

Seeking Psychological Counseling

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Two very helpful texts

- Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives* (1980)
- פסיכותרפיה ויהדות, דר. שניאור הופמן, דר. לאה רוסמן (2012)

Vignettes

- (1) Susan, an observant Jew, has been suffering from moderate depression for more than a year. She lives in a community where there are no observant therapists. May Susan seek help from a non-observant therapist?
- (2) Jason, an observant therapist, is treating a yeshiva student for anxiety. He feels that the yeshiva student would benefit from the writings of Rebbe Nachman of Breslov. What should Jason consider before introducing this material in a therapeutic setting?
- (3) Samantha, an observant therapist, is treating Julie, age 20, for issues stemming from low self-esteem. Samantha suspects that some of Julie's problems stem from an abusive father. May Samantha introduce this idea to Julie, and encourage Julie to talk about her parents' role in her childhood?

Learning objectives

By the end of the session participants will:

- Appreciate the ways in which modern psychology may challenge the beliefs of an observant Jewish patient.
- Be able to advise observant Jewish patients regarding pursuing psychological counseling in ways which are consistent with their personal beliefs.

First Principle: Seeking Medical Help

1. Talmud, Bava Kama 85a

בי ר' ישמעאל אומר + שמות כ"א+ ורפא ירפא מכאן שניתן רשות לרופא לרפאות

In Rabbi Yishmael's yeshiva they said: "He shall heal" – From here we see that permission is given to doctors to heal.

2. Rabbi Eliezer Waldenberg (20th century Israel), Tzitz Eliezer 5: Ramat Rachel 20

דבריו שם נאמרים ביסוד עיקרי הדברים בשרשן בזמן שאין שום גורמים חיצוניים מפריעים, אבל מכיון שלפי מציאות הדברים דכמעט רובא דרובא דבני אדם אינם זכאים לכך שתבוא רפואתם ע"י נס מן השמים והתורה בעצמה לא תסמוך דיני' על הנסים א"כ שוב כלול נתינת הרשות גם לחולה, ועוד יותר מזה דמצוה וחיובא נמי איכא בדבר כיון דלפי מעשה האדם חיותו תלוי בכך

[Ramban's] words there are stated regarding the foundation of things, at their root, when there are no external factors. However, since almost the great majority of people do not merit healing via miracles from Heaven, and the Torah itself says not to depend upon miracles, this permission [to heal] applies to patients as well. Further, it is a mitzvah and obligation, since his life depends upon it.

3. Rabbi Moshe Feinstein, Igrot Moshe Choshen Mishpat 2:73:5

אם הוא מחמת שאינו מאמין לרופאים אלו צריכין למצא רופא שמאמין בו, ואם ליכא רופא כזה ואי אפשר לפניו מצד המחלה לחכות עד שיבין שהוא לטובתו וגם לא לשלחו כשרוצה בבית חולים וברופאים שהם בעיר אחרת מוכרחין הרופאים שבכאן לעשות בעל כורחיה אם כל הרופאים שבבית חולים זה סוברים שזהו רפואתו, וגם יהיה באופן שלא יתבעת מזה שאם יתבעת מזה אפילו שהוא ענין שטות אין לעשות כי הביעתותא אפשר שיזיקהו וגם ימיתהו ויהיה זה כהמיתוהו בידיים... וגם בעצם נתינת רפואה כזו שיש בה סכנה שנוהגין הרופאים ליתן כשמחלתו דהחולה מסוכנת יותר ממדת סכנה דהרפואה עצמה יש לדון...

If a patient's refusal is because he does not trust the doctors, then they must find a doctor he trusts.

If there is no such doctor, and the disease is such that we cannot wait for him to understand that this is for his own good, and we cannot send him to another hospital and doctors in another town, then the doctors here must treat him against his will if all of the doctors in this hospital believe that this is the way to cure him.

This should be done in such a way that he is not frightened, even if his fright is foolish, for the fright could harm him, even fatally, and that would be like actively killing him...

And if the medicine itself is dangerous, and the doctors give it only to a patient whose illness is so dangerous that the danger involved in the therapy is less than that of the illness, then there is room to debate.

Psychology: Areas of Concern

4. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 14-15

In past studies of the basic relationship between psychology and Judaism, writers grappled with the conflict between "secular" psychology and "Torah" psychology – between a science construed as value-less, amoral, yet committed to the value of unlicensed instinctual expression and behavioral determinability and without interest in the real relationship between man and Gd, juxtaposed against a way of life permeated with values, anti-instinctual, bound to a belief in limitless human freedom and the need for human transcendence...

Previous literature reinforces this unhelpful conception of psychology and Halakhah as two separate realities locked in conflict...

5. Rabbi Moshe Sternbuch (20th century England, South Africa, Israel), *Teshuvot v'Hanhagot* 1:867

דרשתי נגד הנהוג כאן שהרבה אנשים וגם נשים דתיים כשעצביהם רופפים או כשרויים בדיכאון וכו' הולכים לפסיכולוג, ודרך הריפוי שלהם היא לשוחח עם החולה, לדרוש ולחקור אצלו מה חסר לו, ודורשים הם לתת לחולים כפי תאותם ובוזה יתרפאו...

