



Orthodox Jewish Families

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When we were first asked to write a chapter on Orthodox Judaism, we were confounded by the assignment, because there is no such thing as “the” Orthodox tradition. Orthodox Judaism encompasses a range of both ultra-Orthodox and modern Orthodox Jews who reveal both similarities and profound differences. The former group includes the Hasidim, a community that exudes joyous celebration of God and expects unquestioning obedience to Jewish law through the rabbis’ interpretations, and the yeshiva (Talmudic academy) Jews, organized around the scholarly study of sacred texts whose interpretations are also governed by rabbis (Davidman, 1991; Kaufman, 1994; Shai, 2002). Modern Orthodoxy, a 19th-century development, allows interaction with the secular community, as well as questioning of the rabbis’ interpretations, while remaining firmly rooted in Jewish law and synagogue life (Shai, 2002). Many modern Orthodox Jews come from ultra-Orthodox backgrounds, and others arrive at modern Orthodoxy through conversion or shifts from Reform, Conservative, or previously nonobservant groups within Judaism.

This chapter addresses the clinical implications of working with Orthodox Jewish families. The major points for clinicians to appreciate about Orthodox Jewish observance and culture are:

1. Orthodox Judaism is a culture as well as a religion.
2. All Orthodox Jews agree that the Torah, the central sacred Jewish text, was given by God to Moses at Mt. Sinai. The Torah is understood literally as God’s spoken word.
3. Orthodox Judaism is based on *halacha*, Jewish Law, a list of 613 commandments that specify how Orthodox Jews should live and deal with family, community, strangers, and business. Questions of *halacha* and observance are brought by community members to their rabbis for explanation and decisions. In recent years, modern Orthodox Jewish feminists have begun to incorporate some of their social and cultural variables into the interpretation of *halacha*.

HISTORY AND MIGRATION

Jews have been called "one of the most migratory peoples in the history of mankind" (Barnavi, 1992, p. 1). Centuries of expulsion and resettlement led to the formation of a resilient group of people who could survive in new countries while maintaining a strong identification with Judaism, which may involve living separately from the secular community.

Although Orthodox Jews trace their history back to biblical times in Israel, most of the time following the expulsions by the Babylonians in 586 B.C.E., and by the Romans in A.D. 70, was spent in diaspora (residing outside of what we now know as Israel). In this diaspora, Jews developed customs, beliefs, and values that defined them as an ethnicity and culture in addition to a religion. Although the Jews were influenced by their surroundings, frequent expulsions forced their culture to be centered on Judaism more than on geographical location.

The word "orthodox" was not used to describe Judaism until modern times (after the mid-19th century) when the birth of Reform, Conservative, and Reconstructionist forms of Judaism required that a name be given to traditionally observant Jews. Even today in parts of Eastern Europe, there are Orthodox and secular Jews, but not much of the wider variety of religious practices that have taken hold in Western Europe and the United States.

During the 8th–11th centuries, diaspora Jews were connected under the rule of the Muslim Empire, allowing some areas in which Jewish religion and culture could flourish. However, with the advent of Christianity came strong waves of anti-Semitism, leading to a series of expulsions: from England in 1290, France in 1306, Spain in 1492, and Germany in 1450–1520. Although the expulsion from Portugal was rescinded, it was replaced in 1497 by forced conversions as well as the abduction and baptism of Jewish children, resulting in an exodus by many Jews (Barnavi, 1992).

After the expulsions, Spanish and Portuguese Jews, known as Sephardic Jews (taken from the Hebrew word meaning "Spanish") settled primarily in Morocco, the Ottoman Empire, southern France, and Italy, where they generally formed communities with others from their original country or district. They had flourished in Spain, where both the 13th century kabbalistic (mystical) movement and the great philosopher Maimonides were born, before Christianity took hold. Their traditional language is Judeo-Spanish, also known as "Ladino," although Sephardic Jews typically speak the language of the country in which they reside. Rabbi Joseph Karo's great 16th century legal text *Shulhan Arukh* (The Set Table) remains the basis for Sephardic religious practices.

