

Reflections of an Orthodox Psychiatrist

Michelle E. Freeman

The doorbell's muted ring signals the arrival of my new patient. I remember that it is the first visit of Leah*, a Hassidic woman. Married and the mother of five children, Leah is barely thirty years old, and she is riddled with fears of physical illness. She is also worried about the stigma of consulting a psychiatrist; over the phone she asked whether any religious people from her community came to see me.

There is no chance Leah will be recognized by the young woman sitting in front of me. I've been treating Claire* for several months. The daughter of affluent, secular parents, she has done battle with anorexia, depression, and heroin. Her resume includes a year at an ivy-league college and a stint in prostitution to support her drug habit. Claire credits her survival to a random encounter with a Hare Krishna outreach worker who was handing out food in a park crowded with homeless derelicts like herself. They have been living together for four years.

Claire leaves. I usher Leah into my office. She settles into the arm chair and begins to tell me about herself. Leah defines herself entirely as a mother and homemaker. She speaks of her husband glowingly; he is her best friend. At the same time, she feels suffocated, frustrated by the constrictions imposed by Hassidic culture. Appointments with doctors in Manhattan followed by visits to fancy department stores are Leah's only forays outside her insular community. At home, she surreptitiously reads *The New York Times* and then suffers guilt for her sin of worldly curiosity.

As I listen, I become aware that my feelings toward Claire and Leah are remarkably similar. I even imagine them talking with each other. This improbable fantasy floats at the edge of my psychic zone until I realize that despite their vastly different lifestyles, both women are yearning for peace of mind in the context of larger meaning. Both define happiness in the context of connection to significant others. So do most of my patients. So do I. And the way I conceptualize my patients' dilemmas and formulate my responses is shaped by my background and my adult choice to live as an Orthodox Jew.

I was always drawn to the feeling world, always trying to piece together and make sense of people's stories. My childhood gave me plenty of opportunities. I am a child of secular Holocaust survivors and was raised on a farm in the Catskills. Isolated from the mainstream of Jewish life, I grew up with a keen sense of loneliness, at being different from my peers. When I stumbled across observant Judaism, I was immediately drawn to the warm community that unabashedly celebrated Jewish identity.

My choice of psychiatry as a career seemed inevitable. My training paralleled my progressive involvement with religious ritual observance and text study. In fact, my postgraduate education in psychoanalysis seemed like the professional equivalent of a *Kollel*, high-level *yeshiva* education.

Active listening is complex, demanding work. I try to cultivate evenly hovering attention, a multi-channel attunement to the narratives, feelings, and memories entrusted to me. I know how vulnerable patients feel. No matter how much people intellectually know better, they feel that their illness points to a flaw in their character, their soul.

Torah Judaism speaks to my personal and professional experiences encountering internal struggle. Our texts and traditions acknowledge and explore psychodynamic tenets such as the mind in conflict, the dynamic unconscious, and the enormous value of knowing and remembering our own individual and collective history. For me, observing *mitzvot* creates opportunities to bring this mindfulness into mundane, daily life. Some practices come easier than others. Turning off the computer, television, and telephones is part of my family's Friday afternoon routine. Interrupting the constant flow of electronic information and entertainment helps get me to the shores of the island of tranquility that is Shabbat. Keeping kosher sharpens my awareness of choices I have regarding food. Similarly, following the laws of family purity underscores my identity as a woman, a sexual being, and a mother.

I see a lot of similarity between *halakha*, religious law, and psychodynamic process. The formal, often caricatured choreography of the psychiatric therapy session is designed to create an environment where individuals may probe powerful feelings. Protected by clear boundaries, my patients and I explore issues of personal intimacy and authority. Similarly, halakic life advocates channeling human energies carefully and compassionately into pathways compatible with a Torah view of appropriate relationships among human beings and, ultimately, with God.

For me, Modern Orthodoxy represents the flexibility to integrate Freud, secular culture, and Torah into my work. When I am sitting with Leah, Claire, or any other patient, my listening is informed by this synthesis. Essentially, the work of psychotherapy is storymaking. We all need to construct narratives that explain our histories, what we are doing now, and how, if at all, we can determine our futures. I try to serve as a nonjudgemental guide along parts of this journey, helping to remove obstacles that block people from finding their own way. Judaism supports the belief that insight can be redemptive, that change is possible.

*Names changed.

Dr. Michelle E. Friedman is a psychiatrist in private practice and on the faculty of psychiatry at Mt. Sinai Hospital in New York.

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