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Strictly orthodox Jews and their relations with psychotherapy and psychiatry

Kate Miriam Loewenthal

Abstract. This paper identifies and discusses barriers within the strictly orthodox Jewish community, against help-seeking for psychiatric problems. These are chiefly: stigma, concerns about violating Jewish religious law, and other concerns about conflicts between the values inherent in psychotherapy, and Jewish values. The paper also examines the current picture with regard to service use. There is some evidence that mistrust may have somewhat diminished.

Keywords: Orthodox Jews, psychotherapy, psychiatry, stigma, religious law, mental health service use, cultural sensitivity

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INTRODUCTION This paper identifies barriers in the strictly orthodox Jewish community against help-seeking for psychiatric problems, and describes the origins of these barriers. It also examines the current picture with regard to service use.

Who are the strictly-orthodox Jews (*Charedim*)? They generally live in closed, enclave-type communities, in Israel, New York, London, Antwerp, Melbourne and other centres. They adhere strictly to Jewish law, dress distinctively and have very large families. They consult with and follow the advice of their rabbinic leaders.

Although there has been significant Jewish input into the development of psychiatry and of psychotherapy, as described in other papers in this special issue, there is a long history of mistrust and opposition to the use of psychiatry and psychotherapy among the strictly orthodox Jewish community. Why and how has this happened? This paper will examine this mistrust, examine its roots, and its current status.

Barriers against the use of psychotherapy and psychiatry

These barriers are chiefly: stigma, concerns about violating Jewish religious law, and other concerns about conflicts between the values inherent in psychotherapy, and Jewish values.

There is evidence of stigma associated with consulting psychiatrists and psychotherapists. Stigma, says Goffman (1968) is "an attribute that is deeply discrediting", and Goffman describes the discredited, who visibly vary from ideal humans, and the discreditable, who fear that if their secrets were known, they would be rejected by other people. A discreditable person may try to hide, or worry about their secret becoming known.

Several studies suggest that being known to use mental health services is particularly discrediting/stigmatizing for members of ethnic-religious groups (e.g. Muslim, Black Christian,

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orthodox-Jewish) (Cinnirella & Loewenthal, 1999; Loewenthal & Brooke-Rogers, 2004). For example:

(Apropos support groups) "I would think that many people would prefer something more confidential than an open meeting".

"I would think twice before going to a counselor from my community. I would not want everyone to know".

"What kind of people would use this (service)? Must be people who can't cope".

(These quotes were from orthodox Jews)

The orthodox-Jewish community member does not generally distinguish between the different "psychs" – psychotherapy, psychology, psychiatry, psychoanalysis. They tend to be identified as a nebulous group, associated with strong concerns about how "kosher" (religiously-acceptable) it is to use these services.

A further barrier against consulting psychologists, psychiatrists and psychotherapists involves religiously-based concerns about the violation of religious laws (particularly in psychotherapy). These include:

- Laws regarding social/sexual behavior, notably *Yichud* (prohibitions about unrelated men and women being alone together), and touching (someone of the opposite sex who is not a member of ones immediate family);
- Laws regarding respect for parents, particularly not speaking disrespectfully to them or about them;
- Prohibitions against speaking badly about others. Speaking badly about other people, and even engaging in gossip, is strongly disapproved. The laws about *Loshan Hora* (*lit: "evil tongue"*) are a popular topic of study, particularly among women (Glinert, Loewenthal & Goldblatt, 2003).

These are specific examples of religious laws which – it is feared – may be violated in psychotherapy. But there is a more generalized mistrust of psychotherapy and related practices. This has roots in traditional Jewish sources, which suggest a conflict between traditional religious values and secular knowledge:

1. **Religious law:** see the Code of Jewish Law (*Shulchan Aruch*) regarding the religiosity of teachers and of doctors.

Regarding **doctors:** It is an obligation to call a doctor, who has an obligation to heal, and "[...] *one should call the most competent doctor*" (regardless of whether or not Jewish, or religiously-observant)" (*Kitzur Shulchan Aruch*, Vol. 2)

Regarding **teachers:** "A Jewish child *should not be given to a non-Jew* to be instructed in some literature, or to be taught a profession, and needless to add that *he should not be given to a Jewish heretic* who is much worse, and there is apprehension that he may follow him" (*Kitzur Shulchan Aruch*, Vol. 4).

It appears that psychiatrists, psychotherapists, psychologists and counsellors are more popularly identified as teachers than as doctors.

2. **Mystical sources:** see e.g. *Tanya*, Chapter 8. *Tanya* is widely-studied among *Chabad* (*Lubavitch*) Hasidim, and is popular among other hasidic and strictly-orthodox-Jewish groups. It was compiled and published in the late 18th century from the writings of the first Chabad Rebbe, Rabbi Shneur Zalman of Liadi. The text uses cabbalistic as well as traditional rabbinic biblical commentaries, *Talmudic* and legal sources, and is intended to inspire a more spiritual, ethical, religiously-orthodox and Hasidic life-style. Chapter 8 deals with the study of non-Jewish material. Following a discussion of the importance of devoting oneself to *Torah* (religious) study, and avoiding idle talk, the text continues: "*He who occupies himself with the sciences of the nations is included*

among those who waste their time in profane matters, insofar as the sin of neglecting Torah is concerned [...], moreover the uncleanness of the science of the nations is greater than that of profane speech, for the latter informs and defiles only the middot (emotional attributes) ...but he does not defile the intellectual faculties [...] in his soul. [...] unless he employs [these sciences] as a useful instrument, to earn a livelihood in order to be able to serve God, or knows how to employ them in the service of God and his Torah. This is the reason why Maimonides and Nachmanides, of blessed memory, and their adherents, engaged in them”.

