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Jewish Stories in Mental Health Counseling

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ABSTRACT

Many mental health counselors incorporate storytelling as an integral component of their treatment programs. The popularity of such storytelling is apparent from the wide spectrum of therapeutic approaches including this modality. Judaism similarly has a rich storytelling tradition. Unfortunately, the counseling literature offers insufficient attention to incorporation of Jewish stories into treatment. The current article discusses the rationale behind therapeutic storytelling, surveys the limited extant literature surrounding use of Jewish stories in this context, and provides specific suggestions for including such stories in clinical interventions. The discussion is especially directed at practitioners of cognitive-behavioral therapy, which is among the fastest-growing approaches to mental health treatment.

KEYWORDS

Counseling; creativity in counseling; Judaism; stories; storytelling

From time immemorial, cultures throughout the world have engaged in the art of storytelling as a means to communicate history, values, traditions, and faith (Schram, 2003). Even in contemporary times, storytelling continues in a variety of contexts, including marketing (Simmons, 2006), education (O'Neill, 2008), and entertainment (Burns, 2001). In fact, stories are sometimes also part of counseling and therapy and are incorporated by many mental health practitioners as integral parts of their treatment programs (e.g., Burns, 2001, 2005; Crawford, Brown, & Crawford, 2004; Lankton & Lankton, 1989).

The popularity of psychotherapeutic storytelling is apparent from the wide spectrum of theorists integrating this modality, such as those focused on cognitive-behavioral therapy (CBT; Blenkiron, 2010; Friedberg & Wilt, 2010; Gonçalves & Craine, 1990; Otto, 2000), treatment of couples and families (Bitter & Byrd, 2011; Golden, 1998, 2011) and groups (Brown, 2008), hypnotherapy (Kuttner, 1988; Stevens-Guille & Boersma, 1992), and pastoral counseling (Bohler, 1987). Furthermore, stories may assist in treating a wide array of problems including trauma (Carmichael, 2000), eating disorders (Thiessen, 1983; Van Lone, Kalodner, & Coughlin, 2002), asthma (Kohen & Wynne, 1997), cancer (Freeman, 1991), pain (Kuttner, 1988), sexual abuse

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(Kress, Adamson, & Yensel, 2010; Reichert, 1998), and obsessive-compulsive disorder (Weg, 2011).

In this article, which highlights Jewish stories in counseling, we first briefly review the relationship between the counseling profession and religion and spirituality. We then discuss the rationale behind therapeutic storytelling and also survey the limited extant literature surrounding the use of Jewish stories in mental health treatment. Finally, we elucidate specific suggestions for incorporating such stories in counseling, particularly within the CBT framework.

Counseling and religion

Historically, counseling researchers and practitioners offered little attention to religious and spiritual issues (Cornish & Wade, 2010). Moreover, Jewish issues in particular were long absent from the counseling literature (Schnall, 2006). However, the overall bias against focus on religion and spirituality is rapidly reversing (Cashwell & Young, 2011; Cornish, Wade, & Post, 2012; Hook, Worthington, & Davis, 2012; Post & Wade, 2014); it has even been stated that today "spirituality and counseling seem to go hand in hand" (Powers, 2005, p. 217). Indeed, the vast majority of Americans identifies with a specific religion, and most report that religion is very important to their lives (Pew Forum on Religion and Public Life, 2008, 2015). Not surprisingly, clients often profess interest in discussing religion and spirituality in both individual (Morrison, Clutter, Pritchett, & Demmitt, 2009; Rose, Westefeld, & Ansley, 2001) and group counseling (Post & Wade, 2014), and most mental health professionals agree that such issues are important to the therapeutic process (Cornish et al., 2012).

The American Counseling Association (ACA) now endorses the *Competencies for Addressing Spiritual and Religious Issues in Counseling* enumerated by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009). The ACA support further reflects the profession's current investment in integrating religion and spirituality into clinical practice. The ASERVIC guidelines mandate that counselors recognize that religion and spirituality can be critical to a client's worldview and can impact psychosocial function. Counselors are also charged with developing familiarity with religious and spiritual resources and with using these resources, where appropriate, in developing counseling techniques (see Robertson & Young, 2011, for a detailed review). Moreover, reviews of outcome research have confirmed that counseling interventions incorporating the religious or spiritual are generally at least as effective as established secular treatments, and under certain circumstances, they are considered "the treatment of choice" (Hook et al., 2012, p. 422).

