

## Responsive Counseling in Jewish Orthodox Communities

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*Multiculturalism social-justice has begun to take center stage in counseling and professional counselors are beginning to look at new methods of helping clients of different cultural backgrounds (Sue et al., 1992). The Orthodox Jewish population constitutes over 13 million people across the world (Central Intelligence Agency, 2014), and yet this population remains an invisible minority among professional counselors (Schnall, 2006). To address this gap, the authors of this article provide professional counselors unfamiliar with the Jewish community guidance on special knowledge and skills needed to provide quality therapeutic services, in keeping with the expectation of multicultural competency. Professional counselors working with this population need specialized knowledge sets about the traditions of Judaism such as rules of modesty, religious practices and holidays, and home and family life. Additionally, knowledge of the current epidemiological trends facing the Jewish Orthodox community is necessary for efficient intervention and prevention efforts, especially in the context of different approaches to Judaism. Finally, professional counselors must know how to engage Jewish religious leaders, the Jewish community as a whole, the Jewish family system, and the Jewish individual client in ways that respect their unique traditions and values.*

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Since the publication of the model of multicultural counseling competencies set forth by Sue, Arredondo, and Davis (1992), there has been a strong and consistent emphasis in both training programs and mental health professions for culturally responsive practices and training (Chao, 2012). This is a laudable effort to depart from the practice of applying counseling methods designed for dominant cultures to other groups without regard for cultural differences. Professional counselors who work with diverse populations need specific knowledge and skills to engage in responsive counsel-

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ing (Sue et al., 1992). There has been a great deal of attention paid to *visible minorities*; however, less attention has been paid to *invisible minorities*, or groups whose status as a minority is based on a characteristic that is not always apparent (Schnall, 2006). Examples of invisible minorities would include individuals such as lesbian, gay, bisexual and transgender persons, persons who were previously incarcerated in correctional facilities, persons struggling with poverty, and many more. With the notion of invisible minorities, the Jewish community is considered invisible in many contexts including in the counseling profession (Scholsser, 2006).

As of 2014, it is estimated that there are over 13 million Jewish persons in the world, of which over 6 million reside in the United States (Central Intelligence Agency, 2014). The invisible nature of the Jewish community has resulted in a relative dearth of professional literature providing cultural context and treatment guidelines for professional counselors serving this population (Altman, Inman, Fine, Ritter, & Howard, 2010). Complicating the issue is the heterogeneity that exists within the Jewish community in regards to practices and beliefs. The Jewish community is diverse in approach to customs of modesty, adherence to dietary laws, integration with secular society, and worldview (Altman et al., 2010). Furthermore, the Orthodox community, a subset of Judaism, is growing quickly, and professional counselors working with this population may need to become accustomed to their specific background and needs (Prager, 2013). If they do not understand the cultural context that impacts Jewish clients, professional counselors who are unaccustomed to working with this population may find themselves at an impasse. As well, it is possible that a professional counselor unfamiliar with Judaism and its traditions may unintentionally offend Jewish clients and impair the rapport-building process. To promote sensitive and effective multicultural practice, the authors of this article will first provide a brief introduction of multicultural competencies. Using these competencies as a framework, they will then introduce knowledge sets essential for working with Jewish clients, discuss Orthodoxy in the context of different approaches to Judaism, and specific mental health issues that Jewish clients from the Orthodox tradition encounter. Finally, treatment considerations will be provided.

### **Competencies in Multicultural Counseling**

The Association for Multicultural Counseling and Development's Multicultural Counseling Competencies (MCC) were developed by Arredondo and colleagues (1996) to outline general competencies that are essential when working with a member of a different cultural group. In this document, the authors set forth three major domains of competencies: (a) Counselor Awareness of Own Assumptions, Values, and Biases; (b) Counselor Awareness of Client's Worldview; and (c) Culturally Appropriate Intervention Strategies. Within each of these domains, which will be more fully explained below, it is expected that professional counselors attend to aspects of their own attitudes and beliefs, knowledge, and skills.

To address the first domain, which focuses on developing an awareness of one's own assumptions, values, and biases, a professional counselor must first cultivate an

attitude that cultural understanding is an essential part of self-awareness that can impact one's functioning as a professional (Arredondo et al., 1996). The professional counselor must also cultivate knowledge about their own culture as well as how cultural concepts, such as privilege and discrimination, can impact one's work with a client (Arredondo et al., 1996). More so, professional counselors must consider themselves continually "in process," developing their own cultural identity in addition to cultivating attitudes and knowledge in working with members of other cultures.

The second domain of multicultural counseling competencies focuses on understanding the client's worldview (Arredondo et al., 1996). Professional counselors must first become aware of positive and negative emotional reactions within themselves so that they can address them in order to effectively work with the client. Further, they must develop a base of knowledge, which allows them to understand the client in the appropriate sociopolitical, historical, and cultural contexts. To develop these competencies, professional counselors must not only acquaint themselves with relevant research, but also cultivate interactions with members of cultural groups in their everyday lives (Arredondo et al., 1996).

The final domain of the multicultural counseling competencies focuses on culturally appropriate interventions (Arredondo et al., 1996). To effectively work with a client from a diverse background, professional counselors must respect the client's cultural and spiritual beliefs, values, and practices. Additionally, professional counselors must respect attitudes towards helping practices in the cultural group in which they work, and seek to identify and address potential conflicts regarding their helping style with the culture of the client, the structure and hierarchy of family, and other values/traditions of the cultural group. Some of the important aspects of the skillset of the multicultural competent counselor include: not being "tied down" to one particular kind of intervention, willingness to interact with traditional healers or spiritual leaders, advocating for clients when the presenting problem stems from institutional discrimination, and being aware of bias in interventions or diagnostic tools and methods (Arredondo et al., 1996).

