

Reflections on Working in an Ultra-orthodox Mental Health Clinic

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Haredi ("one who is in awe of G-d") is the most theological conservative form of orthodox Judaism. Haredi life is very family-centered and families tend to be large, reflecting adherence to the Torah commandment "be fruitful and multiply" (Genesis, 1: 28; 9:1,7). Depending on various factors, boys and girls attend separate schools and proceed to higher religious study in a yeshiva (orthodox Jewish institute of learning) or seminary respectively, starting anywhere between the ages of 13 and 18. A significant proportion of young men remain in yeshiva until their marriage, often arranged through facilitated dating. Many also continue to study Torah in an institute for married men for many years after marriage. In many Haredi communities, studying in secular institutions is discouraged, although some have educational facilities for vocational training or run professional programs for men and women. Television, films, reading secular newspapers and magazines, and using the internet for non-business purposes are forbidden.

Many Haredim view manner of dress as an important way to ensure Jewish identity and distinctiveness. In addition, a simple, understated mode of dress is seen as conducive to inner reflection and spiritual growth. As such, many Haredim are wary of modern clothing (some of which may compromise their standards of modesty). Many men have beards, most dress in dark suits, and wear a wide-brimmed black hat and wear a skullcap at all times. Women adhere to meticulous modesty standards, and hence wear long skirts and long sleeves, high necklines and some form of head covering or wig after marriage.

Haredi Judaism advocates segregation from non-Jewish culture, although not from non-Jewish society entirely. It is characterized

by its focus on community-wide Torah study. Engaging in the commercial world is often seen as a legitimate means to achieving a livelihood, but participation in modern society is not perceived as an inherently worthy ambition.

The ultra-orthodox community and their rabbis have been negative about using mainstream psychotherapy and counseling services. Spitzer (2003) regards it as essential that orthodox and Hasidic patients with psychiatric and psychological disturbances are seen only by professionals from a similar cultural background. Spitzer and others argue that the behavior and feelings of orthodox patients cannot be understood by others, and appropriate help and treatment can only be developed by those with a full immersion in the cultural and religious values and practices of the community.

The mental health facilities where we are employed provide free psychiatric and psychological services, takes into consideration the special religious needs and requirements of their clients. As expected, the staff is required to dress in modest attire and separate waiting rooms are provided for men and women, where one can find only religious books and religious reading material. Male and female staff members sit at opposite sides of the room in the staff meetings, and in different parts of the dining room at lunch time.

Since receiving psychiatric or psychological treatment is generally viewed by the Haredi community as a stigma, the clinic is called a 'community clinic' and not a 'mental health clinic'. It provides psychiatric (medication) and psychological (psychotherapy) treatment, as well as social services to adults and children, and has a separate day treatment program for men and women. Psychotherapy includes individual, couple, family and group therapy. Because of halachic (religious law) considerations, separate treatment groups are held for women and for men. However, an exception was made when the co-leader of a parents' group of schizophrenic children explained to the

most eminent Israeli arbiter that the presence of both parents in these group meetings was essential and gave his permission to permit both parents of the children to participate in the group meetings with the proviso that they were over the age of forty-five, refrained from discussing intimate matters, and that there was no mixed gender seating.

The clinic arranged five highly successful and relevant bi-monthly lectures to which the staff and other mental health practitioners treating religious clientele participated. The presenters, experts in their field, discussed a variety of topics relevant to the Haredi community, which stimulated a great deal of interest and discussion. The topics included: 1) Issues and problems in treating Haredi patients; 2) Group therapy for Haredi/religious pedophiles; 3) Treatment of sexually abused survivors; 4) Eating disorders in the Haredi community; 5) Treatment of religious patients with Same Sex Attraction.

The Day Hospital Treatment Center provides a facility for more seriously disturbed patients who require more intense treatment than the clinic can provide. The patients spend five hours a day at the center, five days a week, and receive individual and group therapy, psychopharmacological treatment and adjunctive therapies. They also receive free breakfasts and lunches. The male patients can participate in religious services and attend lectures that are delivered by volunteers. Receiving psychiatric and psychological care in this supportive and caring environment, which is consistent with their religious values and life styles, frequently prevents psychiatric hospitalization. Presently, a psychiatric inpatient hospital is being built with separate facilities for men and women, which will accommodate patients from Israel and the diaspora.

One of the issues that present a special difficulty and challenges to the mental health practitioner working in this setting is the accepted

practice that children marry young, even though some may not be emotionally mature or psychologically fit for this major significant step and change in their lives.

Although, in recent years, the Haredi community has become more open to seeking mental-health treatment in times of need, there still remains much stigmatism regarding mental disorders, especially when one enters the “shiduchim” (matchmaking) phase of life. Though there exists a tendency, in religious and even secular communities, a general inclination to direct young men and women who suffer from physical defects and/or psychiatric disorders not to disclose them; this tendency is particularly prevalent in the Haredi community. Revealing their personal defects and disorders before the marriage may result in a drastic decrease in the number and quality of “offers” they receive. Young Haredi men and women in the “shiduchim phase” come for treatment in a state of great distress as they are concerned what will happen after they get married and their “terrible secret” becomes known. Treatment in such cases is very difficult because revealing the “secret” before marriage and thereby enabling the patient to lessen his/her anxiety, is frequently not a viable option.

