Mental Illness as Sin: Sin as Neurosis*

MOSHE HALEVI SPERO

School of Social Work and Social Sciences, University of Michigan, Ann Arbor

. . In the simplest sense, it was desirable to compare sin with the clinical notion of neurosis for this emphasizes the idea that sin is also a state involving dynamic psychic conflict. *Whereas neurosis is indicative of conflict between the self and instinctual or social demands, sin is more indicative of conflict among the self, instinct, society and* Halachic *imperatives.*

In his article, "The Torah View of Mental Illness: Sin or Sickness,"[1] Marvin Wikler addressed the issue of whether or not the Torah conception of mental illness is most appropriately viewed as sin, with the implication that mental illness submits to some sort of value judgment, or as sickness. His conclusion, based on a very brief review of some of the traditional Talmudic sources and current thought, is that "the Torah views mental illness as neither sin [n]or sickness alone. The Torah does, however, seem to view mental illness as having varied causes, only two of which are sin (indirectly) and physical sickness."[2] His specific concern is to qualify the conclusions of Mermelstein[3] and Amsel[4] that mental illness is to be construed as sin—based on rabbinic views such as "A man does not sin unless a spirit of madness (*ruach sh'tus*) overtakes him."[5] In Wikler's words, "The Talmud cannot be understood to suggest that any mentally ill individual should be regarded as a sinner! A more correct understanding of the Talmud's position would be that mental illness, in some forms, leads to sin, but *not* the other way around (that sin leads to mental illness?—MHS). If mental illness leads to sin, at times, this does *not* mean that the mentally ill are equated with sinners, as Amsel suggests."[6]

Mr. Wikler's choice of subject matter is clearly a step in the right direction toward clarifying the unfortunately insufficiently examined interface between psychotherapy and the Torah or Halachic world-view. Indeed, though his review of the literature must be considered inadequate for reasons to be discussed below, the Torah view of mental illness is surely a critical meta-psychological issue which should be studied by Jewish mental health practitioners as an aspect of some prior understanding or justification of one's involvement with psychosocial phenomena, their analysis, categorization, and modification. Such an analysis might also prove helpful in the formulation of a philosophical framework for practice. There are even clinical reasons for understanding the Torah view of mental illness as the latter does enter into an orthodox Jewish patient's self-conceptions, the amount of guilt associated with the "sickness role," willingness to seek out therapy, transferential reactions, etc.[7] Few practitioners who have worked with observant clients have never encountered the individual who adds to his or her psychic unhappiness by laboring under the notion that mental illness is a punishment for sin or is somehow symptomatic of personal sinfulness, as Mr. Wikler points out.

However, there are certain misconceptions in Wikler's thesis; misconceptions which I suggest are fostered by failing to fully explicate the meanings of key variables in this study: *sin* and *mental illness*. That is, I submit that it is undesirable to ask simply whether mental illness is "equated" with sin or vice versa, but rather what conceptual views expressed by the notions of "sin" and "mental illness" are compatible and even complementary. The purpose of this essay is to attempt a reformulation of the issue in a way which both reflects a more appropriate interpretation of the Biblical and Talmudic references as well as highlights the fullest existential and psychiatric depth of the conception of mental illness-as-sin and sin-as-mental illness. The current unpopularity of the medical model (mental *ill*ness) or the allegedly primitive view of mental infirmity as sin withstanding, we shall see that there are relevant implications for modern man in a conceptualization of mental illness-as-sin. Moreover, though Wikler chose not to discuss this topic, I will relate the Torah view of mental illness-as-sin to a possible Halachic justification for the entire endeavor of psychotherapy in an attempt to underscore the terms in which Halachah accepts psychotherapy, in ideal form, into its world-view as a means of modifying "sick"/"sinful" behavior.

I

A prior methodological criticism of Wikler's paper is his inadequate consideration of certain relevant source material which in this case surely includes Biblical references such as: "But *repent* (*ve-shav*—lit., return) and I will *heal* him,"[8] "Who forgives all thy crookedness; who *heals* all thy *sicknesses*,"[9] "When I kept silent (i.e., refraining from penance) my bones wore away,"[10a] and "*Heal* me; O Lord, for my bones are afraid."[10b] Indeed, Rabbi Joseph B. Soloveitchik has concluded that the conception of sin as some form of spiritual-somatic illness, in much the same sense as we construe certain physical conditions to be psycho-somatic, is sufficiently established by the Biblical analogy alone.[11]

Second, there has, in fact, been some consideration of this issue by orthodox Jewish writers—such as in L. Levi's "Toward a Torah Based Psychology,"[12] M. Grolin's "Mental Illness in the Bible,"[13] a section in M. Brayer's pamphlet on psychedelic drugs and Halachah,[14] my own short essay "The Aveirah Syndrome,"[15] and various essays in the introductory issue of the *Journal of Psychology and Judaism*.[16] There have also been numerous essays dealing with the Biblical and rabbinic view of mental illness by non-orthodox writers.[17] (In fact, Mermelstein's

* *Editor's note:* This article was written as a "rejoinder" to Marvin Wikler's earlier article (see footnote #1). Mr. Wikler, in turn, comments on the following pp.

1 *Journal of Jewish Communal Service*, 1977, 53(4), p. 339-344.

2 *Ibid.*, p. 343.

3 "An Orthodox Psychotherapist Confesses," *Jewish Observer*, 1975, 11(4), p. 3-7.

4 *Judaism and Psychology*, New York: Feldheim, 1969 (spec. p. 93-96). Amsel's unique point of view on these issues—a particularly violent type of anti-reconciliationism—is also espoused in his recent *Rational Irrational Man*, New York: Feldheim, 1975.

5 Wikler cites this phrase as Amsel's interpretation of the rabbinic view when in actuality it is a Talmudic citation in Sotah 3a.

6 Wikler, *op. cit.*, p. 342.

7 For a discussion of possible countertransferential reactions based on the interference of such variables, see my "Countertransference and Orthodox Jewish Therapists and Patients," *Journal of Psychology and Judaism*, 1977, 1(2).

8 Issaiah 6:10; 57:19.

9 Psalms 103:3.

10a Psalms 32:3.

10b Psalms 6:3.

