) How is mental health and an issue among aging communities in the Jewish tradition?
- 2) How can we train Jewish leadership in dealing with mental health-related issues, and what work needs to still be completed on stigmatization of mental health and disabilities education?
- 3) How do we frame mental health from the Jewish perspective through community education and Jewish ritual practice?
- 4) From your background in the area, how is mental health advocacy a social justice issue with the Reform Jewish framework and why?
- 5) How have the effects of the COVID-19 pandemic impacted mental health, both among clergy and congregations/communities?
- 6) How can we create a healing Jewish movement in the wake of these past three years?

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<sup>20</sup> Seekers of Meaning, *Seekers of Meaning* (Apple Podcasts, December 2, 2022), [https://jewishsacredaging.com/wp-content/uploads/2022/12/SOM20221202.00\\_00\\_48\\_24.Still077.png](https://jewishsacredaging.com/wp-content/uploads/2022/12/SOM20221202.00_00_48_24.Still077.png).

<sup>21</sup> Seekers of Meaning, *Seekers of Meaning* (Jewish Sacred Aging, July 14, 2022), <https://jewishsacredaging.com/seekers-of-meaning-01-14-2022-rabbi-simkha-y-weintraub-lcsw/>.

**Summary & Outcome:**

Rabbi Address was extremely charismatic and mixed some of his telltale humor into these serious matters in a way that I believe listeners will be able to relate to. Knowing this was the very first interview of the series, Rabbi address referred to it as the “experiment,” and in many ways it was. It showed me that planning explicit questions in an interview-style does not always run as smoothly when this kind of conversation gets going and there was a lot of energy on both of our sides as advocates on the issues of mental health. I was still mostly able to bring the conversation back to its core six guiding questions. In the following, I will explain the parts of the conversation that were most notable and relatable to the goal of the episode and project as a whole.

Based on the earliest elements of our discussion, Rabbi Address identified the main mental health concerns of aging populations as Alzheimer’s and dementia. According to the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Alzheimer’s and dementia are categorized as such under the category of “Neurocognitive Disorders.”<sup>22</sup> There is often a misconception or lack of awareness on these neurocognitive or neurodegenerative disorders as mental health disorders, compared to the wider awareness of mental illnesses like Depression, Schizophrenia, or Bipolar Disorder. Thus, I think this was an important distinction that Rabbi Address outlined. He further explained how these illnesses have a secondary impact on generalized anxiety for older people who are afraid of the prospect of losing their minds and memories. This is an extremely important factor for leaders in Jewish communities with large older demographics to realize and recognize this in those they serve.

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<sup>22</sup> Apostolova, Liana G. “Alzheimer's Disease.” U.S. National Library of Medicine, April 2016. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5390933/>.



In relation to Rabbi Address' view of mental health as an issue of social justice advocacy, he explained that those individuals are the ones who "walk the walk and talk the talk."<sup>23</sup> He also proved a thread that many of the other episodes' participants agreed upon as it relates to people who 'walk that walk.' Almost all the interviewees, including Rabbi Address, made clear that 'lived experience' becomes a major factor among mental health advocates and activists. People need to have some sort of firsthand experience of mental illness, either their own or through a loved one, to truly see this as a matter that needs better general awareness.

Of the speakers on the series, Rabbi Address most thoroughly explored the connection between the COVID-19 pandemic and mental health issues. Within this realm, he also explained that the greater need for mental health care as an outcome of the pandemic was possibly a positive one for those who advocate mental health awareness. It was interesting to hear from someone who experiences this with a sense of hope or optimism that this outcome of the pandemic may eventually lead to greater understanding of mental illness. And hopefully, with time, this could lead to better help and resources for who suffer from mental health conditions and disorders. I encourage listeners to hear how Rabbi Address' expresses this, in the hope that they might realize mental illness is common and needs to be destigmatized.

One of the most striking aspects of his discourse on this was in how he likened the communal traumas of 9/11 and the 2008 financial crisis to the global pandemic we have experienced collectively.<sup>24</sup> I found this to be an important takeaway as it explained the matter of collective trauma in connection to mental illness. As I outlined in the introduction to this capstone project, regarding the issue of stigma as something that is experienced both societally

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<sup>23</sup> Richard Address, "Episode One," December 8, 2022, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:00:39.

<sup>24</sup> *Ibid.*

and individually, Rabbi Address illustrated this same problem for trauma. Without going into the great well of trauma discourse, this is an overall important factor for listeners to take into consideration. Trauma is extremely pervasive and often ill-defined and recognized, but it is so common for many people, whether or not there is a formal diagnosis of a trauma-related mental disorder.

Finally, Rabbi Address approached the area of self-care and mental wellbeing among clergy. He explained that especially for new rabbis in the field, there is a crucial need to create clear “boundaries and borders”<sup>25</sup> with our constituents and members of our Jewish communities. He also recognized that this is often near impossible without great effort on the part of Jewish leaders, or otherwise needs to come with the experience of time. Like other speakers, he explained that this was not a very ‘popular’ consideration for leadership personalities’ who pride themselves on fulfilling the needs of all of those they serve as part of what make a ‘successful’ rabbi. Nevertheless, I think this is important for listeners to hear to understand that what might seem dismissive of members of our communities. I hope this doesn’t dissuade those who hear this podcast from seeking guidance from their clergy, but rather to explain that rabbis and clergy are human too.

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<sup>25</sup> *Ibid.*

TRANSCRIPT: EPISODE 1 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH RABBI RICHARD ADDRESS

HOST – REMY LIVERMAN

DECEMBER 8, 2022

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[INTRO MUSIC]

**HOST:** Okay, so we're here with the first series of podcasts, *Healing the Hidden, Talking about Mental Health and Stigma* through the Jewish tradition. I am rabbinical, student and ordination candidate Remy Liverman, and I'm joined today by Rabbi Richard Address, founder and director of *Jewish Sacred Aging* and his own podcaster: *Seekers of Meaning*. So, as part of my senior capstone project, on Mental Health and Stigma and the Reform Jewish Movement (longer version of my title) "Why Jewish leadership matters to mental health: caring & supporting each other and those we serve" This is a longer version of the title, but for our first interview, at least. So, Rabbi Address is here to discuss the subject and his unique perspective, and I'm honored to have him as my first Interviewee and excited to gain some new understanding through your expertise and experience working with congregants, patients, and members of the community. So, a big welcome and thank you to Rabbi Address, and I was hoping you'd introduce a little bit of both your work and yourself.

**RABBI ADDRESS:**

Okay, sure. Hi, Remy and Mazal Tov on ordination. So, yeah, I'm a graduate of HUC-JIR in Cincinnati, so say hello to Cincinnati for me.

**HOST:** Thank you for putting that out there.

**RABBI ADDRESS:**

So, I had lots of congregational experience in California, New Jersey, worked for over three decades for the Union for Reform Judaism. First as a regional rabbi when we had regions and then in the 90s created the Department of Jewish Family Concerns and ran that until the Union got rid of all the regions and departments around 2011. So, in the department, we created all the programs that dealt with families, with our congregations. So, one of the ones that we dealt with and created was on resources dealing with mental health. We did this book, *Caring for the Soul*, which is a handbook for mental health resources and study guide for congregations, we work with Nami and a few other organizations. We did another program around resilience of the soul for self-destructive behaviors, etc. Was also dealt with young adults, which was very prevalent in the in the first decade of this century and the and the 90s as well and continues to be. All this stuff has only exacerbated and grown. So once the department ended, I took all the work that we were doing and the research on aging, because based upon all the statistics and all the work we did in the department, we just took all that work, and I just made it my own. So

Jewish Sacred Aging, the website Jewishscaredaging.com, the Facebook page, the Master, whatever it is, we're basically the largest program that deals with the impact of longevity on families, individuals, caregiving, etc., etc. The mental health component has again become extremely important a lot in many ways because of the pandemic, in some aspect because we're living longer and there's an increased amount of isolation. We're doing a lot more work in this thing called solo aging, where older adults are living longer but are alone, they have no family, they've never been married, they have no children. It's an under-discussed phenomenon in our community. So, the mental health stuff has become extremely important, and it goes a lot to the classic Jewish concerns about meaning, right. And what is this life all about? Is this all there is? What does this mean in the end? What's also exacerbated this in the last decade at least, is this explosion in Alzheimer's and dementia.

HOST: Right.

RABBI ADDRESS:

So, we've done some work in that. We've done some work in the rituals. We have published a *Mishebeirach* for individuals and families dealing with mental illness. We've gotten into some trouble by in the ritual workshop talking about this. And we've written about the need to redefine adultery in light of Alzheimer's and dementia.

HOST: You got in some trouble about that?

RABBI ADDRESS:

Yeah, because some people didn't want us to do that, which means, of course, we did, and the need for a new vocabulary because as probably Dr. Washofsky will go through with the Halakha. But some of the vocabulary that we have with end-of-life issues, some of us think need to be redone, reinterpreted or maybe new terms created because of medical technology and other things. I'm trying to condense a lot of stuff.

HOST: Yes, and you're talking about that from where we are needing a new vocabulary and terminology just in our general way of how we speak about mental health? I heard you speaking about this with Shelley Christensen of (the podcast) *RespectAbility*, is that right?

RABBI ADDRESS: She's a major player in that, yes.

HOST: And she was saying how we're defining person with, I was glad that there was that innovation, just at least that we're not saying depressed persons or schizophrenics, but able to say a person with those illnesses, that was a big move for us to be able to make, I think.

RABBI ADDRESS:

Look, in many congregations it is still easier to have a conversation about people living with cancer than it is to talk about somebody dealing with bipolar disorder.

HOST: Right.

RABBI ADDRESS: Even though there's much more conversation about it.

HOST: Right.

RABBI ADDRESS:

There's still a stigma. And when you go out and teach the fact that in Jewish tradition, in Talmud also, there's actually a diagnosis of the shoteh, and a vocabulary word shoteh that's obviously expanded through the generation, people say, "oh my God."

HOST Yes.

RABBI ADDRESS: And this is Judaism. We didn't duck this. This is reality.

HOST: Yeah, it's there. So broadly, and you've talked about links with the work you've done with sacred aging, but the other issues that I'm hoping that we're going to get to broadly is training leadership in dealing with mental health related issues and what needs to be done in terms of stigma and the tradition framing mental health from the Jewish perspective, in terms of rituals. So that's two, third mental health advocacy as a social justice issue, and that is something that is so important. They're all very important, but I really want to hear from your perspective. As well as the COVID-19 pandemic and its effects on mental health in our community and among clergy, how we're caring for clergy.

RABBI ADDRESS:

Well, first of all, the social justice aspect, when we go out well, pre-pandemic, we are on the road a lot. Post-pandemic, everything's on the Zoom machine, or 95% of it's on the Zoom machine, all the teaching and stuff. But we always work with congregations. We do a lot of work with congregations on the impact of longevity and which in many congregations is still the majority of their membership. But this social justice, I say if you have a social justice committee or social action committee, all this stuff is rooted in social justice concerns. I think in my opinion, many people are unaware that when they sit down and do their advanced directives, there are now in operation with advanced directives specifically for individuals dealing with Alzheimer's and dementia, early onset diagnosis. It's a very important thing to understand how the caregiving works. A family developing a care plan for someone who's, for example, somebody my age in their seventies who may have an adult child dealing with mental health issues.

HOST: Right.

RABBI ADDRESS:

One of the questions is now, well, after I pass away, who's going to take care of my adult daughter or son? Because I'm taking care of them now. But if I'm not around, or if I have to go into an assisted living facility and be taken care of, who's going to take care of them? Well,

there's a moral factor then, when you factor in the economics of aging in this country, which is totally inequitable, totally inequitable. These are real social justice issues. So, when you go to Deuteronomy (and there's a passage in Deuteronomy), and don't ask me to quote it because I missed that day (in rabbinical school), I think a group of us went down at the Busy B, of blessed memory. It probably doesn't exist anymore, but that's where we did a lot of studying. Busy B Café, is it still there? I'm thinking BB or maybe they changed. It was across the street from the IGA supermarket and Pete's newsstand, I'm talking 50 years ago.

HOST: That's still there.

RABBI ADDRESS: No kidding.

HOST: I think it is, I'm a little concerned about my constituents in Cincinnati saying, what are you talking about?

RABBI ADDRESS:

So, one of the passages in the Torah talks about the responsibility to provide people with basic needs that they lack. And if you lack the economic means to take care of you or be taken care of, especially in a mental health situation, then does the society have the responsibility, as many of us think they do, to provide a basic floor of access? But this is a real social justice issue that's being played out in Washington. And part of that in the "Build Back Better Bill" was destroyed. When they destroyed that, there was a whole series of subsidies that were built in for home health care workers, which, when the bill died, that all died, too. And, you know, people who are having to write checks to have people come in and take care of people. So, the economic issue, or the training issue Remy, you're right. Now, at HUC, I don't know how much in the human relations classes or pastoral counseling classes are devoted to this. I know there's way more now than it was when I was in school. I do teach in two seminary programs, one at HIC in the DMin program out of New York and a certification program in palliative care and Gerontology out of Wurzweiler School of Social Work from Yeshiva.

HOST: Okay.

RABBI ADDRESS:

In both of those programs, there is a constant discussion about mental health concerns because a lot of these programs are geared for working clergy who have been in the trenches. And they see the reality. And I'm going to come back to the social justice (aspect) because you spoke about whether or not it's being taught in seminary versus rabbis already out in the field.

HOST: Yes, so when you've been a rabbi in the community for a certain amount of time, and you are seeing families with family members who are battling addiction and complex family systems. And we do have more training in that with human relations and in my second unit now of clinical, pastoral care, CPE. And I do give credit to (Rabbi Schwartz) she's also my advisor, and will be listening to these podcasts, but I do think Rabbi Julie Schwartz has taken care to include mental

health in the curriculum. But the stigma piece is often overlooked, maybe because we hope it's just not, and we'd like to say it is. Yeah, we don't treat mental health conditions the same way as we treat terminal illnesses, like cancer. It's tricky and complex.

**RABBI ADDRESS:**

I think it's very complex. But I will tell you that the NAJC, the National Alliance for Jewish Chaplains out of Miami, this is the umbrella out of Miami. I think their office is on Biscayne Boulevard. I think don't hold me to it.

**HOST:** Okay.

**RABBI ADDRESS:**

But that's a national organization in North America of credentialed Jewish chaplains. And they do (deal with this), I just finished, I just did a program for them. They just finished like a five-part series on dementia and Alzheimer's that's available on their website. So, again, working clergy, chaplains, congregational rabbis, etc. They understand the reality of this because right, we're involved with it all the time. All the time.

**HOST:** Right. Whereas when we're rabbis in formation, and I've been a (student) chaplain now for (I think) five different hospitals and assisted living facilities. It so far has not worked out in mental health facilities. I think that's because it's difficult in both finding chaplain positions and a need for it in formal mental health institutions and hospitals. We have Lindner here in Mason, Ohio, and there's still a chance, and I'm hoping that I will have the chance to be possibly interning with them at some point next semester. But I wouldn't say there's less of a need. There's just this problem bridging spirituality and mental health. And you mentioned NAMI, and my family is very involved in NAMI. I come from a family where I am very much the black sheep, but my sister is a social worker, my mother is a social worker and have done a lot of work with NAMI. And five years ago now, in Israel, my mom gave a workshop when she was visiting on "Bridges of Hope", which is a presentation that they have. Basically, a lot of the presentation was trying to say how can we bridge this gap between bringing clergy in and having them both trained in understanding the scope of what's happening and having the mental health professional community open to having a spiritual community there as well. And this is not just in Judaism that I think there are still struggles there. Yeah, it's something we really need to work on overcoming. So, I want to come back though now, I want to talk about the mental health advocacy part because Nami is nonprofit, and I wanted to share just really briefly an experience that I had before rabbinical school that shaped a lot of this project in general. So, I was working with several mentors on a variety of social justice programs and initiatives and issues on everything from reproductive justice, racial justice, antisemitism and hate crimes, etc. and everything that you can find on RAC.org (Religious Action Center) where you can also find these in terms of Reform Jewish advocacy, social justice advocacy, mental health. I think they put it under the umbrella of just mental health into public health advocacy and social justice. But out in the pre-rabbinical field I had heard, and not just once, but that when I made a couple of proposals to have either workshops and learning for members of the community on mental

health or some forms of support groups, and this wasn't just from a personal desire, but from feedback I'd heard from working with young adults and people in their twenties and thirties who just moved to a new city. And they either had their own struggles with mental illness or they had family with it. There was a need for it. But when I approached it with a lot of those mentors I was working with, the response that I had been getting was that it's not really a social justice issue, it's not uncared for, but it's not a social justice issue. It doesn't conform perhaps to whatever we define as that. And I absolutely believe it is because, put simply, we're talking about a vulnerable community. So, this really goes also with large aging communities. The realm of talking about disability and mental health falls under this umbrella, in my opinion, of a vulnerable community who need advocacy for often a lack of voice. And then I think there is a need, and then I'm going to stop (talking) but there's this added piece also of how it's portrayed in the media, like when there's gun violence, mental illness is quickly jumped to or blamed and put in the wrong framework. I believe that's one sad example. Also, though, that combines two (social justice) issues. But anyway, I just want to hear what you think in terms of mental health, mental health advocacy, and all-around issues of aging, of disability in terms of how you define social justice and how you think we might do better linking them.

**RABBI ADDRESS:** Okay, so there's about four or five things there.

**HOST:** [Laughs]. Yeah.

**RABBI ADDRESS:**

As far as the advocacy is concerned, the reality is people who walk the walk are the most likely to become advocates. Until, I think, you walk the walk or know somebody who is dealing with this or seeing this in the dimension of Alzheimer's, you really don't have an appreciation for it.

**HOST:** Right.

**RABBI ADDRESS:**

You have an appreciation for it in the abstract, but I think, as in many things, until it actually touches your soul, then there's a spark that's lit and you say, wait a minute, my husband, my wife, my child couldn't get what they needed. So, it's going to be up to me to mount the barricades at the school board meeting and say, why can't my child get A-B-C or D? Because they're dealing with this, whether they're on the spectrum or that other thing. Where is that? That happens all the time. All the time. We've had experience with this in congregations of developing programs, seminars, workshops, especially pre pandemic. The pandemic has put a lot of hold on this. But when we were in the department and even now, huge workshops and congregations, the success of these workshops, Remy, were really based upon not the rabbi giving the Jewish approach to this, but people who have walked the walk. I'll give you a perfect example, real quickly. The first major one we did over a decade ago at a congregation in Scottsdale, and the rabbi there wanted to do something around mental health. And we put a program and we co-sponsored it, and it was a half a day seminar, and they brought in the local



mental health in Maricopa County, in the social hall that people could have like a 'health fair', which is a really good idea and works.

HOST: Yeah?

RABBI ADDRESS:

Oh yeah, they opened it up and it really works. They opened it up to the community, and the whole thing rose and fell on a panel where three members of their congregation spoke as to their journey, the role of the synagogue, how the synagogue was a caring community and supported them the role of their own faith and spirituality and having them help navigate this wilderness. And it was more powerful than anything else. And numbers of other congregations have done similar types of things. It was easier when people were used to going to the synagogue. Now you have to do it hybrid and it's different, but that's a program that doesn't cost any money and works. And it works and it helps raise awareness on a lot of this [...].

HOST What is the name of the organization that you were mentioning?

RABBI ADDRESS Oh, it was a synagogue in Scottsdale.

HOST: Okay.

RABBI ADDRESS:

It was part of our work when I was in the department, we helped set up a lot of these mental health workshops and programs out of our Jewish Family Concerns Department. And now as part of *Jewish Sacred Aging*, one of the workshops that we do is either specifically on mental health geared to trying to get congregations to raise awareness and or it's part of a larger program on health and wellness, not only physical health, but mental health. We try to teach people that in Judaism, the physical health and mental health are linked. So, for example, a lot of our people don't know that, when you read Maimonides from the 12th century. In one of his essays, he writes that he was a practicing physician. So, when before I would treat the patient for the pain in their chest or their arm, I would spend a long time talking to them about their holistic health. In essence, what's happening in their life, their mental health. Because even he (Maimonides) recognized, and this is 12th century, that what's happening here (in your head) affects what's happening in your body. So, when you teach people that Judaism is a holistic medical model, that the mind and body are interconnected, not a Western model where they're two. But Jewishly, everything's interconnected. And you can even create a curriculum from the prayer book on this, which we've done in part of the workshop. The system is freaking brilliant, okay? But we don't do it enough. So that's part of the need to raise awareness and educate. And by doing that, you treat holistically, right? And people then who have walked this walk and understand it from their *neshamah* they are more likely to get involved with advocacy. So, it's sort of like a total package here.

HOST: Right.

**RABBI ADDRESS:**

But I am more optimistic now than I was ten years ago. And part, Remy, is because of the impact of the pandemic. I mean, there's been so much discussion about the mental health impact. There's such an epidemic of it. I have yet to talk to a therapist in the last two years who has not told me that they're seeing so many people they can't keep their practice. There's too many people asking for mental health counseling to reach the needs. And it's impacting clergy as well.

**HOST:** Yes. And I was very inspired by what you were speaking about in terms of that. And I had one of my first interviews as I go into placement. And they were looking at my capstone and my personal statement. I was a medic in Israel before I went to rabbinical school. I wasn't like you, always knowing that this was what I wanted to do. I've answered the "Why do you want to be a rabbi?" a lot, though, recently. So please don't ask me. But talked about the combination, having looked at it from a medical perspective and from a chaplaincy perspective. And one of the few questions in that particular interview was really striking. And I was inspired by this. The question was "We really do want to take care of our clergy. How do we do that?" This was from a board member. How do we do that and protect them? Anyway, I wanted you to be able to answer the rest in terms of the social justice umbrella. But you did bring this up (in your podcast), and I think it was Rabbi Simcha [...] I have it written here. Let me find his last name. But it was Rabbi Simcha [...]

**RABBI ADDRESS:** Weintrob

**HOST:** Yes. He is a social worker as well as Rabbi who talks about [...]

**RABBI ADDRESS:**

Yeah, yeah. He did a podcast for me, too. He's just moved to Philadelphia. Everybody moves to Philadelphia. It's really a hot spot.

**HOST:** [Laughs] All right. So, I'd heard this really inspiring lecture, and this was another professor from Stanford, and he talked about, he had one on schizophrenia and the other was on depression. And he talks about the biopsychosocial perspective, and he said, in this case, we need to bridge a gap between what social workers and therapists, or how they're approaching mental illness and how psychiatry and neuropsychiatry is approaching it and bringing it together. So, he gave this definition of depression as "someone who has early childhood adverse experiences, perhaps combined with a genetic predisposition for chemical imbalance in their brain, and where a person can't appreciate sunsets. I thought that was so beautiful. He talked about what we needed to do to be able to combine them. And then with Rabbi Simkha [...] is Simkha his first name?

**RABBI ADDRESS:** Simkha Weintraub.

**HOST:** Thank you. I want to give them proper credit. He said something that I hadn't heard of before the "biopsychosocial spiritual perspective". That added piece of the "spiritual" and I'm sorry that I've taken us away, but that you both sort of touched on that.

**RABBI ADDRESS:**

Yes, that spiritual component of pastoral counseling with mental health concerns, it's slowly but surely getting much more attention. For example, in the DMin program that I teach in, this is a major component. Yesterday [...] Are we doing this on a Thursday? So yesterday [...] I've lost track of time. It was two days ago. I think sometime this week.

**HOST:** Yeah, life as a rabbi, you know.

**RABBI ADDRESS:**

It doesn't matter. Time is relative. One day this week, I did a staff training for the local Jewish Family and Child's Service for a staff therapist. And the question that they wanted me to deal with was really on "meaning" because they're overwhelmed with all this mental health stuff. And in essence, which emerged, the Jewish textual approach that they could use in their counseling to deal with some of this stuff. Slowly but surely, there's a growing cadre of therapists who understand the role of the spiritual aspect in confronting pastoral counseling. Not necessarily clinical, but the work that we do, and you would do as a rabbi and a chaplain, which is pastoral counseling, which is different than clinical counseling. And there is a role of the spirit and the spiritual role tied in with the mental health. And this is something that really needs to be explored and expanded. So, after you're ordained and you go in to do this, I would encourage you to think about, for example, this book that we use in the DMin program called *Spiritually Integrated Psychotherapy* by a guy named Kenneth Pargament, who's out in Bowling Green near you, down the street from you.

**HOST:** [Laughs]. Yeah.

**RABBI ADDRESS:**

But he was the first, and this book is like 20 some years old. This book, because I had to read it when I went through the program, talked about, okay, look, you have to take a look at that spiritual aspect as part of treating the whole person.

**HOST:** Right, exactly.

**RABBI ADDRESS:**

Yes, the whole person. Look, also, you mentioned the pandemic. Yes, we still, as a society, and this is something else you can play with during the thesis, and interesting if Rabbi Schwartz agrees with this. The 'Richie Address' approach to this is we still have yet to deal with at least two significant, maybe three significant traumas in your generation, like 9/11. Because the way America dealt with 9/11, the trauma of actually being (there) was we went and invaded Iran and killed people.

HOST: Yeah. That was our response to trauma [...]

**RABBI ADDRESS:**

Two, as somebody mentioned, the financial crisis of 2008, which is still impacting people. And three, this social trauma of COVID.

HOST: Yes, and it's global.

**RABBI ADDRESS:**

Yeah, and we are still trying to figure it out. So, you know, you've had enough training that when people deal with trauma, it's not just something like trauma is over. "Oh, I'll just turn the page. Everything's great." It stays with you.

HOST: Yes.

**RABBI ADDRESS:**

So (trauma) becomes a genesis of a lot of mental health concerns. What does this mean? Depression, angst, free floating anxieties. This is all happening. And for colleagues who have been overwhelmed these last three years, because I can't tell you how many colleagues who say, "we didn't have a class in electronics at HUC to run the service." Run the service. Push the button on the Zoom machine. "Is the lighting all right? I can't move this way because if I move that way, I'll be off camera."

HOST: And necessity is the mother of invention, right? But we did it.

**Rabbi Address:**

Everybody did it. Yeah, everybody did it. But the impact of technology also has all this stuff. I'm going to suggest, as you do your research, it's all interrelated. It's just all interrelated.

HOST: Yes. And I do know that we're running out of time and that you have another meeting and there's so much more that I would love to hear about, but I actually did my senior sermon on trauma and the I also talked about all of this, because when you're talking about the 'Binding of Isaac', it's trauma. And I talked about early childhood adverse experience and how we're learning trauma is [...]

**Rabbi Address:** Time out. Time out, Remy. Time out. [On phone] Yes, put me on hold.

HOST: Okay. I'm putting on hold.

**RABBI ADDRESS:** Okay, thank you very much.

HOST [Laughs], and we're back.

**RABBI ADDRESS:**

If you ask what area that I'm most concerned about is young adult and middle age issues around too, it's extremely important. I'm very worried about my grandchildren because they've lost several years of school. I can see what's happening. They sit on this all the time. And this is extremely dangerous in many ways, but because most of my work is with baby boomers and elders or emerging baby boomers Gen-Xers.

HOST: Yeah.

**RABBI ADDRESS:**

If I was smart enough, I'd write a book on it, but I'm not smart enough to do it. The whole concept of bringing meaning into loss, loss as you get older, these are natural. There was a book that is back there by Judith Viorst, from I think the 80s called *Necessary Losses*. It was a classic book at the time, and it's been validated by a whole series of articles and books from the 80s and 70s. And since, as you get older, if you're lucky enough to live long enough, And more and more people are living into their 80s 90s and 100s, you're going to deal with loss. You're going to deal with natural losses. We were putting together the Disabilities Project. This is back in the 90s when we ran the department. I was sitting at a lunch meeting at Temple Sinai in Oakland, California with Neil Jacobson. Sometime in the 90s when we were just starting the Disabilities Project that Shelley Christiansen was co-chair, and Lynn Landsberg, of blessed Memory. And Neil, who I think had cerebral palsy for most of this time, was in a wheelchair, and he turned to me at lunch and said, "remember, Rabbi Address that if you live long enough, everyone will have to deal with some type of disability." And the fact of the matter is, that was a very true statement, because you may not hear as well, you may not be able to walk as quickly, you may even need a new hip, a new knee, a new shoulder, you may not be able to do what you did. You may lose some sight, you may lose some hearing. These are natural losses. You factor in medical issues like a disease or something where you can't do certain things you used to do. I mean what's the theology of loss? There's your book, Remy. What is the theology of loss, and how do you translate the concept of the losses that we go through into a sense of meaning? And you factor in the loss of people as you get older. Okay, there's this great book I rarely recommend [...]

HOST: I was about to ask is on *Ambiguous Loss*?

RABBI ADDRESS: Yeah, it's Pauline Boss.

HOST: Yes, right now especially in the pandemic. Is that her newest one?

**RABBI ADDRESS:**

Yes. It's brilliant. But again, this idea of the theology of loss and how do you incorporate loss? Jewish rituals and traditions are very, very popular. We don't teach this enough to people. This is one of the things that drives a lot of us crazy, we just don't teach this enough. We're still operating as Larry Hoffman taught us when he was one of my DMin professors., and we still are

practicing, in many ways, pediatric Judaism. We love little myth stories and superstitions, and we're going to do this thing with Hanukkah, with the miracles. Stop with the bubbe-meises. As you get older, you don't necessarily need the superstitions. You need to know 'why.' Why this is happening to me, why time has taken on such an amazingly different concept than when I was 35.

HOST: You need to be able to make meaning, right?

RABBI ADDRESS:

Right. And so, you then take a look at Heschel who says, "we are creatures in search of meaning", or Victor Frankel in *Man's Search for Meaning*, when he says, "what's the meaning of life is not the question. The question is, how can I live so that I have meaning?" So, if you're 95 years old and you've outlived everybody, and they come to you in your office next year or already, and say, "what does this mean?" The challenge for the pastor, for the rabbi, is to say, "but there is still a possibility of meaning even at this stage of your life." We just have to be open to it and find it. It's the search. It's this constant search.

HOST: It just becomes the more inevitable loss, right? Because we have this and then we have these sad, tragic sudden losses, and we [...]

RABBI ADDRESS:

Remy, at the heart of all of this is in Genesis Three, the best chapter in the Torah.

HOST: Is that your favorite?

RABBI ADDRESS: Okay, one of my favorites.

HOST: That's the rabbinic response.

RABBI ADDRESS: It's the chapter that says you're going to die.

HOST: Yeah.

RABBI ADDRESS:

No matter how much gluten you never eat, no matter how many services you go to, you may never touch a cheeseburger, you could daven every day, 24 hours a day. You're still going to die.

HOST: Yeah., yeah. Death and taxes, right?

RABBI ADDRESS:

Well, and listen, if you're smart enough you can avoid the taxes, but you can't avoid death. And as you get older, look Remy, that's the ultimate loss. And that's why we created religion.

And that's why human beings created gods and afterlife and all this stuff to figure this out. Yeah, I 100% believe this. I believe that this and it's in the Ernst Becker book, the Denial of Death. It's the idea that religion was created as a response to the reality that we're going to die, which we don't want to do. We don't want to do.

**HOST:** Yeah. In my 'Death in the Afterlife' class that I took it when I was doing my master's in religious studies. I mean, it really boiled down to that. I remember a friend of mine saying, this. And [...] that can be problematic.

**RABBI ADDRESS:**

Yeah. No, Remy, if you're a certain age, you're alone. This is where this isolation and loneliness thing is really important right now. We warehouse people in assisted livings or nursing homes. We do. You see it and you're aware more and more of sands of time. So how many people you've already counseled or been involved with, they turn around and say, "What the [\*word redacted\*] is this?"

**HOST:** Oh no, well right there we can't have the podcast. [...] so don't say that full word [laughs].

**RABBI ADDRESS:**

Part of our job as clergy is to hold these people, support these people in a congregation, and to give them [...] we don't necessarily give them the meaning, but give them the tools. But it's very [...] and when you factor in the depression of loneliness and isolation and illness and loss, that's why faith communities are so important. That's why everything [...], synagogues are still absolutely essential, because of the faith community, people who've been there with you and celebrated with you and cried with you and laughed with you and walked with you, in the end, theology is irrelevant. It's the community that is important.

**HOST:** Okay. Wow.

**RABBI ADDRESS:** That's a good place to stop [...]

**HOST:** Yeah. Well, I want to ask you one more question in terms of leadership, because really, one, someone recently said to me that and there are statistics that tie this in, apparently. I don't know, what it is. Something like 40% of women who suffer from depression attend services, and this is not just Judaism, but they attend services more. And you could look at why and what that is, but I've spoken to several people, and two things stand out. Both suffering from perhaps undiagnosed mental health issues, but particularly struggling with meaning-making and the struggles of aging and loss. Now this was pre-COVID, but they still are. It's still helping them. These people have said this about going to 'COVID services. I call them 'COVID services,' but they really are Zoom services. But they said the services and the music, which I absolutely believe in the therapeutic power of music, has helped them so much. But it is so rare that they find themselves, both of them said, "I don't know if it's me, but there isn't a rabbi that I

really felt I could stick around after services or reach out to them at a different point,' no matter what their sermon was or [...], but what can we do? What can we do? So that, yes, maybe our rituals are helping. Yeah, so that's your ending, but okay, what's something we can at least do better?

**RABBI ADDRESS:**

If you're asking [...] well, on one level, those two people perhaps haven't found the right congregation. That's possible because I know tons of colleagues who do this all the time. And I don't think you can train this. I don't think you can take a class in this. I think some people are wired that they're more social and all things being equal, that they maybe send out vibes of being more approachable than others. I believe in chemistry. I do believe that you can walk in, and you'll go into one situation, and you'll say, "those people I just can't relate to." You go next door to another synagogue and say, "oh my God, these people are wonderful. Everybody's so friendly." And yeah. I think when I was teaching the family classes and aging classes at HUC before they changed some of the curriculum, we would have this conversation all the time about approachability and about the fact that you're never off, you're never off. And so that you have an encounter with them at the frozen food counter at the supermarket, with a member of your congregation and that can be, and often is a pastoral counseling moment.

**HOST:** Yes, but that becomes an issue for clergy exhaustion, but [...]

**RABBI ADDRESS:**

But the fact of the matter is that is true. When I was a regional director, we got involved and still do. I'm working with a couple of colleagues now and helping in placement and stuff like that. And as soon as colleagues started to talk about when they negotiated contract on their days off and I said, what do you mean your day off?

**HOST:** Who takes a day off? [Laughs].

**RABBI ADDRESS:**

I never took a day off. I mean, sometimes I just came in later. I needed a day just to get the hell out of Dodge. But you're always on.

**HOST:** Yes.

**RABBI ADDRESS:**

11:00 at night, you're going to get a phone call and you can't say to that congregant: "My office hours begin at 09:00 AM."

**HOST:** Right.



**RABBI ADDRESS:**

I'll give you two words. It's very much personality and it's very much about context. Lay people don't understand this about colleagues. Not everybody's approachable all the time.

HOST: Right.

**RABBI ADDRESS:**

There were many a Friday night, or even now, but I remember you do a funeral, you had a bunch of stuff. You run, you change clothes, you gobble down something. You go to this synagogue, it's Friday night, your mind is in a million things. You're dealing with this family, you're dealing with something. Perhaps your kid is sick. And Mrs. Schwartz, at the *oneg*, and you're around the M&Ms and the rugelach and she says, "Rabbi, can I just have two minutes, can I ask you [...]" and you say, "Mrs. Schwartz, right now is not a good time. Theni Mrs. Schwartz turns around to the president and says, "You know, I went to the rabbi and [...]" Well, no, Mrs. Schwartz. Get over it.

HOST: Yeah, yeah.

**RABBI ADDRESS:**

Everybody has stuff. And rabbis are humans. Rabbis are human. And people go through a lot of stuff sometimes, and we need just to do sometimes a better job of educating laypeople because there's too many congregants. This is an editorial comment, okay?

HOST: Yeah.

**Rabbi Address:**

For those of you who tune out now, you may not like this. We have too many lay leaderships now who sees the concept of *Kavod HaRav* has diminished and too many people who come from this corporate mentality who see the rabbi as an employee. And I once told a colleague, I never forget this, he sent me his contract. This was when I was a regional director. It was a long time ago. And he sent me his contract to review. And I sent it back to him and I said, "it's a very lovely contract if you sign it tonight, tomorrow morning, you should be on the phone to the placement director." And he said, "Richie, why?" I said, "because this is a boilerplate contract that they ripped off from their corporation. And if you notice, they're asking you to sign as employee." You're not an employee. You're the spiritual leader of a community. You're not an employee. And I have a whole [...] but it's not for this podcast, it's not for this conversation.

HOST: It is what differentiates us, and it has its own challenges. But a therapist says at the 45 minutes mark: "Sorry, times up."

RABBI ADDRESS: Exactly.

**HOST:** We're unique in our ability to cross over many boundaries [...] well I don't want to say boundaries, but the areas. And this would have been had we had more time, but a question of how to take care of leadership then when we have so many roles and we don't want to leave somebody out to pasture.

**RABBI ADDRESS:**

I remember when the union, when they used to do a lot of stuff that they don't do it anymore as much, would have leadership training and how to be a good leader. But very rarely was there a workshop on how to take care of your clergy.

**HOST:** Right.

**RABBI ADDRESS:**

And you know something? Congregational life is much, even in the 50 years that I was with it, it's much more challenging now. There's much greater demands. And I'm a big fan of telling younger colleagues, "borders and boundaries." You have to establish them for your own mental health, for your own safety. You're not there because too many times clergy become the idealized parent, the idealized sister, brother, child, son, daughter that this congregant either never had or abandoned them. And they project a lot of this, and we have to be prepared for that. And sometimes we don't know it. We don't know it's happening.

**HOST:** Right, yeah. Student rabbis have this at our own pulpits. Well, thank you so much Rabbi Address.

**RABBI ADDRESS:** Oh, thank you Remy.

**HOST:** And also, thank you so much for being my first interviewee.

**RABBI ADDRESS:** The experiment.

**HOST:** I thought "I'm so excited that he'll be my first interviewee, but I wish I had more experience when I came to him." There was a mix, but you also really opened us to some important conversations that we are going to be having [...]

**RABBI ADDRESS:**

There's a lot for you to talk about. You'll let me know if Rabbi Schwartz approves this, because God forbid, they'll come after my semicha.

**HOST:** [Laughs] In pursuit of avoiding mine.

**RABBI ADDRESS:**

First time I walked back into that building was the CCAR convention about, I guess, 10-12 years afterwards or [...] the last time I was back in Cincinnati. And I remember walking down the

hallway with my best friend Jakey, olev ha'shalom, and we're walking down, and he says, "Richie, are you alright? You look weird." I said, "I keep waiting for Dr. Mahali to jump out of one of these rooms and say, you owe me a paper."

**HOST:** [Laughs] So that is something that stays right, that stays around? After we get off, I have my one last history paper, and I know that was your area. It's translating from a French document, so I get to bring my Canadian roots.

**RABBI ADDRESS :** Oh, très bien, très bien.

**HOST:** All right, well thank you.

**RABBI ADDRESS :** Bonne chance, mon rabbi.

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**HOST:** Hi, everyone, and thank you for joining us for our very first episode of the podcast series, *Healing the Hidden Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. Special thanks for being our first interviewee and guest, Rabbi Richard Address, founder and director of *Jewish Sacred Aging*. And stay tuned next week for our second episode with Rabbi Sandra Cohen. Nami, representative and advocate and activist for mental health. Stay tuned.

[OUTRO MUSIC]

### **Chapter III. Mental Health Outreach and Advocacy for Clergy & Congregants – *Middot &***

#### **Mitzvot: Episode 2 with Rabbi Sandra Cohen**

#### **Speaker Background & Biography:**

Rabbi Sandra Cohen became an ordained Reform rabbi at Hebrew Union College in Cincinnati in 1995. As she mentions toward the end of this podcast interview, she wrote her rabbinic thesis on “Mourning the Temple’s Destruction: the Laws of *Tisha Ba’av* and other Public Fasts in *Tur Beit Yosef*.” This is demonstrative of how diverse her work is as a rabbi in both Jewish scholarship and Jewish social justice activism. She combines these in the important work she does as a scholar-in-residence and a recently appointed faith leader in her local NAMI chapter, among others. Rabbi Cohen has also received several prestigious awards in her rabbinic work, including the ‘Nathan Stern Prize for Academic Achievement’ twice in 1995 and 1994.<sup>26</sup>

Rabbi Cohen’s profound work in mental health outreach in Jewish communities nationwide was among the reasons I asked her to be a part of this podcast project. Beyond her breadth of knowledge and experience in an educator on mental health in Judaism, I was drawn to the courage she exemplifies in “coming out” as someone who suffers chronic mental illness.<sup>27</sup> Through the Jewish values of ‘values and commandments’ (*middot and mitzvot*) Rabbi Cohen models the endeavor of education on mental health and fighting the stigma surrounding it. Three important Jewish value concepts guide her philosophy and theology on the topic; *bikkur cholim* (visiting the sick), *hachnasat orchim* (welcoming the stranger), and *gemilut hasadim* (acts of

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<sup>26</sup> “Education,” Rabbi Sandra Cohen, January 31, 2020, <https://rabbisandracohen.org/education/>.

<sup>27</sup> Sandra Cohen, “Mental Health Work,” Rabbi Sandra Cohen, June 4, 2021, <https://rabbisandracohen.org/mental-health-work/>.

loving kindness). As listeners will come to understand through her conversation with me, she incorporates these values into her teaching and outreach through pastoral care and educational awareness seminars and speeches. She preaches and teaches in Jewish communal settings in synagogues and other Jewish spaces, as well as across multi-faith spaces, including a variety of churches and mosques.<sup>28</sup>

### **Purpose and Background of Interview:**

Rabbi Sandra Cohen was the second interview in the series, recorded on December 27<sup>th</sup>, 2022. The episode ran slightly longer than Rabbi Address' interview, which was eventually edited fifteen minutes shorter in its final form. This podcast was among the four episodes that started this series, all of which ran over an hour plus. Although some of this added time comes with the territory of early podcast production, as I have been told by other podcasters, there was a significant amount of peripheral conversation. Ultimately, the scope of the conversations that ended up in final production added deeper insight that guided further episodes down the line. After many new editions, I believe many listeners will find this too, and I encourage listeners to take the time to listen to the lengthier episodes as well, even if they do so 'out of order.'

My guiding questions for Rabbi Cohen's interview were more detailed because of her combined 'lived experience' of lifelong mental illness, in combination with her vast knowledge of Jewish textual understanding on the Jewish values related to mental health in Talmud and Torah. The following eleven scripted questions were approached in the interview to varying degrees:

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<sup>28</sup> Sandra Cohen, "Mental Health Work," Rabbi Sandra Cohen, June 4, 2021, <https://rabbisandracohen.org/mental-health-work/>.

- 1) Can you share a little about the *middot* and *mitzvot* that you preach regarding mental illness, and which have you seen to be most effective?
- 2) You spoke about “coming out” with mental illness, can you tell us a little about this and how/when you felt able to do this within your rabbinate?
- 3) We hope to be continuing to improve ‘gender gaps’ within the Reform Jewish movement, has being a female identifying rabbi made any of the experiences you’ve shared different or more challenging than how you believe this might be for male identifying rabbis? Alternatively, do you feel there have been advantages to being a female identifying rabbi?
- 4) Your recently appeared in an interview on *Women Rabbis Talk* hosted by Rabbi Emma Gottlieb and Rabb Marci Bellows’ “Talkin’ about Mental Health,”<sup>29</sup> they asked you about some of the best ways to opening the door to the discussion. Your answer was especially intriguing and inspiring, as you used this metaphor comparing the need to tell your children many times over to look both ways before crossing the street. As I understood it, you explained that we need to be as repetitive in teaching those we serve about mental illness for it ‘to stick.’ Do you feel this need ‘to repeat’ as different for the ‘invisible’ illnesses more so than other perhaps more-spoken-about illnesses like cancer?
- 5) As per the previous question, do you see this as evolving or improving? Do you think it is becoming more ‘normalized’ to discuss mental illness? Why or why not?
- 6) Undoubtedly, there is stigma around the discussion of mental health issues. The fight against this stigma has been a clear part of the work you do. What are some differences

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<sup>29</sup> Women Rabbis Talk, *Women Rabbis Talk* (Apple Podcasts, November 16, 2022), <https://podcasts.apple.com/us/podcast/women-rabbis-talk/id1481497572?i=1000586291854>.

between the stigma of mental health/illness within congregations, as opposed to how it is perhaps discussed in secular ‘settings?’

- 7) Can you tell us a little about your work with NAMI, and how you understand this concept of people with “lived experiences” being also those “in positions of power in mental health advocacy?”
- 8) Why is mental health advocacy a social justice issue from the Jewish perspective?
- 9) How do we distinguish various mental health conditions and continue to support them all under the umbrella of the Reform Jewish movement?
- 10) Which mental health conditions and illnesses are most prevalent in our communities and how can we as clergy attempt to provide support for all?
- 11) How can we incorporate personal experiences with mental health struggle as leaders in the Jewish community as a means of allowing those we serve to seek help from us? When is this appropriate and useful and when is it not?

### **Summary & Outcome:**

In similar fashion to Rabbi Address’ preceding podcast, Rabbi Cohen also has clear prior experience acting as an interview subject. Although she hasn’t led her own podcast interviews like Rabbi Address’ series *Seekers of Meaning*, she composed herself with the finesse of someone who has clearly been the subject of many interviews in the past. Considering that there were nearly double the guiding questions I had for Rabbi Address (perhaps a little eager on my part), we were still able to approach many of them, albeit not always in the linear fashion of the detailed questions above. The most pointed responses to those guiding questions were question

one, two, five, seven, eight, nine, and eleven, with some of the others briefly touched upon as listeners may notice.

First, Rabbi Cohen addressed her own experience quite candidly about her bipolar diagnosis and the sad added aspect of ‘treatment-resistant’ mental illness. The cadence of her discourse and clear acceptance of her condition will hopefully be of great benefit to listeners who are facing their own struggles with mental illness. She spoke about what was and wasn’t helpful in her hospital experiencing, particularly in her experience with the chaplains she encountered. She did point out that the chaplains who were the most dismissive or rushed were not Jewish chaplains, but this may have been due to a general lack of Jewish chaplains compared to Christian and interfaith chaplains.

This was where she tied in her hospital experience to how she teaches lay leaders and clergy on how to make hospital visits or even home visits to congregants and members of the Jewish community struggling with mental health issues. She discussed this in the class she teaches: “*Bikkur Cholim* – Visiting the Sick: What to Do and What not to Do.”<sup>30</sup> Largely, she explained that we should look at visiting those with mental illness in the same ways we do for those with physical illness. In that vein, she also compared this in terms of ritual actions we carry out when visiting someone sitting shiva or someone who is overwhelmed after the birth of a newborn. Beyond the class mentioned above, she also talked about the *chesed* committee she founded in her previous congregation, teaching similar ways to do ‘simple’ acts of *gemilut hasadim* for those with mental illness. In other words, helping someone who is struggling with depression that won’t allow them to get out of bed by offering to do their laundry or cook for them. The *chesed* committee education also stressed the importance of providing mental health

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<sup>30</sup> Sandra Cohen, “Episode Two,” December 27, 2022, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:10:37.



crisis resources, another thread listeners may notice in the advice given by other speakers on the series.