However, despite empirical evidence of the benefits of integrating spirituality and religion into mental health treatment and notwithstanding the ACA's guidelines, clinicians receive inadequate training in this area (Cornish

& Wade, 2010) and report only rare use of spiritual and religious interventions (Cornish et al., 2012). The current article aims to help narrow these gaps. We examine the benefits of therapeutic storytelling in general and then suggest application of this modality in counseling Jewish clients.

Why storytelling in counseling?

Various theorists have suggested reasons why adding stories, including such genres as metaphors and analogies, may benefit mental health treatment. First, stories can offer "cognitive organization" (Bergner, 2007, p. 151) of the various factors in the client's life and can help him or her understand connections between maladaptive behaviors, painful emotions, and life events (Blenkiron, 2010). Additionally, when clients are absorbed in a story's narrative, they are less likely to exhibit resistance and defensiveness that otherwise often accompanies examination and interpretation of personal problems (Bergner, 2007; Blenkiron, 2010; Otto, 2000). Furthermore, the great "staying power" (Bergner, 2007, p. 152) of a story allows it to remain in the client's memory for an extended period, thus making stories long-lasting clinical tools (Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010). Stories may also help form rapport between client and counselor and sometimes even offer humor to the interaction (Blenkiron, 2010; Stott et al., 2010; Vereen, Hill, & Butler, 2013). Finally, once told, a story can act as "code communication" (Bergner, 2007, p. 152) between client and counselor; mere mention of key words from the story may recall complicated concepts examined in previous sessions.

There is some research support for storytelling and related methods in mental health treatment. Suit and Paradise (1985) offered early empirical evidence that moderately complex metaphors may enhance perception that a counselor is empathic and expert. More recently, Heffner, Greco, and Eifert (2003) examined the use of metaphors in work with preschool children and found that all participant children preferred metaphoric to literal instruction when learning relaxation exercises. Parker and Wampler (2006) reported that storytelling was as effective as psychoeducation in reducing negative feelings and affect in women prompted to describe a current problem involving a romantic partner. In another study, experimental participants viewed therapeutic advice offered by means of analogy as novel and also as more useful than advice administered directly (Donnelly & Dumas, 1997). Similarly, Martin, Cummings, and Hallberg (1992) found that clients are likely to remember clinician-generated metaphors and that clients evaluate sessions as more helpful if they recall such metaphors. In possible contrast, Young and Borders (1999), in an analysis of counseling supervision sessions, did not find that supervisees were more impacted by metaphors relative to other

supervision events. In sum, the literature on storytelling in this context, albeit promising, is unfortunately still extremely sparse (Vereen et al., 2013).[1]

Jewish stories in counseling

Judaism has a rich and time-honored storytelling tradition (Schram, 2003) that spans every period of Jewish history (Dan, 2007). Jewish culture greatly values stories, as demonstrated by their appearance throughout Judaism's primary sacred texts (i.e., the Bible, Talmud, and Midrash), which often present stories with the intent to teach ethical and legal doctrine and sometimes also to entertain. The story at the center of the biblical confrontation between King David and Nathan the Prophet (II Samuel 12:1–13) is one prominent example; another is the parable of Jotham at Mount Gerizzim (Judges 9:7–20). Religious ritual often incorporates stories, such as in the Haggadah text to the Passover Seder (ceremonial meal). In fact, Bialik and Ravnitzky refer to homilies and tales (*aggadah*) as the "principal literary form" and "classic expression of [the Jewish] spirit," where the "spirit and soul of the Jews permanently dwelled" (as cited in Stern, 1992, p. xvii). Most relevant to mental health care, Polsky and Wozner (1989) explained that Hassidic stories (which form one of the largest corpuses of stories within Jewish literature [see Yassif, 1999]) were often "a generative invention by which the rabbis counseled their followers about specific, concrete, everyday problems" (p. 73).