To illustrate the above dilemma, two cases that were brought to supervision are presented below:

Case 1

A 23-year old Haredi student, who recently got engaged, sought psychological treatment so that “he will be able to discontinue taking psychiatric medication before his marriage” that was scheduled to take place in several weeks. His rabbi had cautioned him not to reveal that he was receiving psychiatric and psychological treatment to his fiancée and dismissed several of his concerns and reservations regarding marrying his intended as insignificant.* Unbeknownst to him, his fiancée was also being treated at the clinic, which he

discovered two weeks prior to the wedding when he saw her entering the clinic. He requested that his therapist provide him with information whether his betrothed was a patient at the clinic and what was her psychiatric problem. The therapist explained to him that he was not at liberty to provide him this information because of professional ethics and suggested that he “come clean” with her regarding his psychiatric condition, inform her that he saw her at the clinic and request her to “come clean” with him, in order that they can begin their marriage on the “right foot” with openness, honesty and trust between them. Unfortunately, the patient did not act on his therapist’s suggestion and a month later, the couple separated.

Case 2

A young Haredi, single woman sought psychological treatment for anxiety and panic attacks. Her anxiety was exacerbated by her relentless concern and worry regarding how her husband-to-be might react to her psychological symptoms. It was clear to her that, if she wanted to marry a suitable Haredi man, she was obliged to hide the

*In contrast to the attitude and behavior of the rabbi referred to above, Rabbi, Dr. Abraham Twerski, a prominent Torah scholar and psychiatrist, wrote in the ultra-orthodox magazine “Hamodia” (January 29, 2009) a response to a woman who sought his advice after finding herself in a similar situation as the young husband mentioned above: “I have repeatedly pleaded with people not to withhold important information precisely because of situations like this. Your husband’s parents felt that if they revealed that he was taking medication, that would ruin his chances of finding a wife, so they withheld the information “for his sake.” But did they help him despite their intentions? Parents! I plead to you. Have pity on your children. Do not cause them suffering by withholding information. As you see it can cause them misery rather than happiness.”

fact that she suffered from these psychological problems and that she was in psychological treatment. As her Haredi therapist explained to me in supervision, "When one meets a prospective candidate for marriage for the allotted five meetings, one is obligated to 'wear a mask', if one wishes to get married."

The therapist found herself in a quandary: on the one hand she believed that being secretive, deceitful and untrusting with one's intended is highly destructive and a poor formula and basis for a successful and lasting marriage; on the other hand, in the Haredi community, there is the unfortunate reality that being open and forthright will sabotage any possibility for the patient to find and marry an appropriate mate. When the patient mentioned to her therapist that she met with a man several times and both seemed interested in marriage, the therapist decided to encourage the patient to "come out of the closet" and inform him of her situation since her many positive qualities will outweigh her minor defects. That way she would be able to set aside her intense fears and anxieties and begin her marriage in a positive way. The patient, after considerable hesitation and deliberation, agreed and discussed with her therapist how to reveal her secret in the most effective manner. The patient was also informed by the therapist that she was available to meet with the both of them if they requested a meeting. In the following meeting, the patient reported that her suitor was appreciative that she informed him that she was receiving psychological help for her anxiety and panic attacks and scheduled to meet her the following week.

Frequent symptoms that bring Haredi men and women to the clinic are obsessional fears, thoughts and preoccupation regarding religious rituals and behavior and corresponding compulsive behavior on their part to deal with it. Generally the religious content concerns issues related to cleanliness related to prayer and tasks involving ritual immersion, separation of meat and milk products and utensils,

and various aspects of prayer. Frequently these symptoms require the close cooperation of religious authorities (Huppert, Siev & Kushner, 2007; Greenberg & Shefler, 2008), and at times, their direct intervention. (Slinger, 1996). (See the article in this book, "Rabbis as Consultants in Psychological Treatment").

"The role of the rabbi differs from that of a therapist in several ways. The rabbi is an expert in Jewish law and has the authority to make decisions on religious matters. The therapist, on the other hand, is an expert on OCD. He may have status but not authority over the patient, whom he advises." (Greenberg and Shefler, 2008).

It goes without saying that all decisions that have religious ramifications and that are made in reference to the patients in the clinic, pass through a "halachic prism" before being acted upon.

To illustrate the above: the professional staff of the clinic and the educational staff at the girl's school, decided, after many deliberations, that a 10-year old girl should be removed from her home and be placed in a foster home, because of the detrimental effect that her parents were having on her. However, before implementing this decision, a recognized Halachic authority was consulted, and after meeting with the staff, ruled that it was preferable - from that perspective - that the child remain in her home and continue to receive psychological treatment, rather than break up a Jewish family. The staff accepted the rabbi's decision and arranged for the child and parents to continue to receive psychological treatment at the clinic.

Conclusions

A recent study by Professor Eliezer Schnall of Yeshiva University (Schnall et al., 2010) concluded that the mental health needs of the Orthodox community are not being sufficiently addressed and the service gaps were particularly pronounced in the Haredi Orthodox

and Chasidic communities. Schnall called the results a “wake-up call,” and said there is still a stigma in the Orthodox community attached to mental illness that prevents people from seeking help. An additional factor impeding good mental health services is their cost, he said.

The study showed that the most common problem for which Orthodox Jews seek mental health services is marital difficulties. More services for children and teenagers are needed, and there is a lack of services for substance abuse problems, the report found. Most respondents in the study said that their rabbis referred very few of their patients. Researchers said this indicates the need to train Orthodox rabbis to recognize mental illness and understand that proper treatment can help.

The establishment of a clinic under ultra-orthodox sponsorship is a bold and pioneering step that should be applauded, as it facilitates and encourages those members of the Haredi community that are in need of psychiatric and psychological treatment to obtain help in a “religious-friendly” environment where their religious values and customs are respected and accommodated. In addition, it enables ultra-orthodox clinical psychology interns and other haredi mental health workers, as well as dati ones, to train and gain clinical experience in an environment that is consistent with their value system and way of life. Establishment of more mental health clinics under haredi auspices should be encouraged.

References

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