

Mental Health Day for the Orthodox

Yeshiva sponsors forum and personal testimonies

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Orthodox Jews experience psychological distress with an intensity different from that of other Jews? Does depression hit harder, last longer, or cause less pain if you commune with God three times a day, every day? Why have a conference that focuses on the mental health issues of Orthodox Jews? Are laws of “lashon hara” (prohibited speech such as gossip, slander) violated when family members are discussed in therapy?

Mental Health and the Orthodox Community: A Day of Education and Empathy, a conference sponsored by Yeshivat Chovevei Torah here on Sunday and attended by 400 people, struggled with those questions. The yeshiva is based in Cong. Ramat Orah, a beautiful turn-of-the-(last)-century synagogue, where the conference met. Chovevei Torah, a modern Orthodox rabbinical training program, has just completed its first year. The school promotes an “open Orthodoxy” and hopes to foster respectful interaction with all movements in Judaism. A pastoral counseling program is part of the rabbinical curriculum.

“This conference provides support for people who have suffered silently and in isolation, thinking they are the only one with a problem,” said Dr. Michelle Friedman, who chairs the yeshiva’s pastoral counseling department and is assistant professor of clinical psychiatry at the Mount Sinai Medical Center.

A small Hebrew sign, “vetayn bracha” — “give a blessing” — hung at the podium. These words are said as part of the Shemonah Esrei prayer from the end of Passover until December.

Rabbi Nathaniel Helfgot, whose first-person article “Dimensions of Torment,” published last fall in the Orthodox Union’s magazine Jewish Action, chaired the program. The dean of students and chair of the Tanakh and Jewish thought departments at Chovevei Torah and a faculty member at Ma’ayanot in Teaneck, Helfgot wrote that he hoped “to help break the silence and forge a new openness” about mental illness. A perceived dishonor, particularly in the close-knit Orthodox community, prevents people from discussing their problems, he wrote, and some desperate people commit suicide. “Would they have felt less shame [about] turning to someone if the community had created a culture where mental illness was not “someone’s fault” or reflective of a personal flaw, but

a disease to be treated and discussed in the same way and with the same empathy that one speaks of kidney disease, diabetes, and high blood pressure?”

Rabbi Avi Weiss of the Hebrew Institute of Riverdale, N.Y., dean of Chovevei Torah, spoke of his mother’s battles with depression. Among the worst aspects of a difficult situation was the fact that, as the wife of an Orthodox rabbi, she was expected to be a role model. But mental health issues should be no more embarrassing than heart disease, Weiss said. He added that the “Torah narrative is replete” with characters who faced mental challenges and then went on to greatness. The message, Weiss said, is that we “can become leaders of Israel despite [psychological] challenges.”

He added that a community should be evaluated “not by the way it reaches out to the most powerful but by the way it reaches out to the most vulnerable.”

Weiss said he had never before shared this information about his mother with the public. However, he felt it that the challenges it posed should not be avoided. “Everyone will one day be challenged by a mental health issue,” either directly or through a friend or relative.

Nachman of Bratislav, an enigmatic 19th-century chasidic sage whom Weiss admires, was himself no stranger to depression. Nachman taught that “every shepherd has a special melody and every blade of grass has its special song.” These words inspired Israeli songwriter Naomi Shemer (who also wrote “Yerushaliyim shel Zahav”), to write a song, which Weiss sang in a sweet dreamlike voice, “from the song of the grass the heart fills up.”

Testimonies followed from people who had experienced mental illness. Rabbi Ron Yitzhock Eisenman from Passaic, a tall, imposing man with a long red beard, said that he called Helfgot immediately after reading the article and offered to help increase awareness of this problem. Eisenman described his own symptoms — the feeling that “somebody was stuffing a tennis ball down my throat,” an “unbelievable desire to flee,” and a “sense of every moment being caught in a blackness that was inescapable.” The accompanying dread and fear stayed with him and he communicated it to the crowd. But he also elicited laughter when he said, “Some people claim my best sheorim [classes] were given during that period.” He also had to deal with denial from friends. One acquaintance assured him, “It’s not a mental illness. Sounds more like a thyroid condition to me.”

