

Ultra-Orthodox Rabbinic Responses to Religious Obsessive-Compulsive Disorder

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Abstract: This presentation deals with the response of rabbis to ultra-orthodox people suffering from religious symptoms of obsessive-compulsive disorder. The symptoms are consistent with religious practice and patients justify their compulsive behaviors by the dictates of the codes of law. Will rabbis see their primary role as protection of the codes of law rather than alleviation of the suffering of the faithful? Will they see the person as someone who is meritoriously meticulous or in need of help? The writings of two eminent rabbis, and advice related by contemporary patients in Jerusalem, Israel are presented. The most arresting example of guidance is provided by Rabbi Nahman of Bratslav (1772–1810) who declared that he himself suffered from excessive religious practices typical of religious OCD until he overcame them. The accounts of rabbis and patients have features similar to the cognitive-behavioral treatment of choice for this disorder. The guidance of a rabbi is based on authority, and detailed knowledge of religious law, while a mental health therapist is an expert on OCD. The latter cannot give religious guidance, and has no authority within the ultra-orthodox community, and is only afforded a role with the rabbi's acquiescence. The role of the patient's rabbi is likely to be crucial in management. Religious guidance without professional help may often only have short-term benefit in this generally chronic condition, although studies have not been carried out.

Introduction

Tension between psychotherapy and religious authority is not new. In all religions, there are people whose role includes giving guidance and relief. Frank described the similarities between religious healing and psychotherapy (1), while Fromm and others saw the role of the psychoanalyst as the modern soother of the soul (2). At different times and in different societies, the dynamic between psychotherapy and religious authority may change, so that at times they seem to be at war with each other, and deny the validity of the other or claim they are destructive of societal values (3, 4), while at other times each may appreciate the role of the other and they may cooperate profitably (5).

At first glance, there would seem to be intrinsic differences in their roles. A psychotherapist helps the sufferer gain relief from his distress, while a religious authority is primarily a leading member of a religious group, who can provide answers to religious questions, and, in this way, is God's presence on

earth. A religious authority, therefore, has a responsibility to the religious group but also represents God's power to heal the individual.

There is a place for cooperation between therapists and clergy in most areas of mental health work (5), yet in few areas is the connection more interwoven than in religious symptoms in obsessive compulsive disorder (OCD). OCD is a common mental health problem found in all societies (6). The first descriptions of the condition were of religious symptoms: blasphemous thoughts and repetitive religious rituals, such as Luther's protracted confessions (7). Freud saw a clear parallel, both behavioral and in the underlying emotions, between religious rituals and compulsive behaviors (8). The typical cognitive processes that are associated with OCD have been noted as inflated responsibility, the importance ascribed to thoughts and their control, overestimation of threat, intolerance of uncertainty and perfectionism, and Rachman has noted that such features are associated with religious belief and instruction (9). Although there are claims that OCD is more common among

the religious (10), there are also counter-claims (11) and OCD is common in all societies, religious and secular groups.

Religious symptoms are commonly found in OCD, and range from 5% to 50% of sufferers in a range of studies (11). In our studies in the ultra-orthodox Jewish community, for whom religious study and practice are central features of their lives, 39 out of 47 (83%) of our referrals diagnosed with OCD had religious symptoms (12, 13). The religious content of symptoms of OCD that typically appear in this population are clearly based on religious ritual (prayer, cleanliness before prayer, menstrual purity and dietary laws) and yet the form is characteristic of OCD in all cultures (repetitive thoughts, washing, checking, repeating) (12).

Members of the ultra-orthodox Jewish community turn to their religious authorities (rabbi, hassidic *rebbe*, *rosh yeshiva*) with questions concerning religious practice and also seek their guidance and support in coping with illness, and even choice of business ventures and spouse. Studies in the US have found that over 40% of referrals to a mental health center have sought spiritual help beforehand (14). In the case of religious symptoms of OCD among ultra-orthodox Jews, the patients maintain that their compulsive behaviors are performed according to the dictates of the codes of Jewish law, so that they initially believe that they are fulfilling religious law and only after some time realize that they are suffering and not functioning as they had previously. On both counts, for advice on matters of religious law and for help with their distress, the first place they turn for help is their rabbi (13).