In the context of the Jewish texts she included in her discourse, she brought up two interesting concepts in the Talmud and in the Torah relating to the value of *bikkur cholim*. She first mentioned a section in the Talmud that explains we take away one-sixtieth of a sick person's pain when we visit them in the hospital. She said the example serves as a metaphorical comparison to the expectations clergy and chaplains believe they have when visiting someone with mental illness. We can't take away that fraction of pain, even as the Talmud points out the question of whether we can completely alleviate that pain if sixty people visit the sick individual (to cover the entirety of one-sixtieth).<sup>31</sup> She explained that this should be applied to the idea that we aren't there to 'fix' someone's depression, mania, anxiety, and so on. Instead, we should understand this from the pastoral presence perspective. We are there to be with them in the mental space they are in and try to be that calm presence through their suffering.

The second Jewish text she mentioned was *Parashah Vayigash*, which she was planning on leining around the time of our interview. She explained that in that Torah portion, we are given the first example of a *bikkur cholimah* ('one who visits the sick') when Joseph visits his father Jacob who is in the late stages of his fatal illness. This was a particularly enlightening moment for me in our exchange. Rabbi Cohen has this amazing capacity to find the pastoral aspects in everything, and it is so helpful when we can extend this to pastoral care for the mentally ill.

This was a theme in Rabbi Cohen's conversation, and she expressed at many points in the podcast the importance of Clinical Pastoral Care training for clergy, particularly speaking to the

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<sup>31</sup> B.T. *Nedarim*, 39a-b

program Rabbi Schwartz initiated, something I share with her. Unfortunately, our beloved Hebrew Union College will lose this when the Cincinnati campus' rabbinical school closes in the near future. Hopefully, listeners can see the importance of such programs for clergy as they listen to Rabbi Cohen's episode.

At one point in our interview, she talked about the teen demographic in our communities, explaining how their generation may be better than the preceding ones at both recognizing signs of mental health issues among their peers, as well as being more accepting of mental illness in general. This is a theme that also came up in Rabbi Burstein's talk in episode four and presented an interesting juxtaposition to the aging demographic in Rabbi Address' interview. Where aging communities struggle with their generational experience of not talking about the mental illness elephant in the room, it appears our teens have normalized mental illness in an unprecedented way, hopefully an optimistic sign of mental illness discourse in the future. She adds the experience of her daughter Shira when Rabbi Cohen was in the hospital. She explained that her daughter's memory of that experience was no different than when she had visited her mother in the hospital after Rabbi Cohen's stroke.

This interview was so informative, and I believe very relatable to many individuals who will hopefully listen to this episode. Rabbi Cohen serves as an example that mental illness should be a social justice issue relevant to our contemporary health crisis. At the same time, she effectively demonstrating the places in our sacred texts that prove positive examples of treatment of the mentally ill, providing a smooth segue into our textual understanding of mental illness in the following episode with Dr. Mark Washofsky.

TRANSCRIPT: EPISODE 2 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH RABBI SANDRA COHEN

HOST – REMY LIVERMAN

DECEMBER 27, 2022

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[INTRO MUSIC]

**HOST:** Hi, and welcome to *Healing the Hidden. Talking about Mental Health and Stigma through the Jewish tradition*. I'm rabbinical student and ordination candidate Remy Liverman, and I'm joined today by Rabbi Sandra Cohen, renowned for her outreach work on mental illness across North America and has recently been appointed to the board of Nami, mazal tov in Colorado. As part of my senior capstone project, 'Mental Health and Stigma in the Reform Jewish movement: why learning about mental illness is crucial to Jewish Leadership and caring and supporting each other and those we serve.' Rabbi Cohen is here to discuss the subject and her unique perspective, and I'm honored to have her here today and excited to gain new understanding through her expertise and experience working with members of the community and furthering this important work. So welcome Rabbi Cohen and thank you for joining me as my second Jewish leader and thinker on our series.

**RABBI COHEN:** I'm delighted and honored to be here today. Thank you.

**HOST:** Would you first introduce yourself and share a little about your rabbinic and personal journey?

**RABBI COHEN:**

Right, so I was ordained from HUC in Cincinnati in 1995, and I got married that year as well. It was a very busy spring, and I live in Denver. We've been in Denver for 27 and a half years. I served two pulpits here in Denver, one as an assistant Rabbi for Temple Emanuel, which is a very large Reform congregation here. And the second after I had my baby, I was at Temple Micah, which is a small community, although growing, and I had been there about four and a half years. And I had a really large stroke in January of 2002, which I've mostly recovered from. I have some lingering issues, whatever, but some of those chronic health issues, chronic fatigue and chronic migraines made me unable to be a congregational rabbi anymore. So, I left the congregational rabbinate. And over the years, I've done a lot of teaching. I taught Melton for many years, all the years it was here in Denver. I'm currently teaching at Ali, which is for adult senior learners. And over the past five or six years, I have moved my rabbinate into being around mental health issues, about mental health outreach to folks with illnesses and to their families, and how we make our communities more open, how we make our communities more inclusive, how do we fight stigma [...] So I feel like I'm working on that on a number of levels. I grew up in a family where there were mental health issues, my mother was depressed, so in my

own family. I suffer from bipolar disorder with an emphasis on the depressive aspect. So, treatment resistant depression, which is really a bummer.

**HOST:** Yeah. Lovely always to hear, right?

**RABBI COHEN:**

There's nothing like having your psychiatrist say, "well, I don't really have any other ideas about this [...]" That's not good to have [...] And I was first in therapy when I was a teenager, and I had a hard time, and I needed really that support of therapy as I went off to college and being in college. And then I stopped for a while. Then I was in therapy for a while in Cincinnati, and then that was fine, and I stopped, and then I moved out here to Denver, and then I ended up with really pretty severe postpartum depression with my daughter. And what I found interesting about that is that was that I'd been somebody who'd already been diagnosed with depression. I'm somebody who already had experience in therapy. I was a rabbi who did pastoral care with people, and yet I couldn't see my own illness staring me in the face. I needed someone to say it to me, and so I got referred out, and it used to be [...] my gynecologist referred me. And the conversation we have had for the last 25 years is, "oh, are you still in therapy?" And I say, "yes", and she says, "okay", and then she moves right along. And there's nothing like being with a therapist for 25 years.

**HOST:** Same therapist?

**RABBI COHEN:**

Same therapist for 25 years. The fact that she's a good decade, decade, and a half older than me was not a problem when I started, but now it might be. I can see it out there. Someday she's going to retire, and then I'm going to have to break in someone new.

**HOST:** It's like with mental health it's kind of [...] it builds and builds, so you have more and more information to give.

**RABBI COHEN:**

Right, and what I've learned in my own life is that I need a variety of stuff I'm doing medically to help me with depression and bipolar issues. And I'm in therapy, and I'm not going to be one of those people who finishes therapy. Therapy is going to be something I will probably always need. Right, ok. So then when I began writing and speaking about mental health issues in the Jewish community, what happens is I'll come, I'll preach, and I've said, as I've said, the metaphor is it feels like I go up to the bimah, I say, "Shabbat, Shalom." I take off all my clothes, I say, "Hi, I'm coming out as a mentally ill person here." And then I talk about my own experience with mental illness and the struggles that is. But then I also want to talk about the kind of middot and mitzvot that people can do. And I work with low hanging fruit. I'm not someone who can come and tell you how to write a grant for \$100,000 so you can have a social worker on your staff. I'm all about 'here are small things you can do'. And I think that I have a mental health committee in the community where I pray, where I belong. We also have a disabilities and

inclusion committee, and we kind of work together in some ways with the idea being that it's really important in the Jewish community to acknowledge people who have issues, whether they're visible or invisible, and so much in the same way. For example, my shul recently [...] we have braille on our bathroom signs. So, we also have on our website, there's a link to mental health and then if you follow that link, we have a list of all sorts of mental health resources in the community. And we also have like, Colorado Crisis Center cards or business cards in the lobbies of both the office lobby and the lobby into the sanctuary because it's really virtue signaling. Look, in my community, they seem to know that there might be people with mental health issues. And if I know that there are people with mental health issues, then it might be safe for me. You don't have to come out, you don't have to tell anybody you have a mental illness if you don't want to. But it might make you feel like, 'oh, it's possible for me to belong here because we can figure it out.'

**HOST:** Right, yeah, I was thinking about that. I wanted to give mention, I guess advertisement hold on, I want to make sure I have the correct name for the podcast you were recently on [...]

**RABBI COHEN:** 'Women Rabbis Talk'?

**HOST:** 'Women Rabbis Talk'. Thank you. Yes, and you had an episode "Talkin' about Mental Illness, which you gave all kinds of great information you mentioned. And I had recently seen this, actually, I'm currently in Miami, and I was looking at the inside of the bathroom doors (of the synagogue here) and one of the various things that I always think is wonderful that they have, that I've seen a lot of Reform congregations have, is for domestic violence, for instance, and outreach, and these little ways of indicating, and I think you had mentioned also these informational kind of guides or what they mentioned on the BRCA gene [...]

**RABBI COHEN:**

Yes, it was going to say just as we do for people that might be at risk for [...] But having information about domestic violence and having information about mental health resources that people might need but they might want to be discreet about is important. You should be able to have a little business card with a QPR code or whatever that you could take home and there will be all these resources.

**HOST:** Sure, yes.

**RABBI COHEN:**

The other thing that happens is when I speak at a congregation, especially, or when I do scholar-in-residence weekend, and they got lots of times to talk to me is afterwards or at the oneg afterwards. Person after person after person comes up to me saying, "oh, my child has this, my wife had this, my father had this." And it's like they've been waiting for some place that it was safe to say. And part of what we want to do is to have them not just tell me, although I'm happy to have them tell me, but to be able to tell each other and then figure out how to make that work in the community.

HOST: Sure. Yeah, absolutely.

RABBI COHEN:

One of the things that NAMI is really good at is on the inclusion issue. Which means they have people with mental health issues or with family members with mental health issues, or they work with people with mental health issues. They want those people as part of the governance.

HOST: Yes, right. So, I have that as one of the lived experience issues [...]

RABBI COHEN

When you do that, then you have to know that this person might suddenly disappear for a little while because they're having an episode of whatever it is. But we want to not have to say, "it's us up here who serve, and you down there that are struggling. No, it's all of us.

HOST: Right, absolutely.

RABBI COHEN: Some more profoundly than others, but it's everywhere.

HOST: Which is, I think, a tricky thing about talking about stigma, yet not being able to disclose your own struggles. That makes sense. I think people, perhaps many rabbis might be able to give, or I've heard sermons that touch on mental illness and do talk about advocacy, but are so distant. Exactly what you were saying. We have the information. We're saying what to do, how you should welcome those people. Right? But this is you and not us.

RABBI COHEN: That's exactly the language we want to change.

HOST: Right, yes. And also, and this is before I get into some of the issues that you talk about. A big part of what brought me also to this project was things I'd heard before and throughout rabbinical school that the question of whether mental illness is a social justice issue. My feeling is that you have a community of people who are not always or maybe ever able to advocate for themselves, then that in itself, to me, makes it a social justice issue. Now, if you go on RAC.org (Religious Action Center of Reform Judaism) it there as that.

RABBI COHEN: It is? Oh, excellent.

HOST: Yes. And I don't know how long and that's been the case, but I have found that rabbis and rabbinical students are torn as to whether, "well, okay, but is this as much a social justice issue as reproductive rights and reproductive justice or criminal justice reform? Not in how we equivocate them, but does it get to go in that same box?

RABBI COHEN Got you. It's partly a way of saying, is it really important?

**HOST:** Yeah, right. Is it important enough for us to take up this time? If we have the different kinds of sermons, whether it's 'a call to action' kind of sermon, is that where we want to put in?

**RABBI COHEN:**

Right, and we do. And I say to Rabbi Schwartz [...] well, I'll say to you, too, you have to keep nagging Rabbi Schwartz. I keep telling her she should bring me out. I'll preach, I'll teach rabbinical students, and we can have lunch.

**HOST:** [Laughs] And she is my advisor, and she is also who introduced me to you. I will tell you, she has used your writings in various in clinical pastoral education, even in a 'Psych and Film' class. I think that was the first article I'd read that you'd written about postpartum depression. And I had, after that class, gone up to Rabbi Schwartz and said, "who is this? This is amazing." I can't remember what film we were watching, but it was very profound to me also because it was the most candid writing I'd read. And I didn't know the breadth of your own experience and your own work, but about how able you were to talk about it through your own experience. Yes. Not just the 'us-you' language. And then I believe in that article, you had said that it took you quite some time to feel comfortable about the 'coming out.'

**RABBI COHEN:**

It's a really interesting thing to go inside of what you want to tell. Who and when, right? I had a colleague many, many years ago, somebody I know from my graduate fellowship with a heart as big as anything. And I said, "I'm going into mental health outreach and said, I'm looking to work with people with depression and bipolar." And she said, "Bipolar disorder! That's scary." And I thought to myself, "I'm not scary."

**HOST:** And they thought that illness in particular?

**RABBI COHEN:**

Yes, which was interesting, I'm like in terms of scariness. But it was an interesting thing to note because, as I said, I love this woman. We've been friends for 32 years or something. I mean, a long time. It was just really interesting to hear somebody on the outside, who was experiencing it that way.

**HOST:** But then there's also, I've found, like a sad [...] and this is not just within the movement, but perhaps a hierarchy of the kind of mental illnesses that are more maybe acceptable than others. I had a fellow student who I was very close with and still am, and there was and is a psychological evaluation to be admitted (to school) [...]

**RABBI COHEN:** Right, I remember that.

**HOST:** And it still exists and there's all kinds of discussion around that, but this friend of mine had said, "but there has to be a limit, we're not going to allow people with diagnosed schizophrenia into the rabbinate, but anxiety or bipolar depression is where we'll draw the line." And I thought [...]

**RABBI COHEN:**

And it's a tight line to walk, right? Because someone with schizophrenia might have a harder time staying in remission, which might interfere with their ability to do it. Somebody I've sat with, but I've sat with a couple of different people over the years who came to me for pastoral care, and they sounded fine and normal, and they sounded a little quirky, and suddenly I realized that they were psychotic. One guy brought me his medical records and his other records for me to look at. And he's telling us [...] he had declared God told him to kill his wife. And he was declared not guilty by reason of mental disease, and now he was out under supervised visits, and he wanted me to advocate for, I don't know, him lessening his meds or whatever.

**HOST:** Wow, okay.

**RABBI COHEN:**

His ADL's, his 'activities of daily living' looked fine. He looked clean; his clothes looked clean. He seemed well-nourished, but I was listening to him and suddenly he's off telling me about how he was born on the same day P.T. Barnum was and this was the connection and blah, blah, blah. And then he says, "in the book of Jeremiah says blah blah, blah." And I'm thinking, "look at that." The first thing I thought was, "oh, this is what ideas of reference referred to with someone. I said to him, "what would you like from me?" And he's like, "I'd like to decrease my meds." I'm thinking, "no [...]" But it was also true that I can't keep seeing him for pastoral care because I'm not qualified to do that. Yes, I can work with someone with mood disorder, but at some point, too often I'll say, "I need you to get a real therapist for me to keep working with you" because knowing the boundaries and our limits is really important. And for pulpit rabbis, especially pulpit rabbis, really need to have lists of resources for people because it's hard, by the way, these things. And I don't know if you've noticed, it's hard to find a therapist that has openings these days. It's hard to find a therapist that accepts your insurance. It's hard to find all of that. And the congregational rabbi is not magic, but they can be a conduit in giving someone help. "These are the resources in our community that can help set you up with someone."

**HOST:** Yes. And knowing, like what you were saying, also knowing the boundaries [...]

**RABBI COHEN:**

We can, and then it's too far. You've got to do that. And one of the things I say when I preach or when I do workshops about it, so I talk about the mitzvot, and I talk about welcoming the stranger.

**HOST:** That's what I was going to ask you about.

**RABBI COHEN:**

Yes, right. So *hachnasat orchim* includes like, having flyers out there for mental health, saying from the bimah that everybody with an illness, whether it's physical or mental, and keeps saying



that over again. That's welcoming the stranger. That's putting our arms out and saying, we have room for you here. And the thing is, I thought about this before the pandemic. So *hachnasat orchim* [...] and before the pandemic, I would say this, but we're getting back again. If somebody who you know is a regular disappears, someone needs to go after them and find out what happened. "I haven't seen you lately. I'm concerned about you. Is there anything you need?" And I think people worried about getting sucked in and asked to do more than they can do. So, the metaphor I use is a newborn baby. When you're visiting a family that has a new baby, you go, right, you bring a casserole, bring a cookie, you hold the baby so the parents can take showers, things like that. You put a load of laundry in for them and then you leave. There's no expectation that you're going to make the baby sleep through the night. You're there for that period of time. And when you're visiting someone or calling on someone who has a mental illness, you have to view it the same way. Somebody's suffering with depression. You are not going to cure them, and it's not your job to. You can come, bring the same kugel, put stuff in the wash, say, "hey, do you want to watch the football game together?" Or call someone and say, "I notice you haven't been in services lately. I'm going on Saturday morning. Would you like to come with me, and I'll sit with you?"

HOST: Yeah.

RABBI COHEN:

Like I said, those are the low hanging fruit, but they're really important. And it's important to know as a visitor, someone who's trying to help, that it's not your job to solve it, it's just your job to be there. That's why the Talmud tells us that.

HOST: Yes, it is.

RABBI COHEN:

It says, when you visit someone, you take away 1-60th of their illness. And we know that 1-60th is the smallest amount that the rabbis considered significant. The passage in the Talmud is great because it goes on and someone asked the obvious question, "oh, so should 60 of us all go at once and then we would take care of the whole event?" What you're thinking to yourself is "how could that be a good visit?" I taught a class in a variety of ways called '*Bikkur Cholim*-Visiting the Sick: What to Do and What Not to do.' So, the class is a text study for me and also learning how to visit the sick. And one thing I will generally ask or what I'll say is "what is the worst thing someone can do or say when visiting you when you're sick?" So, after my stroke, and I got a lot of nice cards because it was in the newspaper. And I got two or three cards, maybe one, telling me what I'd done wrong and why God was punishing me. I thought that's a nice way of people reaching out to me, I feel all better now!" People wrote nice cards, really nice ones, I saved a lot of them. So, and after, the Talmud then explains that "no, the 1-60th is regressive. There's always going to be more, but you can go and be there with someone. And in fact, in the Torah portion in a couple of weeks, because I'm leining it so I was just reading it. In *Vayigash*, you have that Jacob was sick, and then he learned that Joseph and his sons were coming to visit, and it says, "*Va'yithazek Yisrael*." Right, that "Israel was strengthened," and he sat up in his

bed. So, it's the first place, by the way, in the Torah, that illness is mentioned. The other patriarchs got ill, or the matriarchs and they just died. But Jacob actually was ill, and Joseph was coming, and he's modeling a *bikkur cholima*, who's visiting the sick. So that's that. Then you have *gemilut hasadim*: "deeds of loving kindness." And we talk about how do you be with someone who's having [...] whatever. If you're with someone who's hearing voices, you don't need to challenge them. That's not your job. Someone who's really depressed, you want to bring care to, "I care about you even though you're really depressed." When someone's really wound up, you can kind of try and soften things or slow things down. When someone's really anxious, you can be reassuring, but you're not going to take away their symptoms. You're going to kind of be there with them while they are having them.

**HOST:** Right. And I mean, and you talked about these differences, and who felt comfortable coming to visit you and the variety of [...]

**RABBI COHEN:**

Right, and I had that experience. Just before the pandemic, I was in the hospital for depression for just a few days, and my husband sent out a note to a few people. And one person who came to visit me, she said to me, "I wasn't really sure if you'd want me to come visit you." She said, "but if we really think that mental illness as just a physical illness, then if you had broken your leg, I would have come. So, I decided to come visit."

**HOST:** Yeah, right. Because in neither case, and in neither visit are you going to solve that or perhaps yeah, you go visit someone who's leg is broken, and they have doctors treating that, but maybe they get to rest their leg on you for a little. You are an informal (kind of help), you're not going to solve it. But I think I've heard also "well, is it appropriate or is it not appropriate?" And sometimes it sounds to me that when it comes to visiting people in psychiatric units of hospitals, there's also a fear too.

**RABBI COHEN:**

Right, you're frightened of what the person is going to be like. What are the other people going to be like? It's a scary thing. This is true. Also, by the way, I think that especially progressive rabbis are really hesitant to offer to pray with someone.

**HOST:** Yes, I was, I was hearing that. Yeah.

**RABBI COHEN:**

And I think that you should always ask, and you want to ask in a way that someone can say no, but you can say "we could sing Debbie Friedman's *Mishebeirach*. We could say a psalm together. I could make up a prayer. I could listen while you make a prayer. We can talk about what you might want me to pray for." And you want to say to a person, "would you like me to do a prayer with you?" And the person can say "no."

**HOST:** Yes, yeah.

**RABBI COHEN:**

And I know, and I remember from CPE, and I loved that. Walking into the room of someone who's sick is always scary, and you're worried about rejection, and it feels [...] but it's worth putting yourself out there. When I was in the hospital, for physical reasons over the years, and I almost always asked for a chaplain to come visit. Sure, why not, right?

**HOST:** Right.

**RABBI COHEN:**

One of the worst visits I ever had was one woman who came in and said, "you're Jewish? I love the Jews!" I thought, "this isn't going to go well." And after she left, I called the chaplain's office and said, "just so you know, this was my experience with Mary." And he's like, "oh, we're working on that. She's a volunteer, we're working on that." And then another time I was at the same hospital, and I was in the ICU for some stupid reason, and the guy poked his head in the curtain and said, "hi, my name is Thomas from the chaplain's office. If you ever want to talk, I'm here. They're great. Okay, goodbye."

**HOST:** Nothing else?!

**RABBI COHEN:**

He didn't even walk into the room. So, I called the chaplain's office and talked to the (same) guy in the chaplain's office. And I said, "you know, he didn't even walk into the room, much less give me a time to say, yes, I'd like to talk." And he said, "oh, that's how Tom gets so many visits done."

**HOST:** Oh, my gosh. Yeah, I remember hearing about that in my first unit of CPE. I always say, "well, we have a verbatim, so you have to go," but if you're trying to reach a quota of a visits [...]

**RABBI COHEN:**

Right! Yeah, and you can't do that. But we're so anxious and fearful of the sick person. But I have a friend of mine who I've known her from synagogue and from my daughter's day school for years and years. We became friends when I was having a hard time, and it hadn't been in shul or a while, and she had heard me preach, and she called me and said, "are you okay?" I said, "actually, not really." And we became friends.

**HOST:** Wow.

**RABBI COHEN:**

So, it was such a huge, nice thing. If you're like, "look, somebody cares," and it can take so little from somebody to do that. It's not that hard to do that.

**HOST:** No, it's not.

**RABBI COHEN:**

But people, and you know, in my congregation has a *chesed* committee, which I founded, like, 10-12 years ago, and I no longer work on because I'm heading the mental health committee that I created seven years ago, from nothing. But the *chesed* committee is really great. When someone has a new baby, we bring them a new baby basket, or whatever. When my husband's wife died last year [...] Wait I'm his wife [laughs] when my husband's mother died last year, they bring us food and people came to shiva, and somebody came to help set up a shiva. Somebody stayed after shiva to help clean up the food. And then there were people who brought food, and then there were people who came for the minyan, and I remember those people. It was really touching.

**HOST:** Yes. And I think that's the beautiful thing about our tradition is that we do have these just 'built in' structures of *Bikkur Cholim*, and what we do in the process of grieving and our role in visiting those who are sitting shiva and visiting parents of newborns. And this isn't someone who's suffering from a major depressive episode could use the kugel, as much as it is (in giving to) their families who deserve our support in the same way.

**RABBI COHEN:**

We want to teach our kids that so that when somebody's [...] well, a few things. First of all, kids know what's going on. They know who's throwing up in the bathroom after lunch. They often know who's cutting, they know who's playing with guns. And we want to create safe spaces for the kids, too. So, Colorado has a phone line called SAFE to tell where you can call if you're worried that someone is going to become violent.

**HOST:** Oh, okay.

**RABBI COHEN:**

So, we want to have space (for them) [...] so tattling is when you're trying to get somebody into trouble, but telling is when we're trying to get somebody out of trouble. So, if somebody is cutting, we want to have them have places they can go. They can go to the school counselor and say it. They can go to their clergy person and say it. "I'm worried about so and so because she's cutting, because she's not eating, because he's talking about getting a gun." We want to empower young people to seek help for their friends and for themselves, but we want to do the other side, which is when kids [...] or at least at my daughter's day school we have a place for them to go. It's small and cozy, but like, we had a colleague whose son was there, and then he had brain cancer, glioblastoma, and he was in and out of school, and in and out of school for, I think, the two and a half years that it took him to die. And they just accepted him back into school. Everybody knew that Coby was wearing this weird hat because he had brain cancer, and that was it. So, we want to create an atmosphere in our schools when someone goes, for example, is hospitalized for anorexia that we can still write cards to her just like you would if she had cancer. And when she comes back, she doesn't have to be ashamed of what happened.

She doesn't have to talk about it if she doesn't want to, but we want to teach her friends how to be with her.

**HOST:** Yes. When I was speaking to Rabbi Richard Address about mental illness with an aging community, I thought "this is [also] a great opportunity for us to talk about teaching our younger members of the larger community of how to notice, identify, and I say 'normalize', but I think that comes with practice.

**RABBI COHEN:**

Yes, I said and so as I've written about. So, when I was in the hospital for my stroke, my daughter was four and a half, and she remembers it was scary, and she remembers that I took her for rides on my hospital bed so she wouldn't be scared. [Laughs] And for many years my daughter didn't get into dolls, she was really, really into stuffed animals. And years ago, I finally got her to cull them, and then years later, we culled them some more, but I think she was in college, and we were culling them again. She's like, "you can't give away that bear". I said, "why not?" She said, "because that's 'stroke bear'". I said, "what's stroke bear?"

**HOST:** Wow.

**RABBI COHEN:**

And she said, "that was the bear somebody gave to you when you had your stroke, and they came with balloons." I'm like, "okay, then we don't want to lose 'stroke bear.'" And the other thing that happened was my congregation brought food and brought food and brought food. We had to get an extra freezer and oh, so many lasagnas, because I was teaching, I was the rabbi of a Reform synagogue, and I keep kosher. Most of them don't, and so they didn't know how to deal with what to make me, so lasagnas. And after a while, when she was older, my daughter stopped eating lasagna. And we think it's a trauma thing. We think she associates it with that, but so then go ahead. And then seven years later, say six years later, and I was in a psych hospital for a while, and Shira remembers going and lighting candles and having *Shabbos* with me in the hospital.

**HOST:** Okay. And she was then [...] you said seven years later. So, she was?

**RABBI COHEN:** Six years later. She was, like, ten. She was in fifth grade.

**HOST:** Yup, okay.

**RABBI COHEN:**

And when she talks about that experience of visiting me in the psych hospital, she doesn't see any difference than visiting me in the physical hospital, which I've been over the years.

**HOST:** Right.

**RABBI COHEN:**

She just thinks of it as being in the hospital. And so, we went from my mother's generation, where she had depression, which I kind of knew, but we didn't talk about it at all. And then my daughter's generation, and when she has depressive issues, she's like, "yeah, I have depression." And she doesn't understand why there would be stigma by saying that. So, we can change a lot over generations. Right, so we have changed so much about the LGBTQ community. Mine was one of the first rabbinical school classes that had openly out gays and lesbians.

**HOST:** Wow. Yes. And it still needs active support and advocacy. But once it is spoken about [...]

**RABBI COHEN:**

Yes, we've come so far. So, when I was growing up, you didn't really talk about cancer. "Oh, I have the big C." Well, now we just talk about cancer. So, our mission is to do that. It's to just talk about mental illness. That means you're not mentally ill because you're a bad person. I have for my own self, I don't like that most has built up around behavioral health because I don't get depressive episodes because of my behavior, I get it because of my biology.

**HOST:** Right. It is biological, well [...]

**RABBI COHEN:**

And our behaviors can help or make it worse, but many of us have biologically based mental illness. There's something that's the matter in my brain.

**HOST:** Yeah, I think I mentioned this in the previous podcast this great psychiatrist who was giving a talk about bridging all of the various perspective and did not talk about the pastoral care aspect of caring for those suffering with mental illness. But he did say there still is this very big gap between neuropsychiatry and certain holistic versions of therapy. He said for his definition of depression, he said "it is a genetic disorder, with a biological predisposition for certain symptoms." And he described more on what's going on in the brain where the person also can't appreciate sunsets. I thought it was like just like this way of saying this is something that is "both-and."

**RABBI COHEN:**

And it's like these gratitude lists. Gratitude lists are really profound. But if you're really depressed, or when I'm really at the bottom, then I make a list of all the good things in my life and say to myself "what kind of a bad person are you that you depressed even though you have all those blessings in your life?" Which obviously is not the point of a gratitude list. But there are times when you can't do it, you just can't.

**HOST:** Right.

**RABBI COHEN:**

Right, and so you have [...] you write coping mechanisms, but sometimes your brain just goes off and you do the coping mechanisms as best you can. I'm just finishing writing a piece about the *Sefat Emet* and its commentary on the beginning of *Miketz*, which was last week. And he talks about the good years and the bad years and why do we have them. First of all, we spend all this time on the Joseph cycle, but he said what we learn is that we have to store up holiness for times when we don't have as much access to holiness. From my point of view, partly I store up things like family and friends. And I put myself out to have friends, I put myself out to be in the community so that I have the community when I need them. I try to give to the community when I can. And then I have my therapist and my psychiatrist. And when I'm really depressed, I don't have hope that it's going to get better. But what I do have is trust in my therapist, and I trust my psychiatrist. And it's almost like I borrow their trust for a while until it gets better. "Yeah, I don't think it's going to get better, but you seem to think it gets better and I trust you have that for me, will you?" That's my lifeline. "Your conviction that it'll get better is my lifeline." And we could do that for each other too. As friends we can do this for each other too. Friends can say, "oh, I know this person is struggling with whatever, and that might mean that they're the kind of person who cancels at the last minute. But it's not about you, it's about me."

HOST: Yeah, right. Exactly.

RABBI COHEN:

Yeah. Just as someone with someone who has cancer, who has MS, there's that up and down curve. Mental illness. I mean [...] I love it in the movies, I keep saying, you have a crisis, you get help, then you have that session with the therapist where it all comes out.

HOST: And finally, you understand it's over, the movie is over.

RABBI COHEN:

For some people that happens, for some people they start taking a medication and they're still taking the same dose and 20 years later it's still working. Yay. And for other people, mental illness is a tidal wave, up and down and up and down and up and down. Remission and recurrence. Remission and recurrence. It's not because they're not trying hard, that's just how it is.

HOST: Yeah, that's the nature, that's the nature of the illness. And I think in, you know, that's another piece when we're teaching and preaching or being a pastoral support, that we're reminding others that can be for some. That it does have states of remission and can come back, and certain treatments can work for a very long time and then they're no longer effective. And that's very hard. But when you're speaking to someone who's lost hope, even if they once had it. That being able to access it [...] and in the way we might speak to. And it's difficult.

RABBI COHEN: Yes, that's right.

**HOST:** And so far in my clinical pastoral education I have had less, at least formal settings with patients who are undergoing acute psychiatric care but have come across many patients who, it seems, that it is a secondary issue or something someone doesn't necessarily have diagnosed. Now I have learned to somewhat recognize this, like for instance, religious psychosis can be showing. That's very prevalent. But I think you don't want to be trite. You don't want to say, well, this will just get better.

**RABBI COHEN:** Oh, gosh, right.

**HOST:** The same way you wouldn't say that to a cancer patient even if it was the third recurrence.

**RABBI COHEN:**

Right, whatever it is. "But I'm here with you in the moment." And I think you're right. When I did CPE, the summer unit that I did, I was actually in the ICU and ER and the psych unit, and I got to help run a group in the psych unit. That was so cool. There's nothing like having been in a psych unit and then getting to be a professional in the psych unit. I could access it and it was fine. CPE was great for me. I had a lot of art, had a lot of therapy. I already spoke the 'language'. I think that sitting with someone with a mental illness can be scary for people. They feel like, both rabbis and others feel like, "I don't know what to say? I don't want to make it worse. What if I [...]" right? There's all these fears and "what if this person keeps coming back. And I can't set limits." The best advice I would give to someone is that limit setting is really important. And you're allowed to do that.

**HOST:** Yes, yes you need to do that sometimes.

**RABBI COHEN:**

You do not owe someone a weekly visit. You're not a therapist. You're a rabbi. But we want to create, and whether we're visiting people in the hospital for psych or for physical diseases or you're meeting pastorally with someone from your congregation in your office, or for tea, you want to create that very calm holding environment. Where I'm here to listen to what's going on.

**HOST:** Right.

**RABBI COHEN:**

And as I said, some of the best advice I ever got was actually from Rabbi Ellen Lewis, who's amazing. I think she retired from her congregation, but she's also a psychoanalyst.

**HOST:** Okay.

**RABBI COHEN:**

She said "think-wait, which is why am I talking?" So, when you're doing a pastoral visit of any kind right now wait. Have in your head, "why am I talking right now? Am I talking because I'm really uncomfortable and I want to fill space? Am I talking because something I have to say I



think would be helpful?" You have to really think about that. And you want to just create that space to just be with someone else and even be comfortable with silence.

**HOST:** Right. That's something yeah, that I know you had mentioned earlier. Also, progressive Jews have, and I know we have talked about this earlier, and we do in our CPE classes that there's a discomfort often in any visit with a kind of a spontaneous prayer. It just doesn't come naturally in our tradition. Yeah, it almost takes practice. It's something that it seems many of the wonderful Christian chaplains I've worked with, it comes more naturally to them.

**RABBI COHEN:**

It's also true that they like when they visit, they have to make sure they don't end in Jesus's name when they're visiting a nice Jewish girl [laughs] I can do the "Our Father" with someone the Lord's Prayer, right? I don't know the words to a 'Hail Mary'. It's like, "Hail Mary, full of grace, God be with you." But then it goes on. And I don't know the rest. Someone said to me, "when you say the 'Hail Mary,' I would say that which is I don't know all the words to that, but I will sit and hold your hand."

**HOST:** And that's a great (example), the same as for any [...] and what I'm hoping through this project is that also other clergy might hear this too be as a tool. That the same as maybe you go to visit a patient of a different faith background, entirely different faith background, something many, especially if you've taken any pastoral education, have experienced, you can be vulnerable and say, first of all, there are certain rituals you can't do.

**RABBI COHEN:** Right.

**HOST:** I can't do the Sacrament of the Sick. But you can use that sort of same approach with saying and for instance, with mental illness, whatever your limitations are. Say you do not know anyone suffering from mental illness, although it's unlikely have with all the statistics, even if it's not you or in your immediate family. But you can say, "perhaps this is new for me," but you can still be there. You don't have to be afraid to be there, like you don't have to be afraid to go into a Catholic patient's room, you don't need to be afraid of that.

**RABBI COHEN:**

Yes, that's right. We can be there for one another across all sorts of boundaries and to just be there. And that's profound. The same way that we encourage you to not say to parents of a baby that just died, you don't say, "God must have needed another angel." Now if someone says that to me, "God must have needed another angel". I'll say "maybe. Is that belief helpful for you?"

**HOST:** Right.

**RABBI COHEN:**

So the worst thing, maybe not the worst thing, but I remember a rabbi, a friend of mine came over to see me, and it was after I'd been whatever, and we had just had a suicide at my

daughter's school, I think she was in college already, and he also taught at the school and they'd had like a thing for parents and a thing for the teens at the same time, whatever. So, and he said to me that he thought that mentally ill people were placed on the earth to see how others will respond to them.

HOST: Wow.

RABBI COHEN:

You could understand that in a variety of ways, but when you say it to somebody who is the mentally ill person, you want to respond something like, "I don't know what I'm supposed to do with that."

HOST: Yeah. Is that a source of (comfort) [...]

RABBI COHEN:

He meant it in a nice way. He's a good guy. But that's not as helpful as you might think.

HOST: Right. I remember a similar rabbi trying to explain when I was in college and I lost a friend to suicide, why we do bury those who've died by suicide in Jewish cemeteries. And I thought it was just at the time, to me, it felt inappropriate. It seemed like maybe he was trying to come from a place of comfort, but it just added to this stigmatized view that we had before. But I want to make sure, just a couple last things, because I did want to ask you if there is anything you'd like to share about what it's been like to both share all of this, talk about your own experience and talk about outreach and what our tradition teaches on mental health and stigma as a woman, as a female rabbi. If there is a (difference) [...]

RABBI COHEN:

I don't think there would be a difference between it if I was a male or a female. There might be when you're in the pulpit, but I'm not so sure as an outsider. There's a thing, for example, people call me by my first name, or they call me "Rabbi and then first name." And I think that's done way more with females than with males.

HOST: Yeah.

RABBI COHEN:

That's its own thing. I Don't think maybe people expect women to be more vulnerable and more willing to talk about stuff like this.

HOST: Yeah, that could well be a place where it's easier (to be a woman)?

RABBI COHEN:

I don't know. Which is not an answer to your question. I will say that there's a weird thing about blogging, at least because you feel like I'm writing something and then sending it out to the void out there. Right? I have no idea if anybody's read any of it. It's such an [...] interesting thing.

HOST: Well, we've read it. I've read them.

RABBI COHEN:

[Laughs] There's so much immediate gratification in being a pulpit rabbi or even in being a pastor. We're doing chaplaincy, right? I mean, obviously not every day and not everything, but there's a lot of reward that's right there, at least for me. Or reward when you preach and people afterwards say, "well, that was really good," which is what you hope they say. When they avoid you, then you know it didn't go well. But when I'm writing and just posting, I think it's just out there. And the other thing I'll say, too is I feel like after a while they told us in rabbinical school, I remember them saying that rabbis have like one sermon, and they preach it over and over again. And there is something about that, about reusing your writing, I feel like, "well, I've said this before in a different context, but what the heck, right?" And we happen to keep saying it over and over again, so we might as well keep saying it over and over again.

HOST: Yes, I my third year creative *t'filah* service, and I don't know how long that's been a practice, but I made it a mental health awareness service. I used resources from NAMI and then this is what my capstone is. I had a friend who said, "oh, well, of course you're doing that." I don't know, it was a little perhaps an insult. But also, yeah, "that's your thing." And this is kind of what we all do. But this to me, it really touches me. Like what you said. It has to be [...] and this is not exclusive to mental health outreach and advocacy, but it does need to be repeated. You said use the metaphor of how it doesn't stick the first time you tell your child that [...]

RABBI COHEN: Look both ways before you cross the street.

Host: Right, we say it over and over and over again until people are like, I'm sick of hearing this. And you think, okay, but now you know, and it clicks. What I thought of is, "yeah, maybe you hear it over and over again. And even if, I don't know, you're tired of it." Or maybe that time you come across a congregant, a patient, and you recognize, "oh, this is someone who's suffering, who needs this from me."

RABBI COHEN:

Right. And knowing enough to know that and being open and vulnerable enough to know that. Many years ago, God a while ago, once my kid got out of college, like, I stopped being able to track years because years were linked to what grade she was in. And now she's not. Now she's a lawyer [laughs]. But a regular at services was saying *Kaddish* for her brother, and so I went over and we kind of talked a little bit, gave her my condolences like that. And there was something about the way she talked that made me kind of pry a little bit more. And I asked, "you know, do you want to tell me how he died?" And she said, "yeah, he killed himself." And then I met with her, I think, once or twice after that just to talk about it, about how hard that was. And

she didn't want to share that with the community because she was afraid they would judge him as a bad person, when he was not a bad person, he was depressed, he was sick. And those are things that you hear, we kind of say it's fine, we say it, we accept it, we say we understand. But then the back chat you hear, it's not fine, you don't understand yet. It's still, you know?

HOST: Yeah, you say it, but don't understand it.

RABBI COHEN: And you have to call people on it and all those things.

HOST: Right. So, I guess, as we close, I would love to hear from you what you think we are doing well as a Jewish community in terms of supporting and fighting stigma and what we could be doing more.

RABBI COHEN:

Well, I think we're getting better about talking about it. Although, as you said, it's easier for me to talk about it personally than it would be if I was a pulpit rabbi because then people would get worried about it. And I do [...] do you still take the MMPI before you interview?

HOST: Yup, that's still a part of it.

RABBI COHEN: And I understood. But I think [...]

HOST: I think I've always thought it would be nice for there to be some kind of an explanation of when you are giving (anywhere) when you are giving a psychological evaluation of what is and why. Because otherwise you're left to make your own assumptions of what they're screening and what you may need.

RABBI COHEN:

Right. That's a big thing. I really think it is its own interesting thing, I think that all rabbis should be in therapy at some point just to know themselves better, because being a rabbi in almost any role puts you in a very interesting relationship with the people you're working with. And I think it's a good idea to know yourself and be able to deal with the transference that you're inevitably going to experience. I do remember when I was in rabbinical school, way back when, I had a friend of mine, Eddie Reddick who was the year ahead of me, and he was a good ten years older. He'd already been married. He had three kids. Anyway, we were good friends, and when he took CPE, it opened up a whole new world for him. First of all, he could not say enough good things about Julie Schwartz, all of which were true, and she was new at doing this. I mean, this was new back then. CPE was not mandatory. Nobody mandated it, which was ridiculous, or how many units or whatever. But he never had a language for stuff like emotional issues before. He didn't have a model of how to sit and listen with someone before because he hadn't never been in therapy. And it is really good at HUC, I mean, you guys have to do at least one unit.

HOST: Yes.

**RABBI COHEN:**

Which should be because you learn a lot. And I think that rabbis in the field, you don't have to stay in therapy for 25 years. I'm all for that, but it's a good idea to be in therapy. It's a good idea to have one. You can we also have [...] in Denver, we have a rabbis support group, which is not as big as it really could be. But like, my best friend Claire, who's an Episcopal priest, I was in college with her. She's in Detroit, but in her community, in the Detroit community, she's had a monthly, like, priest group. They met every month for years and years and years and years, and they support each other. You can talk about stuff there it's really, really important, because otherwise you're carrying around all this stuff and you can't tell anybody because it's private.

**HOST:** Right.

**RABBI COHEN:** And it'll eat you up if you don't have good resources.

**HOST:** Absolutely. Yeah. I think that is one thing that is so great about CPE also. Yeah. The way Rabbi Schwartz has created this program. And I remember my first unit, people saying, "yeah, we don't debrief about all of these other aspects of our various internships that we do within rabbinical school, so this is really great." And it was an area where people who either had family members who were mental health professionals or had their own experience with mental health related issues, that they maybe spoke the language more and then other students, quote-end-quote, and that really was, like you were saying about your friend, it was the first place that they were putting words to what they had been seeing. Because the way we have student pulpits before we do have formal CPE [...] and so it's a good way [...]

**RABBI COHEN:**

Right, it used to feel like they just threw us out there. Okay, there's your student pulpit now. And you're thinking...."okay?"

**HOST:** Well, it still is, but now Cincinnati is facing its own problems.

**RABBI COHEN:**

I was privileged to be there this past March [...] and I actually wrote with Mark Washofsky. He is amazing. But, oh, my God, did you come reach at that? Because that tore the house down.

**HOST:** Oh, yeah. That was amazing. And we actually all quoted it in our sermons. I did in my 4<sup>th</sup> year senior sermon.

**RABBI COHEN:**

And it spoke to my concerns as well. I remember when I was on one of those calls with Andrew Rehfeld and talking about what this all is, and they were like, "but we're going to keep the graduate school." I'm like, "how are you going to keep the graduate school if you don't, I mean

you can't pay the professors?" And remote learning is not the same thing as in-person learning, because you guys learn a lot from each other, right? You learn from going to people's services. You learn from hearing them. [Laughs] I understand we don't have enough money coming in, but we ought to I don't know.

HOST: Yeah, right. There's a lot of concern.

RABBI COHEN:

Talk to Mark, please send him my love. I just note that I was an anomaly there. So, I wrote my senior thesis. I translated the *Tur Beit Yosef* on *Tisha Ba'av*, on the minor fast days. And then I did an analysis of the holidays. Yeah, of course, you know, is so useful in the Reform movement. So, every congregation, I made them observe *Tisha Ba'av*, because I can. And then my senior thesis, my senior sermon, I talked about why Reform Jews should be praying the '*chayei meitim*' and I'm not sure necessarily how well that landed in Cincinnati, but I will note that when *Mishkan Tfilah* came out, there was now the option of saying '*chayei meitim*', so I was vindicated!

HOST: There you go! Yes.

RABBI COHEN:

Listen, if you need anything else from me, personally or professionally, I'm right here.

HOST: Thank you.

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HOST: Thank you for listening to this second episode of the podcast series, Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition. We had the honor of being joined by Rabbi Sandra Cohen for this episode. And stay tuned for our third episode, where we will be joined by Dr. Rabbi Mark Washofsky; distinguished ethicist in Reform Judaism and expert in contemporary Halakhah. Stay tuned.

[OUTRO MUSIC]

#### **Chapter IV. The *Halakhic* Perspective on Issues of Mental Health: Episode 3 with Rabbi**

##### **Mark Washofsky (PhD)**

#### **Guest Background and Biography:**

Our guest on the third episode of this podcast series was Rabbi Mark Washofsky (Ph.D.) who examined the Jewish approach to mental illness and stigma from the lens of traditional and contemporary Halakhah, as well as other sources from the Talmud and Mishnah.

Dr. Washofsky serves as the Solomon B. Freehof Professor Emeritus of Jewish Law and Practice at HUC-JIR in Cincinnati, Ohio. He has been a member of the HUC-JIR faculty since 1985, with his most recent experience serving as Professor of Rabbinics, with a specialized focus on the literature of the Talmud and Jewish law. He received his rabbinical ordination in 1980 and his Doctorate in 1987 from Hebrew Union College. He succeeded his teacher and mentor, Dr. Ben Zion Wacholder, z"l, as the Freehof Chair in the summer of 2006.

Dr. Washofsky also served as the chair of the Solomon B. Freehof Institute of Progressive Halakhah. He has also served as the chair for the Responsa Committee of the Central Conference of American Rabbis (CCAR) from 1996 to 2017.

