Halacha and Psychological Treatment Dilemmas and Conflicts

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Abstract

Two of the many issues that present halachic-treatment problems for the orthodox mental-health practitioner are the issues of honoring parents and treatment practices, and confidentiality and religious obligations. The clinical-religious aspects of the above are analyzed and discussed, via correspondence, by a psychotherapist and a respected halachic scholar.

Religion (halacha) and Mental Health (psychotherapy) share a common concern and goal – the quality of life and its improvement and enrichment. Religion provides man with a purpose, direction, ethical and moral rules and values to make his life more meaningful and worthwhile. Psychotherapy’s purpose and function is first, to give the troubled person relief from suffering, to ease his psychic pain, and then to equip him better to live in peace, affection and stable equilibrium with himself and the world around him.

However, there are basic differences between the two disciplines. While psychotherapy is anthropocentric, religion is theocentric. While the former’s goal and measuring rod is man’s psychological well-being (however defined by the mental health expert), the latter’s goal and measuring rod is man’s ethical behavior and obedience to the will of God. Halacha does not recognize man’s rights but the duties of man to God.

Religious values therefore, may at times differ and be incongruent with the values held by mental health professionals. Behavior that may by unacceptable from a religious standpoint, may be acceptable, if not preferable, from a mental health perspective (e.g. masturbation as occasional outlet for sexual impulses; abortion for a woman emotionally unsuitable, incapable or unprepared for the demands of a mothering role, etc.).
In the practice of psychotherapy, the religious therapist will at times be faced with conflicts between his religious and mental health values and goals.

**Question presented to Rabbi Nachum Rabinovitch**, Rosh Yeshiva, Birkat Moshe, Maaleh Adumim:

A middle-aged religious mother of five children mentioned in the initial therapy session that her husband was physically abusive to her and her children, as was her father toward her and her mother. “My father was a terrible person. Am I allowed to say that?”

What is the halachic position regarding children (young or adult) speaking disparagingly and expressing anger and hate toward their parents in the therapy session (individual, family, group)? Is it permissible since the purpose and goal are healing and rehabilitation of the tormented and dysfunctional patient, or prohibited because of the biblical injunction, “Cursed be he that dishonors his father and mother?”

The above question has relevance not only to the religious therapist but also to the religious patient who may be hesitant to discuss his problems, conflicts and feelings openly for fear of transgressing a biblical prohibition.

**Rabbi Rabinovitch’s response:**

In reply to your letter of 21/5, the halacha is very clear on this point. See *Psachim* 56a where it is related about King Hezekiah: “גירר חבלים של מיטה על אביו עצמות,” and the sages praised him for this. See also Rashi’s explanation on the spot, that his intent was to bring atonement for his father by causing others to repent. If it is done for a constructive goal and in an effective manner, the prospects are that speaking about the sins of the fathers will help bring them atonement. Nonetheless, even if the father was wicked one must not curse him. This has nothing to do with bringing into the open disgust and revulsion towards his transgressions.

**Psychologist’s comment:**

Your permissive ruling seems restricted to “wicked” parents who benefit (receive atonement) as a result of the “negative”
behavior (expression of anger, resentment, hate) toward them, in the treatment session.

Since most parents would not be considered “wicked” even though they may have caused, unwittingly, emotional turmoil and damage to their offspring, to a greater or lesser extent (through preferential treatment, double messages, exploitation, engenderment of excessive guilt feeling, unrealistic expectations and demands, etc.) which may result in expressed, repressed and suppressed anger and resentment on the part of the child towards them, may the therapist facilitate these pent-up negative feelings to become more accessible to the child’s awareness? May he encourage the child to speak freely about his negative feelings toward his parents, if in the therapist’s view, this is necessary for the therapy to succeed? In a nutshell, can a child (young, adult) “bad-mouth” his parents (even though they aren’t considered “wicked” and are against psychological treatment), if the purpose and goal is not to degrade the parents but to free the child from his debilitating symptoms and enable him to function more effectively?

Rabbi Rabinovitch’s response:

In my previous reply I cited an example of a wicked parent as an extreme case. Whenever a wrong is committed there is an element of wickedness, even if unintentional, which requires atonement. Obviously one’s attitude to any person, including his parents, must take into account the good elements as well as the bad ones. Negative feelings, too, have to be integrated into a total perspective. If the expression of negative feelings is intended to bring about a therapeutic result, it is certainly justified.

On the other hand, one must always bear in mind that real or imaginary hurts are sometimes exaggerated far out of proportion. It would seem to me that part of the therapist’s task is to help the patient see things in their proper perspective, and thus to enable pent-up feeling to be released in a controlled manner. Even a child needs to learn to see the total picture, even when it is necessary to “bad mouth” certain aspects of it.

Question:

A woman confided to her psychologist in a treatment session that she had not been attending the mikvah (ritualarium) for the
last several months and doesn’t plan to in the future, without the knowledge of her husband.

Is the therapist obligated to betray professional confidence and inform her husband that his wife is causing him to transgress a biblical prohibition? Does the biblical prohibition, “Thou shall not stand idly by the blood of thy neighbor” (Leviticus, 19,16), apply in this situation?

On the other hand, betraying professional confidence will possibly 1) cause the client to discontinue vital psychological treatment; 2) discourage other people that are in need of psychological treatment from going to religious psychotherapists; 3) significantly reduce potential referrals, and thereby, the therapist’s income.

**Rabbi Rabinovitch’s response:**

I wonder whether a patient’s statement to her therapist is necessarily credible. Even if there were no doubt at all about its truth, it still would not have the status of certain knowledge for the therapist, and especially in view of the fact that patients are known to invent tales in fulfillment of desires of one kind or another.