A "Jewish story" is not merely one told by Jews or involving Jewish characters. Schram (2003) asserts that the primary basis for labeling a particular story as Jewish is that it expresses a message consistent with Jewish teachings. There are multiple reasons why it may be advantageous for counselors to integrate Jewish stories, among other religion-related interventions, into their treatment of adherents of Judaism. For example, some religious Jews may worry that seeking mental health care is an implicit and uncomfortable admission that their religion "does not have all the answers" (Strean, 1994, p. 39). Accordingly, incorporating methods informed by Judaism can reassure clients that counseling need not be viewed as at odds with religion but can instead be consistent with it and complementary to it. More pragmatically, Jewish storytelling allows psychological concepts to be presented in a language and within a value system to which many Jews can relate.

Unfortunately, there is insufficient research examining how to effectively incorporate Jewish stories into treatment for Jewish clients. This dearth of inquiry is consistent with the generally sparse attention historically offered

[1]It is noteworthy that there exists a complimentary literature in the medical field regarding physician use of metaphors and analogies. For instance, Casarett et al. (2010) found that patients with cancer considered oncologists who employed these techniques to be superior communicators.

to Jewish needs in mental health research (Rosmarin, Pargament, & Mahoney, 2009; Schnall, 2006). However, similar to the overall growing acceptance of religious issues in the counseling field (as outlined earlier), the scant mental health research focusing on Jews has also recently expanded (Schnall, Pelcovitz, & Fox, 2013; Schnall et al., 2014), and there is now a small but developing literature outlining how Jewish stories, teachings, and prayers are successfully integrated into treatment (e.g., L. Abramowitz, 1992; Greenberg & Witztum, 2001; Guttmann, 2007; Milevsky & Eisenberg, 2012). In terms of empirical validation, Rosmarin, Pargament, Pirutinsky, and Mahoney (2010) reported the results of a randomized controlled clinical trial that demonstrated the efficacy of a spiritually integrated therapy for stress and worry including classic Jewish texts and stories, along with prayer and other spiritual exercises. It is important to note that such research may be practically relevant even to clinicians of diverse religious perspectives. For example, Bilu and Witztum (1993, 1994) described a case where psychiatrists effectively integrated Jewish religious beliefs into treatment, notwithstanding the fact that the clinicians themselves did not share the patient's convictions.

Despite the growing prevalence of assimilating Jewish stories and other teachings and practices into mental health care, few researchers have attempted to provide clinicians with appropriate texts for therapeutic delivery. A prominent exception is Kaplan and Schwartz's (2004) presentation of 58 biblical narratives, grouped in categories geared toward such issues as poor self-esteem, anger, and family problems. Their groundbreaking work is laudable, yet exclusive focus on stories from the Bible has limitations. First, there is a wealth of Jewish stories contained in the Talmud, Midrash, and Hassidic literature that could benefit treatment. Additionally, some clients may experience relative difficulty relating to ancient narratives, whereas stories from more recent times may be more impactful. For instance, a client troubled by the stigma surrounding mental health treatment might be inspired by the documented account of Rabbi Shalom Dov-Ber Schneersohn, the late 19th- and early 20th-century leader and luminary of the Lubavitch Hassidic dynasty, who traveled from Russia to Austria to seek the clinical services of Sigmund Freud (Schneider & Berke, 2000).

The current article builds on the work of the theorists cited here to identify Jewish—but nonbiblical—healing stories. Our upcoming discussion is especially directed at practitioners of CBT, which is among the fastest-growing schools of psychotherapy (Cristea, Montgomery, Szamoskozi, & David, 2013). In the following section, we build on our previous overview of stories in mental health treatment, while focusing particularly on the use of stories within CBT. We then provide the clinician with specific Jewish stories for suggested use in the context of CBT interventions.

Implications for counselors: Jewish stories for CBT

CBT is a form of psychotherapy that seeks to modify the cognitive and behavioral components of distress. The cognitive element involves substitution of a more rational process of thinking for one that is irrational. The behavioral element involves modifying maladaptive behaviors associated with irrational thoughts (J. S. Beck, 2011). CBT is useful in treating anxiety, depression, and numerous other psychiatric disorders (Butler, Chapman, Forman, & Beck, 2006).