I spoke against the local practice in which many religious men and women, when their nerves are shaken or they are sunken in depression etc., go to psychologists. Their method of healing is to speak with the patient, and to investigate with him what he is lacking, and they seek to give the patients what they desire, thereby healing them...

6. Rabbi Yuval Sherlo (21st century Israel), *אתיקה של מטפל דתי*, pg. 95

דברי הרב מלמד בנויים משני חלקים. בחלק הראשון הוא אומר שחלקים בפסיכואנליזה משחררים את האדם מאחריותו למעשיו... אבל נראה לי שהפרשנות הנכונה של כל פרקטיקה פסיכולוגית, ובכללה הפסיכואנליזה, היא הפוכה, ומטרת הטיפול היא לאפשר לאדם לקבל את האחריות על מעשיו. Rav Melamed's words consist of two parts. First, he says that parts of psychoanalysis liberate a person from responsibility for his actions... But it appears to me that the true meaning of all practical psychology, including psychoanalysis, is the opposite. The goal of treatment is to enable a person to take responsibility for his actions.

7. Rabbi Menachem Froman (21st century Israel), *הפסיכולוגיה הארורה הטעתנו*, *Olam Katan* Elul 5768

הבעיה העיקרית שבה מתבטאת באנתרופוצנטריות שבה – בעובדה שהיא ממקמת את האדם במרכז הבמה, ואת כל תשומת הלב מכוונת אליו. The main problem is expressed in its anthropocentrism – the fact that it locates man in the centre of the stage, with all attention on him.

8. Rambam (12th century Egypt), *Mishneh Torah*, *Hilchot Deiot* 2:1

חולי הגוף טועמים המר מתוק ומתוק מר, ויש מן החולים מי שמתאוה ותאב למאכלות שאינן ראויין לאכילה... כך בני אדם שנפשותיהם חולות מתאווים ואוהבים הדעות הרעות ושונאים הדרך הטובה ומתעצלים ללכת בה והיא כבידה עליהם למאד לפי חליים... ומה היא תקנת חולי הנפשות? ילכו אצל החכמים שהן רופאי הנפשות וירפאו חליים בדעות שמלמדין אותם עד שיחזירו לדרך הטובה...

Those who are physically ill taste bitter as sweet and sweet as bitter, and some patients desire and crave inedible foods... So people whose souls are ill desire and love wicked ideas, and hate the good path and are lazy about walking it, and it is very hard for them, in accordance with their illness... What is the way to cure those whose souls are ill? They should go to sages who are healers of souls, and they will heal their illnesses through *deiot*, teaching them until they restore them to the good path...

9. Rabbi Moshe Sternbuch (20th century England, South Africa, Israel), *Teshuvot v'Hanhagot* 1:867

ההעצה הנכונה היא לילך לרופאי הנפשות אלו הצדיקים או גדולי ישראל, שיורו להם הדרך וילמדו אותם לבטוח בד' ולהסביר להם שרצונו תמיד לטובה, ומעט ייסורים דוחים הרבה עונשין בחיי נצח...

The right path is to go to healers of souls, who are the righteous people and giants of Israel, to show them the path and teach them to trust in Gd, and to explain to them that Gd's will is always for the good, and a little suffering pushes off much punishment in eternal life...

10. Esther Hess M.A., *להיות מטופל חרדי*, in *פסיכותרפיה ויהדות* (2012)

ואם מדובר במטופל חרדי, העובדה שנתגלה צורך לטיפול עלולה להתפרש אצל המטופל עצמו, או אפילו בסביבתו הקרובה, כחוסר הצלחה של ניסיונות ופתרונות דתיים אפשריים אחרים המקובלים במקרה של קושי או צרה, כגון: תפילה, ברכת רב, התחזקות רוחנית, קבלת קבלות וכו'.

And if we are dealing with a *chareidi* patient, the fact that there is a need for therapy can be seen by the patient himself, and even his inner circle, as failure in [Divine] tests, and in other religious solutions which are accepted means of dealing with difficulty or trouble – like prayer, a rabbinic blessing, spiritual strengthening, accepting special practices, etc.

11. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 19-20

One can begin to see a unique ontological framework here: *The halakhic a priori* – known to us only in the form of the concrete Halakhah of the Written and Oral Law – serves as the basis for all reality such that all participants in reality have an essentially halakhic nature. An inherent halakhic status is an essential predicate of all reality. As Nahmanides put it, "All that the creatures know and understand is the fruit of Torah or the fruit of this fruit... In summary, in the Torah there is suggested to the scientists all natural sciences... the Torah is called 'perfect', meaning that everything is in it, including all sciences, and all things."...

Apparent conflicts between Halakhah and medicine can only represent dissonance between the halakhic essence of medicine, and distortions of or disregard for its halakhic essence, but the conflict can never be a root one between Halakhah and medicine as such...

