

1-1-1996

## Psychotherapy with the Orthodox Jew

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### Recommended Citation

Schwartzbaum, Avraham (1996) "Psychotherapy with the Orthodox Jew," *Clinical Sociology Review*: Vol. 14: Iss. 1, Article 16.  
Available at: <http://digitalcommons.wayne.edu/csr/vol14/iss1/16>

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This book engineers a new strategy in understanding and explaining deviance and criminality. It is a new and challenging tool in the field. I consider this work a sociological stimulant to "significant other" disciplines, with new research and new arguments.

**Psychotherapy with the Orthodox Jew**, by Herbert Strean. Northvale, New Jersey: Jason Aronson Inc., 1994. 179 pp. \$30 cloth. ISBN 1-56821-230-5.

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Orthodox Jewry is a distinctive subculture. While no reliable epidemiological data is available to document mental illness within this population, all observers acknowledge the existence of problems requiring intervention. The insularity and world view of this community deter individuals from seeking assistance from mental health professionals. These providers are seen as ignorant of the complex web of Jewish laws governing individual and interpersonal behavior, or worse, of viewing these religious obligations as a source of the difficulties.

Steven Weiss best expresses the objective of the book in his dust jacket endorsement as "sensitizing the psychodynamically oriented psychotherapist to the complex and controversial issues surrounding the treatment of the Orthodox Jewish patient." Dr. Strean maintains that "devoutly religious individuals. . . can be helped therapeutically without fearing they are betraying or compromising their religious ideals and principles" (p. xiii). The author, a doctor of social work, does not convincingly support this premise because of a number of serious limitations in his presentation.

Orthodoxy is presented as a single monolithic subculture ignoring the significant variations within this community. All Orthodox Jews share a common commitment to complete religious observance derived from Sinaitic revelation and codified in normative works based on rabbinic scholarship. Yet, important differences divide Orthodox adherents. The division between modern and ultra-Orthodox is reflected by the attitude to secular education and the relation to Zionism and the state of Israel. The modern Orthodox attend college and are strongly Zionist. The term "haredi" has gained recent acceptance among scholars as a substitute for ultra-Orthodox which is value-laden and assumes

the speaker knows where the "center" of Orthodoxy is located. This camp is opposed to higher secular education and emotionally distant from and unidentified with institutional Zionism. The clear trend in both streams has been a drift to the right marked by an intensification of religious observance.

The suspicion of mental health practitioners in general and Freudian and neo-Freudian psychotherapy, in particular on the part of the "haredim," remains unabated. It is hard to imagine any members of this group becoming one of Dr. Streaun's patients since this book, if anything, would reinforce their antipathy toward psychotherapy. In Chapters One and Six, the author presents his psychodynamic view of Orthodox Judaism. His depiction relies on contemporary works which try to explain the tenets of Judaism to an uninformed public. Without entering into a theological discourse, one can understand the reticence of Orthodox Jews to seek treatment from a therapist who characterizes "God as a fantasy, an imaginary notion" (p. 153) and who describes Orthodox Jews as "infuriated at God for not granting permanent peace on earth" and who therefore "have a propensity to turn their venom against themselves and become even more devout, subservient to and masochistic with their God" (p. 13) and the Orthodox Jewish male as taking "a negative oedipal or latent homosexual position with God" (p. 19). One is hard put to see how such positions would not be perceived as "compromising one's religious ideals."

The question then arises as to the characteristics of the "Orthodox" Jews who comprise the total of four cases (two male, two female) presented in the book. Two of the cases, while avowing Orthodox affiliation, are hardly recognizable as belonging to this group. The "Ardent Feminist" (Chapter Five), by virtue of her opinions and behavior, and the "Born-Again Orthodox Jew" (Chapter Four), as examples of individuals who were not raised in religious homes, are clearly not representative of Orthodox Jewry. The "Masochistic Rebbitzin" (Chapter Three), as a Yeshiva University graduate, falls within the modern Orthodox camp. "The Ambivalent Rabbi" (Chapter Two) might be viewed as Orthodox, but definitely not "haredi."