A US authority on OCD, Baer, has written: "Jews with religious obsessions might try to talk to a Reform Rabbi, since an Orthodox Rabbi who was unfamiliar with obsessions could unknowingly reinforce an obsessional fear" (15, p.111). For an ultra-orthodox Jew, seeking counsel from a Reform rabbi is unthinkable as the basic tenets of Reform Judaism and its attitude to the sanctity of the laws are different from those of orthodox Judaism. Such counsel from a therapist challenges the worldview of most orthodox and all ultra-orthodox patients (for discussions of the distinctions between secular, conservative, reform, traditional, orthodox and ultra-orthodox, see 16). Is Baer correct, however, in his prediction of the

response of ultra-orthodox rabbis to religious symptoms of OCD, that out of respect for Jewish ritual and ignorance of psychopathology they will opt for defense of the faith? Will the patient be told his meticulousness is meritorious and he should continue to pray with such devotion?

In this study, the writing of two leading rabbis and the accounts of patients will be presented in order to evaluate the approach of these rabbis in the ultra-orthodox community to religious symptoms of OCD, what are its components, and how it compares and whether it can be incorporated into current treatments for OCD.

Religious OCD in Early Jewish Sources

In general, Jewish law is a set of injunctions, with emphasis on precision and care. By its very definition, a code of law will not provide examples of leniency towards elements of religious practice. Nevertheless, one unusual example of such apparent leniency will be presented. A common presentation of religious OCD is repeated housecleaning before the festival of Passover, when one is meant to ensure there is no bread in the home. The second century Mishna states: "[When cleaning the bread out of one's house on Passover eve] One should not fear that a weasel may have dragged [a breadcrumb] from one house [not yet cleaned] to another house [already cleaned], or from one place to another place. For in that case why not from one courtyard to another, or from one city to another — and there would be no end to the matter!" (Mishna Pesachim 1:2). While discussing the law that bread should be neither seen nor found during Passover, the Mishna brings a question in order to define what can be expected of people, and whether the possibility of something untoward occurring need be considered. The Mishna may be seen to be engaging in a legal/philosophical discussion on the nature of certainty. However, on a concrete level, it may be seen to be demonstrating an awareness that some may take the need to be "bread-free" to extremes as "something may happen," and the author of the Mishna sees no virtue in this extreme.

Religious OCD in Recent Rabbinic Responsa

The written texts are the setting of religious boundaries for the community, as in texts of jurisprudence, so that one would neither expect them to be a source of statements of leniency, although these are not uncommon, nor a guide to the management of disorders of the individual members. Nevertheless, in each generation leaders emerge with a particular interest in mental suffering. They have religious stature that empowers them to prescribe for individuals who seek their help, and when the question is one of general interest, the written reply of the rabbi, known as a responsum, may be published and used for others who find themselves in similar difficulties.

Rabbi Yaacov Yisrael Kanievski (1899–1985) was known for his guidance on mental health issues, and had a particular expertise in religious OCD. He would receive questions and write his advice in letter form, and after his death these questions and responsa were gathered under various topics, with a section devoted to mental health issues. The following responsum relates to repetition in prayer, the commonest religious symptom found in ultra-orthodox Jewish men:

“Question: An important young man is unable to concentrate when he reads the *Shema*, and repeats each word many times, so as to pronounce each word properly and with exactness, and also out of concern that he did not have the correct concentration on the meaning of the words. And he is in doubt if he had the correct intention of fulfilling the commandment of saying the *Shema* properly. All of which causes the saying of the *Shema* to cause him great tension and takes a lot of time.”

