Commentary:

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Religion and Mental Health: A Theoretical and Clinical Perspective

While no responsible, caring or well educated mental health worker would devise a treatment plan like that of Schachter's fictitious psychiatrist, the case at its root depicts the fascinating and fundamental dialectic of religion and psychological health. Putting aside its exaggeration and drama, the narrative portrays accurately both the rigid and authoritarian approach towards religion characteristic of early psychological theory, and a diagnosis plus treatment that, albeit grossly exaggerated in the story, could conceivably be appropriate in the case of a patient with a pathology manifest in religion.

To appreciate how seemingly mutually exclusive positions—that the category of pathology is not correctly applied to religion, and that religion can be symptomatic of a disease process and thus requires treatment—can be valid simultaneously, we must consider the psychological theory of religion in its historical and clinical context. From the inception of psychoanalysis, religion and its practice have had an important place in psychoanalytic theory. As heir to the enlightenment, Freud provided a scientific theory to explain the development of religious ideas and practices. In his writings on the topic (most notably, a 1907 article titled "Obsessive Actions and Religious Practices") he describes religion

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as the "universal obsessive neurosis." [1] The observance of rigorous ritual practice is for Freud a form of the Obsessive-Compulsive Disorder (OCD); it is a rigid and intrusive repetitive behavior or mental act that, to cite a contemporary diagnostic definition, "the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly."[2]

Such behavior, in the psychoanalyst's view, derives from an underlying anxiety about the world. The religious individual or collective employs religion as a magical effort to control what is in truth the uncontrollable working of nature. Much like the developing child, early man when terrified created an anthropomorphic representation, possibly in the image of the powerful father, with the hope of either appeasing it or submitting to its will, thereby remaining safe from harm. Freud provides some examples to illustrate this thesis and formulates a broad approach to the nature of religion based upon it.[3] In his view it is incumbent upon both the individual and humanity as a collective to dispel the illusion that religion provides and replace it with a mature perspective, one rooted in reality and self-knowledge, without escapism via the spiritual.

While the ascription of a defensive quality to religion was accepted whole-heartedly in the analytic school, not all of Freud's disciples believed in its accuracy. Most notable is C.G. Jung, who had a falling out with Freud over, among other things, this very point.[4] In Jung's view, as well in the opinion of many more recent psychological thinkers of various intellectual schools (psychoanalysis included), Freud's argument missed the mark entirely, for it ignored the place of inner experience. Jung posits that it is only with the aid of a phenomenological perspective in which the actor's underlying view of the experience is profoundly known that true knowledge of the subject can emerge. Hence, religious observance cannot be viewed through its mere external appearance, that is, its organized and repetitive behaviors. The observer must rather consider and evaluate the believer's inner state.[5] Jung argued, therefore, that not only is religion not a primitive psychological defense, but it may indeed serve as the opposite; for religious activity has always been and remains for modern man a primary method to achieve self-experience and knowledge in the truest sense. In fact, the symbols and meaning behind religion are so primary to human experience that modern man—who has rejected such symbols—must develop new ones in their stead so as to remain connected with inner experience.

Lest one think that this positive view of religion is merely the musings of a psychological mystic—as Jung is often labeled—and lacks sci-

entific or clinical validity, we should note that many subsequent theorists, researchers and clinicians (including psychoanalysts) have been of one mind on the matter (albeit in different languages and contexts, reflecting the diversity of intellectual traditions). It is in the clinical domain that the differential between external actions and inner experience is most salient and fundamental. Indeed, Freud's depiction of religion as essentially a group OCD or Obsessive-Compulsive Personality Disorder confronts an immediate criticism. Consider the diagnosis of OCD, as codified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), the "bible" of psychiatric diagnosis (this codification is an anachronism relative to Freud, but nonetheless an important tool of conceptualization). This diagnosis requires the presentation of, among other things, "repetitive behaviors (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly."[6] While parts of this criterion for OCD (compulsion in particular) appear to describe well the situation of the religious adherent, a primary factor is that "*the person feels driven to perform* . . ." (emphasis mine). The sufferer must have a sense of drive so great that it overrides any sense of autonomy. As David Shapiro describes in his seminal work *Neurotic Styles*, the obsessive-compulsive patient has, at his or her core, a disturbance of volition; such people are machine-like automatons who cannot determine the course of their desire, but are subject to an ever-present and relentless compulsion.[7] This, of course, is not the case with religious practice. Much of the "religious sentiment" as William James described it[8] is of complete freedom from constriction and the ineffable joy of connecting with truth. (Expressed differently, "*ein lekha ben ḥorin ela mi she-osek ba-Torah*, (*Avot* 6:2) there is no free person but he who is involved in Torah.) This freedom is clear from the outpouring of emotion and experience in every mystic's work, as well as from the obvious love which permeates the pages of thousands of years of talmudic and halakhic writing. Even in the throes of inner turmoil and conflict experienced by the religious writers of the past millennia, the element of vitality is palpable in their inner experience.