11 "The idea is self-evident: sin is an abnormal phenomenon . . . (the abnormality of) sin is in a psycho-spiritual category, just as many sickness are of psychosomatic nature." Rabbi J.B. Soloveitchik, *Al Ha-t'shuvah*, (P. Peli, Ed.) Jerusalem: Torah Education Dept. of WZO, 1975, p. 109. That is, Rabbi Soloveitchik considers the anguish, depression, etc. associated with sin to be symptoms. See there also his discussion of the experience of loss associated with both sin and bereavement. See also *Chinuch*, #166 and #109 who views certain physical conditions as indicative of spiritual illness.

12 *Proceedings of the Association of Orthodox Jewish Scientists*, 1970, Vol. 2.

13 *Proceedings of AOJS*, 1969, Vol. 1.

14 *Psychedelic Drugs and the Halachic View of Altered Consciousness*, New York: National Council of Young Israel, 1967.

15 "The Aveirah Syndrome," *Jewish Observer*, 1973, 9 (1), p. 18-20.

16 "On the Relationship Between Psychotherapy and Judaism," *JPJ*, 1976, 1(1).

17 See the *Critical Review in Psychology and Judaism* in the *Journal of Psychology and Judaism*, 1976, 1(1) for a review of some of the older texts and essays which touch in one way or another upon Wikler's topic.

essay, which Wikler quotes from the *Jewish Observer* along with its eye-catching title, subsequently appeared in the 1976, 16(2) issue of *Intercom,* the house journal of the Association of Orthodox Jewish Scientists, as "Halachic Variables and the Clinical Practice of Psychotherapy"—in an issue devoted entirely to "Mental Health and Torah Judaism.") Not having mentioned these other references does not itself render Wikler's essay unfit, but does perhaps cause one to bemoan the apparently poor accessibility mental health practitioners have to scholarly literature in this subject area. There is also the implication that Mr. Wikler has not been able to benefit from considering research by others on the topic or to be able to balance his perceptions with Halachic views other than those expressed by the mysterious "rabbinic authorities" he consulted, whose familiarity with psychology or psychotherapy remains unknown to the reader, or the views expressed by A. Amsel, whose familiarity with psychology is, at best, limited.

Third, a critical reference bank on the Torah view of mental health not emphasized by Wikler, aside from the Biblical material, is the *Mishneh Torah (Yad Hachazakah)*, the Halachic codex of Maimonides. Though in many ways no longer the final Halachic word as is the Karo *Shulchan Aruch* or, in certain cases, subsequent Halachic codices, Maimonides' views continue to represent a substantial voice of Halachic opinion as well as, even when ostensibly occupied with the purely Halachic, Jewish philosophic awareness. Thus, rulings or views expressed in the *Yad* will always be of importance for the practicing Jew and, to the degree that views on mental illness are expressed therein, need be considered in such an examination.

Finally, Wikler specifically informs the reader that he will not define the term "mental illness," preferring to allow it to denote its "common usage" as *various types* of psychopathology.[18] This is a questionable decision, for the Halachic view of the degree of responsibility involved in mental illness definitely varies depending whether one is considering psychosis or neurosis. With psychosis—or mental states characterized by loss of touch with reality, lack of self-awareness, anxiety or guilt, and varying degrees of inability to discriminate between right and wrong—there is Halachic recognition that the psychotic state *itself* obviates many of one's religious requirements. The full-blown *shoteh*, the definition of which is complicated but basically involves one's ability to distinguish right from wrong,[19] has the status of minor in almost all applications and is unfit to perform religious observances.[20] After achieving the status of *shoteh* or having been born such, one is not held *responsible* for one's actions—one implication of conceiving of mental illness as *sin* in the simple sense. With neurosis or other character disorders, on the other hand, assuming the characteristic contact with reality of the neurotic or less disturbed patient, the Halachic status of the individual vis-a-vis religious requirements is not lessened. For

[18] *Ibid.*, p. 339, note #2.

[19] Maimonides (*Hilchot Eidut* 9:9) deals with the Talmudic definition of the *shoteh* as one who walks in cemeteries, has violent temper outbursts, etc. and appears to accept the possibility that the criteria for *shoteh* in the Talmud (Chagigah 3b) are not intended as absolute; i.e., that greater or lesser manifestations of bizarreness might, in certain circumstances, serve to sufficiently designate a *shoteh*. Another issue concerns situations of temporary insanity vis-a-vis the Halachic status of competency. For a full discussion of this, see my "Psychiatry, Psychotherapy and Halachah: Practical Issues" in F. Rosner & J.D. Bliech (Eds.) *Essays in Modern Medicine and Jewish Law*, forthcoming for 1977. See also *Yad: Hilchot Eidut* 9:9; *Nodah B'yehudah: Or Hayashar* 30; *Even Haszel: Hilchot Eidut* 9:9; *Chasam Sofer:* Even *Haezer*—2:150. Note the definition of R. Yosef Rozen (*Or Y'sharim* 14): Some *shotim* are disqualified from observance because of the criteria listed in Talmud Chagigah 3b, and are disqualified thusly even from areas where they may exhibit some capabilities. The second status of *shoteh* is one disqualified by the *Rav/Mumcheh* from specific observances in the area of his or her handicap.

[20] See *Or Y'sharim* 14, *supra* note #19.

another example, the status of homosexuality is clearly both pathological and sinful in the Halachic view.[21] One would be considered culpable for engaging in or not seeking therapy for homosexuality, once apprised of the Halachic view and to the degree that one's homosexual tendencies are conscious. The term *to'evah*, abomination, applied to homosexuality in the Bible defies any relativistic reinterpretation such as is growing popular among professional and public opinion. Yet, as a product of some *prior* psychotic state, individual acts of homosexuality would be less gravely judged. Thus, it is of obvious importance that "mental illness" be defined, if only as referring to psychosis or neurosis or whatever. For the purposes of this essay, I will define mental illness as connoting the general breakdown in happiness, balance, and self-orientation of non-psychotic nature, associated with inappropriate or dysfunctional levels of anxiety, fear, guilt or mistrust. We are basically talking of the neuroses, existential and psychiatric, and character disorders but not such disorders as sexual dysfunction or congenital mental retardation.

By presenting the reader with the additional material absent from Wikler's consideration, we will hopefully be prepared to re-examine the nature of the relationship between "sin" and "mental illness."

