

Rabbis and Psychologists: Combatants, Collaborators, Colleagues

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1. “And They Both Went Together”?

The attitude of orthodox rabbis toward mental health practitioners varies from outright hostility and distrust to respect and cooperation. The former group, generally, is highly vocal in its condemnation and criticism and their pronouncements vary from temperate, cautious criticism and advice, to ridicule and belittlement, to venomous accusations and outright prohibitions against seeking psychotherapists' counsel.

“It is forbidden to go to a psychologist or psychiatrist who is a heretic or atheist... one must seek out a psychologist or psychiatrist who keeps the Torah. If this is not possible, then one can even go to a heretic or atheist, but it must be stipulated and he must promise not to discuss matters of belief and the Torah with the patient.” (*Igrot Moshe, Yoreh De'ah, 2:57*).

“Even the best therapists have nothing to offer those whose sins have brought them to depression or sadness, for the help they need is from those knowledgeable in Torah, who are the real healers of souls... Psychologists and psychiatrists steal a lot of money from the patient and let him imagine that he will be healed.” (*Tshuvot VeHanhagot, 1:465, Rabbi Moses Sternbuch*).

On the other hand: Recently Rabbi Shternbuch was asked whether religious patients can seek treatment from religious mental health

practitioners who are guided by halakha (Daat Torah) in their professional undertakings, in view of his previous “pesak” (halachic ruling).

The rabbi’s response was “I spoke in general, but surely there are individuals who are Torah observant that treat according to halakha, and with them it is appropriate and a mitzvah to be treated by them”).

The haredi newspaper “*Yated Ne’eman*” reported on a halachic ruling by Rabbi Shmuel Auerbach, head of the *Ma’alot haTorah* Yeshiva in Jerusalem that prohibited psychological counseling because “psychological treatment is the advice of the devil and the evil impulse and a terrible obstacle.”

In his “Mishneh Halachot” (part 4, p. 127), Rabbi Menashe Hakatan (Klein) cites an article by Rabbi Moshe Deutch, head of the Katamon Religious court in London, entitled, “Turn not to soothsayers in the guise of psychologists”, where the author makes several points: 1. Rabbi S. Z. Auerbach was of the opinion that “going to them (psychologists) results in much corruption”; 2. The Hazon Ish explicitly stated that one should not go to psychologists because they corrupt more than they repair; 3. The author of “*Ke-hilat Yaacov*” was of the same opinion.

In response to a question posed to him at a lecture he delivered at the Annual “Nefesh Israel” Conference (2004), Rabbi Yehoshua Neuwirth responded, “It is prohibited to refer patients to psychiatrists. Psychiatrists stupefy the soul.”

On the other hand: “From the Mouth of Our Rabbis” (Bnei Brak 5768), an interview with Harav Shmuel Auerbach, about his father Rabbi Shlomo Zalman, pp. 120-121:

Interviewer’s question: In the past, a letter of yours has been published in the name of Rabbi Shlomo Zalman against the treat-

ment of Bnei Torah by psychological professionals ... There is also the phenomenon of the amateurs/charlatans ("chappers") who treat people's souls without any know how whatsoever. What was the exact opinion of Rabbi Shlomo Zalman, and what is your opinion?

Rabbi Shmuel's reply: [He criticizes the] American style atmosphere of weakness and frailty, which is desperately frightened of suffering ... [but on the other hand] I would like you to publicize at this opportunity ... my father's and my own clear opinion, that in a situation of a real crisis, arising from the soul within: anxieties, depressions, or any form of severe suffering, we are obligated, simply and clearly, to turn to the right professionals, psychologists and psychiatrists who fear G-d, and the [subsequent] salvation is in the hands of Hashem. It is severely forbidden to neglect one's physical and mental health ... My father, himself, sent many advice-seekers to psychological help It must be made clear: Before seeking any treatment, the student must turn to a true Torah scholar, who understands the issues that concern the soul, and consult with him about his situation ...