During his illness, the rabbi felt, his ability, indeed his need, to pray had been enhanced. “My loneliness was made easier by the recognition of God in my life.”

Ceil Olivestone, Torah Academy of Bergen County business manager, had no qualms about going public about her condition. Neurosurgery to remove a benign tumor had resulted in hearing loss, problems with equilibrium, and tinnitus. Compounding the physical symptoms, she felt restless and depressed. When friends asked how she was doing, Olivestone would mention both the physical and the psychological symptoms. The number of people who confided that they had had similar experiences amazed her. She found it healing “to know that there were more people out there feeling this way.” Her recovery from depression was also facilitated by medication, therapy, and exercise.

A young New York University student, Saul Friedman (no relation to Michelle Friedman), said he had “been dealing with depression my entire life but didn’t realize it until high school.” He spoke about his experience with drug abuse, which he feels is “interwoven with mental illness.” He added that medication significantly increased his ability to cope with depression.

Dr. Elli Kranzler, an assistant professor of clinical psychiatry at Columbia University, called psychiatry “compelling” because it is a discipline where the “heart and soul interact.” Even as a child, he said, he was deeply moved when people cried. He tried to resist the pull of psychiatry because his older brother already was a psychiatrist, but finally he gave in. “Sitting in a room with someone who is opening up his neshama,” his soul, is a tremendous privilege, Kranzler said. He went on to discuss panic disorders, depression, and bipolar disorders.

Two workshops followed, one dealing with adolescents and college students and the other with adults and the family unit. Rabbi Yosef Blau of Yeshiva University chaired the first workshop, “The Turbulence of Youth,” which featured Dr. Jerry Zeitchik, a clinical psychologist and guidance director at the Ramaz Upper School in Manhattan, and Beth Hait, student services coordinator at Yeshiva University’s midtown campus.

Opening the workshop on adolescents and college students, Blau said that being religious doesn’t make life simple. One viewpoint is that if you have faith, you have nothing to worry about. The classical Orthodox approach prescribed Torah study and increased religious observance as the best medicine. But that perception is changing. When a person is sick, seeking

medical help is a mitzvah. This understanding applies equally to mental problems. “Rapoh y’rapeh” — take care of it — get the help or treatment that you need.

Zeitchik said that if teens spend most of their time on avoiding stress rather than attaining fulfillment and/or if passivity, a sense of chaos, and a chronic stressed-out condition prevail, a parent should talk to the adolescent about the situation. If you think a young person is really troubled, Zeitchik stressed, don’t avoid the subject because that will frighten him or her even more than the troubling emotions. “Our job is to give them hope and build resilience,” he said.

Hait said college is a time for students to begin to figure out who they are, who they want to be. But some just want to rush through. Students who have spent a year in Israel sometimes feel pressured to catch up. It’s possible to accelerate course work, but it’s impossible to speed up emotional growth. Traditionally, Orthodox students marry young, and they feel the need to make the transition to adulthood quickly.

“What can we do to change the community perception that mental illness is a stigma?” someone from the audience asked.

“Each one of us can go out there and change that perspective,” Hait said. “That’s how things get started.” The applause resounded.

Elana Katz of the Ackerman Institute for the Family, in New York City, chaired the workshop “Our People, Our Pain” for adults and the family unit. The presenters were Dr. Zipporah Tokayer of Ohel children’s home in Brooklyn and Rabbi Shmuel Goldin of Ahavath Torah in Englewood.

Katz said that Orthodox Jews are wary of turning to non-observant professionals when they have emotional problems, but they also fear turning to someone in the community. This often results in a feeling of isolation, and she added, there is not “an emotional problem in the world that is not exacerbated by social isolation.”

The gamut of problems Tokayer has encountered while traveling with Ohel’s mobile crisis team include phobia, depression, and post-traumatic stress disorder in communities including “yeshivish, Litvish, chasidish, and modern Orthodox.”

