



Psychiatry, Cultural Competency, and the Care of Ultra-Orthodox Jews: Achieving Secular and Theocentric Convergence Through Introspection

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Abstract

Several socio-cultural factors complicate mental health care in the ultra-Orthodox Jewish population. These include societal stigma, fear of the influence of secular ideas, the need for rabbinic approval of the method and provider, and the notion that excessive concern with the self is counter-productive to religious growth. Little is known about how the religious beliefs of this population might be employed in therapeutic contexts. One potential point of convergence is the Jewish philosophical tradition of introspection as a means toward personal, interpersonal, and spiritual growth. We reviewed Jewish religious-philosophical writings on introspection from antiquity (the Babylonian Talmud) to the Middle Ages (*Duties of the Heart*), the eighteenth century (*Path of the Just*), the early *Hasidic* movement (the *Tanya*), and modernity (*Alei Shur*, *Halakhic Man*). Analysis of these texts indicates that: (1) introspection can be a religiously acceptable reaction to existential distress; (2) introspection might promote alignment of religious beliefs with emotions, intellect and behavior; (3) some religious philosophers were concerned about the demotivating effects of excessive introspection and self-critique on religious devotion and emotional well-being; (4) certain religious forms of introspection are remarkably analogous to modern methods of psychiatry and psychology, particularly psychodynamic psychotherapy and cognitive-behavioral therapy. We conclude that homology between religious philosophy of emotion and secular methods of psychiatry and psychotherapy may inform the choice and method of mental health care, foster the therapist-patient relationship, and thereby enable therapeutic convergence.

Keywords Cultural competence · Orthodox Judaism · Mental health · Introspection

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Introduction

Cultural competency is increasingly recognized as a vital component of quality medical care (Betancourt et al. 2003). For patient populations in which religion shapes many facets of daily life, familiarity with key beliefs and practices is essential to culturally competent care. Interactions with ultra-Orthodox Jewish patients pose an additional challenge to health-care providers, as this population is sub-divided into various groups, each with its own ideologies, norms, and stigmas apart from the strict adherence to Jewish Law, which they share (Gabbay et al. 2017). Blurring of lines between cultural-social attitudes and religious beliefs in this population particularly complicates the area of mental health care. Since access to care in this population is often limited by fear of social stigmatization, barriers rooted in religious-theological belief per se are difficult to characterize.

There is a growing body of literature examining the special needs of ultra-Orthodox patients in psychiatric care, as well as the challenges and opportunities that arise when the ultra-Orthodox are treated by providers who do not share their worldview (Popovsky 2010). However, very little has been written about how traditional rabbinical teachings might influence ultra-Orthodox patients' attitudes toward and understanding of psychological treatment. The purpose of this paper is to examine whether, rather than impede treatment, traditional religious philosophy of emotion can facilitate and, better yet, be integrated into the psychotherapeutic care of ultra-Orthodox patients.

One potential point of convergence between psychotherapy and Orthodox Judaism can be found in the Jewish tradition of introspection as a means for emotional, spiritual, and moral growth. By introducing mental health providers to the Jewish philosophical tradition of self-reflection, we hope to foster a provider–patient relationship which not only overcomes cultural barriers but actually utilizes the spiritual heritage of patients for healing. To illustrate the value of such an approach, we examine discussions of introspection in various historical Judaic texts and assess potential applications of this practice in the mental health care of the ultra-Orthodox population.

In summary, this paper will illustrate three critical points: first, that Judaism has an ancient and dynamic relationship with practices relevant to mental health; second, that present-day divergence of opinion on these practices within the ultra-Orthodox community is rooted in religious debate; and third, that cultural literacy and competency may enable mental health professionals to address beliefs that pose a challenge to treatment and capitalize on beliefs that align with therapeutic goals.

Barriers to Mental Health Treatment for Ultra-Orthodox Patients

Members of the ultra-Orthodox community are often hesitant to utilize mental health services. Though ultra-Orthodox Jews tend to utilize medical services at a relatively high rate, they are an underserved population with respect to mental health care (Feinberg 1985; Purdy et al. 2000). This trend is surprising when one considers the high demands ultra-Orthodox society places on its members. Successful women in ultra-Orthodox society are those who manage to raise the greatest number of children, while maintaining their home and often working to support the family. Successful men are those who spend ten or more hours a day engrossed in the challenging study of Jewish law. Expected to marry in their late teens and early twenties and to begin reproducing immediately, couples are left with little time or energy to earn a living; indeed, 45% of Hasidic households in the New York area are poor (Ukeles et al. 2011). Additional time required for prayer (thrice daily for

men), participation in communal events, and adherence to the all-encompassing code of Jewish law, while meaningful and uplifting for many, also entail additional burdens and stressors.

