

Rabbinic Symbolic Exemplarhood as a Healing Source¹

After having left the pulpit in 1969, I have devoted a fairly significant portion of my time helping rabbis not do what I did. I have taken great satisfaction in increasing the fun of the rabbinate and proposing other such weird ideas. When I would end a talk about symbolic exemplarhood and how rabbis are walking talking living symbols, hostages of their own being as well as their family, I would say at the very end of those talks that all rabbis are symbolic exemplars and that each has to face that because among other things, *that is where the power in being a rabbi is.* Then I would go off and do workshops and I would end up talking about other stuff; things I was interested in at different points - communication strategies and that kind of thing. It occurred to me last year that it was time, after all these years to bring these two together and to try to deal head on with the power that being a symbolic exemplar provides and how rabbis can use that power for starters in healing.

Being a rabbi means being a symbolic exemplar. Being a symbolic exemplar can be difficult, but it is an essential component of the rabbinate, a component which provides influence, potency and power.

The late Len Hirsch z'l (some of you knew Len or had met him at rabbinic training institutes) offered,

“Understanding power is understanding that courage is needed to act in the face of awesome ambiguities and pressures.”

For rabbis the awesome ambiguities include the fact that though “only” human each of us is a symbolic exemplar of the divine and of a people who encountered the divine. The pressures that come from being symbolic exemplars, we know from our everyday “being” in the rabbinate. Both symbolic exemplars vertically as it were, of God, we’re also symbolic exemplars horizontally of the Jewish people.

¹ Adapted from a session at The -Rabbinical Assembly Convention of 1994, The Concord Hotel Kiamesha Lake NY For additional useful information on this topic see; *The Rabbi as Symbolic Exemplar; By the Power Vested in Me* Chapter 11-Curing and Healing-Haworth Press; 2002 and many places in *Jewish Relational Care A-Z. We Are Our Other’s Keeper* Haworth Press 2006

The pressures that come from being a symbolic exemplars, all of you know from your everyday “being” in the rabbinate.

To use this power, Rabbis must accept and be comfortable with their being walking, talking symbols, exemplars of the best that is in humankind. Rabbis need to know how to use their symbolic exemplarhood as a source of their rabbinic power.

Symbolic exemplarhood is NOT a substitute for competence or for personal integrity and rabbis should not forget that. Used competently, and with integrity, it is in my way of thinking, *the* primary source of rabbinic power.

The particular one I would like to explore today is symbolic exemplarhood and healing. All Rabbis need to believe that they can make a positive difference in a persons physical health and well being by what they do in contact with the ill, in hospital and at home.

I remember that when I was in the pulpit, visiting the hospital was a CHORE. It was something that I had to do. If I didn't do it, I heard about it. It went with the rabbinate, but was in my perception an import from Christianity. When people asked me to pray with them or for them, I dismissingly told them that they certainly could pray for themselves. When I successfully visited somebody or left my card I would check it off so when I got back to the office I could say that I visited “tante Sura” and yes, she was there. I was relieved when “tante Sura” was out being x-rayed, or was sleeping peacefully, I could say that I went to visit “tante Sura” but she was sleeping peacefully. It was a chore that I disliked seriously and I had to do it.

What I really wasted during those years by being unaware of what I could have done as a rabbi was a time of really potent power and potent experience with someone who was ill. I don't know if you have that same sense of relief when the person is out having some hospital procedure done but visiting the ill and being with them, can be a potent experience for you and them, and is something that tradition and your role expects of you. What you have to believe when you go in there is that you can have as powerful an effect with

what you communicate, with how you are with that person, and can actually change the direction of the illness by actually seeding ideas about healing. That is one of the things that we will talk about. You can have an actual effect in changing the actions of their immune system. You are in a very special position.

As you may have heard me say, one of the places that your power comes from is in what people believe in and of you - that fact that they think of you as a special emissary of God the fact that they see you as a link from the outside world, as a link to the Jewish people. The fact that they are sick, in itself starts to open up new dimensions of thinking, new dimensions of interest in them, and offers you a way of moving in to their total experience. It's your job to make maximum use of that kind of mental, emotional opening that can happen when they are sick.

What people believe in you gives you power and I want to encourage you to start to take that power. Their fright and isolation can provide heightened need and may open their own belief systems allowing for some greater flexibility. Symbolic exemplarhood provides you much that you can do. It can help you change their beliefs and a change in their beliefs can help their healing. You are a major link between systems - you are often outside the hospital system, unless you are an institutional chaplain and if you're a Chaplain you do you well to present yourself as being in but not of the regular hospital system. You're the minister plenipotentiary of the Jewish people, of the world outside the illness and of course you're a link vertically with God.