II

Wikler is essentially correct in asserting that Halachah does not view all mental illness as *caused* by sin. One recalls that, in general, the Talmud attributes the cause of death to sin—*lo ha-arud meimis, elah ha-chet meimis* ("It is not the ferocious ass which kills but rather sin which *causes* death")[22]—which reflects the theme of Adam's fall having brought the phenomenon of death into reality.[23] This belief has an almost thermodynamic flavor: sin as catabolism. Yet surely not all death is caused by sin. The Talmud notes four individuals who died sinless;[24] we often understand the death of pious persons or neonates as sacrifices for the community of Israel rather than as punishment for individual iniquity, and we seek to understand the suffering and death of certain innocents as *ye'surin shel ahavah*, afflictions not deserved but which are a test of faith (consider Job).[25] Similarly, one understands that not all mental illness is caused by sin though it may be a punishment for sin as in the case of King Saul's *ruach ra'ah,* the melancholy which overtook him during his latter years.[26]

I also added in the introductory paragraphs that certain states of mental illness cannot be considered sinful where there is not or has never been conscious control of such states; the more appropriate Halachic status of mental illness in such cases being that of *ones*, involuntarily compelled. On the other hand, certain states akin to personality imbalance are judged negatively by Halachah: the violent personality is chastised as dysfunctional (*ve-lo ha-kapdan me-lamed,*[27] *Al titol eimah ye'seirah bebeiso*[28]) and as tantamount to idol worship (*Kol ha-koeis ke-eilu oved avoda zarah*[29]); maintaining states of consciousness which are antithetical to religious observance

[21] See my discussion of homosexuality and Halachah in the chapter cited in note 19 *supra*. *Leviticus* 18:22; 20:13; *Sifra* 9:8; *Y'vamot* 76a; *Yad: Milachim* 9:5-6; *Sanhedrin* 58a. On the meaning of *toevah* (abomination) applied to homosexuality, see Yoma 9a; *Emunot ve-deot* 3:1; Nedarim 51a.

[22] Berachot 33a; also "*ve-ha-nefesh ha-choteh, he-tamus*" (Ezekiel 18:4).

[23] It is also not at all simple that Adam's sin caused the biological phenomenon of death *per se* or rather only caused man to be preoccupied with the anxiety of death. See my "Fear of Death and the Tree of Knowledge," *Perspective*, 1976, 3(1). (cf. *Ramban* on Genesis 2:17 and 3:22.)

[24] Shabbos 55b.

[25] See R. Yosef Albo's discussion of *ye'surin shel ahavah* in his *Sefer Ha-Ilkrim;* see Berachot 5a on Proverbs 3:12.

[26] cf. Samuel 18:10 and the commentaries *loc. cit.* also cf. Grolin, *op. cit.*, 1969.

[27] Avot 2:6, "*Ein boor yarei chet; ve-lo am-ha'aretz chasid; ve-lo ha-bay'shan lomed . . .*"

[28] Gitten 6b.

[29] Avot 2:6; Avot 4:24; Pesachim 66b.

is considered sinful (i.e., one inebriated to a point where one cannot attain proper *kavannah*, concentration, in prayer[30]), and I have noted that homosexuality and other sexual pathologies fall under unequivocal Biblical ban.

Yet, having established that not *all* mental illness has the status of sin *qua* religious transgression in the simple sense, one must still deal with the Biblical and rabbinic analogy between mental illness and sin. That is, even if mental illness is only *generally* considered as sin, or if sin is only generally conceived of as a state requiring some form of "healing," is this to be understood as literary hyperbole or is there deeper significance to the analogy?

There are three possible approaches to this analogy. One is that the analogy emphasizes certain similarities between the *dynamics* of sin and the *dynamics* of clinical neurosis. A second possibility, related to the first, is that there is an analogy between the existential import of positing the *situation* of sin or the *situation* of neurosis in certain life circumstances. A third possibility is that, from the standpoint of the Halachic ontology, the Torah conception of psychic unrest and imbalance *is expressed in ideal form as sin* and its conception of psychotherapy or behavior change is, in the same sense, expressed in *ideal form* as *t'shuvah*, repentance. This last possibility is the most significant implication of the analogy between sin and mental illness.

The assumption behind this last hypothesis, which inevitably subsumes the other two, is that there is in fact only one reality for the observant Jew—the Halachic reality. Psychology cannot represent an independent reality which, at various points, coincides or conflicts with Halachic reality, as most writers on the topic have assumed,[31] but rather has its own Halachic essence. This pan-Halachic ontology is clearly expressed in the notion of *histakel b'Oraysah boreh olmah* ("He looked in the Torah and created the world"[32]) and *ein le-Ha-kadosh baruch Who b'olamo elah daled a mos shel halachah* ("God has not in this world but four ells of Halachah"[33]). In other words, Halachah is the *a priori* blueprint for all reality. Psychology, as all science, must reflect the Halachic *a priori*, such that one could say, for example, that people universally grieve during mourning or loss only because there is an *a priori* Halachic norm of *aveilut* associated with death, or that individuals have an instinctual (or learned) response of gratitude toward parents or significant caretakers only because Halachah expresses the *a priori kabed es avichah ve-es imechah* ("Honor your father and your mother"[34]).

While this framework may not be acceptable to all readers, it is nevertheless the author's assumption and represents at least one Halachic metapsychology which preceeds practice. Conceiving of psychology *as* Halachah in the sense described eliminates the unfruitful juxtapositioning of a straw-dog "secular psychology" against a so-called Torah psychology and, instead, encourages one to examine the essentially Halachic nature of all psychology and psychotherapy. This

30 "*Mitzvot tzrichot kavannah*"—see Ervin 65a; Taanis 26a; Berachot 13a; 31a; *Yad: Hilchot Tefillah* 4:15; *Shulchan Oruch: Orech Hayim* 98:1; *Moreh Nevchim* 3:51.

31 Though Mermelstein (in the *Intercom* essay noted in the text) at least realizes that ultimately all true knowledge is Torah based; see esp. the maxim-corollary approach used by him in his essay.

