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The LIGHT at the end of the Tunnel

RECOGNITION, DIAGNOSIS AND TREATMENT
TO ACHIEVE MENTAL HEALTH

ALSO IN THIS ISSUE:

Bnei Brak – 80 Years of Torah

Cell Phone: Friend or Foe, *Rabbi Pinchos Jung*

Second Looks by *Rabbi Yonoson Rosenblum,*
Rabbi Avi Shafran, Dr Bernard Fryshman

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Statement of Policy

The Jewish Observer has devoted a great deal of space to the perils of the Internet and to the need for everyone to be extremely vigilant in its use. We have echoed the pleas of our *gedolim* that it should not be in use, unless it is an unavoidable necessity, and then only with all suitable safeguards. While its dangers must be recognized and con-

trolled to every possible degree, our *gedolim* recognize that many people and businesses require its use, and therefore it has not been banned. This is why we accept advertisements listing website addresses, but in no way does this imply that the *gedolim* or The Jewish Observer condone casual use of the Internet.

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LIGHT AT THE END OF THE TUNNEL

RECOGNITION, DIAGNOSIS AND TREATMENT TO ACHIEVE MENTAL HEALTH

The *Ribbono Shel Olam* entrusted us with a functioning human body, endowed with senses of awareness, with feelings and intelligence to use in our *avodas Hashem*. We are certainly obliged to maintain good health and full strength to make sure that we function at our best. This also includes emotional stability and optimum mental health.

If in any way we do not function ideally, we should be expected to see to it that the area of weakness is diagnosed and any ailment is cured, or at least mitigated, to enable us to serve *Hashem* as fully and wholesomely as possible, and interact with others with decency and respect.

As Rabbi Shmuel Kamenetzky שליט"א,

Rosh Hayeshiva of the Yeshiva of Philadelphia, pointed out in a conversation with the writer, one looks to the *Ribbono Shel Olam* with gratitude for "הסלח לכל עונכי הרפא לכל תחלאיכי.... He forgives all your sins, He heals all your diseases, He redeems your life from the pit" (*Tehillim* 103, 3-4). As the *Radak* points out, *Hashem's* healing process is for both man's *guf* (body) and his *nefesh* (life force). A person certainly must look to *Hashem* for help, but he must also draw on established cures for his physical ailments, as he must pursue proven wisdom to find relief from emotional and mental problems.

A similar message was expressed by

Rabbi Aryeh Malkiel Kotler שליט"א,* *Rosh Hayeshiva* of Beth Medrash Govoha in Lakewood: David *Hamelech* cries out in *Tehillim*, "הוציאה ממסגר נפשי להודות – את שמך – Release my soul from confinement to thank Your Name" (142,8). The *Malbim* explains that this chapter expresses anguish for both physical pain and the deprivation of his soul. When *Hashem* releases him from this state, he is liberated on both levels. No less when one suffers from emotional limitations and blocks, must one seek help, beseeching *Hashem* – coupled, of course, with the *hishtadlus* (human effort) of seeking out appropriate help to achieve freedom and full function. N.W.

TO BE OR TO DENY ?

David Mandel

- That is the Jewish Question

Clinically depressed, obsessive-compulsive disorder, post-partum depression, bipolar disorder. What do these words really mean? To what extent do such problems exist in our community? How are they treated? Can they be cured?

The Jewish Observer has, for decades, been instrumental in educating, challenging and encouraging us to initiate improvement in our spiritual health. Our Torah places equal emphasis on main-

taining our physical health – "*Venishmartem me'od lenafshoseichem* – And you should guard your lives to the utmost" – as a healthy person can better fulfill all the mitzvos. Our community suffers from its fair share of medical conditions, such as high blood pressure, diabetes, obesity and cardiovascular problems, and so, exercise, weight management and preventive testing are essential to our good health. What of our mental health?

Severe as it may sound, our community has developed a certain com-

fort level in acknowledging the presence of cancer, but not psychiatric illnesses such as depression, bipolar disorder or personality disorders. We may feel that cancer is a medical condition, while depression is an emotional condition, but in fact, both are medical conditions. Cancer, ר"ל, reveals itself in one organ and may eventually affect not only many other parts of the body, but also the emotional well-being of the person. Conversely, clinical depression begins

* At a workshop for yeshiva principals, held in Lakewood last year, focusing on family issues.

in the mind and can eventually paralyze the body from performing everyday functions such as working, making rational decisions and maintaining relationships.

In the pages that follow, my colleagues at OHEL Children's Home and Family Services, Rabbi Simcha Feuerman, CSW, Manny Wertman, and Dr. Hindie Klein, discuss the more common mental health issues that affect members of our community. In addition, we have an article written by a person recovering from a bout with mental illness. Our purpose herein is to inform readers and demystify mental health by describing how these ailments manifest themselves, how they are treated, and how family members and the community can provide support.

The Jewish Observer's special issues in recent years on Adolescents at Risk and on Special Education are topical and reflect current events. A probe into mental health issues requires a similar emphasis. Discussions of unacceptable adolescent behaviors burst wide open approximately six years ago. Many

argued it was a bad idea to have such open discussions in newspapers, seminars and Jewish radio. Concomitantly, new programs spawned to serve families confounded by frustration with and rising anger at their children who had turned to alcohol, gambling and drugs. Once again, naysayers complained, these very programs, intended as support to families, counseling children and educating the community, were themselves overdramatizing and exacerbating the problem.