Nahum Stepansky, *Re'eh Ve'Aleyhu, Lo Yebol* (Jerusalem: 5761) vol. 2, p. 134, article 147, wrote that the great adjudicator Rabbi Shlomo Zalman Auerbach is quoted as ruling "It is permitted to consult with a psychologist if it will help...So what if it is the wisdom of Gentiles? If there is good advice that can help, why not accept it."

In Yosef and Ruth Eliyahu, *Ha'Torah Ha'Mesamahat* (Beit El: 5758) p. 155, it is reported that after Rabbi Auerbach clarified with a psychologist what his treatment plans were, he decreed "Not only is the treatment permissible but it is a mitsvah.")

In a book containing the letters and writings of Rabbi Wolbe, z"l, that was published posthumously, (*Letters and Writings*, p. 48) in a letter dated 12, Tishri, 5,747, (1987), Rabbi Wolbe wrote, "In my work I see more and more the destruction that psychology causes". ... " every Monday and Thursday come to me students and complain that they lack self-confidence, and I ask them, 'Where is it written in the Torah that one needs self-confidence, and that it is something good. In the books I found only that confidence in G-d is necessary'".

On the other hand: Rabbi Shlomo Wolbe, z"l wrote in an article ("Psychiatry and Religion" in "In the Pathways of Medicine," 5 Sivan, 5749 (Hebrew)), "there is an urgent need to organize courses for practicing rabbis and educators, in order to disseminate basic knowledge of the symptoms of neurosis and psychosis and their treatment, in order that they will know to refer mentally ill people immediately to the psychiatrist. Basic knowledge will remove many prejudices.

"Psychologists certainly do valuable work in helping people deal with various difficulties and helping them improve their quality of life. Rav Nachum Rabinowitz shlita, in his recently published response, "Siach Nachum", writes that in a case of a terrorist attack G-d forbid, social workers and psychologists are allowed to violate Shabbat and go to the site of the attack in order to help treat trauma patients. We can certainly learn from this regarding the appreciation of psychological work. We should all strive to serve Hashem as best as we can, not only in the "religious" aspects of our life, but also in the professional and personal ones".

(Excerpt from a communication from the rabbis of Eretz Hemdah).

2. Rabbis as Consultants in Psychological Treatment

In her study on orthodox rabbinic attitudes to mental health professionals, Slinger (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 three abridged 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" (penitent), 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 with a diagnosis of Schizophrenia, Unspecified Type and Obsessive-Compulsive Disorder, Mixed Obsessional Thoughts and Acts. He is presently receiving psychopharmacological and psychological treatment as an outpatient.

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

sive 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 halakha 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 acceded to the patient's wish to discuss his concerns with a rabbi. Before the meeting, the rabbi met with the therapist 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 was 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.

Case-2

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.

(Rapaport, 1991)

(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 do 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.)

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. Several years later, the therapist perchance met Dinah and was happy to learn that since the meeting with the rabbi, she has not been plagued by her obsessional thoughts and fears.

Case-3

The patient, 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 offense 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. 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. 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 the patient donated several vol-

*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.

umes of religious books, including the writings of Maimonides, to the synagogue, in his father's memory.

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)

(Rabbis Naphtali Bar-Ilan, Yehoshua Hacarmi and Yitzchak Cohen, residents of Rehovot, Israel, respectively, were the rabbis involved in the cases).

References

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3. Rabbis as Psychologists

Jewish sages have always been acute observers of human behavior. Below are presented several charming and enlightening anecdotes demonstrating the psychological wisdom and sophistication of past and present Jewish sages.

1. Chaim Karlinsky, (*The First of the Brisk Dynasty*, Jerusalem Institute, 1984. In Hebrew) records an incident that took place in Warsaw in 1877. Rabbi Joseph Dov Soloveitchik, an outstanding Talmud scholar, religious personality, and leader was overcome by a deep depression upon the incarceration of his highly revered and beloved mentor, Rabbi Joshua Leib Diskin, on false charges by the anti-Semitic authorities. On the Sabbath Rabbi Soloveitchik ate only the minimal amount of food necessary to fulfill the requirements of Jewish law. He isolated himself in his room and refused to receive any visitors, not even his closest students and colleagues. He discontinued going to the synagogue and teaching. A specialist who was called in to treat him recommended total rest, but added that if by chance the rabbi's spirit could be suddenly stimulated, healing would take place in a matter of minutes.