Since only these four cases are presented, we can hardly say that the book examines psychotherapy with Orthodox Jews as that term would be employed by sociologists and anthropologists. This shortcoming highlights the need for the perspective of clinical sociology which would bring an understanding of cultural factors and the dynamics of sub-group formation to the clinical process. The limitations of this review do not allow discussion of other significant variations within Orthodoxy such

as those between “chassidim” and “misnagdim” and between Sefardic, East European and German Jews. In addition, it is uncertain what percentage of individuals in any of these groups could afford the four to five years of treatment provided each of Dr. Strean’s patients.

The author’s case material makes interesting use of the theoretical technical constructs of transference and countertransference. This has potential broad applicability. Transference refers to the process by which the patient reexperiences critical early events precipitated by personal reactions to the therapist. The effective therapist, by encouraging and managing this process, can help the patient resolve interpsychic tensions. This technique relates to a broader question of interest to social scientists, namely the relationship between researcher and subjects. While clients are frequently not conscious of the effect the therapist is having on them, the trained clinician can use these reactions to good advantage. Sociologists are much less likely to look at themselves as research instruments that can be “administered” to evoke responses from subjects. In one of the few sociological studies of this type (Schwartzbaum & Gruenfeld 1969), subject reaction to the observer was used to distinguish supervisors who were well integrated into the organization from those supervisors who are tense and anxious about their work. One would predict that researchers with different personal characteristics would elicit different reactions from subjects. Thus, the therapeutic situation including transference episodes might follow a different course if the client were to identify the therapist as a member of his or her own subculture. This possibility is never considered by Dr. Strean.

The author’s discussion of the neo-Freudian construct of countertransference, where the therapist analyzes his or her own feelings toward the client, also serves to sensitize researchers to monitor their personal reactions. Through introspective analysis of the nature of these feelings, the researcher or therapist may gain additional insights about the subjects or clients. It is this very question of the feelings and reactions of the therapist which raised particularly difficult concerns for this reviewer. It is my strong impression that the author is uncomfortable with his own Judaism (which is only revealed tangentially), and that these feelings color many of his interpretations. Independent of the validity of this judgment, the question still remains of whether any therapy with Orthodox Jews (or any devout or pietistic group) can be effectively delivered by clinicians ideologically uncomfortable with the belief system of their clients. The perspectives of clinical sociology are well suited for a systematic exploration of this issue.

## REFERENCES

Schwartzbaum, Allan and Leopold Gruenfeld. 1969. "Factors Influencing Subject-Observer Interaction in an Organizational Study." *Administrative Science Quarterly* 14:443-450.

**Social Work Malpractice and Liability: Strategies for Prevention**, by Frederic G. Reamer. New York: Columbia University Press, 1994. 242 pp. \$22.50 paper. ISBN 0-231-08263-0  
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The fortuitous 1994 publication of *Social Work Malpractice and Liability* could not have been better timed as we currently reexamine US social policy. This work by Frederic G. Reamer, Professor in the School of Social Work at Rhode Island College, is only the most recent in a string of articles and books by him on ethics and legal issues dating back to 1979. As clinical sociology and sociological practice move into fields crowded by other professional titles, it is fortunate that literature already exists to help us through the morass of malpractice and liability issues.

This 242 page book should be required reading. Reamer provides the reader with a short course in law, while making no pretense to be a lawyer or to outwit them. He carefully defines legal concepts in layman's language. To name only a few, he examines privacy, confidentiality (relative and absolute), standards of care, acts of commission, misfeasance, malfeasance, torts (unintentional and intentional), and the doctrine of *res ipsa loquitur* (the act speaks for itself). Each term is then followed by legal case history examples which tell the practitioner not only what is generally accepted as good practice, but the author goes further and gives examples of contrary cases as well.

For example, Reamer discusses in detail the Tarasoff case, the 1976 landmark precedent in duty-to-warn and duty-to-protect cases. The California Supreme Court held that a mental health professional has a duty to protect an intended victim from harm, even if that means disclosing confidential information. After describing several other cases which followed the Tarasoff decision, the author then presents a number of contrary decisions. He doesn't just give the reader primary material in an encyclopedic fashion, but, as in the Tarasoff example, follows the case presentations with additional material on the finer points: "Balancing Confidentiality and Protection," "The Ambiguity of *Duty to Warn*," and "The Concept of Privileged Communication."