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"THE TRADITIONAL JEWISH PATIENT:  
HIS LIFE-STYLE AND WORLD-VIEW"

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Department of Psychiatry

Albert Einstein College of Medicine

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1. It is appropriate for a non-specialist appearing before a group of professionals to begin with an apology. Mine comes straight out of the Bible, I Samuel 21:11-16.

It is a short but illuminating episode in the life of David, who is in flight before King Saul whom he had served loyally and who, in his insane jealousy, now sought to kill David.

That day, David arose and fled for fear of Saul, and went to Achish the King of Gath. The servants of Achish said unto him: "Is not this David, the King of the land? Did they not sing one to another of him in dances, saying: Saul hath slain his thousands, and David his tens of thousands?" And David laid up these words in his heart, and was sore afraid of Achish the King of Gath. And he changed his demeanor before them, and feigned himself mad in their presence, and he scratched marks on the doors of the gate, and let his spittle fall down upon his beard. Then said Achish unto his servants: Lo ye see that the man is mad, wherefore do ye bring him to me? Do I lack madmen that ye have brought this fellow to play the madman in my presence? Shall such a fellow come into my house?"

So, you have invited this fellow to come into your house, as if you did not have enough patients or enough wisdom on madness, as if you were -- to use the original Hebrew -- chassar meshuga'im. Blame Dr. Van Praag for it -- although I do promise to spare these walls my graffiti, and to practice oral continence, at least insofar as my spittle is concerned.

2 - What I shall attempt this morning is to give you a brief overview of the Traditional or Orthodox Jew, his culture, values, commitments, and philosophy, so that should you, in your

practice, come accross a patient of such background and persuasion, you will be better able to understand him/her and distinguish between the genuinely pathological and what may be culturally foreign to you but makes eminently good sense in the context of Traditional Judaism.

3 - The first thing that must be said about Orthodox Jews is that they are not nearly as homogeneous as may appear to an outsider. The term comprehends a large variety of sub-groups, with marked differences in the degree and quality of religious commitment, cultural presuppositions, social perceptions, and economic status and ambitions. Thus, Right-Wing/Centrist; European/American; Hasidic/Lithuanian; Ashkenazic/Sephardic...

Paradoxically, those Orthodox Jews who come from and live in more closed societies and segregated communities, show less scars of the tension between their own way of life and the contemporary world. It is the "Modern Orthodox" American Jew who suffers more from such conflicts, both consciously and unconsciously. The disjunctiveness, incongruence, and inappositeness of the two cultures to which he is heir, bequeath to the Modern Orthodox Jew -- as both authentic Jew and genuine modern -- a sense of marginality, fragmentation, and discord. Thus, a graduate of Yeshiva College or Stern College for Women, having grown up and been educated in the attempt to effect a synthesis or symbiosis of both Torah and Western culture, will usually have a completely different set of psychic and emotional problems from those suffered by denizens of New Square in Rockland County or Boro



Park in Brooklyn, assuming that his problems are caused by religio-cultural conflicts with his environment.

4 - Nevertheless, despite these sometime quite significant differences, there are certain fundamental convictions and values that bind both groups together. My description must perforce be inadequate, because it would take me far more time than has been allotted to me, and far more than your patience can bear, to do even minimal justice to the heritage of Traditional Judaism. With this caveat, permit me to limn for you a few major constructs common to most observant Jews. I hope that in the course of the remainder of this lecture, some additional ones will become clear. I am specifically excluding from the purview of this lecture a description of some major ritual observances. Such factual information is obtainable elsewhere. I shall focus, instead, on values and attitudes.

a) HALAKHAH: Action more than faith; praxis more than dogma; role of law; comprehensive scope of Halakhah -- covering all aspects of life, both private and public...

b) The concept of mitzvah. A "happy burden" -- ole ha-mitzvot and simchah shel mitzvah...

c) The Covenant -- sense of living under an ancient promise; <sup>✓</sup>mutuality between God and man; sense of sweep of history; waiting <sup>↑</sup>for/working for Redemption.

d) Historical awareness -- the heritage of centuries of persecution; the Holocaust; alienation from non-Jewish society.

