UNORTHODOX

Therapy:

When a psychotherapist is needed, how important is it that he be religious? Can we trust a non-religious therapist to not impose his own value system on the patient? Isn't it possible that a therapist who is not intimately involved with the Orthodox lifestyle may misinterpret an Orthodox person's behavior? Can we be confident that an Orthodox therapist will necessarily understand a patient whose religious practice and outlook is quite different than his own, though they are both Orthodox? These are some of the critical questions we raised with two practicing therapists, Drs. Jerry Lob and Michelle Friedman.

Readers are encouraged to write in and tell us their own opinions.

By Michelle E. Friedman

Ari is a twenty-three-year-old single Orthodox man finishing his senior year of college. His father, a prominent rabbi, is beloved by his community but discharges an explosive temper at home. Ari excels at learning and knows that his father expects him to enter the rabbinate. Ari, however, is drawn to secular studies and wants to go to graduate school. In addition, after breaking up with a young woman that his parents adored, he has become casually involved with a non-Jewish classmate. He feels guilty, miserable and wants help.

How should Leah, Ari or any observant individual in psychological pain choose a therapist? Leah works hard to balance her mental health and her ideals for religious and family fulfillment. Her education, marriage and overall quality of life have been diminished by bouts of depression. When she recognizes the dismaying, familiar signs of a recurrence, she knows she needs to find a mental health professional. Leah wants someone who is competent and respectful. She thinks she may prefer a therapist so that she can express herself similarly to a faith-observant individual.

By Jerry Lob

A little over ten years ago, during my internship in clinical psychology, I worked with a Catholic woman in her 60s who, as a child, was terribly abused by her stepfather. The impact of the abuse on her life was devastating, yet until that moment she had not discussed it with anyone. She harbored a great deal of anger, hurt and sadness but felt unable to express those feelings. This inability to verbalize her emotions was partially due to an internal conflict.

Dr. Lob has a doctorate in clinical psychology from ISPP in Chicago and semicha from Beth Medrash Grocha in Lakewood, New Jersey. A licensed clinical psychologist, he has a private practice in Chicago in individual, marriage and family psychology. Dr. Lob writes and lectures on numerous topics including education, marriage, parenting and relationships.

Should Your Therapist Be Orthodox?

Would a non-religious therapist understand the compelling forces that motivate Leah to expand her family even though she clearly is at her limit with her current situation?

Can I only understand people who are similar to me? Can I only help those whose values I share?
The history of psychoanalysis is notorious for disdainful, depre- catory attitudes towards faith and practice.

For any therapy to be effective, it must include the exploration of deeply personal and sensitive topics— including family dynamics, sexual life and idiosyncratic habits. Thus, a therapist is in a uniquely sensitive position to influence clients who will look towards him for advice, guidance and approval. The relationship between therapist and patient is not religious. On the contrary, the question of the therapist in a place of power. The patient constantly projects attitudes and feelings on to the therapist. He will always react to the therapist lovingly or critically, while perceiving him as parent, confessor, desired

The question of how to select a therapist comes my way frequently—in panel discussions, consultations and casual conversations. Should a mental health practitioner and patient be matched for religious commitment or other affiliations, such as gender or family background? Are there unique dangers if the therapist is not Jewish, let alone not religious? One often wonders what potential problems lurk in the therapeutic match if therapist and client are both frum? Might they collide in establishing transparent blind spots such as avoiding issues that raise religious conflict? Might the assumption of mutual values inhibit the client from fully unburdening his heart or deter the therapist from asking potential- ly provocative or intimate questions? Is religious bias a barrier to choosing a therapist? There is a huge advertisement, sponsored by a national advocacy organization for individuals with mental illness, painted on the side of a building near my office. The sign reads, “Depression is a flow in chemistry, not character.” I instruct my patients to look at that billboard when they walk back to the subway. Both the organiza- tion sponsoring the sign and I know that mental health encompasses far more than chemical activity at the brain/neu- ron level. We also know how besmirched and ashamed people with depression and other emotional disorders still feel. They feel that their characters and their very souls are flawed. Such people need reassurance that their individual identi- ties are far more complex and nuanced than the diagnosis monofilamentizes them into “defensive,” “schizophrenic” or “obsessive-compul- sive.” At the same time, brain chemistry is the currency through which we perceive our world, making clear choices and conduct relationship- ships with mental health practitioners, such as therapists who have special training in working with families of religious backgrounds, is essential. Ari needs to talk out his feel- ings that his father is too casual about religion. His adult, religiously neutral or even non-Jewish. The history of psychoanalysis is notorious for disdainful, deprecatory attitudes towards faith and practice.

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competence and integrity. The therapist should understand and respect the fact that different values and beliefs need to be taken into account. If a certain client's values or beliefs “push buttons” in a particular therapist, she should either seek professional guidance in the form of supervision or determine not to take on that client. For example, even an Orthodox therapist who has a bias against those who practice their Orthodoxy differently than she does can cause damage to a client. It is important to differentiate between the therapist who clearly has an ax to grind and behaves in an unprofessional manner and one who is not fully aware of her own unresolved inner conflicts. Clients often struggle with issues that are “hot buttons” for therapists, and an observant therapist who has internal religious conflicts will need to sort out various issues in supervision so as not to project her own agenda on to the client.

There are also more subtle dynamics in the client-therapist relationship. While there are a variety of forms of psychotherapy, the relationship that develops between therapist and client is often a powerful one, with the therapist taking on a parental role at times. This role is not necessarily a directive one, as advisor or teacher; it depends on the psychotherapy being used, which is a discussion beyond the scope of this article. However, in very subtle, perhaps even unconscious ways, the client may begin to look to the therapist for approval and will often become quite adept at picking up nuances in his non-verbal reactions. It is incredibly difficult for the therapist to be consistently non-judgmental, and very often clients know the therapist's opinions even when they are not verbally expressed. It is in this vague, unspoken place that the values and beliefs of the therapist may become an issue. This is not about integrity or competence, but about a deep connection that is often, though not always, formed in the therapeutic relationship. While it is true that this phenomenon may be more apparent in psychodynamic psychotherapy, it is present in most therapeutic contexts.

To illustrate: an adolescent girl from an Orthodox home, struggling with her religious identity and her commitment to Jewish law, discusses her growing relationship with a boy in therapy. As the girl tells her story, she is also watching the therapist for signs of either approval or disapproval. From a secular perspective, the girl's behavior can be considered developmentally appropriate, and something a therapist may feel like cheering, non-Jewish therapist—with excellent results. This highly competent therapist consults with rabbis in the community regarding Jewish questions, and has their complete trust.

It is also important to note that at times the need for therapy is so vital that other considerations are secondary. When coping with major disorders such as schizophrenia, bipolar disorder or borderline personality disorder, the essential issue in choosing a therapist is competence.