Stories and metaphors may initially seem more relevant to psychodynamic psychotherapy, which stresses the unconscious, than to the CBT approach of "logic and rationality" (Ronen, 2011, p. 130). However, considering that CBT emphasizes interpretation of experiences, use of metaphors, which also require interpretation, may be a compatible and effective tool (Stott et al., 2010). Aside from the various aforementioned generic benefits to adding stories to treatment, telling stories illustrating principles of CBT and evaluating the client's response may assist a counselor in determining how well he or she will perform in CBT (Blenkiron, 2010).

During the past few years, many theorists devoted attention to incorporating stories and metaphors specifically within the CBT framework (e.g., Blenkiron, 2010; Stott et al., 2010; Weg, 2011). We believe that Jewish literature also contains stories and parables easily integrated by CBT-oriented counselors during treatment. The following examples, relating respectively to exposure therapy and behavioral activation (BA), cognitive restructuring, and relaxation therapy, illustrate our approach.

Exposure therapy and behavioral activation: "Jumping From a Wagon in Motion"

The CBT technique of exposure therapy involves prolonged and repeated contact with a fear-provoking stimulus. This intervention is effective in treating numerous anxiety and related disorders in children and adults, including phobias, panic, obsessive-compulsive disorder, hypochondriasis, posttraumatic stress disorder, social phobia, and generalized anxiety disorder (J. S. Abramowitz, Deacon, & Whiteside, 2011). In directly facing their fears, individuals undergoing exposure therapy may experience significant anxiety. As such, Muller and Schultz (2012) argued that clinicians must sell the exposure approach to clients by emphasizing long-term benefit over temporary discomfort. Illustrating the point through stories or metaphors can be an effective way of introducing this method to the client.

The following story, entitled "Jumping From a Wagon in Motion" (adapted from Bronstein, 2004, pp. 64–65), may be useful in encouraging client participation in the exposure approach. It is attributed to the 18th-

century preacher Rabbi Jacob Kranz, often called the Maggid (Storyteller) of Dubno, whose parables are well known even today in many Jewish communities:

> Two brothers were traveling on a long journey. In the midst of their trip, they were assailed by a band of thieves who took them captive. The thieves' intention was to bring their prisoners to the big city where someone would be interested in purchasing them as slaves. The brothers sat in the thieves' speedily moving wagon, their hearts filled with dread and fear. Suddenly they realized that they were passing a populated area. One of the brothers leaned over and whispered into the other's ear, "Let us hurry and jump from this moving wagon. This may be our last chance to save ourselves!" "I am afraid," whispered the other, "that we might injure ourselves jumping from a moving wagon. We may even dislocate an arm or leg …" Responded the first brother, "Being injured jumping from this wagon is still 10 times better than the fate that is in store for us—to be sold as slaves!"

This story addresses common potential client reservations prior to exposure therapy. Although seemingly counterintuitive to treat psychological suffering via exposure to yet more anxiety or discomfort, the process of solving a problem sometimes necessitates risks and difficulty. Indeed, the prospect of possible pain or injury was enough to convince the hesitant brother to remain on the wagon. The wise brother, however, recognized that enduring temporary distress was their very key to escape and that any pain would be short-lived, relative to the perpetual suffering of enslavement. The literal "leap of faith" that the wise brother advocated is a metaphor that others also suggest in encouraging clients to face their fears (Stott et al., 2010, p. 146).

The story "Jumping From a Wagon in Motion" may also be appropriate when encouraging clients to implement BA, a recognized CBT treatment for depression (Jacobson, Martell, & Dimidjian, 2001). BA is based on the theory that an individual's experience of low levels of positive reinforcement can lead to avoidance techniques such as inactivity and withdrawal. These avoidance measures can then lead to a further decrease in positive reinforcement and create a downward spiral. As part of the BA treatment regimen, clinicians instruct clients to engage in various potentially rewarding activities, even if clients initially lack self-motivation to perform them, with the hope of inducing positive reinforcement. Similarly, in the parable, the wise brother argued that to escape their predicament, they needed to rouse themselves from passivity toward activity. Although the proposed course could lead to difficulty at first, it was the only foreseeable route to well-being. Others have suggested similar methods of presenting BA to clients, such as Stott et al.'s (2010, p. 119) "push-starting the car" metaphor, which emphasizes that although it is initially difficult to start a stalled car moving, the momentum from the push eventually returns the car to normal operation.