We know that psychological factors influence the course of illness and healing, I'm not telling you anything that you don't know. In psychology, this is coming up as a bigger and bigger thing all the time. We know that psychological depression reduces the immune system's capabilities, that isolation and pain and a lack of coping accompany depression. There is no more helpless feeling than if you are in the hospital yourself - I had an experience myself when I was having a relatively minor procedure done and I was lying on the stretcher wearing a Johnny coat that barely covered my wonderful legs and having someone say "who is going to take this one over"? I

wasn't a "this one", I was a distinct, sentient human being. Hospitals are a conspiracy to rob a patient's coping skills.

Your job in going to the hospital is to move them in the direction of coping. We know that lack of coping skills leads to depression. We know that heart attack patients who are optimistic live longer than heart attack patients who are not optimistic and that is an interesting phenomenon. We know the work done on the west coast by a man by the name of Spiegel, who reported that for women who were suffering from breast cancer, the women who were in a therapy group lived longer than the women who were not. So something happens - I often wonder if that is an expectation thing. If we expect people to live longer, they live longer.

And if a person wants to live to see some event important in their life, they often do despite the terminal nature of the illness.

So we know that what we think affects our immune system, that our beliefs make up our thinking, and our thinking shapes our beliefs and our language and how we talk shapes both. As you know, my particular *mishegas* (obsession) is that I always want to teach rabbis that how you talk with people and how you use language, a major and ever-present tool can get people to start to change.

I suggest that when you go to the hospital that you do one thing first when you enter the hospital and that is that you take a few minutes for yourself. That you really get into a state of calmness. For this I suggest some self hypnosis - not that you will go into the hospital and trance out and be stuck in the outer room for a day and a half until some attendant notices, but if you do learn some self hypnosis you will learn how to move yourself into a state of calmness and personal reassurance before you go in there. I suggest that you spend five minutes praying for the ability to help others heal, for the ability to stay calm and in a comfortable place with the person who is there; that you recognize that you will not try to go through the hospital simply as a chore to be done.

Human beings have a natural innate ability to absorb the environment - it started with sitting around the ancient campfires - so if people are feeling anxious the anxiety will pass through the group, depression is contagious as is joy, sadness and giggling. I

want you to be in control to the extent that you can of the environment that happens with you and the person who is in the hospital. So, if you are feeling calm, and you are feeling secure and are in an OK place, you can really be useful, you can really do things that can help turn the illness around. The very fact of how you are, without your even saying a word, can be an influence on the environment. People pick up the unspoken behavior of other people. Just sit in a luncheonette, if there are such things anymore, and watch a couple who are in love. Watch how they start to mirror each other's behavior, notice how the actions of one influence the other. Notice when you have a couple in your office awhile-change your body position and after a bit of time passes you will notice that they will change theirs.

When you go into the hospital, I want you to "be" in a way in which you are aware of your own power; you are thinking about what is it that this person needs and how you are going to find out what they need and how are you going to communicate in a way that is going to lead toward what they need. I want you to think of yourself as a symbolic exemplar of God as the source of health; a symbolic exemplar of God who has created the immune system. A few minutes before you go into the hospital I want you to evoke God as your helper an aide that is going to be active and not passive. I want you to think of yourself literally on the side of God and that you have the ability to combat what is happening. Ask yourself -what is my goal going to be with this person today? And, the goal may be very simply finding out what this person needs from you at a future time. I think of that as a useful function of prayer, of self-hypnosis or whatever. How you talk when you pay a hospital call is going to depend on the goal that you want and the way that you know that ideas can be planted in a person. Ask yourself what can I, the rabbi do, that will help this persons healing, help this person deal with pain, help this person cope with perhaps permanent life changes and even oncoming death. You the rabbi are a symbol of special power and you can use that power to help people heal. O.K. that the mishabeirakh at the beginning. Any response to that up to there?

There are ways of giving messages in the presence of others. The person who is ill who doesn't think they will recover or otherwise scared. They need to know that others have gotten through this.

You could tell a story to someone else in the room about a third party, not present, who thought they weren't going to make it through such an illness and an encounter you had with them after they fully recovered. There's no need to even mention their recovering. You can tell the story in a way, which presupposes their health without mentioning their recovery. You are really directing it at the patient and they hear that. You can take it a step further by marking it out for the patient. I can be talking to Arthur about the fact that I had someone I saw last year and they had been through a major surgery and they made it through and how amazing it was how much they learned from it. And if you need private time you allow for that. You have to think that you can make a difference. Jack Reimer just gave me a wonderful example of this. A widow came back from her husband's funeral and people had food set out and wanted her to eat. She said "I don't want to eat ever again" and the rabbi said "you have to eat because the Torah said you have to eat" and she would not have heard that from anybody else but the rabbi. He was using his symbolic exemplarhood - the words that come from his or her mouth are the words that come from on high. You simply have to learn that that is where your power is.