5 - Challenge to Mental Health Professionals: Variety of



attitudes by Orthodox Jews to psychologists and psychiatrists, depending on geographical provenance and cultural orientation. Thus, for instance, the difference between Hungarian Jews and American-born Orthodox Jews towards mental health professionals: readiness to bare themselves; fear of family stigma; confidence in therapeutic efficacy; apprehension about the perception that psychiatrists are anti-religious. This is often aggravated by practitioners who openly consider observance of the punctillia of Halakhah as a form of psychoneurotic behavior...

#### 6 - The Spiritual-Cultural Background for Psychological Problems of Orthodox Jews.

a) A source of conflict and tension for observant Jews is the fact that Torah, in its ethical and spiritual demands upon the Jew, openly declares that in order to achieve his full gestalt as a morally and religiously fulfilled individual, man must be at peace with his fellow man, but at war with himself and, usually, with his social environment.

b) Personal growth is viewed by the Jewish tradition not as a linear development, like the opening of a flower, but as a high drama of inner conflicts with his own innate libidinal impulses, with his primal urges, with his grasping rapaciousness, with his hunger for instinctual gratification.

c) Judaism is unabashedly negative; the Talmud counts three hundred and sixty-five negatives commandments as against two hundred forty-eight positive ones... This is so because Torah is essentially an inhibiting system; it preaches a doctrine of self-

restraint rather <sup>than</sup> self-expression. Jewish ethics values recoil over advance, self-limitation over self-expansion. Judaism can certainly subscribe to a healthy sense of self, but cannot assent to the mass narcissism expressed in the prevailing philosophy of self-expression, self-fulfillment, self-assertiveness, except as a temporary therapeutic strategy. Judaism does not derogate self-expression or deprecates self-fulfillment; not at all. But it does not place the self at the top of its scale of values. It is more fearful of narcissism than of self-neglect. There are legitimate ways of ego-satisfaction, but self-concern may not be given free rein in life.

d) Paradoxically, the self can be enhanced only via its limitation and discipline. Most outrageously, Judaism asserts that this is the way to a life of happiness and fulfillment, not only for society but for the individual. Mental health is not achieved by tasting every forbidden pleasure from the banquet of life any more than physical health is attained by eating like a glutton.

e) Growth is a result of man's encounter with his own self. Doctrine of the two Yetzarim.... Two levels in the attempt to achieve victory over Yetzer Ha-ra: Kibbush-suppression. Suppression views Yetzer ha-ra as innate metaphysical evil, symbolizing the demonic in man. Hence, the only legitimate response to the Yetzer ha-ra is perpetual struggle and the attempt to conquer it. But higher level based on concept of



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Yetzer Ha-ra as undifferentiated and unchanneled libido. Kiddush ha-yetzer. Sanctification -- or: sublimation (centuries before Freud!) Thus: ✓ This approach sees the Yetzer ha-ra not as an ontic evil, but as misdirected primal energy or libido which, in itself, is morally neutral. Hence, suppression is first or lower step, while sublimation is the higher level. The first view is dualistic -- man is driven into two antagonistic tendencies. The second is monistic: there is one source of primal energy which man can direct into either constructive or destructive channels.

הנהגת ה"יצר הרע" היא שאלה של עוצמתו ושל כוונתו. אם הוא מכוון למעלה, הוא יכול להפוך לאנרגיה יצירתית. אם הוא מכוון למטה, הוא יכול להפוך לאנרגיה הרסנית. לכן, הבעיה איננה רק של שליטה, אלא של הכוונה הנכונה.

Thus, R. Schneour Zalman:

ה"יצר הרע" אינו רע, אלא אנרגיה. הבעיה היא איך להשתמש בה.

I should add that, historically, the 2nd, more creative view did lend itself to a radicalization which, in turn, leads to antinomian results. Thus: the provocation and incitement of temptation as a challenge to "elevate" or "sanctify" it.

f) All this goes back to the most fundamental of Jewish doctrines: Anti-idolatry. Idol defined as whatever occupies central role in axiological universe... Judiasm is not a way of filling human needs, but creating new and higher human goals.

