

UNORTHODOX THERAPY:

Should Your Therapist Be Orthodox?

When a psychotherapist is needed, how important is it that he be religious? Can we trust a non-religious therapist to not impose his own value system on the patient? Isn't it possible that a therapist who is not intimately involved with the Orthodox lifestyle may misinterpret an Orthodox person's behavior? Can we be confident that an Orthodox therapist will necessarily understand a patient whose religious practice and outlook is quite different than his own, though they are both Orthodox? These are some of the critical questions we raised with two practicing therapists, Drs. Jerry Lob and Michelle Friedman. Readers are encouraged to write in and tell us their own opinions.

By Michelle E. Friedman

Leah, a thirty-five-year-old computer programmer and mother of three little girls, suffers from recurrent major depression. She has been treated, on and off, with psychotherapy and antidepressant medications. Leah's husband struggles with a learning disorder and social difficulties. Leah feels overwhelmed by the pressures of raising and helping to support her family. At the same time, she desperately wants to become pregnant again as women in her community typically strive for large families. She also hopes to have a son. Recently, her middle daughter was diagnosed with speech problems. Symptoms of depression crop up—Leah has lost weight, can't sleep and finds it difficult to concentrate. Her former psychiatrist moved out of town some time ago.

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Ari is a twenty-three-year-old single Orthodox man finishing his senior year of college. His father, a prominent rabbi, is beloved by his community but discharges an explosive temper at home. Ari excels at learning and knows that his father expects him to enter the rabinate. Ari, however, is drawn to secular studies and wants to go to graduate school. In addition, after breaking up with a young woman that his parents adored, he has become casually involved with a non-Jewish classmate. He feels guilty, miserable and wants help.

How should Leah, Ari or any observant individual in psychological pain choose a therapist? Leah works hard to balance her mental health and her ideals for religious and family fulfillment. Her education, marriage and overall quality of life have been diminished by bouts of depression. When she recognizes the dismaying, familiar signs of a recurrence, she knows she needs to find a mental health professional. Leah wants someone who is competent and respectful. She thinks she may prefer a *frum* therapist so that

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By Jerry Lob

A little over ten years ago, during my internship in clinical psychology, I worked with a Catholic woman in her 60s who, as a child, was terribly abused by her stepfather. The impact of the abuse on her life was devastating, yet until that moment she had not discussed it with anyone. She harbored a great deal of anger, hurt and sadness but felt unable to express those feelings. This inability to verbalize her emotions was partially due to an internal conflict

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she was experiencing, which stemmed from her belief that her religion mandated that she forgive her tormentor. Her anger provoked guilt, and the stronger her rage, the stronger the guilt she felt for not forgiving. Round and round she went, stuck in a cycle of anger, guilt, sadness and despair. Frustrated, I remember wanting to shout at her, "But you don't have to forgive him; he never asked for forgiveness. And even if he did, you still don't have to; it's up to you." One of the myriad blessings of Judaism is that one need not grant forgiveness without the guilty party asking for forgiveness first. And even then, one is not obligated to forgive. Unfortunately, this is not the case in this woman's belief system. It was dif-

ficult for me to maintain my non-judgmental stance. I wondered: Could I help this woman if I felt that her belief was hurting her and getting in the way of her healing?

Orthodox psychotherapists are often asked whether it is necessary for a therapist to be Orthodox to be helpful to Orthodox clients. Sometimes, it is asked more bluntly: "Isn't it spiritually dangerous to be seen by a non-Orthodox therapist?" I am not a halachic authority, but I know that there are highly respected rabbis on both sides of the question as well as many who decide this issue on a case-by-case basis.

From a therapist's perspective, the question is troubling. Can I only understand

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Can I only understand people who are similar to me? Can I only help those whose values I share?

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she won't have to spend her time explaining the culture of observant life. On a deeper level, Leah feels pride in her capacity to bear and nurture children. She wants to help her husband fulfill the mitzvah of *peru u'revu*. Would a non-religious therapist understand the compelling forces that motivate Leah to expand her family even though she clearly is at her limit with her current situation? On the other hand, Leah's past experience of working with a non-observant therapist had certain benefits. The anonymity of that office felt liberating. She was less worried about the stigma of seeing a mental health professional. And curiously, having to define terms and concepts such as Shabbat and mikvah prompted her to reflect on her own religious experiences in ways that she found demanding yet enriching.

