

7. Brief Rabbinic Interventions in Psychological Treatment

In her study on orthodox rabbinic attitudes toward mental health professionals, Slanger (1996) makes the following points: "It is important for the mental health profession to assume responsibility for initiating contact with the rabbis and engaging in extensive case recruitment efforts"; "...it is essential to acknowledge areas of rabbinic expertise and to harmonize closely with the rabbis in a mutually working alliance"; "Therapeutic approaches which may include participation of the rabbis should be considered".

Below are presented five abbreviated case reports describing the collaborative efforts of rabbis and a clinical psychologist in the treatment of psychiatric patients where the outstanding elements were maladaptive behavior and reactions to extreme guilt feelings.

Case 1

Jonah, a 28 year old bachelor who several years ago became a "baal teshuva" (repentant), has lived in a hostel for discharged psychiatric patients for the last two years. During the past ten years he has been in psychiatric treatment, which included several hospitalizations. His diagnosis is, Schizophrenia, Unspecified Type and Obsessive-Compulsive Disorder, Mixed Obsessional Thoughts and Acts. He is presently receiving psychopharmacological and psychological treatment at a local mental health clinic.

Jonah was described by his therapist as a highly anxious, insecure, dependent, depressed, suspicious, immature, rigid and perseverative individual who was involved in a compulsive manner with issues of religion, dietary laws, cleanliness and food. These preoccupations severely encumbered his daily functioning, both vocationally and socially. His religious obsessional and compulsive preoccupations included excessive concern regarding observing the dietary laws (eg., dairy and meat products were compromised as a result of their being in close proximity to each other, etc.); concern that he inadvertently deleted several words from his prayer which prompted him to repeat the prayer and excessive concern regarding the cleanliness of his hands and body, especially before partaking of food and praying.

Jonah had approached several local rabbis about his religious questions and concerns

who patiently explained to him the halacha (Jewish law) in an attempt to reassure and calm him. However, the intricate explanations only prompted more questions and doubts and increased his anxiety. At the request of the patient, the therapist arranged a meeting with a rabbi with whom he had collaborated in the past regarding religious patients in his care. Before the meeting, the psychologist met with the rabbi to discuss the strategic approach to be taken with the patient.

In the three-way meeting, the rabbi, after hearing the patient's questions and concerns for a half-hour, told the patient that because of his difficult emotional situation, he would be granted a special dispensation, and therefore, for him there were no questions and therefore no need for clarifications or explanations. As of today he did not have to worry if the food he eats has been compromised, and need not concern himself whether he skipped some words in his prayers or whether his body was adequately clean before doing a religious ritual. He was told to repeat this "mantra" – "There are no questions and therefore there is no need for answers". He was also informed that this special dispensation was in force for three months and to be renewed only after prior consultation between the rabbi and therapist. The rabbi wrote out his opinion, dated it, and gave it to the therapist to keep. At the conclusion of the session the rabbi wished the patient a speedy recovery and success in his endeavors.

In the following therapy session with the therapist, the patient reported a significant reduction in his religious obsessions. Whenever the patient attempted to raise religious concerns in the session, the therapist reminded him of the "mantra" and the discussion was refocused on other non-religious issues. Several years later, the patient's present therapist reported that the patient continues to use this "mantra" when plagued by religious obsessions, with partial success.

Case 2

Joseph is a 50 year old haredi (ultra-orthodox) man who three years ago married a divorcee with two children. He has three children from his first marriage whom he sees at rare occasions. For the last ten years he has run a large haredi school in Jerusalem with considerable success.

In the first meeting, he informed the therapist that he is a closed person, doesn't have many friends, doesn't trust people including his wife, and that he will not reveal personal

information to the therapist. When asked about his marriage he responded that it was fine, his wife was a good woman and he took all the blame for all the difficulties between them. When pressed, he acknowledged that he feels like a guest in his home, he has no say regarding the discipline of his wife's children and because of his generosity with money (buys presents for his children and their mother), the bank account is in his wife's name. He doesn't have his own cellphone because his wife objects that he speaks to his former wife.

