

HOLY SPACES

The Use of Sacred Text in Clinical Social Work

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Jewish social work involves creating not only a safe space for the client to heal but also a holy space, and the most direct way to do so is to use sacred text in a clinical therapy setting. By exploring clients' Jewish identity and using Jewish texts where appropriate, the clinician may help them move beyond a certain point of choice—Nekudat Habchira—which they have been unable to move beyond previously.

In recent years, Jewish social service agencies have struggled with the question of what Jewish social work entails. Although some contend that the Jewish value of helping to heal those in pain is the Jewish component, I argue that there are more direct ways of making the practice of clinical social work Jewishly meaningful to both the client and the clinician. In many ways, the work we do involves creating not only a *safe* space for the client to heal but also a *holy* space. In this way, the therapeutic relationship can also anchor the client in the Jewish community. The most direct way to create a holy space is to use sacred text in a clinical therapy setting.

What would it look like if clinical social workers were to routinely use sacred texts in the therapeutic setting? I propose here a model that has three elements relevant to this practice. The first element requires that the clinician be both open to the use of text in therapy and have access to capacity-building opportunities to improve his or her ability to do this type of work. The second element relates to the unique life experience of the client and requires careful exploration of the appropriateness of the use of text for that particular client. The final element of the model involves use of the concept of *Nekudat Habchira*, defined as the point of choice.

THE THERAPIST

The first required element is that the therapist be comfortable and willing to use sacred text with a therapy client. There has been a prevailing belief that the clinician must be

completely objective and value-free. Yet, Norman Linzer, who frequently makes a case for the need for Jewish literacy among clinical staff, reminds us that "professional practice, whether in social work, psychology, or the rabbinate, takes place in a social context.... The professional introduces methodologies and techniques based on propositional and prescriptive knowledge which guide his or her interventions in the helping process" (1975, p. 309). To be open to the use of text in therapy requires that the therapist see the social context as a Jewish one and that he or she be open to the possibility of viewing the client in a Jewish framework. In practice, this is not far different from the person-in-situation framework used by many social workers in therapeutic intervention (Woods & Hollis, 1990).

Seeing our clients in the context of their Jewish identities can enlighten us further about who they are, which can in turn help provide insight into a client's unmet needs. Thinking in this new context may keep us more attuned to what our client says about his or her Jewish life, which may be relevant to other relationships or developmental issues (see, for example, Mortimer Ostow's [1978] theory on the development of Jewish identity).

For the therapist, simply learning how to listen for such Jewish identity issues is central. Often, "nuances in client statements, and traces of their ethnic and religious remarks are not readily pursued, and the significance of the Jewish identity and values of the client is overlooked" (Linzer, 1978, p. 2).

Therefore, when a client who is verbally abused and emotionally battered makes such a statement as "I am too Jewish to get a divorce" (as one of mind did), we should ask what that means in the context of her life history, rather than letting the statement pass unexplored.

Exploring Jewish issues is an area in which additional capacity building is needed. Three crucial components of such skill building are (1) listening for appropriate Jewish "openings," (2) overcoming the therapist's discomfort with bringing religion and text into the therapy session, and (3) learning where to find appropriate texts to share with clients. This last component speaks to Jewish literacy as a requirement of social workers in a Jewish setting. This is not to say that each clinician must become a Torah scholar, but rather that training is needed in where to find basic texts and in how to apply them with clients.

Using sacred texts in practice may be one of the most difficult tasks to master for the clinician. For those of us who have not used sacred text in therapy before, the prospect can be quite daunting. For this reason, it may be helpful to view text as a frame of reference, rather than as empirical truth (Smolar, 1985, p. 1).

As one Jewish Family Service clinician stated, "The client is looking for some guidance or stance and so you give it to them.... I think when they come to a Jewish agency, at some point in time they are looking for something that will help them to weigh both sides of their ambivalence, and we have some responsibility to be sensitive to that" (Linzer, 1986). Ultimately, clinicians need to be sensitive to the needs of their clients when gently broaching the topic of Jewish identity and to be free to ask questions instead of fearing them.