### **Knowledge Valuable for Treating Orthodox Clients**

In an effort to provide culturally responsive services to clients from Jewish communities, a professional counselor needs an understanding of what it means to be Jewish (Naumburg, 2007). In fact, this is a key element of multicultural counseling competencies. Arredondo et al. (1996) stated that, "Culturally skilled professional counselors possess specific knowledge and information about the particular group with which they are working. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients" (p. 2). In this discussion of Jewish identity, there are two major facets that must be explored: (a) knowledge about the traditions of Judaism and (b) knowledge of Orthodoxy as a specific group within the Jewish Community.

## Traditions of Judaism

**Important Jewish Practices.** As a professional counselor seeks to understand the rich tapestry of culture of his or her clients, developing knowledge of the traditions and practices are significant. One of the most well-known practices in Judaism involves adhering to dietary laws (*kasbrut*), frequently referred to as keeping Kosher (Frank et al., 1996). While there are many intricacies involved in keeping Kosher, the professional counselor can easily understand some of the broader rules of Kosher practice, which include: abstaining from foods (or kitchens) that mix and/or prepare both meat and dairy, strict preparation of meats which involves completely removing hematic fluid so that individuals do not consume any blood, and abstaining from a variety of animal food sources which are deemed “unclean” (Forst, 1994). The importance of understanding the dietary requirements of a client has several implications. This not only helps prevent a professional counselor from unintentionally offending a client in regard to dietary law issues, but it also demonstrates a care and concern for an essential part of the client’s daily life which lends dignity to both cultural beliefs and expressions. If a professional counselor is providing a workshop in which a meal is provided, then it may be useful to become familiar with Kosher certified foods and symbols that appear on food packaging in the supermarket, which indicate the degree to which foods adhere to Kosher preparation standards.

**Inter-gender relations.** In the Orthodox community, interactions between different genders typically have a great deal more structure than interactions for non-Jewish clients (Sublette & Trappler, 2000). One of the major differences that a professional counselor may immediately notice is the physical separation of genders in schools, at worship, or at social gatherings such as weddings (Lange & Freud-Kandel, 2005). The underlying value for inter-gender social contact is modesty and honoring of the marital relationship (Sublette & Trappler, 2000).

In the United States, the number of youths who engage in sexual relationships before the age of 13 ranges from 4.3% to 11.2%, and the number of sexually active teenagers ranges from 14.3 to 61.5% (Centers for Disease Control, 2011). This provides some clear evidence that in some U.S. communities there are relationships among adolescents emphasizing sexuality. However, in the Orthodox community, relationships and dating are often chaperoned, expected to be time-limited, are considered for the purpose of marriage, and do not include physical contact until marriage (Sublette & Trappler, 2000).

**Isolation.** Due to the desire to maintain the purity of their cultural and religious practices, in addition to a result of anti-Semitic oppression, frequently Orthodox Jewish communities are insular (Coleman, 2007). Orthodox Jews typically seek to have their needs met within their community, as opposed to engaging others outside the community for assistance (Sublette & Trappler, 2000). This assistance is typically sought from a

rabbi or friend (Schnall, 2006). In our clinical experiences, one concern from clients that manifests frequently is in regards to having a professional counselor who understands these common behaviors within the Jewish community, and the underlying motivation for privacy. It is essential for professional counselors to understand how cultural backgrounds can influence help-seeking behaviors and other life choices (Arredondo et al., 1996).

**Sabbath.** The Sabbath, or *Shabbat*, which is Hebrew for *rest* or *cessation* (Landau, 2009), serves as the Holy day for many members of the Jewish community. While the majority of Protestants celebrate their Sabbath on Sunday, *Shabbat* for Jews takes place from sundown on Friday to sundown on Saturday. *Shabbat* is traditionally commenced with the lighting of candles, three festive meals, and services at a synagogue. However, unlike Protestant Sabbaths, there is more to *Shabbat* than rest; and more to the Jewish traditions of the candles, meals, and synagogue attendance.

There are many prohibitions on certain activities during *Shabbat*, however Rabbinical law interpretation is complex and does not always result in complete agreement about authorities (Berman, 1992). Some typical prohibitions include use of electronic devices (such as cell phones or computers), use of automotive transportation, and activities that may be considered creative work (Berkowitz, 2008). Some implications for work with Orthodox Jewish clients include not scheduling appointments during these days, being aware of limitations in contacting them, or prohibitions on using technology during these times.

### **Orthodoxy in the Context of Different Approaches to Judaism**

Jewish cultures are not completely homogenous in beliefs, practices, and adherence to traditions. Like many cultural groups there is a diversity of beliefs and opinions within the larger group (Lazerwitz & Harrison, 1979). One fairly simple way of differentiating differences in practices and beliefs is through the examination of the different denominations of Judaism. Judaism can be sorted into three broad categories: Orthodox, Conservative, and Reform. It is important to note, however, that within these categories there is still a great degree of diversity.