When asked why he decided to go for psychological treatment, he explained that he is not living a meaningful and productive life, lacks desire and energy to cope with life's everyday problems, and feels depressed and pessimistic about the future. When the therapist commented that it was understandable in light of his marital situation, Joseph insisted that he was to blame and that he had to work on himself to accept the situation for the sake of "shalom bayit" (domestic peace). He added that he had to work on his "middot" (attributes), "bitul hayesh" ("annihilation of the self") and learn to accept his situation with grace and tolerance. He denied that he harbored any angry feelings towards his wife and added that angry feelings are prohibited by halacha . Upon inquiry, he acknowledged that angry feelings were unacceptable in his house since he can remember. When asked if he discussed the above mentioned halachic-philosophical issues with a rabbi, he answered in the negative and explained that there wasn't any rabbi that he respected and trusted enough to confide in. At this point, the patient enquired if the therapist would arrange a meeting with a rabbi that the latter respected and trusted in order to discuss these issues.

At the following session (fifth), the rabbi met with Joseph together with the therapist at the latter's office and related to the halachic-philosophical issues raised by the patient. The rabbi opined that the patient's understanding and interpretation of the hassidic concept "bitul hayesh" was inaccurate as it had to be balanced and not create negative consequences. He also took issue regarding the patient's understanding of the halacha's view of anger. According to Rabbi Kook, the rabbi explained, when anger is a mode of life or when it is unjustified, it is prohibited. When a person is wronged, he is permitted to express his natural feelings. At this point the psychologist turned to the rabbi and stated that in his opinion Joseph was hiding behind a "halachic-philosophical smokescreen" in order to avoid acknowledging and dealing with his pent-up angry feelings and fears of behaving in an honest , forthright and assertive manner. He believes that by acting as a "doormat", he is acting in a righteous manner. The rabbi turned to the patient and encouraged him to start taking small steps toward assertiveness and suggested that the next meeting that he schedules with the therapist be done with his new cellphone, even though he may

jeopardize “shalom bayit”. Joseph unexpectedly responded that if the rabbi rules such, he will do it.

Several days later, Joseph called for an appointment with his new cellphone. At the meeting, Joseph seemed more relaxed and in a positive mood. He reported that he is more assertive at home and was surprised that he met less resistance from his wife than expected. At the end of the session, he mentioned that the previous meeting with the rabbi was very helpful and asked the therapist to again thank the latter for his help.

Case 3

David, a 29-year-old single man from a religious Iraqi family, is the youngest of six children and the only one who had not completed a high school education. At the age of 19 he was hospitalized with a diagnosis of chronic paranoid schizophrenia. In the past, David had worked in the post office and in sheltered workshops. He is presently involved in a rehabilitation program that involves occupational and social therapy and individual supportive therapy. In one of the therapy sessions, David raised the issue of masturbation. On the one hand he felt extreme conflict and guilt indulging in this behavior; on the other hand, he had no other avenue to release his strong sexual impulses. The guilt caused him considerable distress, depression and preoccupation with thoughts of punishment and suicide. The therapist suggested to David to discuss this issue with a rabbi and after receiving his consent, a meeting was arranged with a rabbi with wide experience in pastoral counseling.

After listening to the patient explain his conflict and dilemma, the rabbi, using appropriate halachic texts, counseled the patient to attempt to control his masturbatory activity since it was against Jewish law. He pointed out, however, that it was not possible to judge him since others could not know what he is feeling and experiencing. Because of his serious psychological problems he could be considered an *anoos* (legal term for a person who has limited or no self-control and free choice regarding his behavior) by society and especially, by his family. The rabbi added that David knew himself best; if he tried to control his behavior and did not succeed, it was an indication that he is an *anoos*. Therefore, there is no reason for guilt feelings. David mentioned to the rabbi that several years ago he had consulted a rabbi about the same issue and was told that his behavior was terrible and sinful, and that if he

continued, an accident would befall him. The rabbi pointed out to the patient that since the dire predicted consequences did not occur, it proved that he might be considered an *anoos*. The rabbi terminated the meeting with a quote from the Talmudic text, "Ethics of the Fathers": "You are not called upon to complete the work, yet you are not free to evade it". A week later, the therapist contacted the rabbi and informed him that following the meeting there was a noticeable improvement in the patient's mood and general functioning and thanked him for his help.