12. Talmud, Pesachim 25a-b

בכל מתרפאין חוץ מעבודה זרה וגילוי עריות ושפיכות דמים.

One may be healed with anything other than idolatry, sexual immorality and bloodshed.

13. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 163-164

A more pivotal issue, however, appears to have been the statistical one; i.e., since the evidence favored by the APA held that homosexuality was merely a sociological artifact, could it still be considered a "deviant" sexual orientation? The decision of the APA was clearly a response to this question.

An important issue begged by this decision is whether the frequency of a constellation of behaviors says anything about its *inherent* normal or abnormal status. This issue was made obsolete by the prior convention of replacing the medical term *sickness* and certainly the concept of *sin* with more libertarian terms such as *maladaptive* and *inappropriate*, when describing pathology. Since it had already been accepted that "deviance is not inherent in but conferred upon," all standard pathologies are potentially capable of being reabsorbed into the normal end of the continuum when sufficient "evidence" presents itself.

14. Talmud, Berachot 60b-61a

אמר רב הונא אמר רב משום רבי מאיר וכן תנא משמיה דרבי עקיבא: לעולם יהא אדם רגיל לומר כל דעביד רחמנא לטב עביד. כי הא דרבי עקיבא דהוה קאזיל באורחא מטא להדיא מתא, בעא אושפיזא לא יהבי ליה, אמר 'כל דעביד רחמנא לטב'. אזל ובת בדברא והוה בהדיה תרנגולא וחמרא ושרגא. אתא זיקא, כבייה לשרגא. אתא שונרא, אכליה לתרנגולא. אתא אריה, אכלא לחמרא. אמר, 'כל דעביד רחמנא לטב'. ביה בליליא אתא גייסא, שבייה למתא. אמר להו: לאו אמרי לכו כל מה שעושה הקב"ה הכל לטובה!

Rav Huna cited Rav, citing Rabbi Meir, and so was taught citing Rabbi Akiva: One should always be accustomed to saying, "All that Gd does is done for the good." Like when Rabbi Akiva was travelling on the road and he reached a town, sought a host but wasn't given one. He said, "All that Gd does is for the good." He went and slept in the wild, and he had a rooster, donkey and lamp with him. Wind came and extinguished the lamp. A cat came and ate the rooster. A lion came and ate the donkey. He said, "All that Gd does is for the good." That night, armed men came and sacked the town. He told [his students]: Have I not told you? All that Gd does is for the good!

15. Esther Hess M.A., *להיות מטופל חרדי*, in *פסיכותרפיה ויהדות* (2012)

חלק מהותי לא פחות הוא נושא השיחה בפגישות. האם כמטופל אכן מותר לי לכאוב ולהתלונן על מצבי? האין זו כפירה בכל הטוב שד' נתן לי עד היום? אנו מכירים את הריטואלים המלווים אדם מאמין – 'ברוך ד', 'הכל משמים', וכו'. בטיפול אמירות מסוג זה נשארות בצד, ונפתח צוהר של ממש לחקר פנימי ועמוק יותר. במרחב הנוצר עלולות להתעורר שאלות ואולי אף ספקות ותהיות...

A no less substantive aspect is the subject of conversation during sessions. May I, as a patient, feel pain and complain about my situation? Is this not denial of all of the good that Hashem has given me until now? We recognize the rituals which surround a believer – *Baruch Hashem*, "All is from Heaven," etc. In treatment, such declarations are left on the side, and a substantive window is opened for deeper inner investigation. In the space that is created, questions may arise, and perhaps doubts and wonder...

16. Dr. Seymour Hoffman, *רבנים ופסיכולוגים-עימות ושיתוף פעולה*, in *פסיכותרפיה ויהדות* (2012), pg. 102

הרב יעקב אריאל, הרב הראשי של עיריית רמת-גן, חידד נקודה זו באומרו: "הבעיה היא, שהפסיכולוג מציע למטופל להשלים עם המציאות ואילו הרב מציע שהוא יעשה את המציאות ליותר שלימה..."

Rav Yaakov Ariel, Chief Rabbi of Ramat Gan, sharpened this point, saying, The problem is that the psychologist suggests to the patient to make *shalom* with reality, while the Rabbi suggests that he make reality more *shalem*.

17. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 31-32

Elaborating on the gravity of this problem, one halakhically observant practitioner noted, "The issue of psychic determinism has possibly provided the main area of philosophical contention between psychology and religion... Psychic determinism is... found in practically all areas of psychology. It has therefore become the cornerstone of scientific psychology, not only in experimentation and research, but also in theory building..." (P. Kahn, *Judaism and the Challenge of Modern Psychology*, Intercom 16:1 (1976))

A. Amsel has taken the extreme view that this paradox is not only real but irreconcilable, and that all forms of "secular psychology" – including psychoanalysis, behaviorism, ego psychology, etc. – must, in effect, be abandoned by the faithful "Torah psychologist." (A. Amsel, *Rational Irrational Man* (New York, 1976))

18. Rabbi Menachem Froman (21st century Israel), *הפסיכולוגיה הארורה הטענו*, Olam Katan Elul 5768

...כקודמיהם יוצרים אף הם נתק בין הנפש למקורה האלוקי, בראותם בנפש לא ישות רוחנית אחת אינסופית הניתנת להשפעה על ידי שיחה, חוויה והארה, כי אם אוסף של רצונות סותרים, יש שיאמרו אוסף של כימיקלים, שיש לארגנם ולהשתלט עליהם כך שלא יגיעו לידי סתירה ופיצוץ. אורגניזם שאפשר לווסתו בהוספת מינון של תרופה, היפנוזה או יצירת התניה...

