I Don’t Know What to Say

By Joe Hample 9/4/08

I don’t know what to say. “I don’t know what to say”: how often that phrase defines our mental state. Someone tells us they’ve been laid off, their marriage is on the rocks, a parent has died, a loved one is in trouble, and what leaps to our minds? “I don’t know what to say.” Last year, a desperate congregant informed me her son was in the military and had just been sent to Iraq. I didn’t know what to say. Gee, I hope he’ll be all right? That seemed inadequate.

Our parashah indicates that when you don’t know what to say, you go to the priests or the judges, and they tell you what to say (Deut. 17:8-9). This function has since been inherited by the rabbis. D’oh! That means I’ve got nine months to figure out what to say.

I came to rabbinical school pretty strong on the academic stuff, and not so hot on the people stuff. I guess that’s why we take Pastoral Counseling, which taught me the basics of spiritual care. Number one, it’s not about me, it’s about them. And number two, it’s not about facts, it’s about feelings. But I’ve still often seemed tongue-tied in the presence of those in crisis. A sick relative, a lost love? Gosh, I hope it’ll all work out. Well, anyone could say that. You could have that printed up on cards.

Another thing the parashah recommends, when you don’t know what to say, is to flee to a city of refuge (Deut. 19:2-4). I spent the summer working in something like a city of refuge: St. Luke’s Hospital in Harlem, New York. A bastion of medical care for a lower-income constituency: not many Jews, of course. I was there for a CPE program, a
student chaplaincy, where you drop in on the sick and pray for them. I didn’t know what to say. But then we did some workshops, and I began to learn what to say. You ask about their condition, how long they’ve been in the hospital, who’s visited them. Then you say, Is there anything I can do for you of a religious or spiritual nature? Sometimes they want reading matter, but typically they say, Just keep me in your prayers. So I say, Well, I’d like to pray with you, if that’s all right. Generally I hold their hand. And then, this is the key, I tell God what the patient just told me. God, I’m here with Edward Johnson on the ninth floor at St. Luke’s Hospital. He’s suffering from angina and emphysema and arthritis. He’s anxious about test results, and lonely without visitors. God, please watch carefully over your faithful servant Edward Johnson, and grant him a complete healing: a healing of the body and a healing of the spirit.

Well, sometimes it worked, and sometimes I floundered. It’s funny that I of all people might not know what to say. Usually I have too much to say. I’m the guy that talks all the time, the guy who won’t shut up. I’ve been working for years on verbal tzimtzum. I tell myself, don’t paraphrase what other people say. If what they say is pretty close to what I would’ve said, no need to restate it with a better adjective. Let them have the last word.

But for pastoral care, it seems I need the opposite philosophy. Do paraphrase what other people say: it proves I’m listening. Do reframe and reshuffle their words, to show that I get it. Wow, a venue where I need to talk more. What a mechayeh.

But caution is indicated. One thing you’re not supposed to say is, Here’s how to solve the problem. Pastoral care isn’t about fixing the situation. The doctor can address that, or the lawyer, or the marriage broker, or the headhunter. Let them fix it, if it can be
fixed. My job is to not fix it, which may be tough. A fat guy has diabetes? A cancer patient smokes? I know just what to say about that, only it’s not my role. My role is to empathize. If we rush to solutions, we’re short-circuiting the pastoral process.

The biggest danger, when you don’t know what to say, is to talk about yourself. “Oh, I once had a problem just like yours.” That’s all wrong: they don’t care. But you can use your own distress silently as a bridge to connect with the client’s distress. In my CPE program we did family trees, self-assessments, and team processing groups to get in touch with our feelings and put them to work serving the patient. The things I thought were my handicaps: my age, my religion, my sexual orientation? Those turn out to be my assets. I know what it means to be marginalized, and that’s my window on the patient’s world. Of course you never really know what the client is feeling, and they don’t know what you’re feeling: but if you can let yourself be vulnerable, you can get some sense of what they’re going through. That’s what turns you from a polite visitor into a chaplain.