Attempts by his family, friends, students, and colleagues to pull him out of his depression failed. Even the efforts of the renowned scholar and hasidic leader, the Master of Gur, failed to lift his colleague's depression through encouragement, support, and intellectual stimulation. One day, upon hearing about Rabbi Soloveitchik's deteriorating mental and physical condition, Rabbi Meir Simha Ha'Kohen, a brilliant scholar and student of Rabbi Soloveitchik, hurried to visit his teacher. Rabbi Meir attempted unsuccessfully to engage his rabbi in a talmudic

discussion, as the latter was totally engulfed by worry for his beloved colleague. At one point, Rabbi Meir quoted some of the Torah novella that he had heard from Rabbi Diskin when he had visited him in jail some months previously. As Rabbi Meir discerned some reaction from his teacher, he began to challenge and criticize Rabbi Diskin's new insights and interpretations on certain talmudic topics and vigorously disputed the conclusions. Upon hearing criticism of his beloved teacher, Rabbi Soloveitchik began to defend him by quoting texts and rabbinical authorities and explaining and analyzing his teacher's Torah. Instead of remitting, Rabbi Meir continued to challenge Rabbi Diskin's Torah, which prompted Rabbi Soloveitchik to raise his voice and marshal all his brilliance, analytic skills, and energy to refute his student's arguments and prove that his mentor was correct. Rabbi Meir soon began to raise other talmudic topics to which Rabbi Soloveitchik also responded in an increasingly intense manner.

After concluding their talmudic deliberations, Rabbi Soloveitchik accompanied his visitor to the synagogue, where he had not gone for a long time. Shortly afterward, Rabbi Soloveitchik resumed his teaching and regular activities as the spiritual leader of his community.

2. A distraught couple appeared before Rabbi Mordechai Lepton, the Chief Rabbi and head of the rabbinical court in Syria in the nineteenth century. Though the couple had been happily married for many years, during the last year the husband had become depressed, angry, and impatient with his wife because she was barren and therefore decided to divorce her. The rabbi unsuccessfully attempted to persuade the husband to reconsider his decision since his wife was a fine meritorious person.

The rabbi, an intelligent and perceptive person who was able to penetrate the inner recesses of people and discern their dynamics and weaknesses, decided on a plan of action to cause the husband to revive his affection and appreciation of his wife. He instructed the couple to return the following day for the purpose of arranging the divorce procedures.

The next day, as the rabbi was preparing to divorce the couple, his student (upon pre-arranged instructions) barged in and whispered into the rabbi's ear. The rabbi unexpectedly began scolding and yelling at his student to the astonishment of the estranged couple. When queried about his unusual behavior, the rabbi explained that his student had crossed the line of propriety. "My student had the audacity to ask me to hasten the divorce proceedings so that he could propose marriage to this wonderful woman." Upon hearing this, the shocked husband informed the rabbi that he decided to return to his wife and asked the rabbi for his blessing. The following year, a son was born to the happy couple.

3. Rabbi Ezkiel Landau, (18th century prominent rabbinic scholar and author) did not believe in amulets or in other supernatural remedies. Once he was consulted regarding an amulet. A distinguished woman was seized by a spirit of insanity. She felt that her condition was critical, and that she could be healed only with an amulet prepared by him. Rabbi Ezkiel took a blank piece of parchment, wrapped it in a small pouch, sealed it with his personal signet, and said: "This amulet should be worn around the neck of the woman for thirty days. After thirty days, open the amulet. If the writing disappeared and the parchment is blank, it is a sign that the woman was healed. And so they did. After thirty days they opened the amulet and found the parchment blank with no sign of any script. The woman entirely recuperated from her illness.

4. Rabbi Yisroel Salanter wrote (Choveras Mussar, 10, 1926), "Do not spend a lot of time trying to push away negative thoughts. Human nature is that the more you push them away, the more they come back".