Reluctance in this population to seek out mental health services arises from fear of both the secularizing influence of psychotherapy and the communal stigmatization of mental illness. Anticipating that mental health-care professionals may not understand their worldview and may even blame their problems on adherence to the strict laws of the Torah, patients are likely to seek the help of their rabbi in obtaining a sympathetic referral (Popovsky 2010). Similarly, many rabbinical leaders feel the need to screen providers and even supervise the therapeutic relationship, out of concern that a perceived lack of morality in the secular world will penetrate their society as a result of exposure to the ideas and methods of secular mental health care (Feinstein 1959; Sternbuch 1989). Thus, a community member not prepared to abdicate this level of agency to his or her rabbi may be unsure where to turn. Additionally, these same rabbinical authorities often act as references for the character of families hoping to arrange marriage for their children, and thus patients may fear that revealing their challenges to such a person might compromise not only their own marital prospects but those of their siblings as well (Sartorius et al. 2005). Finally, patients may fear further stigmatization should they be discovered by their community to have circumvented rabbinical supervision. The unfortunate result of this confluence of factors is that help is often only sought under circumstances of extreme dysfunction (Freund and Band-Winterstein 2017).

Regrettably, even the best-intentioned secular provider, rather than addressing these impediments proactively, may dismiss them as being beyond the purview of the clinical context. Misperception of ultra-Orthodox patients, combined with the values-based judgments inherent in diagnostic criteria and treatment goals, necessitates that providers work diligently to ensure they are appropriately advocating for their patients (Aponte 1985; Giglio 1993). To the extent that psychiatric providers are culturally competent about ultra-Orthodox views on mental health, the more success they will have facilitating this population's access to and engagement in treatment.

More specifically, we argue that familiarity with traditional Jewish philosophical ideas about human emotion will foster a therapeutic alliance between secular providers and their religious patients. Of particular benefit would be an examination of religious texts pertaining to the use of introspection for personal and spiritual improvement. Some of the concepts expressed in these texts could frame the clinical care of psychiatric patients in religiously acceptable terms. Therapists need not take on the role of theologian but could address the issue in general terms: e.g., "I have read about a Jewish concept of introspection and thought it sounded similar to some of the work we might do together." If both provider and patient feel comfortable pursuing this method, reference to specific religious literature might then be considered. Such an approach may also resonate with rabbinical intermediaries and leaders, and, by extension, the community at large.

The notion of using a patient's frame of reference to create familiarity with the therapeutic process is a strategy that works well for patients from all walks of life. By reducing the foreignness of the therapeutic context and process, the therapist can reduce the defensive posture of a patient and facilitate acceptance of care. However, using such a strategy necessitates that a therapist be familiar with the patient's cultural and religious framework. It is to this end that we have undertaken the following literature review. It is our hope that by increasing mental health professionals' familiarity with the cultural and religious framework of ultra-Orthodox patients, we will enable them to better address any

underlying reservations about mental health care and capitalize on synergies that may promote participation in treatment.

Clinical Considerations and Antecedents

Little is known about the effect of utilizing religious ideas and traditions to promote mental health in the ultra-Orthodox population. Some studies, however, have described dramatic therapeutic effects in depressed and even psychotic patients whose therapists employed either religious language, rabbinic and Kabbalistic texts, discussions of mystical imagery, story-telling, interpretations of dreams, or allusions to rabbinic prohibitions as part of their treatment plan (Bilu and Witztum 1993; Popovsky 2010). Importantly, this was observed with both non-religious and religious providers and was often implemented as an adjunct to pharmacotherapy.

One particular case report focused on the problem of “administering therapy in multi-cultural settings where the therapist and patient hold divergent explanatory models in regard to the patient’s symptoms” (Bilu and Witztum 1994). It described a young man, diagnosed with a major depressive episode with psychotic features, who suffered from visual and auditory hallucinations of an angel instructing him to punish himself for past deeds. The therapists participated in a mystical-religious ceremony, which included reading passages from *The Book of Raziel the Angel* (an early Kabbalistic text traditionally believed to have been given to Adam shortly after the expulsion from Eden). The ceremony also involved “summoning the angel” seen in the patient’s hallucinations in an attempt to turn the angel from an adversary to an ally. The authors argued that engagement in the patient’s symbolic-religious language and experience of distress was not a superficial manipulation but an effort to “affect ‘deep’ psychic processes” (ibid).

It is possible that the religious model of introspection could yield a more conventional methodology to achieve the same goal: that of embracing and capitalizing on a patient’s pre-existing understanding of psychological phenomena for effective, religiously integrative therapy. Though discussing religious texts on introspection is far less likely to test the limits of accepted mental health care than is reading mystical texts and summoning angels, even this apparently innocuous method requires careful examination of its limitations. For example, one must consider that differentiating between existential distress and clinical psychopathology might be particularly challenging in an Orthodox Jewish context. As an illustration, the word for sadness used in some *Hasidic* texts is *atzvut* (עצבות), often translated as “depression.” This translation conflates the original existential meaning of *atzvut* with a modern, clinical one. This conflation might mislead therapists to think patients’ existential concerns are a matter of suffering from clinical depression. Similarly, patients might be misled into believing they can “cure” clinical depression with only the help of the teachings of *Hasidism*.

