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# Pikuach Nefesh: Preserving the Soul

## Communal Responsibility for Mental Health in 2022

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## Abstract

In 1992, the CCAR (Central Conference of American Rabbis) published a responsum to the question, “What are the obligations of the community, and specifically of congregations, toward physically and mentally disabled persons?”. In the thirty years since publication, there has been a cultural shift in the understanding, inclusion, and acceptance of disability– especially around the conversation of mental health. Additionally, medical professionals have updated the clinical language used. This responsum no longer is a thorough and fully accurate representation of the way that Reform Jews might approach conversations around communal responsibility to those with disability, especially those who struggle with their mental health.

This paper analyzes the existing responsum, and aims to provide research and explanation for an addendum. This is done through examining the cultural and clinical impact of the language used, interviewing congregational rabbis, and expanding the sacred texts used to ground a response in Jewish values.

*For Rosie.*

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## I. Introduction

**General Introduction**

There's a story about a large synagogue that, in 1998, was completely renovating its sanctuary. In the redesign, committees made decisions large and small, at the leadership of their senior rabbi. One of these decisions was whether or not the synagogue should install a lift as a way for people with physical disabilities to access the bima.

One day, a congregant with an invisible illness approached the rabbi, and asked him what he was thinking in regards to the lift. Answering honestly, the rabbi said that it was a big expense and he wasn't sure how many people would use it if it was there. The congregant responded by saying that the lift would benefit more than those in wheelchairs. She explained that a wheelchair lift is a big, noticeable accessibility accommodation. When those who suffer from disabilities, whether physical or otherwise, see such an accommodation, they will know that this is a community that is welcoming.

Both the rabbi and the congregant were right. Listening to the congregant, the rabbi pushed to have the wheelchair lift installed as part of the renovation. Although it has not been used frequently in the last 25 years, both congregants and visitors have told the leadership of the synagogue that they notice that the sanctuary is accessible, and as a result, feel comfortable reaching out and asking for their own accommodations.

In their book *Reframing Organizations*, Lee Bolman and Terrence Deal identify four different strategies, or frames, organizational leaders might employ to understand and improve their organization.[1] The four frames are structural, human resource, political, and symbolic. While each frame is significant to an organization and to a leader, this story clearly illustrates the need for the symbolic frame. The symbolic frame is important because symbols carry powerful intellectual and emotional messages.[2] Bolman and Deal also say that symbols "are embedded in myths- which are truer than truth", and that myths help "humans make sense of the chaotic, ambiguous world in which they live".[3] Perhaps most important to the symbolic frame is that significant value is placed on the created meaning.[4] In the story of the wheelchair lift, the value of the renovation was greater than the physical addition.

Installing the wheelchair lift, even if it wouldn't be utilized often, was a symbol for the type of inclusion the synagogue could achieve, on a larger scale than simply wheelchair users. In "Balancing Decorum and Inclusion in Services," Rabbi Elliott Dorff tells of a time when he heard that, "from the point of view of the disabled, all the rest of us are 'temporarily abled'"![5] Rabbi Dorff here reminds his audience that true inclusion will eventually service everyone. Beginning with the understanding that a synagogue is a space where families and individuals come together to become a community that supports one another throughout a lifecycle, and the

[1] Lee G. Bolman, and Terrence E. Deal. *Reframing Organizations: Artistry, Choice, and Leadership*. Jossey-Bass, 2017, (10).
[2] Lee G. Bolman, and Terrence E. Deal. *Reframing Organizations: Artistry, Choice, and Leadership*. Jossey-Bass, 2017, (236).
[3] Ibid.
[4] Ibid.
[5] "Balancing Decorum and Inclusion in Services" from RespectAbility Cohort Hands-On Inclusion Summit, March 2, 2016. https://www.respectability.org/wp-content/uploads/2019/02/Balancing-Decorum.pdf

acknowledgement that disability is part of one's lifecycle, the question can be asked, "What are the obligations of the community, and specifically of congregations, toward physically and mentally disabled persons?".

In fact, in 1992, this question was asked to the CCAR Responsa Committee, identifying physical and mental disabilities as two different ways that an individual might be disabled. Twentieth century rabbi, Rabbi Menachem Elon, identifies Responsa literature as

> "the third major type of literary source of Jewish law in the post- Talmudic period. The term "responsa" includes all of the recorded rulings and decisions rendered by the halakhic authorities in response to questions submitted in writing. This literary source includes the preponderance-- both quantitative and qualitative-- of *mishpat ivri* in the post-Talmudic period".[6]

Throughout history, Responsa literature has been a guide to bringing Jewish practice into contemporary times, in accordance with *halacha*, Jewish law. In the opening paragraphs to the CCAR Responsa page, the rabbis write,

> "Responsa published by CCAR have generally revealed Reform Jewish thinking on issues of everyday Jewish life at the time that it was originally written. However, it is important to note that because there is such a long history of Reform Responsa, going back to the 19th century, much of the collection no longer reflects contemporary thinking or language. It remains available here for the purpose of historical reference, but in many cases is no longer representative of today's CCAR and the Reform Movement".[7]

[6] Menachem Elon. *Jewish Law: History, Sources, Principles*. The Jewish Publ. Soc., 1994.
[7] *Reform Responsa*. https://www.ccarnet.org/rabbinic-voice/reform-responsa/

After thirty years, the responsum on communal responsibility to disability requires updating.

However, the Reform movement is a denomination of Judaism that does not require Jewish law to be observed. Updating responsum speaks to the heart and soul of the Reform movement and its values, speaking to the significance identified by the symbolic frame. Not because it will be followed by everyone, but because it is a way for leaders to show that they place value on providing accessibility to the synagogue for those with disabilities. For a movement that prides itself on making a stand for liberal values, establishing common language and practice creates meaning from the values.

**Outline of Project**

This project will propose an addendum to existing responsum, focusing specifically on the communal obligations towards individuals with mental disabilities. It will do so by approaching the update in four ways.

1. Analyze Responsum TFN No.5752.5, "What are the obligations of the community, and specifically of congregations, toward physically and mentally disabled persons?". The analysis will break up the responsum by section, focusing on specific texts used and responses given, and respond to it through a more modern lens.
2. Look at the language of the responsum, and identify the clinical and cultural changes that have occurred in the last thirty years. Changing the language surrounding mental health to change will help the conversation remain current, politically correct, and inclusive.
3. Understand experiences of rabbis in the field. Through interviews, congregational rabbis shared how mental health, mental illness, and mental disability is present in their

communities, their experience as pastoral and community leaders, and their hopes for the future on this topic.

4. Synthesize the analysis and data into a proposed addendum. This addendum will include sacred texts, beyond what is included in TFN No. 5752.5, and scholarship from rabbis throughout history.

Ultimately, cultural changes surrounding conversations on mental health, clinical changes in language, and lived experiences of Jewish communal leaders will lead to an updated responsum that will realign progressive Jewish values to the topic. The symbolic frame serves as a reminder that updating the language and responsum as a whole will serve a purpose larger than itself. Like the wheelchair lift, updating this responsum has the potential to show value placed on the human experience, about issues that speak to communal struggles, and values.

## II. TFN NO. 5752.5

This section looks at the responsum to the question, "What are the obligations of the community, and specifically of congregations, toward physically and mentally disabled persons?" and adds analysis. The first parts of the responsum will be divided into five categories, as the CCAR did.

In the first section, *Responsum with Embedded Analysis*, a type that is not italicized comes directly from the responsum. My analysis will be indented and italicized. Analysis to the latter parts of the responsum,on "Mentally Disabled Persons" and "Reform Perspectives," will be in one larger section, following the text of the responsum.

**Responsum with Embedded Analysis**

*She'elah* What are the obligations of the community, and specifically of congregations, toward physically and mentally disabled persons?[8] (CCAR Committee on Justice and Peace)

*Teshuvah* Jewish tradition speaks repeatedly of the role that elderly, deaf, blind, mentally and physically handicapped persons play in the ritual and ceremonial realm, but there is little discussion of the community's obligation toward such persons. What follows is a brief overview of the relevant attitudes found in the biblical and rabbinic sources, and the Reform perspectives we might bring to them.

[8] One might consult, *Who Makes People Different,* Carl Astor, United Synagogue of America: New York, 1985, for an even more in-depth analysis of this topic.

