

bring to the Jewish people is not our numbers, nor our new genes (though there is something to be said for widening a gene pool), nor even necessarily our commitment (though most converts I know are extremely active in their Jewish communities), but rather our awareness that there *is* something in Judaism attractive enough, powerful enough to draw strangers into it.

The source of that attraction probably differs from convert to convert. For me it was two things, one “religious” in the Western sense of the word, and one, in the same sense, “secular.” “Religiously,” I was drawn by the directness and the pragmatism of Jewish practice, by the very humanness of it. We learn by doing, we pray by doing (we also pray by praying.) It was a refreshing change from my Catholic upbringing, which I experienced as requiring me not only to accept authority, but to give it a blank check on my intellect and my conscience in the future.

I Was Drawn By A Sense Of Community

“Secularly,” I was drawn by the sense of a community in space and time, and the unbowdlerized history of human struggle that formed it. I was drawn, as well, by the realization that that struggle is still going on, and each Jew has a chance to be part of it.

These are abstractions; it’s hard to make them real on paper. I was also drawn by a sense of “at-homeness” that I have never been able to explain. Sometimes I chalk it up to my one Jewish grandfather, whose origins I discovered 2 years before I converted. Sometimes I find plausible the suggestion of a rabbi that each convert is the *gilgul* (reincarnation) of someone who died in the Holocaust. More often, I believe that the strength, the balance, the persistence of the Jewish community, in an era when fads breeze past us faster than a Chicago springtime, are objective and visible enough to attract any reasonable person in search of both roots and growth — and the the only inexplicable question is why so relatively few, either outside the Jewish people or within it, have seen it.

The mental health needs of the pious

Leon Gersten (as told to Adina Mishkoff)

(While Orthodox and Chassidic Jews readily seek medical assistance for physical problems, it has been difficult to get them to seek treatment for psychological problems. As

an Orthodox psychologist who is active in the Orthodox and Chassidic communities, primarily in Boro Park (Brooklyn), Dr. Gersten, in a recent interview, discussed the attitudes of members of these communities towards mental health. The following has been condensed from that interview.)

There has always been a recognition that Orthodox and Chassidic people had some difficulty relating to the established mental health profession as a source of psychological help. Their reluctance to seek help can be divided basically into two types of reasons — religious and communal.

First there are fears that seeking help would undermine their religious values. There is the feeling that if you’d be a little more religious and try a little harder then you wouldn’t have psychological problems. Associated with this factor is a fear that the mental health worker would not really understand their problems in the context of what their values and goals are. This is somewhat justified since there are situations where a therapist has confused religion with pathology and neurosis. Dealing with Orthodox workers helps solve this latter problem, eliminating terminological misunderstandings. Since people with problems usually incorporate the religion as part of the symptomatology, it is very important for the therapist to be able to differentiate. With a thorough background and knowledge of what Judaism expects and demands, and the implications of certain laws, it is easier to help the person see through the defenses.

For example, I saw one husband who told me that when he got married he bought old furniture even though he had a lot of money. The idea was that he believed it was better to give the money to “*tzedakah*” (charity) than to spend it on new furniture. So, one has to make the judgment whether this was the expression of his high level of religiosity or basically a reflection of extreme stinginess and inability to spend money and enjoy life. Orthodox clinicians can help see what the patient does with the *Halachah*. If this is classified immediately as a defense — that it’s not really a question of the person being religious — obviously you’re going to approach it differently than if it’s a question of genuine religiosity, if someone’s at a very high level, extremely *frum* in a balanced way. People who have this tremendous genuine drive do a lot of things that the average person would not do. Buying old furniture is not the action of an average Orthodox person — you have to be on a higher “*madregah*,” (level) but if

you're not, it means that what you're driven by is not authentic religion. And these are the sorts of differentiations an Orthodox clinician can help make.

Therapy Carries Communal Stigma

The other type of fear is the "communal" one: The Orthodox and Chassidic communities, be they in Boro Park, Crown Heights or Williamsburg, are very close-knit groups, each member feeling responsible to and for his neighbor. While going to Orthodox workers might make religious explanations and differentiations easier, there is also the fear that, in a small community like Boro Park, when staff members also come from within the community, they will be recognized. The idea of seeking psychological approaches to problems is still regarded as undesirable — there is a tremendous stigma attached to it, interfering with a person's reputation and communal standing. Psychological approaches tend to emphasize the individual psychological needs rather than the overall responsibility to family, community and God, more a focus on 'self.' To some extent this might be perceived as not having the proper attitudes towards life. There is also the basic (and not completely distorted) theory that mental illness and emotional problems come from genetic factors so that once a family member is believed to have a problem, there's the suspicion that others in the family might have it also, affecting the family's standing in the community, especially in regard to potential *shidduchim* (matches.)