Rabbi Kanievski’s reply: “It is my custom in these cases to tell him that he need only say the words in the prayer book. Even if it seems to him that he has not concentrated, he should continue further [and not repeat] (for deep inside he knows what he has said if he understands Hebrew, and even if he does not understand Hebrew, nevertheless his reading is an act of accepting the yoke of the kingdom of heaven). In this way he has fulfilled his duty of saying the *Shema*. It is forbidden to give him reasons or explanations, for every reason that he is given, he will undermine to contradict and reject completely what-

ever he was told. When he appears undecided he should be told decisively without any reasons at all. And after all these tricks, one needs a lot of help from Heaven, and may God have mercy on him and send him a complete recovery” (17, p. 45).

This responsum has several fascinating aspects. The Code of Jewish Law, written by Rabbi Joseph Karo in the sixteenth century, is accepted in the orthodox Jewish world today as the definitive statement on Jewish law. It declares that the *Shema* be said with “devotion, awe, fear, shaking and trembling.” It is clear that Rabbi Kanievski recognizes the existence of a particular psychological disorder and the demands of the law are set aside. Further, he recognizes that the condition cannot be dealt with by a simple statement of guidance. He emphasizes twice that the sufferer must be given no explanation for the rabbi’s decisions, as he will use such reasons in order to reject the directions he has received. This rejection of the advice of the rabbi would ordinarily be seen as a lack of respect for the authority of religion. In our experience from working with patients with OCD, repetitive requests for reassurance are common symptoms (e.g., Am I clean? Have I said that blessing properly?) (18). However, if a reassuring reply is offered to the OCD sufferer (e.g., You are definitely clean. I am sure you said the blessing properly), its effect is usually transient, either because the person is assailed by further thoughts or finds some rationale for rejecting the response, and so a new request for reassurance is made (19). In these details, it is clear that Rabbi Kanievski was experiencing the intrinsic difficulties of working with sufferers from OCD.

This aspect of the management is examined by Grinwald, the compiler of Rabbi Kanievski’s responsa as follows: “If a person [with these obsessional concerns] goes and asks the opinion of a teacher of the law, the reply given will not calm him, since he will continue to have many doubts, that the authority asked did not hear properly, or did not understand his question sufficiently, or, even if he did hear, did not understand this specific picture in its details since he himself had not explained it adequately, etc., and there is no end to these doubts. And therefore, in order to avoid the fear of doubt, he is stringent with himself, and repeats the act again, and

so it continues, God forbid, every time getting harder and more distressing” (17, p. 84).

He continues: “There is no other advice than that he should teach himself to know and to believe with clarity that this is not the way of the holy Torah, whose “ways are pleasant ways” (Proverbs 3:17), and the Torah restores the soul of man and brings him pleasure and joy of the soul, as it says on joy in the Ways of the Righteous: Whoever carries out a commandment out of joy has one thousand times the reward of someone for whom the commandments are a burden.

“Ordinarily, a person may occasionally find himself in a situation where it is difficult to carry out a commandment so that he cannot perform it with the usual appropriate pleasure, for this is the nature of man. He sees this as a challenge and on the next occasion will carry it out with pleasure, since he usually performs commandments with enthusiasm and pleasure. However, the person who, whenever he performs the will of the Creator, finds his soul and his energies contorted by feelings of discomfort, fear, tension and misery over the carrying out of the commandment — and, on the contrary, this is his usual state, and to carry out commandments out of joy is the exception — this then is clear proof that this was not God’s intention. For “strength and joy are in His place” (Chronicles I 16:27), meaning that the essence of performing commandments is joy, as Maimonides wrote (Mishne Tora, Laws of Lulav 5:15): “The joy a person experiences in performing a commandment, and the love experienced for the most minor of them, is a great act of service, etc., and there is no greatness and honor but in rejoicing before God” (17, p. 85).

This discussion is particularly interesting in that the criterion used to differentiate between increased religiousness and religious OCD is absence of joy, or distress in OCD, consistent with the diagnosis in the international diagnostic manuals.