## 7 - Orthodoxy and Psychopathology.

a) Above description should justify term previously used, "ole ha-mitzvot." But committed Orthodox Jews believe profoundly that

loyalty to Judaism is worth risking one's peace of mind, even as it is worth the economic risks (as not working on Shabbat) and sacrifice of convenience (as eating only Kashmer).

b) Yet, there are times that the distortion of religious practice leads to pathology. The following is a quote from Professor Irving N. Levitz, of the Wurzweiler School of Social Work faculty (Journal of Psychology and Judaism, volumen 4 (2), Winter 1979):

Psychological problems can arise as a function of a distortion of Torah, its misuse or misunderstanding. Such might be the case, for example, of the parents who invoke kibbud av va-em (honor due parents) as a means to control their children with fear and guilt, or the father who beats his son based on the passage "He that spareth the rod hateth his son" (Proverbs 13:24). Other examples include the family for whom shalom bayit (tranquility at home) means that feelings of anger or hurt can never be expressed and the silence of inner tension is confused with the silence of peace; or the Rosh Yeshiva (Dean of a Talmudic academy) who totally ignores his wife in order to study, depriving her of a husband in the name of Torah.

There is yet another strategy for observing the interaction of the religious culture with other components of the personality. Religious behavior... can also serve as a symptom of deeper pathology. Here the distortion of religious practice does not lead to pathology, but rather the reverse. Pathology is reflected in a distorted religious behavior.

Compulsions are a most common example: The individual who must kiss the mezuzah a dozen times before entering a room; the Yeshiva student who spends hours repeating his prayers over and over for fear he did not say them correctly the first time; the woman who similarly takes over half an hour to light her Shabbat candles because she is never quite sure that she had kavvanah (proper intention) for every word.

c) Please note that I have spoken of the above pathology as a distortion. We have no right to assume that the life-style of



Jewish observance is, in and of itself, a sign an obsessive-compulsive personality.

d) Indeed, I commend to your attention yet another paragraph by the same author:

Gerald Caplan once noted that professionals, in approaching issues in mental health, are so accustomed to dealing with pathology that they often fail to recognize health components within a community (1974). With this in mind it should be pointed out that just as there is a need for researching psychopathogenic components of the Orthodox community, so, too, is there a need to explore health-supporting components as well. There is a good reason to believe that the philosophy of purpose which is an indigenous part of Torah life is a tremendous antidote to the existential neuroses that permeate the community at large. A comparative study would be of interest here.

One might reasonably expect the rich variety of rituals and festivals - when properly and meaningfully executed - to help individuals live a life of aesthetic splendor behaviorally, cognitively, and emotionally. The oasis that is Shabbat, the catharsis that is Shivah, the Torah's teachings that reflect sensitivity in one's relation to the other, Torah learning, might certainly be expected to be positively related to mental health.

#### 8 - The Role of the Mental Health Professional.

a) It is unnecessary to emphasize that when treating a genuinely observant Jew -- as when treating any patient -- both analysis and treatment must be based on his/her terms of cultural and axiological reference, not those of the therapist. The practitioner must be especially aware of his own unspoken assumptions and those of his discipline which reflect and refract the underlying cultural norms of society.

b) With regard to Orthodox Jews, the practitioner must appreciate that the Orthodox Jew (whether or not suffering from

psychological distress) is normally in a state of conflict with his environing society, and it always was thus throughout history. This is especially true with our permissive hedonistic, self-centered society.

c) What religiously observant Jews ask of psychiatrists and psychologists is, fundamentally, this: First, you must be able to reassure the patient that you are not being judgmental of his faith and culture. Be at least as professionally and scientifically detached about his millennial tradition as you are about clearly pathological aberrations of other patients. Second, having done that, you must, if you are to be effective, appreciate and respect his commitments even if you do not subscribe to them, and even if you feel or know that the patient will be better off emotionally without that commitment and the psychic burden that it places upon him.

d) Hence, if a mode or course of therapy conflicts with Halakhah, it is wisest to have the patient consult Rabbinic authority (not just any Rabbi) or do so on his behalf in order to inform yourself of what, given the patient's cultural and religious situation, is "normal" or "pathological."