

Rabbi Dr. Eliezer Schnall

# *Haftarat Vayetzei: Spiritually Integrated Treatment of Emotional Distress: The Patriarch Yaakov and R. Bachya Ibn Pakuda*

## ***Va-yeilekh vs. Va-yivrach – A Lesson in Emunah***

In chastising the Kingdom of Israel for its sinfulness, the prophet Hoshea refers to its forefather Yaakov, whom *Hashem* cared for, even in the most difficult circumstances. The verse in the *haftarah* of *Vayetzei* (*Hoshea* 12:13) recounts “*va-yivrach Yaakov sedeih Aram*” – “Yaakov fled toward the field of Aram.” Forced by his brother Esav’s jealousy and malicious designs, Yaakov fled his familial home in *Eretz Yisrael* for a faraway land. *Hashem*’s love and attention protected him during this dark period; but, laments Hoshea, the *Benei Yisrael*, Yaakov’s descendants, were nonetheless unfaithful to *Hashem* and His Torah.

R. Matisyahu Salomon, in his *Sefer Matnat Chaim* (*Maamarim*, pp.48–50) notes that the terminology used by Hoshea in describing Yaakov’s travel, “*va-yivrach Yaakov*” – “Yaakov fled,” strongly contrasts with the wording of the Torah’s own description of that event. The verse in the original narrative (*Bereishit* 28:10) states simply, “*va-yelekh Charanah*” – “[Yaakov] went toward Charan.” The Torah pointedly refrains from characterizing Yaakov’s travel as “fleeing,” in contradistinction to the verse in *Navi*.

A careful reading of the events that lead up to Yaakov’s departure from his parents’ home suggests that he was indeed running for his life, as implied by the wording in *Hoshea*. For example, his mother Rivkah reveals unambiguously that Esav intends to murder him (*Bereishit* 27:42). She further implores Yaakov, “*berach*” – “flee,” to Lavan’s home in Charan, using the very same verb found in *Navi*.

The fact that, despite his circumstances, Yaakov’s journey was not described in the *Bereishit* narrative with the dramatic word “*berach*” – “flee,” used by his mother and by Hoshea, but rather with the simple word “*va-yeilekh*” – “he went,” hints at an important message, suggests R. Salomon. Although Yaakov was in actuality fleeing for his life, his trust in *Hashem* allowed him to maintain constant equanimity. Rather than questioning His ways, wondering why the Divine plan allowed his wicked brother Esav to prosper while Yaakov himself was forced to run for his life, Yaakov’s faith never wavered. This trust in *Hashem* allowed him to remain in a state of internal peace, reflected by the usage of “*va-yeilekh*” – “he went,” even as his external situation was accurately described by others as “*va-yivrach*” – “he fled.”<sup>148</sup>

## **Religiosity and Mental Health: R. Bachya’s**

The above elucidation assumes that faith in God leads to equanimity and inner peace, even in circumstances otherwise assumed to be stressful and anxiety provoking. However, many modern mental health theorists and researchers long assumed that religion was related to pathology, and that it could exacerbate forms of mental illness.<sup>149</sup> However, in recent decades numerous empirical investigations that closely examined such issues reached the opposite conclusion, that religious behavior and faith is associated with mental health and wellness. For example, a meta-analysis

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<sup>148</sup>. R. Salomon makes a further observation that supports his overall thesis: Yitzchak, who unlike his wife Rivkah, was unaware of Esav’s murderous designs on Yaakov, instructs Yaakov regarding his journey to Charan with the word “*leikh*” – “go” (*Bereishit* 28:2), rather than the “*berach*” – “flee” (*Bereishit* 27:42), used by Rivkah.

<sup>149</sup>. For example, see Albert Ellis, “Is religiosity pathological?” *Free Inquiry* 18 (1988), 27–32.

conducted by Smith, McCullough, and Poll<sup>150</sup> reviewed data collected from 98,975 participants over 147 studies and concluded that greater religiosity was associated with fewer depressive symptoms.<sup>151</sup>

Although most studies of this type include participants of diverse religious faiths, several that focused exclusively on Jewish populations also found that religious identity or involvement is related to psychological health.<sup>152</sup> However, contemporary researchers are hardly the first to recognize a relationship between Jewish religiosity and mental health. The eleventh century philosopher and ethicist, R. Bachya ben Joseph ibn Paquda, in his magnum opus, *Chovot Ha-Levavot (Duties of the Heart)*, refers frequently to this concept.<sup>153</sup> Specifically, in the fourth treatise of his work (“The Gate of Trust in God”), R. Bachya opines that one with “trust in God” will develop “a tranquil spirit” and “a sense of calm security and peace” (p. 361); such a person “is happy in whatever situation he is placed in” (p. 363). By contrast, one who is lacking such trust “is in a state of constant distress, protracted anxiety, and sorrow and sadness which never leave him” (p. 449).

Based explicitly on R. Bachya’s exposition, recent theorists<sup>154</sup> hypothesized that trust in God may relate to emotional health via various mechanisms. For example, the belief that God is aware of all that transpires, is gracious and compassionate, and able to bring about any eventuality, would suggest that worry and anxiety are largely unnecessary. Similarly, if the world is not governed by chance, but by an involved omnibenevolent God, then the hopelessness usually associated with depression should become less likely. To assess their contention that those with trust in God would benefit from better mental health, they created a 24 item questionnaire. Drawing extensively from *Duties of the Heart*, their instrument reflected six core beliefs associated with the construct being evaluated (“God has constant regard for all worldly affairs”; “God has absolute knowledge of what is in people’s best interests”; “no power is greater than God”; “God must be involved for anything to occur”; “God is merciful and generous”; and “God is righteous in judgment”). A group of 565 Jewish participants completed the questionnaire, along with other tests designed to measure a host of psychological factors. Consistent with the researchers’ hypotheses, results demonstrated that those with the greatest trust in God reported the greatest personal happiness, along with less depression and anxiety.