The two commonest religious symptoms we have found among ultra-orthodox Jewish women are repetitive checking and washing concerning the separation of milk and meat according to the dietary laws, and checking and washing in the observation of the laws for menstrual purity (12). In some cases of the latter, it is the husband who is the patient. Rabbi Kanievski received the following question:

“A very important young husband has great difficulties over the [menstrual] purity of his wife, so that during the seven days of cleanliness [that are counted between the last signs of menstruation and going to the ritual bath prior to intercourse] he is full of fears and has endless doubts about every check [carried out by his wife during the seven days] and every speck [that might be blood or something else] over all these matters he practices great stringency so that he and his wife are very tense, and the entire household suffers very much.”

Rabbi Kanievski replied: “The only advice for this is that he [the husband] should not interfere in any way in the whole matter, for the Merciful one commanded the woman, as it is written: And **she** should count [not he, she], and all her questions and doubts she should take to a rabbi to ask (it is customary to ask the rabbi’s wife who will ask the rabbi) and he must know that he has no right at all to have any stringencies, as it explains in the Talmud Nidda 12 that it is forbidden to be more strict than is necessary, since it would result in remorse and separation and would prevent fulfillment of ‘be fruitful and multiply’ [the commandment of procreation], and the commandment of conjugal rights. The rule in such situations is as it says: do not be too righteous, for by law a wife is trusted by her husband in such matters, and he should not interfere in any way to look at her showings and her checks [for menstrual bleeding]. Instead the wife should arrange it all, and when she has doubts she should ask a rabbi (accepted by them both as an authority), and with God’s help his nerves should slowly settle on this matter.

“And where it says: Do not be too righteous, the simple meaning is that righteousness of this kind can lead to madness, God forbid, and this will result in his not fulfilling all 613 commandments....” (17, p. 60).

This particular example is interesting in that the solution is to take the problem out of his territory and authority. Such a tactic sees the problem as isolated, not related to a more general problem, and also may be seen as “relieving” him of responsibility. Can this be therapeutic, or is it likely to be of transient benefit like reassurance-seeking?

Another religious symptom of OCD that is common among ultra-orthodox Jewish males is repetitive washing of the peri-anal area before thrice-daily

prayers. This will be used as an opportunity to demonstrate the dynamic relationship between the apparently rigid code of law quoted by patients to justify their compulsive behaviors and the responsa of rabbis. The Code of Jewish Law states:

“If a person needs to go to the toilet, he should not pray, and if he did pray, then his prayer is an abomination and he should repeat his prayers. This is the case if he cannot wait for the time it takes to walk a ‘parsa’ (a parasang, about 4 kilometers), but if he can delay going to the bathroom for such a period of time, then in retrospect his prayers were acceptable [and need not be repeated]. But in the first place, a person should not pray until he has examined himself properly” (Code of Jewish Law, Orakh Hayyim 92:1).

The above should be contrasted with the next two written statements, remarkable for their explicit recognition of religious OCD.

“Question: A young man who has doubts in the synagogue if he cleaned himself properly or whether some [feces] were left, in which case he is unfit to pray or study or learn Torah, and he is very disturbed by this, cleans himself excessively, but his mind is not settled, and he is consumed by his doubts as to whether he is permitted to perform any acts of holiness [prayer or study].”

Rabbi Kanievsky replies: “In the matter of cleanliness [before prayer] I was very lenient according to the responsa of the Divrei Haim of Zanz [Rabbi Hayyim Halberstam, 1793–1876, founder of the Hassidic Zanz dynasty], who wrote that since in the time of the Talmud, they would only use three stones [to clean themselves perianally] and this was considered adequate, I settled that one can use five or six sheets of toilet paper and then rinse the area with a little water, as the rabbis wrote, basing themselves on the Ari [Isaac Luria, sixteenth century mystic]. After this, one should not check if one is clean or not, apart from wiping away the water, for if moisture is left it can cause sores. The principle is: after a brief rinse and wash, one should no longer check if anything remains and one can rely on Divrei Hayyim’s opinion [that this is adequate].

“On several occasions young men have come to me suffering terribly with this problem.... And I know of some young men (now no longer young but in their middle age) whom I really saved from disin-

tegration with this [approach] while one was very stubborn, and always thought he was in the right remained in a state in which he does not pray at all, God forbid, and he is in a very sick state” (17, p. 53).

