

Mental health issues

Part 2

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תלמוד בבלי מסכת בבא קמא דף צז עמוד ב

ואיזהו מטבע של אברהם אבינו זקן וזקינה מצד אחד, ובחור ובתולה מצד אחר.

דברי טופרים

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כן אמר [ישעיה נא, ב] הביטו אל אברהם אביכם ואל שרה תחוללכם, דגם התחלת בניכם היה כן אחר היאוש. ושוב מצאתי בתנחומא [יורא] על פסוק זה: פקד דבר זה עיין שם⁴⁴ ואהניין. **ואברהם** אבינו ע"ה ראש האומה הוא שפתח דבר זה שלא להתיימש משום דבר, כשנשבה לויט וכבר נתיימשו כולם מלהציל. דעל כן אמר מלך סדום הרכוש קח לך (בראשית יד, כא), דכבר נתיימש בידי המלכים, וקנייה אח"כ אברהם אבינו כשינוי רשות. ואברהם אבינו אור עצמו עם שלוש מאות ושמונה עשר ילדי ביתו לרדוף אחר ארבעה מלכים, ובגדרים [לב, סע"א] דהוא בגימטריא אליעזר. ומשמעות השם מפורש בתורה (שמות יח, ד) אצל משה רבינו ע"ה כי אלהי אבי בעזרי ויצילני וגו', שכבר היתה תרעלה על צוארו, והשיי יכול לעזור גם אחר היאוש שאין להתיימש משום דבר. וזהו רמז מספר שלוש מאות ושמונה עשרה בגימטריא יאוש עם הכולל, היינו שמספר זה הוא המוציא מידי יאוש ומורה שהשיי עוזר מכל דבר שהאדם חושב להתיימש. ונדאה לי דזה דברי ההיא סבתא [מונה לא, א] אתתא דהוה ליה לאבוהא תלת מאה ותמני סרי עברי כו' עיין שם⁴⁵. היינו דחשבה אולי סוכרים כרבי שמעון [בבא קמא, א], דסתם גזילה יאוש בעלים, ובפרט עברי ריש גלותא, דחקיפי ואלים, ומי ידון עם שהתקיף. ואצל רב נחמן ורבנן שעמו הוי שינוי רשות, ולפיכך לא השיגחו בה. על כן אמרה דהוה לאבוהא כו', שהיא מזרע אברהם שהתאזר עם שלוש מאות ושמונה עשר עבריו לעורר דבר זה שאין יאוש כלל, ולמה לא

[טז] אין ליהודי להתיימש משום דבר, בין בענייני הגוף, כמו שאמר (ברכות י, סע"א) אפילו חרב חדה על צוארו של אדם אל ימנע עצמו מן הרחמים, בין בענייני הנפש אפילו נשחקע למקום שנשחקע וחטא בדבר שאמר ד"ל (וזה"ק ח"א י"ט, ב, במוציא דרע לבטלה), שאין תשובה מועלת ח"ו, או שתשובתו קשה, או שרואה עצמו משחקע והולך בענייני עולם הזה, אל יתיימש בעצמו לומר שלא יוכל לפרוש עור, כי אין יאוש כלל אצל איש יהודי, והשיי יכול לעזור בכל ענין. וכל בנין אומה הישראלית היה אחר היאוש הגמור, דאברהם ושרה זקנים (בראשית יח, יא), ומי מלל לאברהם הניקה בנים שרה כי ילדתי בן לזקוני, שלא עלה על דעת אדם עוד להאמין זה ואפילו אחר הבטחת המלאך. ושרה הצדקת ידעה והאמינה דהשיי כל יכול, ועם כל זה צחקה בקרבה, שהיה רחוק אצלה להאמין זה בידעה זקנת אברהם, דטוחן ואינו פולט, כמו שאמר בבראשית רבה (פח, יח), וכן זקנתה, ואם היה רצון השיי לפקדם היה פוקדם מקודם, דלמעט כנס עדיף ולא עביר ניסא במקום שאין צריך. אבל באמת מאת ה' היתה זאת, שיהיה בנין האומה דוקא אחר היאוש הגמור, שלא האמין שום אדם ואפילו שרה שתפקד עור. כי זה כל האדם הישראלי להאמין שאין להתיימש כלל, דלעולם השיי יכול לעזור והיפלא מה דבר, ואין לחקור בחקירות למה עשה ה' ככה. וכן הישועה דלעתיד נאמר [ישעיה נג, א] מי האמין לשמועתינו וגו', וכן אמר [מגלה צד, סע"א] דאין בן דוד בא עד שיתיימשו מן הגאולה. ועל

אחד מאבריו הטבעיים הוא, אלא דנראה לי פשוט
דבדין חרש אזלינן בתר טעמא, דאטו גזה"כ הוא
דכל שאינו שומע אינו בר קנין, הלא פשוט דאין
זה אלא משום דקי"ל לחז"ל דכל שאינו מדבר
ואינו שומע אינו בר דעת וכל ששומע ומתקשר
עם בני אדם דרך שמיעתו הרי הוא שומע בפועל
ומשו"כ כפיקח הוא, דמה לן אם שומע באופן
טבעי או ע"י מכשיר.

(אך) אין דברינו מכוונים לדברי האג"מ דלשיטתו
אכן כחרש שאינו שומע הוא אלא דמ"מ
דינו כפקח משום שיש לו תקשורת עם בנ"א).

וא"כ אין כל סתירה בדברינו ובאמת נראה
פשוט דאין בין מכשיר רפואי חיצוני

החומר

למכשיר דומה המושתל בגופו דלעולם אין מכשיר
מלאכותי נעשה כגוף האדם.

ואף שכתבתי לכבד' דלגבי השתלת שחלה, דכל
אבר המושתל בגוף האדם הוי כגופו ממש
אין זה אלא באבר מאברי האדם דמשעה שנקלט
בגופו הוי כאחד מאבריו, משא"כ במכשיר
מלאכותי, וכל זה פשוט בעיני.

ואסיים בברכה נאמנה לידי"נ שקב"ה יוסיף לו
עוז ותעצומות להמשיך בדרכו בהרבצת
תורה ועשיית חסד להגדיל תורה ולהאדירה.

בידידות עמוקה

והוקרה מרובה

אשר ויים

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סימן קלד

הנהגת ההלכה ב.O.C.D.

תלמיד חכם מופלג וירא שמים מרבים שסובל ממקרה קשה של אובססיביות (O.C.D.)
ולרוב אינו מסוגל להגות ברכה כהלכתה, או לקרוא את השמע כהלכתה, ולפעמים
נאבק הוא זמן רב ללא הועיל כדי להוציא שם השם כראוי, ויש לו עגמת נפש עצומה.

לדעת הרופאים המומחים בתחום זה דרך הטיפול היא שלעולם לא יחזור פעמיים על דיבור
או תפילה ואם לא הצליח בפעם ראשונה להגות את הברכה או התפלה כראוי אין
לעשות כלל נסיון נוסף. בדרך זו מקווים רופאיו לחלצו ממצוקתו.

ת"ח זה נפשו בשאלתו. כאשר ברור לו כשמש שלא הגה את השם כדין ולא יצא יד"ח
בברכתו האם מותר לו לאכול. ואת"ל שמותר לו האם ראוי שימנע מאכילת פת
כדי שלא יתחייב בברכת המזון, ועכ"פ לא יאכל כדי שביעה כדי שלא יבטל מצות
ברהמ"ז דאורייתא.

דאם פטור הוא מלבזבז הון רב על המצוות ה"ה
שאינו חייב לחלות, ולא יהא ממונו חביב עליו
מגופו. וכיון שבני"ד בביטול מצוות עשה עסקינן
ולא בעבירת לאו, נראה דמותר לו לבטל מצוה
כדי להתרפאות מחליו כשאי אפשר בענין אחר,
דכשם שמותר לו לבטל מצוה כדי שלא יחלה ה"ה
כדי להתרפאות מחליו.

נראה בזה להלכה דראשית חובתו של איש זה
לעשות את כל הנדרש על מנת למצוא
מזור ומרפא למחלתו ולשם כך מותר לו אף
לעבור על מצוות התורה. וזאת מחדא ותרי טעמי.