Like their predecessors [the philosophers], they also create a disconnect between the soul and its Divine root, seeing the soul not as a single, infinite spiritual entity which can be influenced by conversation, expression (experience?) and illumination, but a collection of conflicting desires, some say a collection of chemicals, which one may organize and control such that they will not reach conflict and explosion. An organization which one may regulate by adding a dose of medicine, hypnosis or conditioning...

19. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 32-42

20. Huppert/Siev/Kushner, *Treating Scrupulosity in Orthodox Jews*, J. of Clinical Psych 63:10 pg. 933

When treating religious patients, we believe it is not necessary or appropriate to include exposure to actual sin. Obsessional fears are usually driven more by actions that lead to increased (albeit small) risk than by actions that truly cause the feared consequence. For example, patients who are afraid of touching a book on AIDS, leaving the house with the oven on, or handling knives around their baby, typically believe that these are risky behaviors, not ones that will definitely lead to the feared consequences. During EX/RP, it is helpful for patients to accept risks by acknowledging the possibility of their feared outcomes, but most individuals do not need to state that they are definitely going to get AIDS, burn their house down, or kill their child. Exposures do not usually require individuals actually to experience the ultimate negative consequences, but rather to tolerate risk, ambiguity, and uncertainty. Similarly, scrupulous patients need not actually sin or tell themselves that they are doing so; instead, they need to allow for slightly greater risk than others normally would, without actually making the violation occur.

21. Talmud, Berachot 12b

"אחרי לבבכם" זו מינות... "אחרי עיניכם" זה הרהור עבירה... "אתם זונים" זה הרהור עבודה זרה...

"After your hearts" is heresy... "After your eyes" is thought of sin [immorality]... "You stray" is thought of idolatry...

22. Rambam, Mishneh Torah, Hilchot Avodah Zarah 2:2-3

ספרים רבים חברו עובדי כוכבים בעבודתה היאך עיקר עבודתה ומה מעשיה ומשפטיה, צונו הקב"ה שלא לקרות באותן הספרים כלל ולא נהרהר בה ולא בדבר מדבריה... ולא עבודת כוכבים בלבד הוא שאסור להפנות אחריה במחשבה אלא כל מחשבה שהוא גורם לו לאדם לעקור עיקר מעיקרי התורה מוזהרין אנו שלא להעלותה על לבנו ולא נסיה דעתנו לכך ונחשוב ונמשך אחר הרהורי הלב, מפני שדעתו של אדם קצרה ולא כל הדעות יכולין להשיג האמת על בוריו...

Idolaters composed many books regarding idol worship, its deeds and rules. Gd commanded us not to read those books at all, and not to wonder about it or about any aspect of it... And not only may we not turn our thoughts after idolatry, but regarding any thought which could cause a person to uproot a Torah principle, we are warned not to bring it into our heart, and not to turn our mind to it, thinking of it and being drawn after the thoughts of the heart, because a person's mind is limited, and not all minds can grasp pure truth.

23. Rabbi Aharon Lichtenstein, *Torah and General Culture: Confluence and Conflict* (1997)

It is, of course, a truism that dogma figures less prominently in Judaism than in Christianity or, to a lesser degree, Islam. But Mendelssohn's contention that it does not figure at all is patently false.

24. Dr. Seymour Hoffman, *רבנים ופסיכולוגים-עימות ושיתוף פעולה*, in *פסיכותרפיה ויהדות* (2012), pg. 101

הרב ישראל מאיר לאו, הרב הראשי לשעבר והיום הרב הראשי של תל-אביב, ציין שהיחס בין רבנים לפסיכולוגים דומה ליחס שבין הלכה לרפואה, אבל הדגיש את ההבדל בין הרופא האובייקטיבי לבין הפסיכולוג הסובייקטיבי: "הפסיכולוג לא מתפקד בבועה, וחלק מן האמונה שלו, תפיסת העולם שלו וערכיו משפיעים על דרכי הטיפול שלו."

Rabbi Yisrael Meir Lau, past Chief Rabbi and today the Chief Rabbi of Tel Aviv, noted that the relationship between Rabbis and psychologists resembles the relationship between Halachah and medicine, but he emphasized the difference between the objective physician and the subjective psychologist: "The psychologist does not function in a bubble, and part of his belief, his worldview and his values influence his treatment approach."