Rabbi Kanievski’s statement is again intriguing in that he takes the strict law and writes that in cases of OCD, where the written law has been the foundation for excessive cleaning, he has put his authority behind a definition limiting the number of toilet papers to be used, so that, even if the sufferer still feels unclean, he must not continue. Further, arising out of his many years of experience he provides his readers with long-term follow-up: he has seen many men for whom his guidance was crucial to enable them to function, while another, who would not accept Rabbi Kanievski’s authority, continued to suffer throughout his life.

This same problem of excessive cleaning before prayer was discussed by another historic hassidic leader, Rabbi Nahman of Bratslav (1772–1810) (20). What is particularly arresting is that his advice was given two hundred years ago. Rabbi Nahman’s writings have reached enlarging new audiences today, and the reasons for this are apparent in this document, striking for its blunt wisdom, a “multidisciplinary” approach, and his identification with the sufferer:

“Concerning those people who spend a lot of time on [peri-anal] cleanliness and spend a long time in the toilet [Rabbi Nahman] was both very severe and scornful, and he dwelt at length on this matter. The main principle is that the Torah was not given to the ministering angels, and there is no need to be stricter than the law itself. According to the law, it is forbidden [to pray] only when one definitely needs to go to the toilet, as it states in the Talmud: One who needs to go the toilet should not pray; it is specifically referring to one who actually has a need. Even if one actually needs to go to the toilet there are laws about extenuating circumstances as brought in the Code of Jewish Law 92,... who permit [prayer] *ab initio* if the person can delay for a distance of a parasang. From this we learn that if he does not actually need to go, there is no need to be strict and to waste time that would be spent in Torah study and prayer, because of anxieties, excessive strictness, and plain madness.

“Instead, it is the right thing to pray in the morn-

ing first thing after getting out of bed. If it is possible to briefly go to the toilet that is fine, but if not, then not, and rather pray immediately. Even if he has a stomach ache, he should pay no attention and ignore it completely.

"In addition it is unnecessary to spend a long time in the toilet for it is very harmful to one's physical health and causes various ailments, particularly in our toilets in which the [anal] contents hang down, and this hanging is very, very injurious, causing the well-known disorder of hemorrhoids, may God have mercy. For this reason one should be very careful not to spend too long in the toilet, and one should not look for strictness and melancholy in this matter, for [such a form of strictness] was never discussed in the earlier generations. [Rabbi Nahman] had himself made this error earlier in his life and would do very strange things to achieve [peri-anal] cleanliness, and as a result nearly endangered his health and was not spared ailments as a consequence. Now he understands and says that it is all madness and, God forbid, one must not waste precious time on it. Further it is truly impossible to achieve a completely clean body without anything [unclean], for even if one was to fast from one Sabbath to the next, one would still need to go to the toilet at the end of the week, despite having eaten nothing for days. For something is always left in the body.

"And [Rabbi Nahman] said it was a very important matter for him to have spoken on this subject for a very important conclusion emerges: that one should not spend a long time on this [matter] and not spend a long time there [in the toilet]. Even if occasionally one must take longer, better to go out and return rather than stay there for an extended time." *Sihot HaRan* (Conversations of Rabbi Nahman) 30.

This document is remarkable for its psychological sophistication. Rabbi Nahman is well aware of the existence of this problem, a form of OCD. He attacks from a series of vantage points: first showing that it is an incorrect understanding of the law, then explaining that it interferes with the most important values of prayer and Torah study, and then dealing with the little tricks that ensnare a person with OCD, the worrying tummy ache, the occasional need to spend longer that can restart the problem unless the person is wary. He argues that such practices cause

physical illnesses and, presumably based on his own experiences of ascetic practices such as eating only on the Sabbath, he undertakes a cognitive-style approach that having a completely clean body is impossible to achieve. Finally, having berated the sufferers as mad, melancholic and overly scrupulous he confesses that he himself suffered from the disorder.