32 Genesis Rabba 1:2; "Three things preceded the creation of the world: the Torah, Israel . . ." (Pesachim 54a). Another hint to the *a priori* nature of Halachic psychology is found in the Talmudic view: "Had the Torah not been given, man would learn modesty from the cat, not to steal from the ant . . ." (Ervin 100b on Job 35:11) cf. with "Im ein *Torah, ein derech-eretz*," and, "*Derech-Eretz* preceded the Torah by 26 generations . . . ," (*Levit. Rabba* 9). (Avot 3:21)

33 See Rambam, *Hakdamas Ha-mishnah*, Rishonim ed., 1948, p. 80.

34 See my discussion of this theme of psychology-as-halachah with relation to the *halachot* of mourning and bereavement in "Psychology as Halachah," *Tradition*, 1977, 17(1), in print. See also my halachic treatment of *kibud horim* (Exodus 20:12; Deuteronomy 5:16) in "Were Women Created Unequal?" *Jewish Life*, 1974, 1(4), p. 17-21.

does not mean supplanting modern psychotherapy with some homespun Torah psychology, i.e., telling patients that the cure for neurosis is more extensive *mussar* or that they should simply do *t'shuvah* and their illness will go away, but rather calls for re-formulating modern psychology, with its viable notions and practices, in its basic Halachic forms. It is, thus, in this light that we can examine neurosis or mental illness *conceived of in ideal Halachic form as sin* and psychotherapy *conceived in ideal Halachic form as t'shuvah*.

III

I noted various Biblical sources for the analogy between sin and illness above and would at this point include some of the post-Biblical sources which establish this analogy: "No man (abandons himself to immoral and destructive acts) unless he leaves his senses."[35] "No man sins unless a spirit of madness (*ruach sh'tus*) overtakes him,"[36] "Three things destroy man's strength: fear, woe and *sin*,"[37] "Great is penitence for it brings a *cure* to the world,"[38] "Sin constricts (*m'tam'temes*) the heart of man."[39] Perhaps of greatest relevance is that Maimonides maintains that "sicknesses of the soul (*cho-lei ha-nefesh*)" require "healing," though he continues to prescribe clearly non-medical therapy.[40] The question, of course, is what does a conceptualization of sin-as-illness add to the basic notion of sin, which taken alone connotes a state of spiritual abnormality?—After all, abnormality is as much a moral term as it is a medical or psychological one.

Sin, simply conceived, is an inevitable correlate of human personality and freedom, yet is not a natural attribute of man but rather a moral one. As such, sin is not, say, a result of biochemical imbalance, nor do we generally understand sin as the result of childhood trauma—ways in which we very frequently understand the term neurosis.[41] Illness, on the other hand, is generally understood as a natural and non-moral category. Illness does not elicit moral judgement because it is largely a non-volitional phenomenon.

While I shall have more to say about the analogy between sin and the clinical conception of neurosis, it becomes clear that if this analogy is to hold, then neurosis, like sin, will be in some sense subject to moral judgement. Yet, I already noted that this is contrary to the traditional understanding of clinical nomenclature and their implications. However, we shall see that there are indeed other approaches to neurosis which permit the possibility of moral judgement.

Freud's original definition of neurosis was that it arose from intrapsychic conflict between the hypothetical ego and non-ego instincts, but with basic reality-testing functions, however, remaining intact. The salient feature of Freud's conceptual framework was the *dynamic* nature of neurotic symptomatology. Today, most practitioners and psychoanalytic revisionists accept neurosis as indicative of any sort of deeply entrenched conflict of anxious, sexual, depressive, compulsive or hysterical nature where basic reality-testing functions remain intact. The furthest from Freud's version of neurosis which still retains the notion of dynamic conflict (though not "dynamic" in the psychoanalytic sense) is the existential view of psychiatrists such as Boss, Binswanger, Ellenberger, May and Frankl. In the existential view, neurosis transcends the naturalistic connotations of medical psychia-

35 *Medrash Numbers Rabba* 9:3.

36 Sotah 3a.

37 Gitten 70a.

38 Yoma 86a.

39 Yoma 39a; Avodah Zara 54b; Berachot 5b.

40 *Yad: Hilchot De'ot* 2:1: ". . . the doctors of sicknesses of the soul . . . restore one to the *derech ha-tov* (the good way)." Maimonides bases the golden mean—*midoh benonnis*—as the goal of 'therapy' on Proverbs 4:26. [The merits of moderation in Halachah are also noted by *Tosefta Yevamot* 1.]

41 However, in Halachah, a childhood upbringing in such an environment which caused one to be in the category of *tinok she-nishbaah* has various ramifications vis-a-vis the conception of one's free will. See E.E. Dessler, *Michtav M'eliyahu*, B'nai B'rak, 1964, Vol. 1, p. 115.

try or medical-model psychology and posits the source of the neurotic patient's turmoil in so-called ontological or existential conflict. For the existentialist, man is a meaning-disclosing being, *and neurosis is the failure to find meaning for being*. In this view, neurosis indicates the stifling of one's will-to-live or will-to-meaning, confusion in attempts at self-realization, a lack of sense of being and failure to find meaning-in-being, etc. The existential psychiatric concern is not just whether man obtains freedom from pathology but rather whether man does anything meaningful and purposive with that freedom.

Though existential psychiatrists or clinicians clearly recognize that the symptomatology of many "existential" neuroses and psychoses are identical to "standard" neuroses and psychoses, they would add the framework which views such symptoms as more significantly indicative of deeper disturbance than the merely psychological, sexual or chemical. For, at root, the description of man cannot be circumscribed by naturalistic descriptors alone, but only with ontological (i.e., related to being) descriptors; with variables that point to man's uniquenesses and which accept man as constantly choosing, constantly striving, constantly relating outward yet constantly introspective. Neurosis, then, reveals more than pathology, it reveals the possibility of a new mode of being, the peculiarly human mode of being: existence in freedom.

We are now ready to examine in what senses neurosis is purely a psychological term rather than a religious one and in what senses it transcends its psychological nature. For the clinically-minded, neurosis points only to psychological truths; i.e., things, states, thoughts, emotions, etc. which are true *inasmuch as they exist in the individual's mind*. Following such a belief-system, even pink elephants are "true" entities inasmuch as they 'exist" in the minds of certain persons. For the existentialist, on the other hand, neurosis points to man's basic being and ontological reality—a reality revealed precisely by the ability to experience certain feelings and have certain awarenesses—not merely to the reality of individual consciousness. So-called psychological reality is an "inauthentic" or false conceptualization.