The Maimonides Community Mental Health Center's Community Service Center is a branch of the Medical Center but at a separate location, in part so as not to have the 'hospital,' 'psychiatric' stigma associated with it. On the other hand, it is in the center of the Orthodox Boro Park community, staffed by community members, thus creating the possibility that someone coming in for help might be recognized. (The fact that workers naturally hold all visits and activities in strict confidence is not immediately considered by the patients).

The privately-run Interborough Developmental consultation Center near Prospect Park, also in Brooklyn, is the first licensed mental health clinic under Orthodox auspices. I helped found the clinic, opened mainly to serve those Orthodox and Chassidic people who seek psychological help with clinicians who can understand their problems and who either live outside the "catchment area" served by Maimonides or

simply want to go to a clinic not near their community where they might be recognized. The main problem, though, is that because of all the above-mentioned fears, traveling the extra distance often adds to the resistance of those not highly motivated to go to begin with.

Who are those that do come, why do they seek help, and what type of help do they seek?

Many Problems Are Child-Related

An important job at the Maimonides Mental Health Center and at Interborough is outreach to community schools and *yeshivot*. Since teachers usually become aware quite early of problems children might be having relating to others in an objective, non-familial situation, the workers try to make teachers and rabbis familiar with the Centers' services and encourage them to recommend either of the centers to parents of problem children. There is more of an acceptance in terms of dealing with children coming for evaluation to try and find out what the problem is; this is often the result of pressure from the school. If parents hear suggestions from a *rebbe* or teacher, they're more likely to try to come for help.

Most of our caseload is related in one way or another to children. If the teacher thinks the child needs help s/he will tell the parent; it is then up to the parent to bring the child in. With children, the problem is usually related to what's going on in the family, so unless the parents are difficult and irresponsible and avoid contact with the therapist, usually they become involved in some direct counseling as well.

The question, however, becomes, how do parents deal with the problem, where does the problem come from and what is reinforcing the problem? The reason why we don't have much more success with children is because usually we have trouble changing what's going on in the family, or the personalities of the parents. Children are much more amenable to change because their problems have not yet become part of their character, embedded in their whole personality; it's still more reactive to pressures from the outside. But when they come to us we usually don't have much control over the pressures that are creating the problems, i.e., the family situation.

Clients Prefer Short-Term Therapy

Most of the Chassidic population will come for help only when the problems are extremely severe and when they're faced with psychotic breakdowns or severe depression. Otherwise, for

adjustment-type and minor, neurotic problems, there is still a great reluctance to come. The large part of adult treatment is short-term, dealing with immediate obvious problems. The tendency is that with children and family problems, when things ease up and pressures slacken, the therapy is terminated. If someone comes in for individual therapy, to 'figure themselves out,' so to speak, and not just responding to an immediate pressure, then there is a chance the therapy could be of longer duration. But there are very few among the ultra-Orthodox and Chassidic who decide to undergo or continue in therapy simply to figure themselves out.

In seeking short-term treatment rather than the introspective, analytic approach, medication is often used to solve immediate stress problems. This associates psychological treatment with the more accepted medical treatment and is somewhat of an incentive for the Chassid to seek help. Using medication to solve an immediate problem avoids the need to concentrate on oneself, to examine one's bad *machshavos* (thoughts). Generally, through religion, one tries to get away from bad thoughts and displace them with good deeds and thoughts. Since in therapy one zeroes in on one's deep-rooted problems instead of avoiding them, this long-term analytical therapy is generally avoided.

The medication may not solve the problems that they actually have, though, i.e., not relating well to the children or spouse, but if we feel medication will help with interpersonal relations, we give it to them. Coming back for further psychological treatment is always left up to the patient, since no one can tell them to come back or not, as is always the case in therapy. All the therapist can do is say, "I think this would be highly advisable; if you're not going to continue, in all likelihood the problem is not going to go away." The only thing we can do is share with them the realistic possibilities.