One major example of that diversity is the perspective of Jewish persons in their relationship to the State of Israel. For each different group that will be discussed, Israel may have a different level of importance. Waxman (2007) stated that a survey of the Jewish population found that more than nearly three-quarters of Orthodox respondents reported being very emotionally attached to Israel. In contrast, Waxman (2007) reported that approximately half of Conservative Jews reported an emotional attachment and only one-quarter of Reform Jews reported emotional attachment to Israel. Ari (2012) reported that in a survey of 206 Israeli immigrants it was found that second generation immigrants (defined as children aged eight years or younger) tended to view Israel as less important than first generation immigrants who reported still having an emotional attachment to Israel. Therefore, while some Jewish clients may place a great importance

upon Israel and view themselves as dual citizens, younger generations may not have a strong relationship to Israel.

**Orthodox.** A simple explanation of Orthodox Jews is to explain them as a group that strongly believes in adhering to the commandments and regulations of Jewish sacred texts, including holidays, dietary restrictions, and *Shabbat* observances (Altman et al., 2010). Individuals in Orthodox communities seek to preserve the classical meaning of the sacred texts of their tradition. Furthermore, the texts provide grounding and structure to life; therefore providing a way to interpret an ever-changing society and structure one's life in such a society.

To simply say the Orthodox Jew is concerned with adhering to commandments of sacred texts, however, is not quite the true essence of what it means to be Orthodox. Nigosian (2008) elaborated that Orthodox Jews not only believe in following the word of the Scriptures exactly as they have been handed down, but also expect them to be applied in all domains of life. Therefore, an Orthodox Jewish client will adhere strongly to religious beliefs and the applications will appear at home, in relationships, and even in business dealings. These principles of Judaism apply to aspects of life such as diet, business decisions, inter-gender relationships, and more. This is but one of the areas where the thread of Judaism intersects many portions of the Orthodox Jew's life, which leads to a deeper understanding of Judaism as a culture, an ethnicity, and a religion simultaneously.

Within Orthodoxy, there are several different movements. While a full exploration of all approaches to Orthodoxy would exceed the scope of this article, a brief examination of some of these different movements will be included. Some of the different movements within Orthodox Judaism include Open Orthodoxy, Modern Orthodoxy, Hardei Judaism, and Hassidic Judaism.

Open Orthodoxy is a proposed approach to Orthodoxy that proposes changes to some of the elements of Orthodoxy which some feel might pose restrictions on practice. Rosenblatt (2006) identified some of the differences from other forms of Orthodoxy in that within Open Orthodoxy there is a spirit of intellectual openness, greater spiritual dimensions, and an expanded role for women. Yeshivat Maharat is a seminary that trains female spiritual leaders in the Orthodox tradition, which has been largely developed by Rabbi Weiss, a significant contributor to the movement (Mark, 1999). Despite some of the less strict interpretations of Judaic law, the Open Orthodoxy movement is still distinct from Reform and Conservative movements. There is a meticulous amount of attention dedicated to observation of rituals such as *Shabbat* (Weiss, 1997). As well, it is believed that life choices should be made in the view of the *entirety* of Judaic law an interpretation. A single position within history is not sufficient, rather one must carefully deliberate in view of the full history of precedents (Weiss, 1997).

Modern Orthodoxy is a movement which describes those with a wide spectrum of beliefs, both political and spiritual, that hold that Jewish values and rituals can in some ways be synthesized with being a citizen of the modern, secular world (Liebman, 1998).

In a view expressed by Berman (2001), a rabbi in the Modernist movement, members of the Jewish community can have contact with the modern world while still believing that Jewish law is to be literally interpreted and applied to one's life. While risks for remaining observant do occur, it is believed by those in the Modernist movement that despite the risks, there can be numerous opportunities to benefit the world and improve humanity through these interactions (Helmreich & Shinnar, 1998).

Haredi Judaism consists of a group of different sects of Judaism, which have several common core beliefs and traditions. In general, Haredi Judaism tends to emphasize stringent religious practices and rituals, rigid religious philosophies, and a maintained separation from the modern secular culture (Batnitzky, 2011). Haredi is a family oriented culture, with a strong focus on studying at Judaic schools and discouragement of secular education (Greenberg, Stravynski, & Bilu, 2004). Typical dress for men and women could be described as being plain, traditional, and highly concerned with modesty. Males typically wear black suits with a white shirt, a fedora with a skullcap underneath, and are typically not clean-shaven. Women tend to wear long skirts and shirts with sleeves with high necklines (Hoffman, 2011). In keeping with high desire for modesty, typically there are many circumstances that genders do not mix, such as during religious services or school (Zevloff, 2011). Additionally, there is a strong priority in the community to protect individuals from objectionable material which may lead to restrictions upon secular reading media, such as books, periodicals, and the Internet (Bryant, 2012). While some other groups of those in the Jewish community could be described as Zionistic (i.e., actively advocating for the re-establishment of the State of Israel), many members of Haredic community do not support such efforts (Ebenstein, 2003). One particular group, the Neturei Karta, opposes the re-establishment of the State of Israel, a position that stems from the belief that the State will be re-established with the coming of the true Jewish Messiah (Odenheimer, 2006). Thus, *human* attempts of the re-establishment of the State of Israel are considered by some to be idolatrous as it should occur as the result of Divine intervention not human will (Odenheimer, 2006).

**Conservative.** Within the Conservative denomination of Judaism, there is an attempt to strike a balance between conserving important traditions and acknowledging social change (Nigosian, 2008). Some examples of the acceptance of social development could include differences in ideas about inter-gender interactions (such as relaxed interpretations of what modesty means in the current era) or acceptance of driving versus walking to synagogue on *Shabbat* (Altman et al., 2010).