In this podcast, Dr. Washofsky's expert scholarship in the fields and positions he has held acted as the starting point and core theme of this episode. Additionally, a variety of his published work was examined, with a particular focus in the interview on his book *Jewish Living: A Guide to Contemporary Reform Practice*. He has also written from his distinguished academic approach to progressive Halakhah, including *Reform Responsa for the Twenty-First Century*, as well as essays and articles on medieval *halakhic* literature. These responses approach the

application of legal theory to the study of Jewish law, Jewish bioethics, outreach and conversion, personal and communal ethics, among many others.<sup>32</sup>

### **Purpose and Background of Interview:**

This third episode of the series was conducted on January 4<sup>th</sup>, 2023, was formulated specifically toward the discussion of medical ethics and Halakha regarding matters of mental illness and stigma. This unique episode with Dr. Washofsky was intended to provide traditional Jewish sources into the conversation on mental illness and related stigma. This approach is important for listeners who may not have previous knowledge of the well of traditional and contemporary sources on Halakhah (Jewish law). It is important to note that these textual sources do, at times stigmatize mental illness, but they also legitimize mental illness ‘normalization’, which I hope listeners will find hopeful for Jewish advocacy for mental health support and outreach through our tradition’s ancient texts. It is also important to note for listeners that the original sources are thousands of years old, and therefore need to be taken into context that we continuously try to adapt them for the sake of adding inclusivity and eliminating stigma where mental health is concerned.

The guiding questions for this episode specifically emphasize *progressive* Halakhah and are also based on many of Dr. Washofsky’s past Reform responsum on mental health under the greater topics of Jewish bioethics, medicine and law, societal ethics, among others. questions and how we should continue to strive for advocacy within the Reform movement (based both on his rabbinical work and teaching experience within Reform Judaism). In the episode’s original length ran over an hour and a half, and even with an approximate fifteen minutes edited, it is still

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<sup>32</sup> “Dr. Mark Washofsky,” Hebrew Union College-Jewish Institute of Religion, <http://www.huc.edu/meet-our-community/dr-mark-washofsky>.



one of the lengthiest episodes. Nevertheless, I truly encourage listeners to hear Dr. Washofsky's answers and insight as one of the greatest contemporary *halakhic* authorities. The episode's original guiding questions were not all explored in this podcast, but those at the core of the subject were largely approached:

- 1) Can you briefly introduce your work as a leading Reform Jewish authority on medical ethics and Jewish?
- 2) How is mental illness defined broadly through the Halakhah? Additionally, what are some important terms for this discussion (i.e., *Shoteh*, *T'ruf Ha-da'at*, *Marah Sh'chorah*, *Sakanot Nefesh*)?
- 3) What are some of the main texts and sources you point to when broaching the subject within the context of contemporary *halakhic* opinion?
- 4) Within the field of mental health outside of faith communities, there continues to be a lot of debate about the language we use when describing mental illness (e.g., not using the word 'succeed' when referring to suicide, taking care to not 'define' people by their mental illness, etc.). Discussing mental illness from the original Hebrew terminology into modern English undoubtedly creates further complications. What are the most 'lost in translation' or misunderstood when we discuss the previous terms and others? How can deal with this when trying to keep up with the conversation on mental illness at large in modern society?

- 5) In your work, *Jewish Living: A Guide to Contemporary Reform Practice*,<sup>33</sup> you wrote extensively on many matters of contemporary concern for our Jewish communities, and in your section regarding disabilities, including the *shoteh*, you wrote:

“Reform responsa develop this inclusionary insight into a consistent and guiding theme. We should not define disabled persons into categories based upon what they cannot do, but rather see them in terms of what they can accomplish as members of our communities. They should be encouraged to participate to the fullest extent possible in our religious and social life. This determination, to mean anything, must be more than a platitude. It demands from us a real investment of resources, time, and understanding.”<sup>34</sup>

Can you tell us more about how we can apply this when teaching clergy, educators, chaplains, and the greater members of our communities and congregations?

- 6) With each of my interviewees I ask whether mental health advocacy should be under the ‘umbrella’ of social justice. From your expertise on matters of ethics in Judaism, is advocating for mental health support and outreach a social justice issue? If so, how can we use our traditional sources to support this?

### **Summary & Outcome:**

After extensive editing, I was happily surprised that Dr. Washofsky and I were able to deal with most of the guiding questions above. Dr. Washofsky was very clear in his responses and gave substantial scholarly background and source material to support his definition of terms, as well as how they are interpreted from a progressive *halakhic* perspective. The following areas demonstrate the main focuses and highlights of our conversation.

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<sup>33</sup> Mark Washofsky, *Jewish Living: A Guide to Contemporary Reform Practice* (New York, NY: URJ Press, 2010).

<sup>34</sup> *Ibid*, 316.

The episode begins with a lot of *halakhic* legal terminology, particularly Dr. Washofsky's teaching of introductory material on understanding *Halakhah* as broadly defined 'Jewish law.'<sup>35</sup> This section is especially helpful in guiding listeners with no prior understanding or education of Halakhah. He further established that a distinction needs to be made when we use the terms 'progressive,' 'contemporary,' and 'liberal,' when describing Halakhah in this manner. He emphasized that listeners who do not identify as politically 'liberal' should not be put off by the label of liberal when discussing Halakhah. Dr. Washofsky claimed that these are not synonymous and should be examined outside of the scope of secular 'liberal' politics.

One of the most important points Dr. Washofsky made was the assertion that there is no explicit section or definition of mental illness as a *halakhic* category. Thus, it must be examined through other areas where medical ethics, personal ethics, economic ethics, and other areas to include mental illness into contemporary *halakhic* discussion. He reiterated that we must find ways to tie in those areas of Jewish legal ethics to come to some kind of 'rationalization,' of our modern conceptions on mental illness.

He used the example of medical abortion in Jewish law as a comparison. Abortion is discussed in the context of a different time, and although we can use Halakhah to discuss abortion, we need to make new connections to contemporary discourse on the matter. For example, the rabbis do not explain 'elective abortion' in the same way we understand it today. The discussion was based more on the legal definitions of the status of a fetus, rather than the moral implications we consider around pro-life arguments today. Regardless, the sources here do support a woman's right to make her own reproductive choices, but they support it through Jewish legal definitions and classifications. We might find this similar when we interpret what

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<sup>35</sup> Mark Washofsky, "Episode Three," January 4, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:25:10.

the rabbis thought about mental illness today through connections to Jewish definitions of mental capacity and other related issues.

Dr. Washofsky really brought this point home when he explained this from a Talmudic approach, as he said, “[...] the Talmud talks about life versus death, but the Talmud doesn't say much about the machinery that staves off death.”<sup>36</sup> We might understand this through the lens of what we consider ‘lifesaving’ measures when discussing mental illness. This really speaks to the point I have discussed on the terminal nature of untreated mental illness, which is also a big topic of discussion in the next episode’s interview with Rabbi David Burstein. However, there is a delicate balance that needs to be established when we consider Dr. Washofsky’s broad statement above. An important takeaway with this interpretation is that a therapeutic response to mental illness should be understood in the same way we approach therapeutic responses to physical illnesses with potentially fatal risks when left untreated.

Within the expansive material Dr. Washofsky examined in the podcast interview, several key Hebrew terms were discussed throughout. Dr. Washofsky defined the following terms that listeners should find useful when grasping certain ideas in Talmud and Halakhah in consideration of mental health and stigma. It should be noted here that these are variable in their interpretation, but the following are taken from the direct podcast dialogues:

- 1) *Shoteh* – “one who is mentally incompetent”<sup>37</sup>
- 2) *Katan* – “a minor under the age of 12 or 13”<sup>38</sup>
- 3) *Gadol* – “an adult”
- 4) *Cheresh* – “deaf mute”<sup>39</sup>

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<sup>36</sup> *Ibid.*

<sup>37</sup> Defined also as “the insane person” colloquially (see transcript)

<sup>38</sup> Under the age of bar or bat mitzvah (see transcript)

<sup>39</sup> Under the category of disabled persons in the Talmud (see transcript)

- 5) *Nichpeh* – “one who coerces/coercer”<sup>40</sup>
- 6) *Petiy/Pethiy* – “fool or simpleton”
- 7) *Refuah* – “healing”
- 8) *Rofeh/Rofah* – “healer/doctor/physician”<sup>41</sup>
- 9) *Hamaved atzmo* – “one who commits suicide/destroys oneself”
- 10) *Hamaved atzmo b'daat* – “one who [knowingly] commits suicide”<sup>42</sup>
- 11) *Mitzvah* – “commandment/obligation”<sup>43</sup>
- 12) *Patur* – “one exempt from fulfilling *mitzvot*”<sup>44</sup>
- 13) *Machloket* – “a *halakhic* dispute or disagreement”
- 14) *Pikuach Nefesh* – “the obligation to *save life*”<sup>45</sup>
- 15) *Aveilut* – “mourning”

These terms and definitions should be understood within the context of Dr. Washofsky's interview and discussion. Some of these were mentioned only once, while others were mentioned several times. The areas of reference to these were in reference to general medical ethics in Jewish law, suicide and mental illness, and obligations and exemptions from 'normal' *mitzvot* (commandments) for those with physical and mental incapacity or disability.

In the area of defining disability regarding those suffering mental illness, Dr. Washofsky and I spoke about the section of his book *A Guide to Contemporary Reform Jewish Practice*.<sup>46</sup> I

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<sup>40</sup> *Nichpeh* can also refer to “an epileptic” in the Talmud; someone having a “fit” of some kind out of their control, can include a mental “fit or episode” (see transcript)

<sup>41</sup> *Rofeh/rofeh* as doctor or physician is the contemporary definition.

<sup>42</sup> *Da'at* (knowledge) is often added to the general Hebrew definition of suicide, but it adds the factor of a ‘willing suicide,’ as opposed to a ‘coerced suicide’ (see transcript)

<sup>43</sup> *Mitzvah* is examined through the scope of that which most Jews are obligated to do (see transcript)

<sup>44</sup> Related to those with mental or physical disability or impairment in the Talmud (see transcript)

<sup>46</sup> Mark Washofsky, *Jewish Living: A Guide to Contemporary Reform Practice* (New York, NY: URJ Press, 2010), 316

highlighted his response in the final episode as it is an important reference for listeners in understanding the hopeful modern Reform Jewish position on inclusivity for all members of the community. The matter of inclusivity was a thread in the majority of the eight podcast interviews, but Dr. Washofsky explained that inclusivity is a Jewish value that can even be gathered by earlier commentators. Ultimately, it is the view that we have a moral imperative to create spaces and ways to make Jewish living accessible for *all* members of our communities.

Finally, Dr. Washofsky approached the matter of social justice in mental illness outreach in a similar way to many of the other speakers. Dr. Washofsky answered the question from his Jewish scholarship in Halakhah and medical ethics. He attended to this in saying the social justice advocacy through the scope of Jewish law in medicine shouldn't differentiate between mental illness and physical illness. Therefore, if we look at this from the Jewish imperative of *mitzvot* as an extension of social justice, then the *mitzvah* of practicing medicine and the *mitzvah* of saving lives (*pikuach nefesh*) creates a pathway into the equal and just treatment of those who suffer from mental illness. What's more, it also extends into the *equal* access to that medical lifesaving care. As Dr. Washofsky asserted: "[on] the *mitzvah* of medicine, the Halakhah does demand [...] has to mean adequate medical care for all."<sup>47</sup>

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<sup>47</sup> Mark Washofsky, "Episode Three," January 4, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:25:10.

TRANSCRIPT: EPISODE 3 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH DR. MARK WASHOFSKY

HOST – REMY LIVERMAN

JANUARY 4, 2023

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[INTRO MUSIC]

HOST: Hi, and welcome to *Healing the Hidden. Talking about Mental Health and Stigma through the Jewish tradition*. I'm rabbinical school student and ordination candidate Remy Liverman, and I'm joined today by Rabbi Dr. Mark Washofsky. Dr. Washofsky is Professor Emeritus of Rabbinics at Hebrew Union College-Jewish Institute of Religion in Cincinnati, with a specialty in literature in Talmud and Jewish law. And I'm going to allow him to correct anything I've misspoken here in a moment. He's also served as a congregational rabbi in 1984 (1981-1984) in Hamilton, Ohio. He was ordained from HUC in 1980 and held the Chair for the Responsa Committee of the Central Conference of American Rabbis from 1997 to 2017 and currently the Chair of the Freehof Institute of Halakhah [...] sorry, Progressive. Halakhah a very important difference there and has extensive work in medical ethics, among others. But as we talk about an issue under the umbrella of medical ethics, Dr. Washofsky also has extensive publications, and I'm going to refer to some of those in this interview. They include editing the *Reform Responsa of the 21st Century*, volumes 1 and 2, published by the CCAR Press and I might be missing something [...] I know there's more recent publications [...] but here, I'm going to let Dr. Washofsky introduce himself and any other publications that you have. All right, so welcome.

DR. WASHOFSKY: Thank you.

HOST: And thank you so, so much for joining for this series. So, this capstone overall is part of greater project on 'Mental Health and Stigma in the Reform Jewish Movement and greater Jewish communities.' And the subset is 'Why Learning about Mental Illness is Crucial to Jewish Leadership: Caring and Supporting Each Other and Those We Serve.' So, Dr. Washofsky, officially welcome and thank you for joining me on the series and that will be the most I talk throughout [...] Before we get into some questions, any other introductions that you would like to give for yourself?

DR. WASHOFSKY:

No, I think you covered it. My academic work has been in the field of Jewish law, or *Halakhah*, which I guess we need to talk about right off the bat. What is this thing *Halakhah*? I just translated it as 'Jewish law', which might be a 75% accurate translation. And we can talk about this concept a lot because it has a lot to do with how we approach our texts. But generally speaking, the word *Halakhah*, the closest we come to it in English is 'law.' And I guess that works. *Halakhah* seeks to regulate conduct, and that's what law does. And so therefore, Jewish

law is a pretty good translation, but it's not exactly the same thing as law. Not only does *Halakhah* have a religious orientation where most other systems of law do not, but *Halakhah* tends to address itself to the entirety of the human experience. Law tends to be restricted to things that society cares about and cares enough about to regulate, to say, do this, don't do that. Everything else we let you on your own, you do whatever you want. *Halakhah* is a kind of total picture of human behavior. It is the way [...] in fact, that's one of the etymologies suggested *Halakhah* comes from the word *la-lechet or cholech* - to go, to walk. *Halakhah* is the way, the path that a Jew walks in response to the call of Sinai. So, when a Jew traditionally asks the question, "well, how am I supposed to live? How am I supposed to act in such a way that I respond positively to God's demands upon me through the medium of Torah?" I don't ask God directly. That would be prophecy, and we don't do that anymore. *Halakhah* means I consult a body of texts in some way, the same way a lawyer or a judge might consult a body of legal texts. So again, the analogy between *Halakhah* and 'Law' is pretty instructive, and I interpret those texts. Sometimes the answer comes right out at me, black on white. And sometimes it doesn't. Usually it doesn't, and therefore I have to interpret the text. I have to read them and read them, as it were, between the lines so that I come up with an answer to my question, an answer which perhaps I have created through this process. The interpreter has a lot to do with what the texts tell him or her. Even if the interpreter claims, "hey, I'm only trying to do what the text tells me." The fact is the text don't say nothin' until you actually read it. It's like Chief Justice Roberts of the US. Supreme Court famously said when he was appointed to his position, and he was in hearings before the Senate, he said, "I consider my job like that of a baseball umpire calling balls and strikes." Well, that's a nice answer. But it totally misses the notion of interpretation, because if things were as clear as 'balls and strikes,' the way the computer shows you a video of a baseball game, then there would be very little room for actual interpretation. But the fact is, it's neither a ball nor a strike until the umpire says it. And therefore, the interpreter has a great deal to do with declaring what the text means, since they don't jump off the page and declare their meaning for you.

HOST: Sure. So, when we say progressive *Halakhah*? [...]

DR. WASHOFSKY:

*Progressive Halakhah* is, I think, and there are different answers to this question "what is progressive *Halakhah*?" But I think in the widest sense, *progressive Halakhah* is *Halakhah* that is done by Jews who identify with one of the non-Orthodox branches of Judaism. That is, people who will tell you, I am Orthodox are saying something about their relationship to *Halakhah* that everybody else, all other Jews, will have a different understanding of. So *progressive Halakhah* is put into practice by Reform or Conservative Jews [...] Reconstructionist Jews, perhaps there's a question if they think they're doing *Halakhah*, but if they say they're using that word, then okay. It's a big, catch all kind of thing that covers all of these things.

HOST: So, when we're differentiating 'contemporary,' like in contemporary halakhic problems, are we looking at the same? Because I imagine that 'progressive' *Halakhah* allows a progression, allows



a change. Not a change to its original meaning, but a change to perhaps the conversation over time. So, I just wanted to see because you also are authority in the Reform responsum on this.

**DR. WASHOFSKY:**

Well, yes. That's exactly right. What makes one progressive or liberal, sometimes we use that word, and we're not using it as a political connotation. So, anyone who does not identify as politically liberal should not shut it down right now. No, not talking about that.

Liberal thought in a philosophical sense is kind of the same thing as modern thought in Western culture ever since the days of the Enlightenment in the 18th century, when it's that tradition of thought that holds the individual to be supreme, that individuals get to make decisions for themselves. They're not bound to the discipline of 'tradition', or although that's another very loaded term, it's the 'authority' of the church or of the institutions of the past. Liberal thought meant that the individual, within certain limits, could make their own decisions about how to live. Whether you call it liberal or progressive, people who do Halakhah from that perspective are clearly aware, we are conscious of, and we declare this openly, that we're not doing it the way our ancestors did it because we're not exactly like them. What's happened in the world since the 18th century and of course it's continual and the digital forum, but what happened in the 18th century, we like to look at the Enlightenment as a big milestone. But what's been happening over time is that we have developed a way of thinking, a way of understanding ourselves that really is fundamentally, even radically different than the way our ancestors of the days of the Talmud, let's say, 2000 years ago, understood themselves and their relationship to Torah. We have a different relationship. Is it a better relationship? Well, I don't know how you judge that. It's our relationship. We don't deny it. We accept it. We think it's a good one. Start from where we are. We don't try to say, "gee, you can't really do Halakhah unless you accept the system the way the Rambam, let's say, described it in the 11<sup>th</sup> [...] the 11 hundreds. In his introduction to his great code, the Mishneh Torah said, no, look at it. We start from where we are, from the assumptions and presumptions that we make about what Torah is and how it speaks to us, how we understand it. We believe that Orthodox Jews do the same thing. They start from where they are. We think those have always done that. The difference is that we are critical enough, we're self-critical. Criticism is another highlight of this kind of progressive thought. The ability to be able to step out of yourself, as it were, and to look with some objectivity at what you are doing. And oh, I see what's happening here. I can judge my tradition, as it were, from the outside to see how it looks from a more quote-unquote, objective vantage point. If there's such a thing as absolute objectivity, we are critical in that sense. We're able to do that. We recognize it, we proclaim it, we admit it, we acknowledge it.

**HOST:** Right.

**DR. WASHOFSKY:**

That's how we do Halakhah, and we think it's how people have always done it. The difference is that we're aware of it and others, certainly in the distant past, were not aware of, let's say, the effects of history and society and culture upon the way they understood their text and sources.

**HOST:** Yeah, that's so important because when we're talking about mental health, mental illness and stigma, and I don't want to speak for you, Dr. Washofsky, but we're also aware of perhaps the limitations. I was recently speaking with someone who said, "well, if something's not there, then that's a position for or against, or for a matter of concern." Well, certain things are part of a modern discussion and I'll get to that later. But what happens if there's truly no source for a certain conversation? Because you wrote extensively on everything from tattooing, cosmetic surgery, abortion [...]. At various points people are going to look to perhaps [...] let me clarify here more, but it's that I want, I would like, listeners to know that there's an approachable system. And correct me if I'm wrong, but a system of being able to ask, "well, what does our tradition say about this? And I'm not assuming that religion is not going to, and in this case Judaism, is not going to push away an issue that matters.

**DR. WASHOFSKY:**

Okay, so you're certainly right that there has been a change, a pretty radical change over time in the way that Jews, the way that well, the Halakhah, rabbinic or Jewish law, if you will, has understood this topic that we call mental illness. And it starts from the fact, as you alluded to this, that there's not much of a conversation in the classic sources. I want to make sure everybody knows that Halakhah really begins with what we call the 'rabbinic literature', the books of the great sages who called themselves rabbis, who lived about 2000, 1500 years ago and who authored such books as the Mishnah and the Talmud. Halakhah comes from those books. Now, yes it reaches back to the Bible, to the Torah, narrowly construed. When we say Torah, we either mean the 'Five Books of Moses' or all sacred Jewish literature. But the Halakhah says, begins with the idea that the rabbis had this understanding of Torah. They actually thought there were two Torahs, one written, one oral. The written one is the one we see on the page. The Oral Torah is how this rabbinic circle understood that the Written Torah was supposed to be read and practiced and followed. All Halakhah comes from that rabbinic heritage. When you ask a rabbi, traditionally, "what does Judaism say about X in terms of matter of practice? How do we do how do we behave? How do we conduct our lives with respect to X? If it's a matter of conduct as opposed to belief?" The rabbi is supposed to go back to the Talmud, find sources that speak to the issue, work that the rabbis, in his or her way, through the subsequent *halakhic* literature, all the codes and the commentaries and responsa literature, and an answer that makes the most sense to the rabbi today and that the rabbi gives to this individual.

**HOST:** Right.

**DR. WASHOFSKY**

: Right, so that's how it is in the field of medical ethics generally, let alone when we talk about mental illness [...] let's talk medical ethics. The Talmud talks a great deal about disease, and it talks about medicine: *refuah*, which can translate as 'healing.' It used to mean the practice of medicine. *Refuah* is what the *rofeh* does. *Rofeh* is a healer, now we say it's a physician. The Talmud talks a great deal about this, but the Talmud says very little, specifically about a whole bunch of the questions that we in the 21st century actually have.

HOST: Right.

DR. WASHOFSKY:

The Talmud talks about life versus death, but the Talmud doesn't say much about the machinery that staves off death. The machines to which a person is hooked up to in cases of trauma that keep the vital signs going, keep heartbeat and respiration going, even though the brain might be dead. The Talmud doesn't have a concept of brain death. It does talk about that. In fact, when you think about it, every question we have, the practical question, which requires some sort of guidance from tradition, is a question that requires an act of translation. I was talking about this earlier. It's kind of like interpretation. I go back to the text, and I try to translate them. I try to make them make sense, not to the original audience, whatever they thought that text meant, but to the audience to whom I'm addressing now, just like a translator does, takes a text in one language, renders it in another. We know that the translation cannot be an exact replica of the original text. It's got to make sense in the language into which it's been translated. So much of the job of the *halakhist*, really, of the rabbi is to translate ancient and medieval text into this. Talmud does talk about abortion occasionally, but it doesn't really refer to the phenomenon of elective abortion. That is, a woman who says, I want an abortion now, even though I'm not in the process of labor and my life is not immediately in jeopardy, but I want an abortion now for such and such reasons. The Talmud itself doesn't speak directly to that, but through interpretation, it has been made to speak to that phenomenon and to a whole host of questions about medical ethics.

HOST: Right.

DR. WASHOFSKY: Now, getting to mental illness.

HOST: Yes.

DR. WASHOFSKY:

Okay, there is no category called mental illness in the Talmud. There are things that the Talmud and the Mishnah, which is kind of the foundation document of the Talmud and the Talmud itself and the early rabbis, there are things they talk about that to us sound kind of like mental illness as we use that term. But we are the ones that have to assign that interpretation to the Talmudic text. That's what we're doing. So, whenever we're saying, oh, here's a Talmudic text, that speaks to my issue [...]

HOST: Right.

DR. WASHOFSKY:

That's what we're doing. And the question is how we as individuals do it and how the Jewish community as a whole has done it over a long period of time to create a body of teaching that gives us some guidance.

**HOST:** Which is so important also in hearing that it's 'guidance on', but not taking something and looking at it singularly to advance an issue. I mean, at the same time, when I've looked for sources that are specific to discussions of [...] and I'm going to give you a couple of terms I would like you to define. There are themes and sources that are pointed to more often, similar to the way, to how it works with abortion, with capital punishment, perhaps. But this is on mental illness, so we'll stay there. And I imagine what is particularly important to interview you is that you're someone who will explain it without, perhaps, 'agenda'. And that's important. It is important. Because I don't know, greater assumptions can be made at the same time. Like I've spoken about often in this podcast. 1 in 5, and now it's more. But 1 in 5 Americans struggle with or will struggle with some type of mental health condition in their lifetimes. And that's changed dramatically over the past few years with COVID. So, I'm going to ask you about any personal ties you feel to it. But in the meantime, I had a couple terms that I wanted to see if you could either define for us or perhaps tie together, like *shoteh*, which is often pointed to [...]

**DR. WASHOFSKY:**

Okay, sure. The classic word in rabbinic Hebrew, in the sources, for a person who is legally insane to the point of being mentally incompetent is the *shoteh*. Colloquially, that is 'the crazy person,' although we try not to use words like that anymore when talking about actual human beings. But that just shows you how the Halakhah is concerned to a great extent in conceptualizing the facts, the material data of existence. One of the things that Halakhah does and some of, you know, the contemporary in the last several centuries, Orthodox Jewish Talmudists have really taken this idea and run with it. The notion of *Halakhah* is a 'system of concepts' that can be used to make meaning. So, I look out in the world, and I see people doing things that I cannot explain, that I cannot, as we would say, 'rationalize.' I can't make sense out of their conduct. Well, when the community sees such people, it wishes first and foremost to do something about that. In other words, if somebody is acting in a very strange way, our first response is to protect other people, to protect them from causing harm to themselves, as well as to others and all of that. But then as we step back to try to think about what this thing is, what the Halakhah does is to say, "okay, there are people in the world, human beings who for one reason or another lack the capacity of what we call mental competence." We'll call it [...] the Hebrew word is *da'at*, something kind of like knowledge, but it's not. Knowledge means mental competency. The ability to make responsible decisions, that is to be decisions that are thought out on some reasonable level to which you as an individual can be held responsible for. So, every legal system has to do this. There are people who cannot be held responsible for the decisions they make. They simply are incompetent to do so. So that's a legal definition in Halakhah, the classic categories of such people are *cheresh*, *shoteh ve-katan*: "the deaf mute", the *shoteh*: "the insane person," and the *katan*, a minor, a child below the age of 13 or 12, depending on gender. The *katan* presumably will grow into becoming a *gadol*, becoming an adult, but right now, is a minor. The child is legally incompetent. Therefore, a child can't enter into a debt agreement, sign a contract. Okay, fine. We know this. The *cheresh* was considered to be mentally incompetent because he or she could not make themselves be understood to others. They didn't have a language. And long before sign language was actually recognized as a language that could convey meaning in some organized way the way various that the kinds of

sign language do today, like ASL and so forth. The deaf mute could make all sorts of gestures to make themselves understood. And sometimes we get it and sometimes we didn't. But there was a severe limitation to that, obviously even considered mentally incompetent. And the *shoteh* is held to be the same, we can't hold you responsible for what you're doing because that's how you are defined.

HOST: Right, but there are ways that the *shoteh*.

DR. WASHOFSKY:

Okay, so the *cheresh*, that's a person, we think, with a physical disability. And what happens if they can overcome that disability? In other words, either through surgical means or through learning sign language? Well, modern Halakhah, even within the Orthodox world, let alone the progressive world, has been able to accept that, you know, that this designation of the *cheresh* as a legally incompetent person simply cannot apply to persons who cannot hear, but can communicate in a rational way in sign language, the way any person can communicate in a language that you or I may not understand. But we don't think they're mentally incompetent simply because we cannot understand that language. So, the Halakhah has been able to advance on that issue, not because it's changed its category, but because it has accepted the evidence of modernity. Some development has happened in the world of fact that allows the legal judgment, the *halakhic* judgment about individual people to change. Now, let's get to the *shoteh*, because that's the individual that comes closest to what we call the individual suffering from mental illness today.

HOST: Right, yes.

DR. WASHOFSKY:

And it's important to note that as far as the rabbis of the Talmud are concerned, being a *shoteh* or a *shetut*, that is what a *shoteh* is afflicted with: *shetut*, which sounds like the Ashkenazic *shetus*, which means 'foolishness.' Colloquially, it means "nonsense." We use it, "cut out the *shetus* already," means simply a person doesn't make sense. It's not considered a disease or an illness. When something is an illness, that already places that condition, that set of [...] into the category of symptoms. That is, this is a condition composed of various symptoms, indicators which can be treated or ought to be treated therapeutically. We may not be able to do it successfully, but to say something is an illness means it becomes legitimate target for *refuah*, for 'medical therapy.' It means I'm looking at this in a very different way than the rabbis were looking at the *shoteh* or *shotah*, the female, back in ancient times. That person just was. Another example was the *nichpeh*. The *nichpeh* was a person, and that word comes from the root *kafah*, which means to force or to coerce. The *nichpeh*, that's *Niphal*, it's the passive tense in Hebrew. That person is being coerced. What do you mean coerced? Well, the individual is being coerced by something against their will, and that word is applied [...] Well, that's what being coerced means, but that word is applied to someone who is suffering a fit of some kind, going through some sort of mental episode that one might identify with epilepsy, but we're not making a medical diagnosis. Individuals would go into this kind of fit, and people at the time said, okay,

that's a *nichpeh*. That's what that person is right now. And sometimes they come out of it and sometimes they wouldn't. All right, but it's not a disease that can be [...] they're not thinking of it that way because they don't imagine that these conditions are treatable. They don't imagine them as diseases that are amenable to therapy of one kind or another.

HOST: Right. I think that brings us to an important point, which is that they weren't necessarily outlined or defined for the same purposes as when we talk about *shoteh* in terms of suicide.

DR. WASHOFSKY: Right.

HOST: Okay, so I'll let you explain that briefly.

DR. WASHOFSKY:

Well, even before we get to suicide. The dramatic thing that has changed since rabbinic times, within the *halakhic* community, and this is true of almost all Orthodox *halakhic* authorities that I'm familiar with, is that they nowadays accept the notion that these individuals who used to be dismissed as *shoteh* or *nichpeh* or somebody just, you know, somebody just legally incompetent and just leave them alone, keep them under supervision. Whatever these individuals are suffering from, an illness or various illnesses or conditions, that could be treated. We don't know exactly when this happened. It seems to have happened in the last couple of centuries, that a lot of authorities have begun to look at these conditions as 'illnesses.' And the explanation seems obvious that they are working parallel to Western culture for them, any kind of culture, because human beings have begun to see these phenomena more and more through the lens of therapy, of medicine. We take these conditions and we put labels on them. Now, we call them diseases. And we don't accept *shoteh*, the *shoteh* becomes a legal definition. If somebody said they don't have legal responsibility, okay, fine. But just as the lawyers will say, look, let's say somebody is legally insane as far as the law is concerned, that doesn't begin to talk about what's actually underneath the surface in their lives, what is causing them to exhibit particular behaviors. The lawyers leave that to the physicians. They leave that to the behavioral scientists.

HOST: It's categorical. Like, "this person is responsible or isn't responsible." Right? And there's a limit, right? But yes, sorry. Go ahead.

DR. WASHOFSKY:

Right, therefore, there was a discourse, there was a long-standing conversation in the Halakhah about medicine, which applies to physical, observable, you know, somatic illness, I guess we would say. I mean, the things you could say that, you know, well, these things threaten human life, and anything we do 'to save life' is called *pikuach nefesh*, which we're commanded to do. Therefore, medicine, which is the use of natural means, scientific means, whatever science is at any particular time to respond to disease, that becomes a *mitzvah*.

HOST: Right.

DR. WASHOFSKY:

So, we didn't look [...] there was a time when if somebody got physically sick, that was understood as Divine punishment. Well, during the Talmudic period, you can see the change happening between looking at it that way and looking at it as simply a physical condition for which the appropriate response is natural medicine. And the tension there in the Halakhah and the Talmudic literature. It's, well, if you go to the rofeh to get some sort of natural remedy, aren't you trying to frustrate the will of God, Who actually is probably the One who caused this to happen in the first place? God is sending you a message by making you sick. You go to the kohen or the navi or to the rabbi. Shouldn't you do to *teshuvah* 'to repent of your sins'? If you go to the doctor, aren't you trying to frustrate the message that's coming from on high? It took a while for Jews to accept that, no, it's okay to respond that physical illness happens not only because God is punishing you, but because we live in a physical universe. We are subject to the things out there that make us sick. They didn't know from germs yet, but certain things that happened in the environment. They didn't know what exactly that caused the illness and that we could respond to this through medicine. That was a categorical change.

HOST: And that's not unique to Judaism.

DR. WASHOFSKY:

It is common to every culture which goes through various stages of the development of its scientific understanding of the world. And at a certain point, cultures which used to say people who are categorized as *shoteh* need to be put away, sent to some sort of institution or some colony where they can be kept away from the rest of us.

HOST: Right.

DR. WASHOFSKY:

Because there's nothing we can do about them. At a certain point, we began to realize there were things we could do to make the situation better, things we could do therapeutically to respond to these. We began to look at these signs, these ways of behavior, as symptoms of illness.

HOST: Right, they're not lepers.

DR. WASHOFSKY:

And even about lepers. But for the mentally ill, there was no response. The response was "keep everybody else safe from them." But what we began to be able to do once we began looking at these people as suffering from various illnesses, then our way of response was different. We begin to say, "okay, look, what you've got is a condition that threatens your life in some way. So, treating this thing comes under the heading of *pikuach nefesh* in the same way that treating a fever is *pikuach nefesh*. And it becomes a legitimate concern of medical science. And so, almost unawares, we see *halakhic* authorities beginning to respond to these things as disease f

or which there should not be stigma, obviously. And to call it a disease, well, there's a kind of stigma there too, but it's a different sort of category than simply calling somebody "insane."

HOST: Right.

DR. WASHOFSKY: Or marginalized under the heading of shoteh.

HOST: Yeah. Okay. And that takes us well into the next question, because the next question is about language within the field of mental health. So, from psychiatry to social work, to holistic approaches, there continues to be a lot of debate about language. That's one aspect of controversy within discussing and advocating for those with mental illness. So, I gave one example, for instance, the change of saying someone 'succeeded' when referring to suicide, which sounds [...]

DR. WASHOFSKY: Yeah. I succeeded at suicide.

HOST: Right, and overall [...] I was speaking the other day to a retired urologist, and he was saying, how there are changes in saying 'someone is losing a battle overall with illness, say cancer or anything else. So, language changes in terms of defining someone by their mental illness. I.e., 'a person suffering from depression,' as opposed to a 'depressed person.' The person is not defined by their disease [...]

DR. WASHOFSKY:

Very good. Using the medical framework, which has developed, allows us to do that. Now, that doesn't mean that as soon as we develop modern medicine, we cleaned up our language. We've been cleaning up language a lot just the past couple of decades. When you realize that these terms, that even physicians and scientists and enlightened rabbis have been using to describe individuals are stigmatizing, and potentially emotionally harmful. Nobody wanted to cause harm. It's just, we did we did these things without thinking.

HOST: Right. Yes.

DR. WASHOFSKY:

It changed, and why are we doing this? This is not just political correctness; I'd like to think. It's not just, "oh, my God, somebody [...] we got to be 'woke' now. That's not it. You change the way you talk because you realize, you discover that the older ways of talk, calling someone 'a depressed person,' categorizes them in a way that lessens them, which may, in a way, be harmful to their self-image, to their personality development. It may be harmful to the goal, or it maybe contra the goal of trying to help them successfully deal with their bouts of depression. And so, it's better for that individual, health wise, not ideologically, but health wise, to see this individual as a human being just like all the rest of us. Every one of us has issues of one kind or another. And this is your issue. It is your issue. Okay, and if it happens to be a disease, then let's deal with it. But that does not affect your personality, your personhood.



HOST: Yeah. Your entire self.

DR. WASHOFSKY:

We're able to see this because this is how psychological [...] psychology or how the medical aspects of mental illness have developed in recent times. The way we communicate with individuals has a lot to do with their self-image, which has a lot to do with the conditions that affect them that we recognize as mental illness. I don't blame people 50 years ago for not being careful about this language. I presume they were doing the best they could. They weren't yet aware of these things.

HOST: Right.

DR. WASHOFSKY:

But we're aware of the harm that we can do by using unthoughtful language as well as the good we can do by using more thoughtful language than just the goal of *pikuach nefesh*, which, undergirds the whole practice of medicine, requires that we at least try to use terminology that signifies respect for all patients, those who suffer mental or physical disease.

HOST: Yes. I think that's exactly what I was sort of going for. And I don't know how, because we discussed shoteh in depth, I was wondering if in this area, when we're discussing mental illness, because it was seen differently, we think it's a symptom, perhaps a transient state. You could provide an example that's in some other area of medical ethics, but what happens when things get lost in translation when it comes to discussing the Hebrew origins? How do we contend with that, if we can?

DR. WASHOFSKY:

Yeah, okay. Well, let me talk about a personal experience. A little while ago, when I was a rabbi in Hamilton, Ohio, one of the more traumatic funerals I had to preside over was at the funeral of a man who committed suicide. He was married with a couple of sons of teenagers, they were they were both teenagers, so this was not a young man, but not an old man. He was safely middle aged, but clearly a man who, as people as people, as my congregants never failed to mention to me, "oy, has he got problems." And I'd talked to him, I'd met him a couple times, he didn't come to service as much, he didn't really want to have that much to do with it. When I talked to him, I found him a very sardonic, had a great sense of humor, you know, in a dark sort of way. So, yeah, okay. Looking back on it, I could see [...] but people say, "he's got issues, he's got issues." Then it wasn't a great surprise to anybody, really, well it was a shock, but not a surprise when it turned out he took his own life. Now, what to do, right? So, the congregation I served was an old congregation that was mostly it was 'oxi-formative', one might call it. I mean, it 'ortho-formative,' I don't know what the word would be. It originated as a congregation where people thought of themselves as good *halakhically* observant Jews, but then quickly became identified more or less with the Conservative movement, except in matters where they thought they could take a few liberties [...] But it was a traditionally minded community, okay. Especially my more faithful members. Those who showed up for services all the time, they were very closely bound

to Jewish observance. And one of them said to me, "are you going to bury him in the cemetery?" We had a cemetery, and this guy knew enough Halakhah to know that you're not supposed to bury a suicide in the cemetery. Meaning you bury them right outside, or at least a long distance, or in a place with other people who have committed suicide. And I knew, of course, we were going to bury him in the cemetery. And I knew that we just generally at the time, and we no longer think like this, but I couldn't give this guy an answer right away. So, I went to the books and discovered quite quickly that the term in Halakhah for suicide is *hamaved atzmo*, "one who destroys oneself. One who kills oneself." All right, literal, *me-aved atzmo*. But then there's another word. There's that word *hamaved atzmo leda'at*. There's that word again, *da'at*, meaning "with competence." But the person who commits suicide out of rational intent, who does it as a result of a responsible act, like "hmm, I have the power to decide to end my life or not. For good reasons, I choose to end my life, and it is decision I am taking on the basis of my best judgment and so forth." That is the *hamaved atzmo b'daat*, and that according to the Halakhah, that is the person who's not buried in the cemetery. We do not mourn for that person. We do not do Kriah for that person because that individual has committed an act of murder. Just as the one who kills somebody else, the *motzeach*, this individual killed themselves and they are in the Divine image. You've destroyed the Divine image and you weren't able to atone for that act through your death because your death was in itself the sin. Therefore, you will be punished, as it were, after your death, by the fact that we, the community, will judge you harshly. We will not mourn for you because that is a privilege that we give to people who have not taken such a horrific act. But then you quickly discover that because the Halakhah uses this term which we simply translate as 'suicide', as in 'suicides.' Notice how you use that word that and it becomes 'the person.'

HOST: Right, exactly.

DR. WASHOFSKY:

Right, that person is not buried in a Jewish cemetery. If you look underneath that, the individual is not buried in the Jewish cemetery or is not granted all of the rights and whose mourners don't get a chance to mourn, that is the individual who committed suicide as a rational act. And the Halakhah is fairly clear that that is a rational act. But you have to prove that this action was done rationally. You got to have witnesses to the fact that this individual is not driven to this action by forces, including mental and emotional forces beyond their control, which in the scope of things, in reality, that's impossible to do. Where are you going to get something like that? What the Halakhah forces us to do, basically, is to say individuals who take their lives are individuals who could not have done so in a rational manner. Now, let's step back for a moment. I know there are going to be people who say, "well, wait a minute. I think in such and such a circumstance, suicide can be a rational decision."

HOST: Right.

DR. WASHOFSKY:

The Halakhah then has another issue to deal with here. The wife and the children, in this case, wanted to mourn the community, wanted to say goodbye to this individual. We wanted to be

able to deal with this as an act that required grief, to respond to the grief that people felt through the rituals of *avelut*, the Jewish 'rituals of mourning.' In order to do that, we have to define the action really as taken in response to disease. A sickness got a hold of him and forced him to do this. And that becomes the way in which Jewish law is able to cope with this phenomenon, which seems to contradict everything we otherwise know about the sanctity of life. I mean, you make a decision to kill yourself and to wipe out the Divine image. I mean, what gives you that right? The Halakhah needs to think of it in this way. And by the way, it's helpful because we could get the moral condemnation out of the way. Individuals who are contemplating suicide require therapeutic response. What they don't need, really, is moral condemnation. They require therapeutic response. It took a while for the Halakhah to get there, but it got there, just as it took a while for other religious and cultural systems to get there, because we understood the motivations of human behavior differently than we did before. So that's how we translate these. And we take a term that comes from the legal realm. *Hamaved atzmo lda'at*, 'the person who commits an act of rational suicide' and use it to provide comfort to the family and to distinguish the vast majority of those individuals who do resort to suicide from those who in the past had to fit under this category, had been stuck with this particular label, which we now think is inappropriate.

**HOST:** Right. Yes. And so, to someone who would say, and this is tricky, but I had a friend who died by suicide, and it wasn't explained, let's put it this way, as well as you did. But I but there was a there was a sense from some people, and we were 20, but when the rabbi did explain the contemporary halakhic view of suicide, and the provisions therein, that his definition [...] it took away the autonomy of the person. This is going more into suicide and away from mental illness, but it is, I mean, it is important because 'stigma around suicide' is a big part of 'stigma and mental illness.' But it is that, I think, it's what you've explained that is so important in terms of allowing a grieving family to grieve. But where there's some difficulty is that we're separating the person from (the act) saying there was something they didn't have control over. That it wasn't them.

**DR. WASHOFSKY:**

Here is the downside of using medical vocabulary, medical language, to categorize phenomena that we call mental illness. If I look at these things and file them under mental illness, the category of disease, then I am in some way denying the individual their autonomy. We don't think in terms of physical disease, you didn't really have much to do with that. A mental illness, the individual may look at this [...] In other words, "if I am going through severe depression, well, who the hell are you to say that I'm going through severe depression? I'm feeling sad, but I'm feeling sad for pretty good reasons, and I'll tell you what they are. And as a result of that, I don't see any meaning or purpose to life. Why should I even continue when you tell me that I am responding to a disease?" There are drugs for this now for mental illness, now we know about mental illness. We've got chemicals that work, and they work pretty well. Not perfectly by any means, but they work really a lot better than a lot of talk therapy does to respond.

**HOST:** To prove maybe that although invisible it is a disease maybe [...]

**DR. WASHOFSKY:**

Yeah, it is a disease, then I've got medicines that can cure it or control it or make it manageable whatever it is. Well, okay, but then that means I'm not operating as a matter of my own choice. It's not my own decision. You're telling me that the disease is making me say this. Looked at from the standpoint of ethics, philosophy, ethics, another aspect of modern Western, so-called liberal culture, is that you let individuals make decisions for themselves. Who am I to tell you what to do, how to live your life? "As long as you're not bothering me, you make your own decisions. Well, if you want to be this sort of person, if you want to exhibit to the rest of the world in this sort of way, who am I to say that you're sick?" So, there is sense, in which medical language, that discourse, denies the individual their autonomy. Now, I think you've alluded to that. Well, but in order to help a family to grieve at that moment, it was pretty obvious. While the individual, the father, the man who took his life might have said, "hey, I wasn't crazy. What do you mean? I mean, that name you are calling me? No, I'm sick, I decided."

**HOST:** Right. Yes.

**DR. WASHOFSKY:**

"What can I tell you? You're not here anymore. You're not here in the conversation." To be perfectly clear about it. "Your view isn't part of the debate." We're dealing now with the family, and so we're concerned with people in front of us. What they need is be able to grieve.

**HOST:** Right, they would need an advocate, in this case, but they don't.

**DR. WASHOFSKY:**

Language is what is helpful to them unless they decide it isn't. Okay. We have to be careful. As an undergraduate, I took a course in ethics, philosophical ethics. And of course, I learned there were two insults that are very common nowadays in conversation. One is called the Marxist insult, and the other is called the Freudian insult. The Marxist insult is when you state a position about politics or society or values. And your debating partner says, "the reason you believe that is because you are affected by the capitalist market system, which creates a false sense of value," and so forth and so on. "That's why you say what you say, denying to me the reality of my own opinion. Just say no, it's really a product of society." And the Freudian insults you by saying, "the reason you believe this is because of the way you were potty-trained when you were a child. Your mother didn't really love you the way you wanted her to." "What are you talking about? Mother has nothing to do with it." By denying me my autonomy, the autonomy for my own views, there is a sense in which medical language does this to people, and we just have to be aware of that.

**HOST:** Absolutely.

DR. WASHOFSKY:

Like all decisions that we make, the decision of how we talk about something carries consequences. That may be one of them.

HOST: Yeah. Suicide in terms of mental illness does require some different perspectives in terms of advocacy and a lot of progressive thought around it [...] being able to talk about it, taking away the stigma. In that way, it allows growing awareness that people who are struggling with suicidal thoughts or ideation can speak to someone about it, and it's not necessarily so shameful. Now, [...] mental illness can kill. It can be fatal. It can be a fatal disease. And typically, that often refers to 'suicide' as that outcome of (mental illness), the fatality. So, it's difficult to talk about, just in the experience I've had, even talking to people part of NAMI, the National Alliance for Mental Illness, let alone when we're talking about it from another lens, from a Jewish or any religious perspective in a different language. And I know that that's not necessarily the same as what you were talking about in taking care of how we use language [...] I do want to reiterate what you said because I thought it's very important is that there are many people who say, "oh, this is all just another way we're being politically correct." But really it is for the care of the person itself. When it's someone suffering from mental illness, anxiety, what have you, they're suffering internally already and then have to be able to be legitimized by whoever they're speaking to. So, I think what can be so important [...] So just for the sake of time, and we were going to talk about something specific from the Talmud, but I'd prefer to talk about something you wrote about in (your book) *Jewish Living: a Guide to Contemporary Reform Practice*, a specific quote, if that's okay.

DR. WASHOFSKY: Yeah, sure.

HOST: Okay, so this was under the [...] and I'm trying to think of the part of the book, and you can tell me, when you spoke about disabilities, in terms of what umbrella it falls under [...] what chapter was that under?

DR. WASHOFSKY:

Oh, it's chapter six is the "Medical Ethics" chapter. Do you have a page number of this quote?