1. Blind Persons.

We are obligated to treat a blind person *(ivver)* with special consideration. For example, the Torah prohibits putting a stumbling block before the blind and warns, "Cursed be the one who causes the blind to wander out of the way."[9]

> *Torah first highlights the blind as individuals who need assistance from the community. However, these are phrased as negative commandments, rather than positive commandments instructing people on how to behave.*

However, tradition saw the blind as lacking certain legal and ritual capacities.[10] and a talmudic passage, contains different opinions about issues affecting the sightless. What is remarkable about it is that, at its end, a blind Torah scholar's reaction to the discussion becomes "the last word" on the matter. R. Joseph [who was blind] stated: Formerly I used to say: "If someone would tell me that the halakhah is in accordance with R. Judah who declared that a blind person is exempt from the commandments, I would make a feast for our Rabbis, because though I am not obligated I still perform commandments. " But I have heard the statement of R. Hanina, who said that greater is the reward of those who are commanded to do [mitzvot] than of those who without being commanded [but merely do them of their own free will]. If someone would tell me that the halakhah is [after all] not in accordance with R. Judah, I would make a feast for our Rabbis, because if I am enjoined to perform commandments the reward will be greater for

[9] Leviticus 19:14 and Deuteronomy 27:18

[10] For example, BT Gittin 2:5, 22b prohibits a blind person from delivering a get (the religious divorce document). M Terumot 1:6 does not allow a blind person to separate terumah (a special donation to priests and sanctuary). M Megillah 3:6 and BT Megillah 24a teach that a person blind from birth may not recite the Shema and its blessings for the congregation since s/he would not have experienced the light mentioned in the morning prayer, but this is overruled by the Gemara.

me.[11] In general, the halakhah goes with R. Hanina and obligates the blind to observe all the commandments, though there were numerous discussions about it.[12]

> *The law regarding the blind is similarly phrased as a negative commandment. That they are not obligated in the same way as others, presumably abled are. That being said, R. Joseph responds by saying he is capable of fulfilling the commandments. In this instance, the halacha does not change based on disability. It is also worth noting that R. Joseph is not the only blind Talmudic rabbi. From these rabbis, it can be learned that blindness does not impair intellect.*[13]

Thus, while the *Shulchan* Arukh rules that the blind may not say the blessing over the *havdalah* candles, other authorities permit them to recite all the benedictions for the ceremony.[14] Further, the blind are obligated to wear *tzitzit*, even though the wording of Numbers 15:39 would seem to demand eyesight for the fulfillment of this mitzvah.[15] We also learn that two blind rabbis recited the Pesach *Haggadah* for themselves as well as others.[16]

> *Here, the Shulchan Aruch raises a different question than had been asked in the Talmud. Whereas the Talmud looked at ability, the Shulchan Aruch questions necessity, asking why someone would need to say a blessing over something that they do not partake in.*

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[11] BT Bava Kamma 86b

[12] Tosafot on BT Bava Kamma 87a. Others argue that even if the law does not require the blind to observe the commandments, their own desire to observe them becomes, in effect, an obligation to do so. See Chuddishey HaRashba, BT Bava Kamma 87a. However, Rambam disqualifies blind persons from serving as witnesses (Yad, Hilchot Edut, 9:`2, Sh. A; HM 35:12l Resp. Tashbetz v.4, no. 6. See also R. Asher b. Yechiel, Resp. Ha-Rosh 4:21, R. Shelomo Luria, Yam shel Shelomo, Bava Kamma 8:20, Meiti to BT Bava Kamma 87a and Mishnah Berurah to Sh. A; OC 53, 41.

[13] https://www.jpost.com/jewish-world/judaism/world-of-the-sages-the-ability-of-the-disabled

[14] The reason for denying them the privilege arises from the argument that, in order to say a blessing over light, one must be able to enjoy its benefits.

[15] Numbers Rabbah, Sh'lach Lecha 17:5, BT Menachot 43a-b, and Sh. A; OC 17:1.

[16] R. Sheshet and the above cited R. Joseph; BT Pesachim 116b.

*Both R. Joseph, and the rabbis referred to in the Shulchan Aruch respond not to the particular question, but rather in their demonstration that they want to participate in Jewish rituals, even if they won't benefit in the same way as someone who sees the flame.*

2. Deaf Persons

The deaf person (*cheresh*) is dealt with in the Mishnah: We have learnt: "Wherever the Sages speak of *cheresh*, [it means] one who can neither hear nor speak." This [would imply] that he who can speak but not hear, or hear but not speak is obligated [to do all mitzvot]. We have [thus] learnt what our Rabbis taught: One who can speak but not hear is termed *cheresh*: one who can hear but not speak is termed *illeim* [mute]; both are deemed sensible in all that relates to them.

*By defining a cheresh as someone who can neither hear nor speak, the Mishnah identifies three different types of disability. However, the text only responds to one. For whatever reason, the rabbis have established a hierarchy of disability, creating specific names, and defining the role of one category within the community, ignoring two other groups with disability.*

This passage is contradictory in that it offers two definitions of the word *cheresh*, one who is a deaf-mute and one who is simply deaf. Said Ravina, and according to others, Rava: [Our *mishnah*] is defective and should read thus: All are bound to appear [at the Temple] and to rejoice (Deuteronomy 16:14), except a *cheresh* that can speak but not hear, [or] hear but not speak, who is exempt from appearing [at the Temple]; but though he is exempt from appearing, he is obligated to rejoice. One, however, that can neither hear nor speak (as well as a *shoteh* [simpleton]) and a minor are exempt from rejoicing, since they are exempt from all the precepts

stated in the Torah.[17] In our day, R. Eliezer Waldenberg holds that anyone who can hear anything at all, including using a hearing aid and that anyone who can speak is considered *pikei'ach* (as if without disability) and therefore obligated regarding all mitzvot, except those that require hearing. They are married *d'oraita* (based on Torah law directly) and require biblically ordained divorce.[18] Under this very limited definition of *cheresh*, most people with hearing and speaking disabilities will be considered as having no handicap.

> *R. Eliezer Waldenberg defines who does and does not have a disability. In this situation, a disability cannot be fixed, and being handicapped does not make an individual disabled. This "limited definition of cheresh" provides the opposite end of the halachic spectrum from those who are not obligated to say a blessing if they cannot participate. These two polarities beg the question, what is needed for an individual to offer a blessing?*

Similarly, R. David Bleich maintains that the ability to speak, no matter how acquired and even if the speech acquired is imperfect, is sufficient to establish full competence in all areas of halakhah.[19] However, he notes that the status of a normal person who subsequently becomes a deaf-mute is the subject of controversy among halakhic authorities. Some consider them to be like congenital deaf-mutes, while others hold that such persons are not to be regarded as legally incompetent.[20] The development of schools for the deaf was one of the greatest factors in liberalizing halakhic thinking regarding deaf and mute persons. R. Isaac Herzog, chief rabbi of Israel until 1959, ruled that, "'those [rabbis] who remain in the ivory tower and say the schools

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[17] BT Hagiga 2a; he cited a passage from M. Terumot 1:2.
[18] Resp. Tzitz Eliezer, 15, no. 46, p. 120 ff.
[19] "Survey of Recent Halachic Periodical Literature: Status of the Deaf-Mute in Jewish Law", Tradition, 16 (5): 79-84, Fall 1977, p. 80.
[20] Ibid. Note that Bach, Sh. A; YD 1:22; and Divrei Chaim, II, EH, # 72,
take the former position, and Rambam and Bertinoro (in their commentaries on M Terumot 1:2) adopt the latter.