Cognitive restructuring: "I Know No Sorrow"

The CBT approach to psychopathology maintains it is merely the interpretation of events that is responsible for emotions, rather than the events themselves. Those suffering psychological pain may demonstrate irrational thinking patterns that lead to maladaptive interpretations of life's occurrences and thereby negative emotions. In CBT, the clinician helps the client develop awareness of maladaptive styles of interpretation and teaches how to exchange these with more rational assessments (A. T. Beck, 1979). This crucial link between one's construal of events and their resulting emotions is illustrated by the well-known Hassidic tale, "I Know No Sorrow" (adapted from Newman, 1934, pp. 125–126), which involves the 18th-century Rabbi Sussya of Anipoli:

> Rabbi Schmelke and his brother once petitioned their teacher, the Maggid of Mezeritz, to explain the rabbinic dictum: "A man must bless G-d for the evil in the same way that he blesses Him for the good which befalls." The Maggid replied: "Go to the synagogue, and you will find there Rabbi Sussya, and he will explain this to you." When Rabbi Schmelke and his brother repeated their question to Rabbi Sussya, he laughed and said: "I am surprised that the Maggid sent you to me. You must go elsewhere, and make your inquiry from one who has actually suffered tribulations in his lifetime. As for me, I have never experienced anything but good all my days." But Rabbi Schmelke and his brother knew full well that from his earliest hour to the present, Rabbi Sussya had endured the most grievous sorrows. Thereupon they understood the meaning of the words of the rabbinic dictum, and the reason their teacher had sent them to Rabbi Sussya.

"I Know No Sorrow" highlights that our analysis of events dictates our emotional response. For many clients, significant life stressors precede depression. However, CBT theorists contend that depression does not result from undesired happenings themselves, but rather from negative interpretation of them. Rabbi Sussya, by contrast, maintained a positive outlook on life, which contributed to his upbeat emotions and demeanor. The story implies that because interpretation of events is in one's control, clients can thereby influence their emotional health.

Interestingly, Aaron Beck (1979), a founding father of cognitive therapy, recorded a comparable metaphor that similarly illustrates the power of interpretation. A. T. Beck suggested that clients imagine hearing a loud crash in another room while home alone at night. In such a situation, one may decide that the noise signals a burglar invading his house, an interpretation likely leading to fear. Alternately, one might reason that a window was left open, allowing wind to enter and topple something to the floor. The latter approach might, in place of fear, engender mere annoyance. Others also offer similar metaphorical illustrations of the thought–emotion connection (e.g., Blenkiron, 2010; Stott et al., 2010).

Relaxation therapy: The story of Rabbi Avraham Abish

Relaxation techniques are common CBT interventions, frequently incorporated in the treatment of anxiety and stress management (Feldman, Eisenberg, Gambini-Suárez, & Nassau, 2007; Pretzer & Beck, 2007). In applied relaxation, for instance, the client is taught methods to promptly employ at the first onset of anxiety to rapidly counteract the impact of the accompanying physiological responses (Öst, 1987). The following story (adapted from Pliskin, 1983, p. 87) involving Rabbi Avraham Abish, an 18th-century spiritual leader of the Jewish community of Frankfurt, Germany, illustrates the cognitive and emotional benefits of relaxation:

> A man once traveled from Poland to Frankfurt with a very large amount of money in a pouch. Subsequent to his arrival, he absentmindedly placed the money pouch down and forgot about it. After a short while, though, he remembered the missing money and panicked. It was an extremely large sum, and he had no idea where he had put it. Rabbi Avraham Abish noticed his distress and motioned toward him. The young man breathlessly told the rabbi his problem. Rabbi Abish responded calmly, "Don't worry, your money will be returned. But first, recite the beginning of the morning prayers." After reciting the morning blessings, the man remembered where he had placed the money pouch and discretely went to retrieve it. When he returned to Rabbi Abish's house, he related that he had found the missing money. "Of course," replied the rabbi. "Prayer encourages the peace of mind necessary for you to remember where you put the money."