א. כבר ביארתי במק"א דרשאי האדם לבטל
מצות עשה כדי שלא יפול למשכב ויחלה.

ואף שאמרו (ברכות ל"ה ע"א) דאסור לאדם להנות מעוה"ז בלי ברכה, ומשמע דאיסור יש בדבר, כבר ביארתי במק"א (מנחת אשר דברים סימן ט"ו) דנראה עיקר כדעת רש"י דבאמת אין זה אלא ביטול מצוות עשה, עי"ש.

ב. אף אם נאמר דאסור לעבור על איסור כדי להתרפאות, שאני נידון דידן שהרי אם לא יתרפא ויחלץ מן המיצר יבטל מצוות אלה לנצח וכל כה"ג אמרינן מוטב שיחלל שבת אחת ולא יחלל שבתות הרבה.

ויסוד זה למדתי מדברי החת"ס (שו"ת או"ח סימן פ"ג ד"ה נחזור לענינו) שכתב בילד שדינו כשוטה האם מותר להכניסו למוסד שבו יטפלו בו ויש סיכוי להחלימו ולהוציאו מתורת שוטה, ויתחייב במצוות. אלא שבמוסד זה יאכילו אותו מאכלות אסורות, האם מותר להכניסו למוסד זה.

וכתב החת"ס דאם עי"כ יש סיכוי לרפאותו, פשיטא דאף אם נאמר דהוי בכלל ספייה בידיים ואסור מה"ת מ"מ מותר דאטו חייבים אנו להשאירו שוטה ופטור מן המצוות.

והחת"ס הוכיח סברא זו ממה דמצינו במי שמהלך במדבר ואינו יודע באיזה יום שבת שאסור לו לעשות מלאכה אלא כדי חיו אבל לא הגבילו אותו שלא ללכת יותר מתחום שבת, דהלא עליו לעשות כל שבידו לצאת מן המדבר ולהגיע למקום יישוב כדי לקיים מצות השבת כדת וכדין.

ואף דפשוט שיש לחלק, דשאני ודאי מספק ואפשר דרק המהלך במדבר דהוי ספק עבירה מהא דלא ספינן ליה בידיים, ברור שכל כונת החת"ס רק להביא מקור וסמך למה דפשוט ליה מסברא דמותר לו לאדם לעבור איסור כדי

לחלץ עצמו ממצב שבו אנוס הוא לעבור באיסור זה שבעתיים, ומשו"כ מותר לו לעבור על תחום שבת כדי לצאת מן המדבר ויוכל לשמור שבת כהלכתה, וכן מותר להאכיל לילד איסור כדי להבריאו ולהביאו לכדי חיוב מצוות. (ועיין לעיל בסימן מ"ז מש"כ בדברי החת"ס).

וכך נראה גם בני"ד דמותר לאיש יקר זה לבטל ברכות וקר"ש כדי להתרפא ויכול לקיים מצוות אלה כהלכתן ודקדוקיהן.

וביסוד הסברא הרי זה דומה למה שאמרו חז"ל (יומא פ"ה ע"ב) חלל עליו שבת אחת כדי שישמור שבתות הרבה ואם לא נתיר לו לבטל מצוות אלה במעט לעולם לא יתרפא ונמצא מבטל מצוות אלה תדיר מתוך שברון לב ואנחת נפש, וכל כה"ג פשוט דזו הדרך ישכון בה אור.

והרבה התבוננתי במה שאמרו חז"ל (נזיר כ"ג ע"ב) גדולה עבירה לשמה. ולמדו זאת ממה שהכתוב משבח את יעל אשת חבר הקיני, ואף שלא אמרו כן להלכה, מ"מ מצינו בדברי הפוסקים (ב"ח חו"מ סימן רנ"ו) שציטטו מאמר זה אף להלכה, ולא נתברר בזה גדר מסויים והלא פשוט דאיסור גמור הוא לעבור עבירה אף כאשר כונתו לטובה ואין בכונה טובה כדי להתיר את האסור או לטהר את השרץ.

ונראה דכלל זה נאמר במקום דאי אפשר, דיעל אשת חבר הקיני מסרה עצמה לעבירה כדי להושיע את ישראל, ופשוט דא"א בענין אחר, דאטו תתן לכל ישראל לגווע. וממנה למדו דבמקום שהדעת הברורה והסברא הישרה והפשוטה נותנת דאי אפשר לנהוג בשב ואל תעשה וע"כ נדרשת פעולה, וכל כה"ג אף אם אין היתר ברור מצד כללי עדל"ת וכדו', מ"מ גדולה עבירה לשמה, וכך נראה גם בני"ד.

^{אוצר החכמה}

להאריך בענין זה רק כן להורות לו שבכל מה שעבר לא יחזור שוב עליו עוד הפעם.

ובסו"ד כתב: "תלי"ת הבחור הזה נתרפא במשך זמן קצר וכעת הוא משמש במשרה חשובה".

הרי לן כדברינו ביסוד ההוראה ובביאור הדברים נראה כנ"ל. מי יתן שגם בני"ד נוכל להתבשר במהרה שבעזה"י זכה לרפואה שלימה.

ודו"ק בכ"ז היטב.

ושמחתי בראותי שוב את מש"כ מרן בעל קהילות יעקב זצ"ל ממש בשאלתנו בספר קריינא דאגרתא (אגרת שע"ג) בענין זה, וז"ל:

"והורתי לו שיתפלל בסידור ומה שכבר עבר לא יחזור עליו בשום אופן אפי' יהא נדמה לו בברור שלא אמר כהוגן או שדילג תיבות, וזה ברור שע"פ הלכה אינו מחוייב יותר אבל א"א להסביר ד"ז למי שהוא בעצבים מתוחים בענין זה ולכן צריך לומר לו בהחלט ובלי טעם אולי יש רק להסביר לו שחשש דאורייתא אין כאן וקשה לי

ב

ובמה ששאל אם ראוי להמנע מלאכול פת כדי שביעה כדי שלא יתחייב לברך בהמ"ז מדאורייתא.

נראה דאין לו להקפיד בכך כלל ומן הטעם שכבר נתבאר לעיל, שהרי זה טבעה ומהותה של מחלה זו שהאדם מייסר את עצמו כל הזמן בחרדות שלא עשה את המוטל עליו ולא יצא יד"ח בשום דבר, ורק כשיתגבר על חרדות אלה וישתחרר מהם ימצא מזור למכתו. ואם נפסוק לו להמנע מאכילת פת כדי שביעה ימצא אלף שאלות

ג

אמנם יש לעיין כיצד יוציא את בני ביתו בקידוש היום אם אינו הוגה את השם כהלכתו, ואף אם מצינו לו היתר לכשעצמו, אך מה יעשו בני ביתו אשר לא שמעו קידוש כהלכתו.

ובאמת נראה שמן הראוי שאשתו תקדש בביתו ותוציא אותו ידי חובתו, ואם יש בנים

נוספות. כגון שמא טוב לאכול פחות מכשיעור תוך כדי אכילת פרס כדי שלא יתחייב בברכה אחרונה בכלל, ושמא יאכל כל סעודתו שלא כדרך אכילה כדי שיפטור מברכה ראשונה, ושמא לא יישן שינת קבע כדי להיפטר מברכת התורה, וכדומה שאלות שונות ומשונות בכל תחום וענין, ואין לדבר סוף.

ומישו"ב נראה ברור למעשה דיש לו לנהוג ככל אדם וכדרכו של עולם, ולהשתדל פעם אחת בקיום מצוותיו כמבואר.

גדולים בבית יכולים הם לקדש ולהוציא את כל בני הבית ידי חובתם.

ובשיש אורחים בבית יש לו להתגבר על בושותו ולבקש מהם לקדש ולהוציא אותו ואת בני ביתו יד"ח בגלל הקושי שיש לו, וכשם שאין האדם בוש במגבלה גופנית שבה הוא לוקה, כך אין סיבה שיבוש במגבלה זו שאין בינה לבין מחלה אחרת.