Nonsense! In any given population, there exists a certain percentage of people "with issues." These issues will differ amongst population groups, be it children or elderly, Ashkenazi or Sephardi, from the suburb or the big city, but arguably, population groups always, always include people with problems. And these same people seek solutions. That is the natural order of life and it is just as *Hashem* intended it to be.

It is good when parents seek services for their son who suffers from depression. Our community's concern

about *shidduchim*, at times placing a jaundiced view on this young man's prospects *because* he sought help, is problematic. And herein lies the dilemma. Can a family feel secure in seeking proper care and treatment for a son, daughter, brother or sister from organizations such as Ohel, Pesach Tikvah, FEGS, Mishkan/Jewish Board, Met Council, HASC and others without suffering from a communal *shidduch* shame?

Many noted *Rabbanim* and *Roshei Yeshiva* – including a number of Agudath Israel's rabbinic leadership – have publicly encouraged families to obtain professional care and treatment. There are times, they've stated, to speak to your *Rav*, and there are times to consult a psychologist, psychiatrist or social worker.

It is our hope that these articles clarify issues, and educate and encourage those who need to seek advice and/or treatment. Most of all, these articles should broaden the lens through which we perceive, tolerate and respond to those in our community with a psychiatric illness. ■

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HASHEM HELPS THOSE WHO SEEK HELP THEMSELVES

THE ROCKY ROAD TO REALIZATION

I sit at the table in the Yeshiva dining room oblivious to the easy chatter that fills the air. It seems surreal, part of another world where I do not belong – cannot enter. My little island is lonely, but the Spartan regimen I have imposed on myself leaves no room for social life. I must be totally aware of what I am eating; otherwise, I may starve to death. It is some time since I have become convinced that if I eat too much at one meal, I will not be hungry at the next. So, I pick at my mashed potatoes and worry that the tiny portion I am consuming is too much. The other bachurim, who have long since concluded that I am “different,” talk and joke amongst themselves, unaware of my plight. Finally, the torturous meal comes to an end. But, rather than leaving my worries behind in the dining room, I merely transfer them to another location.

The laundry room suddenly looms nightmarish in my imagination. Logically, I know that if I want clean clothes, sooner or later, I will have to do laundry. But what if there won't be enough detergent in the vending machine? I agonize. Or perhaps I won't have the right amount of change. These are senseless, groundless fears – figments of

Abe Goodson is the non-de-plume for a person who grew up in the New York area.

an overactive imagination, but to me, they are larger than life.

The hanhala is at a loss. Perhaps my diligence and excellence in learning has lulled them into the false belief that my troubles are just insignificant quirks, part of a passing phase, something I will eventually outgrow.

At any event, the tragic saga of my teenage continues unabated into adulthood. I am hospitalized twice, once for as long as twelve weeks. The humiliation of being forcibly fed haunts me. Only the warm intervention of the Novominsker Rebbe gives me some comfort. Another time, I intentionally try to damage my arm, in a desperate ploy for attention. Yet, I continue to “sweep my problems under the rug,” with the hope that I will soon “grow up” and be rid of them. The final travesty is my ill-advised marriage, into which I plunge headlong, without logic and with no plans for counseling.

After ten years of vainly attempting to settle our difficulties on our own, my wife finally convinces me to get help. Two more years are lost in ineffective treatment, until I eventually find a clinician who correctly diagnoses me. Only after I receive proper treatment, which includes medication and cognitive-behavior therapy, am I able to begin recovery and restore serenity to our family.

Not everyone diagnosed with mental disorders is as fortunate. There is a vast multitude of people like me, across the United States, most of them hiding in the figurative closet for fear of being stigmatized and ostracized. We rightly worry about losing friends, jobs, *shidduchim*, and spouses. According to a recent report on mental health by the United States Surgeon General, mental illness – which includes major depression, manic-depressive illness, schizophrenia and anxiety disorder – is the second leading cause of disability and premature mortality in the United States. Yet, more than 50 percent of all people with diagnosable mental disorders fail to seek treatment.

The stigma attached to mental illness is responsible for a great deal of resistance among the population to seeking help. According to the Surgeon General, “Every day language encourages a misperception that mental health or mental illness is unrelated to physical health or physical sickness. In fact the two are inseparable.” Recent ground-breaking discoveries have successfully tracked many emotional problems to real, measurable physical changes in the human brain, presenting clinicians with a wide arsenal of tools for treating these problems.

Exciting, new medications restore a neurochemical balance in the brain, and, when used together with psychotherapy, have been shown to be extremely effective in combating many disorders. Still, old stigmas die hard, and medication for mental health is as yet widely shunned. Thus, while mental illness is no less legitimate than other physical illnesses given by the *Ribbono shel Olam*, and the suffering of the mentally ill is no less acute than that of the physically ill, it is compounded and its treatment frustrated by the stigma which dogs it.

THE ORTHODOX RESISTANCE

Misconceptions and general lack of familiarity with mental health in the Orthodox Jewish community further complicate the course for *frum* people who need help. For example, to tell or not to tell of mental illness when dealing with *shidduchim* has become the subject of debates, forums, halachic rulings, and so forth. Sadly, emotional difficulties that seem minute prior to marriage may come to dominate an entire relationship after

the *chassuna*. When one withholds information of such problems, as one is naturally inclined to do in order to “get a *shidduch*,” the results may be disastrous. Once I decided that I was “ready” to find my *shidduch*, I was advised that I should inform my wife-to-be that I had suffered from anorexia nervosa as a young teenager, but since I had overcome the eating disorder, there were no additional concerns about entering into marriage.

