

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** Examples of the former are cited in this author's unpublished Ms., "The Recent Rise of Professional Orthodox Jewish Social Services in New York City."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 well 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

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.

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

⁴ *Leviticus* XIX, 18.

patient's plight.⁵ Significant others can restore a sense of self esteem. They are important role figures in providing support and sustenance during the period of illness. Jewish law places responsibility upon the community to aid and encourage the sick to maximum functioning and health.

Foremost among the relevant demands of Judaism is the duty to visit the sick. Such visits are counted among the meritorious acts of true charity. This duty is listed among the ten ethical and devotional exercises.⁶ The fulfillment of this obligation belongs to the finest expression of the *Imitatio Dei* ideal.⁷ "Just as he visited the sick (Abraham) so shall you too visit the sick."⁸ The Talmud in fact likens the refusal to perform this duty to the shedding of blood. Rav Deme stated "whoever visits the sick enables him that he shall live and those that do not visit the sick causes him to die."⁹

The commentator Rashi notes the rationale for extending life through the visitation practice. By seeing him, one observes his circumstances so that if he requires anything one will endeavor to obtain it for him.¹⁰ The Talmudic insight extends even further. The visitor is not only expected to provide for daily requirements. He should be equally concerned with sanitary and health conditions surrounding the patient. Even to the point of "sweeping and sprinkling the sick room before him."¹¹ One commentator suggests that since accommodations for the patients have improved the caller is obviously exempt from performing such chores. But he is not exempt for caring of the patient in personal hygiene such as washing his face and other elementary matters.¹²

⁵ Bernard Schoenberg and Robert A. Seneseu, "The Patient's Reaction to Fatal Illness" in *Loss and Grief: Psychological Management in Medical Practice*, Bernard Schoenberg (ed.). New York: Columbia University Press, 1970, p. 227.

⁶ *Sabbath*, Bavli 127a.

⁷ Ye Shall Walk After the LD Your God.

⁸ *Sotah*, Bavli 14a

⁹ *Nedarim*, Bavli 40a.

¹⁰ *Rashi*, *Ibid.*

¹¹ *Nedarim*, Bavli 40,a.

¹² *Yoreh Deah*, 335,14.

The psychological state of the individual on the road to recovery and health is a central feature of Jewish law. Nachmanidies views this one of the major aspects of *Bikur Cholim* visiting the sick.¹³ There is sufficient research to suggest that the feeling of isolation and solitude are common reactions by patients whether the illness is light or severe, temporary or terminal. The pioneering work of Kubler-Ross identifying the stages of shock, anger, bargaining call for a companion and sensitivity that Jewish Law encourages.¹⁴ Williams, a long time member of the Harvard medical school suggested that "many patients have not only physical discomfort but also much emotional upheaval . . . A genuine display of interest and determination to help can be very beneficial." Goffman has indicated that the patient may perceive hospitalization as an act of betrayal on the part of the family. If the patient does view hospitalization as a betrayal his confidence in the family as a source of support will deteriorate. The loss of confidence furthermore aggravates his feelings of helplessness.¹⁶ The Jewish view is to counter this phenomenon by obligations placed upon the family. Close relatives and friends are encouraged to visit the sick at once.¹⁷ According to Jewish law, there is no limit to the frequency of visitation on a single day. The time for patient visitation permeates time and day. Callers were thus encouraged to visit on the Sabbath.¹⁸ This in spite of the fact that such visitation may induce grief for the caller which is contrary to the spirit of the Sabbath, and a day of delight.¹⁹

There are times however when visiting the

¹³ Nachmanidies, cited in *Bet Yoseph*, Yoreh Deah, 335.

¹⁴ Elisabeth Kubler-Ross, "Life and Death: Lessons from the Dying," in Robert H. Williams (ed.) *To Live and to Die*. New York: Springer-Verlag 1973, p. 155.

¹⁵ Robert H. Williams, "Management of the Sick with Kindness" *Ibid* p. 140.

¹⁶ Erving Goffman, *Asylums*. Chicago: Aldine, 1961.