5. A single 25 year old yeshiva student went to Rabbi Chaim Kanievsky, the son of Rabbi Yisrael Kanievsky and a prominent haredi decisor who receives thousands of visits every year from Jews seeking religious advice and blessings, in order to receive a blessing from him because of his difficulty of getting up on time in the morning for prayer. The rabbi refused his request and told him to ask his mother to pour cold water on his ear when he refused to get out of his bed in the morning.

* * *

The concepts of cognitive transformation and cognitive dissonance were used by the rabbis in understanding and modifying human behavior. Below is an example of each:

In the Tractate Avodah Zara, it is recorded that when Rabbi Akiva saw the beautiful wife of the wicked Tornosrophus, he spat, laughed and cried. The Talmud explains that the reason that Rabbi Akiva spat was that he was repulsed by the thought that she came from a putrid drop of semen. By focusing on this thought, Rabbi Akiva was able to negate, nullify and counter his illicit and unacceptable feelings, thoughts and impulses.

Cognitive dissonance is a state in which a discrepancy exists between perception and expectation or precepts and concepts. This situation motivates cognitive processes and defense mechanisms.

There exists a strong human drive to reduce dissonance and resolve internal conflict by changing one's view or behavior to conform with one's statements and actions.

The rabbis comment that "An action retrains behavior and thought. A thought does not retrain behavior or thought." If one really wants to uproot an evil thought or feeling toward another, he has to do a benevolent act. The Talmud sages ruled that if one is presented with a situation in which at the same moment a friend's animal is lying under its burden and an enemy needs help in loading his animal, one is obligated to first aid the latter, in order to subjugate the evil impulse. Removing hatred from one's heart is a greater deed than relieving the suffering of an animal. By creating cognitive dissonance between negative feeling (hatred) and positive action (providing service,) one is forced to change one's feelings to conform to one's behavior.

Jewish religious leaders, moralists, and commentators have always been acute observers of humanity. An analysis of their recommended techniques for interpersonal behavior, self-control, and behavior change may well be a practical contribution to contemporary psychology and psychotherapy.*

Note

*On the other hand, below is a list of interventions and involvements of rabbis that came to the attention of the writer in his capacity of supervising psychologist at a clinic under haredi auspices, who obviously lacked psychological sensitivity and knowledge and unwittingly caused tragic outcomes to those that sought their advice and help.

1. A middle aged woman with a diagnosis of schizophrenia was hospitalized numerous times, consulted a known rabbi and mystic while she was being treated in a mental health clinic. He explained to her that the voices she heard was the voice of an angel who was punishing her for her transgressions and therefore she had to repent. This advice was counter to the efforts of the therapist who attempted to strengthen her reality testing and diminish her pathological guilt feelings, depression and suicidal inclinations.
2. A 22 year old yeshiva student shared with his rabbi his doubts and worries regarding his fiancée who was demonstrating compulsive behavior regarding cleanliness. She spent a great deal of time washing her hands, avoided touching things that were on the floor, etc. The rabbi reassured him that this behavior will disappear after she gets married. A month after the wedding his wife was hospitalized in a psychiatric hospital and a half year later, they divorced.
3. A 23-year old ultra-orthodox yeshiva 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.⁷ Unbeknownst to him,

7 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

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.

4. A young yeshiva ultra-orthodox student sought help at a mental health clinic because of his attraction to another student with whom he had sexual relations. In one of the sessions, the patient informed his therapist that he consulted with his rabbi regarding his problem and the rabbi advised him to continue the process of “shiduchim” (matchmaking) and reassured him that after he marries these feelings and impulses will disappear. The therapist, after hearing this, instructed the patient to inform his rabbi that he was in the beginning stages of treatment and that getting married will only intensify his problems and sabotage treatment. After hearing this, the rabbi recanted and encouraged his student to continue his therapy.

The select examples above strongly reinforces Rabbi Wolpe’s call to “organize courses for practicing rabbis and educators, in order to disseminate basic knowledge of the symptoms of neurosis and

“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.”

psychosis and their treatment, in order that they will know to refer mentally ill people immediately to the psychiatrist". Rabbi David Mescheloff, the author of the first article, has taken up this challenge and is in the process of collaborating with the editor and several of his colleagues to organize an appropriate course on "Mental Health and Psychopathology" for rabbis.