והלא לפי חוקי המדינות המקובלות בכל תגלית רפואית יש ביד הממציא והיצרן לקבל סעד חוקי להגן על זכויותיו, ובתנאי שיוכל לייצר כמות מספקת ולהפיץ את התרופה לכל נצרך, אך לא יעלה על הדעת שימנע טוב מבעליו ויגרום סבל ונזק לרבים כשבידו לעזור ולהושיע למען בצע כסף. וכי בידו לרפאות את כל החולים שבעולם לבדו.

ומשו"כ פשיטא שמותר לגלות שיטה זו לתועלת החולים וכל הזריז הרי זה משובח.

אמנם כבר כתבתי דאין אני מאמין כלל בכל שיטה ותרופה שאין בעליה מוכנים לחשוף לאור השמש מה שבאמתחתו כדי שיוכלו לבודקו ולבקרו בין טוב לרע, ואכמ"ל.

ביקרא דאורייתא
אשר ויים

סימן קכח

הסובל מכפייתיות ואינו הוגה את האותיות כדין לענין תפילה

לכבוד איש יקר ונפלא
ירא אלוקים ובמצוותיו חפץ מאוד
ר'...

[מחזור 12 34 567]

מכתבו קבלתי ודבריו נגעו ללבי עד מאוד.

מע"כ סובל זה שנים מכפייתיות (O.C.D.) ומתקשה להתפלל ולברך כראוי, ומצא נוחם ומרגוע במה שכתבתי בשו"ת מנח"א (ח"ב סימן קל"ד). אלא שנפשו בשאלתו האם בכל זאת קיים את מצות התפילה כשלא הגה את השמות והתיבות כהלכתן, ותמה למצוא סברא שהתפלה תחשב תפילה אף שלא הגה תפילתו כראוי.

הרי לך דאף שאינו הוגה התיבות כדין, ועוד מעוות את הדברים באופן חמור ובמקום אהבה מוציא משפתיו איבה, מ"מ בתר כוונת הלב הולכין הדברים ועליו הכתוב אומר "ודגלו עלי אהבה".

אמנם פשוט הוא דאין זה אלא במי שאינו יכול להגות את האותיות כתיקנן, (עיין לעיל סימן י'), ועוד נראה דאין ללמוד הלכה מאגדות חז"ל, ואפשר שאף שדבריו העילגים מתקבלים באהבה אבל אין מזה ראייה שיצא יד"ח התפילה.

ואבאר לו את הנראה לי בעניי בסוגיא חשובה זו.

הנה אמרו חז"ל (שה"ש רבה פרשה ב'): "אמר ר' אחא עם הארץ שקורא לאהבה איבה כגון ואהבת ואייבת אמר הקדוש ברוך הוא ודילוגו עלי אהבה"

והפליגו עוד לדרוש (שם): "ודילוגו עלי אהבה... אמר הקדוש ברוך הוא וליגלוגו עלי אהבה".

שחלש ותש כחו להתודות בפיו לפני מותו מתודה בלבד, ע"ש.

וכ"ה ברמב"ן בתורת האדם (ענין הוידוי) "במס' שמחות תניא, נטה למות אומרים לו התודה עד שלא תמות, הרבה שנתודו ולא מתו והרבה שלא נתודו ומתו, והרבה שמהלכין בשוק ומתודין, שבזכות שאתה מתודה אתה חי, אם יכול להתודות בפיו יתודה, ואם לאו יתודה בלבד. אחד המתודה בפיו ובלבד ובלבד שתהא דעתו מיושבת עליו".

ומקור לדברים מצינו במדרש (תהלים מ"ה) "רחש לבי דבר טוב. להודיעך שלא יוכלו להתוודות בפיהם, אלא כיון שרחש לבם בתשובה, הקדוש ברוך הוא מקבלם, וכן הוא אומר ואתה שלמה בני דע את אלהי אביך ועבדהו בלב שלם ובנפש חפצה".

אבל בשאר המצוות מי שמכל סיבה שהיא נבצר ממנו לקיים מצוה מסויימת פטור ממצוה זו. ואין בכך תימא, הלא כהנים יש להם מצוות יתירות שאין לשאר העם ויש מצוות הנוהגות בארץ ולא בחו"ל, במקדש ולא חוצה לו, נשים פטורות ממצוות עשה שהזמ"ג, ואין ביד כל אדם לקיים את כל המצוות. וא"כ לא יפלא אם פטור האדם ממצוות שאין בידו לקיימן עקב מום גופני, אך לא כך הדבר לגבי תשובה ותפילה.

ומשו"ב פשוט בעיני דגם הסובל מכפייתיות, מתפלל הוא לפני אב רחום וחונן בכלים שנתן זה בידו ולא גרע מאילים.

הנני בברכה למע"כ שיזכה להתגבר על כל קושי ומכשול, לקדש ש"ש ולעובדו באהבה.

באהבה וביקר
אשר ויים

אמנם בעומק הדברים ופשטותן נראה מסברא לומר, דשתי מצוות יש בתורה שבהן מי שנבצר ממנו לקיימן מחמת פגם וחסר באבריו, מקיימן בדרך שהוא יכול ובכלים שיוצר האדם נתן לו, ויוצא בהן ידי חובתו אף שלא קיימן כדין, ושתי מצוות אלו הן התפלה והתשובה.

והצד השווה שבשתי מצוות אלו, שבשתייהן מלבד היותן מצוות כשאר כל מצוות התורה שכל המקיים אותן כהלכתן יבא ויטול שכרו, יש בהן פן נוסף, שהן כלים ואמצעים לזכות^{הערה} ברחמים ובחסד ובשפע עליון. שעל ידי התפלה זוכה האדם שהשומע תפלת כל פה יקבל תפילותיו ויחוננו בבני חיי ומזוני ובכל צרכיו וכל מחסורו אשר יחסר לו, ועל ידי התשובה זוכה האדם למחילה, סליחה וכפרה.

ופשוט הדבר בעיני, דלא יתכן כלל שיש בן ישראל שאין תפלתו מתקבלת משום שאילם הוא ואין בידו להוציא תפילתו בפיו, או משום פגם ומום בכלי הדיבור שעל ידו אינו יכול להגות התיבות והאותיות כראוי.

וכיוצא בדבר לגבי התשובה, הלא כתב הרמב"ם (פ"א ה"א מהל' תשובה) הוידוי פה מעכב את התשובה ומי שחזר בתשובה ולא התודה בפיו לא קיים מצוה ואין תשובתו מתקבלת. וכי יעלה על הדעת שהאילם או מי שדיבורו משובש ימות בחטאו בהיעדר יכולת להתוודות.

וע"כ נראה דאין הוידוי בפה מעכב אלא במי שיכול להתודות, אבל מי שאין בידו להתודות בפיו מתודה בלבד ועלטה לו. וכך כתב הרא"ש בסוף מס' מו"ק (פ"ג סימן ע"ו) דמי

Selected emails from our listeners

I want to thank you for your amazing radio program that you hold every Motzai Shabbos. I just recently started listening and I want to thank you for extensively talking about Mental illness in the Jewish community. I fervently hope that with Hashem's help, there will come a time when Mental Illness will not be as stigmatized and will be viewed like any other illness.

Tiztku L'mitzvos!

Thank you,

Saralah

Dear R' Dovid,

As you surely have a charedi audience as well, one might suggest that you be more careful with mentioning things that we don't know about and don't want to know about. You threw out the name Harvey Weinstein like he was part of the charedi world. Curious I Googled his name just to see he belongs to the depraved Hollywood world. A Jew gone sour. This is not our world and we don't need to touch it.

Just my thoughts.

Yaakov Ulano Netanya

I love your show. Makes my long commute more manageable. i have a suggestion for a topic on your show. I am a physician and thank god made it through my training without ever working on shabbos. My rabbeim held that despite the pikuach nefesh heterim, too many serious halachik issues would come up and that if one does a non-shomer shabbos residency one is bound to be mechalel shabbos when it is not permitted. I compromised on which specialty I went into, which hospital I did my training in and even moved my family across the country to avoid these problems. I think it would be a good

topic to explore on your show as I know many aspiring doctors who don't think about this prior to going into the field. Can one put themselves into the situation lechatchila when they will have to rely on heterim of pikuach nefesh that were perhaps only put in place when the situation is before you at that time. Also what about duties that are not pikuach nefesh such as writing a tylenol order or writing discharge paperwork which will all be encountered. i have heard there are various opinions with regards to this serious halachik question.