HOST: I have the kindle version right here. So, let's see, it is under "Personal Ethics."

DR. WASHOFSKY:

"Personal Ethics", okay. So, there you go. 'The disabled community' on page 309. By the way, there's an example of language for my own reasons, which I do not remember, but to me, it seemed to me that this was more of an issue for the community than it was for the individual. There are people with physical or mental, we call them 'disabilities' that may not be in the language you ought to use these days, but we like to say the 'differently abled' today, as opposed to the 'disabled'. But fact is, these are individuals who are not capable of performing certain actions which the community, the rest of the community might take for granted as being, quote-unquote 'normal'. And for reason of their ability, those individuals' ability to fit well into the

community is at issue. So, it becomes an issue for the community here. That's why it's under "Judaism and Society," that chapter, rather than the medical chapter.

**HOST:** Yeah, that points well to what I did take out from this section. First of all, it's an incredible book that I think you explained so well as to how it fits categorically, and you explain it in such a, I think, a welcoming and approachable way. So, you wrote, if I'm reading this correctly, "Reform responsa developed this inclusionary insight into a consistent and guiding theme." So, we're talking back to disability in the community, but this was included after when you discussed this, and also in terms of the *shoteh*. I'm sorry, that is not all of what you say, but I want to make sure that the listeners know yours is much more succinct. I just want to frame around it. So, this is from Dr. Washofsky "We should not define disabled persons into categories based upon what they cannot do, but rather see them in terms of what they can accomplish. As members of our community. They should be encouraged to participate to the fullest extent possible in our religious and social life. This determination to mean anything must be more than a platitude. It demands from us a real investment of resources, time, and understanding." I thought that was so incredibly important. I wanted to see if you could just tell us a little bit more about how in your opinion [...] How we could apply this when teaching clergy, educators, chaplains, and the members of our communities and congregations? And if there is a different way of teaching each, but that becomes perhaps more complicated. But how might we apply this [...]?

**DR. WASHOFSKY:**

Yeah. Well, just to begin with, the epigram for this particular section of the book is the statement is in the Talmud of a rabbi, who, by the way, was blind. He was one of these blind rabbis who memorized the Written and Oral Torahs and was able to study that way with his students. But there was a halakhic dispute at the time as to whether the blind are exempt from the requirement to keep the *mitzvot*. Obviously, they are exempt from certain obligations which require eyesight, that would be wrong to obligate them to what they physically cannot do. But there was an interpretation of a verse of the Torah that said, 'all of the blind' or 'the blind' are exempt from any obligations whatsoever. And in a religious culture which defines fulfillment in terms of fulfilling our obligations under the Torah, to say to somebody, "you're exempt from the obligation, you are *patur*." Well, no, that's not good. When you tell me you're exempt from doing thus and such as, "oh, great, I'm exempt from this". No. if you tell a Jew you're exempt from fulfilling the *mitzvah* that means you're cut off from the community that is composed of people who are obligated. Rav Yosef said, "look, we've got this *machloket* in this dispute. I don't know which way it comes out, but if you could prove to me that blind people are not exempt, I would throw you a big feast." You know, what he's saying is, "I want to be, I'm going to do the *mitzvah* one way or the other, but I'd like to think that I'm fulfilling a Divine commandment. I'm not just doing it out of the goodness of my heart," because that's a lower level in the *halakhic* way of living things. That's a lower level of attainment. All right, so anyway that's what Rav Yosef said. Reform Judaism or progressive Halakhah would take a look at that statement and say, "this isn't just," we refuse to look at this statement as simply the 'prix-du-Coeur' of an ancient rabbi. It is a demand placed upon us to be as inclusive as possible. Go out and find a way to include me in the community of *mitzvot*.

HOST: Yes.

DR. WASHOFSKY:

"If you're not sure that I'm already obligated, then you find a way to interpret the Torah so that I am." And if there are individuals who are being excluded now from the religious community, from the Jewish community, on any grounds, for any reason, because of some physical or mental condition that makes it difficult or impossible for them to participate, then that exclusion is a problem that needs to be addressed.

HOST: Right.

DR. WASHOFSKY:

This becomes the 'Torah of inclusion.' So, we translate that statement of Rav Yosef into a demand for inclusion. We're aware that that's probably not what it was [...] "I'd like to be included. I would like to think the Halakhah does include me," but it just depends on what the text says. We take it one step further. We're going to do everything we can so individuals such as the developmentally disabled, mentally disabled, whatever, who would seem to be permanently excluded from this, that or the other aspect of our religious life should be brought in. And this is what Reform responsa does, to find them and bring them in. In fact, not just Reform responsa. There was a responsa of Rabbi Moshe Feinstein, who was the great North American Orthodox *posek* who died in the mid 1980s. He was the greatest *halakhic* authority of his time. And he was asked once "we've got a kid in this congregation; he is what they used to call 'mentally retarded.' He can't learn. He can't learn how to read Torah. He can't learn how to lead services. He can't do what other *b'nei mitzvah* do. In our congregation, we want to know if we can allow him to celebrate his bar mitzvah when he gets to be 13 years old." And from a strictly formal viewpoint, the answer is, "well, no." He is what we call a '*petiy*' in Hebrew, someone who, well the word originally means 'fool or simpleton.' In the Bible, it's now applied to anyone whose IQ falls below that certain level that renders them in legal terms 'mentally incompetent'. We have no business saying that this person is going to be obligated to take up the mitzvot, which is what the bar *mitzvah* celebration is all about. Feinstein said, "okay, so we're not talking about that. We're not talking about making chayah b'mitzvot, 'the *mitzvah* obligated to keep the *mitzvot*.' Of course not. We're talking about doing something for him, that we can find a way for him to participate publicly to mark an important birthday in his life, to make him feel good."

HOST: Right, we're not really talking about the exemptions.

DR. WASHOFSKY:

Basically, he said, "what does it hurt? It doesn't hurt anything. Find a way to do it so that it doesn't violate any or some sort of red line in Jewish law, and then it's fine" rather than sticking to the formal definition. Well, the category of 'bar mitzvah' is male children who grow up to be, at a certain point of a religious maturity and become obligated to keep the *mitzvot*. No, stop

thinking that way. Sometimes it's good to think in those categories. Sometimes it's not. This is one of the cases where it's not. Okay, so what we do well, I think what we do is to turn this kind of thinking into a just a way of a way of life, an intellectual way of life. We see a barrier to someone's participation. And we feel the *mitzvah* is to overcome that, to remove that barrier. If at all possible, find a way for those individuals to participate as best they can in whatever it is we're talking about.

**HOST:** So, yeah, as the last question is a question that I asked all the previous interviewees and am planning to ask all of my interviewees. So, over my time in rabbinical school, and even before, I'd heard some debate over whether mental health advocacy is in fact a social justice issue. And so, speaking to Rabbi Sandra Cohen and Rabbi Richard Address, who work very actively in advocacy outreach work, a lot of the questions were sort of framed around that. But now, and really asking you as a scholar, as an academic, how might you answer that? And I can let you answer it within a *halakhic* framework [...]

**DR. WASHOFSKY:**

So, I'm choosing language again. If the Halakhah looks at this as illness first, start with the fact the Halakhah defines 'mental illness' as an 'illness.' It does today. So, the real question is, is illness, and forget mental, forget physical, but is illness as a category, a social action or social justice issue? Well, what is illness? Illness is what you do medicine for. That's why we say medicine is a *mitzvah* because we are commanded to it. It's one of the basic ways in which we fulfill ourselves. Jewishly. That's what a *mitzvah* is, the way we fulfill ourselves Jewishly. One translation of that word, a *mitzvah* [...] to offer medical care. Well, if medical care in any particular community is not being provided equally to everybody, in other words, why should some people, and I get or I can sort of understand why some people can afford certain doctors and other people can't. I'm not only for radical socialism here. [laughs] We can talk about that, but I'm not sure Halakhah demands it. But I think what the Halakhah does demand is that the *mitzvah* of medicine, first of all, it's got to mean something. It's got to mean adequate medical care.

**HOST:** Right. When we say *mitzvah* here, we mean a 'commandment.'

**DR. WASHOFSKY:**

Right, I'm commanded, or I'm not commanded to give you inadequate medical care, that would be stupid. It makes no sense. Medical care is I've got to provide it to everybody. Now, that does not mean I have to adopt this or that particular system. But what it means I have to make sure that everybody has decent access to that medical care. So, if I look out in society and I find that mental health resources are few and far between, that there are so many people who have need that is not being addressed, which is what we say after every mass shooting, after every traumatic event, "oh, we need to do something about mental illness." No, we need to do something about guns. We ought to do something for mental illness, and then, of course, we don't. I'll include all of us in that. Although some of us are more hypocritical than others, we're hypocrites on that score. But what it means is, by the very logic of our understanding of



medicine, of the *mitzvah* of saving life, mental health and its treatment then is a social justice issue. Because just as making sure people have adequate access to vaccines and to nutritional information and to well, baby care and all of that, that's also a social justice issue.

HOST: Absolutely, yes! Well, thank you so, so much Dr. Washofsky, for being part of this podcast.

DR. WASHOFSKY: Well thank you for having me.

HOST: This was so meaningful. Also, because it's easy to talk about this issue is a sort of 'echo chamber' of people who are firmly advocates. And being able to talk about it from an academic source that still provides background for saying, "this is how we should include people; this is how we actually use our sources to be inclusionary," which was something that you spoke in depth about is so important, especially when I ask the question of bridging the gap between mental health work and faith work. I think this has been such a wonderful way to look at bridging it. So, I want to thank you very much.

DR. WASHOFSKY: All right, thank you.

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HOST: Thank you for joining for this third episode of the podcast series, *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. We thank Rabbi Dr. Mark Washofsky for joining us today and sharing his unique perspective and expertise on the subject. And stay tuned next week for our fourth episode with rabbi and educator Rabbi David Burstein, as he shares his own unique and personal journey. Stay tuned.

[OUTRO MUSIC]

## **Chapter V. Destigmatizing Mental Illness from Lived Experiences: Episode 4 with Rabbi**

### **David Burstein**

#### **Guest Background & Biography:**

Rabbi David Burstein was the fourth interviewee on this podcast series. Rabbi Burstein has spoken publicly in recent years on his experience living with severe chronic depression. As a model of Jewish leadership through ‘lived experience’ of mental illness, Rabbi Burstein was an essential part of this project’s endeavor.

Rabbi and educator, David Burstein, has worked for over 25 years as an *experiential educator* in a variety of Jewish settings. Rabbi Burstein was ordained as a rabbi from HUC-JIR Cincinnati in 2001. He has served as a pulpit rabbi in congregations in both Richmond, Indiana and Dayton, Ohio. He also served on the staff of Earlham College during that time.

He served as the director of *Kulanu*, the Cincinnati Reform Jewish High School for five years from 2003-2018 and is a nationally renowned expert in teen education. He is also well-known for his work in the field of spirituality and meditative practices in his rabbinical work. Over the course of his rabbinate, Rabbi Burstein served as an educational consultant for many innovative and creative programs across the U.S.

He has taught mindfulness meditation for over 20 years and led over 50 retreats for all ages. Rabbi David Burstein was also trained through the M2 Experiential Educator Program and was a co-creator of the Cincinnati Teen Collective Grant. His work and experience as a rabbi and an educator brought him to Harvard College’s program on Mediation and Negotiation, and

through this extensive training in this area, he has traveled all over the world on peace negotiation missions, including Israel, Syria, Jordan, Egypt, and Northern Ireland. He currently holds the position of rabbi educator at the Humanist congregation in Loveland, OH at Congregation Beth Adam.<sup>48</sup> Rabbi Burstein's recent teaching and preaching on his detailed experience with mental illness was the main source for the guiding questions throughout this episode.

### **Purpose and Background of Interview:**

This episode was originally recorded on January 4<sup>th</sup>, 2022, just a few hours after the third interview with Dr. Washofsky. It was challenging to conduct two episodes that neared four hours unedited, but so much incredible material was gained through these two episodes. The last of the hour plus episodes, episode four with Rabbi Burstein was still the longest episode on the series, running nearly an hour and a half, even after edits. The conversation was very fluid, but less focused linearly, and thus was a more challenging edit. In addition, there were a few occasions where Rabbi Burstein's speech contained some minor 'swear words' which have been censored and redacted from the transcript. It is important for listeners to note that Rabbi Burstein's casual conversational approach probably contributed to this, but none of the censored language was discriminatory or potentially offensive.

My initial plan in March of 2022 had been to have Rabbi Burstein as the first interviewee on the series as an introduction to clergy leadership advocates on mental health issues, and again from the 'lived experience' approach. Time conflicts pushed his interview into January and three episodes into the podcast, but this ultimately worked out quite well as the second interview

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<sup>48</sup> "Rabbi David Burstein," Congregation Beth Adam, December 8, 2022, <https://bethadam.org/our-team/>.

with clergy on their own mental health struggles, following the second episode with Rabbi Sandra Cohen.

As I formulated the guiding questions for Rabbi Burstein's interview, I led with what I knew of his personal experience in mind as I created those questions. Rabbi Burstein has important insight into both educating and sermonizing on matters of acute mental illness and treatment and has been vocal about how it affected his rabbinate from rabbinical school forward. He gave a powerful High Holy Day sermon on his own mental illness and hospitalization and has since led several community discussion groups and seminars from his experience and based on feedback from congregants.

Based on many personal and professional conversations I have had with Rabbi Burstein in the four years I have known him, I was able to use that information in creating this podcast's interview question from the many powerful stories Rabbi Burstein shared with me in the past. Although I also asked many of the core guiding questions mentioned in the introduction to this podcast, the nature of the other questions was more personal than some of my other interviews. To that end, I came up with the following guiding questions based on my shared knowledge of his experience that I thought would be most helpful as a guide and source of comfort for listeners:

- 1) You spoke about your experience with depression and resulting hospitalization in your High Holy Day sermon just a few short years ago, and I know the outpouring of positive response to this was massive. Could you share this experience with listeners and what it took to get there?
- 2) You've shared with me that you had hidden the severity of this most recent depressive episode that landed you in the hospital from those you worked with and those you served

as a rabbi, which I know was an incredibly trying and painful experience. What was that like and how did your stressful public position of leadership affect you as this was going on?

- 3) How do you think your experience of ‘hiding’ might have been like for a professional in another public role outside the role of clergy and rabbis?
- 4) After your hospitalization and ongoing recovery, what did it take for you to write that powerful High Holy Day sermon?<sup>49</sup>
- 5) You’ve mentioned to me that you will give a sermon or lesson on the depression you’ve experienced, but not on ‘trauma’ writ large. If they are both aspects of diagnosed mental illness, why is it possible to give one, but not the other?
- 6) Even in this podcast, I have spoken a lot about ‘trigger warnings,’ which is easier in writing or recording and not ‘live’ as it would be on the bimah, for instance. Have you felt or did you feel the need to give a ‘trigger warning’ before your sermon?
- 7) How did this ‘coming out’ or personal disclosure sermon given in such a public setting affect those close to you, your staff and family?
- 8) What advice would you give other clergy who may have had similar experiences on how to give this kind of sermon? When is it appropriate and when is it not?
- 9) Based on the previous question, how can a faith leader know when to disclose personal struggles with mental health in a way that serves the community, and isn’t their own ‘therapy session,’ as you have said?
- 10) Based on your experience in the hospital at a psychiatric facility, what kinds of interactions did you have with chaplains there (if any)? How were they helpful and what

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<sup>49</sup> David Burstein, “Go See the Great Carlini,” The ManKind Project Journal, October 19, 2019, <https://mankindprojectjournal.org/blog/2019/10/22/go-see-the-great-carlini/>.

did it teach you about being an effective chaplain and *bikkur cholimah* to those in mental health care facilities?

- 11) How does ‘lived experience’ in leadership roles add to mental health advocacy and working against stigma differ from leaders and clergy who spread mental health awareness, but have not been intimately affected by it in the same way as rabbis like you and Rabbi Cohen have?
- 12) Has progressive Judaism succeeded (in some capacity) in removing the stigma of mental illness? What do you think either hasn’t worked or we need to do more of?
- 13) You are an outspoken advocate for mental health activism, so I know you see mental health care and awareness as a social justice issue. To that end, I won’t ask the same question of ‘whether it is a social justice issue’ like I have with other interviewees. Alternatively, how would you teach others it is an issue of social justice, and one that we need to include in Jewish social justice activism?

### **Summary & Outcome of the Episode:**

The breadth of questions for this interview were too ambitious for a more concise interview, and that is evidenced in the episode’s length. Unlike the previous podcast with Dr. Washofsky, the question-answer exchange was far more scattered, likely a result of both Rabbi Burstein and my speaking-styles. Nevertheless, most of the guiding questions were still addressed in some capacity because I knew they were questions geared very specifically toward Rabbi Burstein’s personal exchanges with me before the interview. If I conduct a similar interview or with a similar interviewee again in the future, which I hope to do, I would undoubtedly shorten these questions. It is my hope that Rabbi Burstein’s incredible mix of

humor and eloquent style of rhetoric will appeal to listeners. If and when this podcast is made available on public forums (Apple Podcasts, Spotify, etc.) I would hope the thousands of those Rabbi Burstein mentioned had listened to his sermon will likewise access this podcast. Rabbi Burstein's success in reaching the hearts of many members of the Jewish community on the issue of mental health is a product of his approachable personality and enormous compassion for all those he serves.

Since this podcast was a little hard to track at some points, I broadly found that Rabbi Burstein answered the questions regarding stigma and mental health from his experience since his hospitalization in 2016. The details he shared on what it was like to hide his symptoms from those around him until this was no longer possible for him really spoke to that. He explained the challenges of being in such a publicly focused role when in the throes of acute mental health episodes like his. He also shared the difficulties rabbis and clergy face in the very nature of these demanding positions that require them to always be 'on.' This was a thread that was repeated by many of my interviewees, and not surprisingly more so with those specifically who were or had been congregational rabbis.

Similar to Rabbi Cohen's experience, Rabbi Burstein reflected that his encounters with chaplains in the hospital were not particularly positive ones. Both felt their encounters were very dismissive or unrelatable to the mental spaces they were in. For instance, Rabbi Burstein spoke about the chaplain who asked if he wanted to say a prayer, which he felt was very out of place at the bedside of someone in an acute psychiatric wing of a hospital. Based on my units of Clinical Pastoral Education and group work we have shared; this can be a challenge chaplains face in any hospital setting. I also think that for any chaplains who might be listening to this podcast, there is a good lesson for us in our multifaceted roles in pastoral care. In fulfilling the role of *bikkur*

*cholimah*, it is important to recognize that those we visit in any setting may likely be dealing with mental health challenges, even when that isn't the reason for their hospitalization.

There is so much 'detail in the fabric' of this episode, and so although I advertise each episode in my summaries, I hope listeners will get to this episode too. Rabbi Burstein is a Jewish leader who went through to the other side and came out of it as a model of Carl Jung's 'wounded healer.' Rabbi Burstein still talked about the recovery from mental illness as ongoing, like with physical illnesses there are periods of remission and then symptoms can reappear. He encouraged us to understand that and be patient with ourselves and others when mental illness recurs as part of the entire awareness of what mental illness is in relation to all other illnesses one might face. Lastly, Rabbi Burstein spoke to the issue of social justice and mental illness as an issue of equity in health care and financial parity, following the same pattern as many of the speakers who came before and after him. As he so poignantly expressed near the end of our podcast, "the only difference between me and the man on the street corner talking to himself [...] the one we call 'crazy,' is that I have resources and he doesn't."<sup>50</sup>

TRANSCRIPT: EPISODE 4 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH RABBI DAVID BURSTEIN

HOST – REMY LIVERMAN

JANUARY 4, 2023

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[INTRO MUSIC]

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<sup>50</sup> David Burstein, "Episode Four," January 4, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:26:08.



**HOST:** Welcome to the fourth episode of Healing the Hidden: Talking about Mental health and Stigma through the Jewish Tradition. I'm rabbinical student and ordination candidate Remy Liverman, and today I'm joined by rabbi and educator David Burstein. Welcome! So, I'm going to give a little bit of a bio, and then I'm going to let you introduce yourself. Okay?

**RABBI BURSTEIN:** Okay.

**HOST:** All right, so Rabbi Burstein has worked for the past 25 years [...] is that right?

**RABBI BURSTEIN:** Yeah, give or take.

**HOST:** Give or take, as an experiential educator and rabbi, he was ordained at HIC-JIR In Cincinnati, and I'm sorry about the barking dogs here [laughs]. He served congregations in Richmond, Indiana and Dayton, Ohio, and served on the staff of Earlham College. Is it Earlham College?

**RABBI BURSTEIN:** Earlham College in Richmond. Yeah.

**HOST:** He was director of *Kulanu*, Cincinnati Reform Jewish High School [...] from 2003 to 2018. And from my experience working with him, he is certainly an expert in education of all kinds, but from his bio on teen education, that's according to this bio. Also known for your work on spirituality and meditation. And you've taught mindfulness meditation too, right?

**RABBI BURSTEIN:** Yeah, for the last [...] for a long time.

**HOST:** Okay. All right, so I'm hoping [...] but I know I haven't covered everything. I know you've also traveled with peace negotiation missions to Israel, and also including Israel, Syria, Jordan, Egypt, and Northern Ireland.

**RABBI BURSTEIN:** Yes.

**HOST:** Wow. Welcome and thank you so much for being part of this podcast. So, I just want to briefly say, and the last thing, but the beginning of each of these podcasts I'm just introducing the aim, our goal of this overall podcast on discussing mental health and stigma in terms of learning about this from leadership [...] So welcome Rabbi Burstein and thank you so much for being part of this podcast series.

**RABBI BURSTEIN:**

Well, thank you for having me as part of this podcast series. And considering that we go way back, and we've talked a lot about these issues and how important it is to be able to have conversations about mental health and the stigmas attached to it and how it affects us. And specifically is for me, in how it affected me as a clergy member, is really important. It's part of my healing process. So, I appreciate the opportunity.

**HOST:** Yeah. So, I have worked with Rabbi Burstein for all four years of stateside rabbinical school.

**RABBI BURSTEIN:** I wish we could keep you there longer with us, it's true.

**HOST:** [Laughs] yeah. If there was another position [...] So Rabbi Burstein is currently at Congregation Beth Adam in Loveland, Ohio, and that's where we met and worked together. And for me personally, you've been truly inspirational in terms of just all of who you are, but your openness to talk about your own experiences, which is what this project is all about, is being able to talk about that mental illness. And on a previous podcast with Rabbi Sandra Cohen, she was saying, she was talking about leading from personal experience. I'm trying to think of the exact quote she used, but just how meaningful it is to be in a position of leadership, but able to speak not just 'us or you', but that we're both part of the community and a leader in the community. I think my first question, if it's okay, is what it was like to discuss your own struggles and experience with mental illness.

**RABBI BURSTEIN:**

Well, thank you for the opportunity. And my work that I did with you is to watch you kind of navigate the challenges of recognizing that there's mental health issues everywhere. And how do you navigate a program like HUC that's really complicated and challenging in its own right to have to deal with that? On top of going to school and on top of having a pulpit and on top of all those kinds of things, I never set out to be like a spokesperson about depression or about complex childhood trauma or any of that stuff. I think when I had my first depressive episode, or at least a major depressive episode in May, June, or early July of 2016, I really had no idea what was going on. Like, I had a pretty good life, at least what I had anticipated as a good life as a rabbi. I really enjoyed my job. I was leaving one congregation; I had just left one congregation in January in Dayton. And I was still working at the *Kulanu*. I was also working with the Jewish Foundation on some teen initiative work for grants, national grants. I was doing lots of really good stuff. And the challenging piece for me is that that didn't matter in the big picture. That this depression that my doctor called so eloquently "a liar and a thief, which lies to you about what's real and steals all your good stuff." I Really didn't care that I was doing all this great work and that everybody thought I was great and had a great marriage and was a great parent and had a very successful career up to that point of 16-17 years of being a rabbi. And depression will just take that from you.

**HOST:** Yeah.

**RABBI BURSTEIN:**

And the slide was pretty precipitous. I was always reasonably functional until I wasn't. That's kind of how I describe it. I was able to fake it in a lot of my life. But the problem was, and I've seen this with other people too, is that it gets harder and harder to hide. I didn't want to have a public meltdown, right? But by the end, by May of 2016, my depression started pretty hard, probably started in January, mid-January. By May, I was unable to kind of balance. I guess the

moments of being okay were getting shorter and shorter, and the moments of not being okay were getting bigger and bigger. And the way my schedule was that it was going to bleed over into my work or into my family life for sure. And so, I had to kind of navigate that. And I think for a lot of us that go through depression and that were public figures or were in leadership positions, we get really good at compartmentalizing. Like, "I'm on here and I'm off here." And just in the same way that depression doesn't care how good I was doing, depression really doesn't follow that timeline as far as when it's going to show up.

HOST: Yeah. That it's going to work with you?

**RABBI BURSTEIN:**

Yeah. If you look at the work that I did during this period before I was hospitalized, I was doing high level work. I just was doing it in shorter and shorter bursts. So, you can see its progressions.

HOST: Right. Yeah.

**RABBI BURSTEIN:**

I remember they gave me I don't know if it was the second time I was admitted, but they gave me a test to show where my cognitive level was or give you this test to show your level of cognition when you're depressed. And the doctor wrote, like, "you must have a very high level of competency because you're doing okay, but I know that you're catastrophically depressed, so who knows where you would be if you weren't?" And so, I think I rode the vapors of that, like, high level for a good period of time. I think the biggest challenge and the reason I'm kind of giving you a back story is because I think it sets the tone for when I felt comfortable to share this story publicly.

HOST: Okay.

**RABBI BURSTEIN:**

I was hospitalized the first time, mid-May of 2016. Got myself out of that. I told the doctors I was fine because I had two weddings I had to do on the weekend. I don't remember doing them. I did a great job, I guess. Makes me a lot less nervous about doing weddings at this point because I don't remember either one of them. I had to drive somewhere. I don't know how that happened. And then on my wedding anniversary at the end of May, I was readmitted to the hospital because I had become actively suicidal at that point. So, the first time I was pretty sick, did it, got out and then went into the acute care. And then I was moved to a place at the Lindner Center of HOPE here in Cincinnati called Sibcy House, which is a comprehensive kind of treatment center. And I was there for about 28 days. I don't know. I was supposed to only be there for seven. And I got re-upped because I was nonfunctional. I was not doing well, so I got re upped a couple of times. And I think that in relation to being a rabbi, so much of being both a congregational rabbi and a communal rabbi and a teacher is that you have this sense of purpose, right? You go to work, and you do good stuff, hopefully, or you help people or do

whatever, and there's a sense of expectation of a quality of certain aspects of your life that just go away when you're depressed, which is like reading social cues or feeling confident in a room or feeling anxiety around things that you know how to do.

HOST: I see.

**RABBI BURSTEIN:**

Yeah, and paranoia sets in. And the first symptom that I had was lack of sleep, so I stopped sleeping. And we all know that that's really important to us as humans and for us as leaders. It's really hard because we have to be on when we're on, we have to be on. There's no halfway. I mean, you can kind of dial it in at certain points, but the stakes are way too high with people to dial it in for some of the stuff we do.

HOST: Sure.

**RABBI BURSTEIN:**

You can't just, like, partially show up for a funeral or partially show up when someone shows up in your office in crisis or even partially show up for kids in religious school. Like, it just doesn't work.

HOST: Right, like you are trying to Band Aid for as long as you possibly can.

**RABBI BURSTEIN:**

Well, I always think of it like juggling, right? So, I got a couple of balls in the air all the time being a rabbi, and someone just took, like, a bucket of balls, put it over my head, and just, like, poured it down on me. And I was like, I'm going to catch some of these, but most of these are not enough to pick up off the floor or find later. And I was able to keep it pretty tight until I wasn't. And then when I wasn't, and it got really scary because you feel the sense of being out of control. And I was in the hospital for a good period of time. I had electro-convulsive therapy (ECT), which was really lifesaving to me. Probably had 20-25 sessions of that until mid-October of the next year. I was out of the hospital middle of July. I was an outpatient for three months, which is for people that might not know, is that you go at, like, 8:30 in the morning and you leave at 5:30. It's like a job.

HOST: Yeah.

**RABBI BURSTEIN:**

And it's basically at a hospital where you learn social skills and you learn how to deal with whatever the situation is. And I kept thinking to myself, like, I'm a rabbi. I should know this stuff, right? I should know how to talk to people. I should know how to have social skills. I should know how to do whatever.

HOST: And I think that's one of the liars, though.

**RABBI BURSTEIN:**

And one of the challenges is a lot of us go into the rabbinate to be helpful, right? We want to help people. So, it's really hard for us to turn that lens back on ourselves and take help.

HOST: Sure.

**RABBI BURSTEIN:**

And it probably kept me from recovering as quickly as I could have, is that inability to not try to be taking care of other people, because it was a pattern of behavior that was just ingrained in me. And then I took in January, that next year, I took a job Beth Adam as kind of a consultant. And then it kind of moved into more of being the educator and building a new school. But the most consistent thing is that your recovery from depression never stops. It's like an addiction, right? It's like a twelve-step. You have to work it every day. So, I have certain things that I do every day to take care of myself, because we want to help people and I wanted to talk about my depression right after I got to hospital.

HOST: That soon?

**RABBI BURSTEIN:**

Yeah. I was like, yeah, I'm going to help people. They're going to see what a success story I am, and they're going to all think they can do it themselves. And I really fought that urge for probably two and a half years.

HOST: Why did you fight it?

**RABBI BURSTEIN:**

Felt it was too close because I didn't have enough recovery.

HOST: Yeah.

**RABBI BURSTEIN:**

That's like an addict saying I'm over my addiction. I think it's the same thing with depression. My public speaking style is funny and it's humorous. And I remember I gave the High Holy Day sermon on Rosh Hashanah, I gave a sermon and a story about the Torah that were really funny and humorous and musical, and people really were just like, blown away. And I remember walking in for *Kol Nidrei* when I was going to give this sermon about depression, and someone saying to me, like, "you're so funny, I can't wait for what you're going to say." Well, "I hope you're strapped in because it's not going to be what you think it's going to be." [Laughs] But I have to

say, as sermons go, the one I gave about my depression was probably one of my better sermons because it was well thought-out. It was done when it was right, and it was honest in a way that wasn't dramatic. Like, we have a tendency as clergy to, like, give sermons to hit a certain note or hit a [...] you know? I want to tell this story because it's going to make you feel something.

HOST: Right.

RABBI BURSTEIN:

And the sermon itself was more about, "this is what happened to me. You don't know me." This congregation didn't know me because I hadn't served the pulpit as a congregational rabbi until I gave the sermon. That was my first High Holy Day sermon (there). They knew me as, like, the 'kids' rabbi.' They knew me as this rabbi that was hanging out there. People liked me. They really enjoyed being with me. But this was my first High Holy Day giving sermons.

HOST: Since then or since rabbinical school?

RABBI BURSTEIN: My first sermon on mental health.

HOST: Yeah. So, you're saying it was your first High Holy Days at this congregation.

RABBI BURSTEIN:

So, the congregation didn't know me as other than the rabbi educator and the person that kind of covered for the senior rabbi. And they liked me. They thought it was nice. And they had heard me do some really funny stuff the week before, so they were kind of like they had gone there for (something) interesting.

HOST: Yeah, and that's a good segue. I have part of your sermon. Well, I have specifically the 'Carlini part' and I wanted to share it. Is that alright?

RABBI BURSTEIN: Sure.

HOST: It's so telling, but this is from the rabbi version, who you made up the story, right?

RABBI BURSTEIN:

[Laughs] no, it's a real story, Carlini. Last time a rabbi made up a story, it was like the second temple? So let me just be honest.

HOST: [Laughs] okay, "so a man went to see his physician because he wasn't feeling well. Doctor, he said, I am suffering from a dark and unshakable depression. Nothing I do gives me any relief. I'm overwhelmed with pain and most days I can't even make it out of bed. Doctor, what should I do? The doctor thought for a moment and then offered the following treatment plan. This is what you need to do tonight, go to the theater where the great Carlini is performing. He's the funniest man in the world, besides Rabbi Burstein, [laughs] and everyone who sees him finds him

hysterical, by all means, go see Carlini. He's guaranteed to make you laugh and drive away your depression. And upon hearing these words, the man burst into tears and sobbed uncontrollably. But, Doctor, he said, I am Carlini." And I'm going to let you talk about this in a second. But when I heard that, and because I'm a big fan of stand-up comedy, and there is a very high rate of depression and mental illness [...]

**RABBI BURSTEIN:**

Yeah, 99% maybe among comedians (have mental illness), the really good ones.

**HOST:** [Laughs] Oh, yeah. There are some who are coming out about it, kind of in the same way as you. I always recommend Gary Gulman, I know he has an HBO special about his experience and his experience with ECT and it's just really funny. But it also, he also has a message in it of saying, "we can talk about this beyond that." Yes, comedians are among, well I don't want to say, 'high risk,' it's not their job that makes them depressed. But being funny is a great [...] While I don't like when people say it's a coping mechanism, but it's like a way of I think humor just can lighten up both the person who's telling the joke and the one receiving it. But I think added to this is that we don't know who we're talking to who might be suffering from addiction, suicidal ideation, depression, or has a family member who recently had a suicide attempt. We don't know. But we do know how prevalent it is. We do know how high the numbers are. And I think there's some that say, "well, okay, maybe we don't want those to be the people who are supposed to be our shepherds and our leaders." But the fact is, I mean, it can be anyone [...] it can be your psychiatrist who could be suffering at that time. So, that certainly includes clergy, but it is a particularly challenging job, if [...]

**RABBI BURSTEIN:**

Yeah, it's because you're public that's key. It's funny, I haven't heard someone read that story. I've listened to my sermon [...]

**HOST:** I know, I thought as I was reading, I was like, I'm not giving this.

**RABBI BURSTEIN:**

No, but I was like, what a lazy psychiatrist, right? Like a show? "Let's not deal with why you're depressed." It's like, this is a really great idea. So, in retrospect, it's probably not good advice, but right. I think the reason I opened with that story was I had to soften the reveal in the sense that the congregation needed to be able to kind of be with me at that point and see the nuance of, as you said, these people that you think have it all together are often the ones that don't.

**HOST:** That's so true, right.

**RABBI BURSTEIN:**

And I go on further into the sermon to talk about kind of my own [...] I mean, I go pretty quickly into talking about my own experience. And as I reread that sermon, which I do every year, because I like to think about where I am versus where I was, I see the nuance of it was that

even, like, as I'm telling the story, "it doesn't sound that bad, right?" I have this amazing celebration of my career of 14 years where hundreds of people show up. I have a birthday party for my 50th birthday, 85 people show up. These are really good things. Like, these are things that should be life giving, right? And it just doesn't matter to my brain or to my soul or wherever this resides. And I think the reason that I shared it, as I come to the conclusion of the sermon, is that I want to empower people to feel okay about having this, but also to feel okay about having someone they know having this. Because after I gave the sermon there was a weird reaction. People had, like, applauded my other sermons because they were so funny. People were like, "this is great." And it was just, like, silent. That's a weird feeling as a rabbi because you're like, "Uh-oh, maybe I [...]" and then after the service, 50 people lined up to talk to me. I couldn't get out of the sanctuary. And over the next couple of weeks, 50 other people came, 60 people had heard it online. I also concurrently released it on Facebook and on social media because I wanted to get the big push. And it wasn't that it was a secret to the people that knew me or even a secret to the community, because when I came back from my depression, I had a really hard time finding work. And it wasn't that people were like, "oh, my God, there's something wrong with him. He can't do the job." Although there were a couple of people that said that, not to my face, but said it that I heard about. Mostly it was like, we don't want to be the one who causes this to happen again. Because it was terrifying for people. Like, okay, I'm a pretty positive guy, right? And I'm a pretty successful guy. I have a successful marriage, and as I said, I had a successful career. So, if it could happen to that guy, it could definitely happen to me. And that's that kind of weird thing that happens with illness. You see it a lot like when I work with parents that have kids that have cancer, that other parents stop hanging out with them or having their kids hang out with them. We know that depression isn't contagious, and yet we treat it like it is because it scares the [\*word redacted for censorship\*] out of everybody that it could happen to them.

HOST: Yeah.

**RABBI BURSTEIN:**

And I think because I was so high energy and positive and loving and compassionate that people couldn't put two and two together. And because I was highly functional until I wasn't. It wasn't like I was a person that had depression for years and years and years and years and then had an event that kind of precipitated me going to hospital, losing work, all that kind of stuff. I mean, I kept working. I was trying to work when I was sick, and I just couldn't do it. And so, for me to be able to talk about it is I wanted to kind of pull back the curtain on that there's something wrong with you, like me or anyone else that has depression and talks about it as an illness, which it is. And that's one of the pieces of stigma that is really hard, right, is that people think it's [...] I think I wrote in the sermon that it's a "failure of you versus a failure of your brain." And there's ways of kind of navigating that and being able to say, "this is who I am." So, the response since has been really powerful, and I've shared more and more of it. So, I didn't share in this original sermon that I had had ECT, or electro-convulsive therapy, because if you think there's stigma on depression, like, there's ten times more stigma about ECT. But I spoke about it at an adult education in the Spring of that year. I did a whole thing on mental health and stigma. It was



within an eight-month period, and we had a lot of people come and I talked about ECT, I talked about the stigma attached to it, because once I let the cat out of the bag, once they knew, I never felt ashamed of what I had going on. I just felt like I wanted to share it. I just didn't know when the right time was and what I've done ever since. It's going to be seven years this May of how long it's been since I've been out of the hospital, or this July maybe, but I work on it every day. I have to. And my recovery from depression comes before anything else in my life, including my family, it's my ability to take care of my mental health. I can tell you that when I was sick, I wasn't taking care of anybody. And the effect on your family is rough. And I also wanted to make sure it was okay with my family that I shared the story because my kids were in the congregation and my wife, obviously was in the congregation. And it's interesting, my youngest, who was six when I was sick, doesn't have the same memories as my older kids do, so she didn't realize how sick I was, so I had to think about.

HOST: Her memories around the actual [...]?

RABBI BURSTEIN:

Yeah, how do I want to [...] I mean, she doesn't listen to me anyway, so it's not like she's picking up on it. [Laughs] But she knew that she didn't realize how sick I had been until that sermon. So, when you're giving this as a clergy member, for better or worse, when you come out about these stories, you have to take into consideration not how you feel necessarily, because hopefully by that point, you've been able to tell the narrative in a way that feels authentic but not too vulnerable. But you have to think about how it's going to affect your system there. Like, how it's going to affect your family system, how it's going to affect your staff.

HOST: Right. Yes.

RABBI BURSTEIN:

How is it going to affect them from the pulpit? I had been pretty honest with the senior rabbi and my staff about my mental health struggles ahead of time. So, it wasn't like a bomb drop bimah, j just like, what's wrong with it? This is what was wrong with me. Or is wrong with me.

HOST: No, I mean, again, which of your kids [...] I remember you sharing that one of your kids [...], I think one of your kids said describing [...]?

RABBI BURSTEIN:

Yeah, my youngest, who is six, she said that the "sadness got stuck."

HOST: That's right...

RABBI BURSTEIN:

Like, literally stuck. And I can't think of any other way that it affected. Like, my oldest was very angry at me. She was in high school. She was getting ready to go to college. She was very angry at me. And she wrote her actually, she wrote about being really angry at me for her

college essay to get into school. My son, he and I were, like, inseparable. So, the fact that I disappeared literally and figuratively for a long stretch of time, like, I didn't see my kids for six weeks. And I'm a dad with my kids all the time. I just got home from driving them around still, and they're 19 and 13, and my oldest is 23, and I was with her earlier today, but they all had different reactions to it, and they still have different reactions to it. I can't change how my depression affected my kids. I can only show them that I'm working hard to stay recovered.

HOST: Right.

**RABBI BURSTEIN:**

And some days I do better than others. But I think the most important thing that came out of this for me was that people talk to me about their depression a lot. And I feel so honored because I know when you're in the throes of it, how hard it is to get out of bed more or less, but they come and talk to me about what they're feeling.

HOST: You're saying people who are experiencing it then? As they are going through it?

**RABBI BURSTEIN:**

Yes [...] or have a family member (who was). I think of [...] the sadness I have is how many people I missed in the previous years of my rabbinate before I was depressed.

HOST: What a way to look at it. What I hear is, what about all of the congregations that don't have a rabbi who will do that for them? How lucky your congregation was.

**RABBI BURSTEIN:**

Well, the advice we give, as someone who has your own experience with depression, like some of the advice that we give people who are depressed, some of which is just so hard to hear now, having been depressed or having lived with depression for a period of time, like when you just have to get out of bed. "I'm going to come over to your house and just get you up and we're going to go out and do something fun." I remember theologian and writer, Parker Palmer, talking about his devastating depression that he had two in his 40s. He talks about people coming to his house and saying, "you're such a great person and you have so much to live for, or you've helped so many people." And him feeling just shame because he couldn't even [...] it just made him feel bad because he's like, "yeah, I have all this stuff and I still feel this way.: I think that it's helped me to be able to just stay with people in their depression and whether they know I've had depression or not, whether I choose to share it with them, most people know because it's been pretty public and so I can look at them and be like, "yeah, I get it."

HOST: Right.

**RABBI BURSTEIN:**

I get it. And that's all I have to say. Yeah, this is hard, but I get it. And then it's like recovery from drugs or alcohol, like twelve-step, like you share your experience, strength, and hope. So, my

experiences [...] I had this or my strength, these are the things that I've learned that help me not go back to the hospital.

HOST: Right.

**RABBI BURSTEIN:**

And the hope is in my process of being sober or being not in active depression, is that I hope that you can find hope in that. And I think that's one of the beautiful pieces, Remy, of kind of talking about it now seven years in is that I'm seven years out of it and people are like, "oh my God, you've recreated your life," which I have. "You've built a new life." I've built a life that's better than my life was before as far as my own mental health, but as far as also my ability to be of service.

HOST: Yeah, I think of 'The Wounded Healer' as you're talking about this [...]

**RABBI BURSTEIN:**

Yeah, or look, Isaiah, famous person from our text, it's all about the wounded healer. All those people are [...] they're probably outliers. But any good healer has been wounded in some way.

HOST: Right. Maybe not the same way, but in some way, right?

**RABBI BURSTEIN:**

Yeah, but in some way, not the same way and hopefully not to the way I was, or you were, or whoever else. We don't want to wish that upon someone else. What I found in my life is I'm drawn to people who understand, who I don't have to explain it to, who get it, who they can look at me and be like, "yeah, I get it."

HOST: Yeah.

**RABBI BURSTEIN:**

That, as a rabbi is really important, because your humanness makes you [...] I think have the skill set that most people, and we've talked about this for the rabbinate, in general. Most people who become rabbis or studying to become clergy, but just using rabbis because it's the only one that I know, but they are super smart. Like, you get weeded out if you're not smart enough or you're not accomplished enough or whatever. The humanness takes you from being a decent rabbi to being a good rabbi. And your ability to share your humanness, with other people takes you to being a great rabbi because people trust you in these super intimate moments of their lives and they want to know that you're just not talking [word redacted for censorship], right? You're not just like reading from a book and saying a bunch of prayers from 2000 years ago that is supposedly supposed to make them feel good. I remember when I was in the hospital, they had a clergy person come, I think he was a pastor or a priest, yeah, a chaplain at Lindner. And he was like, "well, do you want to discuss text?" And I looked at him like [...]

HOST: Did he know you were a rabbi?

RABBI BURSTEIN: Yeah.

HOST: Okay. So, he thought that would be like [...]?

RABBI BURSTEIN:

Yeah, "would you like to share some prayer?" And I'm like, I'm wondering how high that fence is to get out of here. [Laughs] Literally, that's what I was thinking. I'm not thinking about what God wants me to do. And look, God and I had a rough run because I had been teaching about God. I had been actively engaged with whatever my concept of the Divine was through recovery, through all this stuff. And when I hit my knees and it didn't work, I started to realize, like, "oh, maybe this whole system that I thought was one way is another way." And now I have a very deep relationship to something bigger than myself.

HOST: And that's hard as a rabbi [...]

RABBI BURSTEIN:

Yeah, and I'm thankful to still be alive because there was a time where I didn't want to be. And it's the other piece, because one of the reasons we wanted to talk about this is that I did this publicly. There was nothing private about my reveal, so I revealed it to the congregation. I revealed it to my entire community online, which is 4000 people or whatever it is, all at once. It was out there. And the responses I got were so positive and they weren't like, "you're so great, because you could get that too. Like, oh, my God. You've recovered. Blah, blah, blah." It was like, "I never knew that I felt the same way. I felt this way for 20 years." And, like, the stories just started coming out and you start to realize, like, as rabbis, our job, if you choose to take it in some [...] and it's not for everybody. I want to be really cautious.

HOST: Yeah.

RABBI BURSTEIN:

I know that there are not many of us, as you've probably discovered in your research, that are willing to speak publicly about this because the stigma is alive, especially alive in the Jewish community. There's no meal trains for depression. There's no fundraising or go-fund-me or whatever. It doesn't work that way because people see it as a failure of something.

HOST: Right! That is the endeavor of the project. It's one way to be talking about the stigma. But I do think that is a problem that I feel we have to face. I mean, I think a lot of faith communities struggle with this. Something like, "Okay, we will be supportive. But maybe we don't visit you in a psychiatric facility." You know, we have bikkur cholim, we'll go visit the sick, but there's some kind of limit.

RABBI BURSTEIN:

I end up being the one who visits a lot of people in psychiatric facilities because I'm comfortable there. It doesn't terrify me [...] Or I can go and visit someone who's in a lockdown facility and be like, "oh, yeah, it's really super frustrating. There's nothing here you can kill yourself with. I understand," or whatever that story is. Because the interesting thing is there's so much, just surreal humor about how bad it gets. It is beyond anyone's capacity to understand how one day you can be standing on a bimah, with 200 people cheering you, and three months, four months later, you're [...] there with no shoelaces at a hospital. [Laughs], I always share the story when you're in a group in a hospital, right? So oftentimes hospitals have groups. So, you have 10-15 people in the group and you kind of share your stories, and it's a good communal activity. And you're always looking around and you're like, "God, I'm not as messed up as that person." It's like a kind of running joke with me. And then you realize one day you're like, the most messed up person there. And I remember that moment so explicitly. I was like, "holy [\*word redacted for censorship\*], I'm the most messed up person here." And my life is like, I haven't seen my kids in four weeks. I could barely function, and I'm surrounded by people. I have to say that the people I've met in the hospital were incredibly kind. There's something about all of our brokenness coming together, depending on where you are and the facility you're in. When you're in an acute one, it's a little more intense because they kind of push everybody in together, and you're trying to figure out how to just stay alive, literally.

HOST: Yeah.