[for the deaf] are not good enough do not realize the techniques that have been developed in the schools.' He goes on to describe the techniques used in the schools and suggests that once they are known, one's point of view must change. You have got to do so and then remove all limitations that still exist surrounding the technically deaf-mute."[21]

> *R. David Bleich asks if there is a difference in treatment of an individual who was born with a disability as opposed to becoming disabled later in life. The question of how one became disabled, or how long they have been disabled is not relevant to the She'elah at hand, which asks about the responsibility of the community towards the disabled. R. Isaac Herzog then mentions educational advances made to help the deaf. He appears to be in the minority that schools for the deaf will aid a deaf person to the point where they would be obligated as an able-bodied individual.*

3. Otherwise Physically Disabled Persons.

Little systematic consideration is found in rabbinic sources regarding their needs. Such handicapped persons are permitted to recite the Megillah while standing or sitting. We find a discussion about prostheses worn on Shabbat, and such exceptional circumstances as a woman's ability to perform *chalitzah* (the removal of a shoe from her brother-in-law who refuses to marry her)[22] when her hand was amputated. The Sages generally attempted to

[21] Jerome D. Schein and Lester J. Waldman, eds. The Deaf Jew in the Modern World (New York, 1986), p 17.
[22] BT. Shabbat 65b and Yevamot 105a. The latter tractate is devoted to this biblically ordained ceremony, which was obtained when a married man died before he could sire a child. His brother was then obligated to marry the widow in order to "build up a name" for his deceased brother. In modern Israel, the brother is no longer permitted to marry his sister-in-law, but the ceremony of chalitzah is still necessary in order to release her so that she can marry again.

include handicapped or disfigured individuals in public ceremonies, except when their participation would cause people to gawk at them rather than concentrate on worship.[23]

> *This one paragraph is meant to cover a litany of physical disabilities. The lack of systematic consideration for physical disabilities beyond blindness and deafness is not surprising from the sages. It is more surprising that there was an effort to mostly include them in practices, to the best of their ability. The note about how a disabled person can only be included if they are not a distraction to others is the first time in this responsum where it is possible for a community to exclude an individual simply because they are different.*

4. Mentally Disabled Persons

The word *shoteh* ("simpleton," "imbecile" or "idiot") has generally been taken to refer to a mentally disabled individual. However, close examination of the use of the word in the Mishnah and Talmud reveals that there are two basic kinds of *shotim:*

(1) the mentally ill and the retarded (little distinction is made between the two), and

(2) the morally deficient who do not act in accordance with the communal ethos, though having the intelligence to do so.

Tradition identified particular types of behavior as falling in category (1) of the definition: One that goes out alone at night, spends the night in a cemetery, tears his garments, or always loses things.[24]

[23] See, e,g,, the question of whether a priest whose hands are discolored may lift them in blessing the congregation; BT Megillah 24b.

[24] BT. Hagiga 3b-4a. The discussion revolves around the question whether any one of these acts is enough to characterize one as a shoteh. Sh. A., Yoreh De'ah 1:5, deems one of these actions sufficient.

Clearly, these activities were meant to characterize the mentally ill rather than the retarded. In our day, R. Moshe Feinstein differentiated between a *peti* (the mentally retarded whom the community must provide with an education once s/he has reached the understanding of a six-year-old) and the *shoteh.* He urged the welcoming of the *peti* to synagogue worship once s/he has reached majority (12 or 13 years of age) and would count such a person in a *minyan.* On the other hand, he would not include a *shoteh* who might be diagnosed as severely mentally ill and truly unaware of, or unable to relate to a worship service. Even so, such persons should be encouraged to join as much as possible in the life of the community, to the degree that they can do so without being disruptive to others or are themselves unhappy.[25]

5. Reform Perspectives.

We should be sensitive to the fact that disabled persons, particularly the deaf, have traditionally been regarded in light of what they can *not* do, rather than considering positively the unique capabilities they have. We should encourage the inclusion of all disabled persons in our congregations and, where indicated, encourage the formation of special support groups.

Our *she'elah* asks whether the community or congregation has an express "obligation" in this respect. The answer is yes with regard to the principle. We deal here with a mitzvah and include it under the obligations we have with regard to our fellow human beings *(mitzvot bein adam l'chaveiro),* and the important part such *mitzvot* play in Reform Jewish life and theology.[26] Of course, their application must be considered in the context of the congregation's and rabbi's resources. We cannot obligate any rabbi or congregation to provide special services to all

[25] "The Difference Between 'Shoteh' and 'Peti' and the Obligation of Keeping Commandments and Learning Torah in Relation to a 'Peti," Behavioral Sciences and Mental Health, Paul Kahn, special issue editor (New York: Sepher Hermon Press, 1984), p.229.

[26] See Gates of Mitzvah, Simeon J. Maslin, editor (New York: CCAR, 1979), pp. 97-115 for a discussion of the role of mitzvot in Reform Judaism

disabled persons who come within their purview, but the obligation to be of whatever service possible has the status of a mitzvah. Without stating what is or what is not possible in a particular community, the following opportunities may serve as examples: When we include the disabled in our *minyanim*, we must attempt to include them fully and facilitate their participation in the spiritual life of the community.

For instance, large-print and Braille prayer books and texts, hearing aids, sign-language interpreters, wheelchair access to all parts of the synagogue building and sanctuary, fall under the rubric of mitzvah and present the community with challenges and opportunities. New technologies will facilitate in-home electronic participation in services and classes. Sometimes, aesthetics and mitzvah may seem to clash: a ramp for wheelchair access to the pulpit may present a visual detraction, but it will also be inspiring for the congregation to know that its religious obligations toward the handicapped have been fulfilled. And obviously, where new buildings are constructed the needs of the disable must be taken into consideration in the planning.

As Reform Jews, we should allow for a creative interpretation of the mitzvot that would help to incorporate disabled persons into the congregation in every respect.[27] In addition to providing physical facilities, we must provide the handicapped with the education that they will need to participate fully, or as fully as they can, in the life of the congregation. Where necessary, several congregations in the city should combine their resources to make this possible.The aim of inclusion of the disabled is their complete participation in Jewish life. Therefore, we would, for

[27] Rabbi Joseph Glaser recounts an example of such creativity: a deaf, and basically speechless, boy calligraphed his Torah portion, incorporating its theme (the burning bush) into the artwork (personal communication, 1991).

instance, permit a blind student to read the Torah portion from a Braille Bible, if not from the Torah scroll itself though this would not constitute a halachically sanctioned reading, since it may not be done from memory.[28] We see the mitzvah of including the deaf as overriding the traditional prohibition.

A deaf bar/bat mitzvah student, depending on his/her capacity, could read from the Torah, or write a speech and have someone else deliver it, or deliver it in sign language him/herself and have an interpreter speak it to the congregation.[29]

Mentally disabled persons could be encouraged to do as much as possible. Many of these issues are not only similar to, but directly concerning, elderly individuals. Indeed, hearing,

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[28] BT. Gittin 60b, Rambam, Hilkhot Tefillah 12:8, Sh. A., OH 53:14 and YD 139:3, cited in J. David Bleich, Contemporary Halakhic Problems, Volume II (New York, 1983), p. 30. Though the Shulchan Arukh rules that a blind person may not be called to the Torah, since one is not permitted to read it from memory (OH 139:3), this ruling is challenged by a number of authorities who hold that the obligation of the one called up to read the Torah portion personally no longer applies (Maharil, quoted by Isserles ad loc.; Mordechai Yaffe, Levush, OH 141:3; Bayit Chadash to Tur, OH 141; Magen Avraham, OH 139, n. 4; Turei Zahav, Orach Chayim 141, # 3; Mishnah Berurah, OH 139, # 12). The Conservative Movement issued a responsum in 1964 regarding a
blind man's wish to read the Torah for the congregation on Shabbat using Braille. The responsum, signed by Ben Zion Bokser, then Chairman of the Committee on Jewish Law and Standards, states, "We would not regard it appropriate for a person to read the Torah from Braille. Such reading would have the same status as reading from the printed text of Humash, which is not regarded as valid." However, a blind man may bless the reading of the Torah when it is read on his behalf by a reader. The bar mitzvah may, according to some authorities, recite the haftarah from memory or from a Braille text, while others require that a sighted reader repeat the haftarah prior to the final blessings over the reading by the Bar mitzvah.

Mark Washofsky notes: "R. Binyamin Slonick, a student of R. Moshe Isserles in the 16th century, in Resp. Mas'at Benyamin, # 62, addresses the question whether a blind person may be called to the Torah. In doing so, he remarks that he himself has become blind in his old age and that those such as R. Yosef Karo (Beit Yosef, OH 141) who prohibit this practice would 'expel me from God's portion, the Torah of Truth and eternal life.' His language testifies not only to his ultimate halakhic conclusion that the blind are in fact permitted to be called to the Torah, but also to his fervent wish that the law not be otherwise. His is not an attitude of resignation, a passive readiness to accept whatever lot assigned to him by the Torah; he actively desires that halakhah not exclude him from a ritual which has long been a source of much satisfaction to him." ("Some Notes on the Rights of the Disabled"; unpublished paper, 1991)

[29] Such a student might be reminded of Moses' speech impediment, which did not hinder him from becoming Judaism's greatest leader. He or she might also want to read Les Gruber's article, "Moses: His Speech Impediment and Behavior Therapy," Journal of Psychology and Judaism 10:5-13 (Spring/Summer, 1986), pp. 5-13. He takes Moses' description of himself as k'vad peh u-khevad lashon (Exodus 4:10) to mean that he stuttered and that the Torah account accurately describes the sort of therapy stutterers use today to overcome their disability.

visual,mental and physical disabilities often come as part of the aging process. Just as the Jewish community has gone out of its way to provide proper facilities for the aged, so should it make adequate resources available for the mentally and physically disabled of all ages. The fate of the tablets of the Decalogue describes our obligation: "The tablets and the broken fragments of the tablets were deposited in the Ark."[30] There was no separate ark for the broken tablets: they were kept together with the whole ones.