THE CLIENT

Certainly every client is unique, and it is the clinician's task to assess which types of interventions will work well with each individual client. In addition it is important to remember that, as with any other therapeutic inter-

vention, the clinician who is ready and eager to try using a text with a client must be sure that he or she is doing so for the benefit of the client, rather than the clinician. To ensure that the intervention is client centered, it is necessary to return to the person-in-situation framework.

Woods and Hollis (1990) suggest three factors that must be assessed when using this framework: (1) personality factors, which relate to how motivated particular clients are to try to understand themselves or their behavior; (2) thought processes and understanding, the client's capacity for logical thinking; and (3) the situational or ethnic factor, which relates most directly to my focus.

When assessing ethnic or religious factors that may affect the life of a client, clinicians should ask three broad questions that may reveal the relative importance of Judaism to this client:

1. What is the client's family history in terms of religious identity or observance? How does deviating from family religious patterns affect the client's interpersonal relationships?
2. Does the client express religious feelings in therapy that reveal either comfort or discomfort with his or her Jewishness? What is the function of religion in the client's life?
3. What does seeing a Jewish clinician at a Jewish agency mean to this client?

These three questions can form the foundation for an assessment of the appropriateness of the use of text with a client.

Krasner (1982) has outlined an extensive list of more specific questions that a clinician may use to make this type of assessment. Some of her questions address the role of texts, rituals, and prayer in the client's life. She asks, "Do religious texts, guidelines, rituals, holidays, liturgy, and prayer

1. Free the person or bind him or her?
2. Enable fair give-and-take or restrict it?
3. Contribute to openness and flexibility or to defensiveness and rigidity?

4. Make the client judgmental or receptive to other people's views?
5. Help the person address and handle shame and guilt or drive him or her deeper into it?
6. Underwrite compulsive tendencies or prod the client to new growth?
7. Help actualize forgiveness or provide a leverage for blame?
8. Encourage responsibility or its abandonment of others (Krasner, 1982, p. 14)

A client who speaks frequently about an observant lifestyle may be open to looking at texts in therapy. Conversely, a client who expresses relationship issues with more observant or religious parents may feel that a clinician who brings text into therapy is sympathetic to those parents. "Ambivalence about one's sense of self will be reflected in ambivalence about one's Jewishness" (Sherriff & Hulewat, 1990, p. 54). Although some clients use splitting as a defense against ambivalence and therefore either completely embrace or reject Judaism, most fall somewhere in the middle along a continuum (Sherriff & Hulewat, 1990). For these reasons, making this type of assessment is rarely easy.

The third question—what does seeing a Jewish clinician at a Jewish agency mean to the client?—is perhaps the most significant of the three. To avoid this question or to wait for the client to address it is to ignore a crucial step taken by the client in reaching out to the Jewish community. In a 1993 speech to the Jewish Family Service (JFS) Board of Directors of Los Angeles, Chuck Hurewitz, then president of that JFS, suggested, "In each instance, the social worker represents Jewish Family Service, and the meaning to the individual Jewish client... is that JFS is a representative of the rights and responsibilities of *tzedakah* and *hesed*" (Hurewitz, 1993, p. 4). What we as clinicians represent to the client seeking help can become a starting point for gaining a better understanding of the client's Jewish identity and receptiveness to using it to address therapeutic issues. With each new client we can become a safe access point to the Jewish community. This is the most basic

form of the social work concept of "being where the client is"—in this case at the door of a Jewish social service agency (Goldberg, 1992).