A further example will be brought of the law and its interpretation in the presence of compulsive behavior. The laws of cleaning for Passover are indeed stringent about clearing one's property of the presence of bread before the festival. The Code of Jewish Law states:

"Some are accustomed to scrape the walls and chairs that were touched by leavened bread, and they have a basis for such action." The *Mishnah Berurah*, an authoritative and relatively recent commentary by Israel Meir Ha-Kohen (1838–1933) adds: "This means that one should not scoff at the custom and say it is foolish and excessively stringent" (*Orakh Hayyim* 442:6).

Nevertheless: "Also in the matter of excessive stringency on Passover [Rabbi Nahman of Bratslav] did not agree at all with those who are too punctilious and enter into deep melancholy. He dwelt in detail on this matter, for one of our people [his followers] asked him a single question about how to behave concerning a particular stringency on Passover. And [Rabbi Nahman] was very scornful of him and spoke at length that it is unnecessary to look for excessive stringencies and madness and confusions. He said that he himself had also been very consumed by this matter, that very, very excessive stringencies would occur to him. On one occasion he found himself thinking about the matter of water on Passover. He became anxious that perhaps the water that had been drawn could have leavened bread in it. He decided that he could prepare water for himself for the entire Passover holiday [eight days], but this too was not acceptable for it would be difficult to guard the water [from contact with bread] from Passover eve throughout all the days of the festival, until he realized that the only answer was flowing spring water that was flowing with fresh water at all times. However there was no such spring where he was living, so he was considering traveling to a place where there was such a spring... Just so far had he gone with stringencies, melancholy and excessive punctilious-

ness. But now he scoffs at it for it is unnecessary to look for excessive stringencies even on Passover” Sihot HaRan 235.

Excessive stringency, confusion, melancholy and madness are the terms used by Rabbi Nahman for his own behavior over the laws of Passover over two hundred years ago, realizing that some may carry the laws to excess. Rabbi Nahman’s anecdote of his own experiences demonstrates that once punctilious observance begins to cause suffering in the person and their family there must be room for leniency.

Reflecting an awareness of the size of the problem and the need for a special response, a pamphlet was produced a few years ago in Jerusalem on the subject of “*nerven*” (Yiddish for nerves), a term used by the ultra-orthodox community to refer to the religious symptoms of OCD. The pamphlet, called *Yir’ah tehora* (Hebrew: pure awe) has a note of endorsement from the son of Rabbi Kanievski on the front cover that he has read the contents, agrees with it and has encouraged that it be published. Of interest, the pamphlet discusses problems of male sufferers alone. The pamphlet is divided into two sections, the first for those in the early stages of “*nerven*,” and the second for those with the condition well-established. The first part takes the main religious symptoms of OCD that have been discussed here and elsewhere (12) and presents the written sources in order to prove that the sufferers have erred in their judgment, and that what they are doing is not in fulfillment of Jewish law. For example, while patients who are concerned that they will not say the *Shema* with devotion often pause or even freeze as they are about to say it in order to heighten their devotion, he shows that this is against the demands of Law, and that one *must not* pause. Aware that there is a debate whether prayers must be said with devotion, he brings a minimal definition of devotion that implies one need not concentrate on the words said. Concerning those who repeat words because they fear they did not say them correctly, whose position is apparently supported by an entire chapter in the Code of Jewish Law (Orakh Hayim 61) that brings examples of ends of words that need to be separated carefully from the next word, he brings the statement that if one was drowsy throughout the prayer, one should not go back and repeat (ibid., 63:5), as a proof that the prayer of the regular pray-er is acceptable and re-

quires neither checking nor repetition. Concerning the symptom of checking whether *tefilin* (phylacteries) are properly placed on the forehead, he quotes the Divrei Haim that such behavior is “foolishness,” for wherever it is placed on the forehead is satisfactory. On the subject of peri-anal cleaning, the author is more coy, sending the reader to more detailed sources. In summarizing the general attitude to prayer, the author states: “if when he is praying individually it is not possible to pray at the normal pace of respected leaders of prayer, then it is clear that he is erring in all his ways, in which case he is also casting aspersions and insult on all the holy people and on all our rabbis...” (21, p. 13).