This potential for confusion in the arena of philosophy of emotion, where the domains of psychotherapy and traditional Jewish thought overlap, may provide a culturally sensitive explanation for a recent controversy. In 2012, leaders of the *Gur Hasidic* community were accused of coercing their congregants into accepting psychopharmacological treatment for “non-biologic” problems, such as marital discord, lack of focus in Torah studies, or failure to conform to communal norms (Ettinger 2012). It is unlikely that the story would have created such a stir had psychotherapy been the principal treatment modality employed. So the question that must be asked is why was the option of psychotherapy largely overlooked?

While it is certainly possible that these rabbinic leaders were merely looking for a “quick fix” for deep communal issues, another explanation is that they were turning to the only means of mental health care which is granted clear legitimacy based on their understanding of Jewish Law and philosophy. Perhaps commonalities between psychotherapy and traditional modes of Jewish self-improvement constitute a “turf war” for rabbis who may fear that seeking help outside the religious framework might be viewed as tacit acceptance of the limitations of the Jewish philosophy of emotion. The use of pharmacological methods, on the other hand, would imply a biological etiology for such issues, and rabbinic Judaism makes no claim to possess superior knowledge of medicine. Thus, drugs may be “kosher” and therapy not.

Regardless of which interpretation is to be believed, the solution is the same: both the rabbinical and medical establishments must more carefully examine the Jewish philosophical tradition for psychotherapeutic approaches which capitalize on rather than undermine the beliefs of the ultra-Orthodox community. It is with such an approach that a few notable ultra-Orthodox rabbis have begun to normalize the notion of proactive utilization of mental health care in their respective communities. Scholars such as Rabbi Abraham J. Twerski, MD, and Rabbi Shais Taub are slowly making inroads in the ultra-Orthodox world by mining the ancient tradition for messages of acceptance of community members struggling with mental health (Taub 2010; Twerski 2009). The question is: what can the medical world do to help bolster such acceptance? To begin to answer this question, we will undertake our own in-depth exploration of a number of seminal Jewish texts in an effort to recognize synergies between Jewish religious beliefs and modern-clinical conceptions of mental health.

Jewish Philosophy of Introspection and Its Implications for Psychotherapy

In many religious texts crucial to Orthodox Judaism, *heshbon ha-nefesh* (השבון הנפש), or “an accounting of the soul,” comprises a central obligation of religious practice. In others, this practice of examining one’s deeds and emotional disposition and resolving to realign them with one’s theological beliefs is a mere distraction from more fundamental pursuits (Soloveitchik 1983). In this section we will analyze a range of scholarly writing on the subject of introspection and examine each of their applications to psychodynamic and cognitive-behavioral therapies. In the Talmud, we will find our earliest reference to the Jewish discipline of introspection. Then, we will examine texts relevant to psychotherapy, including Rabbi Ibn Paquda’s *Duties of the Heart*, the Rahmal’s *Path of the Just*, the Alter Rebbe’s *Tanya*, Rabbi Wolbe’s *Alei Shur* and finally, Rabbi Soloveitchik’s *Halakhik Man*.

Introspection as a Religiously Acceptable Spiritual Pursuit

For two and a half years, the House of Shammai and the House of Hillel debated. These say: It would have been preferable for man had he not been created than to have been created. And those said: It is preferable for man to have been created than had he not been created. Finally, they concluded: It would have been preferable for man had he not been created than to have been created. However, now that man has been created, let him search through his deeds; and some say, let him examine his deeds (Baylonian Talmud, *Eruvin* 13b).

This passage from the Babylonian Talmud is a useful introduction to religiously acceptable introspection. The Talmud is a universally accepted, authoritative text that predates and transcends contemporary factional differences within ultra-Orthodox Judaism. The fact that even the hallowed sages of the Talmud debated the value of life can serve to normalize and legitimize patients' experience of existential distress. Talmudic sages saw introspective self-assessment as a key solution to existential problems. To the extent that psychiatric illness is viewed as an existential crisis, self-reflection in the form of therapy is similarly recognized as an antidote by the mental health profession (Holm-Hadulla 2013).

Analysis of the history of *heshbon ha-nefesh* reveals that Jewish religious philosophers emphasized its significance at times when they noticed a discrepancy between Jewish ritual practice and the emotional experience of its practitioners. One could imagine such a discrepancy might be recognized when a congregant is emotionally distressed despite being actively engaged in the practice of his faith, which is believed to confer a measure of emotional tranquility on its practitioners. It is noteworthy that many ultra-Orthodox Jews believe that the etiology of mental illness is Divine and that healing comes, at least in part, through identifying and correcting particular areas of weakness in one's relationship with God (Popovsky 2010). The practice of *heshbon ha-nefesh* might be one way for a person to make such a "correction."