I deluded myself into believing that the intermittent adjustment problems that I had experienced in the past would have no bearing on married life. After all, I was assured, once I was married to the right person, things would “fall into place.” In fact, things did “fall” after we were married, but not into place. It was only after ten years of causing my wife great suffering that I finally consented to obtain professional help.

Like physical illnesses, real mental disorders rarely resolve themselves without competent professional intervention. Not the passage of time, nor going to yeshiva, seminary or college, nor entering into marriage nor any other life changes are cures for resolving such disorders. Having avoided a concerted course of therapy during my teenage years when I was relatively free of major responsibilities, I only succeeded in guaranteeing that the same disorder would exhibit itself during a stage in life when my wife and children yearned vainly for emotional stability.

THE PITFALLS OF POSTPONEMENT

According to Rabbi Abraham J. Twerski in *Successful Relationships: At Home, at Work and With Friends*, when issues that can be resolved during childhood or teenage years are neglected, they may lead to additional adjustment problems. “When matters reach a crisis point and the problem is acknowledged, some of the damage cannot be undone. Young people whose personality problems were supposed to be solved by marriage may end up in unhappy marriages, which may not survive. In these cases, the children of these marriages may come into this world with two strikes against them.”

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By Rabbi Abraham Portal

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It is then critical that any past or present emotional difficulties be shared fully with a prospective spouse. Honest disclosure before marriage can pave the way for an especially close partnership, precisely because the *midda* of *emes* and trustworthiness were displayed at a critical time when so much was at stake. Fear of sabotaging a *shidduch* through disclosure may be countered by steadfastly trusting that *Hashem Yisbarach*, Who has selected each person's *shidduch*, will not allow harm to befall the intended *zivug* when one is *yashar* (completely honest) with the other person. Despite the obligation to be honest, though, simply disclosing potential problems to a prospective spouse without presenting a strategy for success is foolhardy. Premarital counseling by G-d-fearing professionals is available today and provides opportunities for honest disclosure in a safe environment.

THE RELIGIOUS DIMENSION

Mental disorders within our community often masquerade as religious practices and prevent the patient or his family from seeking treatment. A typical example of this is exhibited as a form of obsessive-compulsive disorder known as "scrupulosity," in which the person alternates between an obsession that he has not fulfilled a religious obligation and the compulsion to repeat the performance. This disorder is often misread as religious devotion. In fact, rather than strengthening a person's ability to serve *Hashem* properly, mental ill-health robs him of that function. Rabbi Shimon Schwab זצ"ל once likened a person with a physical illness to an "airplane that cannot get off the ground." Mental illness is equally debilitating. For nearly thirty years, I was unable to *daven* with *kavana*, until I began taking medication for obsessive-compulsive disorder. What's more, once I began to overcome these challenges, the process led me to a wonderful closeness to *Hashem Yisbarach*. Rabbi Akiva's famous assertion "*chavivin yesurin*" – suffering is dear – applies as much to suffering from mental illness as from physical pain.

Financial constraints are another major deterrent in the quest for adequate treatment of the mentally ill. Many insurance plans provide minimal or no mental health benefits. The reality of financial hardship posed by mental health problems cries out to members of the Orthodox Jewish community, *rachmanim bnei rachmanim*. We have seen how well our community has responded to the needs of special children and those with learning disabilities. The next frontier is that of mental disorders. We need to establish community funds

(*gemachim*) to help families meet the financial obligations with or engendered by extended therapy.

In certain Orthodox Jewish communities in the United States, an alliance has been successfully formed between rabbis, Jewish educators, parents and mental health professionals. These alliances work interchangeably, as mental health professionals help leadership figures understand the problems of the mentally ill, and in turn, practitioners are educated about the special needs of their Orthodox patients. Through edu-

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cational forums, mental health professionals provide guidance to community leaders, educators and parents on how to recognize mental health problems at early stages and what modes of therapy are available. Training sessions also focus on the subject of preventive mental health intervention. It is hoped that as a result of such training exercises, parents and educators will become sufficiently educated to discern when professional intervention is needed and to select the appropriate therapist, should the need arise.

FINDING THE APPROPRIATE PROFESSIONAL

Concerns about finding the appropriate professional for the Orthodox patient may understandably dissuade some people from seeking mental help therapy. The fear of being treated by a therapist who lacks the proper reverence and respect for the patient's religious value system is well-founded. On the other hand, not all Orthodox therapists have suitable

expertise in the type of disorder experienced, and are in the required place at the right time. Once my wife and I finally began therapy, it took us two years to realize that we were wasting our time with our respective practitioners. In fact, my therapist succeeded in creating more distrust between my wife and me, rather than helping us. Alternative strategies for finding appropriate therapists should be explored.

Alliances between community leaders and mental health professionals may be helpful in dealing with these issues, as well. Educators need to conduct training sessions for mental health professionals, in order to gain an expanded pool of expert, trustworthy therapists to call upon when a referral is necessary. Ideally, such therapists will subscribe to the patient's belief system, or at least view it as an asset.

An added word of caution to those who suffer from mental disorders: As with all other illnesses, it pays to be your own advocate. Relying on the final word of a practitioner is imprudent. The patient should read mental health literature which explains the characteristics of and available treatment for the mental illness that is diagnosed or suspected. And, finally, place your trust in the *Ribbano shel Olam*, the Healer of all illnesses, Who surely paved the way to recovery before giving the illness. ■

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THE WEDDING

- For typical families, only 400 invited guests may be seated at the *chasuna seuda*. (The Guidelines make provision for exceptional circumstances - see full text.)
- The *kabbolas panim smorgasbord* should be limited to basic cakes, fruit platters, a modest buffet, and the caterer's standard chicken or meat hot dishes.