3. The battle between tradition and secularisation. For example: Rabbi Yosef Chaim Sonnenfeld (1848-1932), the orthodox chief rabbi of Jerusalem, spearheaded the modern battle, opposing secular Zionism and the introduction of secular education into Israel (first Turkish-occupied and then British-mandated Palestine; Danziger & Sonnenfeld, 1986). Sonnenfeld encouraged the development of orthodox-Jewish enclave communities (i.e. self-imposed ghettoization), with restricted contact with the outside world. Other orthodox leaders through the 19th and 20th centuries opposed the introduction of secular study into Jewish schools, as well as secular Zionism, and the introduction of reform, liberal and conservative Judaism.

4. Rabbinic opposition to psychoanalysis in the 20th century. Such rabbis may nowadays be in a minority, but their views are clear:

“...Psychoanalysis effected no cures...caused aggravation of mental disorders...Freud and his cohorts...charlatans and vampires that prey upon society” (Miller, 1984; in a preface to a rabbinically-endorsed book offering self-help methods based on religious sources).

“We treat such problems in the community. We give the person with difficulties a boost, talking about belief, and trust in God, saying we must not despair...everything is from Heaven. We encourage him to listen to nigunim (Hasidic song), to read stories of miracles from the great rabbis” (orthodox rabbi, quoted in Greenberg & Witztum, 2001).

Current evidence about the use of psychotherapy and psychiatry by strictly orthodox Jews.

What is the current state of play? Do orthodox Jews (*Charedim*) need psychiatry and psychological help? Although there are suggested to be distinctive patterns of disorders specific to Jews and/or orthodox Jews (Fallin et al., 2004; Frosh et al., 2005; Goodman, 1994; Greenberg & Witztum, 2001; Levav, Kohn et al., 1993, 1997; Lindsey et al., 2003; Loewenthal et al., 1995; 1997a; Shifman et al., 2004), the general prevalence of psychiatric disorders is roughly similar to that of other groups. Effective services are needed.

Many rabbis are overwhelmed with pastoral and counselling work, and would welcome more professional support for their flocks. They do and would refer for professional help. There is community and rabbinic support for the provision of religiously-appropriate psychological and psychiatric services in (almost) all *Charedi* communities. For example, the orthodox rabbinate in the UK (Union of Orthodox Hebrew Congregations) endorses several support and counselling organisations run for and by the strictly orthodox community, for example *Chizuk* (Lit: strengthening, encouragement) offering support for mental health in the *Charedi* community, *Aneini* (Lit: answer me), a helpline, and *Ezer LeYoldos*: (Lit: help for those who have given birth): offering practical help, counseling, parenting skills courses and support groups. Note the Hebrew titles of these organizations, signaling that they are religiously and culturally sensitive, and suitable for the very orthodox.

What services do strictly-orthodox Jews actually use? Although quantitative information is limited, the following are said to be used:

- *Prayer*: this is accessible, confidential, inexpensive, with some empirical support for its effectiveness, and for widespread belief in its effectiveness. It is very often engaged in by the strictly orthodox (Loewenthal et al., 1997b).
- *Rabbis, Rebbetzins* (wives of rabbis) and *lay leaders* function as counselors. They may feel overloaded, under-qualified professionally, and underpaid. They are usually very experienced, probably effective, and trusted, both to maintain confidentiality, and to give sound advice, consistent with *halacha*, Jewish law, and *hashkafa*, Jewish values.
- *Statutory services*, in which the client can remain anonymous and unknown. There is considerable anecdotal evidence that help is frequently sought from statutory services, and sometimes from professionals in private practice, with clients often traveling to a location far from home, where they hope they will not be known, and can hope to be anonymous.
- *Culture-sensitive services*. Problems include fear of stigmatization, lack of confidentiality, and concerns about the level of professionalism of those from a similar religious-cultural-background who have received some training and are offering professional services in which clients may feel more fully understood, than if they sought help from the religiously and culturally unlike. In one recent study, just over half (16; 52%) of 31 strictly orthodox women who agreed to a screening interview (from 42 contacted of a quasi-random sample of 50) said they had used at least one of 10 named support/counseling organizations (Loewenthal & Brooke-Rogers, 2004).
- *Own-group counselor*, but from outside ones own immediate community. For example clients are known to consult orthodox Jewish psychotherapists practicing in another area, rabbis and communal leaders from another Hasidic group, or a Jewish psychiatrist in a remote hospital.

CONCLUSION Although – as we have seen – there is a history of opposition to the use of psychotherapy, psychiatry, and psychology, these services are needed, are provided in a culture-sensitive form, and in various forms are often used.

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