¹⁷ *Yoreh Deah*, 335, 2

¹⁸ *Orah Chaim*, 287,1

¹⁹ *Yoreh Deah*, 335,8.

sick is not encouraged. The Rabbis indicated that "one should abstain from calling on the sick . . . who suffer from eye diseases . . . or render talking difficult." Maimonides states that visitation should be avoided if the illness presents a source of embarrassment to the patient.²⁰ Furthermore, visits during the first and last three hours of the day should always be avoided; for every patient feels abnormally well in the early morning—so that one may not be stirred to seek mercy for him. And abnormally ill at the end of the day—so that one may despair of praying for his recovery.²¹ It should be stressed that one of the main purposes of visiting the sick is for the caller to be moved to plead for mercy in the patient's behalf.²²

There are policy implications that one derives from Jewish law. Priority is given to the sick over other indigent persons. Karo indicated that whole contributions to the erection of a synagogue takes precedence over ordinary forms of charity, even the synagogue's needs must give way to the requirements of the sick.²³ There are further points of inquiry. In light of what has been presented above, is it best to leave the present practices of *Bikur Cholim* as is, or should planning be designed to obtain greater community involvement? How can we best help family and friends play a supporting and sustaining role particularly when recovery is of long duration? What should be the role of physician, therapist and counsellor in this process?

Hope — The Patient

An important factor in restoring the individual to useful activity is the element of hope. It is interesting that Freud stressed this very dimension in the therapeutic process. He noted:

Our interest is most particularly engaged by the mental forces that have the greatest influence on the onset and care of physical

²⁰ Maimonides, *Laws of Mourning*, Ch. 13,5.

²¹ *Yoreh Deah*, 335,8.

²² *Ibid.*, 4.

²³ *Ibid.*, 271,16.

diseases. Fearful expectation is certainly not without its effect on the result . . . The contrary state of mind in which expectation is coloured by hope and faith is an effective force with which we have to reckon in all our attempts to treatment and cure.²⁴

Jerome Frank elaborated on the role of hope as a positive and almost powerful element in the treatment framework.²⁵ Goldstein suggests "that symptomatic improvement in psychiatric out-patients is positively related to aspects of the therapeutic setting that arouse their hope of help.²⁶ Perlman in *Social Casework* has indicated that two elements enter into the willingness to engage in problem solving—discomfort and hope. Discomfort without hope spells resignation, apathy, fixation. It means that the person feels so depleted of energies, so disabled, as to have no sense of becoming.²⁷ Orne commenting on the reluctance to introduce the factor of hope in the treatment process states:

Perhaps one of the reasons why the importance of hope has not been explicitly recognized is the implication that it refers to archaic primitive mechanisms more appropriately discussed in the context of religion than that of science. Such a mechanism is juxtaposed against logic, reason, or rational secondary process thought. This dichotomy is inappropriate. What is meant is a very specific kind of expectation which will affect the patient's attitudes, beliefs and actions during treatment and its eventual outcome.²⁸

The beliefs and attitudes can be a consequence of the therapist-patient interaction or it can emerge from the belief system of the

²⁴ Sigmund Freud, *The Complete Psychological Works of Sigmund Freud*, Vol. 7, Translated by James Strachery. London: The Hogarth Press, 1953.

²⁵ Jerome Frank, "The Role of Hope in Psychotherapy" *International Journal of Psychiatry*, Vol. 5, May 1968, p. 387.

²⁶ Goldstein, *Ibid.*, p. 389.

²⁷ Helen Harris Perlman, *Social Casework*. Chicago: The University of Chicago Press, 1957, p. 21.

²⁸ Martin T. Orne, "On the Nature of Effective Hope" *International Journal of Psychiatry*, op. cit., p. 403.

individual. It is the latter point I want to emphasize. In Jewish teaching the idea of hope is central. For the devout, man turns to the omnipotent and calls for a "perfect healing to all our wounds," and the special petition of a healing of soul and body to the sick. His hope is directed on High. Special petitions are recited during the Torah scroll reading on the *Sabbath* and weekdays, imploring hope and healing for the sufferer. The book of Psalms presents a touching picture of man having reached old age and hope persists. Man pleads:

Cast me not off in the time of Old Age
When my strength faileth, forsake me
not . . .

But as for me, I will hope continually²⁹
and the Psalmists continue

Thou, who has made me to see many and
sore troubles

Wilt quicken me again, and bring me
up again from the depths of the earth.³⁰

During the individual's most difficult period, perhaps his last days and hours a sense of hope pervades.

In Kings II, we are told of the Syrian King Ben Hadad who sent his Commander in Chief Hazael to ask the Prophet *Elisha* whether he would survive his sickness. The Prophet sent word "Go, say unto him thou shalt surely recover, however the Ld hath shown me that he shall surely die."³¹ Following this exchange, the Rabbis were determined on maintaining the patient's hopefulness, not merely by withholding information of his imminent demise but by hope to encourage his confidence in recovery.

The Rabbis were also critical of the Prophet Isaiah's response to King Hezekiah who reigned in Judah (720 BCE). King Hezekiah became seriously ill "sick unto death" as the book of Kings states. Isaiah told him "Set thy house in order for Thou shalt die and not live."³² But Hezekiah pursues his hope and the response from on High is soon in coming.

