

IS OCD A JEWISH DISEASE?

By Avigdor Bonchek

Obsessive-compulsive disorder (OCD) has come out of the closet and joined the growing ranks of psychiatric acronyms that have become household words, such as ADHD, PTSD and BPD.¹ (Remember the good ole days when the only abbreviations we knew were IBM and NBA?)

It is estimated that about 2 percent of the population suffer from OCD at some point in their lives. To be sure, there are no epidemiological studies showing that Orthodox Jews are more inclined to suffer from OCD than the general population. However, because of the complex relationship between religion and OCD (Orthodox compul-

sives tend to be obsessed with halachic matters), OCD is no longer known only to those in the mental health profession. Indeed, a fourteen-year-old client of mine, a yeshiva boy, recently turned to his mother during a session and exclaimed, "I think I have OCD!" (Which, in fact, he does.) During last year's Torah Umesorah convention, my wife and I were stunned to discover a young Chassidic man delivering a lecture (in Yiddish!) to educators on treating OCD in school. (While not a professional, he was quite knowledgeable about this psychological enigma.)

What is OCD? How did it become a household word in the Orthodox community? Referred to in Yiddish as *nervin*, OCD manifests itself in repetitive, compulsive behaviors. Sufferers from OCD are in extreme stress since their uncontrollable thoughts and behaviors rule, and often ruin, their lives. They are continuously plagued with doubts. There is the woman who worries about her halachic readiness for immersion and spends four hours preparing to go to

the mikvah. There is the man, who, uncertain if his *kavanot* were correct, takes up to three hours to say morning prayers that should take twenty-five minutes. And there is the boy who washes his hands upwards of twenty times a day because of his fears that his hands are not clean enough to learn Torah or say a blessing. Other manifestations of OCD include obsessive, intrusive thoughts of forbidden things, such as *avodah zarah* (idolatry); plaguing doubts about whether a fleeting thought is halachically considered a *neder* (vow); long hours spent in wash-room activities and extreme vigilance about meat and milk "contamination."

Regarding Orthodox sufferers, a number of questions can be raised. Wouldn't these people's lives be more peaceful without the restrictions of the *Shulchan Aruch* weighing down on them? In other words, would they suffer from compulsivity were they not Torah-observant? Does observing *halachah* make them compulsive, or would they be compulsive regardless? Furthermore, how is a parent, spouse or *rosh yeshiva* to differentiate between a sincere striving for *kedushah* and a psychiatric condition that feeds on *halachah*? How can

a person himself know whether he's crossed the line between healthy religiosity and unhealthy compulsivity? Indeed, many sufferers have no idea that their condition is a *condition*.

Sigmund Freud, the father of twentieth-century psychotherapy, took the unsympathetic position that all religion is a form of obsessional neurosis. Accordingly, anyone who engages in ritualistic religious behaviors is, by his definition, acting obsessively. Is such an assumption correct? Is OCD a "Jewish disease," or is there a difference between the religious rituals we are all accustomed to performing (for example, *netillat yadayim*) and obsessive rituals (for example, excessive handwashing)?

There are two easily spotted signatures of OCD. Firstly, there is the stress the sufferer experiences. One can see that the compulsive person is shouldering a heavy emotional burden. He walks around somber, semi-depressed, in a constant state of pressure. Secondly, there is the compulsive's inflexibility. The truly religious person will even eat on Yom Kippur if, because of an illness, his rabbi determines that he must. The compulsive, on the other hand, will find it nearly impossible to violate even a less-serious commandment, despite being advised to do so by a rabbinic authority.

Flexibility is a key to true religious observance. Avraham is our model. Commanded to bring his only beloved son as an offering, he had three days to internalize an act that was diametrically opposed to every fiber of his being. He reached the conclusion that he must do as he was commanded. Yet once he was told not to kill Yitzchak, he obeyed immediately, making an emotional about-face in a moment. His flexibility enabled him to follow God's will, irrespective of the difficulties involved.

The compulsive's inflexibility, however, reveals that he is acting in response to internal pressure rather than Godly demands. Indeed, many rabbis are familiar with individuals who bombard

them relentlessly with questions that are only distantly related to *halachah*. But if religious behavior is not, in and of itself, compulsive, why are so many compulsives obsessed, almost exclusively, with religious themes?

This is because obsessions and compulsions fester in areas that the individual considers to be weighty matters of life and death. Washing is a common compulsion (though certainly not the only one) among religious and non-religious people alike. For the religious person, washing has cosmic significance because of religious reasons; for the non-religious, washing is equally significant due to health concerns.

Fortunately, treatment for this debilitating illness has progressed rapidly in the past twenty years. It is important that a parent or spouse not ignore the symptoms of OCD, believing it will go away with time. On the other hand, one should not jump to conclusions and immediately offer a "diagnosis." The problem may be just a phase, as is often the case with teenagers. Check for the signs mentioned above: stress and inflexibility. Speak with the individual; ask him how he sees his behaviors. In this way, you can test his flexibility. Does he listen to reason, or does he agree to let up on his "religious" behaviors while actually continuing to perform them compulsively and possibly surreptitiously?

If you think there is a real problem, seek professional help. Psychiatrists will almost invariably recommend medications, of which there are some good ones (from the Prozac family) that are not addictive. However, in order to be effective, these medications must be taken daily for months, if not years. Moreover, in over 50 percent of cases, once one ceases to take the medication, the affliction returns.

Currently, the prevailing opinion among professionals is that all serious treatment should include medication. I beg to differ. All treatment, in my opinion, must strive to get the sufferer

to a state where he is both symptom and medication free.

An effective psychological, as opposed to a psychiatric, treatment for OCD is behavior therapy. This approach involves exposing the patient to situations that make him feel uncomfortable and then preventing him from engaging in a compulsive response. For example, the patient is asked to touch something that he considers "dirty," and then he is not to wash his hands. Or, in the case of a woman who has doubts regarding mikvah issues and repeatedly questions her rabbi, the correct (but difficult) course is for the rabbi to refuse to answer her questions. The rabbi can, of course, act so only after he has determined that her questions stem from an unhealthy obsession and not from a healthy concern for *halachah*. This may seem harsh, but the woman herself realizes that receiving answers only leads to more questions, an endless chain. She should be encouraged to complete her mikvah preparations as quickly as possible.

When compulsions involve halachic issues, it is also advisable to have the cooperation of a *rav* whom the patient respects. There must be close coordination between the therapist and the *rav* so that both are aware of the advice the patient is receiving.

Religious devotion is certainly a good thing. But serving Hashem sincerely and authentically is not always easy. It must be done with joy and sensitivity. Rabbi Ralph Pelcovitz, rabbi emeritus of Congregation Kneseth Israel, in Far Rockaway, New York, once said that performing *mitzvot* is similar to holding a bird in your hand. If you hold the bird too tightly, you smother it; if you hold it too loosely, it will fly away. This fine balance is what we must all achieve. It is the ultimate therapeutic aim of treating the religious individual with OCD. **JA**

Note

1. ADHD (attention deficit hyperactivity disorder), PTSD (post-traumatic stress disorder) and BPD (borderline personality disorder).

Dr. Bonchek, a musmach of Ner Israel Rabbinical College, is a practicing clinical psychologist in Jerusalem. He has taught psychology at The Hebrew University of Jerusalem for thirty years and directs an anxiety disorders clinic. He is the author of Studying the Torah (New Jersey, 1996) and the What's Bothering Rashi? series (Jerusalem, 1997-2002). He is presently preparing a treatment manual for professionals on treating OCD. He lives with his family in Jerusalem.