25. Prof. John Suler, *Transference Exercise*, <http://users.rider.edu/~suler/transference.html>

"Think of your boyfriend/girlfriend, or husband/wife, or a close friend. Think about some aspect of their personality that you have a strong reaction to, either positive or negative. Now write that down on a piece of paper. Describe what that aspect of their personality is like, and how you react in your thoughts, feelings, and behavior toward that part of their personality."

After the students are finished, I tell them to draw a box around what they have written, and to write at the top of the box, "Is this transference?"

At this point, they are usually a bit puzzled. "Now think about your parents. Is the personality characteristic of the person you wrote about, and your reaction to it... is it a kind of replay or recreation of something that went on in your relationship with one (or both) of your parents? For example, does your parent have that same personality trait that you react to so strongly? If so, maybe this reaction to the person you described is a kind of transference from your relationship with your parent."

Some students immediately see the connection. Some will not. To increase the power and complexity of the exercise, I explain that the transference may be more tricky than simply reacting to others the way you reacted to your parent. Here are several possibilities (which I write on the board):

- you see the other in the same way as you believed your parent to have been (simple transference)
- you see the other as being like what you WISH your parent COULD have been like
- you see the OTHER AS YOU were as a child and you act like your parent did
- you see the other as you were as a child and you act like you WISHED your parent could have acted

With this added depth, a few more students make the connection. But a significant number still don't. That's OK.

It's important to point out that the way "transference" is being used in this exercise is a bit different than how it is applied to psychoanalytic therapy. We're not talking about a neutral or "blank screen" therapist onto which the patient projects and recreates patterns from childhood. The person that the student describes in the exercise may indeed be something like the parent. Nevertheless, the "transference" may still be evident in the fact that the student has chosen someone with whom to recreate an old parental relationship, in how strong the person reacts to that characteristic of the other person, or in the whole variety of ways the person thinks, feels, and behaves in reaction to that characteristic in the other.

26. Esther Hess M.A., *להיות מטופל חרדי*, in *פסיכותרפיה ויהדות* (2012), pp. 41-42

חוויתי וחוויות עמיתיי בקליניקה מגלות כי נשים חרדיות נוטות לפתח העברה ותלות אינטנסיביות. (יש להדגיש כי לא מדובר במסקנה מחקרית מבוססת, אלא בתובנה שעלתה מן החוויות בקליניקה.)... חלק נוסף ומהותי לא פחות, הוא הפחד מהאדרה והערכה שבהעברה... בהווי הקהילה החרדית, דמות סמכותית ובעל ידע ומקצוע מעוררים כבוד והערכה...

My experience, and the clinical experience of my colleagues, demonstrates that *chareidi* women are inclined to develop transference and intense dependency. (I should emphasize that this is not a conclusion founded on an established study, but an understanding that has developed from clinical experience.)... An additional, and no less significant aspect, is fear of elevation and esteem in transference... In the milieu of the *chareidi* community, an authority figure, with knowledge and professional experience, arouses honour and esteem...

Halachic Rulings

27. Rabbi Menasheh Klein (20th-21st century Israel), Mishneh Halachot 14:110

ובדבר המכתב שהדפיס מעכ"ת בלונדון עם כותרת "אל תפנו אל הידעונים בדמות פסיכולוגים", והביא בשם הגרש"ז אויערבאך זצוקלה"ה שההילוך להם יוצאים מזה קלקולים גדולים, וכן הביא עדות בשם מרן החז"א ז"ל שאמר במפורש שאין לילך אליהם כי קלקלתם מרובה מתקנתם, וכך היתה דעתו של מרן בעל קהילת יעקב בכמה מכתבים ובשום אופן לא שלח לרופאים פסיכיאטרים, גם במכתב שקבל מגאב"ד דעדה החרדית הביא דעת תורה שצריכים להתרחק מהם כמטחוי קשת והשקפותיהם ועצותיהם שהם בניגוד לדעת תורה ומבססים על דעות כוזבות, ובכל שאלה רפואית לאלה הסובלים מחולשה רפואית יש לשאול דעתם של בעלי הוראה מובהקים וחרדים לדבר ד' היושבים על מדין, והיות כי שמע שגם דעתי נגד הני פסיכיאטרים רצונו לדעת אי מקום המכתב שכתבתי בענין זה...

Regarding the letter that his honour published in London, titled, "Do not turn to the *yidonim* in the form of psychologists", citing Rav Shlomo Zalman Auerbach that going to them causes great corruptions, and citing testimony in the name of the Chazon Ish, that he said explicitly that one should not go to them because they corrupt more than they repair, and such was the view of the Kehillat Yaakov in several letters, and he never sent to psychiatrists, and in a letter he received from the Av Beit Din of the *edah hachareidit* he brought the Torah view that one must distance himself from them an arrow's distance, and their outlook and advice is against the Torah view, and based on false ideas, and for any medical question for those who suffer from medical weakness one should ask well-known halachic authorities who tremble at the word of Gd, who sit in judgment. And since he heard that I am also against these psychologists, he wants to know where to find the letter I have written regarding this...