The emphasis on and attitudes toward *heshbon ha-nefesh* in many essential religious texts have several potential implications for understanding and treating the ultra-Orthodox Jewish psychiatric patient. On one hand, ultra-Orthodox patients might find structured self-reflection useful as a tool for healing. On the other hand, self-appraisal, including an examination of whether negative motives underlie one's positive deeds, might foster a negative self-image or contribute to depression. As will be discussed below, the evolution of *heshbon ha-nefesh* throughout Jewish history demonstrates rabbinical scholars' increasing sensitivity to its demotivating potential and their development of strategies to avoid this pitfall.

Alignment of Emotions and Beliefs

If the first step in the process of rapprochement between psychological work and religious values is acceptance of introspection as a legitimate response to existential pain, the next step might be establishing emotional work as an integral part of religious faith. *Duties of the Heart*, or *Hovot Ha-Levavot* (הוֹבוֹת הַלֵּבָבוֹת), originally written in Arabic in the eleventh century¹ by medieval scholar Rabbi Bachya ibn Paquda, recognized introspection's importance to achieving consistency between one's beliefs and emotions. In fact, Rabbi ibn Paquda authored this work because he "did not find among [the major post-Talmudic religious writings] a book devoted to the knowledge of the inward life" (Ibn Paquda 1996). He explains that the absence of such a book is noteworthy because many statements in the Torah and Talmud extend the obligations of Judaism beyond practical action and into the realm of thought and feeling (pp. 13–17). By way of example, nearly all observant Jews recite twice daily a passage from *Numbers* (6:5) containing the injunction to "Love Ad-nai your God with all your heart and with all your soul and with all your might." Just as a modern therapist tries to help the patient who says "I believe I'm a good person, but I just don't love myself," Rabbi ibn Paquda endeavored to help the disciple who says "I know God is benevolent, but I don't feel any love towards Him."

¹ The original Arabic title is *Ketab Al-Hadaya I'la Feraed' al-Kulub* كتاب الهداية الى فرائض القلوب

Duties of the Heart acknowledges that the beliefs a person acquires by his or her intellect or professes by virtue of his or her association with a particular system of thought are not alone powerful enough to supplant irrational beliefs acquired through traumatic experience (or existing innately). Nor might they supplant subconscious beliefs, which can also mediate human emotional experience. To this end, Rabbi ibn Paquda prescribed structured self-reflection and repeated contemplation of particular ideas in order to strengthen healthy, rational beliefs and supplant destructive, erroneous beliefs. One could argue that Rabbi ibn Paquda long preceded Aaron Beck as the founding father of cognitive-behavioral therapy (Beck 1976).

In general, practitioners of psychodynamic and cognitive-behavioral therapies operate under the assumption that certain psychiatric problems can be improved by correcting deeply rooted misconceptions about the self. Depending upon one's professional framework, this correction occurs either by identifying the origins of these misconceptions in a patient's personal history or by replacing negative patterns of thought with positive ones. Therapists of either sort might successfully introduce patients and their rabbis to psychotherapy by appealing to Rabbi ibn Paquda's methodologies as justification for the clinical use of introspection or cognitive-behavioral reinforcement. Such analogous approaches might be acceptable to ultra-Orthodox populations, helping to uproot notions that psychoanalysis unleashes sinful tendencies and cognitive-behavioral therapy promotes secular thinking.

Alignment of Faith, Intellect, and Behavior

As Jewish religious philosophy emerged from antiquity and the Middle Ages, it increasingly came to face challenges related to advances in human scientific knowledge, rationalist philosophy, and ideas of the Enlightenment. *Path of the Just*, or *Mesillat Yes-harim* (מסילת ישירים), was written in the first half of the eighteenth century by Italian Rabbi Moshe Haim Luzzatto (abbreviated *RaMHaL*, 1707–1746). In the age of Spinoza and Newton, *Path of the Just* represents an effort to formulate a cohesive religious philosophy that reconciles faith, emotion and intellect. Whereas Rabbi ibn Paquda was primarily concerned that Jewish people were neglecting their emotional obligations, the *Ramhal* was concerned with helping people balance their emotional and intellectual pursuits. As characterized by the *Ramhal*, “few [people capable of serious scholarship] focus contemplation and study on matters of completeness in service, on love [of God], on fear [of God], on cleavage [to God], and on all the other elements of piety... [whereas] when you see someone engaging in pious conduct, you cannot help but suspect him of being intellectually dense” (Luzzatto 2013). Evidently, the *Ramhal* was just as concerned with emotional expressions of religious fervor, ungrounded in intellectual understanding, as he was with the philosophical or legal study of the *Torah*, disconnected from emotional experience.² This is not dissimilar to modern psychiatry's recognition that affective and cognitive processes are both essential to an effective therapeutic process. It might be helpful to reference the *Ramhal's* perspective to convey to ultra-Orthodox patients that the