In sum, our worth as human beings is based not on what we can do but on the fact that we are created in God's image.[31]

**Response to "Mentally Disabled Persons" and "Reform Perspectives"**

The responsum identifies five categories of persons who might need assistance from the community. This does not take into account the difference between acute and chronic disability. According to the Center for Disease Control, more than 1 in 4 adults have some type of disability.[32] For the purposes of this response, and the attached addendum, the focus will be placed on mental health and mental illness. According to NAMI- the National Alliance on Mental Health, 1 in 5 adults experience mental illness each year. These numbers demonstrate that community members living with disability and/or mental illness are not just on the periphery. Whether or not disability or illness is visible, known, or spoken about, it is present within synagogue and communal spaces. Responsum provides guidelines for communities to approach

[30] Numbers Rabbah, Bamidbar 4:20.
[31] M Sanhedrin 4:5, BT Sanhedrin 37a.
[32] *https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html*

their communal responsibility, and it must be updated to reflect the changing culture surrounding Reform Judaism and synagogue life.

The responsum begins by explaining the background of the word *shoteh,* meaning "simpleton," "imbecile" or "idiot".

> "[It] has generally been taken to refer to a mentally disabled individual. However, close examination of the use of the word in the Mishnah and Talmud reveals that there are two basic kinds of *shotim:* (1) the mentally ill and the retarded (little distinction is made between the two), and (2) the morally deficient who do not act in accordance with the communal ethos, though having the intelligence to do so."[33]

The differentiation between the mentally ill and "the retarded" is an interesting one in a conversation of communal responsibility. First, there are clinical distinctions between these two types of people. While they might exhibit similar behaviors in a synagogue setting, those with mental illness and intellectual disability can suffer from different challenges. Such diagnostics should be left to medical professionals, and are confidential in nature.[34] Shouldn't everyone in the community "be encouraged to join as much as possible in the life of the community, to the degree that they can do so without being disruptive to others or are themselves unhappy"? Why does this disclaimer only apply to someone the community has categorized as "peti"? Further, who has the responsibility to label individuals with mental disabilities, and in what ways will labels serve the individuals and the community?

[33] CCAR Committee on Justice and Peace, She'elah 5752.5
[34] *https://www.cdc.gov/phlp/publications/topic/hipaa.html*

The reform perspective begins by stating that, "we should encourage the inclusion of all disabled persons in our congregations and, where indicated, encourage the formation of special support groups".[35] Here, inclusion is the key word. In a social science setting, inclusion is defined as, "the idea that everyone should be able to use the same facilities, take part in the same activities, and enjoy the same experiences, including people who have a disability or other disadvantage".[36] According to this definition, every member of the synagogue or community is included when they have access to the same programs, services, and opportunities. Excluding someone because they might be a distraction to someone else, or creating a special group for individuals with disabilities is not inclusive behavior. There is merit to having "special support groups," but this needs to be in addition to, not instead of inclusion and support in regular synagogue activities.

This responsum asks about the obligation of synagogues to include, implying the burden attached to the inclusion of many. Resources are limited, and it is true that no synagogue can be obligated to make the space accessible for everyone. However, when the question is about obligation, and the initial answer is that everyone, regardless of ability should be included, this statement begins to set boundaries on what that means. By saying "when we include the disabled," a precedent is set, or highlighted, that the disabled do not always need to be included. If that is the case, who makes the decision about who is worth utilizing resources to include someone?

[35] CCAR Committee on Justice and Peace, She'elah 5752.5
[36] *https://dictionary.cambridge.org/us/dictionary/english/inclusion*

One of the most challenging pieces of this responsum is that it defines the responsibility of accommodations as "falling under the rubric of mitzvah" and explains that these "present the community with challenges and opportunities". What is a "rubric of mitzvah"? ADA compliance throughout synagogue buildings, besides being the law of the land, should not be "an inspiration". When accessibility is the norm, not the exception, every member of the community benefits. In Reform Judaism, obligation is not always the impetus for action. Rather, fulfilling rituals as a complete community can be inspirational.

To its credit, the responsum highlights that one of the tenets of Reform Judaism is the ability to allow "creative interpretation of the mitzvot" that will allow more to participate in Jewish life and practices.[37] The responsum uses the imagery of the Israelites carrying the broken tables in the same ark as the full tablets to demonstrate the need for maximum inclusion of the disabled in the life of our communities. However, throughout the last thirty years, there have been systemic changes in the societal approach to mental health and mental illness. The responsum must be updated to reflect these changes and tangible examples of the continued commitment of inclusion.

## III. Updating the Language of this Responsum

In the thirty years since this responsum was written, a lot has changed. The previous section identified specific language that was used. Some of these words are no longer the best to use, either because clinical definitions have changed or because cultural norms have shifted the

[37] CCAR Committee on Justice and Peace, She'elah 5752.5

implications of specific words. As a result, updates to match the current climate are imperative. This chapter will focus on language choices and strengthening the integration of those with disabilities, both physical and mental, with particular focus on those with mental health challenges, into the community.

The sages asked, who is considered a "shoteh"? The rabbis initially respond with three criteria: one who goes out alone at night, one who sleeps in a cemetery, and one who tears their clothes.[38] What follows is a conversation between the sages, debating how many, or what criteria one needs in order to be categorized as a "shoteh". Ultimately, as the responsum notes, the Talmudic rabbis come to identify two different types of people as "shotim". With Rabbi Moshe Feinstein's addition of a "peti," and describing how to welcome a "peti" into the community further highlights that when thinking about how to include individuals with differences, that labels and language mattered to the sages.

Contemporary rabbis rely on clinicians for terms and diagnoses. Over time, the medical jargon changes. In updating the responsum, it is important to turn to medical experts to use terms that are the most up-to-date. The American Psychiatric Association (APA) publishes a book called, *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which "is the standard classification of mental disorders published by the American Psychiatric Association and used by mental health professionals in the United States to determine diagnoses".[39] Since the

[38] BT Hagigah 3b

[39]https://www.apaservices.org/practice/reimbursement/icd-diagnostic/dsm-5?_ga=2.191302505.2146688986.1608618323-1519746365.1608618323

publication of this responsum, there have been two major updates to this book, one in 1994 and one in 2013.

In 2013, the DSM updated a number of terms and diagnostic criteria relevant to this topic. First, the term “mental retardation” changed to “intellectual disability”, reflecting that “intellectual disability” has been the commonly used term among professionals, lay professionals, and advocacy groups.[40] Next, Autism Spectrum Disorder is used to describe “four previously separate disorders [that] are actually a single condition with different levels of symptom severity in two core domains”[41]

In 2013, the DSM also had an entire chapter devoted to anxiety disorders. Included in this chapter is an updated definition of panic attacks, just one example of a marker in diagnosing a patient.

As doctors and scientists learn more about diseases, disorders, and disabilities, they make appropriate changes in their practices and procedures. As someone not in the medical profession, one thing is clear, the markers for intellectual disabilities, anxiety disorders, and depressive disorders are different, although it is possible for one individual to live with more than one of these disabilities or disorders. However, for many, these all fall under the same umbrella which has societal stigma connected to it.

[40] “Highlights of Changes from DSM IV-TR to DSM-5”. American Psychiatric Association. 2013.
[41] Ibid.

Talmudic rabbis teach that all of Israel is responsible for one another.[42] While this quote often means that a Jew has a responsibility to ensure that another Jew has their basic needs met, In this instance, the responsibility is for Jews to help other Jews have *more* than their basic needs met, ensuring that inclusion is authentic and accessible for all who want it to be.

As rabbis think about updating the language in their communities, they should do so in consultation with medical professionals, advocacy groups, and individuals who live with the illnesses, to ensure that the jargon is appropriate and up-to-date. Further, as the language changes in the field, so should the language in Jewish spaces, recognizing that language is dynamic. The language used in upcoming chapters is based on these guidelines and what was appropriate at the time of writing.

The responsum ends with, "we should aim for the maximum inclusion of the disabled in the life of our communities". The first way that this should be done is by including those with physical, intellectual, and mental disabilities in the process of articulating what that means and can look like in any particular synagogue.

