

*Commentary*

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*Ritual, Literalism, and  
Diagnosis: Thoughts Provoked  
by a Provocative Essay*

This case study is troubling and worrisome because, whether it was written as fact or fiction, it could very well be true. The relationship between psychiatry and religion has always been problematic, and since the problems between them are fundamental, they have not gone away with the passage of time, changes in the psychiatric profession, or changes in the cultural *zeitgeist*. This case study brings some major issues to the fore, and they are well worth our consideration, since they address core issues of psychiatric practice, as well as probe the essential nature of religious behavior. Let us begin with the questions raised regarding psychiatric practice.

The psychiatrist described is not a creature from the world of science-fiction. While somewhat of a caricature, he does resemble a very real practitioner, one with a strict biological orientation. Such practitioners observe only overt behaviors, and, by noting the correspondence of these behaviors to the categories of the diagnostic manual, render their diagnoses and prescribe specific treatment regimes. Practitioners who adopt this method of practice rigidly, or arrogantly, do not even attempt to ascertain the symbolic meaning of any given behavior. Failure to eat and drink is failure to eat and drink, and the fact that the day this behav-

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ior is observed as a religious fast day is not factored into the diagnostic equation. For such a rigid practitioner, and such do exist, the nightmarish scenario described in our case study may very well occur.

However, few psychiatrists committed to a biological perspective view behavior in such a narrow way. If nothing else, the current pressures toward multiculturalism have sensitized most American professionals to the need to understand the cultural context of behaviors, and it is unlikely that a psychiatrist in practice today will so stubbornly persevere in the application of purely biological interventions, proceeding from medication to medication, and from the failure of medication to electric shock, without some type of interdisciplinary consultation. And the benefit of that consultation would be to place the behavior into cultural context and to ascertain its symbolic, in this case, religious, meaning.

Especially in the last decade or so, perhaps because of the general societal interest in religion and spirituality, such gross misunderstandings are unlikely. Psychiatry has come to understand the value of religious ritual for the maintenance of mental health, although there is still plenty of resistance to this understanding by those of the “old school,” who were trained to view religious behavior as pathological. But the current trends of sensitivity to religion, ethnicity, and multiculturalism, have begun to teach the important lesson that behavior is language which must be understood, and that religions have their own language, which needs to be fathomed, decoded, and understood. These days, it is a poorly trained psychiatrist indeed, who is not sensitive to historical perspective, symbolic meaning, and cultural context.

The questions this case study raises with regard to the essential nature of religious behavior are much more difficult to dismiss, and are of far greater interest to readers of this journal. At least three questions come to mind: (1) How “real,” or literal, are our beliefs and practices? (2) What needs to be our emotional attitude when we perform religious behaviors? (3) Given that most of us live in the presence of observers who do not understand our practices, to what extent are we obligated, and to what extent are we able, to convey their meaning to these observers?

The question of the literalness of our religious practices is especially relevant to those areas of Jewish practice which are connected to historical or physical reality. In this regard, putting on *tefillin* or eating *mazzah* on *Pesah* are not problematic. But prayers for *refuah*, healing, and for the immediate reconstruction of the Holy Temple are indeed problematic. If belief in the power of prayer is “real” and literal, the importance

of medical treatment is called into question, and is of course, dealt with within our tradition. But a literal belief in “meherah yibbaneh ha-Mikdash” (“may the Temple be speedily rebuilt”) has very “real” political implications, and one wonders how observant Jews who favor surrendering the Temple Mount in the interests of the peace process reconcile their spiritual hopes with their political agenda.

The patient in our case study is a literalist, and seems to “really” believe in the efficacy of his prayers and in their objective. But it is fascinating to observe how other representatives of our faith, throughout our history but especially today, have diluted their literalness. One example is the tendency to “spiritualize” certain concepts, contending that “every ‘beis medrash’ where Torah is studied is Eretz Yisrael,” or “the Arabs may have the ‘makom ha-Mikdash,’ but we have the ‘beis ha-Mikdash shel Maylah.”” Such contentions certainly define down the literal quality of our prayers and beliefs in a way which is designed to avoid many of the potential conflicts of faith with historical reality.

In this connection it is useful to wonder why every Jew who recites *Shemoneh Esreh* three times a day is not accused of being a “messianist.” As the readers of this article are no doubt aware, one of the most damaging accusations that can be hurled at certain groups in today’s Israeli political environment is that of being “messianist.” One cannot help but wonder why such accusations are only directed to certain groups, while more “moderate” religionists are held exempt from such charges. It can certainly be possible that the accusers know full well that those they perceive as “moderate” are simply not literalists, and pray for a symbolic, “unreal” Temple, Jerusalem, or Messiah. And those of us who number ourselves among those “moderates” must indeed confront a moment of truth, and ask whether indeed we “really” believe. The “patient” in our case surely did. But do we all?

Another question with deep roots historically and theologically has to do with the emotion with which religious acts are performed. This question is best explained by considering a diagnostic category which poses special problems for religion, obsessive-compulsive disorder. It is exceedingly difficult to differentiate between overly scrupulous religious behavior and pathologically compulsive behavior. One method of distinguishing the two is to observe the emotional attitude of the actor. He who acts punctiliously, but in an attitude of “simḥah shel mizvah”, of joy and religious satisfaction, is a “medakdek be-mizvot.” But he who is painfully punctilious, and who grimaces with tension as he performs the *mizvah*, is displaying an obsessive-compulsive disorder.

We do not know, of course, the emotional attitude of the patient in our case study, but an astute psychiatrist would be primarily interested in this matter of mood. The healthy religious practitioner is especially capable of “*ve-gilu bi-re‘adah*,” of “trembling with joy.” The discriminating psychiatrist, nay, the impartial lay observer, should be able to easily detect that joy.

A third question has to do with the extent to which a religious practitioner who is functioning within some alien context needs to be able to explain himself to an observer. This has been the task of Jews throughout our history of dispersion. How did we present ourselves and our tradition to others? Did we attempt to communicate to our surroundings *our* conception of our religion? To a very great extent, this communication has become more necessary in recent times. The fascinating phenomenon of Senator Lieberman’s candidacy for Vice-President of the United States has brought these issues to the fore in a most dramatic manner. “How do the ‘goyim’ see us?” and “What is the responsibility of each of us to foster certain perceptions?” have become open questions in our society. In our case study these questions have a peculiar, but crucial, significance. “Does a religious Jew who knows he is being observed need to communicate the meaning of his behaviors to the observer?” is a fair question, whether or not the observer is a psychiatrist. As is, “how can he best do so?”

In closing, the questions occasioned by this case study deserve to be part of the agenda of all students of the psychology of religion. The “case study” prompts discussion of a number of essential, stimulating and significant questions, and the author is to be commended for offering us an opportunity for this discussion.