Along with knowing what to say, it’s valuable to know what to ask. It’s not so important to nail down the details: the details don’t matter. An ungrateful son is an ungrateful son, whether he’s 15 or 50. What’s important is to ask about the experience. In mid summer, my supervisor accompanied me on some patient visits to rate my progress. So one patient said she’d be going home soon, and I said, That’ll be nice. But according to my boss, I should’ve said, What will be the best part of going home? Keep drawing out the feelings. I missed an opportunity to explore the feelings.

That same day, my boss noticed I was asking every patient if they were in pain. That’s odd, said my boss, that’s more of a doctor question. But I explained myself. If the patient admits they’re in pain, then I tell them that pain doesn’t just hurt: it’s scary, too.
Patients always agreed with that, by the way. I’m using the medical question as a springboard for the emotional insight.

Instead of “I don’t know what to say,” my mantra has become “How do you feel about that?” It’s great to have multiple ways to say it: How is that for you, How do you relate to that, I’m trying to imagine how that must feel. Then when they tell you how it feels, you can it up for them: you feel sad, you feel frustrated, you feel disrespected, you feel angry. If I’m wrong, they’ll correct me: “No, I’m not so much angry, I just don’t want to risk being hurt again.” “Oh, you feel wary.” Pastoral Counseling taught me the objectives, but CPE taught me a technique: help the client name their emotions, and then reflect those emotions back to them. That’s how they know they’ve been heard, understood, validated.

My boss emphasized the Psalms as a useful text to read with patients. When you don’t know what to say, let the Psalms say it for you. The Psalms are more accessible than the rest of the Bible: you don’t have to tease out the meaning; it’s right there on the surface. God, you’ve abandoned me. God, you’re punishing me. God, please forgive me. God, please protect me. My favorite patient was the old lady who pulled a Bible out of her pillowcase and asked me to read her Psalm 91. That time, I definitely knew what to say.

Comforting the afflicted isn’t just a nice thing to do. It’s a commandment, for the sake of the paths of peace (Gittin 61a). This week we read: Justice, justice you shall pursue (Deut. 16:20). Pastoral care is justice justice: justice in word and justice in deed. You solicit the client’s narrative, and you deliver the product: the Bible or the Shabbat candles or the rosary. Sometimes I wondered if I was doing any good. And sometimes
the patients threw me out of their room. But my boss said, Don’t take it to heart. Patients feel powerless, lying in bed all day, eating bad food, wearing those skimpy hospital johnnies. They can’t throw the doctor or the nurse out of the room, or the social worker, or the occupational therapist. I’m the one person they can throw out of the room. That may be their only taste of autonomy all day: “I threw that chaplain right out of my room.” That too is a gift I’m giving them.

The parashah promises that God will put words in the mouth of whoever does God’s work (Deut. 18:18). At the beginning of the program I was premeditating my spiel: reading the client’s name off the door, memorizing the diagnosis from the chart, reciting the same blessing for one individual after another. I was afraid to get personal: I was afraid to be imperfect, vulnerable me. And then I realized that imperfect, vulnerable me is who God was sending to see this patient. I learned to be spontaneous, to trust that in God’s presence I’d think of something to say. It worked. With a little empathy, words come together on their own. I still have a ton to learn about pastoral care. But after this summer, I’m a little less afraid of what will surely be a significant part of my rabbinate.

The parashah suggests that in the worst-case scenario, when you absolutely don’t know what to say, at least have faith that God is with you (Deut. 20:3-4). In my hospital gig, I spent a couple of afternoons at the morgue, where repartee would have been out of place. In that situation, it was best to let sacred text do the talking, maybe that thing from Ecclesiastes about a time to be born and a time to die. A time to speak and a time for silence. Silence isn’t the same as not knowing what to say. Sometimes the cleverest thing you can say is nothing.