Sin, from the Halachic viewpoint, is also a concept which points to more than psychological reality. That is, the experience of sin is a real or true experience not just because, for some people, it "exists" as a cultural preoccupation, like the neurotic complexes hypothesized by psychologists. Rather, sin points to an ontological framework—the realm of Halachic reality and Halachic categories of existence—and to disturbances within that framework. From the Jewish veiwpoint, sin and its concomitant emotional or cognitive states exist, and are defined, by Halachic recognition. Halachah precedes reality. This is why every detail and nuance of the human condition is categorized into Halachic norms; otherwise an action, thought or emotion has no entry into Halachic ontology, no Halachic form with which to be incorporated into Jewish life. Man is perforce either dead or alive. In between there is only constant choosing and the affirmation of quality to existence through Halachic behavior—"Therefore choose life."[42] This much is closely similar to the existential approach. In the existential view, man is less a *being* than he is always in a state of *becoming*. For Halachah, man is in a state of becoming via the dialectic of Halachic existence; man is always in *statu nescedi* in relation to his Creator—"And Abraham *is standing* before God."[43] States of sin, following the above, point to no mere psychological reality but to states of inauthentic or un-Halachic being.

The reader can begin to see the sense in which the sin-as-illness *or sin-as-spiritual neurosis* analogy implies subscription to an entire world-view of human behavior and of the meaningfulness of human existence. It is an implication not gleaned by comparison of sin with *clinical* conceptions of neurosis. Sin, thus, is an approach to human misconduct

42 Deut. 30:15-19 and see Avot 4:29.

43 Genesis 18:22.

which posits a Halachic ontology rather than psychological reality at the base of such behavior. *Sin is a judgement of the nature of man's relationship with God.*

Given the shared commitment of Halachah and existential thought to the practical relevance of ontological bases revealed by sin or neurosis, we may now examine just how sin/neurosis becomes subject to moral judgement.

In the simplest sense, it was desirable to compare sin with the clinical notion of neurosis for this emphasizes the idea that sin is also a state involving *dynamic psychic conflict*. Whereas neurosis is indicative of conflict between the self and instinctual or social demands, sin is more indicative of conflict among the self, instinct, society *and Halachic imperatives*. The sinner is usually viewed as being in conflict with Halachic conceptions of reality rather than reality *itself*, whereas from the Halachic point of view, the sinner is even in conflict *with reality in its full Halachic sense*.[44] Neurosis and sin are both characteristically symptomatic, i.e., the anxiety, guilt, depression, conflict, etc. which follow sin are not simply "characteristically neurotic" but *characteristically sinful* from the standpoint of the unique ontological base of Halachah. Thus, sin, by an initial analogy with depth psychology, brings forth a shared connotation of dynamic nature: there may be varying levels of consciousness at work during sin; instinctual demands may represent additional motivation to sin;[45] sin, like neurosis, constricts (*m'tam' temes*) perception and the possibilities for creative growth.

Yet, I have suggested that it is even more advantageous to compare sin with the existential connotation of neurosis. In the existential sense, *both sin and neurosis represent conduct which reflects fundamental contradictions in the human situation*.[46] Both sin and neurosis involve the exaggeration of human freedom in the presence of the eternal and man's refusal to accept, or an inability to transcend his limitations and finitude. It is this element of neurosis which rightly constitutes the "rebellion," "folly" or "madness" (*ruach sh'tus*) which the Talmud considers as the sickness of sin. It is this intolerance of reality limitations which can also lead to clinical manifestations of neurosis. Both maladaptations lead to self-aggrandizement, narcissism, an almost autistic devotion to partialized, fetishized aspects of personal existence. This description, then, must be recognized as the "conceit of heart" which the rabbis considered the cause and result of sin—the idolatry of self-worship.[47]

Reality itself is not causative of neurosis. Rather, it is only when the dialectic between the temporal-spatial world and man's sense of meaning in it is vitiated that these aspects of human being can become symptomatic of neurosis.[48] Similarly, the sensual and the temporal are not themselves sinful in the Jewish view for they are actually essential elements in human existence. "Without the *yetzer hara*, man would not marry, beget children, or engage in business.[49] In other words, it is not man's contingent existence which is the cause of sin. It is only when the dialectic between the temporal/sensual and Halachah is vitiated that these aspects of human being become symptomatic of sin. That is, man's *will* is the cause of sin.

Sin, then, points to the mis-use of human freedom. While neurosis points to man's mis-use of his capacity for fellowship with himself, sin points both to the latter (*aveiros she-ben*

44 Yet, cf. the story of Rabbi Akiva in *Avot D'rav Nosson* 16:2 and *Medrash Tonat Kohanim* on Leviticus 20:26 ("*Efshe li, aval . . .*")

45 See my discussion of the role of the *yetzer ha-ra* in human behavior when interpreted as the *striving human (homo volens) himself* rather than as some 'instinct' in man—"The *Yetzer Ha-ra*: A Re-interpretation of Talmudic Instinctivism," *Proceedings of AOJS*, 1977, Vol. 5, in print.

46 See Waldman's general treatment of this topic in "The Sin-Neurotic Complex," *Psychoanalytic Review*, 1970, 57(1), p. 143-152.

47 Sotah 4b—"All who are conceited are as idol worshippers."

48 J. Preston Cole, *The Problematic Self in Kierkegaard and Freud*, New Haven: Yale University Press, 1971, p. 143.

49 *Medrash Genesis Rabba* 9:9; *Eccl. Rabba* 3:15.

adam le-chaveiro) as well as to the mis-use of the capacity for fellowship with God (*ben adam la-Makom*).[50] *Only a system which assigns value to the specific uses of freedom could dare label such uses in terms of appropriateness or inappropriateness.* For the existentialist, existence with meaning depends on the proper use of freedom. Existentialism, long decried as an incomplete ethical theory because it fails to define "the good," in fact, judges the mis-use of freedom as "inauthenticity" or "bad faith." Halachah, already primarily an ethical system, judges the mis-use of freedom as negligence (*haya lo lilmod ve-lo lamad*) and sin. It is in this sense that sin-as-neurosis is subject to moral judgement.