Ari is at a crucial life juncture, on the cusp of making serious choices about vocation and relationships. A competent therapist would quickly realize that Ari needs to talk out his issues in a compassionate, non-judgmental environment. At least some part of Ari's unhappiness stems from conflict with his father. The swirl of love, respect, anger and fear generates miserable anxiety. Ari needs to unravel this jumble of feelings and impulses. Would Ari's choice of a non-*frum* therapist bespeak a wish that such a person would encourage him to "do whatever feels right," no matter what the religious consequences? Conversely, would the choice of a *frum* clinician indicate his wish for a more benevolent parent? Is Ari's unconscious hope that such a therapist would chaperone him back to the right *derech*? Is it his fantasy that this ideal father would help him break up with his inappropriate girlfriend and resume full time yeshivah study? Or, would the presence of an observant therapist backfire, leading him towards further sabotage?

The question of how to select a therapist comes my way frequently—in panel discussions, consultations and casual conversations. Should mental health practitioner and patient be matched for religious commitment or other affiliations, such as gender or family background? Are there unique dangers if the therapist is not Jewish, let alone not religious? On the flip side, what potential problems lurk in the therapeutic match if therapist and client are both *frum*? Might they collide in establishing treatment blind spots such as avoiding issues that raise religious conflict? Might the assump-

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tion of mutual values inhibit the client from fully unburdening his heart or deter the therapist from asking potentially provocative or intimate questions?

Stigma plays a role in the process of choosing a therapist. There is a huge advertisement, sponsored by a national advocacy organization for individuals with mental illness, painted on the side of a building near my office. The sign reads, "Depression is a flaw in chemistry, not character." I instruct my patients to look at that billboard when they walk back to the subway. Both the organization sponsoring the sign and I know that mental health encompasses far more than chemical activity at the brain/neuron level. We also know how besmirched and ashamed people with depression and other emotional disorders often feel. They feel that their characters and their very souls are flawed. Such people need reassurance that their individual identities are far more complex and nuanced than the diagnostic moniker of "depressive," "schizophrenic" or "obsessive-compulsive." At the same time, brain chemistry is the currency through which we perceive our world, make moral choices and conduct relationships.

For any therapy to be effective, it must include the exploration of deeply personal and sensitive topics—including family dynamics, sexual life and idiosyncratic habits. Thus, a therapist is in a uniquely sensitive position to influence clients who will look towards him for advice, guidance and approval. The relationship between therapist and patient—the transference—places the therapist in a place of power. The patient constantly projects attitudes and feelings on to the therapist. He will alternatively react to the therapist lovingly or critically, while perceiving him as parent, confessor, desired

romantic partner or friend.

Some individuals may wish that their therapist would directly counsel them as to a specific course of action. The job of a therapist, however, is different than that of a *rav*, teacher or other lay advisor. The therapist's job is to look for recurrent patterns and conflicts without projecting his own preferences and beliefs. He must explore the issues and conflicts that the patient brings up. While clinical discretion and tact determine the depth of that exploration, nothing is off limits. Hopefully, insight paves the way for freer, more complete choice. Therapist and patient work together to define the compelling psychological constellations that regularly crop up in the patient's life. They look for early warning detectors, signs and symptoms of recurrent distress.

Leah needs to anticipate and weather the inevitable storms of her mood disorder while leading the fullest life possible. Ari needs to work through his feelings towards his father. His adult, religious decisions should be determined by far more than hostility and rebellion.

Observant Jews have just cause to be concerned about therapists' biases especially in matters of religion. The

history of psychoanalysis is notorious for disdainful, deprecatory attitudes towards faith and practice. Many of the early psychoanalysts came from pious Jewish homes but abandoned Jewish traditions with a vengeance. Religious life based on non-scientific faith in a Creator was dismissed as primitive and obsolete. Insight and understanding were believed to hold the cure for what was formerly understood to be the suffering of the soul. Cumbersome religious structures and oppressive authority were to disappear like dinosaurs. The last several decades, however, have witnessed a shift in this attitude.