**Reform.** Those who belong to the Reform denomination of Judaism tend to emphasize retaining the essential parts of Judaism, while allowing for latitude in interpretation and application of the law (Nigosian, 2008). Altman et al. (2010) pointed out that there is an emphasis on personal decision and choice for the individual who is a member of the Reform group. Rather than focusing on the letter of the law, Reform Jews tend to focus on the spirit of the law and the larger ethical issues implied by the law and commandments.

### **Mental Health Concerns Experienced among Jewish Clients**

In working within any culture of people, one necessary question that must be asked is, "What is the nature of mental health concerns in this particular cultural group?" Yeung and Greenwald (1992) conducted a study to measure the mental health characteristics of different demographics, with special attention paid to Jewish, Catholic, and Protestant groups. The authors found that lifetime prevalence of psychiatric disorders among Jewish individuals similar or less than that of non-Jewish individuals. The findings indicated that 32.6% of Jewish participants experienced a psychiatric disorder. This was similar to rates experienced by Catholic persons (28.7%), Protestant persons (31.8%), or persons who did not identify as religious (40.6%) (Yeung & Greenwald, 1992). In regards to help-seeking, the authors found 10.9% of Jewish persons had previously sought out help from a professional counselor, in comparison to 3.8% of Catholic persons, 5.8% of protestants, and 9.6% of those not identifying as religious stated they had sought out the help of a professional counselor before (Yeung & Greenwald, 1992). There has been a history of research, which indicates that Jewish communities may experience more affective disorders, such as major depressive disorder, than other communities (Cooklin, Ravindran, & Carney, 1983; Figelman, 1968; Yeung & Greenwald, 1992). In Levav, Kohn, Golding, and Weissman's (1997) study of depressive disorders among different cultural groups, Jewish individuals had a period prevalence of depressive disorders of 12.4%, with non-Jews demonstrating a period prevalence of 8.6%, indicating significant difference in prevalence of depressive disorders among the groups.

Just as important as the prevalence of mental health disorders is the treatment gap experienced by members of the Jewish community. Treatment gap is defined as the difference between prevalence rates of a disorder and the rates at which a population receives treatment for a mental health disorder (Kale, 2002). Kohn, Saxena, Levav, and Saraceno (2004) reported that across the world, 450 million people suffer from mental health disorders, which accounts for approximately 13% of disease. The gap between occurrence of a disorder and treatment of a disorder for the world population varies greatly from disorder to disorder with the smallest median treatment gap being 32% for schizophrenia and other non-affective psychoses, and the largest treatment gap being 78% for alcohol dependence (Kohn et al., 2004). It is notable that in addition to varying by disorder, treatment gaps also vary widely by country.

For some disorders such as alcohol dependence, Israeli adults had the lowest treatment gap of all countries (49.4%; Kohn et al., 2004). However, while these gaps provide a picture of Israel as having a comparative "edge" over other countries, as mental health professionals any degree of treatment gap is troubling; especially with the implications for the individuals and families with these disorders who may be left untreated. It is also important to mention that while these treatment gaps are for those currently living in Israel, there are still implications for Jews living in the U.S. and elsewhere (Sublette & Trappler, 2000).



### **Treatment Recommendations for Working with Jewish Clients**

As previously mentioned in this article, community is a major element of daily life for the Jewish client. So while more individualistic groups, such as the dominant culture in the Western hemisphere, focus on treatment of the individual, working with a Jewish client requires consideration of community and the family (Schlosser, 2006). Arredondo and colleagues (1996) in the MCC indicated that a competent professional counselor should have an understanding of family systems structures within the cultural group, which is an essential part of providing culturally appropriate intervention strategies to the Jewish community. In providing therapy services for Jewish clients, we recommend that the professional counselor engage three different groups to provide appropriate mental health services including the Jewish community, family system, and individual.

### **Engaging the Jewish Community**

Slanger (1996) indicated that clergy are usually “front-line responders” when it comes to mental health issues in their congregations. In this article, the rabbi has been identified as one of the representatives of the community. This is due to their role as the interpreter of sacred texts, which are applied to all areas of life, making them important guides in both spiritual and non-spiritual domains (Schnall, 2006). It is especially important for professional counselors to engage rabbis as the MCC states that professional counselors should respect helpers of the cultural group and unique help-giving networks, in this case the rabbi represents an essential part of the help-network for many in the Jewish community (Arredondo et al., 1996). A three-pronged approach to engaging with rabbis and increasing efficacy of utilization of services for members of the community is recommended: educational exchange between mental health and clergy, referral assistance, and interdisciplinary team approaches.

One approach commonly seen from mental health professionals and educators is the use of a uni-directional psychoeducational model, wherein mental health professionals educate members of the community or clergy, acting as the “expert” (Amatea, Daniels, Bringman, & Vandiver, 2004). However, it is our opinion that such a uni-directional model has some glaring issues and in some ways is counter to the very philosophy underlying the values of professional counselors. As previously discussed, the Orthodox Jewish community can be insular and trust can be difficult to establish (Coleman, 2007). If a counselor simply engages in psychoeducation efforts without engaging the clergy members, there is a possibility that it could be dismissed, as the professional simply provided inauthentic knowledge without truly attempting to understand the wondrous nuances of Orthodox practice and culture (Heilman & Witztum, 1997).