Perhaps Norman Linzer has best described the value of using text in therapy. He writes, "In the Jewish community, the Jewish social agency serves as a mediating structure between the individual Jew and the general society. The Jewish agency... anchors the individual in the Jewish community and provides him or her with a rationale for Jewish living. It affirms and strengthens his or her identity as a Jew so that he or she can enter the public sphere with a firm sense of belonging" (Linzer, 1975, p. 316). Feeling a sense of belonging builds self-esteem, which is crucial because low self-esteem is often a central component of many problems our clients bring to therapy. "Touching a client's Jewishness can evoke feelings of nostalgia and warmth and can serve as a breakthrough to the formation of a professional relationship" (Linzer, 1975, p. 316). This is relationship building at its best and may in some cases be exactly what the client had hoped for in calling a Jewish agency. In addition to building the therapeutic relationship, addressing the uniquely Jewish dimension of personality can also allow issues of identity to emerge more easily when the client is highly defended (Sherriff & Hulewat, 1990). Very often, clients who have employed defense mechanisms to cope with difficult life events can be made to feel more at ease by exploring their positive experiences with Jewish life, either within their families of origin or within their adult community. To the extent that these positive experiences exist, the therapist may gain insight into other aspects of a client's identity by encouraging discussion of them.

As clinicians we should be able to assess the Jewish identity of our clients and determine whether "touching their Jewishness" in this way can serve as an effective tool in the *tikkun* or healing process. For ultimately if this tool is made available to us and if we are comfortable with it, it may go a long way

toward helping our clients begin to address their pain and to heal.

NEKUDAT HABCHIRA: THE POINT OF CHOICE

Some scholars argue that a sacred text is the word of God and that therefore we have a responsibility to live our lives according to the most strict interpretations of that word. However, others suggest that the words are a guide to the direction in which we should be going, which we can ponder and choose parts to observe. I argue that sacred text is something in between. It is a yardstick by which we as Jews can measure our moral and developmental behavior. It is *not* intended to make us feel like we are failures or that we must be mirror images of a perfect God.

This definition of text suggests that the reason to use text with clients is to point them in a direction, to help them feel that they are taking steps toward a goal, and to root this directedness in a Jewish context. The clinician should always maintain a vision of what the client can become as an individual with the capacity to grow and to change (Linzer, 1975).

With regard to the Jewish view of self-determination, a key social work tenet, Miller (1988) writes that, although we are free, there are limits to our ability to exercise our right of self-determination. Miller refers to the teachings of Rabbi Dressler (1892–1953) of the Musar movement who created the concept of *Nekudat Habchira*, the point of choice. "This concept limits the self-determination that Judaism can expect from a person to the specific spiritual level that he or she is on. A person, at any given time, has the ability to make choices that are relevant to his or her particular level of functioning at that time" (Miller, 1988, p. 43). Miller goes on to suggest that most of us generally make choices in our lives that are either below or beyond our scope of possibilities; thus we are never really able to choose within our present capabilities. This might also be interpreted to mean that as human beings who make choices we are always somehow striving for more or

settling for less, rather than recognizing our limitations.

Each of us develops Jewishly at an individual pace. The use of text in an appropriate manner may help clients think of their lives in more Jewish terms or may help them move beyond a certain point of choice (*Nekudat Habchira*) where they feel developmentally stuck. Miller reminds clinicians that this point of choice is dynamic and constantly changing, allowing clients to make new and different decisions about their lives and their relationships as therapy progresses. As our capabilities grow, so too do the options available to us. Thus we can use text not to tell our clients what to do or how to live but rather to acknowledge their healing or growing process and the direction in which they are tending to go.

Where the clinician is willing and able, the client is appropriate, and there exists an understanding of the limits and possibilities inherent in the text, our sacred sources can be used to nurture the healing process. To illustrate how this may work, I now present the cases of two of my former clients.

CASE STUDIES

Sophia

Sophia was the first client with whom I tried to use text. I present this case to illustrate my own discomfort and lack of training at the time I was seeing this client. Sophia was a 29-year-old Russian woman who had lived in the United States since she was thirteen. I saw her as a client for seven months. Sophia was referred to the agency because she had been widowed for two years and had relinquished all of the parenting responsibilities for her 6-year-old daughter to her parents, with whom she was living. Sophia suffered from extremely low self-esteem and was involved with a verbally and emotionally abusive boyfriend whom she had begun seeing almost immediately after her husband's death. Sophia had never been in therapy before and had some difficulty understanding its purpose and how to use it. She preferred to spend her time with me telling detailed stories, rather

than looking in depth at her feelings of being unlovable and unable to take care of herself.