The message that you want to get across is that you are an advocate. Ask yourself what do you think the patient needs and what you as a symbolic exemplar of God and the Jewish people can do to deliver it.

Question; A patient has cancer and is terminally ill. He is scared, alone, in pain, etc. He is worried about what will happen. How would you deal with pain? :

Acknowledge his pain, Do you believe that you can change people's pain? Distraction is one way by making someone think about something else. Use a calming voice. A way of dealing with pain is to call it something else. Talk about their discomfort. Discomfort is not pain. Relabeling things is very important. You start to talk about discomfort when they start talking about pain.

A person who is experiencing discomfort rather than pain is going to be in a better place

The unconscious mind does not process negatives. Then you start talking about him not being himself. What would you do if the person goes back and says this is not discomfort, this is pain. You can't imagine how much it hurts. Talk about what moments they feel better. Constant relabeling and try to get them to focus on something else. You can say your healing will not be too easy. That is quite different than saying; your healing will be long and very difficult.

Milton Erickson used this with his little boy - his son fell down a flight of stairs and was bleeding. Milton started to talk about what great blood the boy was producing. He called his wife over and told her what wonderful blood the boy had - to distract him. Then when he got him to the hospital for stitches he told the child to be sure to keep track of the number of stitches he got to see that the doctor didn't make a mistake and to see if he would get more or less than his sister had received at another time.

You need to learn the world that your patients are going to be in. All your patients and each of your congregants are going to be different. You need to learn their world. Relabeling is a useful tool.

Presupposition is another tool. When you are using presupposition and you are visiting the sick, what is one of the ideas you want to get across to them?

Most of them don't think that they're going to get better and how do you use presupposition as a way of convincing them that they will get better? One useful word for presupposition is when. When you will have chaired the meeting... What tricky thing have you just done? You have talked about the future as if it's present tense about the past? What have you not touched at all? You have not touched getting better. You have talked about what is going to happen. When things are in the past tense they take on greater reality because they *have* happened. You don't want to get into fights with people about their healing. You want to plant seeds. You jump to the future and you add details. Details make things real.

A story that those of you who know me have heard a million times. It's about my cousin Srul who despite our best efforts, died at 90. About 10 or 11 years ago on a cold December week, my cousin

Lenny, Srul's son asked me to visit Srul at Mt. Sinai Hospital in New York City. I drove in the hour and a half wondering what I would do and of what use I would be. Now Srul had a leg amputated because of diabetes and then they discovered that they hadn't done it right so they did it again and then charged him for two amputations! Now Srul used to come to our Seder once a year. He loved to sing and was always an amiable and gracious guest. So with a mix of feeling duty bound and love, I went to visit cousin Srul. I walk into his room, he blurts out a greeting "oh Jackie, my favorite cousin" and immediately passes out. What do I do know? So I decided to experiment. Maybe the unconscious hears what the conscious doesn't. I started to talk to that inert body lying there about the Passover Seder that was to take place in the spring and for an hour and a half I talked about how he would sing, what we would do, what I would do, what Lenny would do etc. at this Passover Seder. I talked for an hour and a half, repeating myself relentlessly and had he been conscious boringly. I don't know what effect that talking had on Srul but when Srul arrived (with the help of a walker at the Seder that year; Lenny told me that they couldn't keep him away. They told him that he didn't have to go since he was ill and had been in the hospital but he said, "I've got to go". "I've got to go".

It was an interesting experiment. I can't say for sure that my 90-minute rant did the trick, but maybe...and at least it didn't hurt. I want you to experiment with the process. I'm not concerned that your going to make mistakes, I make mistakes. You better have some idea in your head of what you want to accomplish and build a relationship toward what?

As for reality - the doctor says Mr. Cohen you are very ill and you don't have long to live. You go in and you have prepared yourself beforehand. What outcome do you want to go for? You may not get what you want to go for but what do you do? You might want to shake up the time frame by talking about people who live much longer than medical expectations. I watched a doctor do that with my father. They told me over the phone that in three months after surgery my father would feel a little better, in six months he'll be worse and that most people are dead in a year. Thank God that when the doctor spoke with my father he said;

“Mr. Bloom; we did everything we could do. We removed as much of the tumor as we could. Some people have lived with this for 15 years.”