Women Are More Likely To Seek Treatment

Women are more likely to accept treatment than men, both for their children's problems and their own which usually involve depression and some reaction to a difficult situation. They sometimes come with general marital problems, but this is hardly a trend for most women. Indirectly, it is possible that women are making more demands and expectation levels are higher, but there are complicating factors like their getting married earlier. Women expect more now and are not

willing simply to settle for whatever life has to offer. This is one reason why there are more divorces — maybe they *do* want more personal gratification from the relationship as a result of what's going on in the world around them. However, I feel the modern Orthodox woman has been influenced by these factors more than Chassidic women. Because of their more acute feelings of peer reactions, it is very uncommon among Chassidim for the husband to agree to come. He is usually overpowered by the exaggerated fear, the extreme self-consciousness and sensitivity, about his role, and would be horrified at the idea of being seen, thus avoiding stepping into a place like this. The whole *mar'it ayin* concept, what people would think and/or say, is an actual problem here, and it's a disadvantage, because of this factor, being located right in the community, with community people here.

The Centers Strive To Be Flexible

Sometimes the wife will then decide that if the husband doesn't want to deal with the marital problem she might as well see what she can get out of this experience herself, in terms of making her stronger to deal with the pressures of raising the children and dealing with the husband. Occasionally the wife requests that the husband not know she is seeking treatment, but we usually discourage this since it would only create guilt and additional anxiety. I had a recent situation where the mother didn't want the father to know that the child was coming in for treatment. I said that under those circumstances I would *not* agree to see the child because I felt that to get the child into the middle of this secrecy would not be too helpful; any benefit derived from therapy would be nullified. In most cases, especially if the wife has a little determination, the husband will usually go along. There was a woman who, after being told by her husband that he forbade her to come, just picked herself up and continued coming anyway, despite his threats to leave her if she did.

If various conditions make it impossible for a person to come to the Centers for help, we can usually make accommodations. We're very flexible in terms of making home visits; if a family doesn't want to come, we may go to the home to do the treatment, on a regular basis if necessary. I've seen one couple in treatment where the husband refuses to come in for fear of being seen. We registered them under a pseudonym and even a pseudo-address (or, in some cases, a relative's)

since they were extremely sensitive about being identified. But this is an extreme case, which does indicate, however, that we are willing to make adjustments if these troubled families would seek help.

In summary, let me add that our services are limited by the human resources available since there are other demands on these resources. Both Centers *will* continue, but whether their services will expand, even if demand warrants it, is a question, since we are limited both in time and manpower. But we do serve an important function in that we seek to help people who otherwise would not be seen.

. . . but others say about social work. . .

A Recipient of "Jewish" Social Work Speaks

I am writing in response to Marvin Najberg's article (*Sh'ma*, 9/165).

My wife and I took in two foster daughters from the J.C.C.A., whom we were able to adopt within the last few years. No thanks to the agency for that—they fought against it tooth and nail. That, however, is not the point of this letter. We had a series of social workers over the years who were supposed to help us. I remember vividly when the girls were to attend a day camp one summer. The social worker gave us the name of the camp they wanted us to register them in. I asked if the day camp was *kosher*. The social worker, non-Jewish, did not understand what I was talking about. When I explained, she asked, "Don't the girls eat the school lunches?" I found a *kosher* day camp and advised the agency that we preferred to send the girls there. The agency objected because the *kosher* camp cost twenty dollars more than the non-*kosher* camp. We had to argue rather vehemently before they agreed.

Obviously, our social worker did not get "special training in Jewish issues and points of view." In fact, the agency's point of view was generally non- or anti-religious. We had to bring up the question of *Bat Mitzvah*, which they consented to. They paid for the lessons, but nothing toward the affairs. Since most social workers overwhelm most foster parents, ("are role models"), this means that few children served by this agency get much, if any, in the way of Jewish background or education.

One of my daughters had two brothers in the cottages of the agency, rather than in foster care. They received virtually no Jewish background,

and are now both married to non-Jews.

Enough of that agency. Let's try others. We have sons who are older than the girls. One year, the two eldest went to a N.Y. Federation of Jewish Philanthropies sleep-away camp. When they came home, we found out that the counselors were non-Jewish, and had taught them Christian gospel songs as camp songs.