Sophia's connection to her Jewish identity was rarely discussed explicitly, but was implicit in her discussions about the Jewish day school her daughter attended and about holiday celebrations. Attending day school was a topic that I certainly could have explored further had I been more comfortable. Sophia's family was extremely poor and perpetually behind on their bills, including tuition, and yet was committed to a Jewish day school education for their first American grandchild. The child's attendance at school was clearly a statement about the connection to Judaism in the family. At this time, however, I had not yet been trained to listen to Sophia's stories in this way, and we never did discuss what the school meant to her. The topic of Jewish holidays came up regularly, usually as Sophia reported her aggravation with her mother and her demands around holiday celebrations. These complaints were certainly indicative of Sophia's issues with her mother and may also have indicated some discomfort about her Judaism. Again, although I explored thoroughly her feelings about her mother, I left the issue of holidays and what they evoked in her untouched.

During our final session together, I finally found the courage to use a text with Sophia, a text that felt very appropriate given our work around helping her find a new therapist. Sophia had been in a great deal of pain about my departure from the agency and had expressed reluctance to continue therapy elsewhere. During our last session I presented her with a copy of the Wayfarer's Prayer.

"May it be Your will Hashem, our God and the God of our forefathers that You lead us toward peace, emplace our footsteps toward peace, guide us toward peace, and make us reach our desired destination for life, gladness and peace. May You rescue us from the hand of every foe, ambush, bandits and evil animals along the way and from all manner of punishments that assemble to come to earth. May You send blessing in our every handiwork, and grant us

grace, kindness and mercy in Your eyes and in the eyes of all who see us. May You hear the sound of our supplication, because You are God Who hears prayer and supplication. Blessed are You, Hashem, Who hears prayer."

Sophia and I spoke about the metaphor of therapy as a journey toward her own peace and gladness. I suggested that although she was moving on, she would always carry our relationship with her as protection against some of the painful relationships in her life. I gave her a copy of the prayer to take with her on her journey as well. She responded gladly and seemed pleased to take it. However, I am sure that had I had different training and sensitivity at the time, Sophia and I might have pursued some of the questions about her Jewish identity further and may have moved in different directions toward strengthening her self-esteem.

Karen

Karen was a 32-year-old American-born woman whom I saw for nine months in weekly therapy. Initially, she and her 35-year-old Israeli husband sought marital counseling. However it became clear almost immediately that he was unwilling to participate in counseling and that it was Karen who was truly interested in using the therapy. Like Sophia, Karen suffered from extremely low self-esteem. Her husband Yaakov was extraordinarily verbally abusive and cruel to both her and their two young sons. Over the past few years, Karen had developed a debilitating physical condition that had further weakened her emotionally and physically. Once Karen began therapy, Yaakov became increasingly verbally abusive and threatened to become physically abusive as well. The agency's goal was to move Karen into an agency that serves victims of domestic violence in anticipation of my departure from our agency.

Karen's Jewish identity was much talked about from the start of therapy. She was married to an Israeli and kept a kosher home. She and her family celebrated Shabbat and

observed the laws of family purity, including *mikvah*. One of the methods her husband often used to wear her down was to accuse her of being "a Christian." For example, Karen repeatedly tried to quit smoking and reported that she had "sworn on the mezuzah" to do so. When she did smoke, Yaakov would tell her that she had broken her promise and that she was not a Jew. In addition to her extremely low self-esteem and fear of being alone, another factor preventing Karen from leaving her husband was the belief that she was "too Jewish to get a divorce." We spoke at length about all of these issues in therapy—her belief that divorce is not Jewish, her feelings about being accused of being a Christian, and her husband's insistence that she observe *mikvah*, which he did not see as inconsistent with his practice of marital rape. Therapy took place in a completely Jewish context—complete with us wishing each other *Shabbat Shalom*—a practice that Karen initiated when we met or spoke on a Friday.