The second briefer section concerns established cases of “*nerven*,” where the problem has become “second nature” and the appeals to study and thought no longer help. In such cases the sufferer must “declare war to the bitter end, a holy war!” He goes on to quote leading rabbis that in such cases the “clear ruling” is that they are exempt from all prayer until they return to the usual pleasurable form of prayer. The author repeats Rabbi Kanievski’s advice that they should be given no rationale for this and other decisions in this situation, as otherwise “they will seek all sorts of useless reasons to contradict the truth of rabbinic opinion (Hebrew: *daat Torah*) and claim all sorts of absurdities and foolish and empty reasons, and all in order to continue their bad habits” (21, p.19).

Verbal Advice from Rabbis

The majority of advice given concerning religious OCD within the religious community occurs in a personal meeting between the sufferer or their representative (spouse or parent) and their rabbi, with no written record. This format makes it clear that the advice given is individually tailored and not to be seen as a general rule. It is our custom to ask our patient with religious OCD who is his rabbi. We have often given them letters of explanation for their rabbis so that the therapy can be authorized (16), and on a few occasions we have accompanied patients on a visit to their rabbi.

A woman was very concerned that she found signs of the cross wherever she walked, in the pavement, the window frames, etc., and that as a religious

Jewish person she should avoid these signs of Christianity. She went to see her rabbi, renowned for his saintliness and understanding of mental health issues, and described her difficulties. In response, as she sat before him, he put one index finger across the other to form the shape of a cross, raised it to his lips and kissed the shape. His non-verbal response was to make it clear that there is a distinction between a religious symbol and everyday objects, and she was not to seek such symbols where they did not exist. His message was made even more powerful, as he was modeling “kissing the cross” to show that such everyday objects need cause no alarm and should be confronted.

A young man had approached his rabbi about his repetitions in prayer. His rituals of repetition concerned the most important section of the daily prayers, the *Shema*. His rabbi's reply was that he was to stop saying all three paragraphs of the *Shema* completely for two weeks. He returned to the rabbi after two weeks, and was now told to restore the third paragraph alone, with no repetitions. He returned two weeks later and the second paragraph was restored, the next visit all was restored except the first and most important sentence, the *Shema*. Finally, he was told to restore the *Shema* but to be careful not to repeat any parts of the prayer. For eight weeks this young man had left out the most important line of his daily prayers.

Discussion

Are the rabbis quoted above giving helpful advice to their followers with OCD or are they primarily defenders of the faith? As we have seen in the clinical examples, religious symptoms of OCD in ultra-orthodox Jewish patients occur in the normative setting of these laws: A person upset by his blasphemous thoughts will repeat the *Shema* because the codes define it as the most awesome moment of the daily prayer. A person who cleans to excess before Passover or spends hours cleaning himself before prayer will generally find support for his actions in the Code.

However, once an individual begins to suffer from these behaviors that would hitherto have been praiseworthy signs of righteousness, and seeks guidance, all of the sources and rabbis that we have

quoted present a very lenient attitude toward the practice of the laws in order to help find relief from suffering for people with OCD. On an individual basis and with the authority of the rabbi, the laws are contravened and repetitions banned.

The role of the rabbi differs from that of a therapist in several ways. The rabbi is an expert in Jewish law and has the authority to make decisions on religious matters. The therapist, on the other hand, is an expert on OCD. He may have status but not authority over the patient, whom he advises. This distinction is captured in the blessing we are often given by our ultra-orthodox patients: “May you be a good messenger [of God's will].” The therapist is a conduit of God's will, but not one with authority. If he gives advice, it is the rabbi who confirms whether it should be carried out.

This distinction between therapist and authority is particularly striking in the writings of Rabbi Nahman of Bratslav, Rabbi Kanievski and the books based on his rulings, as they discussed the laws in the Jewish codes and redrew the limits of religious behavior for these individuals. The motivation was to alleviate the suffering and enable the person to pray well in the future at the expense of current religious duties. The authority to give such a pronouncement is clearly not the province of a mental health worker. Indeed, the case of stopping saying the *Shema* was recounted to one of us by the rabbi himself. Intrigued by the proximity of the approach to exposure in behavior therapy, the therapist responded: “I can't say that to my patients.” “Correct,” replied the rabbi.