- The menu for the *seuda* is limited to 3 courses followed by a regular dessert.

- No Viennese table and no bar.

THE MUSIC

- A band may consist of a maximum of 5 musicians (one of the musicians may act as a vocalist) or four musicians and one additional vocalist.

- A one-man band is recommended.

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- The total cost of these items for the entire wedding should not exceed \$1,800.

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Totally Engrossed

Extreme Piousness, or Obsessive-Compulsive Disorder?

Yaakov was admired from a distance. Many boys in the yeshiva were amazed at his ability to daven such a long Shemoneh Esrei. He would spend close to an hour every Shacharis, seemingly intensely engaged in tefilla. However, his closest friends and his rebbe knew the truth: instead of davening with kavana, most of Yaakov's time in Shemoneh Esrei was spent agonizing over the possibility that he missed or mispronounced a word, compelling him to carefully repeat words and phrases over and over.

Yaakov was not engaged in a deep mystical exercise. Rather, he was engaged in a torturous battle with himself. He sought the advice of his rebbe, who would constantly assure him that he was worrying about nothing, but it did not make a dent in calming Yaakov's fears. One time, after an extremely frustrating give and take over Yaakov's endless worries about tefilla, his rebbe became exasperated and told him, "Yaakov, I promise that you will not be held accountable for missing a word of prayer. I personally guarantee that I will take you out

of Gehinnom with my own two hands. Now, stop worrying!"

After that, Yaakov still worried, but he was afraid to bring it up anymore with his rebbe, so he suffered in silence.

Rivka is a happily married young mother. She was always careful about halacha; her friends used to call her "the rebbetzin." Lately, though, she has become overly concerned with kashrus. She keeps coming up with interesting but strange she'eilos that don't seem to bother most people. For example, she wonders why it is okay to use the same water pitcher for milchig and fleishig. She watches how everyone in the family touches the handles with greasy hands and then goes on with eating and touching the food. When she brought it up to her husband, he shrugged off her concerns, saying, "They don't have separate pitchers at my Rosh Yeshiva's house, so why should we!" But Rivka remained uneasy. Because of this, Rivka feels obligated to clean and scrub every kitchen counter and every shelf in the refrigerator. After watching all this, her husband says, "Rivka, it's not Pesach. You can take it easy on the cleaning."

Instead of bringing her comfort, her husband's mention of Pesach only causes Rivka more distress – giving her something new to worry about.

LOCKED IN RITUAL

Obsessive-compulsive disorder (OCD), a mental illness that affects 2-3% of the population, imprisons people inside rituals and routines that they feel compelled to follow, as a way to ward off intrusive fears or thoughts. When a person who has OCD attempts to resist these compulsions, he or she experiences extreme anxiety and panic, with a feeling of impending doom unless the rituals are followed. Some of the typical rituals manifested by persons suffering from OCD are:

- Excessive hand washing out of a fear of becoming contaminated.
- Checking behavior. Such as: before going to sleep, repeatedly checking to see if the door is locked.
- Needing to get dressed in a certain order, to avoid certain words, or say cer-

Rabbi Simcha Feuerman, CSW, serves as Director of Community Services in Ohel Children's Home and Family Services in Brooklyn.

tain words to fend off doom, or to ward off what the person considers to be dangerous or harmful thoughts and impulses.

• A fear that a blessing was not recited correctly, or a word was mispronounced or not said properly, necessitating several repetitions of the same prayer.

The treatment found to be most effective for OCD is cognitive-behavioral therapy. Cognitive behavioral therapy (CBT) helps people learn to identify and challenge irrational

thoughts, which then helps people to change their behaviors. Persons suffering from OCD benefit from a specialized form of behavior therapy called exposure and response prevention, which helps them learn to challenge their fears and feelings of doom, and to tolerate anxiety via various supportive exercises and a controlled, increased exposure to the situation that causes the obsessive thoughts which trigger the OCD behaviors discussed above. In addition, depending on the severity of the symptoms, certain

medications may be used in conjunction with the therapy. However, a full survey of available treatments is worthy of a separate article. This article will be limited to defining and diagnosing OCD within the context of religious ritual.

DEVOTION... OR DISORDER?

Since it is at times appropriate to be scrupulous about religious matters, one of the questions that come up for persons suffering from OCD and their family members is how to differentiate between behavior that stems from piety and religious devotion, and behavior that stems from OCD. Someone who is ignorant about *Yiddishkeit* and observes a *balabuste* before *Pesach* could easily conclude that she's obsessing over crumbs, or someone watching a *baal kriah* prepare the weekly *leining* would think, "This guy is crazy, making sure he has each syllable properly pronounced." And consider recent current events: The Torah-observant community was turned upside-down over hairs and microscopic bugs! Any of these behaviors would appear compulsive and irrational to a person from a different culture than ours. Yet, to us, scrupulousness in these areas is considered a Torah ideal.

The problem that often arises when a religious person becomes obsessed with an observance is that it is hard for others to convince him that the behavior is irrational. When such persons ask a *Rav* for advice, the *Rav* might say, "It's okay, don't worry," but a person suffering from OCD may keep asking, "But I forgot to mention this detail, or maybe you misunderstood this point, etc." This can lead to the *Rav*, and the petitioner, becoming very frustrated.