Large waves of immigrants from other Western European countries moved to Eastern Europe to avoid persecution in the 13th century, and by the late 15th century more than 60 Jewish communities had developed in Poland, most of them as a result of German, or Ashkenaz, immigration. Whereas Jews had few options other than becoming moneylenders in Germany, Poland opened the possibility of their becoming tradespeople and crafts workers. Jews also provided the Polish aristocracy with many financial services. The Ashkenaz brought with them a language, Yiddish (derived from German and Hebrew), which allowed international trade and is still used by Orthodox communities today. Because of the uniformity of religious life, Jews from different parts of the diaspora could gather at a yeshiva anywhere in the diaspora to learn about Judaism. Poland, where a flourishing Jewish community developed, became a central place for Jewish study.

Unfortunately, the safe haven of Poland was not to last. Polish townspeople expelled Jews from the towns. Worse, Ukrainian Orthodox peasants saw Jews as representative of the oppressive Catholic Polish nobles, and in 1648, with the help of warriors from the Russian frontier known as Cossacks, they destroyed dozens of Jewish communities and massacred the Jews. By the late 1600s, the Russian Orthodox Church began accusing Jews of conducting blood libels, using the blood of Christians in Jewish rituals. Feeling hopeless and demoralized, many Jews fell prey to what turned out to be a false Messiah. Jewish people in the 17th century were fervently hoping that the Messiah was about to come to raise them from the desperation of their lives in poverty-stricken, anti-Semitic communities. It was at that point of hope and desperation that Shabbetai Zvi (b. 1626 in Smyrna), a man with mystical devotion, Talmudic knowledge, and messianic ideas, was declared the Messiah by Nathan of Gaza. Shabbetai Zvi, acting the role and the belief that he was the Messiah, spread to communities with and without experiences of persecution. Then, in 1666, the Sultan gave Shabbetai Zvi the choice between conversion and death, and he chose conversion to Islam, for which he was rewarded with money and status by the Sultan. This act shocked the Jewish people. Some Jews responded by labeling him the "false Messiah" and destroying any documents or papers that mentioned his name (Karp, 1991). What he left behind was an even more demoralized people, holding less hope than before, but from whom new and exciting movements would be born.

This 17th-century bloodshed and ensuing sense of defeat that came with the false Messiah movement created fertile ground for the birth of yet another form of Orthodox Judaism, Hasidism. The founder of Hasidism, known as the Ba'al Shem Tov (Master of the Good Name) was a simple man who believed that God was everywhere, in everything, and that people can find joy in loving and celebrating God and can be in communion with God. Followers of the Ba'al Shem Tov created Hasidic sects throughout Europe, and eventually reached the United States through the wave of immigration that occurred in the 1880s.

There are many sects of Hasidism. The two main divisions are from the Ukraine/Galicia and Lithuania. Within these divisions are sects named after the areas from which they emerged. Each group is led by a *rebbe* or *tzaddik* (spiritual leader). Initially, the Orthodox non-Hasidic rejected this new movement because of the seemingly out-of-control joyous worship and the attributions of miracle working to the rebbes, as well as their fears that another false Messianic sect was being born. These Orthodox Jews, known as *Mitnagdim*, or opponents (of Hasidism), believed more in intellectual, scholarly Judaism than in emotionally and mystically driven Judaism.

By the 19th century, the Enlightenment had led some Orthodox Jews to question whether one needed to remain isolated from the larger culture in order to maintain one's affirmation of Judaism. Rabbi Samson Raphael Hirsch, a German Jew who studied Judaism at home and had a secular education, became the father of Modern Orthodoxy when he espoused "Torah im Derekh Eretz"—Torah, along with full engagement with the culture. He believed in the divine origins of Torah, religious law, and traditional beliefs, along with the idea that one could change anything that was not based in *halacha*. Thus, he supported secular education and the cultured personality along with strict adherence to *halacha*. Modern Orthodox Jews, to this day, base their way of living on this integration of religious beliefs and secular society.

The earliest wave of Jewish immigration to the United States was composed of Sephardic Jews, arriving as early as 1654 in New Amsterdam, where they did not find a

welcome. Other early Sephardic communities in the United States developed in Rhode Island and Georgia.