Karen's willingness to talk about these issues prompted me to give thought to what texts might help her better see her own value as an individual. To this end, I shared with her a text from Pirke Avot: "*All that the Holy One, Blessed is He, created in his world, He created solely for his glory, as it is said, 'All that is called by my name, indeed it is for my glory that I have created it, formed it and made it' (Pirke Avot 6:11).*"

I asked Karen what this text meant to her, and she replied that she believed that we are all created in God's image. We spoke about what this belief meant to her intellectually—that she had a right to be treated with respect—and what it meant emotionally, which was much harder for her to define. I saw that as an illustration of *Nekudat Habchira*, the point of choice. Karen was able to intellectually understand what it means to be a worthy human being, and her future work would be to move toward experiencing herself in that way. I also considered other texts that speak to the holiness of marriage to use as starting points for examining Karen's own abusive relationship.

My termination goal with Karen was to help her not only to accept that she was being emotionally battered but also to see that other positive relationships such as ours might provide support for her in the months to come and that she need not be alone if she ultimately chose to leave Yaakov.

There was a certain amount of grief work in this stage as Karen began to mourn not only what she felt she had lost in her life but also the loss of our relationship—the only positive one she had at that time. Other texts were appropriate in helping Karen acknowledge her grief at the ending of our relationship (Brenner, 1989). For example, I shared a text from Job 7:11–12: "*I will not hold my peace. I will speak out in the distress of my mind and proclaim in the bitterness of my soul. I will give free reign to my grief. I will speak out in the bitterness of my soul.*" Such texts as these would encourage Karen to grieve and to understand that she had a right to that grief. The more Karen was able to feel entitled to her feelings, the more hope she had of continuing on with another therapist, rather than dismissing our therapeutic relationship as a fluke.

The possibilities for the use of text with Karen were vast, because she was a client who had been open about her Jewish identity and was willing to share its importance in her life with me. The use of text with such a client is wholly consistent with the important social work notion of being where the client is. Again the idea was not to force the text on her as a prescription to her life's problems, but rather to offer it as a yardstick of something to move toward or possibly as an affirmation. For a client whose religion is meaningful, moving toward the ideals of text may feel like a more "worthy" goal than one to change what they perceive as dysfunctional behaviors.

Lessons Learned

Several conclusions can be drawn from these two case studies. First and perhaps most important, it is largely the willingness and capacity of the clinician to use a text in

therapy that defines the possibilities of this type of work. In the first case, I was not listening for opportunities to use text and had not considered what brought the client to a Jewish agency. In contrast in the second case, I began with the assumption that the client chose a Jewish agency purposefully and therefore felt more comfortable to pursue the issues of Jewish identity that were raised in therapy. Another crucial point demonstrated by these cases is that no two clients will respond similarly to the same situation. Both cases involved young Jewish women in abusive relationships with low self-esteem. However although one of these clients spoke little of her Jewish identity, the other was very open about it. I can only wonder whether that openness derived partly from how I as the therapist conveyed what I expected to hear and to explore in therapy.

CONCLUSION

This article has only begun to explore the issues involved in bringing Jewish text into a therapeutic relationship. What is clear—from the body of work written on this topic, the emergence of Jewish self-help literature, and the long waiting lists at Jewish agencies—is that when they are in pain Jewish people will reach out to what they perceive as familiar. No matter how strong or how diluted one's Jewish identity, to call a Jewish agency means acknowledging some connection to the Jewish people as family. We as clinicians can only begin to understand what that connection might be by asking about it, either directly or through the use of text in therapy. In most cases we will not know what long-term effects this exploration has on a client. However I believe that in some way it will be a memorable part of the process. It has been said about the Torah: "The substance of what one has studied may later be forgotten, but the process of studying is itself purifying" (Telushkin, 1991, 238). So it is with the therapeutic journey as well.

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