How, then, can we separate compulsion from choice and religious devotion from emotional disturbance?

According to the DSM IV (Diagnostic and Statistic Manual for Mental Disorders), obsessive-compulsive disorder is built upon the presence of two factors: obsessions and

בס"ד

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compulsions. Meaning, the person must experience recurrent anxiety-provoking thoughts (obsessions), which then induce the person to behave in a manner to address these fears (compulsions). For example, because a person is persistently and irrationally afraid that robbers will enter his house (obsession), the person keeps checking the door to see if it is locked (compulsion). Or, because the person is afraid of germs (obsession), she keeps washing her hands over and over again (compulsion).

In addition, these behaviors must be significantly debilitating, such as causing extreme distress or disabling social or occupational function. The DSM also requires that the person suffering from the disorder acknowledges or recognizes at some point that the obsessions or compulsions are excessive or unreasonable. In other words, if the person is irrationally obsessing over some matter, but he or she never feels any distress about it and considers it normal, it is not a diagnosable case of OCD.

Technically, the final criterion above would seem to rule out a pious person who engages in what appears to be excessive and irrational rituals. But in practice, such persons may still be suffering from OCD. This is because if a person were worried about a drop of *chameitz* falling into the reservoir on Pesach, the person might acknowledge that he is unusually obsessed with the matter, and that he wishes he could be freed from his "*chumros*" (stringencies) so he could live life like others. In addition, the DSM does acknowledge that children may be diagnosed with OCD even if they do not recognize that the obsessions or compulsions are excessive or unreasonable. This is due to a child's lack of life experience and inability to realize the unreasonableness of certain behaviors. If so, perhaps a person who is under the sway of mistaken interpretations of religious law could also be considered as a child¹.

¹ If you will, this can be a new use for the principle of "*tinok shenishba*"!

APPLYING THE KEY CRITERIA

The key question to ask a religious person who is irrationally scrupulous about religious matters is: "Are your *chumros* enhancing your religious development or impinging upon it?" Herein lies the answer. A person who *davens* an exceedingly long *Shemoneh Esrei* may merit the same Heavenly assistance that allowed the *Chassidim Harishonim* to be involved in *davening* for nine hours a day while still mastering Torah study (as described in Gemora *Berachos*). He, then, is not suffering from any mental dysfunction. A person who is just repeating words over and over again, however, and feels frustrated and depressed by this imprisoning ritual, will not grow in his religious observance, and is victim of mental illness, not piety. This person needs treatment.

Along this line of thinking, the *Steipler Gaon* זצ"ל, asked advice

regarding someone who was unable to stop worrying, no matter how many times he verified that *halacha* requirements were met, wrote the following:

"Such thinking is a tactic of the *yeitzer hara* in order to make observance of the mitzvos so burdensome that he will eventually, G-d forbid, shirk the yoke of the Torah.... He should realize he will not endure this suffering forever because it will eventually pass, over time. The main point is that he should follow the rulings of rabbinic authorities without analyzing their reasons and without second-guessing them."

(*Eitzos Vehadrachos Meyusad Al Michtevei Maran Baal Hakehillos Yaakov*, p. 55, Torah Graphic, Monsey, New York.)

Although those who are familiar with the cognitive behavioral therapy techniques that are used to treat OCD may employ a variety of interventions, they might find themselves quite com-

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prisons. Depending upon personality factors such as motivation, emotional flexibility, openness to change, and willingness to tolerate uncertainty and risk, relief can be obtained within a relatively short time frame. Successful treatment for OCD requires involvement and commitment to the therapeutic process. Keep in mind that, as with many illnesses, it is more accurate to think in terms of recovery instead of cure. The term "recovery" refers to a process whereby a person achieves symptom relief and improvement in function via an intensive initial therapy, but then continues with some form of maintenance to remain symptom free. This may take the form of participation in ongoing support groups, a regimen of cognitive/behavioral exercises, medication, "refresher therapy sessions," or all of the above.

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A Clarification by Rabbi Hal Klestzick

Authors at Risk

EDITORIAL INTRODUCTION

Under the theme “V’chol Bonayich... Teaching and Reaching All our Children,” The Jewish Observer (Sept. ’04) featured two articles on parenting: “Parents at Risk,” by Rabbi Hal Klestzick, and “Avoiding the Risks of Unthinking Parenting,” by Rabbi Noach Orlowek. In his presentation, Rabbi Klestzick called on parents to guide their children to seek “goodness rather than happiness.” In addition, he advocated that children should be imbued with a “fear of violating the will of author-

ity figures.” He underscored, however, that “strict or strong parenting [should be] reasonable and flow from the parents’ love for their child.”

In his accompanying article, Rabbi Orlowek strongly concurred with Rabbi Klestzick’s emphasis on “teaching children... [that] we do not strive for happiness, we strive for goodness; happiness is a natural byproduct of that goodness.” He did, however, take exception to Rabbi Klestzick’s declaring that children need to have “parents in a position of control.” In his words: “While Rabbi Klestzick is correct in stat-

ing that parents need to be in control, there is a short step for people to interpret this as **being controlling**, and this almost always, in my experience, backfires.” Moreover, instilling fear in children can have “tragic effects. The home will not be a secure, happy place, and while the parents will be feared and (temporarily) obeyed, they will not be respected.”