28. Rabbi Moshe Sternbuch (20th century England, South Africa, Israel), Teshuvot v'Hanhagot 1:867

אלו שבחרו בדרך החושך כשלא היה צורך לכך והלכו לפסיכולוגים כשלא יעצו להם כן חכמי התורה, לא ראו בזה ברכה, כי רק התורה היא דרך החיים ואין לזוז ממנה. (ואף שלפעמים רואים שהחולה נח דעתו ומשתפר מצבו לקצת זמן כשמשוחח עם פסיכולוג, אבל האמת שעיקרו פרי דמיון, וברגע שיסבירו לו שבדביקות לת"ח וצדיקים הוא הדרך הנכון, ימצא שבזה יונעם לו ויוטב מצבו, וילך בדרך הישר, הטוב והאמת...

These who have chosen the path of darkness without need, going to psychologists when sages of Torah did not counsel them to do it, did not see blessing from this. For only Torah is the way of life, and one should not budge from it. (And even though, sometimes we see that a patient's mind is calmed and his situation improves for a while when he speaks with a psychologist, in truth that is the fruit of his imagination. At the moment when they explain to him that adhering to Torah scholars and righteous people is the right path, he will find that this will be pleasant for him and his state will improve, and he will walk the straight, good and true path...

29. Rabbi Moshe Feinstein (20th century Russia, USA), Igrot Moshe Yoreh Deah 2:57

בדבר חולי רוח ומחשבות שצריכים לילך לרופאים פסיכאלאגיסטן סארקאיעטיסן אם רשאים לילך לאלו שהן מינים וכופרים, לע"ד אין לילך אל רופאים כאלו להתרפאות, כי מכיון שאין הרפואות מסמים המרפאים אלא מרוב הדבורים שלהם עם החולה נודעים מאיזה מחשבות הוא סובל, ומיעצים לו איך להתנהג, שודאי יש לחוש שמיעצים לפעמים נגד דיני התורה ואף נגד עיקרי הדת ונגד עניני פרישות וצניעות... ואם הם רופאים מומחים ויבטיחו להוררים שלא ידברו דברים שהם נגד דעות האמונה ומצות התורה יש אולי לסמוך שכיון שהם מומחים לא ישקרו. ולכן יש לחפש אחר רופא סארקאיעטיסט שומר תורה, ובאם ליכא יתנו עמו ויבטיחו שלא ידבר עם החולה בעניני אמונה ותורה.

Regarding those of ill spirits and thoughts who need to go to psychologists and psychiatrists, whether they may go to heretics: In my humble opinion, one should not go to such doctors to be healed. Since these cures are not from medication which heals, but rather that via a lot of speech with the patient they come to know what thoughts he suffers from, and they advise him how to act, there certainly is concern that they may advise him, from time to time, against the laws of Torah, and even against the fundamentals of the religion and against *perishut* and *tzniut*... And if they are expert doctors and they promise the parents that they will not speak things which are against the ideas of faith and the Torah's mitzvot, perhaps one could depend on them; since they are experts, they will not lie. Therefore, one should search for a psychiatrist who observes Torah. If there is none, they should stipulate with him and he should promise not to speak to the patient in matters of faith and Torah.

30. Rabbi Asher Weiss (21st century Israel), Minchat Asher II 134

31. Rabbi Shlomo Zalman Auerbach (20th century Israel), **ועלה לא יבול** Vol. 2 pg. 134

32. Rabbi Dr. Avraham Steinberg (21st century Israel), HaRefuah KaHalachah IV 6:4:8:1-2

יש מצבים שהפסיכיאטריה והפסיכולוגיה יכולים לסייע ואף לרפא, ולפיכך אין להזניח טיפול נפשי במקום שיש בו צורך, למרות תוויות שליליות של טיפול כזה. אין להתרפא מפסיכולוגים שהם כופרים ומינים, שיש לחוש שמא יתנו עצות נגד התורה...

There are situations in which psychiatry and psychology can help, and even cure. Therefore, one should not reject such treatment where there is a need, despite the stigma against such therapy. One should not be treated by psychologists who are heretical, for there is concern lest they advise against the Torah...

33. Beis Din of Crown Heights, Ask the Rav <https://asktherav.com/5150-is-psychology-kosher/>

There is an assumption implicit in your question that Rabbonim in the past have not used psychology. This is not the case. Though the specific field of psychology as an independent subject of study and practice has been formally developed only in the 1870s, the concept existed before and we have many examples of great rabbonim who made use of its services (e.g. The Rebbe Rashab consulted Freud).

As for the further developments in the world of psychology, this is no different than developments in the field of medicine where we make use of them on the basis of what Chazal (Eicha Raba 2:13) told us: יש חכמה בגוים תאמין.

True, we need to be particularly cautious when it comes to the discipline of psychology as it can involve reliance on doctrines which are inconsistent with Torah. At the same time, it should be noted that this issue is less a concern with psychology of today as opposed to yesteryear since it is much more scientific than philosophical. Still, we must exercise caution and proceed only with advice of a Rav, etc.