IV

Readers familiar with the Halachic system know that it subsumes all human behavior under its purview. In this capacity, even emotional states or dispositions are defined in terms of Halachic categories. Thus, one of the questions implied by Wikler's examination is whether Halachah considers certain neurotic (or "mentally ill") states to be not within the bounds of Halachic acceptability—or sinful. To be sure, Wikler cannot avoid the plain fact that the Talmud considers it wrong for one to be continuously afraid over non-essential matters;[51] a violation of the Sabbath to be melancholy during its presence;[52] another Talmudic opinion considers the overly-merciful, the irascible and the finicky (*an'ninei ha-das*) to live non-existences;[53] while violent temper is chastised several times throughout the Talmud and later rabbinic ethical literature.[54] Maimonides, for a final example, records that the individual who does not mourn appropriately during the period alloted is mistakenly self-disciplined.[55] Other examples abound. It is clear even from the few illustrations offered here that Halachah does consider certain emotional states, and possibly would consider certain neurotic states, to the degree that the individual is conscious of his or her behavior and of the Halachic requirements concerning such behavior, sinful.

A more important question is whether Halachah conceives of sinfulness as somehow neurotic? Obviously, some persons, *with or without mental disorder*, live with the belief that misdeeds with respect to some higher authority are sinful. And it is also clear that the difference between healthy and true neurotic preoccupation with sin and sinfulness is often a matter of degree.[56] Yet, in the sense of the sin-as-neurosis analogy discussed thus far, one could say that sinfulness is indicative of conflict between the self and the Halachic demand; a type of existential or *Halachic neurosis* based on the ontological ground that "sin destroys the unity between personality and the totality of existence."[57] Awareness of the capacity for human failure in this regard is a non-pathological preoccupation in the Talmudic view: "Rabbi Eliezer instructed his students . . . repent one day before death (*meaning:*) repent *everyday* so that all your days will be spent in penitence lest you die tomorrow."[58] In this sense, all sin is very much neurosis!

V

Man cannot endure his littleness unless he can translate it into meaningfulness on the highest possible level. This is the fundamental key to both psychotherapy as well as to

50 The role of anxiety associated with sin and its relation to man's capacity for feelings of longing for God, is considered by myself in "Religious Anxiety and the Ontological Argument," *Judaism*, 1977, 26(2).

51 Berachot 60a; Gitten 70a; Yevamot 63b; Yoma 85b; Sanhedrin 100b; see esp. Yoma 75b on Mishlei 12:25 ("Woe in a man's heart bows him down").

52 An aspect of Psalms 100:2 and Issaiah 58:13; Shabbos 118b; Shulchan Arvch 246.

53 Pesachim 113b and *Yad: Hilchot De'ot* 2:3.

54 Avot 2:6; 4:24 and end of 2:18.

55 *Yad: Hilchot Aveilut* 13:11-12 and also *Hilchot De'ot* 2:7; 5:7-8.

56 See my example in "Destructive Elements in the Religious Personality: Treatment Considerations." *Journal of Applied Social Sciences,* 1976, 1(1), p. 1-18.

57 Rav A. I. Kook, *Orot Ha-t'shuvah*, Tel-Aviv: Tarbut, 1955, 8:3.

58 Shabbos 153a.

t'shuvah, repentance.[59] This is also the merger of sin and neurosis in that both refer to failure in this regard: disharmony with the rest of nature, hyperindividualism, a refusal to recognize cosmic dependence (*Lo a-lechah ha-melachah lig'mor*[60]). "In sin and neurosis man fetishizes himself onto something narrow at hand."[61] Once again, neurosis is sin in that it is *m'tam'tem* or narrows man's perceptions. Indeed, it was Otto Rank who observed that neurosis is the striving for an "individual religion," a self-achieved and self-serving immortality.[62] Erich Fromm has also observed, reversing Freud's axiomatic claim that religion is a form of neurosis, that, for many individuals in modern society, neurosis is a form of religion.[63] Quoting Rank again, "The neurotic type suffers from a consciousness of sin just as much as did his religious ancestor, *without believing in the concept of sin*. This is precisely what makes him 'neurotic;' he feels a sinner without the religious belief in sin for which he therefore needs a new rational explanation."[64] That is, both the sinner and the neurotic experience the naturalness of human insufficiency, but only the pathological neurotic faces this raw experience without a symbolic world-view, without a God-centered ideology that could at least justify, if not make sense out of man's nothingness. We are now referring to a new conceptualization: *neurosis-as-sin*.

If neurosis is conceived of in Halachic categorization as sin, and not merely as a clinical entity (though in a pan-Halachic view such as espoused herein, even neurosis' clinical context is ultimately Halachic), then only a world-view such as religion can most effectively provide 'cure.' The religious mode provides a systematic approach to existence through which man can find a satisfactory level of self-acceptance. Beyond a given point, as Jewish law realized full well, man is not helped by more "knowing" or more psychological insight; only by living and doing. "The learning is not the primary goal (*ha-ikar*); rather, the doing (*ha-ma'aseh*)."[65]

From this standpoint, one sees that it is not the concept of sin which becomes enlarged by analogy with neurosis. Rather, elemental neurosis is found to be an unsatisfactory context against which to view the full gravity of the human dilemma. For psychology, existence is viewed largely as necessity; for existentialism, existence is wholly possibility.[66] Halachah, on the other hand, takes into account both the possibility and necessity in existence - "No man is called free until death has quelled the evil tempter which dwells within,""All is foreseen yet the choice is given,""The newborn are destined to die; the dead to live."[67] Sin both accepts man's limits, as well as imposes some, but also requires man's freedom and responsibility. Sin becomes more than a *state* - more than even a state of "existential frailty." It evolves a conceptual framework which, though it does not eclipse *clinical* neurosis' contribution, surpasses elemental neurosis' usefulness as a descriptor of the fundamental contradictions of human existence. *This is because the therapeutic mode inherent in the concept of clinical neurosis provides no world-view against which to place human behavior and with which to translate the human endeavor into something with ultimate meaning.* From the standpoint of

59 In E. Becker, *The Denial of Death*, New York: Free Press, 1973.

60 Avot 2:21.

61 Becker, p. 197.

62 O. Rank, *Will Therapy and Truth and Reality*, New York: Dover, 1936 (1945 ed.), p. 92-93.

63 E. Fromm, *Psychoanalysis and Religion*, New Haven: Yale University Press, 1958 ed., p. 27.

64 O. Rank, *Beyond Psychology*, New York: Dover, 1941 (1958 ed.), p. 193 and Rank, *op. cit.*, 1945 ed., p. 304.

65 Avot 1:17.

66 Cole, *op. cit.*, 1971.

67 *Medrash Tehillim* 16:2; Avot 3:19; Avot 4:29; 2:21 and Macot 10b. Also Genesis 3:19; Issaiah 66:22; Eccl. 12:5 ("Man *walks* to the home of his eternity."); *Medrash Rabba Genesis* 78:1 and Lamentations 3:23 ("thou dost *renew* us every morning . . .") also see *Medrash Tihillim* 25:2; also " 'A Time to be Born and a Time to Die' (Eccl. 3:2;—From the Time of Birth is the Time of Death . . ." (*Eccl. Rabba*·3).