As mentioned, identifying the subjective inner meaning attached to religious experience is essential in clinical work. Here as elsewhere, the particular meaning attached to an item tells a story of the patient's history and experience. The classic manifestation of this point is the transference reaction, a basic component of psychoanalytic theory and ther-

apy. In the transference, the relatively unknown persona of the therapist becomes the screen onto which the patient projects the schema of his or her history. Stated otherwise, a person relates to an unknown "object" (person or idea) in the context of that person's previous experiences and relationships.

Normative religious experience demonstrates this principle without the distortions of pathology. This notion is most accurately portrayed in the oft-quoted truism, "God may have created us in His image, but we create Him in ours." We have no absolute concrete image of God, so our conception of God is affected by the idiosyncrasies of our personalities. Hence the Talmud's dictum: *[ve-]ein shenei nevi'im mitnabbeim be-signon ehad* (*Sanhedrin* 17a)—no two prophets experience God or express that experience in the same language. Rather, each has his individual mode of expression. So, too, as Rabbi Mosheh Ḥayyim Luzzato (following the Rambam) explains the verse "*be-yad ha-nevi'im adammeh*" ("by the hands of the prophets I will appear," Hosea 12:11), God appears to the prophet in the context of his own symbols and subjectivity.[9] The message of the prophet remains God's immutable truth; however, the symbols appearing to the prophet and the mode of transmitting the message are dependent on the lens refracting it. (It is imperative to note that an individual's unique experience of religion by no means implies that there is no common ground or shared belief; the "imago" held by individuals may be a small part of the consensual religious belief across the group.)

While subjective experience plays a critical role in religion generally, it is especially potent and prone to distortion when the subjectivity discussed is that of the "patient." For example, a patient with a long history of anger from and towards a harsh and judgmental father may, not surprisingly, be more attuned to God as *Kel kana* (God of retribution) or *poked avon* (rememberer of iniquity), than to God as *Kel raḥum ve-ḥanun* (merciful and compassionate God). Similarly, a patient with OCD is obsessive or compulsive in his religious practice of ritual purity, just as he is when he avoid the cracks on the sidewalk or precisely aligns pillows in his room. This obsessive patient's image of God may be as obsessive as himself. Pathology of the religious person cannot be confused with pathology of the religious system. The distortions of the patient are applied to all things in his life, religious belief and actions included. Again, God is defined (and limited) in the mirror of man's own creation.

While all religious experience must be situated within the context of the individual, attention to the individual is most critical on the "road less traveled" of mystical and esoteric practice. In domains of religion

that are not extensively structured by popular practice, the adherent risks relying less on an existing exoskeleton to express individuality, and shifts to create his or her own structure. The effect is to magnify the pre-existing imperfections of his or her psychic and religious being. When a slight hairline fracture appears on a lens, its projection is that of an immense, irreparable schism. For that reason, to be a prophet, one must not only possess outstanding moral character but must have a well-integrated and cohesive self.

Dr. Schachter's highlighting of *tikkun ḥaẓot* is significant, for it is an element of practice that, although quoted in the standard codes of law, is designed for "*yer'ei shamayim*" who are especially attuned to the desolate and spiritually impoverished state of the world (*Shulḥan Arukh, Oraḥ Ḥayyim* 1:3). Focusing on *tikkun ḥaẓot* allows for further exploration of the personality structure, as it is not part of the "normative law." Throughout the history of religion, many forms of self-mutilation and masochism (and sadism) have been cloaked in the holiness of asceticism, mourning and self-perfection, when in fact they were far removed from those phenomena. Of course, the psychological perversity of some does not condemn the entire group, even of those who conduct themselves in the same manner of self-abnegation, as long as they are psychologically and religiously "worthy" of it.[10]

The potential discrepancy between inner experience and behavior, as well as the idiosyncratic meaning implicit in religious observance, lies at the heart of Dr. Schachter's case study. In many regards, this study is a sterile analysis of behavior and actions devoid of any internal meaning and experience and portrays the rigid and prejudicial views of classical psychological theory à la Freud. The psychiatrist's cool and callous disregard for the patient's personal meaning and religious sentiment is disturbing and alarming, and undoubtedly magnified to make the point. On the other hand, however, the tenacious and mechanistic commitment of this hypothetical patient may indeed reflect some underlying pathology (assuming additional supporting evidence from other areas of functioning) and the treatment regimen, though grossly exaggerated and dramatized, may be following an appropriate course.

For many of us, the difference between inner versus outer forms of religion and the idiosyncratic meaning of religious experience strikes uncomfortably close to home. If actions remain as purely externalized and ritualized forms, are they not susceptible to Freud's diagnosis of OCD? If we merely engage in the repetitive and mechanistic observance of religious law, are we not securing some psychological gain—be it in

our social conformity, feelings of power, or even imposing structure to our otherwise chaotic world? Are we not grossly validating Freud's understanding of religion, even if not in the form of formal OCD but as a form of psychological self-soothing, rather than genuine religious experience?