In "Balancing Decorum and Inclusion in Services," Rabbi Elliott Dorff tells of a time when he heard that, "from the point of view of the disabled, all the rest of us are 'temporarily abled'"![43] While many of the parts of the Teshuva are specifically geared towards those born with disability, what Rabbi Dorff teaches here is that, if updated correctly, this responsum has the potential to impact every community member. The Reform Movement can be "inspirational" if

[42] BT Shevuot 39a

[43] "Balancing Decorum and Inclusion in Services" from RespecAbility Cohort Hands-On Inclusion Summit, March 2, 2016. https://www.respectability.org/wp-content/uploads/2019/02/Balancing-Decorum.pdf

they utilize this opportunity to begin truly taking the stigma of illness and disability out of synagogues, and actively working towards making it an accessible and inclusive space for all. That is the obligation of the community, for everyone, regardless of ability.

## IV. Updating the Responsum: Data from the Field

At its core, Responsa literature attempts to answer practical questions regarding the intersection of contemporary cultural experiences, and Jewish law and values. While these responses rely heavily on Jewish sacred texts and generations of commentators, it is critical to address the question in its contemporary context. To learn about real synagogue dynamics, ten rabbis were interviewed, ranging in experience. These interviews were also used to better understand the ways in which an addendum might provide meaningful guidance to the Jewish community and its leaders. Some of these rabbis were ordained as recently as 2020. Others have served as rabbis in the field for decades. Each rabbi works in a congregational setting, ranging in size and in location across the country. These rabbis serve in both the reform and conservative movements, and who identify as both men and women. One third of the rabbis interviewed have specific training that compliments their rabbinic work in this field. One rabbi earned a Masters of Social Work, another a license in Marriage and Family Therapy, and a third rabbi previously worked in a residential treatment center. The goal was to get a wide range of responses to the following questions:

- Tell me about your congregants, and the people that you serve.
- How would you define mental health and mental illness?

- What experiences have you had as a rabbi with congregants with mental illness?
- How have your responses to these experiences changed throughout your career?
- What do you believe is the synagogue's responsibility to those with mental illness? Who sees it this way?
- How has this responsibility manifested in your synagogue?
- What do you see as your individual responsibility to those with mental illness? As a human? As a rabbi?
- What didn't I ask you on this topic?
- How does awareness of mental health inform your approach to pastoral counseling?

The interview questions were helpful in the data collection phase. However, rather than being organized by question, this chapter will organize the data, analysis from the interviews, by the following categories:

- Definition of Mental Health and Mental Illness
- The Community
- Professional Training on the Subject
- Resources Available to Rabbi
- How Mental Health Challenges Can Manifest
- How Mental Health is Talked about and Acted Upon
- Suicide
- Lay Leadership
- Mental Health Not Part of Conversation
- Goals for the Future
- Torah

Specific details, such as names of rabbis and congregations, as well as location, will be omitted to maintain complete anonymity. The data is meant to paint a picture of the conversations surrounding mental health in synagogues throughout the country, to be used to propose the addendum in the next chapter.

**Definition of Mental Health and Mental Illness**

Each rabbi understood that they were being asked to answer a clinical question, specifically not as clinicians. The goal here was to begin to understand where each rabbi was coming into the conversation on mental health and mental illness, and how this was similar to and different from that of the original responsum and of medical professionals. The underlying theme was clear. “Mental illness is an illness. It's no less an illness than cancer,” one rabbi said. One rabbi argued to end its stigmatization by explaining the make-up of the brain. “The brain is the most complicated organ we have. As doctors will tell you, it's not just a matter of the physiology of the brain, but the range of hormones and neurological functions that happen in the brain. And then the neural our nervous system as well as the lymphatic system affect mood affect our ability to coordinate affect everything about how we are approach disorders and any of those, which have traditionally been presented as quote unquote just being crazy, or being off or being incompetent, or really physiological disorders and mental illness and my very strong opinion should be treated at the same level as physical illness. One rabbi said that mental illness is defined when there is, “some sort of disconnect with people’s mental health and their ability to receive the resources that they need in order to be mentally healthy”.

Many differentiated between illness and disability. One explained that they understood mental illness as something commonly understood to be something that has a transition, having a beginning, a middle, and an end. They continued by saying that usually disability is something that is not expected to change. Many identified the stigma around the words “mental illness”, especially within certain communities within their synagogues. Almost all prefered the term

“mental health”. One rabbi said, “mental illness has such a negative stigma. When we talk about mental health, we mean that we try to take care of our own health”.

Most stated that mental health and mental illness were broad terms that could mean any number of medical diagnoses. One rabbi outlined possible challenges as, “having a dissociation from reality, not having good support, suffering from depression and anxiety, and overall living through experience which make life more difficult for people”. Many rabbis identified schizophrenia as an extreme mental illness they’ve come into contact with. Every rabbi made a point to say that even if someone is not suffering now, it does not mean they won’t suffer in the future. Mental health struggles are a universal emotion.

**The Community**

Rabbis are community leaders. It was important to learn the reach that each rabbi had, in order to best understand the resources that the rabbis might provide. When asking about the community they serve, the rabbis spoke about their constituents beginning with membership. The way that the rabbi sees the community they serve was also directly related to the type of city or town they live in. A rabbi in a midwestern city explained to me that they were, “the only rabbi in the city and so I interact with people who are congregants as they are members of the temple, but I also interact with Jews in the community who are not Jewish. I have ritual interactions with people on the bima and in performing lifecycle events. There are also times when I interact with others in the community, as a rabbi, who are not Jewish”. In these latter of these cases, the definition of the community is expanded beyond the synagogue.

Rabbis described the synagogue as a place for “Jewish worship, learning, and assembly to promote spiritual and educational welfare”. Within the synagogue, the rabbis explained that the goal was to create a “caring and inclusive” community, that was participatory and democratic in governance. A community achieves its goal of being inclusive when it is a space that welcomes families of varying Jewish lifestyles, including both traditional and nontraditional family structures and interfaith households. This is done when synagogues acknowledge the need for inclusive ritual practices, many even spoke about policies their communities have implemented or want to implement regarding “not discriminating in all aspects of congregational life”. Having policies that support inclusion have led them to have dynamically diverse populations within their congregations. The diversity includes congregants with varying religious and political backgrounds, who all have the ability to make community together. One rabbi in particular said that their “congregation has a high population of activists, social workers, teachers and mental health professionals, including young queer folks, people who are converting to Judaism and people who left religion altogether and are finding their way back in” and that true inclusion enabled everyone to bring their uniqueness, their authenticity, and their story into the tapestry of the synagogue.

Between varying membership models and the growth of virtual participation, especially as a response to COVID-19, the question of who counts as a congregant varies by synagogue, due to a variety of factors. One underlying response, however, was that if someone showed up, especially for worship, they would be welcomed and included, regardless of membership status.

**Professional Training on the Subject**

While rabbis are not clinicians, they do serve in pastoral care situations. Most often, these are in case of bereavement and wedding counseling. It was imperative to understand the training that rabbis feel they had for these pastoral situations, and learn how equipped they are to engage in these conversations. Most rabbis described their training with regard to mental health as a "trial by fire". Almost all recognized classes they took in school on pastoral care and lifecycle events, and CPE, Clinical Pastoral Education, which taught them about hospital care. Rabbis were reminded that in these classes, rabbinical students are taught that when they move for their first rabbinic job, they need to quickly create a list of therapists to refer congregants to, as well as build relationships with local funeral directors. One rabbi explained that, "when you walk into a hospital room, there is not a surprise that the congregant is going to be vulnerable. What no one taught me is that I do most of my pastoral care outside of those 'traditional' spaces".

A couple of rabbis identified training from outside programs as useful experience for their work with congregants. "I think my clinical experience helped me recognize what the dynamic was, and what was going on, perhaps more quickly than I might have otherwise but I'm pretty confident that most colleagues would get there".

**Resources Available to Rabbi**

Every rabbi shared with that, in some capacity, they worked with local experts. Many identified a boundary they had that, when a congregant crossed it– whether it was related to content or volume of visits, they knew who might be able to better help. One rabbi also mentioned that there was a requirement for every conversion candidate to meet with a psychologist the synagogue works with, and that they've worked with the same psychologist for many years. The

idea behind this was to make sure every candidate had the support they needed for such a major change in their life, even though it was not a “crisis”, or a more acute instance where a rabbi might refer a congregant to a different professional.

Most rabbis also shared that they had their own coach, support system, and “arsenal” of mental health professionals. Personally utilizing these resources served two purposes. First, it was a form of support for the rabbi, so they can hold the challenges of others. Second, without going into specifics, when one rabbi mentioned that they had a therapist to a congregant, the congregant opened up and released some of the stigma they attached to mental health support.