Halachah, neurosis simply conceived lacks precisely those elements without which the human endeavor is aimless - the demand for sanctity, sacrifice and redemption.

Perhaps this is why so many have strived to eradicate the notion of neurosis as illness—*with its deeper connotation as sin*—because there has been a *prior* dis-commitment to belief in religious frameworks and in the belief that any reality other than psychological reality can be verified and, hence, credible. Albert Ellis, for only one example, has continuously called out against psychiatrists' use of "mystical or religious frameworks" as means by which to instill hope and meaning in their clients' lives (one suspects that existentialism is one such "mystical" framework in his view) and considers appeals to religion as another potential cause of neurosis.[68] And yet, the term neurosis has to be invoked more and more frequently in our day in less and less clinical applications as a palliative, an almost magical mode of understanding man's problems. Having been labeled neurotic, there is no consistent framework inherent in the discipline which confers this label that can point to viable *ways of life* which can absorb these "neuroses" and supplant same with redemptive values. Thus, the labelers and the labeled continue to seek handy psychological categorization and, hopefully through the same "self-understanding."[69]

VI

What is the relationship between the new conceptualization of neurosis-as-sin and the Halachic categorization of the phenomenon of psychotherapy? Following the analogy between sin and illness, it is no surprise that Maimonides considers even the correction of personality flaws to be deserving of *t'shuvah*, repentance: "And do not think that *t'shuvah* only applies to transgressions such as theft and robbery . . . but also to evil character traits (*de'os*) such as violent temper, hatred, jealousy, cynicism, excess pursuit of wealth or honor, greediness in eating, and so on . . . Of all these faults one should *repent*."[70] That is, the Halachic mode of behavior change is expressed in ideal form as *t'shuvah*.

In this regard, Kierkegaard maintained that sacrificial acts of repentance and self-punishment, whether outward or inward in character, cannot alone annul guilt. Only with the concept of "sin" is atonement posited. So long as the actual *situation of sin* is not posited, the sacrifice must be compulsively repeated.[71] Maimonides also rules that sacrifice without admission of guilt and awareness of the *situation of guilt* (*ha-karas ha-chet*) is invalid.[72] Only the concept of neurosis-as-sin adequately takes into account the freedom of man to choose non-being or the ultimate necessity of finding Halachic meaning-in-being. Lack of this framework is manifested in the need to repeat rituals that have no meaning and no objective framework—be it sacrifices, nervous mannerisms, compulsive thought, self-destructive acts, etc.—because the individual has not yet unified self with insight and experience in redeeming his existence with religious ideals. This, perhaps, is the fullest sense of the tragic drama of the repetition-compulsion postulated by Freud.

This means that one is Halachically obligated to modify neurotic and otherwise aberrant behavior or thought not simply because it is a "sin to be neurotic" but rather because Halachah considers the entire endeavor of psychotherapy (healing-as-*t'shuvah*) to be a justifiable and necessary approach to the creative monitoring and adjustment of meaningful behavior. Looked at from another angle, the neurosis-as-sin conceptualization means that lingering in, say, suicidal depression, marital disharmony or anti-social character disorder is sinful/neurotic precisely because it contradicts the Halachic requirement that *t'shuvah* be applied to such conditions.

Successful therapy for neurosis, in the strictly clinical sense, means simply the *absence* of conflict, the *return* of freedom and the *widening* of perspectives. For psychotherapy, each of these ends has an intrinsic worth irrespective of what purposes such ends are ever put to. There can be no doubt that this basic level is a prerequisite for religious growth. In the existential sense, the absence of neurosis means freedom *to be*. Here, a major step has been taken from the clinical level in emphasizing the importance of the ontological ground of human psychology and its purposiveness. This is an aspect of our conceptualization of sin-as-neurosis. Finally, from the standpoint of *neurosis-as-sin*—related here as the Halachic ideal form or category for *neurosis*—its absence brings freedom *to be holy*, freedom *to sacrifice*, the widening of perspectives *toward transcending being* and absence of conflict so as to be able to relate to the Eternal on the highest level.[73]

Conclusion

I have examined several senses in which Halachah views sin as mental illness or neurosis and neurosis, in Halachic form, as sin. This thesis has also explained the sense in which Halachah conceptualizes the phenomenon of psychotherapy as *t'shuvah*. It is in a second sense of sin-as-neurosis—where both sin and neurosis signify rebellion, self-worship and the inability to unify the sacred and infinite with the temporal—that neurosis takes on a moral character.

One considers that man currently faces reality in its increasing grimness and ambiguity divested of a belief system which brings meaning and purpose to existence. The increase of neurosis in this "age of anxiety" speaks of the difficulty individuals are having in this regard, with the resulting flight to narrow perspectives which allow man to regulate, though inappropriately, just how much noxae invade his inner psychic life. Such persons' preoccupation with particularized or fetishized understandings of existence, or the searching of adolescents to satisfy their need for meaning through enslaving psuedo-religious cults, or the "therapeuticizing" of so many aspects of life with psychological terms, how-to books and psychological gurus, all point to the fact man searches for more than mere freedom but for a *way of life* which provides for the positive regulation of freedom. Simply understanding his maladjustments and unhappinesses as "neurosis" has apparently aided man relatively little in re-routing himself more constructively.

---

68 A. Ellis, "Religious Beliefs in the United States Today," *The Humanist*, 1977, 37(2), p. 38-40.

69 See Robert Coles' comments on the over-use of technical jargon in even professional literature, in *The Mind's Fate: Ways of Seeing Psychiatry and Psychoanalysis*, Boston: Little, Brown & Co., 1961, p. 9.