² Also of import is the historical context from which the *Ramhal's* approach emerged. The *Ramhal*, who was writing in the wake of Jewish history's most prominent and destructive false messiah, Shabtai Tzvi, took a strong stance against the *Sabbatean* movement which engaged in powerfully evocative rituals that were contrary to the basic tenets of Jewish law and philosophy (Gallant 1986). The enormous collective failure of both intellect and emotion represented by the mass flocking to Shabtai Tzvi may well have motivated the *Ramhal* in his formulation of a Jewish guide to the synchronization of intellect, emotion, and action.

psychotherapeutic process involves neither unfettered emotionality nor pure intellect but rather is a balancing act between the two.

In addition to its concerns about balancing emotionality and intellect, and in contrast to *Duties of the Heart, Path of the Just* primarily focuses on behavior. In his discussion of alacrity (זריזות), the second of nine traits which comprise *Path of the Just's* framework for spiritual development, the *Ramhal* explores the interplay of behavior and emotion. To create a mindset of enthusiasm and proactivity, it is not contemplation that the *Ramhal* recommends; rather, “when someone energizes himself in performance of a good deed, just as he quickens outer (i.e., physical) movement, so too does he cause his inner movement (i.e., enthusiasm) to be fired up within him” (p. 136). As with cognitive-behavioral therapy, change in behavior is recognized as a way to affect change in emotional disposition.

Introspection as Therapy: Potential and Pitfalls

We have traced the development of introspection from a general response to an existential void, to its recognition as an essential component of a religious mindset, allowing for the alignment of faith with emotion and intellect. The next step in the evolution of introspection in Jewish philosophy may be seen as a precursor to modern-clinical psychotherapeutic dynamics, including a recognition of its limitations and dangers. The *Tanya*, which is the turn-of-the-eighteenth-century classic work of Lubavitch (also known as *Chabad*) Hasidism, concerns itself with how a person should strengthen himself to overcome his base desires and cultivate instead an appreciation for spirituality. The *Tanya's* author, Rabbi Shneur Zalman Borukhovich (more commonly known as the *Ba'al Ha-Tanya* or *Alter Rebbe*), asserts that “it is impossible to conquer [one's base desires] with laziness and sluggishness, which stem from sadness and a stone-like dullness of the heart” (Barukhovitch 1997).

The *Ba'al Ha-Tanya* further explains that even regret associated with spiritual shortcomings must be avoided in most situations:

As for sadness connected with Heavenly matters, one must seek ways and means of freeing oneself from it... Whether the sadness settles upon him during his service of G-d in Torah study or prayer, or when he is not engaged thus, this is what he should consider: “Now is not the proper time for genuine sadness, nor even for worry over grave sins, G-d forbid.” For this one must set aside opportune times, when the mind is calm... (ibid; pp. 350–351).

While the aforementioned authors might have offered similar advice to people for whom this form of self-reflection evokes sadness rather than resolve for self-improvement, the *Tanya* is noteworthy for its explicit reference to sadness and its anticipation of the associated problem of demoralization.

A therapist could reference the *Ba'al Ha-Tanya's* concern for demotivation when addressing resistance to embarking on the therapeutic endeavor. The therapeutic process could be characterized as challenging but not insurmountable. And it ought to be clarified that although self-reflection might engender sadness, from this may emerge well-being and spiritual growth. It is to this point that the *Ba'al Ha-Tanya* quotes Proverbs 14:23, “in every sadness there will be profit” (p. 407). Caution against regret is also worthy of mention and could be characterized as the importance of looking at regrettable actions without embracing regret which might impede better actions in the future. Additionally, the *Tanya's* recommendation to set aside time for worrying over one's shortcomings and

ignoring such worries at other times is remarkably similar to the modern cognitive-behavioral technique called “worry time,” in which patients schedule time to indulge in worrisome thought so as to strengthen their ability to turn their attention away from worries at other times (McGowan and Behar 2013). Referencing the *Tanya*’s recommendation to set aside time for self-reflection may make the notion of “worry time” seem less foreign or contrived.

Sectarian Considerations

Though the advice offered in the *Tanya* might help ultra-Orthodox Jewish patients gain self-knowledge and pursue self-improvement while minimizing patterns of negative thinking, the *Tanya* does not enjoy the acceptance of many Orthodox Jews who do not identify with the mystical or messianic leanings of *Hasidism* or with the particular Lubavitch sect from which the work originates. In fact, explicit reference to it might deter patients of other Orthodox denominations who are critical of these movements.³ Relying on support from an *Hasidic* text for a non-*Hasidic* patient (known as a *Litvak*) would be analogous to promoting the power of positive thinking to someone schooled in an analytic tradition. However, patients and their rabbinic advisors might nonetheless be open to using the widely accepted concept of “affixing times” for introspection as a way to limit the negative consequences of critical self-reflection.