Multiple congregations have in-house resources available to congregants. Some had social workers on staff, others had full mental health centers, either for the synagogue or the congregation at large. Still others had close relationships with their local division of Jewish Family Services. Whether or not the synagogue had these resources available, every rabbi mentioned their goal to provide mental health resources that would be accessible to all families, regardless of income level. The value of accessibility was ever present in these conversations. When resources are close-by and there is open conversation, the stigma surrounding mental health resources decreases, ultimately helping more people to utilize them.

One of the interesting patterns that emerged when talking about resources was the desire for rabbis to make sure they shared specific books and podcasts. Each of these resources provided

unique insight into the topic, often from a new perspective. Rabbis shared how the Jewish value of lifelong learning influenced their reading into the subject. Many rabbis expressed their desire to stay current on the topic of mental health because it impacted so many of their community-members. Reading books and listening to podcasts were two ways of learning material in a way that they could share, both with other professionals and with congregants, and continue to use shared language that is up-to-date.

**How Mental Health Challenges Can Manifest**

For many, identifying someone in the synagogue struggling with their mental health was as simple as seeing someone behaving inappropriately or in a way that makes others uncomfortable. Congregants might be visibly uncomfortable in a meeting, program, or gathering, or, they might seek out the rabbi to speak about a specific person or situation after the fact. Some might even seek pastoral counseling. Other times, specific mental health concerns will present themselves in pastoral counseling sessions. One rabbi said that they think mental health challenges most profoundly present themselves when, “someone seeks out the rabbi for spiritual and emotional support”. Another rabbi mentioned that mental health concerns often come to the surface when there is reason for multiple family members to come together with the rabbi, such as for a funeral intake. A third opinion was that these concerns have been especially prevalent throughout the pandemic, and in moments of transition in connection to the pandemic.

Through these interviews, rabbis shared examples from their rabbinates, which helped to illustrate the ideas they were sharing, both in terms of how mental health challenges might present in a synagogue setting, without diagnosing the congregant, and the congregation’s

response. The first was a congregant who was, “always in crisis”. The rabbi described some, but not all, as legitimate, but the congregant was one who was “constantly in need of attention, love, and support” from the congregation. As a response, once or twice a year, the caring committee would bring her meals to show her support through her crisis.

Another rabbi told a story from when they served a student pulpit. There was a congregant who had severe mental illness, but the rabbi did not know at the time. The rabbi was teaching a program and running out of time, and did not call on the congregant. After the class the congregant came up to the at the time student rabbi, yelling about how they didn’t feel seen and how they thought the rabbi was “invalidating their existence”. Later, the rabbi learned that this congregant was struggling with transference about God and their family. The rabbi reflected saying, it was the kind of thing where you would say, you know, a person with a healthier sense of self would have said hey rabbi. You didn't see me, I felt kind of bad about it and I wanted to let you know. I would have said, ‘oh my god I'm so sorry, I apologize’”. The rabbi used this as an example because they think about it when congregants come at them about things that were said. The rabbi has since learned to identify when there is a disconnect between the level of upset the congregant is and the “apparent crime” the rabbi committed, and to ask if they want to set up a time to talk.

In one example, there was a particularly challenging congregant in family bereavement counseling. Even without a specific diagnosis, the rabbi changed the way they were working with her because “[the rabbi’s] perception of her functioning informed how [the rabbi]

interacted with her". The rabbi thought about the way they communicated with this congregant, and tried to, "avoid using a certain language or tone of voice that would potentially trigger this person into more behavior that would be unproductive". In this case, the rabbi recognized the strength that came when they recognized their countertransference because that helps to manage the rabbi's feelings and responses when a congregant is challenging, for whatever reason, but especially when it has to do with their mental health. One rabbi has a rule that

> "If somebody comes to me specifically to talk about their mental health I will sit and talk with them, and I have told people before that I will continue talking to you as long as I know that you're also seeing somebody else who is licensed outside. I have told people I cannot keep meeting with you about this topic until I know that that's happening and usually they don't come back to me like they meet with somebody, and so they don't feel the need to meet with me or they don't meet with anybody".

When a congregant has an awareness of their struggles, and a willingness to seek appropriate help, the support of a rabbi can complement that work. However, this rabbi established boundaries knowing their limitations, and that oftentimes congregants will try to push them.

One principle that a rabbi explained to me was that, "unless prompted otherwise, [they] will make a distinction between those with mental illness and those who might just be going through a difficult time". Without diagnosing, what the rabbi means is that they try to identify if the struggles are unusual for a congregant. Are they like the woman who always seems to have a crisis? Is this more of a response to an acute incident? The rabbi explained that they make this

distinction because it is common for someone to struggle when going through periods of adjustment, and they might not know to look for mental health resources. This situation a congregant will face is different, the rabbi explained to me from their point of view, than a congregant who has symptoms that might make it difficult to maintain a routine. An experienced rabbi shared that this was much more uncommon than the former.

Outside of the synagogue, a number of rabbis spoke about pastoral counseling they did in hospitals. Many have spent time in psychiatric units, with both teenagers and adults. Every rabbi mentioned the responsibility they felt to be a supportive presence for the patient, especially because they were a professional but not a clinician coming in doing diagnostic work. Ultimately, mental health challenges manifest in synagogues in many different ways. Overall, rabbis see their role as creating a space where everyone feels included, regardless of where they are emotionally– and whether or not their struggles are acute or chronic. Further, rabbis see a responsibility to help community members find the right support, when they are made aware of these issues, or when they manifest in the synagogue.

**How Mental Health is Talked about and Acted Upon**

Each community and rabbi approach mental health differently. In some instances, this has to do with the demographics of the community. For some, mental health is a stigmatized topic which impacts the way it is received by different parts of the congregation. In other congregations, rabbis have to navigate conversations around mental health resources through a political lens. One rabbi mentioned that in their conversations about mental health and gun violence are often connected. One way this rabbi tries to help the community conversation is by teaching

that, “people who live with mental health issues are far more likely to be victims of gun violence than perpetrators”.

Given the rise of mental health crises, “these past, five or six years, but certainly these past months - how could it not be a part of our communal conversation?”. Many rabbis shared that they spoke about mental health in some way during the High Holy Days, when they knew they would reach the most people. But the conversation must go beyond the Days of Awe, to help congregants “have what they need to lead emotionally, mentally, and spiritually fulfilling lives”. This work is done by creating and engaging in programs, praying and preaching on the bima, lobbying, and traveling with teenagers.

One rabbi spoke about a Jewish mental health conference that has happened in their city on an annual basis for the last twenty years. Hundreds of people attend this conference each year, and the rabbi was proud to share that the conference is talked about throughout the congregation, and larger Jewish community all year. Other congregations partner with their Jewish Family Services, or their on-site mental health center to provide resources and programs that foster these conversations.

Rabbis bring mental health into the conversation during services, and other rituals. Most rabbis said that when they introduce the *Mi Shebeirach*, prayer for healing, they mention those who are in need of emotional and mental healing, in addition to physical healing. One rabbi spoke about a High Holy Day sermon on trauma, which led to bringing a group of mental health and

trauma experts in to speak to the congregation. Another rabbi told a story of initial conversations to introduce rituals to support first responders and others who have experienced trauma. Some of these initiatives bring in outside speakers and experts, while others rely on the spiritual care that the clergy team can provide.

Many congregants are suffering, whether directly or indirectly through their loved ones. One rabbi said that their congregation's belief is that "the synagogue should be the place where you can tell your truth," which means that the suffering, which is often silent, needs to have space to be vocalized. One rabbi shared that they, "think it's helpful that my congregants know that they can call me and that they don't have to be ashamed about anything, at least with me, even though they may have their own shame issues,"truly illustrating what a "safe space" can look like.

This safe space goes beyond what a rabbi can provide for their community. One rabbi told a story about their "shiva team", who,

> "shows up to your home, who helps you tidy up, who sets out the guestbook, who brings some food, who cleans up at the end. This way, when you're a mourner, all you have to do is be present, that's it. You don't have to entertain people. Afterwards, people always call afterwards and thank me. I respond by saying,your payback is that you're now part of the team, and they join the shiva team. Everyone gets it because you're now part of the club you never wanted to be part of but like guess what you're part of the club."

The shiva team serves as a reminder that caring for one another is the sacred work of the congregation, and that it's not the sole responsibility of the rabbi. One rabbi said, "in my congregation, it is the responsibility of everyone to be a part of providing a caring and supportive environment for all people".