Case 4

Dinah, a thirty year old married woman and mother of three children requested an immediate appointment as she was afraid that out of desperation, she will do harm to herself. The patient appeared tense and anxious as she described her fragile emotional state. For the last two years, after a religious friend of hers in whom she confided, told her that in the Talmud it states that the punishment for not keeping vows is the premature death of children, she has been obsessed with guilt feelings, fears and thoughts of making vows and receiving divine punishment for not fulfilling them. Her emotional stability has been further aggravated as a result of marital tension and conflict.

Following the initial session, Dinah felt less anxious and tense and in more control of her emotions. In the fourth meeting when she again raised the issue of her obsessional thoughts and fears, the therapist suggested a meeting with a religious authority in order to discuss further this issue, to which the patient enthusiastically agreed.

In discussing the case with the rabbi, the therapist suggested that the former arrange a religious ceremony of "Hatarat Nedarim", (Annulment of Vows) * as a means of aiding the patient to free herself from the oppressive bonds of her obsessional fears.

[* It is considered a fearsome sin for one to violate vows and oaths ("He shall not desecrate his word" - Numbers, 30:3) and the mainstream rabbinic view was against making vows in general ("Do not form the habit of making vows"-Babylonian Talmud, Nedarim, 20,a). However, Jewish law provides the possibility of annulment of vows if the vow involves only oneself. One remedy is the ceremony of "Hatarat Nedarim", recited on the eve of Rosh Hashana, the Jewish New Year. In this ceremony, three individuals band together and take turns in constituting a quasi-ecclesiastical court. The petitioner recites a formula whereby he renounces all oaths and promises made and not fulfilled. He expresses regret in taking upon himself vows and requests that they be annulled. The "judges" then declare that there "do not exist any vows"... "but there does exist pardon, forgiveness and atonement". The ceremony is concluded with the petitioner declaring for the final time that "he cancels from this time onward all vows and all oaths". The ceremony is declared proactive so that if an oath is made

subsequently and then regretted, it too is declared totally null and void. (Rapaport, 1991)]

The meeting was held in the rabbi's synagogue and was attended by the therapist and another man. The rabbi, after listening to the patient's story, explained that it is a sin to make vows and not fulfill them but thoughts of making vows are not prohibited. The Torah, however, realized that man is only human and is not capable of controlling all the time his speech and, therefore, provided a way to annul vows that were made impulsively and now regretted. After explaining the form and purpose of the above mentioned religious ritual, the rabbi conducted the ceremony with the participation of two other men. At the conclusion of the meeting, the patient, visibly relieved, thanked the rabbi for his help. The latter wrote out what transpired at the meeting, signed the note and asked the other two participants to do likewise and handed it to the patient for future reference.

In the following therapy session, the patient reported a marked decrease in her obsessional thoughts and a significant improvement in her mood and overall functioning.

Case 5

Dan, a 25 year old bachelor who immigrated to Israel with his mother and older sister five years ago, appeared at the clinic with the following complaints: severe depression, poor concentration, pains in the chest and legs, decreased functioning at work, and an overpowering feeling that he was "going crazy" from his constant thoughts regarding the death of his father. Though he had suffered for the last ten years, he refused to seek psychiatric aid until his mother pleaded with him to do so.