Thanks.

Selected audio from our listeners

Shlomo Hamelech 1 *[click here](#)*

Shlomo Hamelech 2 *[click here](#)*

Does everyone need a therapist? *[click here](#)*

What percentage of people are really helped by therapists? *[click here](#)*

Show suggestion 1 *[click here](#)*

Show suggestion 2 *[click here](#)*

Orthodox Compulsive Disorder?

February 15, 2010

by Sharon Udasin

“Mr. A” is a 43-year-old chasidic man who is so afraid to make mistakes in his daily prayers that he cannot bring himself to get out of bed until noon or 1 p.m. The reason? Obsessions he’s faced since his days in yeshiva, when he was consistently the last person to finish praying each morning.

“He thought he was just more religious than everyone in the class,” said Dr. Steven Friedman, a professor of clinical psychiatry at SUNY Downstate, who was addressing a group of fellow therapists. “Patients who have religious obsessions often don’t recognize or admit that they have symptoms.”

Friedman was speaking to a group of 30 therapists — at least 20 of them Orthodox Jews — who had gathered for a three-day conference this week at SUNY Downstate Medical Center in Brooklyn sponsored by the Behavior Therapy Training Institute of the International Obsessive Compulsive Disorder Foundation. While the Institute holds about three of these meetings annually, this was the first conference tailored specifically to the needs of Orthodox Jewish therapists, who had been unable to attend regular Saturday programming.

Sessions last weekend were largely the same as any other Behavior Therapy Training curriculum, aside from Friedman’s Sunday afternoon lecture about “Religious Scrupulosity,” which targeted obsessions and compulsions rooted in Jewish ritual. In addition to discussing these specific behaviors and treatment techniques, the doctors focused on the unwillingness of many Orthodox Jews to even seek treatment, in a community where mental health issues are somewhat taboo.

“You can speak Yiddish like I do and you’ll still find that that won’t get you access to certain populations,” Friedman said. “Since the community is so small, most of them you know and it’s one degree of separation. If you give me the name of an Orthodox person in the United States, I can find someone who knows something all about them.”

“This is problematic when you do therapy,” he added.

OCD is a genetic disorder that equally affects men, women and children of all backgrounds, typically appearing between the ages of 10 to 12 or in late adolescence or early adulthood, according to the Foundation. On average, OCD inflicts 1 in 100

adults and 1 in 200 kids and teens, amounting to about 2 to 3 million adult cases and 500,000 childhood cases in the United States alone. Because OCD runs in families, there is a 15 percent chance that a patient's child will also exhibit OCD, though not necessarily in exactly the same form, Friedman explained. For example, he said, a parent might be an incessant hand-washer, while the child might become a compulsive checker.

Be it contamination, relationships or religion, OCD "always attacks what's most important," according to Friedman, and for Orthodox Jews with OCD what's most important is their daily commitment to Judaism. And so much of Orthodox Judaism — or anything religion — is about prescribed ritual, like the particular order in which Jews put on and tie their shoes, adjust tefillin precisely on their heads or clean themselves before prayer.

Ironically, however, OCD patients may get so much anxiety from the religious practices that they don't even enjoy the rituals and beliefs that are so important to them. Prayers and religious behaviors will often be painful processes, punctuated by incessant questioning and reassurance seeking from rabbis and elders.

"You see a lot of compulsive behaviors with the intention of undoing something that has been done wrong," said Dr. Jeff Szymanski, the executive director of the International OCD Foundation. "I have to repeat it until it's done perfectly."

Friedman added, "People with OCD don't really get any joy out of their religious experience."

Instead, they may spend inordinate amounts of time doubting and checking — whether they prayed correctly, whether they greeted every single person in shul, whether they scrubbed their hands for long enough between handling milk and meat. One patient was so worried about clearing his house of chametz during Passover that he built his own extremely dangerous — not to mention illegal — matzah-baking oven in his basement. Intrusive thoughts may also extend to aggressive and sexual obsessions, such as momentarily perceiving the rabbi as a Nazi, thinking the Second Temple was for pagans or fearing homosexuality when one is not actually gay.

"A lot of Orthodox Jewish men seem to have this fear. It's not usually true. I usually just ask them one question, are you attracted to men?" Friedman said. "And the answer is usually no."

For Orthodox women, he says, the most problematic Jewish rituals for patients are properly adhering to kashrut and observing "family purity" laws, which Friedman calls a "torture" for some OCD patients, particularly due to the meticulous checking and counting required of them each month.

"The rituals will typically be offshoots of their current religious practices. Their faith-based practices will get co-opted by the OCD, so [a Jewish patient's] compulsive behavior will look a bit different from someone who is Protestant or Muslim," Szymanski said. "But the themes are pretty consistent — it's typically a fear of offending God or engaging in something blasphemous, a fear of hell, of Satan, of doing

something imperfectly. The compulsive behaviors are typically things like praying a certain way and praying enough.”

Among patients of other religions, Friedman found one Hindu man who was so afraid of stepping on God that he wouldn’t get out of bed, as well as many Muslims who were so concerned with performing ablutions (washing) properly that they were unable to begin prayers. For Catholics, imagining Jesus sleeping with the Virgin Mary is a popular obsessive fear.

The best way to conquer — or at least subdue — obsessions and compulsions is to undergo cognitive behavioral therapy with exposure to the trigger, a technique that is all too often left out of medical school and doctorate curricula, according to Szymanski. At their triennial conferences, the OCD Foundation aims to compensate for this oversight and teach therapists the newest techniques in cognitive behavioral therapy. For any patient with moderate to severe levels of OCD, Friedman adds that an on-site home visit is also crucial when assessing behavioral patterns.

“I actually go to the bathroom with them and say, ‘Show me how you wash,’” he said. “People are not in touch with many of their compulsions.”

And he believes that for the most part, Orthodox patients will progress better with Orthodox therapists, despite the fear that they may have some of the same friends and acquaintances in their close-knit communities.

“Ultimately for OCD and [religious manifestations of it], probably most of our patients are better served by seeing someone within the community who knows the intricacies,” Friedman said, noting that he’ll often help people by labeling their obsessions in Jewish terms — “mishegas” (craziness) for adults and “nudniks” for kids.

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Suspending *Mitzva* Observance to Treat OCD

The National Institute of Mental Health estimates that some 2.2 million adults in the United States suffer from obsessive compulsive disorder (OCD),¹ a debilitating condition that manifests itself through, among other symptoms, incessant uncertainty about the satisfactory completion of tasks. For example, OCD patients are prone to repeatedly wash their hands due to the concern of germs, check their doors to ensure they are locked, and make sure electrical appliances are turned off before leaving the house. They might also count things multiple times out of fear that they may have counted incorrectly.

For the halachically observant Jew, OCD can be especially severe. *Halacha*, by nature, is very demanding and detailed, and given the religious importance we afford to the meticulous observance of all its minutiae, it can create a great deal of anxiety and result in compulsive behavior among those suffering from this disorder. Observant Jews with OCD may, for example, be unable to complete *berachos* or prayers, as the uncertainty as to whether they pronounced all the words properly will drive them to recite the texts repeatedly. Married Orthodox women with OCD may find themselves spending many hours preparing for the *mikveh* on the night of immersion, overcome by anxiety over the possible presence of *chatzitzos* (dirt or other foreign substances on the skin or in their hair, which could invalidate the immersion). They might also feel the need to consult about every light discoloration found on their undergarments and *bedika* (inspection) cloths. Pesach preparations can be exceedingly stressful for OCD patients, who will feel the need to check the entire house numerous times to ensure the absence of all *chametz*.

One Orthodox Jewish therapist explained that OCD “always attacks what’s most important” — meaning, it creates anxiety regarding that which is most vital to a person.² For most people, this is personal safety and health, but for the conscientious observant Jew, this also includes meeting halachic obligations. The obsession with halachic details, coupled with the more standard obsessions

1. <http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>. Retrieved November 12, 2015.

2. Dr. Steven Friedman, quoted by *The Jewish Week*, February 16, 2010.

with health and safety, can make the patient entirely dysfunctional and hamper his or her ability to find fulfillment in any area of life.