I enclose a copy of a bulletin we just received from the Lexington School for the Deaf, a Federation of Jewish Philanthropies agency. My wife was a volunteer worker there, and tells me there are virtually no Jewish students. They have community activities available for people who wish to attend. If you look at the weekend activities for children, you will see that most take place on Saturday morning, the time of Sabbath services. The rest are on Saturday afternoon. There are no children's activities on Sunday. This means that Jewish children must choose between synagogue and swimming. The same holds true for adults who want tennis lessons, which are all on Saturday morning. It is sad that a "Jewish" agency makes so little provision for Jews.

It appears to be a constant pattern that Jewish agencies are inimical to Judaism. If the Najbergs continue in their way, within a few generations there will be no Jewish agencies, as there will be no Jews to support them.

(Name withheld on request)
New York, N.Y.

. . . but others say. . .

Intellectual Emptiness Leads To Defection

Intellectual indolence and vacuity are at the heart of the problem of Jewish defection. As one ex-Jesus freak explained to me: "I was looking for God and the other Jews on campus were only interested in lox and bagel. And the Jews who were into *mitzvot* had no sense of doing God's will." If a young Jew is looking for God and can't find Him within Judaism, then indeed we are in serious trouble! It will do no good to blame the evangelizers. They merely feed on our own failures.

We have promulgated the commonplace that Judaism is not a religion but a "way of life," as if we were embarrassed to deal intellectually and emotionally with God and our relationship to Him and His universe. Our typically "educated" Jewish college student thinks it awfully profound

to note that theology is not a Jewish thing. It is the rare product of our Jewish educational system who might define Judaism as a *religious way of life*, with due emphasis on the adjective. We have been too permissive in allowing (even encouraging) Jews to define Judaism for themselves in any way that is convenient for them.

These few that leave are looking for far more than cultural identity and ethnic awareness. It appears that they are seriously searching for answers to ultimate questions about God, the universe and man. In a word, they are looking for religion and we aren't delivering.

I am convinced that a secularized Judaism is our greatest threat. Why do we legitimize it seeing, as we must, the disastrous results?

Edward Ruttenberg
Nashville, Tenn.

Personal

- Young dynamic college administrator looking for young dynamic sensitive lady looking for young dynamic sensitive guy for life. (Reply file 167/56, *Sh'ma*, Box 567, Port Washington, N.Y. 11050.)

WE REGRET THE OMISSION in Sh'ma 9/162 of the mention of a new program for professionals in Jewish communal service. The Graduate School of The Jewish Theological Seminary of America and the School of Social Work of Columbia University have instituted a joint degrees program in Jewish studies and social work. Also Yeshiva University's School of Social Work, begun in 1956, has had a special commitment to, and developed new programs for, training Jewish communal service workers.

While we normally do not identify our Contributing Editors, we would like to remind our readers of some of their attainments. SAUL BERMAN, Professor of Jewish Thought at Stern College. DAVID BLEICH,

Professor of Talmud and a Rosh Yeshiva, Yeshiva University, most recently the author of Contemporary Halakhic Problems. BALFOUR BRICKNER, Director of Inter-faith Activities, U.A.H.C. PAULA HYMAN, Professor of Jewish History at Columbia University and co-author of The Jewish Woman in America. NORA LEVIN, Professor of Jewish History at Gratz College, whose recent book is While the Messiah Tarried. RICHARD LEVY, Regional Director of Hillel Activities in the Los Angeles area. HANS J. MORGENTHAU, University Professor of Political Science, New School for Social Research. DAVID NOVAK, Rabbi of Congregation Beth El, Norfolk, Va., author of Law and Theology in Judaism, Series I and II. HAROLD SCHULWEIS, Rabbi, Valley Beth Shalom, Los Angeles, and Adjunct Professor at the University of Judaism and HUC-JIR. HENRY SCHWARZSCHILD, Director, Project on Capital Punishment, American Civil Liberties Foundation. STEVEN SCHWARZSCHILD, Professor of Philosophy, Washington University, Editor, Judaism, 1960-69. SEYMOUR SIEGEL, Professor of Theology, Jewish Theological Seminary, SHARON STRASSFELD, co-editor of the First and Second Jewish Catalog and Behold A Great Image. ELIE WIESEL, author and lecturer, whose most recent book is A Jew Today. ARNOLD JACOB WOLF, Director, Hillel Foundation, Yale University, Editor, What is Man? MICHAEL WYSCHOGROD, Professor of Philosophy, Baruch College, author of Kierkegaard and Heidegger.

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