In addition to maintaining a basic awareness about which ideas and texts are associated with which communities, clinicians should be aware of differences in values which might inform the clinical encounter. For example, with a *Hasidic* patient, one might gain more traction by emphasizing the importance of restoring joy, whereas with a *Litvak*, one might opt to focus on the importance of returning to productivity and the fulfillment of obligations. Additionally, *Hasidic* patients may demonstrate more overall deference to rabbinic authority, particularly to their rebbe, the leader of their particular *Hasidic* sect. While non-*Hasidic* -ultra-Orthodox patients are also unlikely to act unilaterally without rabbinic assent, they may be more willing to work with a number of different rabbinic intermediaries, provided they share the patient’s religious values. Recognizing differences not only between secular and religious approaches to mental health but also between different ultra-Orthodox communities, will thus be essential if bibliotherapy is to foster rather than undermine the therapeutic alliance.

Modern Perspectives

While the ultra-Orthodox *weltanschauung* is often seen to be at odds with modern psychotherapy, there are surprising similarities in the models rabbinic texts and psychoanalytic theory offer for understanding the human psyche. The *Tanya* for example, sets forth a notion of animal soul, divine soul, and the discerning soul, which mediates between these two fundamental driving forces. The comparison to the Freudian id, super-ego and ego is almost unavoidable. Like Freud, the *Tanya* is interested in fostering awareness of the

³ This is partially attributable to the lingering influence of a rift in the Orthodox community, created when *Hasidism* gained popularity in the mid-eighteenth century in an environment of post-*Sabbatean* fear of mysticism and messianism (Assaf 2010; Nadler 2011). Elements of Judaism which *Hasidism* either introduced or re-emphasized, including the centrality of joy and the elevated status of its spiritual leaders—called *Rebbs*, caused prominent rabbinical figures to excommunicate *Hasidic* rabbis (Nadler 2011). Although considerable philosophical and cultural differences persist between *Hasidic* and non-*Hasidic* (called *Litvak*) communities, the antagonism which characterized the initial division has faded somewhat.

interactions between these faculties in order to improve a person's functionality. However, the definitions of functionality are different for each, with Freud aiming to achieve a balance to minimize psychic crisis, whereas the *Tanya* focuses on maximizing the dominion of the divine soul, in some cases suppressing and in other cases sublimating the drives of the animal soul.

The similarities and differences between Freudian psychoanalysis and Jewish notions of introspection were described in detail in the writings of Rabbi Shlomo Wolbe (1914–2005). Raised in a secular milieu, Rabbi Wolbe came to embrace Orthodox Judaism in the 1930's when studying at the University of Berlin. While he became strictly Orthodox and steeped in the world of Torah, his familiarity with modern psychiatry and philosophy infused his work. In his essay *Psychiatria ve-Dat* (“*Psychiatry and Religion*”) Rabbi Wolbe illustrates that rabbinic scholars such as the *Vilna Gaon* (1720–1797) and Rabbi Israel Salanter (1810–1883) recognized the importance of the subconscious and defense mechanisms such as denial and suppression before Freud (Wolbe 1982).

Cognizant of the differences between the values of classical psychoanalysis and those of the Torah, Rabbi Wolbe tried to formulate a Torah-compatible psycho-spiritual framework in his seminal work, *Alei Shur* (עלי שור). There, he cautions against focusing on one's shortcomings, much like the *Tanya*: “People of our generation cannot bear to stand the heavy criticism which preceding generations heard... it would cause despair in the youth of our generation” (Wolbe 1967). Rabbi Wolbe's assertion reflects his familiarity with the psychological thinking of the time and demonstrates an early sensitivity to the importance of self-esteem (Aaronson 1996).

Though informed by modern thought, Rabbi Wolbe's assertion is equally rooted in the ancient Jewish principle of “descent of the generations,” or *yeridat ha-dorot* (ירידת הדורות), which is still accepted by the ultra-Orthodox community today. *Yeridat ha-dorot* is a ramification of the biblical account of mass-revelation during the exodus from Egypt. The principle asserts that the further away in time the Jewish people are from that revelation through which the Torah was bequeathed, the less they are able to understand the Torah and live according to its teachings. In Jungian parlance, *yeridat ha-dorot* is a progressive attrition of the connection between the Jewish collective unconscious and the archetypes which gave this collective Jewish unconscious its unique identity (Jung 1981).⁴ In Jewish thought, *yeridat ha-dorot* has far-reaching spiritual and legal repercussions.