**RABBI BURSTEIN:**

Again, so I'm very comfortable talking about it. I'm very comfortable. Like, I've talked to people about Lindner, about ECT, people that are scared about doing it. I've had that conversation with congregants, I've had that conversation about (being) inpatient.

HOST: Yeah.

**RABBI BURSTEIN:**

Again, I think at a certain point, we as rabbis have a responsibility to be human.

HOST: Sure.

**RABBI BURSTEIN:**

Because that's the only thing that's going to motivate any change in somebody.

HOST: Yeah.

**RABBI BURSTEIN:**

I mean, we have a tendency to come across as pompous or come across as perfect, and there's multiple problems with that. But two major ones, or one of the major ones, is you're cutting off a part of yourself and it gets too hard to hold on to and it's going to ooze out somewhere else. And

the second is, you are not letting people be as broken as they need to be broken because they feel like you're not broken enough.

**HOST:** Right. I have a couple of pointed questions because this was wonderful and very candid, and you answered a lot of the questions just through your conversation. But you did speak about [...] well, we talk often about why can't we speak about mental illness the way we talk about cancer. And I was talking about this with someone recently who's saying, "yeah, but are you assuming that leaders like a rabbi who've gone through chemotherapy and has had cancer should (talk about it)?" I mean, not have to, but are we having the same expectations then of all of that? Because it's true. It is. This project is so focused on the stigma around mental illness because I think there's so much missing [...] so much more we can do within, especially such a progressive and liberal movement as we claim to be. So, I guess I think there's two [...] well, there's so many questions I want to ask you. But one is, as someone who's spoken out about it, where are the lines that you think there are? What's helpful to the rabbi at a point where maybe it's not helpful for the congregations? I've often heard, "give the sermon you need to hear." But in your case, and I read the sermon, it was written in a way that was opening for other people, and very honest about yourself.

**RABBI BURSTEIN:** Yeah. Honest about what I wanted to share about myself.

**HOST:** Right.

**RABBI BURSTEIN:**

So, I thought about that when I was writing or anytime I talk publicly about it. Who is this for? I don't need to have therapy in front of my congregation. They didn't pay for that.

**HOST:** Right.

**RABBI BURSTEIN:**

And there also is, whether it's reasonable or not, we're always going to be the adult in the room. It just is the way it is with our job.

**HOST:** Right.

**RABBI BURSTEIN:**

And they need to be able to trust that you're going to be the one who's able to be the adult in the room. I use that term. [...] So, my depression was not chemical, my depression comes from PTSD. It's complex childhood trauma, which I had for many, many years. I have not talked publicly about that piece of it, and not because I haven't done 30 years of therapy to talk about it in a narrative form, but it's because especially when it comes to situations of abuse, child abuse or physical abuse, emotional abuse, sexual abuse, it's way too intense for people. And I don't want to trigger like, I could talk about my own depression and talk about somebody else's response to a depression or having depression without it being triggering to someone in the

congregation where they're like, "oh my God, now I'm depressed." Now, when you cross into trauma, you could trigger something. And I've had it happen to me. I've had people trigger my own history.

HOST: Sure.

RABBI BURSTEIN: And I know how that feels, and it's horrible.

HOST: But isn't that a risk, always?

RABBI BURSTEIN:

Yeah, but a sermon isn't a place to leave it hanging in a way that feels uncomfortable for people.

HOST: Yeah.

RABBI BURSTEIN:

And I say that you don't want them, mentally, at least [...] to leave people uncomfortable, you can do that politically or socially. I do want to challenge them.

HOST: Yeah. Right.

RABBI BURSTEIN:

But my job isn't [...] those people, those 200 people, 300 people that came to the service did not walk in expecting to hear a story of trauma that was going to trigger all sorts of stuff in them before they left. And if I can't process it out with them before they leave, it's not fair.

HOST: Yeah.

RABBI BURSTEIN:

It's interesting because I'm in the process of writing about this, my experience growing up, and I'm in the same position I was during the couple of years before I gave the sermon.

HOST: Sure.

RABBI BURSTEIN:

Which is an interesting, I feel comfortable sharing that story. But it's the rest of my system. So, are my congregants comfortable hearing this? Are my family members comfortable hearing this? Are my kids comfortable hearing this?

HOST: Right, and it is so public in and of itself.

RABBI BURSTEIN:

Yeah. Like, the whole idea of public. So, yeah, I think that's a place that I won't cross. I won't. And I've heard people do it. And I have felt no matter how good your sermon is, no matter how polished it is or how amazing it is, once you lay out your own trauma into that space, it's not processable. Because remember, I give a sermon to 200 people plus probably 1000 people online. So now I have 1200 people and I can't take the responsibility. So that's the edge of it for me. And also, when it becomes about my trauma or my depression versus their experience, and that's actually less prevalent in the sermon format because it's really frontal, right?

HOST: Yeah.

RABBI BURSTEIN: It's more prevalent in the classroom or in the counseling session.

HOST: Right.

RABBI BURSTEIN:

Sometimes people say stuff and I'm like, "oh, yeah, I know exactly what that feels like. That exact thing happened to me," and I have to catch myself. Because we want people to feel comfortable with you, you also have to be like, "okay, is this about Remy or is it about me? Is this about David or is this about you?"

HOST: Yeah. But for you [...] people said, "wow," from what I saw from the way you spoke, "that really impacted me. Now I can tell you what I'm struggling with," as opposed to that you walk away and someone thinks, like, wow, depression can be triggering in and of itself if someone, say, hasn't [...]

RABBI BURSTEIN: Sure.

HOST: And many sermons can be (triggering). I mean, when people talk about women [...] I've heard a sermon on domestic violence I worry, and not just this not limited women on sexual assault.

RABBI BURSTEIN: Yeah.

HOST: And it might be a call to action when we talk as rabbis, the different kind of sermons that we give, like, it could be a 'call-to-action' sermon while everything was going on last year and still is, in terms of fighting for our reproductive rights. We give the sermon while someone is remembering something that happened to them. I guess there's a risk, I think, that there are a lot of [...] I wouldn't say criticized, but sometimes I've thought, "I wish a rabbi wouldn't just talk about the text." And sometimes I've thought, like, yeah, because it's safer. [...]

RABBI BURSTEIN:

I actually was writing about this today. The text itself is metaphorical, right? We know that probably depending on who's listening to this, and this is what I believe, is that the texts are parables. Like the same thing with the Christian scriptures, they're parables. And so, they're full



of metaphorical language. Like Jesus is the lamb, or whatever that is, it's a metaphor. Jesus wasn't actually a lamb, probably wasn't actually sacrificed, and all these kinds of things that go with it. So, I think oftentimes when you deal with trauma or depression or mental illness, we use metaphors because they're easier to process out, whatever this is. And so, us, as the person presenting a metaphor or as the person processing a metaphor with someone, we have to know when it's real and when it isn't.

HOST: Sure.

**RABBI BURSTEIN:**

So, if I said so in Romeo and Juliet, Shakespeare's Romeo. Juliet, Romeo says "Juliet is the sun." And Juliet isn't a sun, literally and figuratively, isn't the sun, but it represents something. So, I think a lot of times, like, if you look back on my sermon, the Carlini story wasn't about me, it was about this character. This whatever character that represents something else. It represents a public figure, represents one thing in public and another thing privately.

HOST: Yeah.

**RABBI BURSTEIN:**

You can't make the connection between the two. So, when we talk about depression, there's some really beautiful pieces that I've used to teach. One is called the 'Black Dog' by Winston Churchill, the prime minister of England during World War II who had a horrible depression. Like, terrible. And he called it the 'Black Dog.' And so, this idea of the black dog, this is an Australian short film that talks about it, it's animated about this guy. And this black dog comes to live in his house, does whatever, or even like, to use a more modern context, in the TV show Big Mouth, which is not appropriate, probably, for a lot of people to watch maybe. But there's the character of depression as a cat, like this giant cat that lays on you, and it just is like, "yeah, that's how it feels."

HOST: Right, exactly.

**RABBI BURSTEIN:**

So, I do think there's possibilities to engage with depression through metaphorical language, which is really helpful, and especially because there's no words. Trauma on top of that, like traumatic depression, there's just no words. I mean, the most frustrating thing for me was oftentimes, at least in my case, traumatic depression, post traumatic depression, whatever you want to call it. It can't be treated by chemicals. So, medicine doesn't work for me.

HOST: Right, like treatment resistant [...]

**RABBI BURSTEIN:**

Yeah, it laughs at medicine. Right, treatment resistant depression [...] So that's why I ended up doing ECT, because I needed a literal shock to my system. But I do think it's really important to start to give language to what this is about and at least allow space [...]

**HOST:** Right, and care in our language. That's something I was talking about when Dr. Washofsky was on how challenging that can be [...]

**RABBI BURSTEIN:** Yeah, when you're writing responsa [...]

**HOST:** Yeah, but also things have changed and that's rightfully so. Some people think or have said, "well, no, it's just this overall, everyone trying to become more PC," but also, no, there is real value to saying someone suffers from depression. They're not a depressed person because it doesn't define the entire person. We've changed language when it comes to suicide. We're not saying succeeding at suicide, we're dying from suicide.

**RABBI BURSTEIN:** You die from depression. Like, that's the disease.

**HOST:** Right!

**RABBI BURSTEIN:**

And suicide is a symptom or outcome of depression getting so bad. I mean, look, suicidal ideation is really challenging for me. Like, I talked about trauma being a challenging thing, I didn't go into suicidal ideation in my sermon either.

**HOST:** Right.

**RABBI BURSTEIN:**

But also, because I've spoken publicly about it. I was invited to do a meditation program at Survivors of Suicide. So, it was families who've lost people to suicide who've died by depression, suicide. And I remember I got up there to do this meditation and I was like, I'd spent like the whole couple of hours with these people and I'm like, Why are we meditating? And so, you know, what I did is [...] and it's the time that I shared publicly in a place where people understood.

**HOST:** Right, yeah.

**RABBI BURSTEIN:**

And I said, "Listen, I've been not where your person was, but in a similar neighborhood to where your person was, and you need to know that they didn't kill themselves because they didn't love you." It just seems like the best thing you can do, and that's the best way to describe suicidal ideation, is it like, if I think about it now, it sounds literally insane, right. But in that moment, it sounds like a really valuable and viable piece of advice. But people don't talk about that.

**HOST:** Also [...] Judaism can't. And when I say 'can't', I mean there is an extent and limitations [...] when the first person I lost to depression and suicide, and actually I haven't always been all that careful of the way I say that. But the way that the rabbi explained it to us when we were 20, and he explained why my friend could be buried in a Jewish cemetery as if it was supposed to be comfort. I remember thinking, like, "this is not the time to perhaps tell this" [...]

**RABBI BURSTEIN:**

I just did a funeral in April of last year for a 16-year-old who committed suicide. So, I'm standing there in front of this [...] first of all, I've done, unfortunately, multiple suicide funerals. And so, I'm standing in front of 200 kids, like 16-year-olds, and their parents and his parents, and I was like, I said, "this young man died of depression, died of a mental illness. The last thing he did was take his life." [...] It's the fatal nature of the disease. So, I would say, like, I think Judaism in general and we're talking specifically because I'm a rabbi, but like most religions have done a really poor job of identifying that suicide isn't the disease that kills somebody, but depression is. And so, what's happened is that when people get to that state of wanting to kill themselves or feeling like it's a viable option, they feel such shame and such guilt and such that there's something so wrong with me that they're not able to ask for help. And so, if we as rabbis and rabbis-to-be, can talk openly about our own struggles, then maybe I can be that person where somebody's like, "oh, he's been there before." And also, it also gives you some gravitas. I can go into a room with someone who's actively suicidal, or I can go into a room with someone that's in depression and be like, "yeah, this thing's lying to you" [...]

**HOST:** Yeah [...]

**RABBI BURSTEIN:**

I can be like, "can you let Remy have a little on the floor? Because I'm tired of hearing from you. Just sit over there." I would literally be talking to the depression, talking to the anxiety all at the same time. For me, we'll be in the car, and I'll be like, "can you just keep it down for half a second? I'm not as big of a [\*word redacted for censorship\*] that you're telling me. Just quiet." I've literally put my hand out.

**HOST:** These kind of [...] kind of therapeutic advances are incredible. These are new, right? I have been a longtime fan of dialectical behavioral therapy and cognitive behavioral therapy.

**RABBI BURSTEIN:**

Super helpful. CBT was super helpful.

**HOST:** Yes. And I think this would be probably a good place where [...] I do want to comment on something that, and especially when talking to you, because I feel inspired about it, that every rabbi who suffers from mental illness, if they could speak about it, "wow, what a world that would be." What wonderful congregations, strong congregations, congregations that could be open to

the leaders of their community. But what about rabbis who don't know from their own experience or in their family?

**RABBI BURSTEIN:**

My hope is I don't know what it's like to have HIV or I don't know what it's like to have certain types of mental illness.

**HOST:** Yeah.

**RABBI BURSTEIN:**

I don't know what it's like to have schizophrenia or I don't know what it's like to have bipolar disorder. What I do know is to feel like my brain has been hijacked by something else. And I think the loss of my creativity and the loss of my will to care about anything was the most frightening piece for me. It was like I couldn't find it. And I always had been able to find it. No matter how bad things were you could find it. You'd be like, "oh, yeah, I got this [...] I can do this.

**HOST:** Like a loss of control of your own mind.

**RABBI BURSTEIN:** Yeah. I mean, I think that that's what scares people.

**HOST:** Yeah.

**RABBI BURSTEIN:**

I think we're seeing it in our system, our society, around Alzheimer's and dementia. We're terrified of that, because they're like, "what happens if my brain goes."

**HOST:** Right.

**RABBI BURSTEIN:**

Are you really a person then? And I think that's the same way with mental illness. I think it would be great if clergy was able to say all this, but if they can't, they can go to clergy who have.

**HOST:** Sure.

**RABBI BURSTEIN:**

When I first became a rabbi in the Reform movement, interfaith marriage wasn't like a big deal for me like it was a big deal for (other) people. They didn't want to do it. So, I remember in my senior class, there was 18 of us in Cincinnati, and 16 of them said they wouldn't do interfaith marriages. And two of us, myself and the other guy, said we would. And then they all kind of, like, you get the classic majority versus minority. Like, "why would you do this?" I remember saying to them, "I was like, okay, so here's a situation. The president of your congregation, your biggest donor, whatever comes to you, and says, 'my daughter fell in love with this person who's

not Jewish.' Will you do the marriage? Will you do the wedding? And you're going to get on your high horse, which is totally fine. It's your purpose, it's your rabbinate, and you're going to say, 'no, I don't do that?'" I said, "you better have good people that you can send them to that you can trust. Say, "I'm not comfortable doing that. But I have a really good friend."

HOST: That's an amazing tool too.

**RABBI BURSTEIN:**

So, I think it's the same thing with mental illness. And I have had a lot of referrals from other people where they're like, "hey, will you talk to my kid?" Or "will you talk to my husband?" Or "will you talk to my wife?" [...] and those are places where this revelation has been helpful.

HOST: Sure.

**RABBI BURSTEIN:** The constant revelation.

HOST: Yeah.

**RABBI BURSTEIN:**

I re-release my sermon every year on the date of my going to the hospital because I want to tell that story now. I wouldn't rewrite it now. There's parts I would take out, I mean, like any other sermon you've heard of, you're like, "I really shouldn't have gone there, or I don't like the way that story led, or why did you use all those words?"

HOST: Yeah. It's different experiences with different memories.

**RABBI BURSTEIN:**

And it's so weird in the modern era where you get to see your sermons.

HOST: Yeah, right, exactly. Which, I mean, for a lot of my class, a lot of us had [...] now it's changing again, but led more services online than in person [...]

**RABBI BURSTEIN:**

[...] I could not have given that sermon because I had to give sermons after that one online for two years. I could not have given that sermon online. There's no way. there's no way. I couldn't do it [...] This is in the tail end of COVID And the mental health crisis that we're facing is if somebody listens to this podcast in five years, they'll be like, "oh, remember when these two people were talking about this? That only some people have it?" We're talking about collective trauma that's going to be spread out over the next 50 years.

**HOST:** Yes. Definitely. So, we're approaching the end of this podcast and want to ask a question that I've asked in some way to all of the other interviewees. [...] Do you consider and how do you consider mental health outreach to be a social justice issue? And you can answer that in whatever way. I mean that's come across very much here, and a lot of what you're saying obviously proves that you are a mental health advocate, but why should we all consider it as such, and as a helpful tool to open it up in our communities as something we can talk about?

**RABBI BURSTEIN:**

First of all, I shared with you when we were offline that it's an epidemic. If we treated mental health like we did COVID, at the end not at the beginning of COVID, but like the idea of [...] it's like a virus that's infected all these people, we would obviously put lots of money towards it, or we put lots of things to it. That's one piece of it. I do think there needs to be more funding towards helping with mental health awareness and also, I mean mental health in Jewish communities. Jewish communities are horrible at it.

**HOST:** Why are they horrible at it?

**RABBI BURSTEIN:**

I think because the stigma is alive. Because they are a generation where you don't talk about stuff which is totally fine because, because this generation will. Well, I mean, I'm older than you are, so like, my generation. But, I mean, the idea that we just don't talk about it in a way that is open and understanding, which comes back to the original question of "why should rabbis or public figures talk about depression and talk about mental health?" Is it because somebody will listen to us in a different way than they listen to somebody else, for whatever reason.? I don't understand it, but that's just the way it is. Well, just like from a sheer economic point of view, the mental health crisis costs this country so much money in medical care and loss of wages and loss of time and work stuff. It's an epidemic. And the thing that really strikes me is its universal in every culture in the world, depression is alive. It's probably the most prevalent disease out of any disease. And it also doesn't distinguish between rich and poor, color or not color. It's an equal-opportunity illness. It doesn't care what the color your skin is, doesn't care how rich you are. We're having more and more professional athletes, musicians, actors, actresses, people in all kinds coming out with it.

**HOST:** So, knowing it is being talked about [...]

**RABBI BURSTEIN:**

It is being talked about. Now, the question is, social justice means it's not just being talked about. Social justice means that our country, our organizations, our Jewish organizations are investing time and money.

**HOST:** Right.

**RABBI BURSTEIN:**

And then there's [...] and I would say that the justice part of it is prevention versus reaction. Like, the Jewish community especially is very reactive in situations like this. Like, "oh, my gosh, we had someone die. Someone died from depression, somebody committed suicide. We're going to invest all this money in this program, and in this person's name," instead of being like [...] the way we could have helped this person while they were still alive, was providing open access to affordable health care, affordable mental health care, preventing stigma around, getting the treatment that you need, prescription care. I think it's an advocacy issue. I think it's a justice issue [...]

HOST: You've taken them apart [...]

**RABBI BURSTEIN:**

Yeah, I mean, it just is. The justice is that even though it's a universal disease, I was able to get better. And some person on the street who has the same issue that I do wasn't because my family was economically able to get me into the treatment center that I needed to go to.

HOST: Right.

**RABBI BURSTEIN:**

One of the things that we forget about is the crossover between mental health and some of the most pressing issues of our time, which are poverty, homelessness, suicide, military suicides.

HOST: Yes, and so depression is part of all of that [...]

**RABBI BURSTEIN:**

Yeah, that's universal, but we don't want to talk about it. Like, we were going to be like, "oh, no, that person on the street is crazy." "You know what that person on the street is? – it's me if I don't have the funding that I have", that's what I think when I see people in the street now, that person talking to themselves or that person who's, like, sitting in their own squalor, that is me. I just happen to do it in a house that's nice and get the help that I got. So, I think that's the advocacy part of it. And so, I do think if rabbis have to speak out about it publicly about their own experiences, it's their personal choice. I'm not going to tell people they have to, but they can't pretend like it doesn't exist because they don't talk about it. So then make sure that you're supporting organizations that do this kind of work.

HOST: But maybe the way to show that a Jewish organization or Jewish communities care about it, consider it, include people from it is something that could be more [...] You should have pamphlets out that have resources, at the least. And I'm wondering, why we don't see [...] we don't see support groups [...]

**RABBI BURSTEIN:**

I mean, I didn't know about any of that stuff until I got sick.

**HOST:** Right.

**RABBI BURSTEIN:**

I can tell you the moment I was in Good Sam Hospital here in Cincinnati on outpatient it was the first time I saw a pamphlet on it.

**HOST:** Wow.

**RABBI BURSTEIN:**

The first time I was like, "wait a second." Or the first time I called a suicide hotline was when I was suicidal. And we want to have access to that. So, we have to have people that are there, that are talking publicly in recovery or publicly about their own experiences, because then people will be like, "oh, I can talk to that person about it. Or when that person comes up to me and says, are you doing okay?"

**HOST:** Yeah.

**RABBI BURSTEIN:**

It's not just because people don't keep their depression a secret from their rabbi, or from their clergy. They tell you. They tell you. I have 22 years of people telling me the most horrible stuff that's happening in their life, but I need to have access to understanding it that I have now that I didn't have before.

**HOST:** Right.

**RABBI BURSTEIN:**

Like, I have NAMI contacts now, I have a list of therapists, depending on the issue that you have, that I can send you that I trust.

**HOST:** Again, we can't expect that from every rabbi to the extent you have, but at least in some way [...]

**RABBI BURSTEIN:** Honestly, that's what it comes down to.

**HOST:** So, at the very least [...] And I think I was just thinking of something you did say earlier. It's not being afraid of this idea that it's contagious that being around it you'll get it. It is just like little steps towards being able to say, "this is okay. This is okay to talk about, okay to be in the room with, okay to talk about."

**RABBI BURSTEIN:** Yeah, and it seems so challenging to be around when somebody's depressed.



HOST: Yeah. Even family.

**RABBI BURSTEIN:**

But what I always say to people, is that it is not as challenging as it is for that person. Honestly, whatever you're feeling in your discomfort about how sad this person is, it's 10,000 times worse for the person.

HOST: Yeah.

**RABBI BURSTEIN:**

So, if we can help families or we can help people be like, "hey, I'm here to be with you, I feel comfortable asking you those hard questions. I feel comfortable asking you the question, do you want to kill yourself? I feel comfortable asking the questions, have you had thoughts of hurting yourself and others? I feel comfortable talking about depression." It's not like a boogie man in the corner. That I think is the starting point to push, because I would tell you that all those lawmakers in Canada, all these lawmakers in the United States, they all know somebody who has depression.

HOST: Right.

**RABBI BURSTEIN:** And so, to say to them, if you could have got that person help, how much money is it worth you?

HOST: Yeah. Yes.

**RABBI BURSTEIN:**

But again, we have this very weird society, especially here, south of the border between Canada and the U.S. And here is this idea that you're supposed to pull yourself up by your bootstraps, and if you show any sort of vulnerability, you're less manly. And that's another thing that we didn't address, which is gender.

HOST: Right.

**RABBI BURSTEIN:**

This is a very gendered stigma. It wasn't acceptable from the time before Freud and moving forward of hysteria, melancholy, whatever. It's acceptable for women to have feelings of sadness, and it is unacceptable for men to show any sort of weakness. And that sets us up [...] It's one of the other reasons I talk about.

HOST: But there's also some unacceptability for women too, say portraying anger, for instance, [...]

**RABBI BURSTEIN:**

The people that identify as women have it easy. There's a lot of space. But I do think as a gendered male yes. I can tell you, without a doubt, it makes people really uncomfortable. When you see someone cry or you see someone [...] it just does. It's changing. But I think that's what makes sense. Gender is changing. It's not the emotion. Now it's more acceptable because we're gender fluid, that we're able to be like, "oh, I can be emotional." It's never about, "oh, you're a man, and you can feel sad." It's also why men don't talk about it as much. They absolutely don't talk to their friends about it.

**HOST:** Right. I know that when people say, well, it doesn't make sense that more men actually [...] actually die by suicide.

**RABBI BURSTEIN:** Well, they choose more permanent ways of doing it.

**HOST:** Sure.

**RABBI BURSTEIN:**

They have no one to tell. Who are they going to tell? Their boss? Were they going to tell their coworker, their best friend that they watch football with? Their partner, even? I'm speaking from it, of course you have that added layer, I think. So, if we're coming back to it, I was given a second chance, and with that second chance, I feel like I have to talk about it because I don't want anyone else to go through what I went through, and I can't prevent that. I'm not a magician.

**HOST:** You can't be someone else.

**RABBI BURSTEIN:**

Yeah. But when they at that point, they can pick up the phone and call me, and I will come to help.

**HOST:** So, we can release your phone number with this? [Laughs]

**RABBI BURSTEIN:**

You know that I have no problem with that. I get lots of phone calls, trust me. Because, again, that's a big burden.

**HOST:** A burden when you are open about it?

**RABBI BURSTEIN:**

Well, when I answer the phone, I'm ready to talk. When I don't answer the phone, I just can't do it. It's not that I'm ignoring you, but I just don't have the time to give it enough time. Come to me at temple, not at this temple, but at my old temple. Like, this horrible thing happened to me [...] and I'll be like, "hey, this is a big deal. Like what you just shared with me, I really appreciate. Can you set up an appointment in my office so we can give it the time it deserves?" Because we have a tendency to fix people [...]

**HOST:** Right, but I mean, I know that you do that. But I think that that is something that I know that's an extra burden for clergy, for rabbis to have, because there are so many people in their communities. But sure, you should not make promises, especially to people who are vulnerable, telling you that they are going through.

**RABBI BURSTEIN:**

If you're telling somebody the worst happen to you and then have them blow you off, that the worst thing (you can do).

**HOST:** Yeah.

**RABBI BURSTEIN:**

Or minimize it. And that is exactly why not to make promises, but to have other resources, to not be the only person, especially also if you suffer from mental illness yourself. Also, one of the things that I've talked to mental health professionals in this community is like, let's stop focusing on suicide and start focusing on the kind of preventative stuff that we can give people skills, because suicide is the end stage illness.

**HOST:** Right, we don't focus on only the end stages of cancer. We focus on the early prevention.

**RABBI BURSTEIN:**

Right, it's the same thing. And look, suicide is a terrible thing, and it destroys people, it destroys a family, it destroys whatever. But when we're focusing on the worst-case scenario, we miss all the steps that lead up to that worst case scenario.

**HOST:** Yes.

**RABBI BURSTEIN:**

A majority of the people that I've done work with do not kill themselves as part of their disease. Saying that takes away another element of fear of it. They might think about it seriously, and if we can treat them without judgment and be like, yeah, okay. It's tough to think about.

**HOST:** It's tough, but it's not strange or something that you should be ashamed of. We might not say normal, but it should be normalized [...]

**RABBI BURSTEIN:**

By the time you get to that point (of suicide), depending on your mental illness. Just use depression, because it's the one I have experience with. There's a lot of steps. Nobody gets up in the morning the same day, and is like, yeah, this is a choice. But a lot of it is you're just tired and you feel like a burden on everybody else, and that's when you're at a point, where you feel there's no more point of even talking about it.

HOST: Right.

**RABBI BURSTEIN:**

Or it becomes a viable option for stuff that's not a big deal, like, I don't want to go to work, or I don't want to get out of bed, or It would be better if I just slept forever. No, it wouldn't. We know that rationally, but your brain is like, "I'm tired of that. I'm tired of feeling horrible all the time. I'm tired of not feeling I have any hope." So, if we can provide people with hope, maybe we can alleviate some of that because have a tsunami coming [...]

HOST: What does faith do, right, if it's not also supposed to be for hope? I know it can all sound sort of flowery, but the thing is, you are an example, you are an example of someone who walks the walk and talks the talk.

**RABBI BURSTEIN:**

Well, I appreciate that. There's nothing inspirational about my story. It's just that I do it to stay alive. Honestly. I appreciate the opportunity.

HOST: Thank you.

**RABBI BURSTEIN:** You're welcome.

\* \* \*

HOST: Thank you for listening in on this fourth episode as we are midway through our podcast series, *Healing the Hidden: Discussions on Mental Health & Stigma through Contemporary Jewish Practice & Tradition*. Special thanks to Rabbi David Burstein for joining us today and sharing his beautiful insights. Next week, for our 5th episode, we will be joined by Mark Baranek, director of engagement at Temple Beth Shalom in Miami Beach. Stay tuned.

[OUTRO MUSIC]

## **Chapter VI. Mental Health Outreach & Support in Congregational Settings: Episode 5**

### **with Mark Baranek**

#### **Guest Background & Biography:**

On the fifth episode of the series, we changed gears in our first episode with a ‘non-rabbi.’ As a longtime mentor of mine, Mark Baranek comes at the issue from the perspective of congregational engagement at one of the largest Reform synagogues in South Florida. Mark is the current Director of Engagement and past Education Director at Temple Beth Sholom in Miami Beach, where he has worked for the past twenty-five years.

Mark is a fellow Canadian and Torontonion native like me. Mark grew up going to the Associated Hebrew Day School of Toronto, and later the Community Hebrew Academy of Toronto. His other educational experience includes an undergraduate degree in International Relations (York University, Toronto, ON) and a master’s degree from Brandeis University in Massachusetts.

Before joining Temple Beth Sholom, Mark began his long career at Temple Emanuel in Kendall, FL as Assistant Director of Education and Youth in 1983, and eventually became Director of Education and Youth as the temple merged and became Temple Samuel Or-Olam. After becoming part of Temple Beth Sholom’s leadership staff in 1997, he worked primarily with members under college-age. This particular age demographic Mark worked with, particularly teens, became a big part of Mark’s overall experience and perspective on mental health for adolescents.

Since 1988, Mark has been a member of the Coalition on Advancement of Jewish Education and has served on the national board as the Southern Regional Representative. As an expert in Jewish education, Mark has been a member of various Jewish associations in this area, including the National Association of Temple Educators, the Association for Supervision and Curriculum Development, the Council of Education Directors, and the Hebrew Educators Alliance.

I learned in our interview that Mark has now exceeded 28 visits to Israel, including a brief period living on *Kibbutz Tel-Yitzhak* in Jerusalem where he met his wife. The majority of Mark's travel to Israel has been in an educational leadership role for both teens and adults, including multiple trips as chaperone for both Birthright and 'March of the Living.' Mark explained in our conversation how blessed he feels to have made his many journeys to Israel. Furthermore, he has learned a lot about the impact of mental health and wellbeing through the teens he has taken on March of the Living trips, especially around trauma as teens visit the concentration camps in Poland.<sup>51</sup>

### **Purpose & Background of the Episode:**

The fifth podcast with Mark took us into the second half of the podcast series and was more than half the length of its predecessors. Both of our schedules were tight with time, so I made sure the interview was well-prepared given the time compared to the more 'free-floating' ones of episodes one through four. The episode was recorded on January 9<sup>th</sup>, 2023, and required little to no editing compared to most of the other interviews as we were able to stay very focused.

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<sup>51</sup> "Mark Baranek," Discover -> Staff - Temple Beth Shalom, accessed 12AD, <https://www.tbsmb.org/discover/staff/>.

The main goal of our conversation was focused on ways congregational communities have made mental health advocacy and support part of their engagement programs. Additionally, this podcast was intended to focus on Reform Jewish efforts as Mark's engagement and education work has been for four decades in large Reform congregations in South Florida. The following guided questions were approached in an effort to enlighten listeners on how mental health outreach and education can be presented within congregational settings:

- 1) How have issues around mental been a part of your leadership experience as both an educator and 'engager' of large Reform communities?
- 2) What are Jewish congregational communities already doing (if they are) to remove the stigma attached to mental illness?
- 3) What do you believe the role of a leader who works specifically on the needs and wants of congregants is in approaching issues of social justice?
- 4) Considering the previous question, how has (or hasn't) mental health awareness been demonstrated as a matter of social justice in your congregation?
- 5) How do you see mental health advocacy work differently than other advocacy issues (i.e., racial justice, immigration rights, reproductive rights, LGBTQ advocacy, gender rights, among others) in terms of those ongoing social justice programs in your congregation?
- 6) Large congregations have significantly more financial resources than smaller ones, how have these been used to support mental health initiatives?
- 7) As part of the broader clergy and leadership team at Temple Beth Sholom, how does the team collaborate on projects?

- 8) As an extension of the previous question, how has the leadership team approached mental health issues, both in terms of individual congregant needs and in terms of broader awareness?

### **Summary & Outcome of the Episode:**

This episode in its final edition ran just over forty minutes long, which unfortunately missed several of the guiding questions above. However, some of the issues I had hoped to highlight were not applicable as these issues did not all seem to be a great area of interest for the synagogue. Mark's answers discussed more on 'mental wellness and wellbeing' of those who weren't necessarily in need of crisis support, which I had hoped there would have been more of. Some of my expectations of this episode were colored by the steadfast mental health advocates that came in earlier episodes, something I only realized in hindsight. In terms of the project's 'methodology' I think this wasn't fully taken into consideration, but I think this might have been a positive outcome as a sort of awareness of a 'lack of awareness.' I do hope listeners will still understand that there is an undeniable need for more mental health education in places where it is lacking, and not the other way around. I also recognize that the centrality of the issue in my perspective is not experienced the same way for other rabbis and Jewish leadership.

I spoke about this in the concluding episode of the series, but I will reiterate again that Mark is one of the '*mensch-iest*' of *mensch*s and has actually won awards for this unofficial title. He cares about everyone and every issue that speaks to them, and he serves a congregation of eleven hundred people. It is not fair to expect that he can address every issue, but I was glad that he understood on a personal level that more needs to be done.



Mark explained that mental health awareness is an area where they have started to make progress, but where there is still much work to be done. Like many of the other interviewees,<sup>52</sup> Mark recognized that mental illness is an issue of concern “when it happens to you or a loved one.”<sup>52</sup> This is true of many advocacy issues, and many rabbis have specific ones at the forefront of their work because they feel a personal connection to that issue. I realize that this work for me is no different, but what I have continually pressed upon in this project is that mental illness seeps into almost every area of what Reform Jews, and progressive/liberal Jews in general, perceive as matters of social justice.

This reflection is more criticizing than others and it is not meant to be pointing a finger at this particular community *at all*. This is just a snapshot of a bigger picture in large Reform congregations that many of my interviewees perceived as well, that we simply need to be doing more. This is absolutely easier said than done, but when there are resources available for this kind of outreach, I truly hope our socially conscious Jewish movement will try to make greater effort to utilize them for this issue that touches us all. Mark was right that it takes until it “happens to you,” but mental illness is a growing epidemic and I hope for all our sakes that we don’t wait until it does.

TRANSCRIPT: EPISODE 5 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH MARK BARANEK

HOST – REMY LIVERMAN

JANUARY 9, 2023

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<sup>52</sup> Mark Baranek, “Episode Five,” January 9, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 41:55.

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[INTRO MUSIC]

**HOST:** Hi, and welcome to *Healing the Hidden. Talking about Mental Health and Stigma through the Jewish Tradition*. I'm rabbinical school student and ordination candidate Remy Liverman, and I'm joined today by Mark Baranek, and he's going to be speaking on behalf of my senior capstone project: 'Mental Health and Stigma in the Reform Jewish Movement: Why Learning about Mental Illness is crucial to Jewish leadership'. So welcome, Mark. Thank you for being here. It's an honor.

**MARK:** Of course, thank you, Remy. And thank you very much for inviting me to be on this podcast with you.

**HOST:** We're so glad. I think you're the first so far of someone outside of just rabbinic clergy. So, it's great to have you as also the first (main) educator so far, and I'm very excited about that. So, I want to give a little bit of a bio that I have for you, and then if you'll share anything else in your introduction, introducing yourself. Okay, so Mark Baranek is the Director of Congregational Engagement at Temple Beth Shalom in Miami. And is that the formal title?

**MARK:** That is the title, yes, but it's not limited to.

**HOST:** Ok great. So, Mark is a native of Toronto, Canada, like me, a fellow Canadian. He attended Associated Hebrew Day School and the Community Hebrew Academy of Toronto. He did his undergraduate work in International Relations at York University in Toronto, right nearby to where I grew up, and later his Masters in the Hornstein program [....]

**MARK:** Hornstein.

**HOST:** Hornstein program from Brandeis University in Massachusetts. In 1983, Mark launched his career as assistant director of education at Temple Emanuel. He then spent eight years as Director of Education at Temple Samuel. Is that that correct?

**MARK:** Temple Samuel Or-Olam, it was a merged entity at that point.

**HOST:** And where was that?

**MARK:** Down in Kendall.

**HOST:** Okay. Kendall, Florida, in 1997.

MARK: Yeah.

HOST: Wow. So, it's coming up on how many years have you been with Temple Beth Sholom then?

MARK: 25.

HOST: Okay! So, in 1997, Mark joined Temple Beth Sholom as the Director of Education and Youth, encompassing education programs from birth to college. Mark's been active in the community for many years. He's a member of the Coalition on Advancement of Jewish Education since 1988, and on the National Board for two years as the Southern Regional Representative. And he's a member of the National Association of Temple Educators, Association for Supervision and Curriculum Development, Council of Education Directors and the Hebrew Educators Alliance. Mark holds a permanent Principal's license from JESNA, and I wanted to ask what that stands for.

MARK: It's the Jewish Education Services of North America.

HOST: Right. Thank you. And Hebrew Teacher's. License from the Miami Board. Mark visited Israel, and is it more now? I have here 28 times, but it's more than that now, right?

MARK: It's more than that now, yes. It's a bunch more since then, but thank God.

HOST: Thank God. He chaperoned many numerous teen and adult groups there. I know you have another one coming up in May with a Birthright group. And you lived in Jerusalem on the *Kibbutz Tel Yitzhak*, correct?

MARK: Yeah, correct. And I met my wife there.

HOST: Oh, yeah? Okay, so I'm going to give you time now, and I'm hoping I covered everything. Mark served seven times, probably more now, also as a captain for 'March of the Living,' and my younger sister actually went with him, right?

MARK: Yeah. And my dad actually [...] your sister was with my dad and my dad is a survivor and Erica, if I can say, was on the same bus as my dad. So, we have that connection as well. There's a number of connections [...]

HOST: Yes!

MARK: And know I the impact that he made on her and so for many and for so many years.

HOST: I know, and actually, I think I might be one or the only one in the family who hasn't met your father, but I know what an incredible man he is. And so, Mark, I'm going to let you introduce yourself a little and then we'll get to some questions. This is really, so great [...] even that this is going to be one of our perhaps shorter podcasts, but it is great to hear from an educator and

someone who's just also just truly, and I want to say to the listeners – just a real mensch, truly. Not just because you agreed to be on my podcast, but because Mark has personally been a huge support for my family who have been members of Temple Beth Sholom since we moved to the States in 2008. And I know, Mark, you have impacted all five of us in so many ways when it was hard to move to a new country and a new city and find your place in a new community. And the last personal note I'll say is that Mark was very supportive as I entered rabbinical school and acted as references for me many, many times over the years. It's so meaningful to have you here. So, thanks, Mark.

**MARK:** My pleasure. And I'm very proud of you as you continue your journey through rabbinical school and through these next steps and it is my honor and privilege to be here on this podcast. I'm sure there have been luminaries before me and even more after me. So, I'm ready to jump in and discuss with you.

**HOST:** Okay. Well, thank you, Mark. My first question is what programs you have either initiated or supported pertaining to mental health over your tenure both as an educator and director of congregational engagement.

**MARK:** Yeah, great. It's a big question. It's sort of a global initiative when it comes to mental health. But before I talk about what we've done at the synagogue and on the 'March of the Living', which is this intensive two-week experience, especially the first week in Poland, visiting concentration camps and gas chambers and cemeteries. It's a very trying, mentally, experience for not only adults, but for teens. And even from the beginning of this year which marks 35 years since the inception of the March, there's always been a focus on mental health and wellness. And we've always, especially when we took the teens, taken a mental health specialist with us to help along the way. And over the many years I've been involved with it, we've had a number of incidents where a mental health specialist was needed. And so that's something that the founders of the March, a long time ago, thought was an integral part of the medical team. And it was really a good decision on their part because I've seen the necessity for mental health experts to be there and support the teens and adults that have gone on those experiences. Now to move on to [...]

**HOST:** Mark, just to clarify, actually, for listeners, just in case some don't know, March of the Living visits both Poland and Israel, sorry just to give a little background [...]

**MARK:** Yes. 'The March of the Living' was created in 1988. And the idea was to take teens and later on adults to see the almost near death of the Jewish people in Eastern Europe and in Poland and to be in Poland for Holocaust Memorial Day, and then to go immediately from there to Israel and see the rebirth of the Jewish people with celebrating the creation of the state of Israel, being in Israel for Independence Day, for its memorial Day. And this powerful connection that's established between the two different places and the impact that's been made. And studies have shown that 5 years, 10 years, 20 years later, now in its 35th year, we can see the impact that it's made on the participants.

**HOST:** Which is so important, in its own right. And I didn't know that aspect, that you did have mental health support for them. Incredible. [...]

**MARK:** So, in terms of mental health and synagogue life, a number of years ago, this initiative was created that it was national, that every February we would recognize mental health as an important area to understand. And so, we as a synagogue have participated in that. We have a committee here at Temple Beth Shalom that works on developing programs during that month. And we've had speakers here, we've had book reviews, we've had films, all dealing with inclusion, what they call 'Inclusion Month'. But especially in terms of this subject, this topic today on mental health, and I think almost in an overall way, people still need more education on understanding mental health issues. I don't think it's understandable enough yet. When, God-forbid, somebody gets physically sick, they hear the word cancer, they hear heart attack, whatever it is, they hear it, and they can connect to it in some way. But when it's mental health issues, it's tougher. It's only when it hits home for someone that you may have a connection with someone that you know, it becomes different. One of the difficult trends that we've seen over the years is mental health issues as it sort of tumbles into other issues, including dependency issues, drinking issues. Just a few weeks ago, a kid that grew up here died of a drug overdose. And I know he had mental health issues from the time he was a teen. And it was very difficult to be there and to watch parents, you know, and a sister, you know, all mourn a lost loved one. And, you know, this past summer, I have a dear friend who is the head coach at a major basketball school in the Midwest, and he has a 21-year-old daughter, a beautiful girl, runs track. And one night she committed suicide. Everybody was shocked. Everybody was shocked. The family, the friends, everyone associated with the university where he is. And it's just tremendously difficult to understand. And I think we all need to do a better job of communicating issues of mental health, things that we need to be aware of and so on and so forth.

**HOST:** Great, Mark. And yeah, I think too often, and I've felt this too, when we're shocked that something like that has happened. In this project, and also because it is on addiction and addiction is still under the umbrella of mental health. But it's often [...] there's sometimes different stigma attached to both. We do talk about stigma. So, when you said shocked, I think I've heard that in some capacity in all of my interviews, because when an illness is invisible, it is particularly shocking, I think, to learn, especially if someone died by suicide. And I think there's so much of that, the stigma and the shame that goes back and forth and affects that. When I've heard a lot of the time that people are shocked there's both, well, the individual may not have shared and perhaps communities overall haven't been as approachable on the issue as they could be. And I think that we have work we can continue doing on this. I was interviewing Rabbi Sandra Cohen, who also has a position with NAMI, and I know you've done work with NAMI, and I am wondering if you can relate to what she said. She was saying that when she preaches there is a need to repeat. And she likens this need to repeat in the same way as when you are teaching your child to look both ways when crossing the street. And I've sort of gathered from now these past few podcasts, that repetition is a very a big key in educating both, well all ages. That eventually, and this is not for religious community alone to do, but eventually if it's repeated enough, people might recognize the signs on their own. And I think also teenagers are maybe

better at this than we are, and they're seeing this all the time. They're seeing friends who are struggling with an eating disorder or with other issues related to perhaps depression or anxiety, withdrawing and everything, and they can see those things that we I think it might be trickier for us as adults. So, I did want to ask you as an educator, without having put all that in your mind, but that's my experience. And I wonder how this differs for you, because you work from, I said birth to college, but really, you are an educator of all ages, so I wanted to ask you if you have any insight on all that.

**MARK:** Yeah, I think that makes a lot of sense, the reference you made to the rabbi. I think there's also been a cultural shift as well when it comes to the subject of mental health and wellness. I know now, when you watch a movie or a TV show on television that has a subject of something as dire as suicide, I know now, at the end of each show, they have a public service announcement. And it said, if you or anyone that you know is contemplating or dealing with thoughts of suicide, to please call this national helpline. And I think the Union for reform Judaism summer camps [...] like when there's depression [...] And you know, here's a phenomenon that I have watched over the years, and that is this. When I was a kid, and that was a long time ago, nobody took pills. Nobody took any pills. Only time you ever took a pill, and you hardly ever took a pill, was when you had a headache or something. When I went for years to summer camp as a kid in Canada, there were no pills. When I started going in my professional career to the Reform camps, and they were giving out medicine at the meals, kids lined up for their morning pills, their afternoon pills, their night pills. And so mental health has become this really prevalent issue among all ages, and dealing with depression and dealing with mental imbalance and dealing with all kinds of issues with that is something that the Reform movement as a whole is very cognizant of and doesn't minimize it for any reason. And it can, for example, there's social workers there that help people that have issues that they just want to talk. There's meditation areas, there's quiet areas. All of that is really important. And here at Beth Sholom, we offer meditation programs, we offer wellness programs. The idea is to give people this time to sort of relax, to take off the stress, to minimize the anxiety that we all have in our lives and give people a chance. We do this thing called mindfulness and the strategies for that. So, yeah, just like we ask people to take care of their physical, wellbeing, we want them to be well mentally as well, and emotionally, yeah, that is.

**HOST:** Yeah, and that's a huge shift, too, because I'm thinking camp was not that long ago for me, but feels pretty long ago, and same thing when it comes to medication for children. Well, that's a whole different story, but well camp is very open, everything is very open, and I think it's just interesting the subtle cues we pick up on and what we are doing very clearly. So, I think that is something that I think the Reform movement has done really wonderful work with, including the sense of whole entire wellness, physical and mental wellness. Same thing as we do emphasize when we have healing services and our prayers for healing in our services, with what we are saying. And I was just at Shabbat services with you last week, and that we include, when we say the *Mishebeirach* - our Jewish prayer for healing, that it's healing a body and mind.

**MARK:** Yeah, you're making a wonderful point and that whole idea of taking a few minutes and being really proactive and saying now it's time to focus in on our well-being. Take a minute, think about yourself, think about others, be in a community setting when that's happening. I think it's really special that we do that, and we get to do that amongst our relatives, our friends, our loved ones, even people we don't know. But we're in this really nice setting together to have that opportunity yeah.

**HOST:** From someone who works with the clergy team and who works with the board, and you work with the members of the community and so I wanted to just hear about this from the (someone) on the inside, which is what you know. And not the secrets! But I've seen some excellent steps, and I've seen it at Temple Beth Sholom, these resources you have that show, for instance, in the restrooms, you have resources for domestic violence, for other physical illnesses that particularly touch Jewish communities. And that's something we've spoken about it in many of my clinical pastoral education classes of having these subtler cues again to congregants that we are approachable to discuss things, that congregants can come to talk to us about mental health and mental illness, as much as anything else. So having things like pamphlets out that provide resources, for kind of like you were saying after a TV program, that if you need help here's this. How does that work from an engagement perspective? Or what you experience in terms of choosing what resources can be out there, of providing them from the inner workings? I would like to know just a little bit about that.