The two views may have appeared to be more in conflict with each other than they actually are. We are offering Rabbi Klestzick the opportunity to restate his points, as he had wanted them to be understood. N.W.

Rabbi Orlowek states, “It is truly a fearsome matter to write an article for public perusal, and I pray I will not be misunderstood.”

Although I prayed for the same thing when writing the article “Parents at Risk,” at least one of my major points appears to have been misunderstood, prompting Rabbi Orlowek to take issue with what he thought I was advocating. If someone as experienced and highly respected as Rabbi Orlowek had difficulty with what I thought was clear, then I stand in fear that others may have also, *chas v’shalom*, misinterpreted my points.

Two issues need to be addressed to clarify my approach. First, Rabbi Orlowek believes that parents should not be told of the importance of instilling children with fear of defying their wishes, lest this call for fear be misunderstood and possibly misused. I had thought that I was clear in cautioning against such misuse. Parents, families and communities are in terrible pain, and need and deserve as much clarity on these issues as possible.

Second, Rabbi Orlowek’s emphasis on drawing a distinction between the words “fear” and “awe” misses the essential point. That is, the problem today is that parents are indeed afraid of their children, while children often do not fear violating the will of their parents. And until

parents overcome their own fears of violating the will of their children, children will never fear violating the will of their parents.

Rabbi Orlowek states that “...children will resist an effort to impose on them rules based mostly on fear.” I can only imagine how repulsive the image the reader must have of an angry, harsh, or abusive father who imposes such an environment on his twelve- or even fifteen-year-old son. Never would I suggest that rules should be based *mostly* on fear. Nor would I (nor did I) suggest that a teenager who had not been raised with the proper respect for parents could be successfully reached through imposing rules based on fear. That situation requires a separate discussion, which falls outside the scope of my article. I am talking about how to raise a healthy child and avoid such problems.

Warmth and deep love best describe the parent-child relationship that I am promoting. Creating a family environment in which the child at a very young age is afraid to violate the will of the parent is setting the foundation for sustaining love and warmth. A loving, warm and most wonderful rapport can then characterize the teen-parent relationship that will be built on this foundation. In a home where children never feared violating the will of the parent, parents and

children play tug-of-war well into adulthood, with devastating and painful consequences for all.

I would never advocate disciplining through anger. In fact, my entire premise is that the frustrations that can trigger anger are most effectively prevented by a relationship void of tug-of-war. We all know as parents and *mechanchim* that a frustrated parent or teacher will be ineffective and will not achieve even temporary compliance. What can be worse or more destructive than an angry, ineffective parent? To be sure, an angry parent is not ready to show love. Again, as I stated, “Rebellion is neither caused nor exacerbated by strict or strong parenting *as long as it is reasonable and flows from the parents’ love for their child.*”

Most of what Rabbi Orlowek objects to, I, too, find objectionable. Clearly, I must be more careful so as not to allow such misunderstandings to arise again. As Rabbi Orlowek stated, “Most questions about a child are *pikuach nefesh*. This leaves precious little room for error.”

Yes, times have changed. But much of that is actually due to the changes we made in our parenting approaches towards our young children. These changes are not the solution, they are the problem. Love is still essential. Warmth and sensitivity are still essential. And so is being firm. ■

Cell phones have increasingly become a very conspicuous part of our lives. They accompany us everywhere we go. They are in constant use, as though the need to communicate with those out of sight is ever present.

Admittedly, they can be exceedingly useful: informing Yankele on his way to JFK that *Tatty's* flight was delayed; arranging for Mr. Rubin to meet Mrs. Rubin at the dentist's office at noon; and so on. They save time, frustration, and, as many even outside of *Hatzola* will insist, lives, too.

Despite all this, they have created at least as many problems as they have solved. They have profoundly impacted behavior patterns in contemporary society, as we become increasingly dependent on a previously unknown convenience. Much as we would feel somewhat incomplete without our eyeglasses or wristwatch, many now relate to their hand phone the same way. *Baruch Hashem* we have a *Shabbos*...

In this climate, it's probably time to step back and evaluate the phenomenon in a frank and honest way. As long as we remain the undisputed masters of our property, including all the gadgets and mod cons, we retain some level of control. As soon as these devices dominate us, we have lost control. So we now must challenge ourselves – who is the master and who the slave?

The computer and its derivatives fall into the same category. By now, everyone is aware of their usefulness, on the one hand, and the alarming dangers they present, on the other.

In the paragraphs that follow, we will attempt to examine the intrusion of the cellular phone into our high-tech, digital society, and to assess the effects of excessive use of this gadget.

CLOSE TO THE DISTANT AND DISTANT FROM THOSE CLOSE

A chassan-and-kalla-to-be had set

Rabbi Pinchos Jung serves as educational director of Partners in Torah, as well as Dean of Beth Rochel School for Girls, in Monsey, NY. His article, "Is Your Travel Permit Valid?" appeared in *JO*, Jun. '03.

aside some time to discuss issues that were crucial to their next move. This was to be the make-it-or-break-it as far as their future was concerned. The young man had his cell phone with him. It rang incessantly, and he picked up his calls. He was taken aback when a dejected young woman said to him, "Well, it's

CELL PHONE

FRIEND

OR FOE



obvious to me that whatever we planned to discuss today is only of minor importance to you. So, never mind, but it's all over!"