This account illustrates that worry can impede cognitive processes, as anxiety likely inhibited the man's ability to locate his pouch. Indeed, worry is known to negatively influence "problem orientation," or the way one approaches a dilemma, which in turn may reduce effectiveness in developing a solution (Dugas, Letarte, Rhéaume, Freeston, & Ladouceur, 1995, p. 117). Alternately, worry can compromise working-memory capacity (Hayes, Hirsch, & Mathews, 2008), a factor that could also have hindered the man from locating his money.

Additionally, this story demonstrates that relaxation methods can effectively reduce anxiety. Particularly relevant to spiritually integrated care, Rabbi Abish's instructions to the young man exhibit prayer as a form of relaxation technique. In fact, Milevsky and Eisenberg (2012) noted that focusing on words of prayer can lead to relaxation akin to that experienced during meditation, a state already associated with reduced anxiety (Chen et al., 2012).

Finally, Rabbi Abish's directive to the young man suggests that it is sometimes preferable to first treat physiological symptoms before dealing with a client's cognitive and other problems. Before the man could effectively consider where he might have placed the pouch, he first had to lower his anxiety levels through relaxation. The reduction in anxiety produced through relaxation also lowers reactivity to further stressors (Pretzer & Beck, 2007;

Siev & Chambless, 2007), perhaps contributing to the cognitive improvement that facilitated recall of the location of the money.

Future research directions

Empirical research on the effectiveness of storytelling in therapy, whether assessing its general use or its application when working with Jewish clients, unfortunately exists only on a very limited scale. Researchers might investigate the relative indication of storytelling for various client populations and its compatibility with different modes of treatment. For example, perhaps clients of certain ages or those undergoing particular forms of therapy benefit more than others from integration of stories. Concerning the specific use of Jewish stories, researchers might investigate whether including such stories produces more positive treatment outcomes than do other stories during counseling with Jewish clients. For instance, Parker and Wampler (2006) assessed affect, via the Positive and Negative Affect Schedule, as well as participant and therapist perspectives on sessions via portions of the Session Evaluation Questionnaire, and such instruments might prove valuable in future research on therapeutic stories, both Jewish and otherwise.

The Jewish stories we presented here all originated in recent centuries. Further research might focus on identifying stories from older Jewish sources, such as the Talmud and Midrash. Additionally, it is important to note that our stories originated from sources within European Jewry (*Ashkenazim*). Future work in this area might also consider stories from diverse Jewish communities, such as those stemming from the traditions of the Jews of the Iberian Peninsula (*Sephardim*) and the Middle East (*Mizrahim*). A collection of stories spanning various Jewish traditions will better equip counselors to integrate storytelling as an intervention for clients from different corners of the Jewish world.

Conclusion

Practitioners representing an array of orientations already incorporate stories in treating a wide variety of mental health problems. Stories also occupy a central role in Judaism, as evidenced by their widespread appearance in Jewish texts and rituals. Although some clinicians indeed integrate Jewish stories into their repertoire, more need be considered regarding this mode of intervention. In that regard, we presented several illustrative examples that may serve as effective tools in counseling. Specifically, we presented stories relevant to CBT principles, while indicating the concepts each captures and the occasions when they may be most useful.

Our collection of stories may benefit Jewish clients by framing therapeutic lessons within sources drawn from their own culture. As with any

multicultural intervention, though, counselors must remember that a client's membership in a given group does not necessarily mean that a culture-specific approach is appropriate for that client. In other words, despite the particular relevance these stories may have for some Jews, they may not benefit others. For instance, some may feel uncomfortable being told a Jewish story and believing the counselor is stereotyping rather than focusing on them as individuals.

Sensitivity and thoughtfulness are thus necessary when considering Jewish stories in counseling. If a client demonstrates particular connection to Jewish religion and teachings, it may be an indication that incorporating Jewish stories could be beneficial. It should also be emphasized that despite the particular relevance to many Jewish clients of "Jewish" stories, such stories may also be appropriate for other clients. The stories presented here carry healing messages that those of varying cultures and origins will readily understand and appreciate.

Notes on contributors

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