OCD is generally treated through cognitive behavior therapy (CBT), and at times with medication as well. Typically, the therapy used to treat OCD involves “exposure and response prevention,” whereby the patient is trained not to respond compulsively to the situations that trigger obsessive thoughts. In the case of “halachic OCD,” this might mean training the patient not to repeat the *beracha* or prayer text, even if he knows for certain that he recited it improperly.

This gives rise to the intriguing question of whether, from a halachic standpoint, such treatment is permissible. Is a therapist allowed to train his patient not to repeat *berachos* over food, for example, even in cases in which the patient is certain that he missed a word? Is it halachically acceptable for an OCD patient to continue his recitation of the *Shema* or *Amida* even after mispronouncing or omitting some of the text? In other words, is the interest of restoring mental health a sufficient reason to knowingly allow the patient to fail to observe *mitzvos*?

This question was already addressed by the Steipler Gaon in one of his published letters (*Karyana De-Igresa*, 373). Without elaborating, the Steipler Gaon rules that the patient in question should be instructed to pray from a *siddur* and not to go back to recite any text that he fears may have been recited incorrectly. More recently, Rav Asher Weiss dealt with this question in the second volume of his responsa (*Shu”t Minchas Asher* 134). Rav Weiss rules unequivocally that an OCD patient may and must follow his therapist’s instructions for overcoming his disorder, even at the expense of *mitzva* observance. He writes:

ראשית חובתו של איש זה לעשות את כל הנדרש על מנת למצוא מזור ומרפא למחלתו, ולשם כך מותר לו אף לעבור על מצוות התורה.

This man’s primary obligation is to do everything that is necessary for him to cure his illness, and to this end he is allowed even to violate the Torah’s commandments.

In the pages that follow, we will discuss Rav Weiss’ arguments and explore the various sources relevant to this issue.

יותר מחומש

Rav Weiss begins by positing that *halacha* absolves one from fulfilling a *mitzva* when this is necessary to avoid illness. Just as one is not required to pay יותר מחומש — more than one-fifth of his assets — in order to fulfill a *mitzva*, one is similarly not required to subject himself to physical harm or debilitation for

the sake of a *mitzva*. Therefore, if a person suffers from a debilitating mental illness, and his mental health professional determines that his recovery requires suspending *mitzva* observance, then the patient should comply. As long as he is only suspending the observance of *mitzvos asei* (affirmative commands), and not transgressing prohibitions, this is permissible for the sake of restoring his mental health.³

A similar line of reasoning can be found in a responsum of Rav Moshe Feinstein (*Iggeros Moshe*, E.H. 4:32), where he permits a young divorced woman to leave her hair uncovered so that people would not discern that she had been previously married. Rav Moshe writes that just as *halacha* does not require one to incur a loss of more than one-fifth of his assets for the sake of a *mitzva*, a divorcee is not required to compromise her ability to find a new husband for the sake of a *mitzva*. Therefore, if she truly believes that covering her hair would lower her chances of remarriage, then she is absolved of the hair-covering requirement. Similarly, in an earlier responsum (E.H. 1:57), Rav Moshe permits a widow to leave her hair uncovered because she needs to work to support her children and the job she was offered requires her to leave her hair uncovered. Rav Moshe maintains that hair covering is considered a halachic requirement, as opposed to avoiding a prohibition, and it is therefore suspended in situations of dire need, such as in order to secure a livelihood or to find a spouse.

Another precedent is a responsum of the *Avnei Nezer* (E.H. 1:8), who explains on the basis of this principle the reason why a husband is not required to divorce his wife who is found to be infertile. Although he bears the Torah obligation to procreate, nevertheless, losing one's beloved wife is considered a far more significant loss than the loss of a large amount of money, and he is therefore exempt from this *mitzva*, just as one is exempt from a *mitzva* requiring a sacrifice of one-fifth of his assets.

The Chasam Sofer and the Non-Jewish Mental Hospital

Rav Weiss proceeds to assert that even if the treatment for OCD requires transgressing Torah violations, this would also be permissible, in light of a ruling by the *Chasam Sofer* (1:83) concerning the case of a mentally ill seven-year-old child. The boy's family wanted to enroll him in a non-Jewish mental institute that was able to cure his condition, but he would be fed non-kosher food and would not be trained in any *mitzva* observances throughout his stay in the

3. Rav Weiss asserts that this applies to eating without a *beracha* as well. Although it may appear, at first glance, that there is a prohibition against eating without reciting a *beracha*, in truth, reciting *berachos* is an obligation, not the avoidance of a prohibition.

facility. Although a child below the age of *mitzva* obligation is not bound by Torah law, it is nevertheless forbidden for adults to feed him non-kosher food. As the *Chasam Sofer* acknowledges, it is possible that enrolling one's child in an institute that serves non-kosher food would be halachically equivalent to actively feeding him non-kosher food, and thus forbidden on the level of Torah law. The question thus arises as to whether this prohibition may be suspended for the sake of curing a child's mental illness.

The *Chasam Sofer* rules that the child may be brought to such an institute, writing, מוטב שיחלל תורה זמן מה כדי שישמור מצוות הרבה, — “It is preferable for him to violate the Torah for some time so that he can [later] observe many *mitzvos*.” In other words, if the child's condition was not cured, he would remain a שוטה (mentally disabled person) throughout his life and be exempt entirely from *mitzva* obligation. Therefore, it is permissible to have him violate *mitzvos* temporarily if this is necessary for his recovery and would then allow him to become fully obligated in all of the Torah's commands.

The *Chasam Sofer* draws an analogy to the situation of a person who finds himself in a remote, deserted location, and has lost track of the days of the week. Such a person is permitted to do the minimum needed to preserve his life, but no more, given that it may be Shabbos on any given day. Nevertheless, he is allowed to walk as much as he wants, despite the Shabbos prohibition of *techumin* (walking beyond 2,000 *amos* in an uninhabited area). As the *Chasam Sofer* notes (citing *Tosfos* in *Maseches Shabbos* 69b), the person may walk as far as he wishes even according to the opinion that considers *techumin* a Torah violation. The concept underlying this *halacha* is that if the person does not travel, then he will never reach an inhabited area where he can resume a proper halachic lifestyle. Somewhat similarly, it is permissible to allow a mentally ill child to violate the Torah for the purpose of enabling him to become mentally stable, and thus fully obligated in all *mitzvos*.

Rav Weiss applies the *Chasam Sofer's* ruling to the situation of an OCD patient. Without recovering from his disorder, an OCD patient who cannot complete *berachos* or prayers will likely never have the ability to properly fulfill these requirements. It is therefore preferable to have him knowingly suspend his observance of these *mitzvos* for the purpose of treatment, which will enable him to fulfill them properly throughout the rest of his life.

It should be noted, however, that later in his responsum, the *Chasam Sofer* imposes a significant qualification on his ruling, one which seemingly renders it inapplicable to the case of an OCD patient:

ברם דא צריכא: כשהוא מחוייב במצוות ולא הגיע לכלל שוטה שדברו בו חכמים בכל מקום, ואיננו אלא משום צרכי עוה"ז ועסקיו וכדומה, לכאורה אין ספק שאין להתיר שום איסור

בשביל זה, ומוטב שיהיה שוטה כל ימיו ואל יהיה רשע שעה אחת לפני המקום ב"ה, ומכל שכן שלא נעשה אנחנו איסורא זוטא בשבילו...

However, this needs to be said: If one is obligated in *mitzvos* and has not reached the point of being a שוטה of which the Sages always speak, and [the therapeutic intervention is needed] only for worldly needs, his commercial affairs and the like, then there appears to be no doubt that no prohibition should be suspended for this purpose, and it is preferable to be mentally ill his entire life rather than be evil for one moment before the Almighty, may He be blessed, not to mention that we should not commit even a slight transgression for him...⁴

According to the *Chasam Sofer*, violating the Torah for the sake of treating mental disorders is permissible only if the patient currently qualifies as a halachic שוטה, and is thus not bound by Torah law. However, if a person suffers from a mental disability but his condition is not severe enough for him to qualify as a שוטה, then “it is preferable to be mentally ill his entire life rather than be evil for one moment before the Almighty,” and thus neither he nor others may transgress the Torah for the sake of treatment.