In keeping with frequent grumbles that we hear nowadays are the recollections of a staff member of a London *Shatnez* office, going back almost ten years ago. She found it deeply disturbing that people would come to

collect their checked item of clothing, pay and leave, without sparing her a single word. They were too engrossed in mobile phone conversations to interrupt. They would continue talking merrily as they handed her their ticket... next, the money... and then took their garment with the change and rushed out. All this was accomplished during an exchange with someone on the other end of town, without taking the time to greet or thank the person serving them so courteously. This is what they call multi-tasking – doing more in less time. But at what price?

Having occasionally attempted short learning sessions with people after *tefilla*, I discovered that this ubiquitous gadget can be a menace even when not in use. Often the partners in these *minishiurim* just could not achieve the required level of concentration to make the learning meaningful. Why? On the table in front of us would sit a little gadget that was competing for attention with the *sefer* of our choice. No, it wasn't ringing – its very presence and the likelihood that it might suddenly issue a summons, and my friend would have no option, as it were, but to give it priority over the precious words of Torah, were enough to unsettle him. So those valuable moments set aside for learning, before running to the office, were lost for no reason of any consequence – only the presence of an intruder we ourselves had invited.

Darshanim and maggidei shiur, please note. This is how an accomplished professional once reacted to a disturbing shrill ring in the crowd during an important shiur: "Oh, if that call is for me, please tell him I'm sorry, I'm delivering a shiur right now. No problem – I'll be glad to call him back as soon as I'm done!"

The audience was certainly entertained by his humorous reaction, and evidently took the necessary initiative to avoid a repeat performance.

Things surely get out of hand when repeated ringing punctuates a *chupa*, delivering a message from the owner that, "I only came to show my face, but the *chassan* and *kalla* at their most signifi-

cant moment don't mean much to me." When the calls are actually answered, the insult becomes simply outrageous.... What are we to say when this behavior occurs at a *levaya*?

Is this a sign of dependence, obsession, or addiction?

The purpose of these lines is not to deny or negate the obvious usefulness of the cellular phone. The intention is to encourage people to maintain a balance, rather than becoming dominated by a gadget that we so easily and instantly can switch off, provided that the will-power is there.

The option of Internet access on cell phones exposes users to a frightening new reality. It is hoped that, in view of a heightened public awareness of the devastating harm inflicted upon so many by the WWW, this should speak for itself. Now, consider again the wisdom of the choice of this gadget as a gift for an immature, irresponsible, curious adolescent.

PRAY NOW, TALK LATER

The intrusion of cell phones into our *shuls* has gravely eroded our already fragile *mora Mikdash* – awe of the Sanctuary. A moment's reflection on the implication of this common habit should be sufficient to convince even the most liberal minded that this level of laxity is not only unacceptable, it is plainly intolerable. That the holy of holies, the silent *Amida*, is repeatedly punctuated by the shrill – or symphonic – signal of pocket phones is in itself an insult to the *Shechina*, which graces our *shuls*. That some even have the audacity to pick up their calls because they have already concluded their silent *tefilla* should qualify as the ultimate insult.

Moreover, there is a very real issue of common decency, too. Perhaps the culprit *davens* at a faster pace. But how about his *co-mispallelim*, who are struggling to concentrate on what they are saying, which is for the benefit of the entire community, including the chronic cell communicators....

As mentioned, these phones have

been banned in most public places with, in some instances, heavy fines imposed on offenders. An attorney recently told me how his was confiscated in court as he turned it *off* (!) because of the disturbance caused by the muffled buzz as he did so! Why are our *shuls* immune to the ban? Here is an appeal to the entire JO readership: Please join the campaign to free our *shuls* from this scandalous desecration. Even the latest innovation, which replaces the ring with a melody, won't change things! An intrusion is an intrusion, and just cannot be tolerated.

PERSONAL DIGNITY – A RELIC FROM THE PAST?

Regard and respect for others was dealt with earlier. But we owe ourselves a reasonable degree of regard and respect, too. Have we perhaps lost sight of the damage we have done to our own personal dignity by conducting so many of our conversations in public? Even when these exchanges are not of a strictly private nature, even if others are anyway unable to follow the dialogue, much is sacrificed when privacy ceases to exist.

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This will eventually have a corrosive effect on the entire personality, as the final traces of refinement and sensitivity disappear. Be warned that these extra charges will not show up on your monthly account!

In Cheshvan 5760, the *Badatz* of the *Eida Hachareidis* (pre-eminent religious court in Jerusalem) issued a statement regarding cell phone use during *tefilla*. Following a passionate plea to restore proper conduct to *shuls*, they added a further message: "Women should resist using these devices in the streets and on buses as this is the antithesis of *tzenius*. Husbands are requested to emphasize the gravity of this prohibition." Surely, our women appreciate that *tzenius* is not merely a matter of length, thickness or color. It is, needless to say, a total, all-encompassing lifestyle. But people tend to forget themselves – a reminder that should not go amiss....

DRIVE NOW... OR PAY LATER

Position yourself at any intersection in New York State or beyond, and conduct your own survey. How many motorists quite happily ignore state law, conversing on hand-held phones while driving? Is there not a major *halacha* problem here? *Hagaon* Rabbi Elyashiv שליט"א reportedly stated that one is obligated to follow all traffic laws in all countries. This

goes beyond the principle of *dina demalchusa dina*, but is, by definition, a requirement *bedinei* Torah. As traffic laws are enacted to protect human life and property, they apply to all people, at all times, everywhere – no exceptions! (See also *Minchas Yitzchak*, vol. VIII, ch. 148.)