34. Rabbi Yisrael Lipschitz, Tiferet Yisrael Sanhedrin 10:1:8

...וכולן דוקא בקורא בהן קבע, אבל בדרך עראי, המאמין לא יחוש מלקרות בהן, כדי לידע מה להשיב לאפיקורוס.

All of this is specifically where one reads it regularly, but if it is occasional, one who believes will not be concerned about reading them, to know how to respond to a heretic...

Vignette #1

35. Huppert/Siev/Kushner, *Treating Scrupulosity in Orthodox Jews*, J. of Clinical Psych 63:10 pg. 927-928

Appropriate behavior is environmentally determined, and just as healthy surgeons wash their hands relatively often, it may be the case that people in certain cultures or religious groups are slightly more bothered by intrusive thoughts.

36. Huppert/Siev/Kushner, *Treating Scrupulosity in Orthodox Jews*, J. of Clinical Psych 63:10 pg. 932

Cognitive-behavior therapy for OCD requires a clear conceptualization of the individual patient's core concerns and fears. For example, it is not sufficient to know that someone washes excessively. A fear of contracting HIV/AIDS is very different from one of touching dirt (just because it is disgusting), which is very different from an obsession that one will become like the person whom one touches. Thus, understanding the ultimate consequence or core fear is important.

37. Huppert/Siev/Kushner, *Treating Scrupulosity in Orthodox Jews*, J. of Clinical Psych 63:10 pg. 936

In addition, there are times that OCD patients ritualize by praying to prevent bad things from happening after doing an exposure. Some therapists would encourage patients to "spoil" or undo this ritual by praying for bad things to happen. However, given that religious patients believe in the efficacy of prayer, they may be reluctant to engage in such an act. An alternate approach is to ask them to undo the ritual by praying instead to "allow Gd's will." This suggests that if the person is to die, then allow that, and if not, then not. It inserts ambiguity and removes active attempts to prevent the negative outcome.

38. <https://cla.purdue.edu/academic/english/theory/psychoanalysis/definitions/transference.html>

TRANSFERENCE: The displacement of one's unresolved conflicts, dependencies, and aggressions onto a substitute object (e.g. substituting a lover, spouse, etc. for one's parent). This operation can also occur in the psychoanalytical cure, when a patient transfers onto the analyst feelings that were previously directed to another object. By working through this transference of feelings onto the analyst, the patient can come to grips with the actual cause of his or her feelings.

39. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 183-184

However, in a therapeutic context, the Jew's incumbent attitude of empathy and compassion for the joys and sadnesses of his fellow Jew may be tantamount to "rescue fantasy," and may lead to unhelpful excesses on the part of the religious

therapist. And the reverse is also possible: a religious therapist, frustrated by the refusal, resistance, or inability of his Jewish patient to experience therapeutic improvement, may unconsciously transform his frustration and anger into guilt or displace his feelings onto the patient...

40. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pp. 4-5

Would it not be more desirable to have the Orthodox Jewish therapist, who may or may not be "tailor-made" for the Orthodox Jewish patient, simply study the nature of therapeutic complications (such as distortive transference) which can arise in these instances, *calibrate himself accordingly*, and practice effectively just as beginning analysts have their various neuroticisms and neuroses exposed to them by training analysts?

41. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pg. 189

Tarachow's solution focuses on the "therapeutic barrier," a concept which implies that the real situation – the therapeutic encounter – is transformed into an *as-if* situation...

42. *Yirah Tehorah* pg. 18

אמנם נודע לנו גם מן המציאות וגם מאנשים העוסקים הרבה בסוגיא שלא היה אדם מעולם שפסקו אצלו הנערוון מאליהם אם לא שהכריזו כנגדם מלחמת חרמה מלחמת קודש!... גם המזניה הענין מחמת עצלותו בשב ואל תעשה "חבר הוא לאיש משחית"! מפני שהורס לעצמו לגמרי צורת התפלה.

In truth, it is known to us, from experience and from those who are very involved in the field, that no one ever had the nerves halt on their own, without them declaring a war of destruction, a sacred war!... Also, one who neglects the issue due to laziness, failing to act, "is a colleague to the destructive person (Proverbs 28:24)"! He destroys for himself, entirely, the structure of prayer.

43. Rabbi Yisrael Ganz, cited in *Religious Compulsions and Fears* pg. 132

In cases that come before you regarding sufferers of religious compulsions, I think it is important to recall that which the *gedolei Yisrael*, such as the Steipler Rav, ztvl, and the gaon, Rav Shlomo Zalman Auerbach, ztvl, and others, have opined on this matter, that in every case of doubt in the *halachah*, one is to decide on the lenient side of the question. Likewise, even if it is unclear whether there is a doubt, one is also to be lenient...