Adherents of psychology recognize that even the most complete dissection of mental processes does not necessarily provide answers to the great questions of human life. The struggle for existential meaning and the mysteries of Creation and purpose are still with us. At the same time, religiously devout therapists have demonstrated that psychological tools and techniques can reduce human suffering and even pave the way for deeper religious experiences.

My advice to Leah and Ari would

Jerry Lob

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people who are similar to me? Can I only help those whose values I share? Is it unethical for me to treat non-Jews? What about non-Orthodox Jews or women? Doesn't the Talmud tell us that men and women are from different nations (shades of Mars/Venus)? And once I go down this road, I must ask, how can I relate to survivors of childhood abuse, domestic violence or the Holocaust if I do not share their experiences? And yet, I know that to be an effective therapist I don't need the complete understanding that comes from "being there." It is not necessary for me to have gone through the same experiences to be helpful to one who is suffering.

I realize that there is a distinction between having different life experiences and having different value systems, but I'm not sure this distinction

be to seek out a therapist with the best reputation for clinical excellence, compassion and respect for religious life. I encourage them to check out the therapist's professional credentials with referral sources they respect. I also encourage them to ask a potential psychiatrist/psychologist/social worker about his feelings regarding working with observant Jews. Consumers have every right to investigate relevant qualifications. Ultimately, they need to trust their gut reactions. How did Ari feel during the first consultation? Did the therapist put him at ease? Did Ari feel that his confidentiality was protected? Did the therapist take a complete history, even asking about touchy subjects such as substance abuse or medical problems? Did the therapist answer Leah's questions adequately? Did he give her a sense of direction as to what the next step of treatment should be? Did Leah feel understood? Did she feel that the person on the other side of the desk could help her?

If most of the answers to these questions are "no," I would urge Leah and Ari to look elsewhere for a therapist. If the majority of the answers are "yes," I feel satisfied that the thera-

is significant with regard to a client's need to be understood. And yet, the distinction is significant in other ways; there are circumstances when differing value systems, unlike different life experiences, do impact therapy.

Consider the following scenario: a couple is in therapy to learn more effective ways to communicate and resolve conflicts. They present their current argument, which is associated with family purity. The wife feels that her husband is too casual about some of the rabbinic injunctions, such as passing items to each other when she is a *niddah*; the husband, however, feels that this aspect of the *halachah* is "just too

peutic matches have solid chances for positive results. In a community where there is an abundance of mental health professionals, the question concerning whether the therapist should be observant should be determined by the comfort level of the client. The answer does not have much to do with psychiatric diagnosis. An individual grappling with schizophrenia or obsessive-compulsive disorder needs to talk about the experience of living with his particular affliction just as much as a high-level neurotic challenged by a crisis of faith does. Some people will not be able to work out their problems unless they are paired with an overtly *frum* therapist. Others won't feel a necessary freedom of exploration unless they perceive their therapist to be religiously neutral or even non-Jewish.

The bedrock of worthwhile treatment is the therapeutic alliance. When we look to establish other important matches such as marriages or business partnerships, we look for objective criteria. At the same time, we recognize that some incalculable part of any good *shidduch* is intuition and luck. After that, success depends on commitment and sustained work from both partners. **JA**

much trouble." Will a non-observant therapist be tempted to push for compromise when *halachah* does not allow it? Will he feel that the wife is being too rigid and self-centered, perhaps even provocative in her stance?

Another example: a yeshivah boy who is struggling with an anxiety disorder seeks help. Will his attention to the details of *halachah* be perceived as being symptomatic of obsessive-compulsive disorder?