However, the authors of the abovementioned study caution that they cannot infer any casual relationship between trust in God and mental health from their data, given the nature of a cross-sectional study. The principle that correlation is not causation prevents drawing such conclusions. In other words, while it may be that religious faith actually leads to psychological well-being, other possibilities could also account for their findings. For instance, persons already happy and well-adjusted may, for whatever reason, be the ones most attracted to religious beliefs.

The primary clinical research method designed to demonstrate causality is a randomized controlled trial, considered the gold standard in all current investigations of prospective medical and psychological treatments. As such, researchers<sup>155</sup> next set out to determine whether a “spiritually integrated” psychological therapy, based on the prescriptions of R. Bachya’s treatise “The Gate of Trust in God” and related classic Jewish teachings, could *cause* a reduction in anxiety, i.e., successfully treat anxiety. To this end, the researchers collaborated with Orthodox rabbis to develop a two week online treatment program designed to enhance trust in God. The program incorporated readings

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<sup>150</sup>. Timothy B. Smith, Michael E. McCullough, and Justin Poll, “Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events,” *Psychological Bulletin* 129:4 (2003), 614–636.

<sup>151</sup>. It is noteworthy that related research found religious behavior is also associated with improved *physical* health and longevity. For example, my colleagues and I (in “The relationship between religion and cardiovascular outcomes and all-cause mortality in the women’s health initiative observational study,” *Psychology and Health* 25 (2010), 249–263) report on our investigation following 92,395 women for an average of 7.7 years that concluded that self-reported frequent religious service attendance was associated with reduced risk of all-cause mortality, even after adjusting for potential confounders.

<sup>152</sup>. For example, see Julie L. Goldberg & Karen M. O’Brien, “Jewish women’s psychological well-being: The role of attachment, separation and Jewish identity,” *Psychology of Women Quarterly* 29 (2005), 197–206; and Kate Miriam Loewenthal and Vivienne Goldblatt, “Family size and depressive symptoms in Orthodox Jewish women,” *Journal of Psychiatric Research* 27:1 (1993), 3–10.

<sup>153</sup>. R. Bachya’s masterwork was translated from Arabic to Hebrew in the 12th century by R. Yehudah Ibn Tibbon. All quotes and page numbers cited in this article are from the translation of that Hebrew version found in Daniel Haberman, *Duties of the Heart* (Feldheim Publishers, 1996).

<sup>154</sup>. See David H. Rosmarin, Kenneth I. Pargament, and Annette Mahoney, “The role of religiousness in anxiety, depression, and happiness in a Jewish community sample: A preliminary investigation,” *Mental Health, Religion, and Culture* 12:2 (2009), 97–113.

<sup>155</sup>. See David H. Rosmarin, Kenneth I. Pargament, Steven Pirutinsky, and Annette Mahoney, “A randomized controlled evaluation of a spiritually integrated treatment for subclinical anxiety in the Jewish community, delivered via the internet,” *Journal of Anxiety Disorders* 24 (2010), 799–808.

adapted from rabbinic sources, anecdotes intended to inspire, and related exercises and prayers, all highlighting the theme of trust in God.

In the next step of their study, a total of 125 male and female adult Jewish volunteers with at least mildly<sup>156</sup> elevated levels of anxiety and worry were randomly assigned to either a treatment or comparison group. Participants in the former were presented with the abovementioned spiritually integrated treatment (SIT) encouraging trust in God. Those assigned to the latter were offered standard anxiety treatment (in the form of a common muscle relaxation technique) or no treatment at all (i.e., a “control” condition). Results, based on participants’ scores on various psychological tests, strongly underscored the efficacy of the SIT. Upon completion of the study, those receiving this treatment reported significantly reduced levels of worry, stress, and depression, along with increased trust in God, compared with controls. In fact, the treatment was so effective that those in the SIT group, although they began with near-clinical levels of worry and stress on average, were found within the normal range when they underwent a follow-up assessment six to eight weeks after the study, a fact that may also demonstrate that effects of the intervention were not fleeting or momentary. Also of note, Jews of various denominations responded to the SIT, not only those identifying with Orthodoxy, highlighting the broad appeal and powerful mental health benefits of a traditional Jewish approach to trust in God.

## Conclusion

Clinicians and theorists long doubted that religion was associated with psychological wellbeing. By contrast, the recent research studies cited here provide empirical validation to the opposite contention, demonstrating the efficacy of trust in God in contributing to happiness and mental health. Indeed, religious faith and trust in God are prominent themes throughout classic Jewish literature, including R. Bachya ben Joseph ibn Paquda’s *Chovot Ha-Levavot*. As demonstrated in *Sefer Matnat Chaim*, a comparison of the wording in *Parashat Vayeitzei* and its corresponding *haftarah* from *Hoshea*, highlights our forefather Yaakov as a paragon of trust in God, a characteristic that allowed him to maintain serenity and calm even in the most trying circumstances. Indeed, Yaakov provides a model for those who wish to develop trust in God, both for its mental health benefits and in order to fulfill an important religious imperative.

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<sup>156</sup>. Of note, this was a study of “subclinical anxiety,” including participants with even “a minimal level of stress and worry.” In other words, the research did not focus on a clinical sample, such as patients suffering pathological levels of anxiety, thereby yielding results more readily applicable to the general Jewish population.