Vignette #2

44. Rabbi Shlomo Wolbe (20th century Israel), **פסיכיאטריה ודת**, Bishvilei haRefuah 5 (1982) pp. 79-80

www.daat.ac.il/daat/chinuch/tehnologya/volbe-psych.pdf

אמרנו, כי גם חוסר ידיעה גורם עיכוב בהבאת חולים לטיפול פסיכיאטרי. קרובים, חברים, מחנכים שמים לב כי אדם סובל, או שהוא מתנהג בצורה מוזרה, אבל אינו עולה על דעתם כי לפנייהם מקרה של מחלת נפש. לא פעם מיעצים לצעיר מדוכא שיתתן בהקדם. לפעמים באמת עצה זו נכונה היא, אך לא במקרה של דכאון מאני וכדומה. רק פסיכיאטר יכול להכריע בזה. דוגמה אחרת: קרה לי פעמיים, שבאו אלי תלמידים במצב של פניקה, ותוך ככי חזק התלוננו כי "אבדה אמונתם": זה ה' התקף שיצופרני והם היו זקוקים לטיפול דחוף... אני מניח כי מה שקרה לי פעמיים, קורה גם לרבנים ולמחנכים אחרים, שאינם יודעים פרק בפסיכיאטרי, ונתאר לעצמנו, אם במקרה כזה היו מנסים להרגיע את החולה ולחזקו באמונה — ובדאי ייוכחו לדעת מאוחר יותר שלא הצליחו בזה, אבל בינתיים עבר זמן יקר והחולה בא לטיפול באיחור שיכול להיות גורלי...

בעיות אלו משותפות לציבור הדתי ולפסיכיאטרים. יש צורך דחוף בארגון קורסים לרבנים בפועל ולמחנכים, במטרה להפיץ ידע בסיסי על הסימפטומים של נוירוזה ופסיכודה ודרכי הטיפול שלהן בקווים כלליים, כדי שידעו להפנות חולים בהקדם אל הרופא. ידיעה בסיסית היתה מסלקת הרבה משפטים קדומים!

We have said that ignorance causes a delay in connecting the ill with psychiatric treatment. Relatives, friends, educators notice that someone is suffering, or behaving oddly, but it doesn't enter their mind that they are seeing a case of emotional illness. More than occasionally, they advise a depressed youth to marry early; sometimes this is good advice, but not in a case of manic depression and the like. Only a psychiatrist can determine this. Or another case: It happened to me twice that students came to me in a panic, and while crying powerfully complained that "they have lost their faith": This was a schizophrenic episode, and they needed urgent care... I assume that what happened to me twice also happens to other rabbis and educators, who do not know anything about psychiatry. We can imagine that in such a case they would try to calm the ill person and strengthen his faith – and certainly, they would come to know later that they did not succeed, but in the interim precious time would be lost, and the ill person could come to treatment with a fateful delay...

These problems are shared by the observant community and the psychiatrists. There is an urgent need to organize courses for active rabbis and educators, with the goal of spreading basic knowledge of the symptoms of neurosis and

psychosis and their modes of treatment with general guidelines, so that they will know to direct ill people to doctors early on. Basic knowledge would remove many prejudices!

45. Rabbi Aryeh Levin, *איש צדיק היה*, pg. 91 (as cited in Hoffman)

פעמים רבות היה ידידו הפרופ' יו"ט ליפמן הלפרין ז"ל, ראש המחלקת לניאורולוגיה בבית"ח 'הדסה' משגר אליו חולי נפש ומבקשו כי יסייע בידם, ואכן הצליח רבי אריה בזה... לימים שאלו פרופ' הלפרין: "גלה לי מהו סודך, מה אתה אומר לאותם חולי נפש שאני מפנה אליך?" "אנוכי מקשיב להם בסבלנות." "או, הקשבה זו תרופה נפלאה היא, זהו כלל חשוב בתורת הנפש..." "אך איני מסתפק בהקשבה בלבד," אמר רבי אריה, "מגלה אני גם קורטוב של השתתפות והחולים מבחינים בכך..."

Many times, his friend Professor Yom Tov Lipman Halperin, Chief of Neurology at Hadassah Hospital, sent him people of ill spirit, asking him to help them. And Rabbi Aryeh did succeed with this... After some time, Professor Halperin asked him: "Reveal your secret to me; what do you tell those patients whom I send to you?" "I listen to them patiently." "Oh, listening is a wonderful treatment, this is an important principle in psychology..." "But I don't stop with listening alone," Rabbi Aryeh said. "I reveal to them a little bit of empathy, and the patients recognize that..."

46. Rabbi Dr. Moshe Halevi Spero, *Judaism and Psychology: Halakhic Perspectives*, pg. 16

[A] reading of some psychological interpretations of biblical events and personalities, and of the meaning of *mizvot*, leaves one with the nagging sensation that modern conceptions have been forced onto fortuitously similar ancient literature.

47. Dr. V. Frankl in R' Reuven Bulka, *Denominational Implications of the Religious Nature of Logotherapy*, pg. 34

As for logotherapy, as a secular theory and medical practice, it must restrict itself to such a factual statement, leaving to the patient the decision as to how to understand his own being responsible: whether along the lines of religious beliefs or agnostic convictions. Logotherapy must remain available for everyone; to this I would be obliged to adhere, if for no other reason, by my Hippocratic oath. Logotherapy is applicable in cases of atheistic patients, and usable in the hands of atheistic doctors.