In the current literature about multiculturalism and culture-as-context, psychology as an applied social science has for the most part backed away from taking a judgmental stance towards cultural or religious norms and standards. In fact, the criterion for nearly all diagnoses in the DSM-IV is that it be distinguishable from "culturally sanctioned response patterns" to ensure that a clinician from a different ethnic or cultural group not "incorrectly judge as psychopathology those normal variations in behavior, belief or experience that are particular to the individual's culture." [11] As religious ritual safely falls under the purview of cultural diversity, it is not at risk of clinical diagnosis. As a psychological stance this may suffice; however, as a personal response it is unsatisfying.

We can further attempt to avoid the intimation of pathology in the discrepancy between inner and outer religious experience by considering the possibility of observing Torah principles and commandments as actions that have value instrumentally because by a spiritual physics of cause and effect they create change in the world. By holding this view, the "halakhic behaviorist" can remove the need for personal connection to the religious endeavor. This, however, intuitively falls short of a religious ideal. We cannot obviate a person's involvement with his or her actions, since, after all, the ultimate purpose of the Torah and its commandments is for the betterment of human beings and and their development: as Rav put it, *lo nittenu ha-miẓvot ela li-ẓerof bahem et ha-beriyyot,* the Torah was only given to purify creatures (*Bereshit Rabbah*, 44:1). Rabbi Joseph B. Soloveitchik, following the *Ba'al ha-Tanya*'s explanation, used this very perspective to differentiate between a *zaddik "oved Elokim va-asher lo avado,"* a righteous person who serves God and a righteous person who does not serve Him (see Malakhi 3:18 and *Ḥagigah* 9b).[12] One who fulfills religious obligations may indeed be a complete *zaddik* by virtue of his meritorious habit and scrupulous legal actions, but if his emotions and indeed his self are not involved, he remains a righteous one who does not serve Him, *ẓaddik lo avado.*

Nonetheless, while not ideal when unaccompanied by emotion and inner experience, constant involvement with *miẓvot* and action creates a framework of ongoing submission to God. With this, a global perspective can emerge with which to frame our actions, even if we are not conscious of this framework each time we act. Having an overarching state-

ment of religious intent is important, not merely as a formality, but as an ingredient that creates a qualitative difference insofar as consciously or not, actively or not, we endow our behavior with meaning.

All the above notwithstanding, it was particularly disturbing to me, having reviewed Dr. Schachter's story close to Tish'ah Be-Av to realize that I was facing the question myself. Here I am, about to perform rites of mourning and enter the intense halakhic state of "*mi she-meto mutal le-fanav*" (one whose deceased lies before him). But am I really there? Or am I just an automaton wired to do so by some rigid code I have applied to my life? I know that the diagnosis of OCD is not warranted because there are preexisting cultural norms and an overall belief system within which my actions take place. I am comforted—but not by much.

In the end, Jeremiah's response to his own lamentation of the Temple's destruction resonates as a valuable paradigm for both religious behavior and psychoanalysis: *naḥpesah derakheinu ve-naḥkorah, ve-nashuvah ad Hashem*, let us search our ways and investigate and return unto the Lord (*Lamentations* 3:40). Not only must a religious person appreciate Jeremiah's call, but even the psychotherapist should recognize that a turning to God that results from self-examination is not a proper target of an analyst's criticism. For ultimately, the return to the Temple, self and God can be attained only by traveling a road paved by serious self-exploration, and by investigation of our motivations, experiences and actions.

Notes

1. Sigmund Freud, "Obsessive Actions and Religious Practices" (1907), in Collected Papers, volume 2 (New York, 1950), 126-27. See also *The Future of an Illusion* (London, 1927).
2. American Psychiatric Association, *Diagnostic and Statistical Manual for Mental Disorders*, 4th edition (Washington, D. C., 1994), 423.
3. Freud, *The Future of An Illusion*.
3. Carl Gustav Jung, "Freud and Jung–Contrasts" in *Jung, Modern Man in Search of a Soul* (London, 1933), 132-42, esp. 136-38.
4. Jung, *Psychology and Religion* (New Haven, 1938), **000** .
5. DSM-IV, 423.
6. David Shapiro, *Neurotic Styles* (New York, 1965), 23-53, esp. 30-48.
7. William James, "Lecture II: Circumscription of the Topic," in James, *The Varieties of Religious Experience* (New York, 1936), 27-40.
8. R. Moshe Hayyim Luzzato, *Klah Pitḥei Ḥokhmah* (Bnei Barak, 1991) [first edition: Korets, 1783], *petaḥ* 7.
9. This theme is portrayed well in the famous joke of the novice in Navaradok.

When entering the hallowed halls of the *beit midrash* the new student observes the other *talmidim* repeating to themselves "I am nothing, *ve-anokhi afar va-efer*—I am dust and ashes' (Genesis 19:27); so he too sits down and begins echoing, "I am nothing, I am nothing." Whereupon the one *talmid* turns to the other and says, "he's here one day and already he thinks he's a nothing!"

10. DSM-IV, introduction, xxiv.
11. Soloveitchik, R. Joseph B., "May We Interpret *Ḥukim*?" in *Man of Faith in the Modern World: Reflections of the Rav, Adapted from the Lectures of Rabbi Joseph B. Soloveitchik by Abraham R. Besdin*, Volume Two (Northvale, New Jersey, 1989), 91-100, esp. 95-96.