In truth, however, it is possible that even the *Chasam Sofer* would agree to allow an OCD patient violate the Torah as part of his treatment. Rav Yitzchak Yehuda Shmelkes (*Beis Yitzchak*, E.H. 39) cites the *Chasam Sofer's* comments in the context of the question of whether a mentally ill adult woman may be committed to a non-kosher mental institute. He writes that undoubtedly, a mental patient may violate the Torah for the sake of improving his condition and thereby enabling him to fulfill the Torah henceforth. Amidst his discussion, Rav Shmelkes contends that when the *Chasam Sofer* wrote, מוטב שיהיה שוטה כל ימיו ואל, יהיה רשע שעה אחת לפני המקום, he meant that one may not transgress the Torah for the sake of improving mental health so that he can function more effectively in worldly affairs. If, however, one's condition compromises his ability to perform *mitzvos*, then even the *Chasam Sofer* would allow violating the Torah for the sake of treatment.

The *Chasam Sofer's* formulation does not support this reading, as the *Chasam Sofer* wrote explicitly that his lenient ruling applies only to those who fall into

4. The person to whom the *Chasam Sofer* addressed this responsum had proposed in his original letter that enrolling the child in the facility should be permitted for the sake of כבוד הבריות — the child's dignity — as in his state of mental illness, he acted in a humiliating manner. The *Chasam Sofer* rejected this argument, however, noting the Gemara's comment that a שוטה does not experience actual humiliation (*Bava Kama* 86b), and the family's embarrassment over their son's mental illness does not warrant suspending Torah law.

the halachic category of שוטה. Regardless, the *Beis Yitzchak* clearly maintains that even other mentally ill patients are allowed to seek treatment that entails Torah violations if this would enable them to observe *mitzvos* properly.

ספק סכנה

Another basis for suspending *mitzva* observance in the case of an OCD patient is the concern of suicide. Studies have shown that as many as 25% of OCD patients become suicidal due to the unbearable hardship the disorder causes. A well-established halachic principle mandates violating any Torah law that is necessary to save a life, even if the statistical probability of death is low. As long as there is a risk, the concern to save a life overrides any Torah law.⁵ Seemingly, then, the risk of suicide should suffice to allow the patient to suspend *mitzva* observance as necessary for effective treatment.

A precedent for this line of reasoning appears in a responsum of the Rashba (*Teshuvot Ha-Meyuchasos La-Ramban*, 281), who addresses the intriguing case of a person who had taken a vow not to laugh. He subsequently developed a severe mental disorder, and it was discovered that when people laughed in his presence and made him laugh, his condition was alleviated. The question was asked whether it was permissible to have this patient violate his vow in order to restore his mental functioning. The Rashba asserts that there is room to allow laughing in this individual's presence, as this situation involves ספק סכנה — the risk of death. He writes: הכא...דאיכא רוח רעה תקפה, אפשר דאתי בה לידי סכנה ומשום יתובי — דעתא שרינן ליה — “Here...where there is a strong evil spirit [mental dysfunction], he might possibly put himself in danger, and so to settle his mind we allow this for him.”

Similarly, Rav Nissim Mizrachi (*Admas Kodesh*, Y.D. 6) addresses the case of a man who experienced periodic bouts of mental insanity for several days at a time, and it was suggested that he be fed a certain non-kosher food, which would cure him.⁶ Rav Mizrachi rules unequivocally that this person's condition is considered life-threatening, and his treatment therefore overrides all Torah laws:

ודאי חולי זה הוא חולי שיש בו סכנת נפשות, ואף שאינו מסוכן מחולי זה, מ"מ מסוכן הוא שהוא בידו ימית עצמו, ולכן נזהרין בני אדם שאין מניחין אצלו שום כלי משחית, אפילו מחט קטנה, וגם מניחין בידיו ורגליו כבלי ברזל כדי שלא יחנק עצמו בידיו ולא יפיל עצמו מאיגרא רמה לבירא עמיקתא.

5. See *Bei'ur Halacha* 329, ד"ה אלא.

6. Specifically, it was recommended that he be fed the meat of a chicken that died naturally, without *shechita*.

Certainly, this is an illness that involves a risk to life, for even if he is not endangered by this illness, nevertheless, he is in danger of killing himself with his own hands, and therefore people are careful not to leave with him any destructive instrument, even a small needle, and they also place iron chains around his hands and feet so he will not choke himself or jump from a high rooftop to a low ditch.

By the same token, it would seem, it would be permissible for an OCD patient to undergo treatment that entails suspending *mitzvos* in order to save him from the potential fatal effects of this disorder.

ספיקות החמורות אשר אין להן קץ וסוף

Rav Weiss emphasizes that all this applies specifically to the *mitzva* observance of the patient himself. Others, however, are not permitted to compromise their fulfillment of halachic requirements for the sake of his treatment. Thus, for example, if an OCD patient is unable to properly recite *kiddush*, and he has a family, someone else should recite *kiddush* for everyone at the table. They should not forfeit the *mitzva* of *kiddush* for the sake of the patient's exposure and response prevention therapy.

This distinction poses an especially difficult problem in the case of a married woman suffering from OCD, who must prepare for immersion in the *mikveh* each month. Quite obviously, a couple may not resume marital relations if the woman did not properly ensure the absence of *chatzitzos* in her hair and body, yet, at the same time, it is imperative for the woman to overcome her obsessive tendencies and avoid excessive anxiety over the preparations for immersing. Such cases must be discussed with a competent halachic authority, who will provide guidance for the *mikveh* attendant, informing her of the minimum requirements that the woman needs to meet for her immersion to be valid, and which customary measures can be waived out of consideration for the patient's condition.

It is worth noting in this context an enlightening passage written by the Ramban (end of *Hilchos Nidda*) warning against unnecessary stringency and obsession with regard to preparations for the *mikveh*:

ומדיני חציצה לא טוב היות האדם מחמיר יותר מדאי ומחפש אחר הספיקות לפסול טבילתה בדבר הקל, כי אם כן, אין לדבר סוף. אלא, אחר שחפפה ראשה וסרקה במסרק וחפפה ורחצה כל גופה בחמין ונזהרה לבלתי תגע בשום דבר חוצץ, ותעשה טבילתה בפשיטות איבריה וכל גופה, לא יכניס אדם ראשו בספיקות החמורות אשר אין להן קץ וסוף, כגון עצמה עיניה ביותר, קרצה שפתותיה ביותר ומשאר הספיקות, כי מי יוכל להבחין בין עצמה ביותר ובין לא עצמה ביותר.

With regard to the laws of *chatziza*, it is not advisable for a person to be excessively stringent and to look for uncertainties to disqualify the immersion over some trivial matter, for if so, there is no end. Rather, after she cleaned her hair, combed it with a comb, cleaned and washed her entire body with hot water, was careful not to touch anything that could make an obstruction, and performed her immersion while spreading out her limbs and her entire body, one should not then give thought to grave uncertainties that are endless, such as whether she closed her eyes too tightly, clenched her lips too tightly, and other questions, because who can distinguish between too tightly and not too tightly?

In general, and certainly when dealing with a patient suffering from obsessive-compulsive disorder, a common sense approach is needed to ensure that halachic requirements are satisfied without excessive worry. A fine line — or perhaps not such a fine line — separates between proper halachic vigilance and harmful anxiety. Particularly in the case of an OCD patient, one must ensure to distinguish between strict halachic requirements and unnecessary, stress-inducing stringency, so that halachic observance will bring joy and fulfillment, and not aggravation and anxiety.

INTERVIEWS

Rav Asher Weiss on *Headlines with Dovid Lichtenstein**

OCD is very common and very prevalent in our society. I am sometimes asked about people who are suffering from OCD and have difficulty *davening* properly, and sometimes people are tormented by the way they *daven* or *bentch*.

The *teshuva* in *Minchas Asher* deals with a *talmid chacham* who felt he could not even say Hashem's Name properly, and he spent many hours a day just trying to *bentch*, recite *Shema*, and *daven*. The *psak* I gave him, basically, was that he should try to daven once and do his best, but never go back to repeat a *Shem*, *beracha*, or *pasuk*.