Orthodox Jews, both Hasidic and non-Hasidic, came to the United States in two major waves of immigration, the largest by far occurring between 1880 and 1920, when more than one third of European Jews left their countries of origin for reasons of physical safety and economic possibility; 90% of these Jews immigrated to the United States (Barnavi, 1992). The majority of the Jewish immigrants during this period were orthodox. In 1880 one of every six Jews in the United States was of Eastern European extraction. By 1920 the number had increased to five of every six (Barnavi, 1992). Many, but not all, settled in urban neighborhoods, close to other Jews, often building community synagogues, *heders* (afternoon religious schools), social service agencies, and recreational organizations. Many came in dire poverty, requiring the help of the agencies supported by the immigrants who had been here longer. Those who chose to interact with the secular world tended to focus on education, so their children often became the first in the families to be college educated and to experience upward class mobility. These Orthodox Jews tended to immigrate individually or with families.

Alternatively, Hasidic Jews migrated collectively, generally from the Pale of Russia (an area outside central Russia where Jews were required to live after Russia annexed Poland in 1772), as a result of the pogroms of 1881–1884 and 1903–1906. They remained together and recreated their Eastern European communities within the United States.

Not all those who arrived poor had been poor in their countries of origin. Many countries did not permit emigrés to exit with their valuables, so economically comfortable and more educated Jews from the cities joined other Jews from the Eastern European *shtetls* (poor, segregated villages) in tenements and other poor housing situations. There was also a minority of Jews who had been wealthy in Europe and had brought their wealth with them to the United States.

A smaller wave of immigration occurred during and after the Holocaust, when the United States made it more difficult for Jews to enter this country, even turning back the *St. Louis*, a boat from Germany that unsuccessfully attempted to land in Cuba and the United States. Most of the Jews on board the *St. Louis* were eventually murdered by the Nazis.

Orthodox Jews settled in communities within the United States, where some interacted more with the secular and non-Jewish communities, thus expanding the modern Orthodox communities, while others maintained their Yeshivot or Hasidic Orthodox belief system. Some discovered non-Orthodox forms of Judaism and socialism. In addition to Sephardic and Ashkenazi Jews, a third group, known as Mizrahi Jews, remained in the Middle East and North Africa and developed traditions similar, but not identical, to those of the Sephardim. Like the Sephardim, they have a less legalistic interpretation of Jewish law than Ashkenazi Jews, but the Mizrahi Jews maintain differences in the prayerbook, liturgical melodies, customs, and language. The Mizrahis speak Judeo-Arabic as well as languages native to the countries within which they reside. Immigration to the United States developed in the early 20th century in response to violence and repression in their homelands.

Although Jews are predominantly Caucasian, all races are represented within Judaism. We do not know the race of the original Israelites. We do know that diaspora communities grew throughout the world, and with time, intermarriage, and marriage to con-

verts, Jews took on the racial features of the community. For example, Kaifeng Jews have lived in China since the 9th century (Xu Xin, 2003), and Ethiopian Jews, who have lived in Africa for uncounted centuries, recently moved en masse to Israel. There was a Jewish community in Yemen in the early Middle Ages, another group that lived in Southern Libya until 1960, and those who settled in South and Central America with the earliest European settlers. Therefore, one will find Jews who are Blacks, Caucasians, Asians, and Latinos. In addition, conversions and adoptions in contemporary times have added more Jews of color to the Orthodox community.

Given their long history of repeated experiences of belonging in a community, then being oppressed by that community, and finally expelled or murdered, it is no wonder that there are groups of Orthodox Jews that have separated themselves from the non-Orthodox world and maintain a life and structure based on the beliefs that carried them through all of these waves of persecution. These communities believe that it is critical to financially support themselves and each other and not to count on the "Gentiles" or non-Orthodox Jews for assistance.

However, there are times when the ultra-Orthodox community cannot offer a service that members need, and they are then willing to seek help outside their group. It is more likely that a clinician will be contacted to help with a learning-disabled child, but very unlikely that the ultra-Orthodox will consult someone outside their community for couple or family therapy about an emotional issue.