One of the overarching themes that came up was the desire to have conversations about the language that is being used in conversations about mental health. One rabbi mentioned that this helps everyone to be seen for who they are. Another said that language helps to create an inclusive and accessible environment because everyone is on the same page. Using the same vocabulary also can help to identify if someone is not well. When concerned about someone, one rabbi asks about their eating and sleeping, as two data points that help to discern if this person is facing risks and if "they would benefit from resources more than what [the rabbi] can provide". This is not meant to be a secretive process. In fact, these conversations help to ensure that congregants know they can turn to their congregation for help, making it easier to ask for help.

**Suicide**

At a certain point in every interview, the conversation about mental health turned to congregants who died by suicide because every rabbi has experienced a suicide in their community. In one case, the congregant was an active member of the community. Part of their mental illness included diagnosed Obsessive Compulsive Disorder, and one of its manifestations was obsessively reaching out to other congregants, to the point where the rabbi needed to set clear boundaries, which was painful for the rabbi to do. The congregation knew that this

congregant was struggling, and they were still seen as part of the community. In contrast, another rabbi told a story of a congregant who they saw around the synagogue, and who they thought they knew. When they died by suicide, the rabbi said they felt “heartbroken”, both for the family and because they didn’t know just how much the congregant was suffering. In this case, as well as cases where suicide is a surprise to the family, one rabbi mentioned that the value of *nichum aveilim*, comforting the mourners, was at the center of their counseling practice. While important to honor the deceased, the responsibility is to care for the living and to help them cope and move forward from their loss.

When talking about about suicide with the congregation, rabbis mentioned trying to find a balance between avoiding secrecy and shame, and not wanting to venerate the death. When there is a death by suicide, one congregation mentions the cause of death before reciting Mourner’s Kaddish, as a way of preventing gossip around the death.

Every rabbi reiterated that they speak with a mental health professional before any initiating any conversation about suicide. Rabbis expressed their desire to continue learning the best language, practices, and approach to broaching this topic publicly and privately. Many shared that this was particuarly important when talking with teenagers, especially since COVID-19, where there has been an increase in suicidal ideation. Multiple rabbis mentioned that they have had more teenagers turn to them as “the only trusted adult they can turn to for support” since their social and academic lives turned mostly virtual in 2020, increasing their sense of isolation.

**Lay Leadership**

One rabbi said that they, “think we have always had somebody on the board who either themselves is living with mental illness or has an immediate family member who does. It’s been really important because it helps frame our discussions about accessibility and about the kind of community we're building.” “The fundamental thing to say is that when you treat people like full human beings, they respond as full human beings, and then you create a context in which people get to be their full selves and bring their brokenness into the public community because they are not humiliated or shamed for it, but their brokenness is acknowledged.”

The goal that many expressed was for those with these struggles to be centered in the conversation. Conversations about mental health and accessibility are just one part of the intentionality of building a sacred community. One rabbi spoke about a congregant of theirs who, from the bima, told her story of the mental health impact of not being allowed on her wife’s health insurance. By giving her a platform, others were able to hear her story, and more in the community were able to help and support her. In some parts of the country, there are annual Jewish mental health conferences. These conferences, in part, are led by people who live with mental health struggles, which one rabbi said deepens the authenticity of the work being done.

However, this was not always easy, and one rabbi even described it as, “super messy”. Sometimes those struggling are not able to articulate their stories or needs clearly, or effectively lead a conversation. Rabbis described situations where mental health challenges became visible when individuals were put in positions of power or leadership. Some conversations were simply

not productive, while others were challenging because of “high conflict or manipulative personalities”. One rabbi summarized it by saying that “rabbis are not in the business of diagnosing people, but the profession requires a recognition that everyone has different needs, even if the diagnosis is the same”.

**Mental Illness Not Part of Conversation**

Most rabbis shared that they are having conversations about mental health within their congregation, and that the programmatic development is done in partnership with lay leaders. However, there was one rabbi who said that, “there have been no discussions with our board that I participated in or am aware of”. This rabbi expressed that mental health was an issue they cared about, and worked to bring into the congregation, but are not surprised that the board and other lay leaders don’t have a similar passion towards. Another rabbi said that while the principles are important to them, there have not been a lot of programs, or mental health visibility in their synagogue. They said that it is something they hope to bring forward in the next few years.

**Goals for the Future**

Each rabbi spoke about their goals, on both micro and macro levels. One rabbi said they think about the future in terms of, “what it means to build the system, the structure, the networks, and the community that holds each of us up when we are the most broken and vulnerable”. For many, there was a goal of raising mental health up on the communal agenda, and as part of the communal conversation. One rabbi identified their congregation as, “very inclusive and driven by issues of justice. So as a result, equity, racial justice, health care, mental health care are already part of the conversation, both in terms of pastorally and in terms of a justice agenda”. Creating a curriculum of programs is a goal for some congregations, but not all. One rabbi said

that programs don't build the culture at their congregation, but are just one tool towards creating a holy community. This same rabbi also said that programs that teach about mental health need to be accompanied by problem-solving measures that provide access to mental health care, like lobbying.

When asked to dream, one rabbi shared with me that they'd, "love to have a symposium on mental health together with big Jewish thinkers, to create a space where conversations can be had about what it means as synagogues to build individuals and communities of spiritual resilience because facing storms is part of the human experience". The idea is that there is always going to be trauma, and people are always going to need help, and working together has the potential to spark inspiration about systems that can be put into place to strengthen the community.

One rabbi said that they believe, "the purpose of Jewish life is a human dignity project, and our jobs as rabbis to think about what people need to live with dignity". This encompasses what every rabbi said that they are working towards. Creating a community that can support the needs of everyone is a lofty dream on its own, until synagogues and leaders recognize resources and organizations to partner with. Most of these rabbis are well on their way, with their existing relationships with mental health professionals, and growth mindset. There are sometimes competing obligations that may lead to complex decision-making, but that's why the goal is to think about and build out what individuals need to live with dignity. When that happens, there

is a culture of safety, inclusion, and discussion to make the synagogue a place where all can belong, and figure out what steps need to be taken along the way.

**Torah**

The proposed addendum in the following chapter will look at pieces of Jewish text throughout the generations, reinterpreting them as a tool to best approach communal responsibility. However, throughout the interviews, two stories from our tradition were shared, as a way of illustrating the Jewish values that shaped the way these rabbis thought about their role as community leaders for everyone.

The first is the story of the two sets of tablets containing the Ten Commandments. When Moses comes down the mountain and sees the Israelites worshiping a golden calf, he is angry and smashes the tablets. After some time passes, Moses is summoned up the mountain again, to receive a new set of tablets.[44] Talmudic Rabbi, Rabbi Yosef taught that "both the tablets and the fragments of the tablets were deposited in the Ark, to be carried by the Israelites as they are wandering in the desert.[45] Rabbi Naomi Kalish, director of the Center for Pastoral Education at the Jewish Theological Seminary teaches that, " that both sets of tablets, the broken and the whole, are holy and worthy of our attention and respect".[46] One rabbi explained that this is the model of their rabbinate because the brokenness is just as much a part of someone's story as the in-tact pieces. Another rabbi said to me that, "if you walk through the world assuming that people with a broken arm should go to the doctor to get it set, and should be cared for and have

[44] Summary of Exodus 32.
[45] Bava Batra 14b
[46] Naomi Kalish "The Wholeness of a Broken Tablet." *Jewish Theological Seminary*, https://www.jtsa.edu/torah/the-wholeness-of-a-broken-tablet/.

meals made for them, then, then why wouldn't people who have mentally broken arms, get the same sort of treatment and love and care and so that's kind of how we operate." By this, they mean that a sacred community honors their responsibility to carry one another when they are broken, regardless of what that brokenness looks like.

Another lesson that came up was from Rabbis Hillel and Shamai, two rabbis who were infamous for disagreeing with each other. Throughout the Talmud, both opinions were preserved, even though the tradition could only agree with one. A rabbi explained that this was sometimes how they saw their role as a congregational rabbi. Sometimes, a rabbi needs to make a decision that's best for most, but not all members of the congregation, like setting strong boundaries for the congregant who was obsessively calling others. Decisions need to be made based on communal values and goals for the conversation. Sometimes it is challenging to be both an inclusive and safe place for all, and this tension can be a struggle for congregational leaders. Like the tradition chose between Hillel and Shamai, but still honored the other, so too can the congregation make a decision, and still honor those who might not feel as included.