Both of these situations should not pose a problem, and the implication of even presenting them in this article may be offensive. It is unprofessional—and unethical—for any therapist to be disrespectful of her clients' values and to have an overt agenda to influence and change them. Obviously, a therapist should be chosen for both

competence and integrity. The therapist should understand and respect the fact that different values and beliefs need to be taken into account. If a certain client's values or beliefs "push buttons" in a particular therapist, she should either seek professional guidance in the form of supervision or determine not to take on that client. For example, even an Orthodox therapist who has a bias against those who practice their Orthodoxy differently than she does can cause damage to a client. It is important to differentiate between the therapist who clearly has an ax to grind and behaves in an unprofessional manner and one who is not fully aware of her own unresolved inner conflicts. Clients often struggle with issues that are "hot buttons" for therapists, and an observant therapist who has internal religious conflicts will need to sort out various issues in supervision so as not to project her own agenda on to the client.

There are also more subtle dynamics in the client-therapist relationship. While there are a variety of forms of psychotherapy, the relationship that develops between therapist and client is often a powerful one, with the therapist taking on a parental role at times. This role is not necessarily a directive one, as advisor or teacher; it depends on the psychotherapy being used, which is a discussion beyond the scope of this article. However, in very subtle, perhaps even unconscious ways, the client may begin to look to the therapist for approval and will often become quite adept at picking up nuances in his non-verbal reactions. It is incredibly difficult for the therapist to be consistently non-judgmental, and very often clients know the therapist's opinions even when they are not verbally expressed.

It is in this vague, unspoken place that the values and beliefs of the therapist may become an issue. This is not about integrity or competence, but about a deep connection that is often, though not always, formed in the therapeutic relationship. While it is true that this phenomenon may be more apparent in psychodynamic psychotherapy, it

is present in most therapeutic contexts.

To illustrate: an adolescent girl from an Orthodox home, struggling with her religious identity and her commitment to Jewish law, discusses her growing relationship with a boy in therapy. As the girl tells her story, she is also watching the therapist for signs of either approval or disapproval. From a secular perspective, the girl's behavior can be considered developmentally appropriate, and something a therapist may feel like cheering.

Even an Orthodox therapist who has a bias against those who practice their Orthodoxy differently than she does can cause damage to a client.

Yet, her behavior may be inappropriate for a girl from her particular family, and could be indicative of her "acting out." A young person in conflict with her family may seek, and at times receive, approval and encouragement from a therapist in a most subtle form.

Some rabbis have expressed concern about this kind of subtle approval because of the potential danger of a child moving further away from Torah. This is not to say that a non-Orthodox therapist's encouragement is a problem all the time, or even in a majority of situations, but it is something to consider when choosing a therapist. Selecting a therapist who is not Orthodox becomes more of an issue if the purpose of therapy is directly related to religious conflicts. It is obviously less of a problem, or even no problem at all, when the issues have nothing to do with Judaism. For example, someone who is suffering from anxiety disorders or phobias and is being treated with cognitive/behavior therapy, should, without question, choose a therapist with the most expertise in those areas.

In addition, those who live in communities without a large Jewish population may not have the luxury of choosing an Orthodox therapist. I know of a respected yeshivah administrator in a small Jewish community who routinely sends his students to a

non-Jewish therapist—with excellent results. This highly competent therapist consults with rabbis in the community regarding Jewish questions, and has their complete trust.

It is also important to note that at times the need for therapy is so vital that other considerations are secondary. When coping with major disorders such as schizophrenia, bipolar disorder or borderline personality disorder, the essential issue in choosing a therapist is competence.

One last thought: for the past eighteen years I have been involved in counseling in the Orthodox Jewish community—at first, as a high school *rebbe*, later, as a Jewish outreach professional and, for the last ten years, as a therapist. I have found that when working with those who suffer from depression, there is often a component of the illness that centers on the client's relationship with God. Victor Frankl, a Holocaust survivor and author of *Man's Search for Meaning*, has taught the psychology world about the human need for meaning in life and its role in depression. In our unique community, we can call it the need for a meaningful connection to God. At times one may have unexpressed anger towards God, and at other times there are feelings of abandonment, confusion, despair and great suffering. These feelings often manifest themselves as the inability to connect to God in a meaningful way. And it's the lack of connection to God and utter aloneness that deepens the depression. My clients have taught me that it can be healing for them to voice these feelings aloud to someone who shares their unique desire for Divine closeness. When one's pain is rooted in a lack of Divine connection, he warrants an Orthodox therapist who is comfortable traveling on the painful, rocky journey towards rapprochement with God. 