Rabbi Wolbe contends that *yeridat ha-dorot* extends to the self-esteem of the generation, insofar as this quality is essential for spiritual pursuit unencumbered by depression and self-doubt. The solution, he proposes, is contextualization: to use the same time which rabbis of previous generations had recommended setting aside for self-critical introspection to instead focus on self-affirming introspection. In step with the budding humanistic psychology of his time, Rabbi Wolbe recommends contemplating “the greatness of a person” (רוממות האדם), saying to oneself “a great and important person like me, today having within me qualities positive, great, and elevated... how am I to do this great wrong?” (p. 159). He contends that as a person begins to feel better about himself, he will simply abandon negative patterns of behavior which are not becoming of him. Thus, therapeutic application of Rabbi Wolbe's work can assuage concerns about the demotivating potential of self-reflection, highlight the role of positive affirmation in the

⁴ Though Jung would likely reject the notion of a particularly Jewish collective unconscious and emphasize that archetypes are universal, the application of his construct to the Jewish people in particular serves to illustrate the way many ultra-Orthodox Jews perceive their relationship to other Jews and to the symbols, stories, characters, and commandments of the Torah.

therapeutic process, and introduce the idea of replacing destructive patterns of thinking with positive ones through cognitive-behavioral therapy.

However, Rabbi Wolbe's work, like the *Tanya*, is obscure to many Orthodox Jews. This is because the *Musar* movement, of which Rabbi Wolbe was a prominent leader, enjoys varying degrees of support among ultra-Orthodoxy's many distinct communities.⁵ Advocating that scholars should allot time for the study of ethical and philosophical ideas beyond the scope of Jewish law, the *Musar* movement is at odds with many ultra-Orthodox communities for which time devoted to Jewish law is sacrosanct. Thus, *Musar* is considered by many *Litvaks* to be a mere distraction and by many *Hasidim* to be redundant to *Hasidism*.

Against Introspection

Rabbi Joseph B. Soloveitchik (1903–1993) depicts in his influential book, *Halakhic Man*, the worldview of such an Orthodox Jew who, rather than turning to *Musar* or *Hasidism*, finds in the study of and compliance with the Jewish legal system, the *halacha* (הלכה), all the inspiration he needs. To draw an analogy to modern American Constitutional law, this sole reliance on *halacha* could be understood in the same vein as the *strict constructionist* school, which rejects additional philosophical expansions to the concrete codes specified in the original, foundational text. R. Soloveitchik describes how such philosophical supplementation is unnecessary, how a person engrossed in the apprehension and execution of Jewish law is “armed with... weapons... to ward off the [existential] fear that springs upon him” (Soloveitchik 1983; p. 72). Due to his extensive knowledge of Jewish law and the way it interfaces with everyday life, “*Halakhic man* does not enter a strange, alien, mysterious world, but a world with which he is already familiar” (ibid; p. 72).

According to this purely *halachic* worldview, however, the negative psychic power of *heshbon ha-nefesh* is reason to simply not engage in it:

One must not waste time on spiritual self-appraisal, on probing introspections, and on the picking away at the “sense” of sin. Such a psychic analysis brings man neither to fear nor to love of God nor, most fundamental of all, to the knowledge and cognition of the Torah. The Torah cannot be acquired in a state of melancholia and depression (ibid; p. 74).

A therapist might therefore anticipate resistance to the process of emotional exploration and introspection when working with someone who holds a purely *halachic* worldview. However, in his explanation of his family's historic opposition to the *Musar* movement, Rabbi Soloveitchik demonstrates that his worldview is not entirely incompatible with introspection. A metaphor he quotes in the name of his grandfather Rabbi Chayim Soloveitchik (the famous *Reb Chaim Brisker*), illustrates this point:

⁵ The *Musar* movement was a revivalist movement of the late nineteenth century which, like *Hasidism*, sought to breathe new life into an Orthodox Judaism which seemed increasingly disconnected from the realities and challenges of looming modernity. But unlike *Hasidism*, which focused primarily on living life joyfully, *Musar* focused primarily on improving one's character. Generally, it did not enjoy popularity in communities which had already adopted *Hasidism* and its popularity in other communities varied during its initial period of growth in the late nineteenth and early twentieth centuries (Mirsky 2010). Though the impact of both *Musar* and *Hasidism* is tremendous, there exist today many communities only minimally affected by either movement, such as the communities built around the *Brisk Yeshivas*, which actively opposed *Musar*, and many other *Litvak* communities.

If a person is sick we prescribe castor oil for him. However, it is certain that if a healthy person ingests castor oil he will become very sick... We [the followers of R. Chayim] in Volozhin, thank God, are healthy in spirit and body, are whole in our Torah; there is no need here for castor oil (ibid; p. 75).

With the metaphor of castor oil (or, perhaps, “chemotherapy”) in hand, a therapist can affirm a patient’s religious belief that introspection is unnecessary and even harmful to some people while emphasizing its absolute necessity for others. Such a strategy, however, requires that patients recognize themselves as “sick,” and establishing provider-patient consensus over the impairing effects of psychiatric illness may be a therapist’s first priority when working with this population.