Are such interventions that are founded on authority effective therapy? In the early days of exposure treatment, compulsive hand-washers were hospitalized, the water supply to the ward was restricted, and the staff often guarded the patients physically to prevent them carrying out the compulsive behaviors (22). Such actions are now considered both unethical and ineffective. Treatment can only be undertaken with full consent, and the patient who is coerced is most likely to relapse once released from care. Is the use of rabbinic authority a form of coercion? The repeated warnings and admission of failure in some cases by Rabbi Kanievski suggest that however eminent the rabbi, it is not possible to effectively coerce a patient with religious OCD. The dialectic between the expectations and suffering of a

client and the authority and expertise of a healer may be quite similar, whether the healer is a rabbi or a mental health worker (1).

The most effective intervention in OCD other than medication is the form of cognitive behavior therapy known as exposure and response prevention (ERP) (23). How does the intervention suggested by the rabbis compare with the principles of ERP? In ERP, the sufferer is asked to undertake activities that evoke the fears he is concerned with, while not carrying out the repetitive behaviors. Applying this to religious OCD, in the case of pre-Passover cleaning, the patient would be asked to clean once for a reasonable period of time, and then not repeat the cleaning. In the case of the *Shema*, the prayer would be said only once whether the sufferer thought he had said it correctly or not. In both statements there is consistency between the religious authorities quoted and cognitive-behavioral therapy.

Is the role of rabbinic authority one of giving reassurance that the sufferer from religious OCD has not sinned, thereby actually relieving him of individual responsibility? If so, its beneficial effects would be expected to be only transitory. Practically, the distinction between these two approaches appears minor: Rabbi Kanievski instructs to say the *Shema* but once, and the precept will have been fulfilled, whatever the person thinks. The cognitive-behavior therapist will ask to say the *Shema* once even if the person thinks he did not have proper concentration. The advice of all the religious authorities quoted here does not seem to be reinforcing the OCD behaviors, as Baer warned. On the other hand, does the therapist have the right to make such a suggestion to an ultra-orthodox patient unless he has the backing of an authority such as Rabbi Kanievski?

Cooperation between priest and therapist in religious OCD was suggested by Minichiello, a priest and therapist, who considered that his Catholic patients with OCD have “a totally untheological view of God” (15, p. 107) and suggested that they discuss this with their priest before attempting ERT, and Ciarrocchi found that patients with religious OCD often refuse to embark on therapy and suggested a series of maneuvers of cooperation with the priest (15).

Finally, a dispute in the sixth century Talmud implies that the patient with repetitive religious behav-

ior may have a problem in his relationship with God. In a discussion concerning the repetition of the *Shema*:

“Rabbi Pappa said to Abaye: But perhaps the first time he said the verse he didn’t have proper devotion, and the last time round he did? Abaye answered him: Is [his prayer] some type of friendly chat with Heaven? If he prayed without devotion from the outset, he should be beaten with a blacksmith’s sledge hammer until he prays with devotion!” (Babylonian Talmud Brachot 33:2–34:1)

The examples brought in this paper should be viewed with caution for several reasons: this was not a systematic study, asking all OCD sufferers to describe the responses of all rabbis they had approached with these symptoms, and while the two rabbis whose writings are presented are highly respected figures, there may be other responses of which we are unaware. Further, as clinicians in a community mental health center, our sample of patients is inevitably those who have long-term difficulties, and had not been helped by advice only from their rabbi.

None of the rabbis consulted in these published accounts considered the possible role of a form of therapy beyond their own ability to help. This may be understood as similar to the contrast between the stringency found in religious texts and the flexibility in rabbi-sufferer interactions; so too, publicly the leaders of the ultra-orthodox Jewish community remain cautious in recommending psychotherapy. On an individual basis, however, they often keep abreast of developments in the field of mental health and are willing to recommend that their followers seek help, including in the area of religious OCD.

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