WHAT CLINICIANS NEED TO KNOW ABOUT ORTHODOX CULTURE

Clinicians should understand that *halacha* emphasizes obligation to a covenant between people and God. Orthodoxy does, however, believe that each person has free will. Thus, a person is constantly confronted with a choice between following his or her "inclination to do evil" and the "inclination to do good." Still, once the person decides to follow *halacha*, he or she opts to honor the set of obligations and not pick and choose among them.

Among Orthodox Jews, the community is "family." Members generally live within the same area so that they can walk to the synagogue, inasmuch as riding is prohibited on the Sabbath and certain holidays, and can be available to each other during times of celebration or need. They share many rituals and *Shabbos* (Sabbath; also *Shabbat*) activities as families.

No riding, business or commercial activities, or use of electricity is allowed Orthodox Jews on *Shabbos*, a day of prayer, reflection on God's creation, rest, and family activities. However, *Shabbos* law may be broken in order to preserve a human life. Thus, doctors may work on *Shabbos*, and in medical emergencies the Orthodox can take ambulances or use elevators.

Modern Orthodox Jews tend to work in the secular community and maintain connections with non-Orthodox friends and family. They read secular newspapers, watch TV, and may send their children to nonreligious schools or after-school programs.

Many, although not all, Hasidic sects as well as some other ultra-Orthodox groups dress in a manner that replicates the garb of 18th-century Polish nobility. The tradition of black clothing on *Shabbos* and holy days comes from a time when black dye was rare and

expensive and used for special occasions when people gathered to honor God. Although all Orthodox men wear head coverings (*yarmulkes*; also *kippot*), hats are usually worn over yarmulkes by Hasidim and by a number of non-Hasidic Orthodox Jews. Hasidic men wear a brimmed hat inside the house, and will wear one in a therapist's office. In some communities, a *streimel* (fur hat) is worn on formal occasions.

Given the emphasis on modesty (*tznius*) and on sexuality being reserved for one's spouse, ultra-Orthodox married women do not show their hair in public. They, and some modern Orthodox women, therefore wear either head coverings or wigs, based on the preference and traditions of their communities. Some Orthodox women cut their hair in order to wear wigs, others cut their hair and wear head coverings, and still others wear hats or scarves and keep their hair long. There is even a hat, called a "snood," with room for long braids in it!

The growth of beards and side curls (*payis*) by many Hasidic and some Yeshivot Orthodox groups is a response to the interpretation of a command from Torah. *Tzitzit*, or tassles, are four-cornered garments that are also worn by men in response to a biblical commandment. *Tefillin* (two black boxes containing the central Jewish prayer) are worn by the Orthodox during weekday morning prayers.

Orthodox men and women, except for a number of modern Orthodox Jews, do not shake hands with members of the opposite sex because of the rules of modesty and privacy. One explanation is that the body is considered sacred and not to be touched by an adult of the opposite sex. It is also seen as respectful to not gaze into the eyes of a person of the opposite sex and to not stare during conversations.

Orthodox Jewish communities focus on family. Duty, obligation, and family commitment are required of both spouses, encouraging commitment to the family by emphasizing family over individual selves. This model places primary responsibility on the mother for child rearing. The father is also encouraged to participate in family life, as well as to study Torah and participate in synagogue life. In fact, some Orthodox fathers are more involved in parenting and family life than fathers in secular society (Davidman, 1991). Even though women are not required to study or attend synagogue, many women enter serious Torah study groups and regularly attend synagogue services.

GENDER ROLES

Non-Orthodox therapists may find themselves feeling judgmental about gender roles in Orthodoxy and making assumptions that Orthodox women are treated as second-class members. True, there are roles in the Orthodox community that are based largely on patriarchal power, and there are within it the same domestic violence, substance abuse, psychological and other problems as exist elsewhere. There are some practices that emerge from a patriarchal hierarchy. For example, a husband must present his wife with a *get* (religious divorce paper) for her to be free to remarry; a woman cannot lead men in worship; and men and women are separated in synagogue (*shul*) by a divider (*mehitzah*) that often leaves women in the back of the synagogue or in its balcony.