²⁹ *Psalms* 71,9,8.

³⁰ *Ibid.*, 30.

³¹ *Kings* II 8,10.

³² *Kings* II 20,1.

Hezekiah's life was prolonged fifteen years.

The Midrash in Ecclesiastes is critical of Isaiah's actions. It is customary Hezekiah said that when calling upon the sick one states, "may you have a speedy recovery from on High." Furthermore "even when the physician realizes that his patient approaches death, he should still order him to eat this and not to eat that, to drink this and not to drink that, but he should *not* tell him that the end is near."³³

In Jewish thought, it is common not to share information with the patient if death is imminent. The confession prayer reflects this viewpoint. "Many have confessed but did not die." Reassurance is given. I acknowledge before Thee O, Ld . . . that my recovery and death are in thine hand. May it be thy will to heal me with a perfect healing.³⁴

According to Jakobovitz, the teaching of the church appears in polarity to the Jewish view. The doctor is obligated to personally inform the patient of his faltering situation particularly when the individual is in a state of mortal sin. Apparently failure to do so exposes the doctor to grave sin. Frankness is preferred even when such information might cause regression and endanger the individual.³⁵ A leading physician suggests:

To tell a patient that his condition is hopeless is both cruel and technically incorrect. Incurability is a state of body whereas hopelessness is a state of mind a giving up—a situation which must be avoided at all cost. A patient can tolerate knowing he is incurable. He cannot tolerate hopelessness.³⁶

Solomon in the book of Proverbs puts it most succinctly:

³³ Midrash Rabbah in *Ecclesiastes* 4.6.

³⁴ *Yoreh Deah* 335,3.

³⁵ Immanuel Jakobovitz, *Jewish Medical Ethics*. New York: Block Publishing Co., 1975, p. 121. Contrast *Yoreh Deah* 338,1, A person who is ill is not to be told of his friend's or associate's death since it would aggravate his condition.

³⁶ Quoted from Bernard Schoenberg, "Management of the Dying Patient" in *Loss and Grief: Psychological Management in Medical Practice*, op. cit., p. 240.

"Hope deferred maketh the heart sick
But desire fulfilled is a tree of life."³⁷

Relationship: Practitioner Role

A relationship has been defined as a condition in which two persons with some common interest between them, long term or short term, interact with feelings. A relationship includes acceptance and support. It suggests "warmth and fullness in giving one's self to and receiving another person."³⁸ Hamilton has noted that it is important for the professional to enter into the feeling experience of another.³⁹ Rogers recognized that warmth and responsiveness on the part of the counsellor facilitates rapport.⁴⁰ The feeling tone, warmth, acceptance that characterize relationships are viewed in Jewish teaching not as some remote ideal but a vital force in the lives of Jews.

Compassion or the expressive word reflects and captures the modern terminology. The Talmud considered the virtue of compassion (*Rahamut*) to be one of three distinguishing marks of the Jews.⁴¹ The work has an interesting etymology. The word *Rahamin* is derived from the word *rehem*. The womb, either "brotherly feeling" of those born in the same womb or motherly feeling.

The use of compassion can perhaps be criticized on the grounds that it breeds dependency. But there are clients who need such a relationship. Perry et. al. have made this observation in regard to rehabilitation of the alcoholic dependent. They note:

Generally, dependency is frowned upon. However, in the rehabilitation of the alcohol dependent, such a relationship should not be discouraged. The findings indicate that repeatedly from early childhood such support has been withdrawn due to acts of fate or

³⁷ *Proverbs* 13,12.

³⁸ Helen Harris Perlman, op. cit., pp. 65-9.

³⁹ Gordon Hamilton, *Theory and Practice of Social Casework*. New York: Columbia University Press, 1959, p. 28.

⁴⁰ Carl Rogers, *Counseling and Psychotherapy*. New York: Houghton Mifflin, 1942, p. 87.

⁴¹ *Yevomot Bavli* 79,a.

humanly contrived conditions.⁴²

They also suggest that in residential treatment, the family atmosphere permits the alcohol dependent a target for his almost total dependency. Close and intimate relationships can later aid and motivate the client to relinquish his drinking habits.

Those whom fate has treated harshly are to be the special objects of compassion. The stranger, widower, orphan, sick and infirm are placed into a special category. This same view was extended to the criminal upon release. Women were singled out since they are more easily moved to tears and a gentler tone should be invoked.