In contrast to Rabbi Wolbe and other contemporary rabbis whose emphasis on the inner world of their students might be misconstrued as a kind of therapy for disorders of mental health, Rabbi Soloveitchik expresses the opposite perspective: that too much introspection in a healthy individual can lead to psychological problems. Though Rabbi Soloveitchik is most often associated with the modern and centrist Orthodoxy (known for a greater openness to the secular world), he presents here the view of the rabbinic dynasty from which he hails, a view still held by many in the ultra-Orthodox camp. These Jews may be resistant to psychotherapy, fearing that focusing on one’s problems will only make them worse. This religious-based resistance to psychotherapy might be difficult to overcome in the context of personal-existential dissatisfaction and distress. However, in the context of a clinical depression which is affecting one’s psycho-social function, for example, emotional work based on classic Torah-based rabbinic literature might be discussed as a potential adjunct to pharmacotherapy.

Conclusion

As we hope we have demonstrated, rabbinic tradition expresses a variety of perspectives on introspection with many applications relevant to psychotherapy. While a given patient may be explicitly familiar with some, all, or none of the texts referenced, depending on his or her specific sect and scholarly knowledge, it is reasonable to assume that most patients will have some religiously informed perspective on introspection. We posit that, as with much of Jewish lore, these perspectives percolate from their source texts through oral teachings within various communal and historical contexts to influence present-day attitudes along communal lines. Ultra-Orthodox Jewish patients, depending on their community, are thus likely to view introspection as either a central religious obligation, a meritorious supplement to religious practice, an important tool with both positive and negative potential, or a distraction from more important religious pursuits.

Given the similarities we have identified between Jewish traditions of introspection and modern psychotherapeutic modalities, it is critical that mental health providers consider ultra-Orthodox patients’ communally and religiously informed attitudes toward introspection when framing therapy. This can foster a therapeutic convergence and help bridge the secular and theocentric realms of conventional psychiatric care to increase access for those who hail from observant communities.

Frank discussion with patients about their communities’ attitudes toward psychotherapy is the most important way to achieve this, with collateral from patients’ families and rabbis helping to clarify potential areas of resistance and synergy. Direct collaboration with rabbis may also prove beneficial. Rabbis often have a vested interest in the “kosher” mental health treatment of their congregants, and a basic knowledge of differing Jewish perspectives on

introspection can guide clinicians in transforming rabbinical resistance to support. Secular therapists who can engage the rabbinate on their terms dialogically are more likely to get an alliance that will allow therapy to proceed.

Such collaboration can also inform direct therapeutic utilization of the texts discussed here or of the modern works of “Judaic psychology” by authors such as Rabbi Dr. Twerksi or Rabbi Shais Taub. The work of these rabbis, who have applied ancient Jewish concepts to modern psychological ailments, may complement discussions of religious notions of introspection in the context of the therapeutic process.

Of particular use would be the development of several different forms of “Jewish” cognitive-behavioral therapy, each rooted in a particular orientation toward introspection. The *Tanya*, for example, is fertile ground for the development of Jewish cognitive-behavioral therapy for its extensive discussion of the relationship between thoughts, feelings, and behaviors; however, the mystical language a *Tanya*-based therapy could employ to contextualize these relationships in the worldview of a *Hasidic* Jew would make such an approach entirely opaque to a *Litvak*. Meanwhile, Rabbi Wolbe’s cognitive reframing of “the greatness of a person” (רוּמַמּוּת הָאָדָם), while empowering to a student of *Musar*, would be anathema to adherents of the *Tanya* who believe that nullification of one’s ego before God is the key to psycho-spiritual liberation.

To guide efforts toward such tailored therapeutic approaches, further research into the beliefs of ultra-Orthodox Jews about mental health treatment would be tremendously beneficial. One possibility is to survey ultra-Orthodox rabbis, community members, and patients about their respective attitudes toward mental health treatment and introspection. Support from rabbinic leaders might facilitate community members’ willingness to share their beliefs about introspection and mental well-being. Another potential approach is to study the attitudes, insights and experiences of mental health providers with experience in caring for ultra-Orthodox patients and elicit their perspectives about how religious notions of introspections influence the therapeutic process.

In closing, Jewish religious literature contains a wide range of attitudes about the use of introspection as a means to develop oneself spiritually, as well as a diverse array of ideas about what spiritual development entails. We have outlined some potential clinical applications of these attitudes and ideas which were gleaned through our historical literature review. It is our assertion that analyses similar to this one, which compare the philosophies of the human psyche within and across the world’s diverse cultures, would yield valuable information about utilization of mental health services and could guide the development of culturally competent psychiatric care. Used in collaboration with spiritual and philosophical leaders of different communities, this information could facilitate a much needed global improvement in access to and benefit from mental health care.

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