



Including Orthodox Jews in the Argument for Multicultural Sensitivity in Psychotherapy

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Mental health help-seeking by ethnic minorities and sensitivity to their needs has been identified as a priority. Most frequently, scholars such as Derald Sue identify people of color as the focus of micro aggressions and more generally, of bias and insensitivity. Yet, other minority groups are also part of the multicultural equation when considering mental health help-seeking and practice. Insensitivity to the needs of Orthodox Jews is an important omission.

Thus, for example, Joshua is an anxious man who lives on Manhattan's Upper West Side. He is the CEO of an advertising firm, has been married twice to attractive Italian Catholic women, and is the father of two children. Joshua describes himself as an American who happens to be Jewish. Joshua's brother, Avram, is married to an Orthodox woman whom he met through a shadchan (matchmaker), has 8 children and works in an electronics store. Avram describes himself as an Ultra-Orthodox Jew who lives in America. These men were born into the same family but reside in different worlds. Joshua's world is one in which both the creators of psychotherapy paradigms (e.g. Sigmund Freud), and many of its current practitioners and patients are Jews like himself. In Avram's, world, halakha (Jewish religious law) provides governing principles, and mental health professionals are avoided whenever possible.

The image of Jews in America is that they are a large group (though they only constitute 1.5 to 2% of the US population), who are White, affluent, highly educated, professional and liberal. They

have, for the most part, successfully assimilated into American society through adaptation and change of their religious outlook, and high rates of intermarriage. As the non-Orthodox become more "American" than Jewish, their barriers to mental health help-seeking decline, until they become even more open to psychotherapy than are other Whites. As my own research indicates, there is openness to discussing personal problems, a belief that they can be helped by psychotherapists, and a tolerance of stigma to an extent greater than among other Whites. Orthodox Jews, on the other hand have very different responses to psychotherapy, and appear to engage in less mental health help-seeking. Members of the latter group often dress and behave differently from other White Americans, live in insular communities, and avoid exposure to the mainstream media. In the event that they do seek help from mental health professionals, they often encounter little knowledge about Orthodox Judaism.

Orthodox Jews are an ethno religious group that is expanding in numbers, largely due to high rates of marriage and large numbers of children. They are increasing in numbers as the number of non-Orthodox Jews declines. Although, as Milton Rokeach argued, closed societies provide considerable support for their Members, but nevertheless they experience problems—including domestic violence, psychosis, and eating disorders. When Orthodox Jews do seek help, they may turn first to their rabbi or rebbetzin (rabbi's wife), who may be untrained to help with mental health problems, and become overwhelmed by the number of people needing their help. Mental health professionals may need training to insure that they are able to convince Orthodox Jews to obtain the help they need, and to provide sensitive, flexible care that is respectful of ethnic, cultural and religious needs.

We are members of a society in which we recognize the need to provide culturally sensitive treatment, and to avoid micro aggressions that can interfere with effective treatment. Sensitivity to differences in skin color is simply not enough. Effective help requires that even the needs of minority groups such as Orthodox Jews must be respected.

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