Jacobs adds an important dimension of how compassion is to be applied. He suggests that though compassion transcends reason it must be rooted in reason. Otherwise sentimentality becomes dominant. There are even limits to compassion. Justice for example is one of these limits. A judge acting as a Judge must apply the principles of law without regard for sentiment. Unless this principle is recognized there can be no law.⁴³ The implication for helping professions is clear. Acceptance, empathy feeling for others are fundamental in the helping relationship. Compassion permeates reason. It is constant and timeless. Grounded in reason and used purposefully however it can become a vital and productive base facilitating treatment outcomes.

Optimism, hope, compassion in time of adversity is not only the concern of modern times. The 11th century philosopher, poet, physician, Jehudah Halevi reflects these feelings in his poems:

So will He yet light up my gloom
And Uphold him who raiseth my fallen
estate.

⁴² Sally L. Perry, George J. Goldin, Bernard A. Stotsky, Reuben J. Margolin, *The Rehabilitation of the Alcohol Dependent*. Boston: Northeastern University, Health Lexington Books, 1970, pp. 147-154.

⁴³ Louis Jacobs, *Jewish Values*. London: Vallentine Mitchell, 1960, pp. 135-144.

And Make the light of mine assembly shine
forth.⁴⁴

Then the chosen one yet shall boast herself
Behold the light of the Rock of my praise
Is mine though I sit in darkness

⁴⁴ "Though I Sit in Darkness", *Selected Poems of Jehudah Halevi*. Philadelphia: The Jewish Publication Society of America, 1946, p. 131.

The people that walked in darkness
Their hope how long deferred
While biting sun still troopeth at their heel
Upon them, like clear heat in sunshine
Shall dwell the light.⁴⁵

Halevi's touching verses should guide us in our endeavors.

⁴⁵ "Now Cometh The Light," *Ibid.*, p. 132.

The Havurah As An Extended Family*

AVRUM N. WEISS

Akron Jewish Center, Akron, Ohio

The best source for an extended "family" to evolve, within the Jewish community center, is the havurah group. Havurot are becoming more and more widespread in Jewish communities throughout North America. The concept, however, is not a new one. Ancient Jews, who were dissatisfied with contemporary aspects of Judaic practice, formed havurah-like groups.

The first issue I wish to address is that of mobility of people today, and in that mobility, the loss of their extended family system. As Jewish communal workers, we ourselves are very aware of this phenomenon, for we are an extremely mobile field. Communal professionals many times have we chosen to change jobs; uproot their families; move from one community to the next; necessitate children's changing schools and saying good-bye to old and dear friends; cause our wives, in most cases, to leave *their* jobs, friends, or academic studies. What about parents, sisters, brothers, aunts, uncles and cousins? Where are they to be joined for the holidays or share in *simchas* or support or be supported through tragedies? For most professionals—as many others—they are many miles away and reunions are not always possible.

In the Center field, many have chosen to move, and for some, it has been to three or four new cities, where they are oftentimes lucky to find a warm and receptive community who welcomes them as family. Perhaps, initially, they have been received by an extending Center staff with an invitation for a shabbos meal and help in finding a house or apartment. Maybe the Welcoming Committee is made up of Board Members who steer the newcomers to the Jewish butchers, bakers, and other members of the Jewish business community.

Although moving is always difficult, the moves of colleagues in Jewish communal service are perhaps easier than fellow Jews who "wander" into new communities. Where

is their open-arm reception? Who will invite them for a *shabbos* meal? Where do they go to meet other Jews? Many strangers who come to a new community find the synagogue too big and too often impersonal. The Center seems less threatening and more neutral and many newcomers turn to it to answer some fairly basic questions. One of the first questions often is, where is the Jewish community? Center workers often act as information and referral agents or tour guides or empathizers, all in an attempt to help in the transition or to serve as a substitute *mishpocha* or family member.

For, in Judaism, the backbone of the family is so strong that in moving into a community without one's families, be one single or married, one is caught off balance, not centered or grounded. This is an uncomfortable and strange feeling. In order to regain our balance, we seek and search, and hopefully find those individuals who can act as our extended family.

The best source for a surrogate extended family to evolve within the Jewish community center is the havurah group. *Havurot* are becoming more widespread in Jewish communities throughout North America. The concept is not a new one. Ancient Jews, who were dissatisfied with contemporary aspects of Judaic practice formed *havurah*-like groups.

At the Akron Jewish Center, a *Havurah* Group was formed nine months ago for the purpose of providing its members an on-going, meaningful Jewish experience. The group would not only provide an opportunity for learning to occur, but friendship and a sense of *mishpocha* as well. Reisman describes the *havurah*:

*"Presented at the Annual Meeting of the National Conference of Jewish Communal Service," Washington, D.C., June 8, 1977.