The *Chasam Sofer* argued that when a child suffers from limited mental capacity, it is in our interest to bring him into the category of a בר חיובא and enable him to fulfill all the *mitzvos*, and this overrides [Torah law]...

The treatment of OCD necessitates letting these people get over the tension and stress. So even if he would not properly fulfill these *mitzvos*, our *psak*

would be: do the best you can, and move on. This is the only chance of helping these people in their healing process and enabling them to fulfill all the *mitzvos* בשלימות in the future.

This person turned to me once again, and, persisting, asked, “Do I fulfill the *mitzva* of *tefilla* or not?” I wrote an additional *teshuva*, which is not printed in my *sefarim* but which I hope will be included in *chelek 3* [of *Shu”t Minchas Asher*]. I argued — and it’s a big *chiddush*, but I stand behind it — that when it comes to the *mitzva* of *tefilla*, we do the best we can. Not only is one not obligated to do more — besides the *psak* that one should do what he can and move on because our primary interest is that he is healed — but he also fulfills the *mitzva*. This concept is unique to *tefilla* and to one other *mitzva* — *teshuva*. With regard to these two *mitzvos*, if a person is unable to fulfill the *mitzva* fully — not because he does not want to, but because of רצון ה' — then he fulfills the *mitzva* by doing what he can.

This is based on various sources in *Chazal*. The *Midrash Tehillim* (45) says:

רחש לבי דבר טוב – להודיעך שלא יכלו להתוודות בפיהם, אלא כיון שרחש לבם בתשובה קבלם הקב"ה.

“My heart has thought a good word” (*Tehillim* 45:2) — this is to teach you that [the sons of Korach] were not able to confess with their mouths, but since their hearts were moved by repentance, God accepted them.

The Rambam writes in *Hilchos Teshuva* (1:1) that מעכב is וידוי פה — without verbal confession, one does not fulfill the *mitzva* of *teshuva* and one does not earn atonement. Even if one performed complete *teshuva* in his heart, it does not count if he did not verbally confess. Nevertheless, the Midrash says, קבלם הקב"ה — Hashem accepts the *teshuva* of those who are incapable of verbally confessing. As we know, we don’t *pasken* from Midrash. But this is not only a Midrash. The Rosh in *Moed Katan* (3:76) deals with the obligation to say *vidui* before one’s demise, and he says that if one cannot say *vidui*, then if he did his best, he fulfilled the *mitzva* and he earned atonement.

I think we find the same concept regarding *tefilla*. The *Midrash Rabba* (*Shir Ha-Shirim*) says something shocking:

אמר רבי אחא עם הארץ שקורא לאהבה איבה, כגון ואהבת ואיבת, אמר הקדוש ברוך הוא ודלגו עלי אהבה.

If a person who does not know better mispronounces ואהבת את ה' אלקיך as ואהבת את ה' — which means, “You should despise Hashem your God” instead of “You should love Hashem your G-d” — *Ha-Kadosh Baruch Hu* nevertheless accepts his prayer. This is a Midrash, but I believe that this is a common denominator

shared by *teshuva* and *tefilla*. These are two *mitzvos* which, more so than other *mitzvos*, are not only an obligation, but also a gift and privilege. The *mitzva* of *teshuva* offers us the opportunity to earn forgiveness for our sins, and Rabbeinu Yona says that this is the greatest gift which *Ha-Kadosh Baruch Hu* bestows upon us. The same is true of *tefilla*. The Gemara says in *Berachos* (20) that *tefilla* is defined as רחמים, and thus even though *davening* is a מצוות עשה שהזמן גרמא, women are obligated in *tefilla*, because they need רחמים no less than men. Like *teshuva*, *davening* is a precious gift, giving us the opportunity to receive *Ha-Kadosh Baruch Hu*'s compassion. To me it is obvious that there cannot be an אדם מישראל who, for reasons that do not depend on him, cannot have the opportunity to fulfill the *mitzva* of *tefilla* and earn רחמי שמיים, or fulfill the *mitzva* of *teshuva* and earn forgiveness.

So my response to those people tormented by OCD, who feel that they cannot *daven* or *bentch* properly, is that not only do I *pasken* that they should move on because they need to heal, but far beyond that — when they do their best, they fulfill the *mitzva* of *tefilla*.

Ha-Kadosh Baruch Hu is שומע תפילת כל פה. This includes people who cannot really pronounce the words as they should. Parents always understand their child. Sometimes I visit people and the babies are chattering away and I don't understand a single word, but the father and mother always understand. *Ha-Kadosh Baruch Hu* is our Father, and He understands our *tefillos*. I am aware there are halachic criteria, but nevertheless, if you can't do any better, you fulfill the *mitzva* of *tefilla*.

Regarding women and *tevila* — I cannot say that *chatzitza* is the same as *tefilla*. But when the *mikveh* attendant is aware that the woman is totally clean and nothing more needs to be done... we need to do our best to comfort her. I assume that after [washing] once there is no longer any *chatzitza*. The body of an OCD patient is no different than that of any other person.

[As for treating OCD as a life-threatening situation due to the risk of suicide,] I don't think we need to go to this extreme, because most of the issues we are dealing with involve at most a *mitzvas ase*... [But,] there is a famous *teshuva* of the *Chasam Sofer* about an epileptic, and he says that because the epileptic might fall on a rock and hurt himself seriously, even though this is quite remote, he can be considered a חולה שיש בו סכנה. So if the statistics [about the high rates of suicide among OCD patients] are relevant [to the Orthodox Jewish community], then there definitely would be a basis to utilize the concept of חולה שיש בו סכנה. But I don't think we need to go to that extreme.

* Broadcast on 2 Av, 5775 (July 18, 2015).

Rav Dovid Cohen on Headlines with Dovid Lichtenstein*

I don't think that some anxiety which is based on *mitzvos* has no value. I think that in *Ha-Kadosh Baruch Hu's* eyes, the anxiety that a person has for *mitzvos* — as long as it's limited — is a positive thing. The *pasuk* says, *אם בחוקותי תלכו* and *אם בחוקותי תלכו* to mean, *שתהיו*, *ועשיתם* and *תשמורו* ועשיתם אותם. *Rashi* interprets *אם בחוקותי תלכו* to mean, *עמלים בתורה*. But what is *תשמורו* and *ועשיתם*? [The word] *עשייה* means “doing,” but what's *שמירה*? In my humble opinion, it refers to the concept we find in *Chazal* of *דאיגי במצוות* — anxiety because of *mitzvos*. “I didn't *daven Mincha* yet today — what time is *shkia*?” It's a normal anxiety, and this anxiety, I believe, is *שמירת המצוות*. *Davening* is *עשיית המצוות*. So I don't want to belittle the concept of *דאיגי במצוות*.

However, this must be to a degree that does not make a person sick. I know from speaking to top psychologists and psychiatrists that we have a problem which we can even call the *מחלת הדור* — the illness of our generation, of people who are stressed to the point of requiring professional help. We cannot say that stress has positive value in the eyes of *Ha-Kadosh Baruch Hu* if it brings a person to the point that he needs professional help... The *Arizal* taught that *simcha* is one of the highest levels, and that through depression a person can reach *שואל תחתית* — even lower than by committing an *aveira*. So we have to be careful with these things. Depression can lead a person to the end of his spiritual life — and I'm not even talking now about his physical life. If as a result of a *mitzva* a person experiences anxiety to the point where it spreads and overwhelms him — we need to be very careful, as this could lead him to *תחתית שואל*.

We need to have a sense of priorities. When it comes to a *mitzva* such as *Pesach*, which lends itself to anxiety, we must be careful to maintain proper priorities. We have to become knowledgeable. There is nothing in *halacha* that does not have a *machlokes*, so a person has to follow the *psak* of his *מרא דאתרא*. If a person wants to be *machmir*, then he can go a step further, but he first needs to know what the *halacha* is.

