

## Overcoming the Stigma of Emotional Illness

By Abraham J. Twerski

In recent years, the Orthodox community has become more aware of, and sensitive to, the issue of emotional disorders. Nevertheless, many Orthodox individuals suffering from depression, bipolar disorder, obsessive-compulsive disorder or any other emotional illness often choose not to avail themselves of existing treatments.

There has been great progress in the treatment of such illnesses. Oftentimes, there is a physiological substrate, that is, the illness is due to a biochemical imbalance in the body. In such cases, the disorder can often be corrected with the proper medication.

Emotions are processed by the brain, which, like any other organ, is subject to chemical changes in the body. Whereas chemical changes affecting other organs may result in physical

symptoms, chemical changes affecting the brain may produce very distressing emotional symptoms.

Some people resist taking medication for an emotional illness because they think, "Taking medication means I am mentally ill." Others think that they should be able to fight off the symptoms through willpower alone. Both of these ways of thinking are, of course, false and self-destructive. Taking medication that is prescribed by a competent physician does not mean that one is "crazy," and when medication is considered necessary, it is unwise to resist taking it. Additionally, willpower is often inadequate to bring about relief.

As a community, we need to become better educated about emotional disorders so that there will be less resistance to accepting treatment. Education will hopefully eradicate the false notion that having an emotional disorder is "shameful" or indicative of character defects.

Moreover, becoming more knowledgeable may help lessen the anxiety surrounding emotional disorders and *shidduchim*. It is understandable that a single person may be concerned that taking medication may present an obstacle in finding a marriage partner. Certainly, one should not conceal this from a prospective spouse, and one

should seek direction on when and how to share this information. Withholding such information undermines the trust that is fundamental to a successful marriage. However, refusing to take medication when it is necessary is apt to result in a condition that could be far more detrimental in regard to *shidduchim*.

When medication is not recommended (such as for a woman of child-bearing age), there are psychological treatments that are effective. Here too, there are stigmas that must be overcome.

I know of individuals who, when consulting with a mental-health specialist, will park their car at some distance from the office, lest anyone recognizing the car in the therapist's driveway surmise that the owner has a psychological problem. I know of patients who ask for absolute guarantees that they will not run into anyone else while waiting to consult with their therapist. In an extreme case, a patient of mine opted to pay on her own rather than bill her health insurance company for fear that her identity would be discovered by someone in the insurance office. I've had patients tell me the following: "My husband is only willing to see you if he thinks

you are a rabbi, not a psychiatrist."

Years ago, religious people were concerned that psychological treatment could undermine their faith because psychotherapy was based on Freudian-psychoanalytic principles that conflicted with Torah. Inasmuch as Freud considered religion to be a neurotic defense, mental health required getting cured of this "neurosis." Modern psychotherapy is significantly different. In contrast to psychoanalytic treatment, modern cognitive psychology takes no position on religion. According to the cognitive school, for example, a person's psychological problems are due to his misinterpretations of reality, and treatment consists primarily of correcting these distorted perceptions. These days, psychological treatment, especially by an observant therapist, need not be considered a threat to religion.

Emotional distress may also be the result of adversities in life, such as a physical illness or the loss of a loved one. The person experiencing distress is not necessarily sick and therefore does not require "treatment." Rather, the individual needs empathetic support and counseling, which can strengthen his abilities and help him cope with his particular challenge. There is also a variety of adjustment problems, both interpersonal and intrapersonal, that are not due to a biochemical imbalance and can be helped by psychotherapy. For example, a person with a low self-esteem may not adequately assert himself socially or professionally. Alternatively, a person who has unwarranted feelings of inferiority may become a "control freak," trying to get a sense of self-worth by wielding power over others. This person may also seek relief by turning to alcohol or drugs.

Unfortunately, there is much suffering in the world that is unavoidable, but we should take advantage of proper treatment that can relieve distress. There is no mitzvah to suffer needlessly. To the contrary, there is a mitzvah to care for one's health, which applies to emotional as well as physical health. **JA**

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