**MARK:** Yeah. It's also another great question. And as we're speaking, Rabbi Davis, who is one of our leaders, he has been a rabbi here for many years and is considered like our pastoral rabbi who meets with congregants. In my job as director of congregational engagement, it takes a while. When you create a relationship and you deepen that relationship and you extend that relationship, it's only at that point where people are comfortable enough to start sharing things. The first time you meet someone they're not going to discuss their well-being, their phobias, their weaknesses, their issues but it's only when you build this comfort level that allows for that to happen, and it takes time. So, the rabbis, of course, someone like Rabbi Glickstein, he dealt with one generation, two generations in 37 years, you can deal with three generations. So, you know, right, people that have been in the field like us for a long time have seen a lot of different things. We've witnessed it, we've watched, we see transitions, we see journeys from sometimes difficult to easy. And then unfortunately, the other way around as well. And so, without giving away secrets, [laughs] one of the things that we have is we have this inner communication. We have this sort of program that allows us to share between the clergy and senior staff any health issues that we've heard of. So, we can then make sure that we communicate to those members of ours that we're thinking of them and that we're there for them. Listen, sometimes people don't want to be spoken to. We have someone that unfortunately has cancer, and they have it, and they don't want us to visit. And that's fine and that's their decision, but at least they know that we're there for them if they want. And it's the same thing, I admire people that someone called me last year and said, "my 16-year-old is having a really difficult time. And I've heard him mention some things like the thought of suicide." And I admire that father that came in and spoke to me and I definitely did not have the expertise in how to handle that. And so, I referred him and made sure

that he met with the right person here on staff who he could speak to and continue that discussion. And I think that's our responsibility as well is when someone does bear their soul and come in and meet with us and share things that are really difficult to make sure that we hear them, that we listen to them and that we help them act on it and help them go from one step to another and get to the place they need to be.

**HOST:** Yeah, that's so wonderful because we talked a little bit about this sort of the engagement work, but this is also just the outreach work that you can do. It's just in also being able to provide someone a referral or also being able to say there's a limit to what we know. And I know we talk about this in chaplaincy, that there's a limit to the kind of support and personal resources we can maybe give. But if someone is more likely to come to, for instance, you, Mark, or every congregant comes to you, right? You can be a sort of 'gatekeeper' too. I mean, it's not just mental illness resources, but yeah, I mean, people need resources of all kinds.

**MARK:** Right, that's right.

**HOST:** And I think also, though, you did point to something that I mentioned in another podcast and that is really important. I think I've been so [...] and thank you for pointing to this too, Mark. So, there's an assumption that all the visible illnesses are easy to talk about? Or an assumption that everybody does want their name said for *Mishebeirach*. If they're going through or they've undergone a surgery or they have a cancer diagnosis, there's a sense of hurtful stigma around so much of this, but others [...] they want a sense of privacy. And so, thank you for bringing that up [...]

**MARK:** Yeah, and it's interesting to say, that I have two points to make, and one is this idea of privacy. At the High Holidays, one of the rabbis mentioned that we wish a *mishebeirach* to [...] and I'm not going to say the name, but to someone who's quite visible in the community. And within seconds, as I'm walking up and down the aisle, everyone's saying, "what happened? Is he okay? What did you hear? What can we do?" In one way, you're becoming aware of an issue, but on the other hand, it's sometimes, I don't know, some type of invasion of privacy. The other thing about our limitations.

**HOST:** Sure.

**MARK:** I know you've worked in these small towns over these last couple of years, and I work in Miami, and Miami is a big city. It's a big town with lots of resources, with lots of different areas to turn to, lots of different institutions between Jewish Family Services and the Federation and education services. And listen, when a child has emotional issues and issues that don't allow that child to work in a conformed manner like well a number of kids can here, we have the resources and the options where you can go to these different schools and have positive experiences, not just get stuck in this. This is the only way it is. And so, we're very fortunate that way that as much as you miss the small-town values of wherever it is, in some cases, it's important that we have the myriad of institutions available that help, that we do in a big community like ours.



**HOST:** Yeah, which is great. And you also have a lot more members.

**MARK:** Yes.

**HOST:** So, having served as a student rabbi, for a lot of those smaller pulpits, everyone knows everything, it is just so much smaller than your congregation. So, I think it is so fortunate to have extended resources. And it's possible also, though, to feel in a big congregation that maybe you're a small fish in a really big sea. And so having some [...] I think it's so important to be able to have someone who is a director of engagement, if you can, in a community, and I know it's not always easy. How many members at Temple Beth Sholom?

**MARK:** Yeah, over 1100 families here. It's a big active institution here, so we do have those resources.

**HOST:** Yeah. And you have people like you! And I'll make this my second last question, but in terms of clergy and leadership, because there are so many, especially in such a big congregation, and also with the diverse board and just so many programs. But how have you seen clergy, educators, the leadership team able to take care of each other? Especially also in these last years since the pandemic, that there's been more burnout because needs are changing and there's been a lot of stress on leadership is what at least I'm hearing across different realms. How have you found you've been able to support each other, and in turn the community?

**MARK:** I think in terms of the leadership, we've been blessed here. Again, it's a big community here, but with leadership that is very cognizant of changing cultural issues and priorities and making sure that we are on top of what needs to be put on the top of the discussion table. And we're fortunate that way. We're not an institution where this is the way we do things because that's the way it's always been done here, and this is the way we've dealt with things. We have fresh faces, fresh thoughts, fresh philosophies. As well as keeping the really important subject of tradition at a forefront as well. So, it's an important and interesting balance that we try to work on here.

**HOST:** Yeah, and you guys do great with it. So, the last real question I had, which is something that I also ask in every interview, and I know that Temple Beth Sholom does a lot of social justice work in so many capacities. So, I'm wanting to hear about mental health outreach, just because it varies and it's not as consistent perhaps in how mental health outreach and advocacy is seen as a social justice issue, which in my experience so far, has varied from congregation to congregation. And this could be your experience, or your opinion, or [...] you don't have to take an official stance on the Temple, but how do you find mental health advocacy or outreach to be a social justice issue here?

**MARK:** I think it crosses a lot of different areas here at the Temple. I think a mental health across a line of social justice, of engagement, of just general health issues as well. And I think that we continue. We have to continue [...] I think we do a good job at it, but I think we have to continue

to strive to be great at what we do when it comes to mental health education here at the Temple and within Reform Judaism.

**HOST:** Yeah, I know what you've been doing is great. I know that you've worked with NAMI and having you here with me as just someone being able to speak about it out loud. I chose this as a capstone, project instead of a thesis so that it could be heard and not just read. Because that's my hope for to be heard. From my own experience, my professional and personal experience, from my family and friends [...] we've all been touched deeply by mental illness, even just over the past few years, increasingly and over the course of my lifetime. And so, I'm so glad to have so many Jewish leaders and educators willing and motivated to talk about it. So just closing out is there any advice you'd give moving forward from your unique position or experience that you had that you think that could help listeners understand?

**MARK:** I just believe we have the continued responsibility to educate, to make, to create awareness, if that means creative programming, different ways, different methodologies. But it is. I think we have that responsibility here. And I know that the clergy here and the staff feel that it's a priority that we work on that as well. And I just want to close by saying that the capstone and the Reform movement is lucky to have someone like you who is going to become a rabbi in the movement and someone who's got the dedication that you do and the love for what you do. And so, it's really been an honor and a privilege for me to participate in this podcast.

**HOST:** Thank you. And thank you so much for being here.

**MARK:** Continued good luck.

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**HOST:** Thank you for joining us on this fifth episode of the podcast series, *Healing the Hidden Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. Special thanks to Mark Baranek for joining us today. And stay tuned for our 6th episode this week with Rabbi Joshua Lesser, rabbi emeritus of Congregation Beit Chaverim in Atlanta. Stay tuned.

[OUTRO MUSIC]

## **Chapter VII. Mental Health as a Social Justice Issue: Episode 6 with Rabbi Joshua Lesser**

### **Guest Background & Biography:**

Rabbi Joshua Lesser was the sixth guest speaker on this podcast series, and the first and only Jewish leader on the series coming from a different branch of progressive Judaism. Rabbi Josh (as he goes by) was the Senior Rabbi at the Reconstructionist synagogue, Congregation Beit Chaverim in Atlanta twenty-two years, and has served as Rabbi Emeritus since January of 2022. He was ordained through the Reconstructionist Rabbinical College in Philadelphia in 1999 and began his tenure at Beit Chaverim shortly thereafter.

He is one of the most influential and groundbreaking rabbis in his social justice pioneering ever since he began his rabbinate. In 2001 he founded the Southern Jewish Resource Network for Gender and Sexual Diversity while co-editing the LGBT Torah commentary, *Torah Queries*. Among his other social justice work and achievements, Rabbi Josh co-founded and served as the first Jewish president of the Faith Alliance of Metro Atlanta and chaired the City of Atlanta's Human Relations Commission. He holds a leading position as part of the mayor's Atlanta Task Force for LGBT Concerns and won the prestigious Phoenix Award for all the incredible work he has done as a faith leader in Atlanta.

Rabbi Josh has gained massive recognition in the Jewish movement in the *Huffington Post's* "100 Most Influential LGBTQ Clergy" and the *Forward's* "36 Most Inspiring Rabbis." His most recent founding project was with the nonprofit immigration justice and advocacy

initiative, Bridges Faith Initiative, and he currently teaches at Agnes Scott Women's College in Decatur.<sup>53</sup>

Beyond his outstanding social justice work, Rabbi Josh holds spiritual intention and spiritual direction at the heart of his rabbinate, which was where I had the privilege of personally getting to know him as his mentee in the Spiritual Direction program at HUC since the Fall of 2020. It was through that program that I realized how much he cared about the matter of 'inclusivity' in regard to those who struggle with mental health conditions.

### **Purpose & Background of the Episode:**

This episode was another much shorter episode, also due to time constraints. This is the challenging thing about Jewish leadership work, there just never is enough hours in a day. The chapter's title for this episode came after the podcast interview's recording, as I looked back on the content of our discussion. The matter of 'mental health care as a social justice issue' is prevalent throughout the series, largely because I made sure this was a question I asked in every episode. However, with both Rabbi Josh's immense amount of social justice background and the themes of his own struggles with discrimination, it seemed very fitting that would fall under this section. As listeners will notice, there was also a great deal of advice shared on creating Jewish systems of care for leaders of those communities, as well as self-care for clergy that I believe applies to us all.

Given all I knew about Rabbi Josh from our work in Spiritual Direction, I focused a lot of the guiding questions on the issue of taking care of clergy and understanding some of the common misconceptions about *who* our rabbis are:

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<sup>53</sup> "Rabbi Joshua Lesser - Rabbi and Staff," Rabbi and Staff - Congregation Bet Haverim, <https://www.congregationbethaverim.org/rabbiandstaff>.

- 1) Coming from your background as a social justice leader and pioneer, how do you believe mental health awareness and destigmatizing related issues *is* an issue of social justice?
- 2) What has your experience been with intolerance and discrimination, and how have you dealt with those experiences?
- 3) How does stigma affect rabbis in the field who are struggling with mental health conditions themselves?
- 4) In the conversations we have had in Spiritual Direction, we have spoken a lot about the greater need for inclusivity and accommodations for rabbis-in-formation. How do you think we could do better with this and what advice would you give to those who train rabbis and other clergy?
- 5) Among clergy and faith leaders themselves, how do you think we could create spaces of better self-care in an era of increasing ‘rabbi burnout’ where mental health is an important factor?

### **Summary & Outcome:**

Despite the shorter length of Rabbi Josh’s episode, the depth and insight of the material will undoubtedly speak to listeners from all walks of Jewish life. As I mentioned, Rabbi Josh’s participation in the podcast series came later into the project and was first recorded on January 20<sup>th</sup>, 2023. The final episode product required nearly no edits as Rabbi Josh spoke so succinctly throughout. It will come as no surprise to listeners that among Rabbi Josh’s many talents, interviewing and speaking on public forums is one of them.

Rabbi Josh spoke about the issue of discrimination in his own life and from the earliest point in his career as a rabbi, going back to his early twenties when he began his rabbinical

training at RRC. He explained that being a queer man, he automatically did not fill a “traditional mold” of a rabbi, and he spoke about the discouragement he received in rabbinical school as peers and professors warned him against pursuing a congregational rabbinate.<sup>54</sup> He elaborated on this specific advice (or non-advice) as not what was at the center of that discrimination, rather they were trying to protect him from the pain of rejection because there were no queer rabbis at the time when he began his career.

I had spoken to other interviewees about a similar sense of discrimination for prospective rabbis who had a diagnosed or chronic mental illness as they went into rabbinical school and the rabbinate. Several speakers discussed HUC and other rabbinical seminaries’ psychological evaluation aspect of their admissions process. It seemed there wasn’t as much of a ‘disagreement’ with the very presence of this kind of evaluation, but rather a sense that prospective rabbis taking this evaluation did not understand why they needed to, only adding to the stigma around mental illness.

For Rabbi Josh, he had to contend with *overt* discrimination and be the one to fight it, which he did as a pioneer of the LGBTQ faith community, but it came at a personal cost to his mental wellbeing. He spoke about the ‘kind of personality’ of those who come into the rabbinate and explained that the system often sets rabbis up for overwhelming anxiety and stress, among other issues, because of the way rabbis misconceive what makes something an “achievement.”<sup>55</sup>

In terms of those kinds of ‘personalities’ who become rabbis, Rabbi Josh gave the great insight into the connection between clergy leaders’ own childhood experiences and trauma and their eventual desire to want to ‘fix’ others. This was something Rabbi Address noted as well and

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<sup>54</sup> Joshua Lesser, “Episode Six,” January 20, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 37:54.

<sup>55</sup> *Ibid.*

being in that system I agree and see this thread among many of my past and present peers. It seems this happens with many ‘helping professions,’ and relates back to the concept of the ‘wounded healer.’ Yet, what I believe listeners might gain from hearing this episode is that rabbis and clergy inevitably deal with mental health issues like anyone else. On the flip side, it is again an insight into the fact that rabbis and clergy are not ‘superheroes,’ and can only do so much before they burn themselves out. This applies to the social justice work they do, spreading the kind of awareness I am discussing through this project as well. As much as I personally want *more* out of clergy in respect to mental health care work, I also need to recognize that we cannot do everything. As listeners will notice in this podcast, Rabbi Josh serves as an example of a leader who ‘fights the good fight.’ Yet, he has also gained the self-awareness that leaders need to prioritize their health and wellbeing in order to fight that fight and take care of their communities.

TRANSCRIPT: EPISODE 6 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH RABBI JOSHUA LESSER

HOST – REMY LIVERMAN

JANUARY 20, 2023

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[INTRO MUSIC]

HOST: Okay. Hi, everyone, and welcome to *Healing the Hidden: Talking about Mental Health and Stigma through the Jewish Tradition*. I'm rabbinical student and ordination candidate Remy Liverman. And today I am joined by Rabbi Joshua Lesser. Thank you for coming today. So, rabbi, -Rabbi Josh or Rabbi Lesser?

RABBI JOSH: Rabbi Josh is going to be fine.

HOST: Okay. So, Rabbi Josh has been the head rabbi of Congregation Beit Chaverim in Atlanta, in the Decatur area for 21 years and has become rabbi emeritus last year... has it been a year?

RABBI JOSH: It's been a year and change. I was there for 22 years.

HOST: Thank you.

RABBI JOSH: And now it's been in May it will be a year and a half that I have been emeritus.

HOST: Right. (So) Rabbi Josh was ordained in 1999 at RRC, the Reconstructionist rabbinical school in Philadelphia. And I'm going to let him talk a little bit about his own background and about Beit Chaverim. And in that time, just some of many highlights. Rabbi Josh founded the Southern Jewish Resource Network for Gender and Sexual Diversity and what year was that?

RABBI JOSH: 2001, I believe.

HOST: Okay.

RABBI JOSH:

And similarly, shortly after that, through some of that work, I coedited, I was the rabbinic editor for Torah Queries, which is an LGBT Torah commentary.



**HOST:** Okay. And also co-founder of what is now Interfaith Atlantis in Atlanta, founder of Bridges Faith Initiative, immigration policy nonprofits out of DC, and this is now more current. And would you say this is in the last year since becoming emeritus?

**RABBI JOSH:**

Yeah. I didn't realize this. Yeah, I would say that I kind of hit the gate running. And so, I've been teaching at Agnes Scott, which is women's college here. I know that we'll be speaking about mental wellness. And, you know, like, I even brought this into class yesterday, for instance. I could just sense the anxiety in the room. I've noticed students' anxiety growing, and so I brought in some contemplative practices just to get students present. So, I'm teaching and taught Intro to Judaism. I'm now teaching the art of Jewish storytelling. But in general, I say I lead in the intersections of justice and spirituality. I'm somebody who wants to bring both of those things together intentionally. And that has meant, relative to our connection, that I've been doing a great deal of spiritual direction. For me, it has been contemplative practices, that is really an important life sustaining practice that for me is part of my own mental well-being. And so, I show up, in ways where I'm working with HUC students, I've done that for a number of years. Four years. I've been working with HUC students.

**HOST:** I know! I've been one of those students.

**RABBI JOSH:**

[Laughs] I didn't want to out you, but that is how we know each other. And I also am working with Reconstructionist rabbis. Currently, I was working with high level CDC folks looking at moral injury in terms of their work. And I also currently have been working on being able to provide spiritual accompaniment to a fellowship that they have for social justice leaders.

**HOST:** Okay.

**RABBI JOSH:**

I have my own private practice. I do a wedding officiation business. There are lots of different things.

**HOST:** So, not busy at all? [Laughs]

**RABBI JOSH:**

Right, which is one of the things we joke about it, and also, I think what we think about rabbis. But it's also out in the world as well. Our relationship to overachieving is certainly something that contributes to how we define success, all of these things.

**HOST:**

I just want to bring it back because I haven't given the official title. And that, what you said is so important because that is largely today's topic. So, this is part of, for those who are just coming into this episode, my senior capstone project on mental health and stigma. And a lot of that can

be gathered from what we've talked about in contemporary Jewish practice and tradition, talking about this through leaders, educators, rabbis in the field. And a highlight here today is going to be talking about supporting leaders as they both deal with their own issues around mental wellness and stigma. Because that is a big part of this when you're talking about mental health. Sorry, Rabbi Josh, I'm going to bring it back to you in a second and let you go a little bit back into your journey and then what you are doing now, and just a couple of questions, so yes. Thank you again for being here.

**RABBI JOSH:**

It's interesting. I'll sit back and just say that of course, I just jump right in [laughs] and I just think, like, even by how we begin to make sense, we want to honor people and even just how we go into someone's bio, all of a sudden that raises for everybody, like, "what's achievement, what's not achievement, how did I achieve success?" Whereas I really hope that we as leaders for ourselves and for other people, that we're really bringing a greater sense of attention to the quality of how we live our humanity day to day. And that the stresses of whatever it is that we're trying to do, whether we're competing in a field or we're looking at what standard of success has been set, which for many people has been set for a mainstream vision of, let's say in our case of a rabbi. Which as a queer man, for many, many years I didn't fit into that [...] that I could be successful. Like my whole rabbinical school was people telling me, do not become a congregational rabbi. That was because a gay man did not fit the traditional. And a lot of it was well-meaning. There were some people who were like, "you shouldn't be here," but ideally people were doing it from a place of gentleness. Like, "you're going to achieve, I mean, not you're going to achieve, you're going to hit a lot of obstacles and you're going to confront a harsh world." And so, they wanted to be able to protect me and have a job, be viable. And I always think there's this because [...] as somebody who I would describe myself as a groundbreaker, I had a particular kind of personality that has shifted over the years where I was willing to take on significant challenges and that did not come without a cost to my own mental wellness and being. And there's a lot of things that I took in with me with good intention, probably some form of 'martyr syndrome.' There's a lot of ways where it's a really good fit if you are a people-pleaser. If you grew up in a family where there was lots of expectations to take care of the needs of your parents [...]

**HOST:** Right, then why not take care of the needs of how many congregants [laughs].

**RABBI JOSH:**

Right. So then, there's this slightly uncomfortable pairing. And congregants do have this need, like, "take care of me, Rabbi." And I really do. I really want to take care of people. I have to make sure that I'm included in that. Taking care of people, and this wasn't always made clear to me, but it also means that taking care of people is firmly centered on making sure that they have the tools and the supports that they need. When I think about my own journey, mental illness has been throughout my family. Most pronounced, of my aunts, who was a therapist, struggled with being bipolar for most of her life. And as treatments seemed to elude her and her depression became worse [...] And I will give just a notice to people who are listening, I'm about to

reference something that's challenging, as can happen with mental health [...] to make it clear that listening to a podcast around mental health, we're going to talk about some challenging issues for folks for whom suicide is challenging. I just want to give that warning. But my aunt ended up having several suicidal attempts. I think we as a family, certainly I as a child. But I think the adults in my family were not well-equipped on how to create the best environment for her. She was incredibly bright. I don't know, but the stigma and the shame around this also really prevented, I think, getting access to the kind of help that such a vibrant, beautiful, funny, smart human being deserved and could have had or received maybe a different outcome. And she was in such pain that she chose to end her life in a pretty dramatic and violent way that's unforgettable and without needing to go into any of those details. And I think that now, as a rabbi, it really helps me understand the potency of people's journey when they really feel unseen, unheard, and when the resources for mental wellness are not matching up to the need. And I think that she needed, and it wasn't just potentially the Jewish community that didn't show up as the right support, think there were lots of things that failed her along the way, but certainly the Jewish community in that time. And I think in many ways, the Jewish community still today brings a dose of stigma and misunderstanding, particularly when it comes to depression, because it's difficult. And I would say that, I think, because my journey as a queer man, working often, but not exclusively in LGBT contexts is that when you are connected to a community that has experienced much of life on the margins, there is a way where marginalization contributes to the impacts, whether it's the microaggressions, whether it's the macroaggressions, whether it's the threat, whether it's the shame. And again, our religious institutions also add to the shame on that side and are also a different kind of stigma. So, the stigma of being gay or being able to be authentic about it or sharing who you love, which some people today, in 2023, are like, "Rabbi, why are you still talking about this?" Because even though we've made advances today, many of us didn't have those advances as children. And so, there's lots of things that have gone unprocessed, and so there's a tremendous amount of cognitive dissonance. And I happened to be traveling, and somebody called me a [\*word redacted for censorship\*] just three weeks ago. So, it isn't a wand, right? Like a magic wand. I still worry about my safety in some ways. So, Rabbi, I worry about my community safety. We as a Jewish community have had all these conversations about safety and security. And for many people, that's been new within the last 5-10 years, certainly from the Tree of Life (shooting) and certainly the experience in Texas with Charlie, Rabbi Charlie, brought it home for folks. But my parents have been talking to me since day one about "please don't get shot." Because as an activist in all of these things [...] I don't want to go too far flung because that's not really the topic today. But it is to understand that if you're a Jew of color sometimes, if you're an interfaith family or a child of an interfaith family, if you're a queer person, if you are economically impacted, and so our lower-middle class are 'poor' in the larger Jewish community, there's lots of stigma and marginalization and barriers to participation. So, resources, like even communities don't always feel accessible, and then when they are accessible, they still aren't quite designed to meet our needs [...]

**RABBI JOSH:**

[So]That's a long introduction to say that, like, day one. I think the first time I led services at an LGBT synagogue in Philadelphia, I'm a brand-new rabbi, I'm 23 years old. Like, I'm a I'm a baby,

sorry to 23-year-olds then, but, like, that was the sense I had of myself. And I was told that there are two people in the congregation with mental illness, one of whom is schizophrenic, and who disrupted the service quite audibly. And I wasn't trained on how to deal with that. The only thing that I had is because of my own commitment and connection to my sense of authenticity and desire for dignity, and that I'm wrestling with how can I provide dignity to this situation? How do I address people's discomfort in the space? And what I've noticed over time is often in LGBT spaces, there is more visible mental health challenges at times. So, I want to create spaces. In some ways, the answer that lots of traditional congregations are like, [whispers] "how do we get them out of here?" [Laughs] I'm whispering, but [...]

HOST: Right, it's uncomfortable or feels uncomfortable.

RABBI JOSH:

Right, it's uncomfortable, it's disrupting. "I came here to pray, and I can't do what I came here to do."

HOST: Yeah.

RABBI JOSH:

And so sometimes people leave. There are real issues about how can be in a community with people with mental illness? What are the kinds of accommodations, how are we preparing people to understand what being in community really means? Which isn't a social club where everybody shares your same political beliefs, your same struggles. When we look at our friend groups, we even struggle with them. And a lot of us have some similarities if we have branched out. But if we look at Jewish communities, organizations and congregations, it's really important to even have the skill set of how to create a space that allows for the connection, the presence of people with mental illness.

HOST: Thank you. Beautiful, these issues of intersectionality here. I was thinking, and I had spoken about this in a previous podcast with Rabbi Burstein about even like, a sense of hierarchy among mental illnesses of various kinds. Like, you brought up a congregant who has schizophrenia. And we've talked on this podcast a lot about depression, suicide [...] And so want to reiterate for listeners that mental illness can be fatal. And thank you sharing your personal story. That's incredibly hard, but not all that rare.

RABBI JOSH: Yeah.

HOST: And what I was going back to was that even in our friend groups that we advocate for from wherever we come from, you know like, "is it a family member? And that's why we're driven towards this work?" We're talking very specifically about mental health in this case, and there's this "I don't want to be lumped in with every single mental illness." I had a friend early on in rabbinical school who said, and because there's a psych evaluation to get into Hebrew Union College, and we were discussing its meaning. And I've come to understand why in different

ways, there is that psychological evaluation, but how it can be perceived by candidates as they enter without any or some sort of background understanding off the bat. And this this colleague or co-student of mine said, "but we do have to have a limit, like anxiety disorders, depression, even bipolar are fine. But HUC can't admit people with schizophrenia." I remember thinking, "why? it's a mental illness? It's a diagnosed mental illness like the others that requires treatment." And anyway, it was one of those big eye-opening moments that made me realize how little is still somewhat understood.

**RABBI JOSH:**

Sure, yeah. I mean tools are helpful. And so, I'm not someone who is against tools, but it really is "how is that tool used?"

**HOST:** Yes.

**RABBI JOSH:**

As somebody who has not gone through the system and as somebody who is working in a college right now and who works with rabbinical students. For a variety of reasons, that I don't think is about the character of the kinds of people that are either at HUC or at the college I'm teaching. I hold these folks in high character. And my personal experience is that I would say across the board in my interactions and also my interactions with students from other rabbinical schools and in graduate programs, period, there's a greater sense of anxiety just across the board. And so, when we have a tool like a diagnostic experience, like what you're talking about, it's only as good as the people who are using it and how they understand it. And I think there needs to be, and I don't know if there is transparency about what the tool is doing, and I don't think the rabbinate for instance, or particular kinds of leadership is the right fit for a lot of people, but there are a lot of diagnostic tools that can help us. And so, one could make the argument that discriminating against people with mental illness of any kind, on that basis alone, which it doesn't seem that that's what's happening, but it does seem that there's a gray area that could be better explored in terms of how it's used.

**HOST:** Yeah.

**RABBI JOSH:**

[...] Their personality style. There's a whole host of beings, and there are physical illnesses.

**HOST:** Right.

**RABBI JOSH:**

I would want to have a compassionate conversation about "this is what it takes, or can you envision a rabbi that's a good fit for where you are and how can we help design that?" Because the other end of it, we don't want to set people up for failure.

**HOST:** Right. So, if we're able to put in compassionate piece [...]

**RABBI JOSH:**

Right, have frank conversations about what the stigma is what gets in the way. And some of the stigma is some of what we hold. Even the comment and forgive me is like, "we don't want to be lumped in together." I totally understand that. I have a funny story [laughs] where I accompanied a congregant to their first AA meeting, and then all of a sudden, I was like, "oh my gosh, people are going to think I'm an alcoholic." I'm well known in the city. I had to kind of do my own, you know [...] so what it was the stigma. I mean, the what of it is that that's not part of my authentic story, but would it be so bad? And so, I had to get over my own [...] The funny part of the story is that there was somebody who was there who did know me, who had never crossed my mind. And then like, three months later, my mom calls me up and says, "why are you an alcoholic, and why haven't you told me you're an alcoholic?" [Laughs] And I'm like, "what are you talking?" And it's just somehow this person violated my confidentiality about something that wasn't true about me and told on me.

**HOST:** Wow yeah, and that's so true [...] [laughs]

**RABBI JOSH:**

Yeah. So, my greatest fear did happen, but it was funny, and my mom knows me [...]

**HOST:** Yeah, that's why I was laughing. That was your mom.

**RABBI JOSH:**

This is so funny. But I think that one thing I want to really leave with folks, particularly if we're looking at the kind of leaders, and in my experience with leaders is [...] and I am proud and I have said even sometimes even to family members. "Well, I am proud that I have been in therapy almost continuously throughout my life from 17 onwards." There were some struggles that I had around mental wellness around my coming out as an adolescent, as a teenager, the Jewish messages that I got had me completely at odds with "could I be a good human being like existentially?" And it took me to places where I did wonder about the value of my own life and so that had a whole host of other impacts that I don't necessarily need to go into right now. But I had the foresight to articulate this, to get help, even with some resistance from my parents, to get support at 17, use services all throughout college and essentially [...] but as a leader, as a congregational rabbi, we don't have supervisors, so to speak. I looked for a mentor at my time and it didn't really seem like people wanted to mentor a gay student. The few other successful congregational rabbis who were leading were so busy with what they were doing. It wasn't that they wouldn't take a phone call here and there, but not the kind of mentorship or leadership I needed. I was needing for something a bit more hands on. So, I began to use a spiritually inclined therapist, someone who brought her Daoist meditation training into our therapy. And I saw a number of people before her, but I basically referred to her as my supervisor and twice a month I went to her to talk about the issues that were residing with me in the congregation. Whether that was conflict, whether that was how I felt after services with people trying to kind of see me at the oneg, and all of these needs. Whether it was about when I made a mistake and

really wanted to repair. Or where the pressure of feeling that the survivability of this community [...] or when the political climates in the South heated up in ways where things felt really huge on my shoulders. I regularly processed this, and I had a spiritual practice. My meditation and my contemplative practice is incredibly important bringing my sense of self awareness and the ability to regulate myself in ways when I now know when I'm starting to feel anxious 80% of the time pretty quickly and the other 20%, I'm doing better on disrupting that. And I just want to say that my commitment to my physical body has been really important. I run. I don't just run for a competitive kind of running and I'm not a competitive runner. I have actually never run a race, but I do run a lot and it is about moving energy. I lift weights. For me, these are a compilation of practices that support my mental wellness so that I'm able to show up at work.

**HOST:** Yeah. And they will vary from person to person. You've spoken beautifully on all of this. I would try and think of the best closing, because we still have so many questions, you have so much experience, so it'll just be two part-er, if you could answer them just briefly. Because I have been asking, and I sort of heard this answered, but from your experience, you may be among the leaders of the community who I've interviewed who have the most. Or not comparing, but have such a diverse social justice experience in many fields, and where they intersect. How is mental health advocacy and outreach I mean I heard it somewhat, but how is it a social justice issue for you?

**RABBI JOSH:**

Sure. Well, I think just from a legal perspective, when you look at the Disabilities Act, again, we still have this big split between mental illnesses, physical illnesses, disabilities that are around our mental wellness and disabilities that are around our physical wellness. And often if we talk about intersectionality, they are together. And so, I think that when we advocate for people with disabilities, it's really important that mental health is part of that. And I also know that the stigma around disability sometimes prevents mental health advocates from wanting to be part of that large diversity. But to me, it's really important because there's just so many ways where people living with mental illness, people working towards mental wellness are discriminated against.

**HOST:** Yeah, yes.

**RABBI JOSH:**

And, you know, I see it in colleges where accommodations aren't honored. It is so upsetting to me as a teacher, I now try to create universal accommodations as an act of justice. If my goal is about learning, I really want to set up an environment that supports learning. And so, it's not about the number on the test, it's about the whole student and how they're interacting with the material I'm teaching in Intro to Judaism.

**HOST:** Right.

**RABBI JOSH:**

I want them to be able to tell me what's in the Torah, and at the same time, if a test in a particular way is going to create anxiety such that it blocks the education, then what am I doing? And so, I think that there are lots of ways of creating more inclusivity [...]

**HOST:** Yeah, I mean you are creating more inclusivity just in being able to look at alternative teaching models in that way. Something I've seen shift fully in my experience [...] I've been in or about to be out of school for the first time in seven years, [laughs] so but, yeah, it's still a challenge.

**RABBI JOSH:**

The other thing that I'm highly aware of, because of my place of privilege, I just said, since 17 I've been in therapy of one kind or another that's not inexpensive. I do recognize this is when I started saying [...] I tell my family. I tell my family that I have invested in my mental wellness. "Please don't use that against me to be responsible for solving everybody's problems." That's what I say when I'm most frustrated with my family. That said, I have put in a huge financial investment. I've been lucky and privileged to be able to do that. It's a justice issue in that we do not have more accessible resources.

**HOST:** Right.

**RABBI JOSH:**

It's an issue of equity, of what we make available and what we don't understand or have. And this is where the spirituality piece comes in with the justice, is that when we operate from the common good, we are benefiting as a society. It's not that we're giving people handouts, but you can begin to kind of, if you look closely, that unless you're really incredibly well resourced, and even sometimes when you are, without proper intervention and support the trajectory of mental illness to poverty or vice versa from poverty to mental illness [...] because it's in all of the things that people struggle with when it comes to poverty. There is a clear intersection of these two that if we are able to disrupt them simultaneously, we benefit greater as a society. Those are the kinds of questions that I would love people from all disciplines to be thinking about, and that we as rabbis have a moral obligation to talk about. And that we have communities where mental illness is in our community. It is here at our doorstep.

**HOST:** Yeah. And if we could start there, with that thinking. I mean we have the principle (in Judaism) to 'treat the stranger and the citizen alike' [...] because now this is the second time that's been brought up in this podcast series about what is the difference between someone of privilege accessing, mental health resources and those who can't [...] Rabbi Burstein shared, at the end of his podcast, "What's the difference between me and somebody on the street who people are avoiding because they are speaking to themselves?" He said, "It's that I have resources and they don't." And writ large in comparing this, I think now, and as I'm learning more and more through these podcasts, that if we're able to talk about it among ourselves, for ourselves, then we can be there for the community more. And I don't know if you'll agree with this, but then we can continue that work as outreach, or as outreach simultaneously with other social justice issues it's possible. But we have to be able to talk about it.



**RABBI JOSH:**

Sure. A lot of our JFS (Jewish Family Services), or our JFCS (Jewish Family and Child Services) are an important arm in this piece, in this puzzle. And I think that we need to begin to [...] by looking at ways where there's a greater integration, there's greater training. I don't know how effective it is, but I like models of the Catholic parishioners that goes to people's homes. You know, can Jewish social workers be in congregations? I know that there have been some attempts to explore this, but these are the kinds of more innovative thinking and telehealth. Now, what are ways that we as a Jewry can be involved? Because I'm not an expert. I just know that we as a Jewish community have great resources, have great innovative spirit, have great commitment to compassion, and when we rise to our higher self, a commitment to the common good. And we must address the stigma so that people with mental illness, wherever they are on that journey, are part of the entire community. And I just want to end that this something that can affect each and every one of us. So, it's not as if we [...] people should be sitting back and say "Oh, well, I don't have depression now." I would say now life is getting harder. There are lots of things that emerge. And so, the better resourced we are, the more we're investing in our own wellness as well as the wellness of our communities.

**HOST:** Beautiful. Thank you. Thank you so much, Rabbi Josh, for being here. I look forward to continued spiritual direction with you.

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**HOST:** Alright, thanks for joining us today for the 6th episode of the podcast series *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. Special thanks to Rabbi Joshua Lesser, who joined us today. And stay tuned for our 7th and second last episode. Next week, we will be joined by prolific author Alden Solovy, Jewish poet and liturgist who writes on contemporary matters and will speak to us from his unique perspective as a writer. Stay tuned.

[OUTRO MUSIC]

## **Chapter VIII. The Contemporary Jewish Liturgical Project – Removing Mental Health Stigma through Writing: Episode 7 with Alden Solovy**

### **Guest Background & Biography:**

The seventh and second last guest on this capstone podcast series was Alden Solovy, renowned contemporary Jewish liturgist, and voice of today's Reform Jewish movement. My own personal connection to Alden went back to my studies in my first year of rabbinical school in Jerusalem five years ago. The workshop class was a mini-series elective and lasted for only a few short weeks. In the years that followed, I carried Alden's signed copy of his book *This Grateful Heart: Psalms and Prayers for a New Day* everywhere across the Midwest where I served as a student rabbi and chaplain. As the hours I read his works and used them as sources for my own surpassed the hours I actually had the chance to study with him, I became increasingly eager to have him join this series. Of the countless modern prayers and poems Alden has written, the prayer I found a year ago finally pushed me to reach out to him for this project. This beautiful writing that includes an epigram for readers urging them to seek help if they are experiencing a mental health crisis was dedicated to his wife, of blessed memory, and her struggles with mental illness in his prayer blog, "Dead of a Broken Heart"<sup>56</sup>

Alden is a liturgist, poet, and lyricist, writing for an audience that extends the bounds of Jewish communities where his work includes many interfaith and multi-faith themes. Alden has written about every facet of contemporary spiritual life, connecting traditional prayers and liturgy to current events and modern-day problems. The expanse of his publications is mentioned and discussed in-depth and can be found in the attached transcript as well, but I encourage

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<sup>56</sup> Alden Solovy, "Dead of a Broken Heart," Ritual Well, May 9, 2016, <https://ritualwell.org/blog/dead-broken-heart/>.

listeners to find his work on some of the available online databases, including *ReformJudaism.org*, *Ritual Well.org* and his own website, *To Bend Light* as they listen to this episode.

Alden is currently the Liturgist-in-Residence at the Pardes Institute of Jewish Studies in Israel, and he continues to travel back to States to speak, write, and teach from his own spiritual force of nature.

Beyond his Jewish liturgical writing, Alden is an award-winning essayist and journalist as well, where his career began in journalism. He has been recognized and reviewed in many Jewish media sources, including a quote I shared in the podcast by the *Jerusalem Post*, calling his writing, “soulful and meticulously-crafted.”

A native of Chicago, Alden holds a B.A. in English composition with a minor in literature from Beloit College, an M.A. in journalism from the University of Illinois-Springfield and an M.B.A. in economics and finance from the University of Chicago. He previously served as executive editor and associate publisher for the Journals of the American Hospital Association.

Alden is a three-time winner of Chicago journalism’s top prize for essay writing, among others, I encourage listeners and readers to see his entire lengthy and impressive biography on his personal website *To Bend Light*.

On his website, he talks about his wife’s death from traumatic brain injury fourteen years ago as the tragedy that inspired his creative writing and what he refers to as “the creative liturgical project” on our podcast. The connection to mental illness and the ‘Divine spark of writing’ that he describes in this podcast is so important to the endeavor of this capstone project.

I hope listeners will find a source of comfort and validation around mental illness from the podcast we created together.<sup>57</sup>

### **Purpose and Background of Interview:**

This seventh podcast episode was also recorded in late January, and Alden provided a fresh voice on this podcast as both a leading writer and teacher for Reform leaders and their communities, as well as an active member of the Reform Jewish movement. The scope of our conversation was somewhat like the third episode with Dr. Washofsky as a teaching opportunity on prayer writing through the Jewish tradition. Many of the questions were shaped around how Reform Jewish ritual and practice allowed him the space to write creatively in the unique way that he does.

As Alden and I discussed in the weeks leading up to the interview, we prepared to talk about the death of his beloved wife as his ‘lived experience’ loving someone with mental illness and understanding the stigma around it. As I was able to give Alden the following guided questions weeks in advance of our interview, we were able approach some of them, but the depth of each question was largely a source for Alden to gather background about how our conversation would flow. Although it is *considerably* more in-depth than the previous chapters’ lists, I encourage listeners to use these as a reference to the episode and as further resources for their own conversations. Many of these are not applied to the summary section here, so this should be understood as the framing to the conversation between Alden and me:

- 1) How would you describe or define ‘liturgy’ and its role in the Jewish tradition?

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<sup>57</sup> “Alden Solovy Bio,” To Bend Light, <https://tobendlight.com/about-the-author/alden-solovy/>.

- 2) How would you describe or define *contemporary* Jewish liturgy?
- 3) You have written a beautiful trilogy with *This Grateful Heart: Psalms and Prayers for a New Day*, *This Joyous Soul: A New Voice for Ancient Yearnings*, and *This Precious Life: Encountering the Divine with Poetry and Prayer*. Your writing approaches everything from daily prayers, supplemental poems for Jewish holidays, Shabbat, days of commemoration, and unique prayers on finding personal meaning in prayer for the modern-day Jew. You have also written a moving selection of work for coping with life's deepest struggles in *Jewish Prayers of Hope and Healing*. All of which I have used as a rabbinical student in my roles as a student/intern chaplain, pulpit rabbi, educator, and in my own academic work (as so many other rabbinical students and established/experienced rabbis I know have too). Can you share a little about how this process and kind of writing comes to you?
- 4) On the matter of contemporary liturgical writing, can explain how writing a prayer for the weekday Amidah, for example, differs from the experience of writing a prayer for 'immediate' current issues or events (i.e., "Against Detaining Children,"<sup>58</sup> "Against Domestic Insurrection,"<sup>59</sup> "Two Reproductive Freedom Prayers,"<sup>60</sup> and so many others)?
- 5) So many of your prayers center issues of social justice, so I want to ask you (before getting to specific prayers on mental illness) how do you see the issue of mental illness in our Jewish communities as a social justice issue? \*This is a question I have asked all my interviewees from their unique perspectives, positions, and expertise. \*

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<sup>58</sup> Alden Solovy, "A Prayer against Detaining Children," Reform Judaism, July 11, 2019, <https://reformjudaism.org/blog/prayer-against-detaining-children>.

<sup>59</sup> Alden Solovy, "Against Domestic Insurrection," Reform Judaism, <https://reformjudaism.org/beliefs-practices/prayers-blessings/against-domestic-insurrection>.

<sup>60</sup> Alden Solovy, "Two Reproductive Freedom Prayers," To Bend Light, June 14, 2022, <https://tobendlight.com/2022/06/two-reproductive-freedom-prayers/>.

- 6) You have written profoundly moving pieces on intricate, and sadly often very private matters surrounding mental illness, including: “A Prayer to End Self-Mutilation,”<sup>61</sup> “Yizkor after my Child’s Suicide”<sup>62</sup> and some other titles: “My Depression,”<sup>63</sup> “Mental Illness,”<sup>64</sup> “For an Alcoholic or Addict,”<sup>65</sup> and again I am only mentioning a few. How have you approached this delicate balance and mix of prayer language and contemporary terminology?
- 7) In addition to the previous question, I want to remark on the care you take with the language you use describing those who suffer from various mental health conditions. For instance, in your prayer for family members of those who suffer mental illness compounded with substance abuse/addiction, you write:

*“God of Old,*

*I call out to You from the depths of confusion and pain.*

*My father/mother/sister/brother/son/daughter/friend/husband/wife/partner*

*Suffers from \_\_\_\_\_ [Name of illness,]”<sup>66</sup>*

There is great care taken here when you write “suffers from x,” as opposed to writing something like ‘my depressed [family member].’ When we discuss stigma, language needs to be emphasized and I have seen us make some great strides in ‘secular’

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<sup>61</sup> Alden Solovy, “Re’eh: Cutting A Prayer to End Self-Mutilation,” To Bend Light, August 13, 2015, <https://tobendlight.com/2015/08/reeh-5775-cutting-a-prayer-to-end-self-mutilation/>.

<sup>62</sup> Alden Solovy, “Yizkor after My Child’s Suicide,” To Bend Light, January 25, 2015, <https://tobendlight.com/2015/01/yizkor-after-my-childs-suicide/>.

<sup>63</sup> Alden Solovy, “My Depression,” Ritualwell, August 17, 2022, <https://ritualwell.org/ritual/my-depression/>.

<sup>64</sup> Alden by The Theme Solovy, “Mental Illness,” To Bend Light, November 24, 2013, <https://tobendlight.com/2013/11/mental-illness/>.

<sup>65</sup> Alden Solovy, “For an Alcoholic or Addict,” To Bend Light, June 7, 2021, <https://tobendlight.com/2021/06/for-an-alcoholic-or-addict/>.

<sup>66</sup> Alden Solovy, “Addiction and Mental Illness,” in *Jewish Prayers of Hope and Healing* (Kavanot Press, 2013), pp. 135-137.

discussion of mental illness (i.e., from mental health professionals) in not defining people by their disease, changing language regarding suicide, etc. This seems very intentional to me in your writing, and I am wondering what advice you might have to both those who write their own creative liturgy and/or sermonize from the *bimah* on how to be aware of the language they use that might be ‘harmful’?

- 8) On the matter of caring for the mental wellbeing of our clergy, you wrote another beautiful prayer dedicated “*To clergy*.”<sup>67</sup> As a future rabbi, I deeply appreciate this prayer. You invoke a sense of validation for the challenges clergy face as leaders and shepherds (using some pastoral language here) of their communities. Clergy I have spoken with from a variety of faith backgrounds (and especially recently since the pandemic hit) have shared a sense of being overwhelmed by the needs of their communities while maintaining a practice of their own self-care and mental health care during a time where they have perhaps been experiencing more sorrowful moments with congregants than the *simchas*. This has become a growing issue and there has been more mental ‘burnout’ now than there has been pre-COVID. From both the perspective of a writer and a member of congregations and communities, how do you think clergy and congregants can work through this together?
- 9) I asked the above question because I believe the ability to be open and vulnerable as a leader of a spiritual community is extremely valuable. I have now interviewed at least three rabbis who have spoken about their own struggles with mental illness over the past few years. In your experience as a congregant in the Reform Jewish movement and an influential writer for the prayers and texts so many of us share, have you experienced

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<sup>67</sup> Alden by The Theme Solovy, “For Clergy,” To Bend Light, November 24, 2017, <https://tobendlight.com/2017/09/for-clergy/>.

more openness and vulnerability on this subject from clergy (through writing, speech, and other interactions)? Additionally, what advice might you give to rabbis who want to talk or *write* about their own mental health struggles and experiences in an approachable and helpful way?

10) Can you tell us about some of your own experiences with mental health and stigma and how this impacted you *both* as a member of the congregation/community, and as a writer?

11) How do you think we can continue to emphasize the importance of mental health outreach through writing and teaching that that can truly be heard by our communities and so that it might eventually become normalized to speak about mental illness and suicide in the way we talk about other ‘visible’ illnesses?

## Summary & Outcome

This episode was recorded in its entirety on January 26<sup>th</sup>, 2023. First of all, this episode certainly took a considerable amount of time editing, even without many of the guiding questions asked. The final production ran a little over an hour, thanks to a lot of the experience I gained recording the longer episodes that started off the series.