Yet an emphasis solely on inequities negates the complex fabric of most couples' relationships. Many women describe the benefits of living within Orthodox gender roles. Adult females are accorded a great deal of respect and can have a strong sense of community. The Talmud, a major source of Jewish law, requires that a husband love his wife as

much as himself and that he honor her more than himself (Tractate *Sanhedrin*). He is even responsible for her sexual pleasure. Sociological studies (Davidman, 1991; Kaufman, 1994) indicate that many Orthodox women appreciate admiration and value that their community and husbands place on how they carry out their *halachic* responsibilities. Many also value the stability created by the set code of *halacha*. In addition, as part of recent changes in the modern Orthodox community, women now teach Torah, and even co-ed classes. Some modern Orthodox groups have found *halachic* ways of permitting women to read Torah.

However, there are some options not available within Orthodoxy. A woman still cannot be a rabbi or synagogue prayer leader. Couples cannot decide that the husband instead of the wife will light the Sabbath candles, although a husband may light the candles if the wife is away or late for dinner, as may single men. A couple cannot decide to make love during prohibited times.

Family is such a high priority, and marriage and procreation are such overarching goals, that single women and infertile women may feel a sense of shame and isolation from the mainstream community. There are several possibilities for infertile couples. Adoption is supported both within and outside the Orthodox community, because any person who is converted is understood to be fully Jewish. Reproductive technologies are more controversial, and their acceptance depends on the community, the procedure, and how the procedure is actually carried out (cf. Kahn, 2000). Clinicians who meet with infertile women need to keep in mind that there are several biblical examples of women who, although not having their own children, are honored for contributing to the upbringing of other children within the community. In addition, two of the greatest female leaders in Torah, Miriam and Deborah, were childless and one was unmarried (although some Jewish folklore and rabbinic interpretations assign spouses and children to them). Both these women were prophets, and one was also a judge and a general. Yet in spite of these role models, the family focus of Orthodoxy often leaves couples feeling bereft and without a role when they are infertile. Clinicians need to acknowledge the loss, involve the rabbi in ultra-Orthodox communities to help support the couple, and gently and slowly explore models and contributions of women and couples who do not have children, as well as alternative possibilities for having children.

Homosexuality remains taboo within Orthodoxy, as painfully documented in the film *Trembling Before God* (2001). Some rabbis and other Orthodox leaders say they accept gays, but reject gay sexuality. Clinicians need to be sensitive to the struggles of ultra-Orthodox gay men and lesbians who come to therapy (a rare event in itself). To openly practice homosexuality in the ultra-Orthodox community generally leads to either rejection or the message that one is committing a sinful act (even when the sinner is accepted). It is the action, rather than the self-definition, that is rejected, a distinction that offers little comfort to many gays and lesbians but does offer some alternatives to others. Some gay men choose to marry and have families, others keep their gay relationships a secret; some renounce Orthodoxy for more liberal forms of Judaism, and still others live on the fringe of a community that rejects them for their sexual behavior. Therefore, it becomes the clinician's responsibility to help the gay person or couple struggle with difficult choices. Possibly the most critical question to consider over time is whether it is more important to be accepted in the community or to be openly gay. There can certainly be painful consequences for gays and lesbians who come out. Grossman (2002) reports a situation in which a father was not able to see his children, and another of a synagogue

member who was not given full synagogue privileges, as a consequence of coming out. Clinicians need to remember that they are working with clients from a collectivist culture, and that it is extremely important to help a client to explore his or her internal understanding of the impact of his or her choices on family and community, as well as the how such choices affect the client as an individual.

Many members of the modern Orthodox community support gay civil rights, although openly gay members of that community may still struggle about what their choices mean to their own self-definition, to their families, within the context of *halacha*, and regarding their community standing. Several organizations, support groups, and websites for Orthodox gays and lesbians have become available in recent years. Information about the Gay and Lesbian Yeshiva Day School Alumni, an Orthodox gay support group, can be accessed at www.Glydsa.com. In addition, www.OrthoGays.com is a site that lists resources for the Orthodox gay community.

In modern Orthodox Jewish communities, both men and women may have attended secular universities and graduate schools and work in secular professions. There is much leeway for families to develop their own ways of relating to both the secular and Orthodox communities and developing their own practice of gender rigidity or flexibility while still abiding by *halacha*.