Rather, we propose a collaborative approach with three underlying principles: (a) use of the consultation approach, (b) building of relationships, and (c) requesting and enlisting the knowledge of clergy as subject matter experts in cultural and religious

norms, while providing information and education (Weaver, Flannelly, Flannelly, & Oppenheimier, 2003). By not only providing education to clergy, but also helping facilitate them in providing psychoeducation on Orthodox Judaism, the professional counselor provides the clergy with a clear message of their value and the professional counselor's desire to be culturally responsive. This helps facilitate the building of a relationship wherein the clergy member will be more likely to consult with clinicians regarding mental health issues, allowing mental health professional counselors to provide timely interventions (Weaver et al., 2003). Psychoeducational presentations could be made both to the rabbi and to the members of the Jewish community, which would form a body of potential clients. Psychoeducation efforts with rabbis would provide them with valuable information about modern psychological understandings of mental health, children, and family dynamics. As in many cases, the rabbi may serve as the first point of contact for such problems this will enhance their ability to help members of their synagogue as well as know when a problem may require the help of a mental health practitioner. Psychoeducational presentations made to the members of the community could serve several purposes: (a) helping them feel comfortable around professional counselors; (b) helping educate them about developmental and mental health issues to understand what sort of experiences might be typical and ones which might be atypical and need clinical intervention; and (c) it could provide them with preventative skills such as parenting skills, coping skills, and general wellness techniques which would help promote mental health in the community as a whole.

A second way of engaging with rabbis, as suggested by Slanger (1996), involves the referral process. As mentioned previously, it is important to develop a relationship with the rabbi, if one wishes to be a referral source. Slanger (1996) indicated that mental health professionals should take an active approach in making contact with the rabbi as well as ensuring that the contact is of a substantial nature. Multiple contacts help establish the professional counselor as someone who can be trusted. Professional counselors should provide rabbis with a variety of resources to help their congregants. Some of these resources include information about support groups, parenting skills groups, and resources for basic needs such as housing (Slanger, 1996; Weaver et al., 2003).

Professional counselors who wish to reach the Orthodox Jewish community should consider a multi-disciplinary consultation group. All too frequently, the mental health field is splintered among psychologists, social workers, professional counselors, and countless other professionals (Ivey, Scheffler, & Zazzali, 1998). Even more so, the mental health discipline has been somewhat distanced from religious groups (Cortés, 1999). However, to truly be an effective mental health provider, the professional counselor should consider developing a consultation group in which stakeholders from the Orthodox community and representatives of professional counselors come together to address community needs. Monthly meetings might be held where representatives can discuss larger community issues (i.e., learning disorders in students attending Jewish schools, parent education and child development concerns, and helping stakeholders identify and refer families who have children who have suffered physical or sexual

abuse). These meetings serve the purposes of both helping address larger mental health issues as well as developing relationships with the stakeholders in the community, which would ostensibly increase the likelihood of referrals to the professional counselor and access to resources for the community (Cortés, 1999).

### **Engaging the Jewish Family System**

It is common for Orthodox Jewish families to be large, sometimes up to 10 children in a family (Schnitzer, Longman, Loots, & Valdebenito 2011). A major component of engaging the family system for Orthodox families is psychoeducation (Wieselberg, 1992). The family system is of great importance within the Jewish community, and as such, the professional counselor must be aware of issues that impact the family system and function to effectively help children in the Jewish community. A common topic with which many Jewish families may need help is communication between parents and children (Wieselberg, 1992).

Wieselberg (1992) pointed out that parenting is considered a serious responsibility among Orthodox Jews, and that in some Orthodox Jewish circles, a child is considered to have three parents: their mother, their father, and G-d (Note: the form G-d, as it is a convention within Jewish writings to never fully print the word of the deity in Jewish religion). Therefore, by becoming a parent, individuals are entering into a sacred responsibility, which is not to be taken lightly. Two important aspects of parent education in the Orthodox community are: parenting skills and natural development of children (Wieselberg, 1992).

The Torah (the first five books of the *Tanach*, or Old Testament, typically including Rabbinic commentary) may be used for guidance in matters of parenting (Diamant, 1991). The Torah is often called a “tree of life” which provides guidance helping evoke change and growth in both the adult and child in the Jewish family, which ranges from wisdom to elements of life-phase rituals in rearing children (Diamant, 1991). However, an Orthodox Jewish parent is still faced with many struggles that can seem monumental in their difficulty. A focus on parenting skills including how to effectively manage behavior and build a relationship with the proper amount of nurturance and positive emotions seem to be in the most demand (Lindsay, Strand, & Davis, 2011).

According to Dor and Cohen-Fridel (2010) many Jewish mothers prefer authoritative parenting, which focuses on providing demandingness and responsiveness equally. Jewish fathers tend to prefer an authoritarian approach, which is high in demandingness and low in responsiveness. Authoritative approaches result in outcomes such as high self-reliance and self-esteem. Authoritarian approaches result in children with low independence and self-esteem (Macoby & Martin, 1983). When working with Jewish parents, the authors suggest providing psychoeducation about parenting skills that help mothers put into action their preference for authoritative approaches and help fathers shift from an authoritarian approach to a more authoritative approach.

Parents wishing to employ an authoritative style may benefit from using the A-C-T technique by Landreth (2012) which allows parents to show demandingness and

responsiveness, through setting boundaries while using empathy. A-C-T stands for: Acknowledge Feelings; Communicate Limits; and Target Alternatives. In *Acknowledging Feelings*, parents summarize the feeling or desire they notice in the child. In the *Communicating Limits*, parents set a limit on the behavior. In the *Target Alternatives*, parents provide something the child *can* do which will allow for the appropriate expression of the feeling (Landreth, 2012).