70 *Yad: Hilchot T'shuvah* 7:3.

71 Kierkegaard, *The Concept of Dread* (1844), Princeton 1957 ed., p. 93.

72 *Yad: Hilchot T'shuvah* 1:1-2; 2:1 and see Yoma 86b.

73 That behavior must be teleological or goal-oriented toward the goal of sanctity is expressed in Deuteronomy 28:9 and Shabbos 133b—" 'And to walk in His ways;' Just as He is holy (merciful) so shall you be holy (merciful)." See also *Yad: Hilchot De'ot* 1:5-6; and *Yad: Hilchot T'shuvah* 7:6, ("*T'shuvah* brings man closer to the Divine Presence . . .").

Response

Marvin Wikler
Caseworker, Jewish Family Service, New York

In the beginning of his article Moshe Spero summarizes my earlier article and omits a vital portion of it. That section, titled "Public Opinion," included two clinical illustrations and dealt with the opinions and attitudes, of the *non*-mental health professional, Orthodox community. Rabbi Spero then provides an extensive review of traditional sources and more recent publications on the Torah view of mental illness, and related subjects. He also offers his original thoughts, based on this review of the literature. Unfortunately, how-

ever, Rabbi,Spero did not link his philosophical insights with clinical practice, as he has elsewhere.*

Rabbi Spero has responded generously to this author's call in his earlier article for additional references on the Torah view of mental illness. In doing so, Rabbi Spero has made a significant and scholarly contribution to Judaism and the field of psychology.

Neither Rabbi Spero nor this author has written the "last word" on this subject. This incontestable assertion is made to encourage further research and investigation. The entire body of Rabbinic Responsa Literature (*Shaylos U'Tshuvos*), for example, has yet to be fully tapped for its reservoir of practical Halachic insights into the psychodynamics of mental health and mental illness.

In addition to the Torah view of mental illness, the "interface between psychotherapy and Torah," as Rabbi Spero points out, is "unfortunately, insufficiently examined." Perhaps those who hesitate to enter this arena of discussion are restrained by the complicated and controversial aspects of this topic. Nevertheless, this author invites mental health practitioners from social work and other professional disciplines to expand the current forum. It is only through the give and take of scholarly exchange that issues such as the Torah views of mental illness and psychotherapy can be refined.

This author wishes to clarify the above open invitation, however, in one regard. Discussion of the Torah views of mental illness, psychotherapy, or any issue crucial to the delivery of mental health services to the Orthodox Jewish community, should never lose sight of Orthodox Jews. The client, in other words, must not be lost in the shuffle of intellectual speculation.

An increasing number of Orthodox mental health clinics and private practitioners are currently serving the Orthodox Jewish community.** In order to keep pace with this reality, advances must be made in the knowledge and understanding of the Torah views on various subjects relevant to the mental health needs of Orthodox Jews. These advances can only be valuable to the professional community, however, if they are firmly grounded in the clinical experiences of those mental health practitioners who work with Orthodox Jewish clients.

---

* See for example, Moshe HaLevi Spero, "Clinical Aspects of Religion as Neurosis," *The American Journal of Psychoanalysis*, Vol. 36, 1976, pp. 361-5.

** Examples of the former are cited in this author's unpublished Ms.," The Recent Rise of Professional Orthodox Jewish Social Services in New York City." The latter is evinced by the rapidly growing membership of the Behavioral Sciences Chapter of the Association of Orthodox Jewish Scientists.

Illness and Recovery: A Jewish Halachic Perspective

RUBEN SCHINDLER

School of Social Work, Bar Ilan University, Ramat-Gan, Israel

This paper will explore illness and recovery in light of a Jewish Halachic and philosophical perspective. A three dimensional approach in the treatment plan including the role of practitioner, the patient and community is explored. More specifically this paper will deal with a Jewish view toward man faced with illness and societal obligations which enhance recovery. The unique role of the helping person in relationship with patient reflecting hope and compassion is presented. This paper theoretical in nature offers a point of view which hopefully can broaden and enrich practitioner role adding a new dimension to rehabilitation services as weil as treatment programs.

Introduction

An underlying philosophy and value stance often give a framework for treatment. A Jewish attitude toward human life exists. It is well expressed in the Talmud.

> Therefore but a single man was originally created in the world to teach that if any man has caused a single soul to perish, scripture imputes it to him as if he caused a whole world to perish; and if any man saves alive a single soul, scripture imputes it to him as if he saved alive a whole world.

Human life is valued as supreme. According to Rabbinic teaching, it is permitted to transgress to Torah precept in order to save one life.[2] The preservation of human life is so paramount that one is obligated to do all even if life be extended to only a short period of time. The value of human life is infinite and beyond measure so that a hundred years and a single second are equally precious. The Talmud tells us that one can desecrate the laws of the Sabbath "even if an individual is found crushed in such a manner that he cannot survive except for a short while."[3]

The illustrations above serve to highlight a Jewish point of view well known throughout the centuries, the duty to promote life and health. It is obligatory to disregard laws conflicting with the immediate claims to life, and that such action is hallowed.

It should also be added that Jewish writings and teachings are very much person-centered. Whether in our daily actions or treatment relationship the golden rules of Judaism, "Thou shalt love thy neighbour as thyself" is paramount.[4] As thyself without difference, distinction, mental reservation, literally as thyself. Martin Buber presents us with an interesting insight to the words "as thyself" to mean: look upon thy neighbour as a person, not as a thing. He exists in his own right as God's image.

Community Responsibility and Involvement

Judaism places particular emphasis upon societal responsibility in the treatment process. Professional knowledge, skill and method of treatment is juxtaposed with community obligation to sustain those faced with sickness. Relatives, friends and neighbours are viewed as partners in the process of restoring individuals to useful and constructive activity. It has been suggested that the individual's interpretation of the feelings and attitudes of significant figures can aid in easing the

---

1 *Mishna, Sanhedrin* IV, 5.

2 This is derived from the verse Leviticus 18,5 And ye shall guard my Laws . . . He shall live thereby. There are three exceptions to this rule. The Jew is expected to give up his life rather than worship idols, commit adultery or murder. Note Talmud Bavli, Yoma 85b.

3 *Orah Hachaim,* 329.

4 *Leviticus* XIX, 18.