CLINICAL EXAMPLES

Ahava Keppelman contacted Dr. B. because she and her husband, Daniel, were concerned that their 12-year-old daughter, Michal, was isolating herself from friends and her grades were slipping. She had developed a love for lacrosse during summer camp, a sport her Jewish day school did not offer. Her parents did not allow her to join the elite teams because practice and/or games took place on Friday nights and Saturdays, the Jewish Sabbath, a time when the family gathers with others in their community to pray, sing, and share a quiet, work-free 25 hours, and when participation in athletics is not permitted. In response to her parents' refusal to allow Michal to play on the team, she had grown more reclusive and inattentive to her schoolwork.

Ahava had sent Michal to work with Dr. A., but became distraught when Dr. A. suggested that Michal needed to advocate for herself, noting that, during adolescence, parents can expect separation and individuation to occur. He also felt that because Michal was a very strong lacrosse player, she needed to be on an elite team. Ahava pulled her from therapy.

This example demonstrates a central misunderstanding of some non-Orthodox Jewish therapists, that observing the *Shabbos* as well as other *mitzvot* is a throwback to a past that is, at best, outdated and, at worse, rigid and growth-stunting. Yet within the Orthodox community, one does not choose to skip a *mitzvah* because it is inconvenient; instead, all the laws and ways of behaving are understood as a path toward a more spiritual, complete, holy life and thus are nonnegotiable. Orthodox Jews typically see these ways of behaving not as constraints, but as ways of recognizing that every moment of life is possible because of God, that everything we do needs to be considered and blessed. So the issue was not whether Michal was a strong lacrosse player who needed to practice on *Shabbos*, but that *Shabbos* observance sanctified Michal's life. And Michal wanted to play lacrosse without throwing away her commitment to Orthodox Judaism.

The Keppelman family found a new therapist, Dr. B., who was respectful of their traditions and understood their way of life. They discussed with him the possibility of contacting

the coaches and letting them know how much Michal would like to be on the team, but that she could not play or practice on *Shabbos*. Dr. B. helped them to understand the views and needs of the coaches. The Keppelman parents also expressed their concerns that if Michal were on the team, she would have more contact with secular Jews and non-Jews. This is a sensitive issue in working with Orthodox Jewish families, and therapists need to be mindful of their own biases about individualism versus collectivist models.

The Keppelmans found a coach who would allow Michal to miss Friday practices and Saturday games, although she did play on Sundays. Thus, they worked out a way that supported both her and the family's dedication to Orthodoxy. They did so via a therapist who wouldn't frame their distress as an intergenerational conflict, but rather as a challenge to an Orthodox family who also wanted to support their daughter in the secular world of sports.



Devorah and Judah were members of an ultra-Orthodox community, which eschews contact with the non-Orthodox world because it may lead members away from its values and lifestyle. The parents of five children, they were referred to me (B. F. O.) by an Orthodox social worker for help with their 14-month-old son, Avi, who had been diagnosed with pervasive developmental disorder at the age of 11 months and had been referred to a neighborhood early intervention center. (Their Orthodox community had no knowledge of or available services for developmental disabilities.)

The couple presented themselves modestly (a long skirt and hat for Devorah and a *kippa* for Judah) and were obviously nervous about the diagnosis and confused about what early intervention would mean. It took a while for them to relax and tell me a little about themselves. This family required center-based, rather than the usual home-based, services, and the parents were struggling with their own shame about how this could have happened to them. They knew of no other family who had to leave the community for such services.

For the past 4 months, Avi had received 1 hour of various types of therapy 4 days a week and Devorah had walked with him the 40 minutes to the center and spent about 2 hours per day practicing with him. A full-time yeshiva student, and other members of the community were needed to provide baby-sitting and housekeeping assistance. After four couple sessions, Judah said he did not want to continue, but grudgingly permitted Devorah to come alone to help her work through her grieving and come to terms with the extra early intervention demands.