This episode was beautiful, yet heart wrenching. Alden spoke so honestly and thoroughly about his experience the day his wife went missing and, in the days, leading up to the call he received that she had died. Alde shared that the experience of the days when his wife went missing were the days where Alden felt the Divine spark that inspired his writing ever since.<sup>68</sup>

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<sup>68</sup> Alden Solovy, “Episode Seven,” January 26, 2023, in *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*, produced by Alitu, podcast, MP3 audio, 1:07:12.



This was a truly moving insight into the impact mental illness and suicide can have on those who live with mental illness, as well as on those near and dear to them. For Alden, this tragedy led to writing that has truly touched the lives of so many people, but it is hard to deal with this knowing what it cost Alden. The way Alden spoke about this came from a place of genuine spiritual enlightenment. Although he still can't fully understand *how* this new voice of writing came to him, he explained that it helped him through the grieving process for his wife as well.<sup>69</sup>

Alden was concerned for his children was in some ways very similar ways to Rabbi Burstein's experience with his kids after his hospitalization. Albeit of different ages, both speakers wanted to shield their children from the stigma of these two different kinds of tragedies. This is where it seems the secondary stigma comes in, even when both Alden and Rabbi Burstein were able to accept the outcomes and contend with what brings many shame, it was hard to extend that to their children.

For Alden, this also was challenging for him to deal with as a public literary figure and a congregant. When asked about why he chose not to share the details of his wife's mental illness while she was alive and struggling, Alden explained that his decision to keep this to himself was largely to respect his wife and her experience. He used the example of sharing names during the *Mishebeirach* prayer for healing and said that he didn't want to share her name because people might whisper in judgment, but rather because he didn't think he could handle even the potential compassionate responses of his fellow congregants and clergy. I think this is an important example for clergy to understand the complexity of mental illness among their congregants. We can't seek people out who we may know have a mental health crisis happening in their families, but we must be ready to help them deal with complex feelings and grief around these situations.

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<sup>69</sup> *Ibid.*

The final piece of this podcast I want to share in this reflection was Alden's response to the thread of questions about mental health advocacy and our understanding of social justice. As Alden is one of the most gifted writers I have ever known, I am sharing his words of wisdom on the subject:

“[...] mental health is about how we humans experience our lives and its impact upon us. There are things that we are predisposed to, or for some people they are. Nobody picks to be bipolar; no one picks to have major depression, and some of that is our biology, and some of it is our environment. But the core is that this is about the human condition, and anything about the human condition can be addressed with kindness, with support, with resources, with prayer [...] and a failure to do so is a failure of social justice.”<sup>70</sup>

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<sup>70</sup> *Ibid.*

TRANSCRIPT: EPISODE 7 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH ALDEN SOLOVY

HOST – REMY LIVERMAN

JANUARY 26, 2023

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[INTRO MUSIC]

**HOST:** Hi, and welcome to Healing the Hidden. Talking about Mental Health and Stigma through the Jewish Tradition. I'm rabbinical student and ordination candidate Remy Liverman. And I'm joined today by Alden Solovy, welcome!

**ALDEN:** Thank you for having me.

**HOST:** And I'm going to give you a chance to introduce yourself, but first I'm going to give a little bit of a bio for you. So, Alden is a liturgist, poet, author, journalist, and educator. He was one of my first teachers in rabbinical school in Jerusalem in a workshop on [...] What was the workshop formally called?

**ALDEN:** It was teaching 'Creative Liturgy,' I think.

**HOST:** Okay, right. Well, it was wonderful. And Alden offers a fresh Jewish voice truly to challenging boundaries across and between poetry, meditation, personal growth, and prayer. His writing was transformed by some of his own tragedies, specifically in 2009 by the sudden death of his wife from catastrophic brain injury. Alden's teaching spans from Hebrew Union College- Institute of Religion in Jerusalem, to Limmud, and Leo Baeck, colleges in the UK and synagogues throughout North America. He is the author of four volumes from the CCAR Press that I think maybe listeners will know. I've often used and referenced them, they are, or these include:

*These Words: Poetic Midrash on the Language of Torah* and one is most recent in 2023. Others, *This Grateful Heart: Psalms and Prayers for a New Day*, *This Joyous Soul: A New Voice for Ancient Yearnings*, and *This Precious Life Encountering the Divine with Poetry and Prayer*. So, I believe you had just finished (*This Grateful Heart*) when we met, Alden, in 2018, I think it was then, because I have a signed copy and I think I actually have it right here [...] Well, I have them all. So, the Jerusalem Post calls your writing "soulful and meticulously crafted," and Huffington Post on Religion said, and I'm quoting here, "the prayers reflect age old yearnings in modern situations." Alden made Aliyah to Israel in 2012, and he enjoys [...] and I'm going to let you take it away in a second, but he enjoys hiking, writing, teaching and learning. His work has appeared in more than 25 collections, including "Prophetic Voices: Renewing and Reimagining Haftarah, Mishkan Refuah: Where Healing Resides", which has been used a lot for this project, *L'chol Z'man Va-Eit: For Sacred Moments*, and in *Mishkan HaNefesh: Machzor for the Days of Awe*,

which we know, we use in the Reform movement [...] And *Gates of Shabbat*, the revised 2016. Alden is a three-time winner of the Peter Lisagor Award [...] Am I pronouncing that right?

**ALDEN:** Yup, Lisagor.

**HOST:** [...] for Exemplary Journalism. His writing appears on ritual well, ReformJudaism.org., RitualWell.org., Rav Blog on CCAR.org, Timesofisrael.com and tobendlight.com. And I have personally used all of those resources many times throughout my five years in rabbinical school. So, I am thrilled to welcome him here [...] Welcome! And I'm going to let you give a little more of an intro, Alden, and then we'll go into some of some of the questions for the podcast.

**ALDEN:** Sure. Well, thanks for having me. I'm going to answer the question. "So, what have you done for me lately?" [laughs] I'm getting into working with musicians, add lyricists to that list. I have a variety of liturgical songs that have come out or will be coming out. That's a ton of fun. I don't have a musical bone in my body, but I know what I like, and the collaborations are wonderful. The new book, which I'm told I'll actually see copies of next week, physically holding it in my hand, *These Words: Poetic Midrash on the Language of Torah*. This is a departure from my five previous books, three from CCAR Press, two that were self-published, which are essentially collections of prayer liturgy, *iyyunim*, *kavanot* for personal prayer, for private prayer or meditation. The new book is Seventy Poems Inspired by Single Words of Torah.

**HOST:** Wow [...] and that's going to be published [...]?

**ALDEN:** *These Words* is coming out in the next month, they say. I'll have advanced copies, I'm told, in the next few days. So, the way it's designed is there's a d'var Torah on that word of Torah on the left-hand page, that I wrote, and then on the right-hand page is the poem that was inspired by that word of Torah. So that was a departure that was hard and fun [laughs], and nearly killed me in the process of doing all the Torah learning to do the writing.

**HOST:** Wow, yes. [Laughs] I can't believe there's still more [...] Judaism has a breadth of text to go from. I'm holding here my signed copy of *This Grateful Heart*, and yes October 2018. Alright, so this is all part of my senior capstone project, "Mental Health and Stigma in the Jewish Movement: Conversations with Thought Leaders, Writers, Rabbis, Teachers, Educators" [...], Alden, welcome to the series. Thanks for your intro. And you mentioned a couple of other terms, but we'll start with this. How would you describe or define liturgy and its role in the Jewish tradition?

**ALDEN:** So that question is tough. I would say *b'gadol*, 'in the biggest sense,' 'liturgy' is the words and perhaps the music we use to connect with ourselves, each other, and God. Now, that's different than prayer per se, which doesn't necessarily require words or music, and it's different than the siddur, our prayer book, which is all about words and associated music. What I'm trying to drive toward is we can look at sort of the bigger question of where does what we pray come from in a number of different ways. Well, it comes out of our tradition, it comes out of the siddur, it comes

out of our own hearts and voices. It comes out of private meditation, communal activity. It's a great question.

HOST: Yeah, and it is a broad question, so thank you for answering it. So, you answered this now a little, but if we add the word 'contemporary' there, how would it differ from your previous definition or description?

ALDEN: The 'contemporary' liturgical project, let's call it that [...]

HOST: Yeah, okay.

ALDEN: [...] it is to broaden our view of those aspects of our lives that call out for words that we can lend to each other for prayer. So, there are all kinds of areas in our lives where we can use the technique of calling forth words and sharing words in a ritualized fashion. So, in my self-published book, "Jewish Prayers of Hope and Healing", there's a meditation on 'the burial of a young child.' We have the *Kaddish*, which we say on death and on the anniversaries of death. But the modern liturgical project is giving voice to modern challenges that were sort of swept into broader context in our classic liturgy. So, a 'prayer after a miscarriage', 'a prayer for first responders', or 'after a deadly gun rampage.' You know, in the area of mental health, I've written pieces about, as you pointed out, about self-mutilation and about depression and alcoholism and so on. So, these are areas that were swept into, as I said, into sort of broad buckets, but in this era, we want prayers that speak specifically to our experience. So that's one aspect. And then the other aspect is just to give our prayers a modern voice. The words that you and I can relate to, that your future congregants from 5-years-old to 85-years-old, to 95-years-old, ad *me'ah shana*, 120-years-old can relate to because they are of our time.

HOST: [Laughs] Right, yes. Beautiful. Okay, so, yeah, and I've mentioned, and you've mentioned, some of the many beautiful works you've written in. Again, these are some of these questions [...] You just take this as it speaks to you. But how and what is the process of writing liturgy for you? [...] because you have experience writing in journalism, other writing, but how was the experience of writing these kinds of prayers and poetry, different than some of your other writing experience?

ALDEN: The project of creating liturgy is, you know, and using a poetic voice is new to me. Well, it's 14 years at this point, but my writing career spans nearly five decades. So, in my, in my writing life, it is it is relatively new. I think I lost the thread of your question.

HOST: Just what it's like to write this kind of work. No, sorry, I wasn't all that clear. So, your background, your earliest background is in journalism?

ALDEN: My earliest background is in journalism [...]

HOST: My brother is a broadcast journalist, so I was curious [...]

ALDEN: Pardon?

HOST: My brother is a broadcast journalist [...]

ALDEN: Oh, cool. So, I have an M.A. in journalism and an M.B.A. in economics and finance. I spent the bulk of my career as editor and publisher for the journals of the American Hospitals Association, which meant that although I wrote columns in multiple magazines, I was more on the business side, on making sure the magazines were successful.

HOST: Okay.

ALDEN: So, this creative voice came up, arrived, I would say around the time my wife, *zichronah livrachah*, around the time my wife passed away. I consider it a gift from God. I believe, as nutty as this sounds, in our worlds, I believe that when God is done with me, this voice which appeared so suddenly will disappear, and that will be that. And right now, I'm blessed to be able to be a vehicle, a conduit, for prayers that seem to matter to people, that seem to [...]

HOST: Well, but they won't disappear, though, right? I mean that's the incredible thing about having this work that you have out there to the world. That you, like I was saying, may not even know how many students are inspired by it while they're writing their own sermon or their own *iyyunim* for the first time. Writing, it doesn't come naturally to everyone, and you seem like a natural to me. For me, it's been a challenging sort of writing. I find it much easier but to write the *divrei Torah*, and sermons for the High Holidays. Yours [...] it's a talent, truly. I guess I'm just sort of pushing back on you that [...] because your work will live on (after you) because it's already been such an impactful and moving part of the Reform movement, as you can see.

ALDEN: Yeah, well, I hope that's true. At my age, I am thinking about legacy, but what I meant, and perhaps I was unclear, is not that my work will disappear, but I am gifted at the moment to be in the position to be used by God to write beyond my abilities. This poetic voice, I've never had before. And some of the things I look at and I say, "Where did that come from?" I have no idea where that came from. I have no idea how I did that other than as a vehicle for something that needs to be in this world. When God is done using me, there will be no more, is what I mean. The gift will be here for however long it's here. And then when God's done with me, it will be done. Maybe, maybe, God will use me for the rest of my life. We'll see.

HOST: Or we can just use your work [laughs], but okay yes, that's beautiful. That definitely speaks to me. I hear that this is a very spiritual, sacred, and very different kind of writing than perhaps others [...] and I actually didn't know that it was that recent that you started this (kind of writing). You said, wait, last decade? Last five years?

ALDEN: No, last, I would say about 14 years ago. So, Amy, my wife, *zichronah livrachah*, died 14 years ago. It was a difficult time, and I really began writing prayers to save my own life, spiritual,

emotional, mental life. That the idea of writing. I needed to write prayer. Let's take a step back for just a second.

HOST: Yeah.

ALDEN: So, Amy suffered from severe depression and attempted her life several times. As I say this, I'm aware, and in terms of your research, is that it's not something I talk about a lot. I prefer the sort of cleaned up version of the story, and it certainly makes it easier to talk about, to say that she died of traumatic brain injury, which is true, but incomplete. She died of traumatic brain injury because she put herself in the position to lose her life, whether it was suicide or an accident or assisted suicide, which we would call murder, we just don't know what happened at the time of her death. But the truth is, underneath the fact that she died of traumatic brain injury is that she suffered from chronic depression, and as a result, alcoholism, and drug abuse. But what she really died of was post-trauma from an abusive childhood. That's what she died from [...]

HOST: From your beautiful piece "Dying of a broken heart."

ALDEN: Yes, "Dead of a broken heart," an essay I wrote that you found. But it's an easier story to say that she died of traumatic brain injury than to go into all of the details I just shared, and as you might imagine, all of the details I choose not to share with anyone. Because of her anonymity, because of her reputation and how the world sees her. And the stigma.

HOST: Yes, yeah. because I've said [...] And over the course of this series of podcasts, I've had some interviewees who talked very candidly about their own experiences, how they were able to talk about it from the bimah, if they were, and to what extent. And this feeling of 'coming out', that's how they described it. 'Coming out as someone with bipolar depression.' 'Coming out with XYZ'. You're talking about your beloved wife who's no longer here. And so, I understand on multiple levels how that would take time, if ever, to be or find someone you'd be comfortable sharing. I feel that it's these kinds of stories, and it's you sharing this, but I hope it will continue opening doors for us to be able to talk about it, that's one of the most sinister parts of mental illness in general. It's just this [...] shame around it for families, for people suffering themselves and [...] Yeah, go ahead.

ALDEN: Let me say that in terms of this question, of the sort of the writing voice yes. So, in her struggling, in her pain, she did, in a sense, rehearse her death multiple times with falling down, hitting her head and so on. She disappeared to Maine, didn't know where she was. For about a month, every morning, I would do my prayer routine, a small amount of meditation, some journaling, reading from some daily readers and praying from the siddur. And after that, write a poem. Prayer would jump out and write itself down in my little moleskin notebook. And for about a month, I was writing two, three, five prayers a day. My meditation was beyond anything I had ever experienced before or since, in terms of just achieving a certain kind of quiet and connection. And I kept saying, "I'm so full, I'm so full, I'm so full. I don't know what God's preparing me for," which was I did not know at the time, was foreshadowing in its own way. One

Friday morning, a policeman appeared at the door, rang the doorbell, handed me a slip of paper, said, you need to call this hospital, it was at 06:00 a.m. I called the hospital in Maine. I was told that Amy had fallen, had injured her head. She was going to die within 36 hours. So, I called my daughters up and I told them, and one was living in the city, I was living outside of Chicago, another was living in Denver. And I called them both up. I said, "your mom is going to die today. We're going to go out to Maine to be with her." We had a horrific set of flights. There was terrible weather to get there. It was Friday evening, when we got there, we had some time with her. The hospital staff prepared us for the idea of her being an organ donor. We agreed. Go figure, her liver and pancreas couldn't be used, but her lungs and heart and kidneys could be used. We're woken up early in the morning for the declaration of brain death. Rabbi Darah Lerner from Congregation Beth-El in Maine was with us, did a bedside confessional prayer for or with Amy, and later that day she was declared brain dead. And we gathered up, we went back to Chicago, where we sat shiva. And I was empty. I was at zero. I went from feeling completely full up to being completely empty. And I said, "I never need to write or say another prayer. God, thank you. You filled me up. You gave me what I needed to do." Because how do you call your kids and say, "your mom's going to die today?" I have no idea how I did it or how to do it, and I did it. And when that was done and the kids began moving back into their own lives, as a dad, I wanted to help them, I wanted to fix them. And I kept saying and I gave them lists of support groups and they gave me the list back, "Dad, we're not ready yet." And I gave them a book called the Motherless Daughters, and they gave the book back, "Dad we're not ready yet." And I gave them a list of therapists and they said, "Dad, enough. We'll mourn when we're ready." So, I wrote a prayer I called "For bereaved children," and that cracked me open. And I just started writing and writing and writing and writing, literally, as I said, to save my own soul, to save my own heart, to save my own life [...]

**HOST:** Even though you thought you were done, you thought you had been done.

**ALDEN:** I thought I was done! And writing one more sort of cracked it open for me. And I've been writing ever since. That's the long version of the story.

**HOST:** [...] on both sides. It was also a means to connect to your wife and your children and to help. I have not read prayer, send it to me after. Or maybe I have, if I can find it 'for bereaved children?' [...] Maybe it is in [...]

**ALDEN:** You have it? It's in Jewish Prayers for Hope and Healing.

**HOST:** Yes, I do. And this book I've used a lot in I chaplaincy. Actually, that would have been helpful recently, I did have a visit with it where a parent's death needed to be explained to a very young child.

**ALDEN:** Right.



**HOST:** So, I'm going to return to some of these questions, I want to get to some of the core questions. Because you've answered some of what I wanted to ask very beautifully already. So, you have many prayers that center issues of social justice. And this is a question in some form that I have asked all my interviewees. So, I just picked a couple of hundreds, or thousands of prayers you wrote that I called prayers for immediate current issues. So 'against detaining children,' 'against domestic insurrection,' and everything to reproductive freedom prayers, very timely meditations, and prayers on issues that I know have spoken to a lot of rabbis and congregants and patients alike. And before [...] we've already discussed some of the specific ones, specific prayers you have for mental illness. But before I ask all of my interviewees this, "do you think that mental health, the issue of mental health, is a social justice issue? [...]"

**ALDEN:** The short answer is yes. The longer answer is this. Mental health is about how we humans experience our lives and its impact upon us. And it's about as well all those environmental factors, also there are biological factors. There are things that we are predisposed to, or for some people they are. Nobody picks to be bipolar; no one picks to have major depression. And some of that is our biology, some of it is our environment. But the core is that this is about the human condition and anything about the human condition that can be addressed with kindness, with support, with resources, with prayer [...] and a failure to do so is a failure of social justice.

**HOST:** That's beautiful. So, in addition to this, because language is your work, I had spoken in a previous interview with Dr. Mark Washofsky on contemporary Halakhah and mental illness. We talked about the care that we needed to take with language when we're referring to many issues. And I know you've revised a lot of your writing in terms of, I think you shared with me [...] some gendered language. And this is also challenge with Hebrew, which is a gendered language. And some of the challenges I was talking about with Dr. Washofsky was that there weren't words for [...] we had a term for 'suicide' as 'one who kills themselves', but there wasn't an ancient Hebrew word for 'depression,' certainly not for some of the more specific. It's just forms of 'tortured souls,' that kind of language. Anyway, backtracking I find that you're very careful with the language you use when you talk about mental illness. From a social work and psychology point of view, where I have a lot of family who, as I was sharing with you, are social workers. There's a lot of talk about how we don't define someone 'by' their illness or taking away the popular use of saying someone 'committed' suicide because of its criminal and religious connotations in terms of the 'committing' something (illegal) and it's hard to always be careful with language, like to say someone 'has' depression or 'is a depressed person.' And we don't always mean to. So, I took from one of your prayers that is a more [...] sorry that's my dog snoring in the background. I think he's tired of hearing my voice. [laughs]. But you write: "God of old [...]," and I'm taking this as a general formula for mental illness, in this case. "God of old, I call out to you from the depths of confusion and pain. My father, mother, sister, brother, son, daughter, friend, husband, wife, partner, suffers from [...]" and then you just have the name of the illness. I thought that there was great care in saying "suffers from." Now I don't know how intentional that was or how you came to be perhaps sensitive about your use of language. This is now a question I'm going to turn back to, but I want to ask it in terms of advice for us, that maybe you would give for somebody who was writing or creating liturgy or sermonizing, and

approaching language that would be kind, gentle, compassionate, understanding, destigmatizing. How do you take that kind of care with language in your writing? What advice could you give us?

**ALDEN:** So that question has layers.

**HOST:** Yeah. [Laughs]

**ALDEN:** The first layer is, be the person who is the one who is the beneficiary of the prayer. In other words, don't write for someone 'at them' or 'on their behalf.' Write as if you are that person.

**HOST:** Right.

**ALDEN:** So, from an empathetic standpoint, to write from an empathetic standpoint is to write as if I am that person. That will go a long way in clarifying language that may or may not serve the prayer, that may be hurtful in some way. I'm going to make the simplifying assumption that any of us who writes a prayer. Clergy, social worker, pastoral care professional, the intention is to be of service and the intention is healing and empathy. So, it is the blind spot that will catch me, catch us. It's the unidentified 'ism' perhaps that I hold that I don't know I even hold because it's just part of the way through, which gets to sort of the second bit of advice. If one is not sure, ask. Just take the text and ask someone with a different experience. I wrote a piece, it's called 'Against Human Trafficking,' and it was going to be used by the ATZUM Task Force Against Human Trafficking, to kick off their trip to Israel to be lobbying the Knesset on stricter anti-human trafficking laws. And I wrote this piece. I thought it was really good and it was really good. And there was language in it that was hurtful that I didn't know. But by virtue of the fact that I asked a couple of people to review it and took their comments, it saved a lot of hurt and harm, and built a bridge in the process.

**HOST:** Right.

**ALDEN:** So, first level is write as if you're that person. Second level is, get help. There are plenty of people who will. And third, if you're not sure, just don't use it. First do no harm.

**HOST:** Yeah, first do no harm, right, and language can harm. So, if I can go back to a little bit of the personal story you shared (about your wife). As a congregant, how did you feel? I realized you didn't share every detail about your wife's death with your community. But this question, to be careful with my language and to phrase it clearly, is more about how you perceived your community to be either a support or a place that might be judgmental, which could be neither [...] And as I'm asking this, I'm not trying to get you to maybe 'out' a specific community, but more what was your experience.

**ALDEN:** Right.

**HOST:** It sounds like the personal writing flowed through you, and that part was a gift. And it sounds also that you were trying to give these amazing resources to your children, but in terms of sharing your own experience [...]

**ALDEN:** So, let's add some timeline to this. So, I am a grateful recovering member of Al-Anon, which is a twelve-step program for people who were influenced by someone else's use of alcohol. 18 years in that program, 14 years since Amy passed away, died very traumatically of traumatic brain injury as a result of, as we discussed, her childhood trauma. In those four years in which I realized sort of what was going on and her death, I felt, although an active member of my synagogue, I did feel isolated. I felt isolated because of the stigma of alcoholism, in particular, and on mental health in general. So that there were times when I wanted to say her name out loud, when names were being said for a healing prayer, mishebeirach for healing, and felt I could not. And it was because the love of the community, not the negative, but the positive. The love of the community would have brought them to asking questions that I did not want to answer. Because it was the combination of, yes, a loving community, but a situation in which there was stigma that would attach to her. I didn't want to be the source of whatever judgment they might have of her situation. Some of what she did became public, but that's not my doing, that's her doing. It was an odd combination of feeling loved and yet knowing that that love was available, but that I couldn't access it. I couldn't access it because of the stigma. So, I had serious conversations with my rabbis, which were very supportive and very loving and so on. But the community itself, you know, I chose to keep in the dark.

**HOST:** Right, right. Okay, to protect [...] and I think now there's a kind [...] and this has been a lot of interviews, but there's a lot of discussion about being able to talk about the invisible illnesses as much as we talk about those that are visible, the physical.

**ALDEN:** Right.

**HOST:** But I did have someone say, and it's true, "just because maybe cancer might feel like a less stigmatized illness doesn't mean necessarily for a variety of reasons, a rabbi will want to share that, or a congregant will want to share that." So, I think a lot of [...] and I did take that to heart because I've been enmeshed myself in this idea that the only way we can make this visible is to talk about it. And I think that that's true. But I think that there are many reasons someone might not want to share those personal aspects of their own life or their illnesses with others. I do say, though, that in the case of mental health, stigma can be fatal. For those who are perhaps suffering and don't feel that there's someone in their community, their religious community, any of their social ties, that they can be open about it. We're doing better. We're providing more resources. A lot of the advice or feedback I got from rabbis was having just showing that you have a pamphlet on something or that advertises 'Mental Health Awareness Month' and I think that's good. But then I had other rabbis who said that's not really enough, if you don't keep repeating it. One rabbi [...] she compared it to how it is teaching your children that they need to look both ways when they cross the street. You have to say it so many times for them to know. I would hope that they would [...] And so it needs to be talked about and repeated often in

communities for them to finally become comfortable talking about their own stuff. So that was more of [...] that was less a question and more just a story, and your story reminded me of that.

**ALDEN:** But I want to add to that because what you said caused me to think about context and our institutions, our religious institutions Reform congregations in particular. But we live in the context of a broader culture and a broader society.

**HOST:** Right, right.

**ALDEN:** And so, while we may be teaching or attempting to teach a different perspective on mental illness that would combat stigma, the culture out there the society out there is fine and okay with the stigma because this is a broad generalization, but it protects us from the idea that maybe I could suffer mental illness or maybe my cousin can. Or the violent person who has a psychic break or the violence of an alcoholic and a blackout or whatever it is. There's a defensive element to the stigma that we are not, in our congregations, going to be able to counter. We might mitigate a little bit for a short while. So, the question has to be, the first question is "what's the goal in our congregations? Is it to assist the families of individuals who have mental illness in their struggles? Is it to assist the individual who has the mental illness in their struggles? Is it to integrate them into the congregation in a different way? Well, doesn't that depend on what mental illness we're talking about?" So, it's an area in ending stigma or addressing stigma that actually needs us to first decide what's our goal in the context of a Jewish institution that is of service, of value and is achievable in the context of the cultures in which we operate.

**HOST:** Right, that's very true. And also, while we're talking, it's not necessarily the same way [...] in how we respond to a suicide in our community, as opposed to someone who needs, but can't find or can't ask for support and might be, say, suffering from suicidal ideation. I think there's some fear that if we talk about it, we're going to 'catch it.' Like if a parent says, "oh, well, I don't want that to be my kid," I think it's here and [...] sorry, go ahead.

**ALDEN:** Well it's like "if I don't take the COVID test, then I never had COVID."

**HOST:** Right.

**ALDEN:** It's that same sort of thing. "I don't want to take get the flu shot because I'm going to get the flu from the flu shot." [Laughs] kind of attitude.

**HOST:** [Laughs] Yeah, right.

**ALDEN:** So, if we talk about mental illness [...]

**HOST:** Right, exactly where, I mean, that's funny, but the issue [...] it's sort of been danced around, and that I've heard, "if the numbers are as many as they are 'one in five (people with mental illness) [...] approached in the research phase of this project, when I put out those numbers [...]"

the Jewish communities are affected just as much. Then there are people in our communities who are suffering and maybe not talking about it because of many reasons. They may not feel that a Jewish setting is the right place, or they may feel that it actually is, but they don't want to talk about it because they have their own therapist.

**ALDEN:** We didn't say the C word for a lot of years, which is cancer. Somebody was going to get it. You whispered it. Now that [...] okay, you're too young for that. But now that we're at a point where cancer can be lived with, or many cancers can be lived with, many cancers can be beaten, there are other cancers that can't be [...]

**HOST:** Right, and that contextualizes some of why [...]

**ALDEN:** When I was a kid, we didn't say cancer. Maybe you whispered it. Now it's a different disease in many respects.

**HOST:** Do you find that mental illness is going in that direction? Because to the point you were saying, I didn't really even know time a time when [...]

**ALDEN:** When we were whispering [...]

**HOST:** Yeah, whispering. And now I'm thinking, "should I be whispering all that?" [Laughs] But I would love for this coming, this growing generation, to say, have a podcast like this one and look back and say, "oh my gosh, there was a time when we didn't say that there are people who were suffering from alcoholism, from schizophrenia?" But I don't know.

**ALDEN:** I've seen a lot of people on Facebook come out as recovered alcoholics. "I'm five years in recovery. I just got my 25<sup>th</sup> year [...]" Well come out about that [...]

**HOST:** Right. Yeah.

**ALDEN:** But in a sense, in a sense it's not different and in a sense, it's very different. But it's because of the stigma of being an alcoholic and the principle of anonymity in all twelve step programs.

**HOST:** Yes.

**ALDEN:** So maybe it's shifting some. Maybe. There's a Facebook group called 'My Jewish Recovery,' which is for anyone who's in any form of twelve step work, and it takes all twelve-step recovery, which could be eating disorders. It could be [...]

**HOST:** Anything, everything. There's Codependence Anonymous, 12-step for codependency there's [...]

**ALDEN:** Right, there's sex addiction [...] and so on and so forth, which does get to the point that stigma, mental illness, air quotes, again, is a big bucket. It's a big bucket. People may not want to talk about their child self-mutilating. They might be okay with talking about some form of depression, but maybe not suicidal behavior. It's a big bucket.

**HOST:** Even within it for people who are suffering from whatever, there's supposed hierarchies of mental illness, "well, okay, depression is, but not schizophrenia."

**ALDEN:** Right, so it gets to that question of what's our goal? What's our goal in the context of our religious institutions and what's achievable in the context of our cultures? Welcoming awareness better, as you point out, better, gentler, more aware language. I don't know.

**HOST:** Okay, this question just came to me. You have written a 'Yizkor for a suicide and child suicide'. Did you get, when you put those out, I imagine you got feedback that was grateful that you had put that out there, but did you also, get the other side? Any kind of, I won't say blowback, but any kind of negativity that that was put out there? I would love to hear 'no,' if that's the case [...]

**ALDEN:** I really didn't hear on either end, no "thank you for these pieces," or no "why did you write this?" [...]

**HOST:** Well, thank you on behalf of a lot of people [...]

**ALDEN:** But that's immediately on publishing them. I want to add, however, that I've gotten, thankfully, hundreds of thank yous for all sorts of things that I've written. I may have gotten something and don't remember it. I keep a file folder called "this is why I write" and then sometimes I just go back in, and I read some of those things, but nothing [...] certain prayers come up as 'fan favorites or curious emails. I'll tell you; I get a lot of response to the prayers after gun violence. Got a lot of response. I wrote a *Maoz Tzur* for Pittsburgh, after the Tree of Life massacre. Got a lot of feedback on that. Got feedback on Parkland after the shooting in I want to say it was Miami. It was a piece for the gay community, violence against the gay community. I got a lot of thank yous for that. So, I don't remember any particular thank you around the suicide prayers. I'm sure I've gotten some of the mental health prayers generally, in particular on Parkinson's and Alzheimer's.

**HOST:** Which are under the umbrella (of mental illness). The first podcast was with Rabbi Richard Address of *Sacred Aging*, and we talked a lot about that side of it. That's why I was talking about it when I said hierarchy, that people, rabbis, educators are more comfortable talking often about some elements of what falls under the mental health umbrella than others. Sometimes it's because of their own experience, their own expertise or background or professional training, perhaps some leaders just don't want to touch it. I mean, there's stigma within communities that are seeking outreach against stigma, and that includes myself, though I've tried over time [...] The more work I've done on advocacy for mental health awareness, the more I'm trying to question how I'm talking about it, and especially when and if I do talk about it from more public

spaces. I shared with you before that, these past High Holy Days, I decided, when using Mishkan HaNefesh, that I was not going to skip over reading for the candle for suicide, which I had in the past, whether intentional or not. Or the fact that I felt like I didn't have enough experience to be able to talk about something that in my mind was 'controversial.' And now I see it shouldn't be controversial. But we need to make those steps. And I'm cautious of time now, because I wanted to share the blessing that you shared 'For Clergy'. I'm trying to think of which, you have something for everything. It's really incredible, it can be found on RitualWell. And there are a variety of writers who do share something similar [...] but I really do hope that people also take listening to this as an opportunity to look at your work. Because I took that short workshop with you, and that was in the whirlwind of living in Israel for, well it was actually the second time for me. And then over time, continuing to look at your work and seeing "wow, he'll talk about this, he'll talk about that." So, when you encouraged us to write our own creative liturgy, I think you really do put yourself out there for other people's benefits and you talk about how it's benefited you and I hope you know how much it's benefited others.

**ALDEN:** Thank you. Thank you. Just write from your heart and write from your own experience because others have had that experience too. Somebody else needs the unique voice that only you can bring. Someone else needs to hear it. So, keep writing.

**HOST:** Yeah.Well, thank you so, so much, Alden, for being here [...]

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**HOST:** Hi, listeners. Thank you for joining us on the second last, for now, and 7th episode of the podcast series Healing the Hidden Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition. A very special thanks to Alden Solovy for sharing his unique insights through his journey of writing. Next week, for our 8th and last episode, we will be joined by Dr. Anna Shustack, social worker, professor of social work and education, and active member of the National Alliance for Mental Illness. Stay tuned.

[OUTRO MUSIC]

## **Chapter IX. Creating a Bridge between Faith Communities & the Field of Mental Health:**

### **Episode 8 with Dr. Anna Shustack**

#### **Guest Background & Biography:**

This capstone podcast project closed with its eighth guest, Dr. Anna Shustack. Dr. Shustack was the first and only mental health expert included in this series. Dr. Shustack's unique experience working with NAMI's FaithNet<sup>71</sup> and Bridges of Hope Project<sup>72</sup>, linking spirituality and mental health made her a special addition to this series.

Dr. Shustack has a Doctorate in Education in Human Services and Organizational Leadership and comes from over four decades of diverse mental health work and advocacy experience. Dr. Shustack received her M.A. in social work from Concordia University in Montreal and was a licensed social worker in Canada where she worked in a variety of capacities. For many years, Dr. Shustack had a private counseling practice in Toronto, ON, as well as a position with a Toronto family law firm, the 'Office of the Children's Lawyer,' working on cases of custody and access with children involved in those cases.

Dr. Shustack has extensive leadership background as an educator from teaching graduate level studies to work as a guidance counselor and values/life skills teacher for grades K-12 in Miami, Florida. While in that position, Dr. Shustack created a curriculum for a very effective dating violence program as well as a sex education program for adolescents and a bullying prevention. Her work has included various nonprofit and government organizations, most notably for this project is her position as a board member of the National Alliance of Mental Illness with

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<sup>71</sup> "NAMI FaithNet: Get Involved," NAMI FaithNet (National Alliance on Mental Illness, n.d.), <https://www.nami.org/Get-Involved/NAMI-FaithNet>.

<sup>72</sup> "NAMI FaithNet Bridges of Hope Presentation," NAMI (National Alliance on Mental Illness), <https://www.nami.org/NAMInet/Outreach-Partnerships/NAMI-FaithNet/Bridges-of-Hope>.



NAMI's South Florida division. Dr. Shustack has most recently held adjunct professor positions at Florida International University and remotely at Simmons University in Boston where she teaches a variety of graduate classes, including 'Social Environment & Behavior,' 'Diversity,' 'Introduction to Social Group Work,' and 'Social Work Practice with Communities & Organizations.'<sup>73</sup>

### **Purpose & Background of Episode:**

This episode was recorded on February 12<sup>th</sup>, 2023, and concluded our series from the perspective of mental health fieldwork and outreach. As noted at the beginning of the podcast, I am first and foremost Dr. Shustack's daughter. As such, our personal relationship gave me some pause as I approached this podcast. However, the vast majority of the participants I interviewed had some degree of personal relationship to me as either past mentors, professors, or supervisors of mine, and this proved advantageous in having solid background in the planning phases for these interviews.

In a professional and educational capacity, Dr. Shustack first introduced me to NAMI's organization before my M.A. in Religious studies, and my ongoing rabbinical studies. For some time, I had hoped to 'follow in her footsteps,' so to speak, venturing into the field of psychology and social work. Without going more into my own biography, I eventually found that I could fulfill my aspiration toward the rabbinate with a focus on mental health and social justice activism in that realm. This has been at the heart of this project, and hopefully a comprehensive capstone research project demonstrating the centrality of this work toward my future endeavors as a rabbi.

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<sup>73</sup> "Anna Shustack Bio," Simmons College, Boston | Graduate School of Social Work, accessed 12AD, <https://www.researchgate.net/profile/Anna-Shustack>.

Dr. Shustack inspired the title of this chapter after hearing her present NAMI FaithNet's *Bridges of Hope*<sup>74</sup> presentation during a visit to Jerusalem in my first year of rabbinical school. NAMI's FaithNet is a fundamental resource for creating these bridges between faith communities and mental health professionals. Dr. Shustack has worked with various faith communities, clergy, and chaplains as part of this work. Like her predecessor Alden Solovy, she is both active in the leadership of her field but is also a member of our greater Reform Jewish movement and participates in congregational life. The following guiding questions were intended to focus on Dr. Shustack's work experience as a mental health advocate and activist, while combining her perspective of how this work has and can be enacted in our Jewish communities:

- 1) As a working professional in the field of mental health, what are the greatest areas of concern right now, and how has the impact of the COVID-19 pandemic affected them?
- 2) As opposed to other faith communities you work with, how have Jewish communities dealt with issues of the growing prevalence of mental illness in their institutions?
- 3) In the second episode of this series, I interviewed Rabbi Sandra Cohen, a Reform rabbi who works with NAMI in Denver, and acts as a 'leader through lived experience.' From your perspective, should rabbis who suffer from their own mental health conditions speak to that from the pulpit? If so, how should they approach this with caution for those in our communities who are receiving these stories and information and may be struggling themselves?
- 4) Where and should clergy draw a line in the counsel they give congregants who are struggling with mental illness? Specifically in our roles as chaplains, many of us are

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<sup>74</sup> "Nami FaithNet Bridges of Hope Presentation," NAMI (National Alliance on Mental Illness), accessed 2AD, <https://www.nami.org/NAMInet/Outreach-Partnerships/NAMI-FaithNet/Bridges-of-Hope>.

concerned that we will overstep into an area of practical mental health where we are not experts in. How do we ensure that we are providing a space of pastoral care and support without trying to unintentionally ‘diagnose’ our congregants?

- 5) Given your position as a mental health profession *and* as a member of a Reform congregation, what do you wish there was, or was more of, when it comes to mental health education on awareness and inclusivity?
- 6) I know you are and have been working hard on bridging these gaps between spirituality and outreach, what is the best advice you could give clergy on how close these gaps from their positions as faith leaders?

### **Summary & Outcome:**

As the last episode to edit, its final production was just short of fifty minutes long. It was a challenge to edit because there were moments of divergence off the topic of specific questions, and the experience of editing this episode as a lot like that of editing the second one of the series. Like the speaking styles of Rabbi Burstein and myself, Dr. Shustack and I also share similar speaking styles, although I do wonder if that is genetic! I also think that the ratio of my own discourse to that of Dr. Shustack was too much on my end. Although my first impression of that outcome in the editing process of this podcast was due to the familiar and familial nature of our relationship, I ultimately feel this was more an issue of the information I wanted to relay given all I had learned from the past speakers in the last seven episodes.

There were a lot of threads to previous podcasts in the information Dr. Shustack provided, one of the most striking examples of this was in the way she likened the stigma around mental illness to the stigma of the HIV/AIDS epidemic that she had lived through. Rabbi Cohen

and Rabbi Address shared similar insights into how the ‘C’ word of cancer was something no one talked about. All three of these speakers, including Dr. Shustack, seemed hopeful that the stigma of mental health would dissipate or lessen to some degree over time. I hope listeners will find this to be encouraging coming from nearly all the speakers on this series over the course of these eight episodes.

Dr. Shustack also spoke about the feeling or fear of contagion when people hear about mental illness and suicide. She explained that the ‘fear of contagion’ can only go away with more awareness and knowledge about the practical and medical facts on mental illness. This advice is particularly important for the members of our communities and congregations, but it still feels up to the clergy to create these spaces of educational awareness for their congregants.

Dr. Shustack mentioned a variety of ways we could create even stronger inclusivity for congregants struggling with mental health conditions. Among those, she was the first to mention our lack of support groups for people dealing mental health conditions and illnesses. She explained that if we are willing to have support groups like ‘Alcoholics Anonymous’ or even ‘Weight Watchers’ support groups in our synagogues, then there really isn’t any good reason not to have additional mental health-related support groups within the bounds of our synagogues. I have heard in the past that churches are ‘better’ at lending themselves as spaces for support groups like ‘Alcoholics Anonymous,’ but I think the challenge here is that most synagogues are more private domains and have additional issues of security concerns bringing in ‘outside’ groups.

Since I began this project, and one of the many past experiences that propelled me toward this work, was the pushback I had received in past work in synagogues (pre-rabbinical school) when I suggested implementing mental health support groups into those settings. My feeling still

is that these could be successful and extremely helpful if they were lay led by congregants who needed a space to process their own struggles with mental illness. What I have come to believe through my experience since then and through this project is that these kinds of initiatives simply can't happen if we won't talk about their need in the first place. After listening to Dr. Shustack's insights, I believe this initiative can't take root without first 'doing away' with the stigma surrounding it. The best way it seems we can start is through educating rabbis and clergy not only about mental illness, but about its prevalence in our own communities that we seemingly don't know about. I think when rabbis and clergy fully grasp this there will be a turn, and hopefully they will take what they have learned into their own teaching as they lead and shepherd their congregants and communities.

TRANSCRIPT: EPISODE 8 – HEALING THE HIDDEN: DISCUSSIONS ON MENTAL  
HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE AND  
TRADITION WITH DR. ANNA SHUSTACK

HOST – REMY LIVERMAN

FEBRUARY 12, 2023

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[INTRO MUSIC]

HOST: Okay, so hello everyone and welcome to the 8th and final, for now, episode of *Healing the Hidden, Talking about Mental Health and Stigma through the Jewish Tradition*. I am your host, Remy Liverman, rabbinical student and ordination candidate. And I have the pleasure of being joined today by Dr. Anna Shustack. Hi, Dr. Shustack.

DR. SHUSTACK: Hi, Rabbi.

HOST: [...] who is joining us from the sea.

DR. SHUSTACK: Yes, that's true.

HOST: So, I'm going to give a little bit of a biography for you and then some time to introduce yourself and we'll jump into our questions, okay?

DR. SHUSTACK: Okay. Thank you for having me.

HOST: Okay, so Dr. Shustack has a Doctorate in Education in Human Services and Organizational Leadership and has proven skills and leadership abilities in a variety of settings, including colleges and universities as well as K-12 schools and systems, private and public firms both in Canada and in the United States, and nonprofits and government organizations. Dr. Shustack created a curriculum for a very effective dating violence program as well as a sex education program for adolescents, and a bullying prevention program at a prestigious Miami private school, during her position as guidance counselor and values & life skills teacher. As adjunct professor at Simmons University in Boston, Dr. Shustack has taught and developed the curriculum for courses in Social Environment, Human Behavior, Diversity, Intro to Social Group Work & Social Work Practice, and works with communities and organizations at Florida International University, which was her position before her current one at Simmons. And this goes back to many other teaching opportunities and experiences that she had in Canada before moving to the States. Dr. Shustack is an active member of many national associations related to her field in social work and counseling, including her position as a board member of NAMI in Miami, Florida. She's highly regarded as an adjunct professor both at FIU and at Simmons, and a former professor at numerous colleges in Montreal, Quebec. And so that is, Dr. Shustack, some of your more formal biography and I'd love for you to share some of your own bio, and it

would be a good point in our podcast to also mention our personal relationship, which is that I have the honor of being Dr. Shustack's daughter. So, I am so excited to have you here also, "Mom," but I am referring to you throughout as Dr. Shustack. And another point that I want to bring here is that you, Dr. Shustack, are only the second female voice that we've had on this podcast and that is something that's very important to this discussion, as well as among four of non-rabbinic voices. So, others have included, and I'm sharing this with you now, Anna, that the other voices we have had here are ones from a journalism background a writer and liturgist, we have had some educators, we have had some retired professionals and professors, and all somewhat within the Reform Jewish network to varying degrees, in these cases. And I just want to explain also, part of the goal of this interview, as well, is that you are both a social worker and a professor and a huge advocate for mental health awareness and outreach and education. As well as being a Reform Jew and a congregant of various congregations both in Miami and in Toronto. And so, this is, to me, is a very valuable background. So, thank you again for being here and I'll let you give now your own introduction.

**DR. SHUSTACK:**

Well, I'm really honored to be invited to speak on this podcast and especially with the group that you have mentioned who have been a part of this podcast. It's definitely a passion of mine, and that we all are concerned and reaching people who are experiencing mental health difficulties and I think even more so in the last couple of years with COVID and the rise in incidences of, and threats of suicide and suicidality, especially among young people. It's more and more important that all people, in all professions, but most particularly, I think, in professions like yours which involve spirituality and connection, reassurance and comfort, learn to understand the signs and symptoms of those who have mental health problems and try to reach them and take away their fear of admitting their issues. So that's been a long-time concern of mine for my students in University. I see there's definitely a rise in depression and anxiety and I'm quite sure this exists in congregations, as a member of a congregation.

**HOST:** Yeah [...]

**DR. SHUSTACK:**

When you said you were going to do a podcast like this, my feeling is that it's so important because it will potentially reach other rabbis and other Jewish educators who will start to think about this population, who I think has been up to now, left a lot on the side. I mean, we've improved things, but sort of if you think back to, let's say, where things were with AIDS patients 20 or 30 years ago, that's where I think we are with mental health, and that we need to destigmatize this whole issue and just have open conversations everywhere and anywhere.