A technique that could be used in authoritative parenting is logical consequences (Nelson, 2006). Logical consequences are parentally imposed consequences characterized by the three “R’s” related, reasonable, and respectful. A consequence should be related to the behavior and it should be reasonable in light the child’s age. Logical consequences are provided with a respectful tone. Using logical consequences allow a parent to balance demandingness with the limits set while engaging in responsiveness by speaking to the child in a respectful and loving manner.

### **Engaging the Jewish Individual**

The very same sense of isolation that is prevalent in the Jewish community is also exceedingly apparent for the individual (Coleman, 2007). The individual client may have felt discriminated against in other contexts or may have a pervasive feeling of being misunderstood. Furthermore, we have run into numerous occasions where we have worked with clients who reported being teased by colleagues at work for wearing a *yarmulke* (cap to fulfill the customary requirement of covering one’s head) or adhering to dietary law. It is this sense of isolation that provides a serious hurdle for the professional counselor to overcome, especially when the professional counselor and client are not of a common Jewish origin. How does a professional counselor attempt to build rapport with a client who comes from an Orthodox background? The following suggestions have been provided to enhance rapport building.

One of the first issues to evaluate is the role that Judaism plays within the client’s life. Indicators of the importance of Judaism, which can be assessed during intake sessions or initial counseling sessions include a discussion of social ties to friends at a local synagogue or participation in synagogue events. Additionally, assessing the client’s traditional dress, which may include a *yarmulke*, *tzitzit* (fringe on a four cornered fabric) or clothing adhering to more traditional sensibilities regarding modesty (e.g., longer skirts, longer sleeves, more loose fitting garments) is valuable information to assess the role of Judaism in the client’s life. A professional counselor would need to facilitate a discussion of the family as it plays a central role (for many Jews the commandment to “be fruitful and multiply” is a significant part of life and a source of great joy and pride; Diamant, 1991). Additional information to assess the importance of Judaism to the client is the client’s adherence to traditional rules of modesty (such as shaking hands), and finally, a discussion of varying religious issues (e.g., Middle Eastern tension, interfaith marriage, school-age and higher educational standards, or holiday observance). In addition to the above guidelines for working with Jewish clients, clinicians can also benefit from using the Cultural Formulation Interview found in the American Psycho-

logical Association's (2013), *Diagnostic and Statistical Manual of Mental Health Disorders*. The Cultural Formulation Interview provides questions in several areas of cultural issues including: cultural definition of the problem; cultural perceptions of cause, context, and support; and, cultural factors affecting self-coping and past help-seeking. A subset of questions of the perceptions of cause, context, and support, labeled role of cultural identity may be very helpful in identifying the role of Judaism in the life of a Jewish individual and how much it may impact their daily life. These questions focus on how the individual's cultural identity can make a difference in the presenting problem or how it may cause other concerns for the client. However, the professional counselor should consider incorporating parts or all of the cultural formulation questions to make sure that they are fully considering the impact that cultural viewpoints and worldviews may have on an individual and not possibly failing to consider important cultural implications.

A second issue to keep in mind when treating a Jewish client is holding an understanding of the gravity of decisions made from an Orthodox frame of reference. While many persons in the United States identify as Protestant or Catholic, their religious identification may only play a nominal role in their daily life, and perhaps only at high holidays (Marler & Hadaway, 1993). However, for many Orthodox Jews, decisions about marriage, modesty, where their children go to school, where they work, how they conduct business, and how family matters are conducted, are rooted in a very strong perspective that runs deeper than simply attending synagogue on a high holiday. While for a Protestant it might be a simple issue to move their child from a Christian school to a public school or a non-religious special-needs school, it is not quite the same thing for the Orthodox Jewish parent who not only *wants* but in many way *needs* for their child to receive a proper Jewish education. Therefore, the admonition that these authors would provide would-be professional counselors to the Jewish community is to have a proper appreciation of the importance of Jewish decisions. Furthermore, if asking a client to change some of these aspects of their life, it is possible that the professional counselor is in fact asking them to move mountains. The professional counselor must establish which kinds of life situations are indeed ones which are highly correlated with a client's sense of Judaism and which ones may be more malleable.

A third issue to keep in mind in counseling the Orthodox Jew is that seeking help from outside the community, as opposed to within, may be a new experience for the client (Greenberg, 2014) and may cause a number of concerns (Schnall, 2006). Depending on the professional counselor's region of practice, the client may be concerned about other members of the community knowing they are going to counseling (Heilman & Witztum, 1997). Additionally, the client may be afraid of what will happen during counseling; for example, he or she may be scared the professional counselor will divulge their personal information to their rabbi, or that the professional counselor will put them in a position requiring them to choose between their faith and their mental health (Heilman & Witztum, 1997). To address these concerns the professional counselor should provide the client with a clear outline of what sessions typically look like, what interventions are used on a regular basis, and how a cultural or religious conflict might

be handled. As well, special attention should be paid to confidentiality and how specifically it might be protected (Loewenthal, 2006).