Experts agree that the use of hand-free devices, such as clip-on microphones, are, at best, a partial solution only, as the talking itself distracts drivers, reducing their level of concentration on the road. It's not purely a matter of hands, it is largely a matter of the mind....

In Texas last year, a man was accused of criminally negligent homicide because he was on his cell phone when his car struck and killed two people. In Australia, Belgium, Germany and Japan, cell phone use is limited to parked vehicles only. Norway requires car phones to be hands free.

As is well known, there has been much discussion as to whether cell phones do or do not present a serious health hazard. It is not our intention to get involved in this debate – just another point to ponder.

FROM INTRUSION TO COMPULSION

Eretz Yisroel, with its over 200,000 unemployed, is fighting a daily war for its very survival, attempting to meet the needs of an increasing number of people who can barely afford

decent food. Yet, even beggars on the street have *at least* one cell phone. The number of phones extant is actually greater than the population total. It is no longer a status symbol; it has become a necessity, like bread and milk. (Or is it higher up on the list of priorities?)

Not so many years ago, the phones in our homes and public facilities could cater to all our communication needs. We lived a full life, and even complained that *those* phones were intruders, robbing us of our inner peace, and taking priority over other people and things awaiting our attention. And there was more than a grain of truth to that claim....

Has the contemporary compulsion we have been discussing challenged our sanity? Are we in need of clinics, maybe therapy, perhaps even medication, to nurse us back to our senses? Must we establish "obsessive-compulsive cell-phone disorder anonymous groups" in every community? Admittedly, this might not be *Klal Yisroel's* most pressing problem at this time, but a problem it certainly is. *Mentschlichkeit* has suffered almost beyond repair, as indicated. Let's not be defeatist and passively accept this devastation as an inevitable feature of modern life. Let us undertake a resolution: "I refuse to have my life dominated by my cell phone. Rather, my cell phone will be dominated by my better judgment."

Isn't it at least worth a try? ■

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There was always a poignant irony in the fact that someone famed for portraying a man with superhuman strength became, in a tragic instant, utterly dependent on others for his every need. But it's even more strikingly ironic that Christopher Reeve's most formidable accomplishments, what he will undoubtedly be remembered for above all else, came after he became a quadriplegic. An important and timely message, that, for a world that seems, increasingly, crazily, to define life in terms of agility.

Mr. Reeve, the actor whom the world associated with the comic book character Superman, whom he portrayed in a film twenty-five years ago, worked tirelessly for nearly a decade on behalf of the disabled before he died on October 10. He educated the public, raised tens of millions of dollars for medical research, wrote two books and inspired millions – including disabled children in *Eretz Yisroel* on a trip he made last year – with his example.

It's hard to imagine that the man's life would have been fuller had he remained the avid skier, sailor, pilot, scuba diver and equestrian he was before he was

thrown from a horse in 1995 and broke two vertebrae in his neck. More active, yes; but fuller, no.

To be sure, Mr. Reeve's accident left him setting radically different goals for physical accomplishment, like learning to operate his wheelchair by puffing into a tube. But that's precisely the point: physical movement was no longer how he assessed achievement. His accident had forced him to realize that life's meaning isn't measured in miles, nautical, air or otherwise.

While he always maintained hope that physical rehabilitation and scientific advances might one day allow him to again move his limbs, he did not consider even that modest desideratum to define his worth. Asked in an interview mere weeks before his death what would happen if in fact he never walked again, he responded straightforwardly, "Then I won't walk again." Walking, he was clearly saying, would be wonderful, but it isn't life.

And yet, in the immediate wake of his accident, he had felt so hopeless that he had seriously contemplated suicide. There seemed so little possibility that he might live a meaningful life that even his own mother, as Mr. Reeve recounted in his 1998 memoir, urged doctors to remove him from equipment keeping him alive.

Such a reaction, in the throes of shock and fear, is not beyond comprehension. But it is deeply misguided all the same. Like many an emotional reflex, it came with time to yield to something more reasoned and sublime. Confronted with what he chose to perceive as a new reality and new challenges, Mr. Reeve decided that a broken neck needn't yield a broken will.

The thought is an urgent one for the wider world these days, when the willingness to consider lives unworthy because they lack the "quality" that comes with physical dexterity (or mental acuity, or natural freedom from pain) is unfortunately on the upswing.

There are, unfortunately, many suffering people in the world, and they – or others – may feel that life in a state of illness, dejection or despair is simply not worth the trouble. But when Christopher Reeve found himself in a hospital bed, paralyzed and despairing, he chose to live, and to accomplish.

And even if as public and active a life as Mr. Reeve's after his accident seems, well, superhuman, people often forget that meaning resides in many different places, and – more important still – that every one of us, in the end, has super powers.

What else to call the ability to think, to believe, to *daven*, to resolve, to regret, to love, to forgive? Not one of which aptitudes requires good health or physical movement.

No one likes to contemplate his or her final moments in this world. But *Chazal* teach us that, especially faced with the temptation to do something wrong, it is a most important thing to do. And it's unlikely that even a well-traveled athlete who took that wise advice would picture himself focused *in extremis* on ski slopes or regattas. What will matter as he prepares to take his leave will be things considerably less physical.

Which is why our *mesorah* teaches that every moment of life, no matter its "quality," is infinitely precious. The wider world needs to recognize and internalize that truth, but so do we. One moment of Torah and mitzvos is, literally, invaluable. ■

Rabbi Shafran serves as Agudath Israel of America's Director of Public Affairs and as the American director of Am Echad, the Agudath Israel-inspired educational outreach effort and media resource.