In any case, it seems to me that a religious therapist is duty-bound to find ways to try to convince his patient not to transgress. I realize that some psychologists are opposed to a judgmental stance, but such opposition seems to me to be against Torah law.

**Psychologist’s comment:**

Your response seems to relate to the issue of “judgmental stance” of therapists rather than to the question posed.

Regarding the issue raised, my humble opinion is that a psychotherapist is obligated and has an unwritten contract with his client, to help him cope more effectively with problems, conflicts and issues that are of concern to him and which are causing him distress and difficulty in his everyday functioning (and not issues that are of concern to the religious practitioner, even though I accept the argument that man’s contract with God supercedes man’s contract with man). Furthermore, raising (no matter how sensitively) religious and moral issues (mikvah, abortion, etc.) which are non-issues and of no concern to the non-committed client, will in all probability, cause him to flee from vital
psychological treatment, as he will interpret the therapist’s behavior as “missionary” and not therapeutic.\(^1\)

**Rabbi Rabinovitch’s response:**

Your most recent letter is quite puzzling to me. You describe the psychologist’s task admirably. However, may I be permitted to raise a trivial question. Consider the case of a patient who has decided to murder his aged grandmother in order to acquire her wealth. This decision causes him no end of problems and conflicts, as well as “distress, anxiety and malfunctioning in his daily life,” to the point that he finds himself not only unable to go through with his plan effectively, but is also hampered in other areas. Is the therapist obligated or even permitted to help the patient cope in a manner that will lead to the effective and successful fulfillment of his plan and make him a wealthy person?

To ask about the prohibition of תעמוד לא, it seems to me, is to accept the fundamental premise that a therapist too owes his first obligation to הַקְבָּר, and there can be no escape into a value-neutral so-called “professional” world. From a religious point of view, genuine mental health can only be attained on the basis of sound morality. A cheat and a fraud who is totally undisturbed by his actions is not a healthy specimen.

In conclusion, I thought that my previous letter contained an answer to your question, conditional upon the therapist’s evaluation of the truth value of the patient’s statement. Even if the therapist feels that the patient’s stated intention to mislead and entrap her husband is only a fantasy, it would seem to me that there is a duty to try to guide the patient to a healthy recognition that such fantasies are not to be realized in practice.\(^2\)

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1. “Reprove not a scorner, lest he hate thee (Proverbs 9:8);” “A scorner does not love to be reproved. He will not go unto the wise (Proverbs 15:12).” Rabbi Elaah in the name of Rabbi Elazar, the son of Rabbi Shimon said: “Just as iti is a commandment upon man to say what will be heard, so it is a commandment upon man not to say what will not be heard (Yevamot 65b).” Rashi adds: “It is written: ‘Thou shall surely rebuke thy neighbor’ – rebuke who that receives from you.”

2. For other views regarding the obligation to inform the injured party:
   1. אַבְרָהָם לֶב, אֱבְנָה הֶזְעָר, וְרֵשַׁעְתָּה יָדוֹ, יָדוֹּת נְאַשְׁאֹת, יִסְכֹּת, שָנָה שֶׁמֶתָחָה, שִׁמְרַי שֵׁם, לָכַּכְת בְּפִיהָ, שַׁלַּח גַּם בְּלֵב, אֱלָה.
   2. יִשְׁמַע שָׁמַח, שָׁמַח שֶׁמֶתָח, וַתַּלְכֹּת שֵׁם שֵׁם, שָׁמַח שֶׁמֶתָח.

Rabbi Alfred Cohen presented a contrary opinion regarding professional confidences in his article on “Privacy: A Jewish Perspective” which appeared in the Journal of Halacha and Contemporary Society (82, 1981).

“A person whose livelihood depends upon maintaining the confidentiality of revelations made to him, need not jeopardize his position by telling those secrets.
The author wishes to express his appreciation to Rabbi Naftali Bar-Ilan, communal Rabbi of Rehovot, for his help in clarifying several halachic issues.


Although keeping silent might violate the negative mitzvah (commandment) of not standing by and allowing another Jew to be harmed, yet as long as he is not violating the mitzvah by doing any action, and were he to act would endanger his own livelihood, then he is permitted to remain silent...

“Even if there would be no monetary loss involved for the counselor, yet there remains the question whether professional counseling could continue as a viable activity if the public could not rely upon absolute inviolability of confidence...

“Obviously, fear of exposure would preclude many persons from seeking help they desperately need...

Some time ago, the author was presented with a similar case to the one presented above. A thirty year-old, religious, married woman, mother of two, was referred for psychological treatment by a psychiatrist who had treated her with Prozac for a prolonged depressive state for several years. In the initial session, the patient spoke of her unsatisfying marriage, difficult childhood, controlling and despised mother, and her lack of trust in people because of past betrayals of confidence. When asked about extra-marital liaisons, the patient stated that she couldn’t answer that question because of her fear that the psychologist would inform her husband because of his religious values. After reassuring the patient that professional ethics dictate that whatever is said in the treatment room remains there and encouraging her to “take a leap of faith” and trust him, the patient, hesitantly, unburdened herself and responded to the therapist's question. This intervention permitted the patient to talk about her past indiscretions, ambivalent feelings and conflicts and facilitated a working therapeutic alliance.

“Is it beneficial for the community to have available to it people with skill and knowledge to help those in pain and confusion? I think yes, very much so. Can we allow this benefit to the community to take precedence over the rights and prerogatives of the individuals within the community? The preponderance of rabbinical opinion in this area leads clearly to the conclusion that the public needs override the personal welfare of the individual.”