A fourth issue to consider in building rapport is addressing the community-focused isolation. Stolovy, Levy, Doron, and Melamed (2012) conducted a study examining how apt Jewish Orthodox clients might be to receive care from a secular professional. Though Orthodox Jews are more likely to receive assistance from within their community (Schnall, 2006), their study found that reluctance to be treated from a secular provider outside the community is not as high as expected. There can be a preference for discreet treatment; and not only are fears quelled by a culturally sensitive provider but treatment compliance and overall social functioning are high when the provider acknowledges and respects the intricacies of the Jewish faith (Stolovy et al., 2012). Though Orthodox Jews desire to maintain their traditional values, it seems there can be a readiness to receive treatment from a secular professional when that professional is respectful, knowledgeable, and skilled to work within various value parameters.

After establishing rapport with these four factors in mind, the question remains: Are there special ways of helping the Orthodox Jewish client? Two issues, of frequent importance, include dealing with family-of-origin issues and false dichotomies.

***Dealing with family-of-origin issues.*** As previously mentioned, families play an important role for the Jewish client; however, valuing the family and having a functional family are not identical endeavors. Waxman (2001) stated that traditional Jewish fathers have historically been defined by the obligation to provide for their children as well as to educate them in matters of a secular and religious nature. The role of the father, as described by Waxman (2001), often included setting down expectations for children to follow. Some qualitative data indicates contemporary Jewish fathers have become more occupationally focused, which may have led to a lessening of their presence in the household (Waxman, 2001). Thus, some Orthodox Jewish families may experience the fathers as decreasingly involved or as a parent who is more concerned with behavioral limit-setting than with communicating empathy (Kerig, 1996). A traditional perspective of Jewish mothers includes the mother as the emotional support system for the child, as opposed to the fathers who are typically more associated with discipline and education (Kerig, 1996). While none of these roles is necessarily negative or harmful, when taken to extremes or prone to misinterpretation, the client may experience their family in a more negative context. Furthermore, attachment patterns in parental relationships are frequently carried on to adult relationships (Feeney, 1999). Therefore, for clients coming from Orthodox Jewish backgrounds it may be important to address past wounds from the family to facilitate healing and forward movement in adult relationships.

***False dichotomies.*** In many religions it is common for there to be tension between psychological authorities and religious authorities, which cause difficulties in determining how to navigate the difficulties which life provides while maintaining one's personal, spiritual, and cultural values (Greenberg & Shefler, 2014). One frequently seen response is to develop *all or nothing* thinking in which a client sees choices in terms of dichotomies

that present the client with only two choices (Ellis, 2000). Clients frequently struggle with these choices as they feel that they either have the choice of satisfying the demands of the world or the demands of their religious beliefs (Mahmood, 2009). However, few decisions in life ever come down to an absolute *either/or* proposition (LaBoskey, 1998); rather, there are a variety of choices if the individual can free their minds to see them.

A few skills may be necessary in dealing with false dichotomies of clients. First and foremost, gentle challenging skills may be necessary (Ellis, 2000). Meyerstein (2014) stated that before a Jewish client is challenged it frequently necessary to engage in joining the client in understanding their experience before attempting any sort of challenging behavior. Clients who are stuck in a particular paradigm may need to have the discrepancies in their thinking brought up in session so that their patterns of using false dichotomies can be explored in the counseling relationship to identify potentially negative or harmful thoughts (Pearce et al., 2014). Once a client has dealt with the psychological reasons for false dichotomies it may be necessary for the client and professional counselor to begin generating alternative solutions to their bifurcated choice-making mechanisms (Ellis, 2000; Pearce et al., 2014).

### Conclusion

In conclusion, there is a great deal of knowledge that is necessary for a professional counselor to develop and apply when working with Orthodox Jewish clients. Although a client who is Orthodox may not appear to be any different than some clients in appearance (due to their status as an invisible population), there is a deep, powerful, and rich inner world which governs their thoughts, feelings, and behaviors. Professional counselors who desire to work with this group need a knowledge of the traditions of this group, how mental health issues affect them, and how to work within the context of Orthodox communities. Addressing the issues brought up in this article is only the beginning to working effectively with this group. However, the belief that underlies this entire article is that for professional counselors to work with an Orthodox client, they must view themselves as sojourners visiting a rich and wonderful culture with tapestries of values, rather than finding ways for the client to adapt to the professional counselor's world.