My father was 65 at the time. My father lived another 2 1/2 years.

What else might you do if you wanted to change a person's perspective on it? A very direct way might be to relate a story about someone who lived a long time. How might you do it more indirectly? What's involved - the doctor, the patient and what else? The doctor talks about expectations, he thinks that the patient will do well. If you don't go the direct route you can say, “Oh, I had a friend...” In fact, I do have a friend whose father just died at 96; 35 years ago they opened him up in Bridgeport Hospital and told my friend that his father had six months to live and that was 35 year ago. Those stories are quite useful. You need to gather them to have them available to you.

Let's assume that you don't want to be that direct. You might talk about another set of expectations that people had that did not get met. For someone who is a baseball fan you might talk about Jeff Kent who had no home runs last year, nobody expected him to do anything and he had 8 home runs in April - it's astonishing. So you might talk about expectations that someone didn't meet going their own way. That is more indirect. They say that what they think about their health changes their health. We know now how something like hypnosis works. We know that all males who have been past puberty in this room and have opened up a Playboy to the centerfold which is only ink on paper, have had things start to happen in their body as a result of just looking at something, something that we know is just ink on paper. So we know that what we think affects our body. What we have discovered in recent years is messenger molecules that start to change what is going on in the body.

There is an interesting book that you can read called Psychobiology of Mind Body Healing by Ernest Rossi. There are messenger molecules that pass from our thinking to our body and effect our hormones, etc. A bunch of Harvard students before an exam, were put under stress. Their immune system and their ability to respond

was lowered. Those are the messenger molecules in our body that affect everything from our immune system to how we see a centerfold of Playboy.

You need to come into that situation with an agenda. You need to know how you can use language, how can you use your presence as a rabbi?

I think a lot of this is in the whole thing of seeding ideas. Let me give you another useful word to use with presuppositions; one you should start to use in your vocabulary. If I ask you “are you aware of how much learning you are doing today?” What is the presupposition that is not in doubt? Learning - right! The only thing that is in doubt is- how much? The word aware is a very useful word.

We know that people who feel that they can cope do a lot better. What I want you to do is to start to access resources that have to do with coping. You have a tremendous advantage over the medical community because you know the person. How would you do this? I’m talking about inner resources. You want to start to talk about coping mechanisms the patient has used before and you want to start talking about things he has coped with before successfully. You want to start to talk and to transfer those things to the future. When you talk about the past, remember, you are talking about it in the present.

An example of that would be when Ingrid and I went to the show Carousel last weekend. My last association with Carousel was back in 1958 when I saw Carousel with a woman whom I was dating back then. I used to play it sadly in my room back then at JTS. I told Ingrid that it reminded me of this woman and Ingrid asked if it reminded me of her now? It clearly reminded me of her now except that the relationship was long gone and I was glad that she never married me. ***You must remember that when you are talking about the past, you are talking in the present.*** So, you start to access past coping and if they are willing to hear it you can suggest to them that they are able to do this in the future. The first question is what do they need? An example of a coping skill is knowing that this will be over - there will be a time after surgery. You can help them access

times before they took comprehensives. Before you go through it you can't believe you will ever get through it. So, you start to access a time that they never thought they would get through, but they did. You **don't** link it with ...and the moral of the story is... you just tell the story and you keep telling stories of situations when they got through a difficult time. If they are Knick fans then you talk about how they were doing so badly but how they got through it. So you start to access parallel things. We have a tradition that is rich with stories of folks who had the coping skills to get through rough spots. Some other coping skills are - they need to know that people love them. Stories about how people who felt unloved but there were really people who loved them but they couldn't get through because the phone was busy. You can be straight on too. You can say so and so, you are a courageous guy. In all the 25 years that I've known you, I've been astonished by the amount of courage you have. Some of you may know Arnie Sher. When I was going through my divorce, Arnie called me up and said Bloom, you're a survivor. Now I never knew what the hell that means but what I knew was that he was accessing something vital in me, and I started to access that in my head other painful events that I had been through that I came through. He may not have formally known what he was doing but he planted that in my head. You're ability as a symbolic exemplar to label people is a powerful ability.

There is another powerful tool and that is linking. A linkage is taking something that is inevitable and verifiable in the person's experience and linking it to something that you want to happen. You can link anything to anything. What I want to encourage you to do is to link what you want to something that is inevitable. If you want to build a relationship in which the evidence that you're on target would be a smile, how would you link another's smile to something inevitable? What you might say is "you know Sarah, you'll find yourself smiling about the jokes I told you". Or you might say "You'll find yourself smiling about that joke I told you today when you go for that MRI tomorrow." Your leaving is inevitable. So you might say; "After I go, you'll be aware of someone you hadn't thought of who loves and cares about you. You link something that is inevitable and you plant the seed for something that you want. It's very useful to use with your kids. It's very useful for you too if you want to remember things. It's very

useful and you can link anything to anything. There are a multitude of good books on self-hypnosis. The best book on this kind of communications is Jay Haley's book *Uncommon Therapy*. Linking is something you can do a lot of ways. You will be surprised that it works.