Devorah came to recognize Avi's progress in speech and motor development and became more connected with the early intervention providers and with me, as the only people who understood the importance of this work. Complaining that Judah seemed to spend more time studying Torah than before, that he refused to even ask about Avi's daily sessions, and that he was withdrawing more, she turned more to the secular providers for emotional support. At this point, I suggested a few more couple sessions and Judah agreed. Judah blamed Devorah for Avi's difficulties, though he knew intellectually that they were not her fault. He was angry about the need to go out so many times of the Orthodox community for services and put pressure on Devorah to terminate services and "let God handle this."

I asked them whether I could talk to the referring social worker and to their community's rabbi. Only eventually did Devorah and Judah feel comfortable with this. It took several days to reach the rabbi, and I wondered whether he would even talk to a secular professional. But when he returned my call, he listened carefully as I described Avi's disabilities, his progress to date, and evidence about the effectiveness of early intervention. He subsequently met with Judah and provided support for the continuation of these services. Two years later, Devorah

sent me a note reporting that Avi was now performing in school at the appropriate age level and that she had learned so much about herself through these difficult times that she felt it helped her to be a more patient, loving wife and mother.

Talia and Jerry, a modern Orthodox couple who met in law school, have continued to work while raising three children. Rachel, their oldest, told her parents that she wanted to attend a college in another state, which did not have an especially strong Jewish community, so that she could pursue her particular interest. When Jerry heard that Talia was open to this idea, he exploded and, even after calming down, said that he would determine where Rachel would attend school.

Talia told Jerry that she didn't know how she could continue living with him if he was going to explode and then dictate what must be done. In therapy, Jerry insisted that it was his right as a Jewish man to make these decisions. If the therapist respected Orthodox Judaism, she would understand that. I (M. P. M.) recognized that in Orthodoxy, there are many ways couples make decisions; it is not always assumed that the husband has the final word on household issues. The focus of therapy became constructing a way for Talia and Jerry to disagree respectfully and to find a way to resolve the issue.

Although I initially wanted to join with mother and daughter against an angry father, I knew that for change to occur, I also needed to join with Jerry in a respectful way. The rabbi reinforced the concept of *shalom bayit*, peace in the home. The rabbi's support of family peace led to a more open discussion of Jerry's concerns about his daughter's attending a secular school as well as factors such as the schools' Jewish (and Orthodox) populations, how active Hillel (the collegiate Jewish organization) was, and the availability of kosher food in campus dining halls.

When Talia and Jerry reviewed why they had chosen modern Orthodoxy, Jerry acknowledged that he did not want to be isolated from the secular world, but also feared that his daughter could be inducted into it and be removed from Orthodoxy. For Rachel, the freedom to practice her Judaism within a community that she found stimulating was critical. Jerry came to realize that she might be lost to Judaism if he restricted her participation in that secular community. He explained his outbursts as reflecting his sense of "powerlessness" because he couldn't control the availability of alternatives that Rachel would have by living in interaction with non-Orthodox Jews, and that made him wonder whether they should have joined the ultra-Orthodox community. Talia felt that Jerry's outbursts betrayed both her and their religious commitment to *shalom bayit*. Ultimately, Jerry's recognition that his eruptions were a problematic response to helplessness supported his reexamination of his own behavior within the family.

RELIGIOUS ISSUES

A number of ultra-Orthodox communities rely on *shiddachs*, arranged matches, rather than marrying for love (Shai, 2002). The need to make one's offspring as "marriageable" as possible has led some Orthodox parents to hide, rather than address, their children's psychological difficulties.

All Orthodox Jews and many secular Jews place a priority value on endogamy, or marrying within the Jewish community. Therefore, there is a potential for conflict between the secular therapist's value of transcultural openness and the Orthodox client's

value of endogamy. Some Orthodox Jews even believe that religious intermarriage not only is forbidden, but also helps complete the work of the Holocaust by ending "Jewish continuity" within that family.

Regarding sexual relationships, all Orthodox communities prohibit premarital sex, although enforcement of these proscriptions varies. Married women are required to immerse themselves in a *mikvah* (ritual bath) 7 days after cessation of their menstrual periods; only thereafter can they resume sexual relations with their husbands. For the week during and after menstruation, the woman sleeps in a separate bed and has no sexual contact. Some Orthodox women report that this heightens their sexual desire, whereas others have found this requirement limiting and hurtful.