**HOST:** Yeah, that's so true and so very important. So, two things came to mind. I had in the most recent podcast, we were talking about that once, even rabbis speaking from the pulpits, couldn't say the C word, talking about cancer that was such a [...] different, perhaps not a taboo, but a thing that, as this previous speaker said, "there was a fear that if you talked about it, you're going to

catch it.” And I heard that from another rabbi about when we’re talking about mental illness. And then I’ve heard in a wider discussion on the difficulty that rabbis have had in, for instance, giving a *chesped*, a eulogy for those who’ve died by suicide. I spoke to one rabbi who had said the funeral for a suicide was one of the hardest [...] and he’s officiated or led a number of funerals in his time as a rabbi. And there was a fear by other parents, because in this case it was a high school student, that it would be contagious or quote unquote, there could be ‘copycat’ suicides and he had to be very careful in how he worded it. And so, he actually gave the eulogy as a response to the suicide letter that this teenager had written. And in the Jewish tradition we also, we’re faced with other issues just in terms of tradition that are challenging. Such as the very idea of a *chesped*, of a eulogy is really an account of someone’s life. There’s not supposed to be in our tradition, we’re not supposed to embellish, for instance, you can’t, say, lift up a person who’s passed and say how remarkable they were, but if they weren’t you can’t, I’m going to say, quote unquote, ‘lie.’ It’s supposed to be a true and unexaggerated form of a eulogy. I say this because then that adds this extra difficulty. And suicide is something we need to talk about when it comes to writing this sort of (eulogy). For a suicide, when Judaism still does consider suicide to be [...] although the phrasing around it has changed, but in terms of Halakhah and Talmud, suicide is a grave sin. It goes against the Jewish ideal of *pikuach nefesh*, of ‘saving a soul’. And the way that rabbis, even Orthodox ones, and from Halakhah, and from our sages, have come around this is to say that the soul is in distress when one makes that decision (to end their life). And so, it is as if the person, the person who died by their hand, as sort of the phrasing of the sages, that it’s as if they had no autonomy over their own mind. Now, okay, this is broadly, and now we’re going just into suicide. But I want to, I guess, give a little background here coming in from looking at the very traditional Jewish view that we’ve grappled with. And we’ve come to all forums of [...] and Dr. Washofsky spoke about on a previous interview on what we call ‘Reform Responsa.’ So, what do Reform Jews say about this now, right? Looking at ways to contend and deal with those issues of something explicitly written in the Halakhah. But this podcast in large part has been also to both differentiate and separate, when possible, suicide and mental illness, which is certainly not always the same thing. But practical Jewish texts, there’s not all that much that discusses mental illness outright or even say, depression outright. We have some stories of rabbis who are in dark study halls, or in Lamentations [...] we have some ideas of what it might have been like to be depressed in biblical times, but we don’t have all that much in terms of Jewish traditional texts. So okay, going back, all this is to say, it is so important to not just have rabbinic voices in this conversation. I went on a little roundabout of something I hadn’t gotten to say in previous interviews.

#### DR. SHUSTACK:

The thing is that, although that is true, rabbinic voices are voices that the congregants listen to. And if you consider that at this point, statistics are something like 50% of people will have a mental health condition in their lifetime, about in the state of Florida for example, which is not where you are I know, but it’s a statistic that I know 660,000 adults and 180,000 children live with serious mental health conditions. Many of these people are Jewish, and not having a



conversation on a general basis and on a specific basis, not specifically only at the time when you're forming a eulogy. I think it's so important, how can I say it, to destigmatize the whole thing and allow people to feel that the only way you can reach out for help is if you feel that you're not afraid to reach out for help. And I have wondered myself as a member of Reform congregations and as a person who speaks with both Jewish clients and patients as well as other people, "can or do people do that in their synagogues enough? Can they really address their congregants' senses of desperation with clergy?" Because it is so important to give that, just that sense of comfort.

HOST: Yes.

DR. SHUSTACK:

I think synagogues can play a big role, I think temples can play a big role, but I don't see so far that they necessarily have, but I have no statistics across the whole United States and all North America, but from what I can see, there's work to be done in that area, I think.

HOST: Yeah, yeah there is which is part of this project endeavor, which also is, you know, the point of this project is to be heard. I talked about that right in my introduction is this senior project could have been in separate form, in the form of research in a thesis form, but I realize when we're talking about the stigma of a subject, it has to be heard.

DR. SHUSTACK:

Right, it's interactive, it's alive, it needs to be addressed as a real thing. And by the way, I want to bring in or to add that this is for older people too. I think there's a huge rise in depression amongst the older population, the elderly, and they come to synagogue and pray and may not be again comfortable sharing what they're going through. They've lost spouses, they have health issues, all these things make or become a part of mental health problems later in life.

HOST: Yeah. And you've touched on something [...] like Rabbi Address would be very proud because of all his work with sacred aging and aging communities. And he talks about how Alzheimer's is often overlooked in terms of being a mental health issue. So, I mean, yes, we cover a broad, broad array. And having the chance to be speaking to a mental health professional right now, I want to talk about it all [laugh], but I want to be able to point back to one thing that I know you've worked on, and that I know NAMI has created venues for this to be possible through Faith Net, is figuring out ways to bridge mental health professionals and clergy together. Now this has seemed to perhaps [...] and I don't want to take away all the credit for Jewish clergy doing this, but perhaps we do this less than Christian clergy do (this work). Now, whenever you are a largely smaller community of people [...]

DR. SHUSTACK: A smaller population of people, right.

HOST: Yeah. It's easier to say [...] but I did recently have someone who was saying, "well, how come Christian clergy are able to do this better than we are?" And that's not necessarily true. It's just

we're smaller, but it's starting. But I want to ask you, well, two questions, because I worry, but I won't get to the second, so yes you can see the dog snoring in the back corner [laughs], so yeah, and I recognize there's a time difference where you are. So, my first question [...] How, in your opinion, do you think we can bridge very active outreach groups, such as NAMI, with local clergy? How have we been doing it? What could we do better in terms of at least for what you've seen with Jews? Let's put it, let's leave it there.

**DR. SHUSTACK:**

Well, I think there's two parts to it. I think there's the training of clergy themselves in learning to recognize mental health issues, and that, yes, Faith Net has that program, but that is not placed everywhere because it just hasn't been able to be addressed, but it exists as a program, and others do it as well. And I think that that would be a really important role to have clergy, and just as they learn other parts of their education, to learn to recognize the signs and symptoms of [...] to basically learn mental health 'literacy,' I guess, is what I would call it, where you really just learn "what are the warning signs? What should I be looking for? How can I talk to this particular family about every issue," depending what it is, depression, schizophrenia, bipolar disorder, many different kinds. I think there's been a tendency to shy away, but sometimes that's because you don't have the tools at hand. So, if you learned the tools, as we do in other professions, nurses learn it, and doctors learn it, and teachers learn it, and rabbis should learn it, too. Because I think that then they could, with that, combined with resources that are at their fingertips in their offices, they could help families and individuals get what they need as far as the resource goes. And aside from that part of it, there's the whole programming aspect in synagogues that doesn't always belong to the rabbi, but the rabbi has, maybe sometimes, the final word. But what can we bring? Why were churches and synagogues okay with bringing in things like 'Alcoholics Anonymous' groups or 'Weight Watchers' groups and then don't have groups like 'Family-to-Family,' like we have in NAMI, family support groups, or 'Ending the Silence,' which is an education program for young people to actually mutually help each other recognize the signs, the beginnings of mental illness. In fairness, we did bring this program once to the Temple here in Miami, and the kids really appreciated it. Now it's in all the public schools, and that kind of program, I think is a really big help for young people. So the rabbis, to me, there's, like, two sides and well, there's probably a third part, too, which is that after rabbis have taken in something like Faith Net and learned how to recognize the signs and signals, can they put it into their speeches and their sermons, to reach congregants on an ongoing basis and not only during Disability Month, let's say, or something like that. But really part of regular life, because mental health and mental illness is a part of regular everyday life. So, it needs to be sort of like as you're in the *parashah*, in the Torah portion, and all the presentations that rabbis do during services, there needs to be some place to put this in, I think.

**HOST:** Right. I've heard several proud rabbis, and I mean they should be proud, but talking about how during Mental Health Awareness Month, they have these programs and then there's kind of a like "and then that's it, and we did it, and we did our part, and now it's done," and there's so many other aspects to this, but I'm going to get to the question of social justice [...]

**DR. SHUSTACK:**

And that's good too, by the way. It would be better to have that than have nothing. But I think it could, because if I was sitting in that group, in that congregation, and I was troubled with something either myself or my family, I might be reluctant to speak up to the clergy because I wouldn't feel like they were comfortable with it.

**HOST:** Right.

**DR. SHUSTACK:**

And I don't think that a person can be comfortable until they're somewhat educated on what it is. I'll give you an example. In NAMI, we have started a program called 'QPR.' It's a suicide prevention program, it's just an hour or two, and it trains people in how to recognize the signs that somebody might be experiencing and how important it is to have the conversation about what are you experiencing, and say "how can I help you?" As opposed to, "oh, it'll be better, you'll feel better, don't worry, all your problems will go away." Rabbis need to learn how to have those kinds of conversations too, so that when the person is in their office, they can talk to the person, not be a mental health professional when they aren't, but they can be a really important part of the healing.

**HOST:** Yeah, and I think I've talked about there's like the little things and then there's the big things. I had a mentor of mine who once said that you should have, say not even or not just a Jewish text on mental illness, but you have a copy of the DSM in your rabbi's study. And so that if someone comes in, they'll say, "oh, maybe not that they are an expert, but they're willing to talk about this and other such books that are visible. This should be for any issue that you're hopefully willing to address. And then, I mean, especially many big synagogues, well synagogues of all sizes, but especially big ones with space, they should have resources all the time, even in the lobbies of synagogue, that it doesn't always seem to have.

**DR. SHUSTACK:** To have pamphlets [...]

**HOST:** Yeah.

**DR. SHUSTACK:**

To have, our NAMI pamphlets, for example, can be kept there. We keep all of these resources on agencies, social service agencies, in hospitals, why can't they be also in synagogues? [...]

**HOST:** Right, and they are starting, they really are, but [...] sorry, go ahead.

**DR. SHUSTACK:**

It's also books. I think rabbis, as learned people, often give congregants something to read in an area of concern, let's say on divorce. If somebody comes and let's say this is something that relates to Judaism and divorce and you might want to read it, well, why not have books on mental health and give that to somebody who comes in to talk to you, who's saying, "I'm having

a problem with my husband who I think is suffering from depression.” Or “I believe my mother is beginning to have dementia, but she's also depressed.” I mean, there's things you can share.

**HOST:** Yeah. Now, here is where it's strange, because we've talked about what isn't perhaps being done enough. And then there is also another issue that sometimes rabbis believe they're an expert on everything and that they aren't, can't be [...]

**DR. SHUSTACK:** Yeah.

**HOST:** And I know as a soon-to-be (rabbi), and I know it evolves and hopefully you learn things more and better, which is the point of this. But as a soon-to-be ordained rabbi, we are definitely not experts on everything and we should not make ourselves seem as such because congregants do really trust put trust in us, and using the words of my supervisor, not mine, “congregants often will tell their rabbis things they might not even tell their therapist.” That is a lot. I mean, we've talked about, that in terms of us as rabbis-in-formation, it's a heavy burden [...] and then also because you have additional unique issues to clergy in terms of confidentiality that go beyond the bounds of psychiatry and psychology and all of that. This is also to help rabbis and their congregants in having not just, I think, resources like, “here's a pamphlet, here's a book.” But creating solid resources and references within the community that aren't just “take this pamphlet,” and “I hope you'll call the 1-800 number or the local numbers,” but real people [...]

**DR. SHUSTACK:**

And follow up, by the way, because I think that that's also an important part of it. If a rabbi is aware and concerned, then there's an important responsibility to follow up and see if the person did seek out that resource as much as if you might check if they had contacted their medical doctor because of potential diabetes or some other issue.

**HOST:** And rabbis, they can feel stretched thin. Part of this project has also been about rabbis supporting other rabbis and creating mental health support for them. And two specific speakers I've had on have been those who, and again, using these quotations, or their words, not mine, “come out” as having mental illness to various degrees. One did so from the pulpit, and another felt she couldn't until she had actually gained, she said, 20 something years as a rabbi, then did she finally feel comfortable talking about her own mental illness [...]

**DR. SHUSTACK:** Yes, they're affected by the same stigma.

**HOST:** Right.

**DR. SHUSTACK:**

[...] As the whole society is affected by it, and that is only slightly lifting, as I said, because I think the pandemic has forced many of us to recognize those who didn't want to recognize before, that there's some serious emotional problems that people have now. Maybe we are moving to a time when things will improve. But definitely rabbis [...] it starts with them. I mean, if

they aren't concerned about or not forthcoming about their own health issues, then it's going to be hard to be frank with those people who they look after in there.

**HOST:** Yeah, which is why I love so much the Carlini story, I don't know if I've shared with you, but it was from a sermon and it made me consider this. Where this man goes to his doctor. He says, "Rabbi [...]" whoa, [laughs] a little Freudian slip there. Sorry, he says, "Doctor, I feel so, so depressed. I don't know what to do. I am having trouble, getting out of bed, nothing brings me joy. "And the doctor says, "this is what you need to do. You need to go see the great Carlini. He is the funniest comedian. He will make anyone laugh. Go see him. I saw him a few nights ago" and the man burst into tears, and he says, "but Doctor, I am Carlini." That goes into [...]

**DR. SHUSTACK:**

Right, or that everybody is human, everybody can have these problems. But being able to share them is so important. And I mean, just thinking about what a congregation should be, what a temple is. It is a sanctuary. And it has to be a sanctuary on every level for people to feel part of it, like at home.

**HOST:** Yeah. Right. I'm going to go into this question that I want to be sure to ask, because I've asked in every single podcast interview, and I think it's so important to what, to this work starting in the early days of it, of the formation of this project, which was a case where I had once approached a rabbi seeking mental health support groups as a part of the larger work we were doing in social justice, but he said, although in a kind way, we just have too many or a lot of other things to deal with kind of way. Which is, you know, there are so many social justice areas that rabbis need to concern themselves with and do, and so many do this and really so incredibly. And the Reform movement rightfully should be very proud of the social justice work we've done. But I've heard some say that mental health is not a social justice issue. Now, as I'd ask that in each podcast, pretty much everyone there more or less has come on because they believe that it is and want to help. And so, I also frame it, though, in this way because to me, without bias of my own interest and background in knowing many with mental illness and a family of social workers, mental health professionals and professors. But besides all of that that I'm looking at, this as [...]

**DR. SHUSTACK:**

Sorry to interrupt, but it is just so intimately connected. Because mental health issues are connected with every social justice issue, with homelessness, with hunger, with poverty, with all of these issues. It's just all the community agencies, by the way, including, as you mentioned earlier, religious organizations like the Archdiocese, or other religious organizations recognize that these things go hand in hand. If you cannot get out of bed because of suffering from depression, then you cannot go to work. You cannot get the means to look after your family. It's a huge issue, and I don't see how that could have ever been to say that it isn't a social justice because it absolutely affects everything about justice. I mean, it's tied into prison, to those who end up in prison. It's tied to young people who never achieve their real right and ability because they haven't been cared for properly. It's just huge. I can't say it's the greatest social justice,

greater than, let's say, race relations or other things, but it is in and of itself a huge social justice issue.

**HOST:** And it's so true. It intertwines with so much. And yet, I mean, if you look at it in so many areas [...] but to me this is also an issue far beyond just Judaism or honestly, religious clergy and how they deal with it overall, this is a problem that we're dealing with on a societal level in terms of how, and you were just talking about it, broadening awareness not to just schools and other institutions. So, this is just one other place that mental health often gets so silent. Let's think even in the media, until it's a community that can be blamed for something, like whenever there is gun violence, for example, as a close an issue that we grapple with in terms of social justice. [...] well then that's the community they always go for in the media. They say, "well, these are the people with mental illness." Now, I don't want to go into gun rights, and both of us being Canadian, let's not go there. But I think that connected, it has to be dealt with [...]

**DR. SHUSTACK:** Right.

**HOST:** Now, I want to ask you something. This will be, I think, our second last, but a question in terms of and because you're really the first professional in this area that I'm speaking to. And I've spoken about this especially from a Hebrew language lens, because we really don't have a lot of the Hebrew language to properly define these issues. A lot of for instance, for the terms that we use in terms of mental illness, I have a list of a couple terms that could somewhat apply. But when I was talking to Dr. Washofsky about the care and concern around language as it pertains to how we talk about mental illness, I said that this, language is [...] a perhaps bigger issue in terms of the mental health field itself. So, this is where I want to ask you, what can we do more? Are we doing enough or what's more we can be doing in terms of being careful with the language we use when discussing people who suffer from mental illness or just with the example of not defining someone by their disease. It's someone who 'has depression.' It's not a 'depressed person.' Somebody who 'has bipolar disorder,' and not "that person's bipolar." And then [...]

**DR. SHUSTACK:**

Hit it right on the head there, that's exactly correct. I mean, you would want people to be [...] to humanize, and not dehumanize people as a result of their experiences with mental health or mental illness. And that's really important because that ostracizes people and immediately makes them feel like they can't speak about themselves or anybody they love because it looks like it's wrong and it's caused by the person themselves. And all that is untrue. So that's where the pulpit to me is such an important place where, interwoven into a rabbi's discussion and conversation can be the acceptance of people and the importance of looking at someone besides you and recognizing that they're in pain and trying to help them as opposed to berating them or judging them. Okay, it's not easy. But I believe that when I think of the [...] I'm looking for a word [...] that the rabbi's deep commitment to study and to text and to learning and to presenting. I believe there's ways this could be done and that it could be done slowly, gradually until the point is that people understand. And again, I liken it to AIDS because that was to me, I

lived in that era where it was very similar to what you said about cancer, that it was seen to be 'contagious.' You couldn't talk about it. If you said something, if you said the word, it would mean you would have it. People really waited and then gradually over time it would be, I mean today it would be shocking if somebody said to you that a rabbi couldn't talk about something like that in synagogue because now, well I'm not calling it mainstream, but I mean, it certainly accepted practices to address the importance of helping people and talking about it.

**HOST:** Yeah, and I was thinking about that, and what happens there for that kind of evolution to happen. And I think it's a formula of time plus [...]

**DR. SHUSTACK:** Plus, more and more people speaking about it.

**HOST:** Yes, but plus time [...] with time that does happen. For instance, in looking at that example, it took time for people to understand how HIV, how it is [...] My gosh, why can't I think of the word right now? [...] I don't want to say 'caught' but how it is transmitted [...] I mean we haven't gotten over that, but we're still far from that, where we were. But we have made headway. But I think there is a little bit of a formula of [...]

**DR. SHUSTACK:**

I mean I think with this pandemic, if there's anything that the pandemic brought to us, it was the realization that people have become traumatized by what happened at every age. These last few years were traumatic, and I mean from a mental health point of view have actually been devastating for many, many people. So, this may be the entree into a conversation about the people around you suffering, the people that you can help, as in congregants, helping one another. I mean, so many things [...]

**HOST:** Well, okay, do you feel hopeful about the stigma of mental illness going away? Let's say [...] and you don't have to speak solely for congregational Judaism and Judaism, but do you feel hopeful that with that stigma we really are making headway?

**DR. SHUSTACK:**

I do feel hopeful, and I really see a huge difference in the last few years in terms of open conversations. And again, I look at schools. The schools would not at one point even consider bringing programs in like such as 'Ending the Silence,' which are basically run by a young person who is in recovery from a mental illness as well as an adult, and presenting all of the different signs and symptoms and having kids reach out to each other to bring them to help. Those were things that were never considered to be 'de-rigor' or just in schools. And now they are in many, many schools throughout well, certainly Florida and many schools in the United States because the recognition has come that something had to be done. So, I think it's starting. But the last places that you see this is, I think, in religious organizations, because there's been a lot of fear. Without getting into what I know that's not really a necessary part of this podcast, but I think potentially even in Judaism, it was potentially looked at as kind of a shame to have family members who have mental illness.

HOST: Yeah.

DR. SHUSTACK:

We who have to be so much more than the rest of the population because of being Jews and of having to set good examples and don't like to look at thing as anything that appears sort of 'imperfect.' 'Imperfect' would be the word use.

HOST: I did speak to someone in the kind of quote, 'empty nesters' age group about what's going on. They said that they felt they were raised in terms of Judaism as we want to build ourselves as a resilient people because we've needed to be [...]

DR. SHUSTACK:

We want to look stronger; we want to look healthy always. That's the thing. And I think that has probably been what's deterred us moving forward in this area in terms of stigmatizing this.

HOST: But I had just been thinking [...] it was just something, honestly, I wish I thought about earlier, which is that yeah, I think that is a mindset that might be trickier to untangle, but perhaps through contemporary Judaism. Because there really needs to be a significant detachment and differentiation between people who suffer from anyone who suffers from mental illness at any point in their life and an idea weakness or lack of resiliency. They have to be separated. I think I'm seeing that be somewhat of a thread.

DR. SHUSTACK:

Right, and if you think of resiliency and being strong, yeah, we've always had to be very strong.

HOST: It might be harder. I mean, it is often harder when you already have a marginalized group by being such a small group. Anyway! Thank you so, so much for being here [...] Is there anything else you'd want to add to the podcast? I might not have asked it all [laughs] I know I've spoken a lot this hour.

DR. SHUSTACK:

I just have faith that young rabbis like you and your contemporaries will be the people that will bring these changes. Hopefully. I think that it's again, because of who you are and where you find yourself in the greater scheme of the world right now, I think you will be the hope to make these kinds of things happen where people will come to temples and feel comfortable in the future just sharing and feeling, well, and feeling accepted. So, thank you for that [laughs].

HOST: Thank you for being here Dr. Shustack. Thank you.

\* \* \*



**HOST:** Hi podcast listeners, thank you for listening to this 8<sup>th</sup> and final recording for now, of our podcast series *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Practice and Tradition*. We have the joy of being joined today by Dr. Anna Shustack. And a special thanks, as we close out, to all of those who joined as guests on this special series. We hope to continue this work. So, acknowledgments to Rabbi Richard Address, Rabbi Sandra Cohen, Rabbi Dr. Mark Washofsky, Rabbi David Burstein, Mark Baranek, Rabbi Joshua Lesser, Alden Solovy and Dr. Anna Shustack. Hope to see you next time! Thank you.

[OUTRO MUSIC]

### **Section III: Reflection & Conclusion**

#### **Chapter X. Bringing it All Together – Final Episode of Healing the Hidden: Discussions on Mental Health & Stigma through Contemporary Jewish Practice & Tradition**

##### **Background & Purpose of Episode 10:**

I decided to add one final solo podcast to bring everything together. This episode and attached transcript serve as my conclusion and final reflection of the project in its entirety. I decided to format this by taking edited soundbite clips from each episode and compiling them under sections by speaker and order of episodes. As this episode was scripted in even greater detail than the first introductory solo podcast, all of my insights are clearly outlined in the format of this transcript.

\* \* \*

It is my hope that listeners who may not have heard the first nine episodes, or only some of them, will be able to track the areas of specific interest for them about mental health and stigma through the progressive Jewish lens, and find the material they are looking for. After the many, many hours of creating this capstone podcast project, and admittedly ignoring my own advice for self-care, I truly hope this podcast will open a window into mental health awareness. I hope these podcasts will act as only a beginning, and in five, ten, twenty years' time, we might all be able to look back on this work and see the progress we've made in finally normalizing mental illness.

\* \* \*

My final message is this:

In the words of our wise sage Rav Nachman of Breslov, “One must repeat from time to time, ‘the world was created for my sake.’ Never say, ‘what do I care about this or that?’ Do your part to add something new, to bring forth something that is needed, and to leave the world a little better because you were here briefly.”

Our tradition teaches that we must not turn away from seeking justice and pursuing peace. This speaks to not only leaders of Jewish communities but acts as a lesson in human-*KINDness* for all. This is how I see the work set out for us on mental health outreach and working against the stigma towards mental illness. As in the wisdom of our rabbinic predecessors in the Mishnah, in *Pirkei Avot* chapter two, the ‘Ethics of Our Fathers,’ it is written: “you are not obligated to complete the work, but neither are you free to desist from it.”

Let us start working from there, being a source of light in the world, especially for those who live in darkness. Thank you for listening, and I hope we can continue this work together, helping each other and ourselves in times of mental strife or turmoil. Just as I said in the introduction episode of the series, “you are not alone.” May this principle apply to all of us, leaders, and members of our greater communities alike. We aren't alone so long as we can reach our hands out to each other and talk about that which we believe cannot be said when it comes to mental health and illness. *M'rapeh et-hanistar*: ‘healing the hidden,’ may we all find this healing together, all of us, no matter our experience, that we may be that part of the *kindness* of humankind.

TRANSCRIPT: FINAL PODCAST – HEALING THE HIDDEN: DISCUSSIONS ON  
MENTAL HEALTH AND STIGMA THROUGH CONTEMPORARY JEWISH PRACTICE  
AND TRADITION WITH RABBI RICHARD ADDRESS

HOST – REMY LIVERMAN

MARCH 5, 2023

\* \* \*

[INTRO MUSIC]

HOST REMY LIVERMAN:

Dear “Healing the Hidden” listeners: First off, thank you for being part of our podcast. By taking the time to hear each of these podcasts, you have become part of this greater project of building a compassionate extension of advocacy and support for mental health and mental wellbeing. As mentioned in the 8th episode, this is only the end or conclusion so far. It is my hope that this project and endeavor will continue to grow and flourish as it becomes part of major podcast platforms and grows in further interviews and conversations about mental health and stigma.

One day, I sincerely hope that the word ‘stigma’ will no longer need to be attached to this title, or at least weighed so heavily upon in the issues we discussed. As our episodes certainly varied in length and breadth of discussion, I wanted to take this opportunity to provide recaps and highlights from each episode, particularly for anyone who haven’t heard all of them or may have missed parts and are coming in just now. As with interviews of these kinds or any kind, some of the questions set out weren’t always answered entirely, or distinctly, but as conversations sparked and had new issues incited, as I have come to find, and I’m sure listeners have too, that the conversations brought up new stories, new ideas, and wonderful teachings from all of those who participated.

Many of my own takeaways varied from what I initially thought they might be, but I’m also so glad and grateful for the avenues they took us down. I also want to include some quotes and descriptions that spoke to me, and I hope also spoke to listeners as well.

So, our first episode was with Rabbi Richard Address of *Sacred Aging* and covered an incredible breadth of material. Much of his focus was on aging communities where his work is in and has thrived in the years since its inception. He discussed issues of mental health and illness that specifically touch elderly communities, particularly those with and of Alzheimer's and dementia. He mentioned quite poignantly, something I hope we can remember when we consider this important age demographic in our communities, were his points on the truly uniquely damaging issues faced by elderly populations with the grief and loss they cope with after their inevitable loss of those they love, of their spouses and dear friends. This was what Rabbi Address called 'solo-aging.' Rabbi Address spoke about 'meaning-making' in trauma and grief, and discussed the role of spirituality from a book Kenneth Pargament wrote "Spiritually Integrated Psychotherapy." He emphasized that our roles in helping those in aging communities is in helping them find meaning to their lives at any age. Additionally, the unique matter at the core of what Alzheimer's and dementia and what it means to those who have this diagnosis or are living with them, is generally losing their mental capacities, and losing their memories at the same time, this awful fear of literally losing one's minds and memories. I hope his advice and expertise will provide listeners with a more sympathetic, empathetic approach to those of this age group in our communities as we make room for them in a growing circle of mental health, healing and support.

Among many other great insights, Rabbi Address talked about the impact of the pandemic as a communal trauma for all of us who have lived through it. Here is Rabbi Address speaking from the first episode of our series:

\* \* \*

**RABBI RICHARD ADDRESS:**

This book that we use in the DMin program called "Spiritually Integrated Psychotherapy," by a guy named Kenneth Pargament who's out in Bowling Green near you, down the street from you [...] so it was the first book, and this is like 20 some years old this book, because I had to read it when I went through the program, talked about [...] look you have to take a look at that spiritual aspect. It's part of treating the whole person [...] Also, you mentioned the pandemic. We still, as a society, this is something else you can play with during the thesis, and interesting if Rabbi

Schwartz agrees with this, the richest approach to this is we still have yet to deal with at least two significant, maybe three significant traumas in your generation. 911, because the way America dealt with 911, that trauma [...] was we went and invaded Iran and killed people [...] two, as somebody mentioned, the financial crisis of 2008, which is still impacting people. And three, this social trauma of COVID [...] So, you know, you've had enough training that when people deal with trauma, it's not just something like trauma is over. I'll turn the page. Everything's great. It stays with you [...]

[TRANSITION MUSIC]

\* \* \*

HOST REMY LIVERMAN:

You can hear more from Rabbi Address in our first episode. Rabbi Address brought us into this interrelated space from an outside perspective looking in, or rather, from a highly experienced rabbi on all matters of mental health. But Rabbi Cohen, in our second episode, came to our series from an entirely different dimension, as someone who had come out about her own struggles with mental illness and what it took for her to, quote-unquote, “come out,” in her words, as someone who suffers from bipolar disorder.

She talks about the core *middot* and *mitzvot*, ‘commandments’ and ‘values’ that strengthen us toward the conversation. She had been one of the pioneers of our tradition in mental health outreach and advocacy. She likens mental illness to any other physical illness and tells our listeners we should treat them the same way by honoring the Jewish ideals of *bikkur cholim*, ‘visiting the sick’ and *hachnasat orchim*, ‘welcoming the stranger or the other.’ She spoke from her own experiences in the hospital and the ways she felt either understood or held. Or alternatively, on the flip side, the times she felt judged, avoided, or discriminated against as someone suffering from mental illness.

As a scholar-in-residence, she teaches classes specific to those Jewish ethical ideals, including one called ‘*Bikkur Cholim* – Visiting the Sick: What to Do and What Not to Do.’ She explained that we can do the same kind of kind deeds, acts of *tikkun olam*, and ‘acts of loving kindness,’ as we refer to them in our tradition, that we would for any other sick person we would visit. She provided essential advice to clergy and leaders that we must not only talk about issues of mental health and illness with our congregants and communities, just once in a while in a sermon or

during Mental Health Inclusion Month, but we must repeat it over and over until it sticks, she says. In the same way we would repeat to a child to look both ways before crossing the street, it is imperative we repeat this importance. Ultimately, she explained that it isn't the job of clergy or laypersons to solve these issues for people suffering, but we can be with them in the emotional space they are in. Here is Rabbi Cohen on the issue:

\* \* \*

**RABBI SANDRA COHEN:**

[...] then you have *gemilut hasadim*, deeds of loving kindness, and talk about how do you be with someone who's having whatever? If you're with someone who's hearing voices, you don't need to challenge them, that's not your job. Someone who's really depressed, you want to bring care to, "I care about you, even though you're really depressed." When someone's really wound up, let me kind of try and soften things or slow things down. When someone's really anxious, you can be reassuring, but you're not going to take away their symptoms. You're going to kind of be there with them while they are having them [...]

\* \* \*

[TRANSITION MUSIC]

**HOST REMY LIVERMAN:**

That was Rabbi Sandra Cohen. You can hear more of her wisdom in episode two. Now, into our third episode, Dr. and Rabbi Mark Washofsky took us into the world of contemporary Halakhah and the early sources of the Jewish tradition on definitions and discussions of various mental health issues in Jewish text. He provided insight into understanding the world from the rabbis-of-old and how they can still be used or interpreted in a modern context.

He recognized and pointed out that we must look at *Halakhah* - 'Jewish law', broadly defined from the viewpoint that it was written in a time where medical advances were nowhere near what they are today. But still, the tradition allowed for revisions as science developed and develops, particularly if we look at this from and since the period of Enlightenment. We discussed other matters of language and its challenges posed from a Hebrew translation and interpretation

beginning, and even into some of the issues that I've discussed and pressed upon about how we use the vernacular, our language, to speak about mental illness in everyday discussion on mental health and illness from outside the religious tradition. The way, for instance, as I've repeated in that we should not define people by their illnesses, and other ways that we are adapting to look at people with mental illness as people. 'The whole person,' as Dr. Washofsky discusses and puts it, as well.

He brilliantly talked about its likeness to the way certain persons were exempt, the Hebrew word *patur*, from having to obey halakhic commandments, explaining that even in much earlier times, there were scholars and sages who said that exempting people with disabilities of any kind was doing a great disservice to them. It should not be looked at, in other words, as a 'favor' to prohibit people from partaking in Jewish *mitzvot* – in commandments. Alternatively, we needed and need to find ways that they might be included in all aspects of what Judaism traditionally asks of us as a way to keep us from singling people out by disability or illness. Here is Dr. Washofsky speaking on the third episode of the series. Take a listen:

\* \* \*

#### DR. MARK WASHOFSKY:

[...] But there was a whole dispute at the time as to whether the blind are exempt from the requirement to keep the *mitzvot*. Obviously, they are exempt from certain obligations which require eyesight, that would be wrong to obligate them to what they physically cannot do. But there was an interpretation of a verse in the Torah that said, 'all of the blind or the blind are exempt from any obligations whatsoever'. And in a religious culture which defines fulfillment in terms of fulfilling our obligations under the Torah, to say somebody or to somebody, "you're exempt from the obligation, you are *patur*." Well, that's not good. When you tell me "you're exempt from doing this and such" as, "oh, great, I'm exempt. I don't have to." No, if you tell a Jew you're exempt from fulfilling the *mitzvot*, well that means you're cut off from the community that is composed of people who are obligated. Rav Yosef said, "look, we've got this *machloket*, and this dispute [...] I don't know which way it comes out, but if you could prove to me that blind people are not exempt, I would throw you a big feast." You know, what he's saying is, "I want to be I'm going to do the *mitzvot*, one way or the other, but I'd like to think that I'm fulfilling a Divine



commandment. I'm not just doing out of the goodness of my heart," because that's a lower level, in the *halakhic* wavelength and things, that's a lower level of attainment. That's what Rav Yosef said. Reform Judaism or progressive Halakhah would take a look at that statement and say, "this isn't just, we refuse to look at this statement as simply the 'prix-du-Coeur' of an ancient rabbi." It is a demand placed upon us to be as inclusive as possible. "Go out and find a way to include me in the community of *mitzvot*."

\* \* \*

[TRANSITION MUSIC]

HOST REMY LIVERMAN:

You can hear more of Dr. Washofsky's teaching in episode three of the series. In episode four, we move back a little bit into personal experience with Rabbi David Burstein who has served as a pulpit rabbi, and presently serves as rabbi educator at Congregation Beth Adam, a humanist synagogue in Loveland, Ohio, just outside Cincinnati. He spoke candidly about his experience as a successful rabbi who suffered deep depression despite an outward facade, and how he finally spoke about the details of his illness and hospitalization in a series of lectures and in an amazing High Holy Day sermon in 2019 which I encourage everyone to listen to can be found on his Facebook page.

He talked about his own story with great wisdom and insight, mixing his natural ease and humor into the conversation. He explained the importance of understanding mental health issues as social justice issues because they seep into so many other areas of social justice, including economic justice, health care justice and equity, gender issues, among others. His words exemplify much of what I quoted from the CCAR's "Resolution on Establishing a Complete System of Care for Persons with Mental Illness," in the first episode of the series. Yet, as he points out, we are still face failing at doing this in a way that prioritizes its importance for those we serve and for each other.

He explains how fatal mental illness can be untreated and unexamined, and further illuminated for us that there should be no hierarchy of the character, quality, or severity of one mental illness over another. Although he spoke particularly from his own experience and struggle with major depression that stemmed from deep trauma in childhood, he poignantly said, quote, "the only

difference between myself and the person on the street corner talking to themselves, the one we call 'crazy,' is that I have resources and they don't," end quote. He explained that mental illness is an equal opportunity aggressor illness that doesn't discriminate on class, gender, religious background and so on, explaining that the Jewish community is therefore, not an exception to the epidemic of mental illness in our culture and in our country. Here is David Burstein speaking on the fourth episode of the podcast:

\* \* \*

**RABBI DAVID BURSTEIN:**

[...] I think because the stigma is alive because this is a generation where you don't talk about stuff, which is totally fine, because our generation well, I mean, I'm older than you are, so like my generation. But I mean, the idea that we just don't talk about it in a way that is open and understanding, which comes back to the original question is "why should rabbis or public figures talk about depression and talk about mental health?" It is because somebody will listen to us in a different way than they listen to somebody else, for whatever reason. I don't understand it, but that's just the way it is. [...] just like from a sheer economic point of view, the mental health crisis costs this country so much money in medical care and loss of wages and loss of time and work, and stuff. It's an epidemic. And the thing that really strikes me is it's universal in every culture in the world, depression is alive. It's probably the most prevalent disease out of any disease.

\* \* \*

[TRANSITION MUSIC]

**HOST REMY LIVERMAN:**

You can hear more of Rabbi Burstein's journey and lessons from this on the fourth episode. As we moved into our fifth episode, Director of Lifelong Engagement and previous Director of Education at Temple Beth Sholom in Miami Beach, Mark Baranek, spoke about the ways synagogue leadership has and does approach issues of mental illness and what work still needs to be done.

He discussed from his expansive experience on many trips to Israel with 'Birthright,' as well as 'March of the Living,' which combines a trip to Israel following a trip to Poland, where teens witness what remains and [...] in the history of the camps at Auschwitz. He explained that even in the program 'March of the Living's' inception, many of the early donors pressed the need to have social workers or other mental health professionals accompanying teens, in order to process their experience witnessing the trauma of their ancestors in the concentration camps.

He talked a lot about mental wellness and creating spaces for this in our synagogues, somewhat with less elaboration though on developed and serious mental illness, and those who feel the need to still hide this from rabbis and others in their congregations. He explained that there is, of course, only so much one person like him can do in terms of engagement of thousands of congregants, and between the congregants and entire leadership team. And there are many issues that need to be dealt with along with mental health. Knowing Mark personally, I know the heart he has and the way his nature as a mensch makes him a safe space for congregants to come to him with problems near and far, small and big. I see this in the way he interacts with every congregant.

Sadly, though, some of what he did explain reminded me that there's still considerable work to be done in large congregations like this, even those that certainly have the resources, but perhaps aren't doing everything they can with them to educate their clergy and congregants alike. He pointed out what is a sad truth, that often we don't see the importance, perhaps in any issue, until it hits us or someone we love directly. It is my hope that we can learn from his wisdom and discourse, that we need to address this even when we don't think the issue of mental health necessarily touches us. Or before it does, because it inevitably will, at least in some way, or for someone else close to us at some point in their and our lifetimes. So, here is Mark speaking on the fifth episode. Take a listen:

\* \* \*

**MARK BARANEK:**

[...] Almost in an overall way, people still need more education on understanding mental health issues. I don't think it's understandable enough yet. When, God forbid, somebody gets

physically sick, they hear the word 'cancer', they hear 'heart attack,' whatever it is, they hear it, and they can connect to it in some way. But when it's mental health issues, it's tougher. It's only when it hits home for someone that you may have a connection with, someone that you know, it becomes different [...]

\* \* \*

[TRANSITION MUSIC]

**HOST REMY LIVERMAN:**

You can hear Mark's entire discussion on episode five of the series. Episode six took us in a different direction with Rabbi Joshua Lesser, social justice pioneer and expert on many issues, and formally trained and ordained from the Reconstructionist movement and seminary. As a rabbi, and currently rabbi emeritus, at Congregation Beit Chaverim in Atlanta, Rabbi Josh talked about discrimination writ large within and without the greater Jewish movements and communities, including his own.

As a queer rabbi and pioneer on LGBT advocacy since the 90s, he pressed on the importance of self-care and mental health support and wellness for rabbis and other leaders as a precipitating and necessary factor in order to care for those they serve in communities facing challenges of similar or many other kinds. He discussed how mental illness and suicide affected his own family and explained that he learned early on that he would need to be working on his own mental wellness on a continual basis in order to be an effective leader and feel his own strength in the role he fulfills. His insight into discrimination and tolerance on every level is expressed so beautifully in his discourse. So, here's a particular excerpt from his view on how leaders might contend with the crucial needs of their communities in the 6th episode of the series:

\* \* \*

**RABBI JOSHUA LESSER:**

[...] There is a slightly uncomfortable pairing, and congregants do have this need like, "take care of me, Rabbi," and I really do. I really want to take care of people. I have to make sure that

I'm included in that, taking care of people, that wasn't always made clear to me. But it also means that taking care of people is firmly centered on making sure that they have the tools and the supports that they need [...]

\* \* \*

[TRANSITION MUSIC]

HOST REMY LIVERMAN:

You can hear more from Rabbi Josh on the 6th episode of the series. On episode seven, we were taken into the final two episodes of the series so far, with two professionals who do not work directly with congregants or members of the Reform community, like clergy, but who have their own personal ties to it and come from other important professional fields that can help us deal with issues of mental health and stigma.

So, on the 7th episode, we were joined by author, journalist, and liturgist Alden Solovy, who explained the 'contemporary liturgical project' he began after the tragedy of his wife's passing that brought him to this kind of writing. He talked about the stigma facing his wife's condition before and after her death, and he wrote about it in one particular beautiful prayer I encouraged and encourage listeners to read called "Dead of a Broken Heart." It can be found on 'Ritual Well's' website, as well as in his vast amount of other contemporary prayers on both 'Ritual Well' and his own website, 'To Bend Light,' formally, "To Bend Light: Jewish Prayers from the Heart and Pen of Alden Solovy." On this episode, I also mentioned his many others of his publications, so I hope listeners will take some time to look at the incredible works mentioned as great resources for spiritual connection to many matters of modern life and society, inclusive of everything.

Alden is quite well known for his profound and entirely innovative approach to modern Jewish prayers and poetry. But what many don't know, and myself included up until our interview, was that it was the death of his beautiful and kind wife to traumatic brain injury, one that was precipitated by many serious mental health conditions that stemmed from deep childhood trauma, as Alden explained, that ultimately sparked this new voice of writing around the time immediately before and following her death.

Alden explains that the spark of spiritual writing felt entirely different from what had driven him to write before. As he put it, he felt like an “instrument of God” and keeps writing from the source of Divine inspiration and will continue to as long as he feels that call. Alden’s humility in this, in giving credit to something greater than him is really so incredible, but also not that surprising considering how he’s written for others [...] so much for them to be able to navigate challenges in their individual lives and from communal tragedies that we’ve experienced globally, as well as within the Jewish tradition, i.e. writings on antisemitism and hate crimes against Jews in recent years and that continue, sadly, to go on since the beginning of this kind of his writing.

He encourages all of us to not only speak out against what is hurting us all as a community, [...] and with our own challenges, and on mental health and stigma. He encourages us to write therapeutically from our own hearts, as he also encouraged this in teaching creative liturgy, where I met him and actually had the honor of studying with him in my first year of rabbinical school at HUC in Jerusalem in 2018. As a mini epigram before his writing “Dead of a Broken Heart,” he writes “if you are suffering, get help. You deserve it,” a point I carry at the very heart of this podcast. For any listeners who are dealing with mental health issues or know someone who is, let this serve, please, as a reminder for all of us. And here is Alden on the 7th episode talking about a modern approach to prayer that touches the heart. Take a listen:

\* \* \*

#### ALDEN SOLOVY:

The modern liturgical project is giving voice to modern challenges that were sort of swept into broader context in our classic liturgy. So, a ‘prayer for after a miscarriage,’ a ‘prayer for first responders,’ or ‘after a deadly gun rampage.’ In the area of mental health, I’ve written pieces about, as you pointed out, about self-mutilation and about depression and alcoholism and so on. So, these are areas that were swept into, as I said, into sort of broad buckets. But in this era, we want prayers that speak specifically to our experience. So that’s one aspect, and then the other aspect is just to give our prayers a modern voice, the words that you and I can relate to.

\* \* \*

[TRANSITION MUSIC]

HOST REMY LIVERMAN:

That was Alden Solovy speaking to us from the 7th episode. I encourage listeners to hear his entire discourse on the episode, as I do for each of our interviewees on this series, although it's my hope that this project will continue to grow in its audible capacity as a podcast series going into my rabbinic and post-rabbinical school work, but the 8th and final episode for now, toward my senior capstone project on mental health and the Jewish movement [...] We are joined by Dr. Anna Shustack as a mental health expert, social worker, professor, and advocate for mental health through her work with the National Alliance for Mental Illness. As a member of the Board of NAMI in Miami, Florida. I have known Dr. Shustack my entire life as her daughter, but it was incredible to hear her speaking from her own experience and from the heart, as a mental health expert and member of the Reform Jewish movement.

In this episode, listeners have the opportunity of hearing the voice of someone who does not lead as clergy, again, like our previous episode with Alden, but who has experience working with clergy of various faith backgrounds in a collaborative effort to combine the spiritual and the psychotherapeutic bridge when approaching issues of mental health and stigma. She talks about her own expectations or hopes from the clergy who serve her and others, and details for those clergy the importance of what she refers to as 'mental health literacy' from someone licensed to teach on the subject.

Dr. Shustack has experience in training many professionals, from law enforcement to nurses and many others, on how to help and provide resources for mental health among those they work with, and she explains that clergy are essential in those same efforts. She details programs that she has helped initiate and carry out, particularly with teens, in knowing how to recognize signs and symptoms of mental health conditions, from eating disorders to substance abuse to suicide, in schools all over Florida and many that are continuing and being carried out all over the country.

We can learn from her talk that all of us and any of us are able to get resources and give resources on mental health if we know where they are, because they are available to us. So,

here's Dr. Shustack on our series' 8th and final episode, describing the universality of mental health issues and how she understands and believes a place of worship should be, in responding to the emotional and spiritual needs of our community. Here's Dr. Shustack:

\* \* \*

**DR. ANNA SHUSTACK:**

[...] Everybody is human. Everybody can have these problems, but being able to share them is so important. And, I mean, just thinking about what a congregation should be, what a temple is, it's a sanctuary. And it has to be a sanctuary on every level for people to feel part of it, like at home [...]

\* \* \*

[TRANSITION MUSIC]

**HOST REMY LIVERMAN:**

This concludes the eight-episode series *Healing the Hidden: Discussions on Mental Health and Stigma through Contemporary Jewish Tradition and Practice*. Listeners can hear the rest of Dr. Shustack's interview on episode eight. And I want to take this opportunity now to thank all of the incredible participants of this project, in order of episodes and interviews: Rabbi Richard Address, Rabbi Sandra Cohen, Rabbi Dr. Mark Washofsky, Rabbi David Burstein, Mark Baranek, Rabbi Joshua Lesser, Alden Solovy and Dr. Anna Shustack, for taking on this endeavor with me as I work toward what I hope to continue into the next, however many years I have, as a member of the Reform rabbinate. In my statement for rabbinic ordination, I quoted Rabbi Nachman of Breslov, who says, "One must repeat from time to time, 'the world was created for my sake.' Never say, 'what do I care about this or that?' Do your part to add something new, to bring forth something that is needed, and to leave the world a little better because you were here briefly."

Our tradition teaches that we must not turn away from seeking justice and pursuing peace. This speaks to not only leaders of Jewish communities but acts as a lesson in human-KINDness for all. This is how I see the work set out for us on mental health outreach and working against the



stigma towards mental illness. As in the wisdom of our rabbinic predecessors in the Mishnah, in *Pirkei Avot* chapter two, the 'Ethics of Our Fathers,' it's written "you are not obligated to complete the work, but neither are you free to desist from it."

\* \* \*

Let us start working from there, being a source of light in the world, especially for those who live in darkness. Thank you for listening, and I hope we can continue this work together, helping each other and ourselves in times of mental strife or turmoil. Just as I said in the introduction episode of the series, "you are not alone." May this principle apply to all of us, leaders, and members of our greater communities alike. We aren't alone so long as we can reach our hands out to each other and talk about that which we believe cannot be said when it comes to mental health and illness. *M'rapeh et-hanistar*: 'healing the hidden,' may we all find this healing together, all of us, no matter our experience, that we may be that part of the kindness of humankind. Thank you.

[OUTRO MUSIC]

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