Don't tell people not to think something. Don't tell people not to feel something; don't tell people that what they're going through is wrong. Normalize it. "Me too", "I understand that, I've had that feeling also". Normalize it - that is very important. When you normalize it reduces some stress and it makes them feel less vulnerable and it puts them in connection with something.

Do you know what it is to embed a command? Many years ago I said to Arthur when Arthur had a broken leg, I said, "Jews heal quickly". That can be an embedded command. If I make the statement Rabbis should take power. That's embedding a command. One of the things you can start to do is that you can embed commands in larger linguistic structures. You can evoke a transderivational search. How do you process that statement and how do you see yourself fitting or not fitting into it. Do you know what that is? Well, if I want you to start to think about your siblings what should I do? What I would have to do is to start to talk about mine. If I want you to start to think about your relationship, then I would start to talk about mine. I can get you to get you respond to me by not being overt I just need to talk about something and you will start to process it in your own head. Or if I make a statement like "Jews really know how to make maximum use of the health care system" that evokes a transderivational search in your head because what category do you become under there-. Jew. Jews know how to ask doctors intelligent questions, Jews heal quickly becomes a matter of starting a transderivational search. You can also deliver things in quotes. Do you know what delivering them in quotes is? You are not talking to that person, you are telling them a story but you can put it into quotes - like, there was one guy who came to my office once and I told him a lot of stories and the name of the guy was Arthur and what I told him was..."and what I told him Arthur was...enjoy your life" and so you can do that kind of thing. I can be telling a story and the message I want to give you is to heal quickly. I'll tell the story about someone else. I'll tell the story about Hershel

to Steve. I was visiting Steve and what I said was..."Enjoy your life Hershel..."

Prayer is something that is a real issue for me. When Label Waldman was on sabbatical a year or two ago, I was asked to officiate at Congregation Beth El for the first time since 1969. I had resisted officiating for all those years feeling that I was a fraud for leaving. Prayer and praying and leading others in prayer was an issue for me but is something that no long bothers me.

I had just come back from studying with Larry Kushner at a Rabbinical Training Institute. He had talked about the first commandment being God's calling card. The calling card says: God Frees Slaves and in the upper right corner it says- call anytime. The first commandment in our tradition is not a commandment it's God's calling card. The other commandment that makes no sense to me at all is the 10th because how can you command that which is in the heart. I spoke about that our real difficulty is that we get envious about others people's capacities, other people's relationships, how they're different from us and about what they have that we don't have. If you go to a convention it's full of that and I said that what I decided in my life was that I could not be the rabbi that my father wanted me to be, I could not be the rabbi my seminary wanted me to be, I could not be the rabbi that you wanted me to be but I could only be the rabbi that I knew how to be. If that means being weird about how I behave or your vision of me doesn't fit than so be it. One of my concerns was that it took me a lot of years to get to that place. It's a very powerful place and I wonder whether it's a function of age or not. I can move people; I can touch people and fail with people if I am who I am. We take our own power away, we give it away. You have the power to be powerfully influential with the sick. Take it and use it. Experiment with it. When you go in to the sick, your opinion is very powerful. You need to take five minutes before you go into the hospital to switch gears to think about what that person needs.

Do you believe that you as a human being can influence other people? Go with that. You've got to know that they see you as an instrument of God and I want you to use that. What about the atheists? You may have to do something different with them but if

you know that you can have an influence on someone, use it, use it, and use it! And, if there is no God so there will be nobody to recognize the important work you've done. It matters in my office what the patient thinks of me and what they think I do and I'll use that as best I can. Use their projections. One of them has to do with your symbolic exemplarhood. Their projections may be killing them. You want to use those projections and you want to change others in the work of healing.

It is told of one of my teachers, the late Milton H. Erickson z'l, who was perhaps the greatest therapist of our era. A patient having heard of his healing prowess traveled halfway around the world to see him. Entering Milton's somewhat shabby office, he was shocked as he took in its well worn furniture, overused chairs and ramshackle bookshelves, rather humble surroundings for such a great man. Erickson noticed him looking around in disbelief, fixed his intense gaze upon him and said, "I know it's not much, **but I'M HERE!**"

May each of us say the same!