Although some traditional texts prohibit birth control (cf. Rabinowitz, 2000), others include the belief that birth control is supported after the birth of two sons, and still others support the use of birth control after the birth of a son and a daughter. The commandment that men not waste their seed leads some to interpret it to mean that women may use birth control even if there is a prohibition against men's doing so. If it is thought that pregnancy can seriously harm the woman's physical or mental health, many traditional sources allow birth control and even abortion. As with other issues, rabbinic consultation is key, especially in ultra-Orthodox communities.

Abortion is an especially complex issue. Within Judaism, a fetus is considered a full human being when its head emerges; before that, it is looked upon as a partial life. Therefore, although abortion is often prohibited, it is permitted if there is a serious threat to the mother, and the mother's life takes precedence over the continuation of the pregnancy. This threat may be emotional as well as physical, but in ultra-Orthodox and some modern Orthodox communities, a rabbi must be consulted to determine whether the abortion is sanctioned. Orthodox rabbis are also permitted to approve an abortion within the first 40 days of pregnancy (Rabinowitz, 2000). Whether or not a rabbi approves an abortion depends on the particular community as well as the individual circumstances.

CLINICAL ISSUES

Clinicians sometimes must struggle to appreciate a way of life that may be very different from their own. Learning about the Orthodox community by reading, talking to members, and conferring with colleagues can enable clinicians to develop respect for its values and paradigms. As Minuchin and Fishman (1981) propose, clinicians need to understand and even utilize some of the principal vocabulary or expressions of the clients (e.g., *shul*, *halacha*, and *mitzvot*).

Psychoeducation may be an important tool for clinicians to help clients better understand psychological, medical, and neurological conditions. Clinicians also can help ultra-Orthodox clients navigate the structures in the secular world that may be of use to them. Narrative work may be effective, because stories and story construction are deeply valued and engrained within the Jewish community.

Secular Jewish clinicians may have to struggle with their own ingrained biases and stereotypes due to their own issues with their Jewish identity. Although many Orthodox Jewish clients prefer to work with Jewish-identified clinicians, some report feeling misunderstood and negatively judged by non-Orthodox therapists. It is therefore extremely important for Jewish clinicians to be mindful of their own identity issues.

CONCLUSION

Regardless of the presenting issues, unless clients are coming to consider a change in life-style, we must support the choices of our clients and help them to resolve their problems in a way that meets their needs and obligations, not ours. The challenges of working with Orthodox families require networking, collaboration with the community, and bridging the gap between the Orthodox community and the surrounding secular world.

ACKNOWLEDGMENTS

We would like to thank Penina Adelman, Mona Fishbane, Ricki Kantrowitz, Mitch Mirkin, Steven Robinson, and Nachama Chessis for their review of the first draft of this chapter; Sherman Okun for his contributions to and review of the final version; and the Brandeis Women's Studies Research Center for supporting this work.

REFERENCES

- Davidman, L. (1991). *Tradition in a rootless world: Women turn to Orthodox Judaism*. Berkeley: University of California Press.
- Grossman, N. (2001, April). Gay orthodox underground. *Moment Magazine*, 26(2), 54-60.
- Kahn, S. M. (2000). *Reproducing Jews: A cultural account of assisted conception in Israel*. Durham, NC: Duke University Press.
- Karp, A. J. (1991). *From the ends of the earth: Judaic treasures of the Library of Congress*. Washington, DC: Library of Congress.
- Kaufman, D. R. (1994). *Rachel's daughters*. New Brunswick, NJ: Rutgers University Press.
- Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Rabinowitz, A. (2000). Psychotherapy with Orthodox Jews. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
- Shai, D. (2002). Working women/cloistered men: A family development approach to marriage arrangements among the ultra-Orthodox Jews. *Journal of Comparative Family Studies*, 33(1), 97-116.
- Trembling before G-d* [Film]. (Available from Simcha Leib Productions)
- Xu Xin. (2003). *The Jews of Kaifeng China*. Jersey City, NJ: Ktav Publishing House.