Many years ago, I asked Rav Yisrael Zev Gustman, who was in Rav Chaim Ozer's *beis din* when he was 20, 21 years old, the following question. Why is it that there are *poskim*, *גדולי ישראל*, who say that human beings were twice as big and chickens were twice as big in yesteryear, such that a *כזית* and *כביצה* were twice as big as our [olives and eggs]? We know through archaeological digs of *mikvaos*...that men and women were smaller than today!” He said, “You are right.” Period. A few years ago, it was reported on the first page of the *New York Times* that they found olives in Israel that were preserved, and they were smaller

than our present-day olives. So people tell me that their doctor said they cannot eat *matza*, and sometimes it can lead to severe illness, and I tell them to ask the doctor to think of an olive — even a large olive — and consider whether they can handle one or two of these quantities on the night of Pesach. If the doctor says yes, then do it.

There's a *teshuva* by Rav Moshe that a חולה שאין בו סכנה (an ill patient whose condition is not life-threatening) is exempt from *mitzvos asei*. So if a person can get sick and become a חולה שאין בו סכנה by eating more than a *kezayis* of *matza*, he should be careful not to be *machmir*... It is wrong for a person to become sick as a result of something which is clearly a *chumra*. There's a Yerushalmi about washing walls [before Pesach], and it has value, and the *Mekubalim* say that the perspiration when baking *matzos* is a great source of atonement. These things have value. But if a person does not have the proper balance, then this could lead to terrible things. Depression could lead to terrible things, as can anxiety. They can lead to addictions.

People with OCD are suffering from this illness. So one must be careful and judge himself, and ensure that everything is done intelligently. If a person can handle the stress, then it's wonderful for him to be דאיגי במצוות. But some people cannot handle the stress. There are those who get a rupture lifting 50 pounds, and some if they lift 300 pounds. It's similar with emotion — some can handle more, some less.

Another example — we teach our girls to daven, which is wonderful, but they are not being taught that the main obligation is *Shemoneh Esrei*, and there's some discussion about *Birkos Ha-Shachar* and one hundred *berachos*. There are women who, because of the tremendous burden of being wives and mothers, and sometimes they also have to “bring home the bacon” — pardon the expression — literally have no time to *daven*, and so they don't daven at all, because they know they can't handle it. No one told them that the Chafetz Chayim's rebbetzin didn't *daven* — she just said the minimum, according to the Rambam, because of the burden she carried. If a woman knows that all she really needs is *Birkos Ha-Shachar* and *Shemoneh Esrei*, then she won't give up *davening*, because this is something she could handle. The overwhelming desire to do a *chumra* when *halacha* doesn't require it diminishes from עשיית המצוות. And there are those who become sick as a result of stress.

A woman has to know that dirt is not *chametz*... If you really want to clean everything in the house and do spring cleaning as a *chumra* — fine, but only if you can handle it...

* Broadcast on 24 Adar II, 5776 (April 2, 2016). The interview focused mainly on OCD as it relates to Pesach.

Rabbi Dr. Jonathan Schwartz
on *Headlines with Dovid Lichtenstein**

Very often, there are two different ways people approach Pesach and Yiddishkeit in general. They come in the door and look at a *mitzva*, and many of us look with a very wide open eye, with an appreciation for the beauty and for everything about the *mitzva*. But there is a segment of the population that looks at it with a heavy dose of fear. This is the dividing line between a successful experience with *mitzvos* and an experience that is based less on Yiddishkeit and more on psychological anxiety.

A person who comes into Yom Tov with an understanding that his goal is to focus upon the 'מצוות ה' and the concept of *היא מעורבם* will see all the different responsibilities as steps along a higher purpose. This is the first thing we need to keep our eyes on.

In a shiur given quite a while ago, Rav Scheinberg *zt"l* spoke to women in Jerusalem about cleaning for Pesach, and he made it very clear how important it is to clean but not to go crazy... We have to keep in mind that there is a purpose to what we are doing, and we are guided by *halacha*, which has been handed down generation to generation and interpreted by our *poskim*. There is a higher goal. If people can keep their minds on that, then they can separate from crazy anxiety before Pesach and extremes, and focus on achieving what they need to achieve before and during Pesach.

There is a Harvard study of Judaism and mental health run by Dr. Dovid Rosmarin. He published a series of studies, and one really nailed it. He said that we need to understand that OCD anxiety has nothing to do with religion per se. The cause of OCD is a series of obsessions, recurring unwanted thoughts, that cause a person to do repetitive behaviors. It is not anxiety about religion or *halacha*.

Another *chaver* of mine, Dr. Jonathan Huppert of Jerusalem, published a study in 2007 teaching therapists to make it clear to their patients dealing with OCD that seems to lie in religion that religion is not really causing it. If the person wouldn't be concerned about religion, he would be concerned about something else. It [OCD] affects areas about which a person cares. The patient cares about certain thoughts more than others do, and places undue stress on himself, which in turn causes him to have doubts that he cannot shake. Our Torah tells us what we're supposed to do when we have doubts; the OCD patient gets so overwhelmed by doubts that he goes out of bounds. He just needs to learn where and how he is taking it further than he needs to.

One person is obsessed about cleaning, with not getting sick, so he goes out

of his way to clean obsessively. Somebody else says to himself that he doesn't want the *Ribono Shel Olam* to be angry at him, and he cannot handle the fact that He will punish him. This would cause religion-based OCD.

From my perspective, this comes from a misunderstanding, from mistaken beliefs. A person walks around with a mistaken belief — either he heard something in a *shiur* but paid attention to only half of it, or something somehow developed in his mind. What's more relevant to me as a therapist is to help the person understand that he is thinking errant thoughts which are causing him to have doubts, which are causing him to be scared, which is causing him to go to unreasonable extremes. If it is religion-based, then he is turning it into a halachic matter. His goal is to resolve all doubts, to get rid of all concerns. This is caused by a major fear that he has. In most cases of religion-based OCD, it's some variation of, "I don't want the *Ribono Shel Olam* to get angry at me; I don't want to go to *Gehinnom*." None of us want to be punished, but it's not the totality of how we engage in what we do. As a result, we are able to put this into context and live in a healthy environment and within the boundaries of *halacha* that tell us what to do when we have doubts. Someone who is overwhelmed will wind up running to do whatever he or she can to get out of doubt and can end up distorting *halacha*.

Every single one of us has obsessional thoughts. But a person with OCD lives a disordered life. I want to make sure the person understands where he is obsessing, what's causing him to do this, and to help him learn ways to live a completely normal life and place these thoughts into a context, so he can say, "This is obsessive, and I don't have to pay attention to it. I have to pay attention to reality and to *halacha*."

* Broadcast on 24 Adar II, 5776 (April 2, 2016). The interview focused mainly on OCD as it relates to Pesach.

Dr. Meshulem Epstein **on Headlines with Dovid Lichtenstein***

The gold standard of treatment for OCD is exposure and response prevention. This basically means the person is guided to expose himself to whatever it is he is afraid of — in this case, the fear of *Gehinnom*, of violating *halacha* — and not doing what he normally would in response to the fear, which is repeating or asking a lot of questions...

People who suffer from OCD — the most painful element, what keeps them doing things compulsively, is the inability to tolerate uncertainty. "Maybe the

tefillin are in the wrong place”; “Maybe I damaged somebody”; “Maybe it’s *treif*.” Around 95% of the OCD patients I treat are people who suffer from “Halacha OCD.” We have to be very careful when we go to a *rav*, because what happens is that they get reassurance from the *rav*, in which case we may be unwittingly reinforcing OCD by providing reassurance, and now every time they feel uncertain, they will have to go to a *rav* for reassurance. Sometimes, asking a *rav* could provide more certainty for the person, which is the worst thing for an OCD patient. We’re trying to condition him through behavioral exercises to accept more uncertainties. I say to a patient: “Your reality is no different than anyone else’s, but you suffer from anxiety that constantly reminds you of that small chance of something going wrong. But the reality is that we all live in the same world, and everyone lives with uncertainty — halachic uncertainty, uncertainty about physical health, etc. There are many decisions in life which we don’t get to know how great they are until later on in life, or never at all.”

The critical issue is — and many clients have told me this is what made the difference — the acceptance of uncertainty, which is ubiquitous. Everyone has to live with it; it’s part of life. Uncertainty is part of our halachic life. There is no way to avoid it, and this is what we want our clients to learn — that their compulsions are a way of running away from uncertainty.

* Broadcast on 24 Adar II, 5776 (April 2, 2016).