“We get called when a problem reaches the crisis stage,” Tokayer said. “I’m here today to put myself out of a job.” She added that she hoped the openness generated by the conference would allow people to seek earlier intervention. She urged everyone listening

to be “seeds for changing the perceptions and help others see through the denial.”

In the Orthodox community we value “my son the doctor, my son the lawyer, my son the ‘talmid chacham’ [Torah scholar], and for Yeshiva University it’s all of those,” she said, encouraging people to lighten up on the pressure to achieve.

“I represent a profession that is part of the problem,” said Goldin. “Rabbis are not trained well enough to deal with these issues.” They must create communities that foster mental health, Goldin said. But they are not trained to treat people with mental problems. Goldin added that in many Jewish communities there is a serious problem with the wealth people feel they must accrue.

“People can’t distinguish between what they need and what they think they need,” he said. “The Orthodox community also has to address the shiddach [matchmaking] concern. The questions that are being asked before two people can even say hello are incredible.” A real fear exists that mental problems will have a negative effect on the prospect of finding a mate.

Before a second round of testimony, Rabbi Steven Friedman of Ramath Orah quoted the Kutsker rebbe, who said the “only complete heart is a broken heart.” With that as an introduction, 22-year-old Shuli Gertel went to the podium.

Gertel, who suffered from anorexia nervosa, regained the ability to function when she became interested in a National Council of Synagogue Youth program in Ukraine. “I had to gain weight to be allowed to go,” she said.

On the itinerary was a concentration camp visit. “That was an eye-opener,” Gertel said. Another part was teaching Jewish children in Ukraine about Judaism. “I was teaching the children what it meant to be Jewish, but really I was teaching myself,” she said. “A Jewish identity was replacing my identity as an anorexic.”

Sheldon Chanales of Teaneck spoke about his “extraordinary journey,” which began nine years ago when he woke up sobbing the evening after his eldest son’s bar mitzvah. “It became obvious that I had suffered episodes of depression my entire life,” Chanales said. He was 37 at the time.

Chanales added that he sees no need to hide his illness. “I tell everyone that I am a very proud consumer of Prozac and other medications. The response is usually, “Why are you telling me this?” I want people to know. The stigma issue requires a certain degree of courage from the community of survivors. We have to be open about it. The aloneness factor has to be counteracted by openly discussing depression.”

Parents also have to re-evaluate the stress they place on their children, he said. Everyone has the “I-want-my-child-to-be-happy pathology. But we have a specific happiness in mind — the 1950 television-show happy.” Chanales said that parents have to allow their children to confront life’s challenges and go through disappointment and pain.

“The most important thing for family and friends to do is to provide support and not attempt to solve the problem,” Chanales said in a post-conference interview. “Even with medication it’s a long process. And the feeling of hopelessness makes it hard to be patient.”

Rabbi Mordechai Tendler of Kehilat New Hempstead in Rockland County, who is rosh yeshiva of R.I.E.T.S., Yeshiva University’s rabbinical school, said that halacha takes mental health very seriously. He discussed an example from the Gemora. If a blind woman is giving birth on Shabbat and she wants a candle to be lit, do you light it? Yes. Tendler explained that observance of the law can be flexible. Pikuach nefesh, breaking religious law to save a life, is well known. Tendler said that concept also extends to mental-health issues. Orthodox interpretation of Jewish law understands that “sakanas ruach” (spiritual danger) can be as significant as “sakanas nefashot” (physical danger). Tendler also discussed how the laws of lashon hara affect therapy and the complexities posed by working with a non-Orthodox therapist.

Rabbi Dov Linzer, Chovevei Torah’s rosh yeshiva, said that the sense of alienation felt by a “ger” (a word that means both stranger and convert) is comparable to the loneliness of someone who is mentally ill. Jews are commanded to be kind to the ger and to help him or her become part of the community, Linzer said. “Our responsibility is to make sure they feel accepted.”

Dr. Emile Pincus, a psychiatrist who is Orthodox, contributed to this article.