## V. Proposed Responsum Addendum

This addendum uses information gathered from congregational rabbis across the United States, as well as generations of sacred text and commentary to answer the new question, "What is the communal responsibility to the mental health of individual congregants?". This will be answered by the following points:

- Defining mental health and mental illness from the perspective of a rabbi
- Defining who counts as a congregant
- Looking at how mental health is talked about within the synagogue
- Challenges of the Addendum

**1. Defining Mental Health and Mental Illness**

In the thirty years since this responsum was written, many aspects of how mental health is viewed have changed on a societal level. This begins with the language used to describe mental health. In fact, the responsum used the word "mental disability". Currently the words "mental health" and "mental illness" are used, and in fact, there is a difference between the two.

> According to the Centers for Disease Control (CDC), mental illness refers to "conditions that affect a person's thinking, feeling, mood, or behavior." These can include but aren't limited to depression, anxiety, bipolar disorder, or schizophrenia. Mental health reflects "our emotional, psychological, and social well-being." Affecting "how we think, feel, and act," mental health has a strong impact on the way we interact with others, handle problems, and make decisions.[47]

[47] https://www.mcleanhospital.org/essential/yes-there-big-difference-between-mental-health-and-mental-illness, citing https://www.cdc.gov/mentalhealth/learn/index.htm

Communal responsibility begins with using language that is most respectful to each individual. Deuteronomy commands each of us to, "Look out for yourself and guard your life exceedingly"[48]**.** Kli Yakar, sixteenth century rabbi Shlomo Ephraim ben Aaron Luntschitz, explains that **"**guard yourself" means to look after your physical body. It does not add "exceedingly" as it does after the second part of the verse which refers to guarding one's soul, because one must be even more careful to protect one's soul than one's body. As we are taught to love our neighbor as ourselves, so too, must we protect the souls and mental health of our neighbors.[49]

Most rabbis agree that the term "mental health" acts as a large umbrella term and that congregants feel most comfortable using it to describe their personal situation and the support they are looking for from the synagogue.

**2. Defining Who Counts as a Congregant**

Between new membership models and the growth of virtual participation, especially as a response to COVID-19, the question of who counts as a congregant is a much larger question than can be addressed in this responsum. For the purposes of this question, the simple answer is that the communal obligation extends to anyone who is otherwise served by the synagogue. Additionally, Mishnah Pesachim states,

> It is because of that which God did for me when I came forth out of Egypt" (Exodus 13:8). Therefore it is our duty to thank, praise, laud, glorify, raise up, beautify, bless, extol, and adore God who made all these miracles for our ancestors and ourselves; God

[48] Deuteronomy 4:9
[49] Leviticus 19:18

> brought us forth from slavery into freedom, from sorrow into joy, from mourning into festivity, from darkness into great light, and from servitude into redemption.[50]

Nineteenth century rabbi, Rabbi Yerachmiel Yisrael Danziger explains that this means that every individual has an obligation to pray on behalf of those who are unable. This interpretation extends the obligation of the individual to those who need assistance.

**3. How Mental Health is Talked About Within the Synagogue**

Perhaps the biggest transformation surrounding mental health since the writing of the responsum is the way in which society talks about it. The American Psychiatric Association states that, "there is no country, society or culture where people with mental illness have the same societal value as people without mental illness."[51] However, in the last thirty years, there has been tremendous progress in increasing conversation about mental illness and specifically in ending the stigma. In 2017, NAMI published a list of nine ways to fight the stigma surrounding mental health. These ways include talking openly about mental health, increasing education on mental health, and being honest about treatment. Synagogues across the country are embracing these actions through increased programs, support groups, and the creation of mental health centers on synagogue premises.

Rav Avraham Yitzchak HaCohen Kook teaches that, "there are five general forces that need to be tended to so that they should be whole in the life of the collective and the individual. Then, appropriate force will be found in them to keep all damage at a distance to enhance life in the

[50] Mishnah Pesachim 10:5
[51] https://www.psychiatry.org/patients-families/stigma-and-discrimination

correct way. The first is physical and mental health leading to a full and joyous embracing of life".[52] From him, we learn that physical and mental health must be looked at and approached with the same compassion. In the same way that there is a responsibility to an individual when they have a physical need, so too is there a responsibility to someone when they have an emotional need. Further, there is an obligation to speak of mental health in the same way as physical health, and strive to defy NAMI's statement that mental health stigma is "universal".

It appears that the way in which this is approached varies based on geography of the synagogue, and its demographics. This does not change the obligation, but rather, it requires the rabbis and lay leaders to change their approach to increasing conversation, education, visibility, and inclusion for mental health. In Tractate Ketubot, Rabbi Shimon ben Gamliel warns that idleness leads to "shimaon," which the commentator Rashi equates with the biblical "shigaon" — craziness.[53] Today, we understand mental health to be more complex than this, but if in the 11th century, there was an awareness that idleness has the potential to impact someone's mental health, we have a responsibility to lift this up as a Jewish value.

**4. Challenges of the Addendum**

It is important to recognize a number of challenges, both financial and cultural, that come with this responsum. First, accommodations for physical disability are more tangible than for mental disability. While the American Disabilities Act mentions "physical or mental impairment," and works to serve the broadest population, most of its regulations serve as guidance to

[52] Rav Avraham Yitzchak HaCohen Kook, For the Perplexed of the Generation 24:1
[53] Ketubot 61a

accommodate physical disability.[54] The discrepancy leads to increased conversation and resources allocated towards physical disability, such as including mobility support to reach the bima. Increasing inclusion and access for intellectual and emotional disability requires a different approach, but similar graciousness from community leaders. The ADA recognizes a similar responsibility for total accessibility, however, enforcement is more challenging.

When trying to serve an entire community, it is impossible to anticipate every need that might arise. The solution to this challenge returns to the symbolic frame. How might a synagogue demonstrate that they are an inclusive space, without a contingency plan for every need, creating a culture where congregants are comfortable asking for what they need? Established synagogue culture also will prove to be its own challenge in this conversation. It was not that long ago when the expectation at synagogues was to remove children from the sanctuary if they made noise. Decorum mattered. That much the moreso, the expectation was for adults to maintain a certain level of decorum in the synagogue, especially during worship. However, for many with mental illness, this is not always attainable. Part of the culture shift must be an acknowledgement that these behavioral expectations must not limit participation. That being said, a challenge remains when access for one would mean disruption for everyone else. For example, what is a reasonable accommodation for a child who needs individualized attention, in a synagogue that does not have resources for an extra teacher or a teacher's aide? How can that child be included without it compromising the education of every other student? What

[54] Americans with Disabilities Act Title III Regulations." *Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities*

does the responsibility to include look like in everyday functions? Perhaps the execution looks different in each synagogue, but the responsibility remains to at least have a conversation.

**Conclusion**

There is a Talmudic story that begins when Rabbi Hiyya bar Abba becomes sick. His teacher, Rabbi Yochanan, goes to visit him and asks if he wanted to be sick and afflicted. Rabbi Hiyya responds by saying no, even though he believed that those who welcomed suffering are rewarded. Rabbi Yochanan asked for his hand, and restored him to health. The story continues with Rabbi Yochanan becoming sick, and his student Rabbi Hanina visiting, and asking if he wanted to be sick. When he says no, Rabbi Hanina asks for his hand and restores him to health.

From this story, the rabbis ask why Rabbi Yochanan waited for his student to restore him, when he was able to bring Rabbi Hiyya back to health. The rabbis then answer by saying that a prisoner cannot free themselves from prison, but depend on others to release the shackles.[55] Similarly, Rabbi Nachman says, "Struggle with your sadness and struggle with your soul… the point is not to rid oneself of struggle, but to accept it as a condition of being human.[56] In one way or another, mental health affects every single person and their human experience. But it is much easier to manage in a community and with the right resources. The *she'elah* does not ask if there is a communal responsibility, but rather, what the communal responsibility is.

[55] Berakhot 5b
[56] Rabbi Nachman, *The Gate of Tears: Sadness and the Spiritual Path*

The communal responsibility begins with work to destigmatize mental illness from the inside of the community, out. It begins by acknowledging mental illness as part of the human experience, and speaking of it in a way where individuals can feel supported. The communal responsibility is to provide resources for those struggling with their mental health and for the whole community to continue to learn. Based on the geography, demographics, and resources available this might look like work from within the synagogue or in partnership with other organizations, Jewish or otherwise.

The rabbis teach that if someone saves just one life, it is as if they've saved the whole world.[57] Ultimately, the communal responsibility is to remember that and act as if the soul is equally worth saving as the body.

[57] Sanhedrin 37

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