His father, who suffered from several serious physical illnesses and who had a long psychiatric history, expressed a desire to end his life. One day the patient found him attempting to hang himself from a basement rafter. The father asked the son to move the table upon which he was standing so that he could die, but the son refused. After repeated taunting and pleading the son in an attempt to appease his father, moved the table from under his father's feet and immediately returned it to its original place. The father, enraged at his son's action, began cursing and yelling at him to move the table. The son again moved the table, but this time was unsuccessful in returning it to its original place because of the father's frantic kicking movements. The patient

immediately ran to his mother for help, but on their return, the father had already expired.

A year before seeking psychiatric help, the patient established a relationship with a woman, with whom he was presently sharing an apartment, but not his “awful secret.” The patient felt that he could not marry and bring children into the world because of his fear of not being able to function as a husband and father and “going crazy.”

In the therapy sessions, an attempt was made to relate to and deal with the patient’s intense and overwhelming guilt feelings regarding the “patricidal” act and his self-punishing behavior, but with little success. At one point, the therapist suggested consulting a rabbi regarding the possibility of atonement for the patient. The patient, who came from a traditional background, agreed. However, he requested that the therapist speak to the rabbi first, in order to prepare him for the “shocking” story. In the meeting with the rabbi, the psychologist presented briefly the patient’s history and the purpose and goals of the upcoming meeting.

The meeting with the patient was held in a synagogue in the presence of the psychologist. After hearing the patient’s story, the rabbi stated that the offense committed was indeed very serious. He proceeded to explicate on Judaism’s view of the sanctity of life and then read several select portions from Maimonides on repentance. The rabbi then concluded:

“According to the Torah, you are obligated to believe that nothing stands in the way of repentance and this includes even the serious offence that you committed. I am also not convinced that all the responsibility falls upon you, in view of your father’s erratic condition and disturbed behavior. The Torah requires that the penitent go through a process of experiencing and suffering guilt feelings and regret for the offense committed, a process that you have undergone more than is required and it is a pity that it has continued for so long. You are now required to pass on to the second stage of identity change* and doing good and charitable deeds.

[* Part of the therapeutic process in cases of Post-Traumatic Stress Disorder of “accident killers” is “to forgive themselves and move on to redefinition and acceptance of the self”. See, Janoff-Bulman, *Shattered Assumptions: Towards a New Psychology of Trauma*, 1992, New York: The Free Press.]

It seems to me that you can realize identity change by getting married and having children. By naming your child after your deceased father, you will be perpetuating his

memory for generations. You should also take upon yourself to donate money to a worthwhile charity in your father's name, visit his grave and in the presence of family members pronounce the new path that you have taken upon yourself and say the Kaddish (prayer recited by the mourner over the death of a close relative). God's mercy will never cease and may he provide you with a complete recovery and forgive your sins."

The patient was given the written opinion of the rabbi as he had requested and instructed to take it home to study. He was told it might take him a while to digest the significance of the meeting and the content of the letter and that he should contact the therapist when he felt ready for a meeting. A half-year later, the patient's girlfriend telephoned to invite the therapist to their wedding and requested that he ask the rabbi to officiate as he had offered in his initial meeting with the patient. In response to the therapist's inquiry, she reported that her fiancé was doing well and there was a significant decrease in his somatic complaints. The meeting and letter of the rabbi had a profound influence on him, as it forced him to face reality. She mentioned that several weeks ago, he had visited his father's grave, where he had announced his intention to marry and asked his father for his blessing. A week before the wedding, the couple had a premarital consultation meeting with the rabbi and the following day Dan donated several volumes of religious books, including the writings of Maimonides, to the synagogue, in his father's memory.

Conclusion

In the above cases, the rabbis' role and interventions aided the patients to extricate themselves from the guilt-ridden quicksand which imprisoned them. The result was a considerable remission in their suffering and symptoms and a freeing of their energies and thoughts toward change and growth.

While the psychotherapist can explore the subject of guilt, morality, conscience, etc., he cannot participate with the guilty person in repentance, confession, and atonement or offer dispensations. Here, only that person whom the "guilty" man "acknowledges as a hearer and speaker who represents the transcendence believed in by the 'guilty' man, can speak." (Buber, 1965)

References

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