### References

- Altman, A. N., Inman, A. G., Fine, S. G., Ritter, H. A., & Howard, E. E. (2010). Exploration of Jewish ethnic identity. *Journal of Counseling and Development, 88*(2), 163-173. doi: 10.1002/j.1556-6678.2010.tb00005.x
- Amatea, E. S., Daniels, H., Bringman, N., & Vandiver, F. M. (2004). Strengthening counselor-teacher-family connections: The family-school collaborative consultation project. *Professional School Counseling, 8*(1), 47-55.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA: Author.
- Arredondo, P., Toporek, R., Pack Brown, S., Jones, J., Locke, D.C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 24*(1), 42-78.
- Ari, L.L. (2012). North Americans, Israelis, or Jews? The ethnic identity of immigrants offspring. *Contemporary Jewry, 32*(3), 285-308.
- Batnitzky, L. (2011). *How Judaism became a religion: An introduction to modern Jewish thought*. Princeton, NJ: Princeton University Press.
- Berkowitz, B. (2008). Cultural aspects in the care of the Orthodox Jewish woman. *Journal of Midwifery and Women's Health, 53*(1), 62-67.  
doi: 10.1016/j.jmwh.2007.07.008
- Berman, S. (1992). *Jewish environmental values: The dynamic tension between nature and human needs*. Retrieved from the Jewish Virtual Library website: <http://www.jewishvirtuallibrary.org>
- Berman, S. (2001, February). *The ideology of modern orthodoxy*. Retrieved from <http://shma.com/2001/02/the-ideology-of-modern-orthodoxy/>
- Bryant, C. (2012). *The handbook of deviant behavior*. London, UK: Routledge International Publishing.
- Constantine, M. G., & Yeh, C. J. (2001). Multicultural training, self-construals, and multicultural competence of school counselors. *Professional School Counseling, 4*(3), 202-207.
- Centers for Disease Control. (2011). Sexual identity, sex of sexual contacts and health-risk behaviors among students in grades 9-12: Youth risk behavior surveillance, selected sites, United States, 2001-2009. *Morbidity and Mortality Weekly Report, 60*, 1-135.
- Central Intelligence Agency. (2014). *The world factbook: United States. People and Society*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/br.html>
- Chao, R. C. (2012). Racial/ethnic identity, gender-role attitudes, and multicultural competence: The role of multicultural counseling training. *Journal of Counseling and Development, 90*(1), 35-44. doi: 10.1111/j.1556-6676.2012.00006.x
- Coleman, K. (2007). Researching hard-to-access, culturally insular populations: Methodological and ethical challenges. *Journal of Health, Social, and Environmental Issues, 8*(1), 11-18.
- Cooklin, R. S., Ravindran, A., & Carney, M. W. P. (1983). The patterns of mental disorder in Jewish and non-Jewish admissions to a district general hospital psychiatric unit: Is manic-depressive illness a typically Jewish disorder? *Psychological medicine, 13*(1), 209-212. doi: 10.1017/S0033291700050236
- Cortés, Á. D. J. (1999). Antecedents to the conflict between psychology and religion in America. *Journal of Psychology and Theology, 27*(1), 20-32.



- Diamant, A. (1991). *Living a Jewish life: Jewish traditions, customs, and values for today's families*. New York, NY: William Morrow Paperbacks.
- Dor, A., & Cohen-Fridel, S. (2010). Preferred parenting styles: Do Jewish and Arab-Israeli emerging adults differ? *Journal of Adult Development, 17*(3), 146-155. doi:10.1007/s10804-010-9092-9
- Ebenstein, R. (2003). Remembered through rejection: Yom HaShoah in the Ashkenaz Daily Press, 1950-2000. *Israel Studies, 8*(3), 141-167.
- Ellis, A. (2000). Can rational emotive behavior therapy (REBT) be effectively used with people who have devout beliefs in God and religion? *Professional Psychology: Research and Practice, 31*(1), 29-33. doi: 10.1037/0735-7028.31.1.29
- Feeney, J. A. (1999). Adult romantic attachment and couple relationships. *Personal Relationships, 6*(2), 169-185.
- Figelman, M. (1968). A comparison of affective and paranoid disorders in Negroes and Jews. *International Journal of Social Psychiatry, 14*(4), 277-281. doi:10.1177/002076406801400405
- Forst, B. (1994). *The laws of kasbrus: A comprehensive exposition of their underlying concepts and applications*. Brooklyn, NY: Mesorah Publications.
- Frank, G., Bernardo, C., Tropper, S., Noguchi, F., Lipman, C., Mauldhardt, B., ... Weitze, L. (1996). Jewish spirituality through actions in time: Daily occupations of young Orthodox Jewish couples in Los Angeles. *American Journal of Occupational Therapy, 51*(3), 199-206. doi:10.5014/ajot.51.3.199
- Greenberg, D. (2014). Is psychotherapy possible with unbelievers?: The care of the ultra-orthodox community. In S. Hoffman (Ed.), *Reader for the Orthodox Jewish psychotherapist: Issues, case studies, and contemporary responsa* (pp. 28-42). New York, NY: Golden Sky Books.
- Greenberg, D., & Shefler, M. G. (2014). Ultra-orthodox rabbinic responses to religious obsessive-compulsive disorder. In S. Hoffman (Ed.), *Reader for the Orthodox Jewish psychotherapist: Issues, case studies, and contemporary responsa* (pp. 52-72). New York, NY: Golden Sky Books.
- Greenberg, D., Stravynski, A., & Bilu, Y. (2004). Social phobia in ultra-orthodox Jewish males: Culture-bound syndrome or virtue? *Mental Health, Religion and Culture, 7*(4), 289-305. doi: 10.1080/13674670310001606496
- Heilman, S. C., & Witztum, E. (1997). Value-sensitive therapy: Learning from ultra-Orthodox patients. *American Journal of Psychotherapy, 51*(4), 522-541.
- Helmreich, W. B., & Shinnar, R. (1998). Modern Orthodoxy in America: Possibilities for a movement under siege. *Jerusalem Letters, Jerusalem Center for Public Affairs, 383*, 1-12.
- Hoffman, S. (2011). *Two are better than one: Case studies of brief effective therapy*. New York, NY: Golden Sky Publishing.

- Ivey, S. L., Scheffler, R., & Zazzali, J. L. (1998). Supply dynamics of the mental health workforce: Implications for health policy. *Milbank Quarterly*, 76(1), 25-58. doi: 10.1111/1468-0009.00078
- Kale, R. (2002). The treatment gap. *Epilepsia*, 43(s6), 31-33.
- Kerig, P. K. (1996). Assessing the links between interparental conflict and child adjustment: The conflicts and problem-solving scales. *Journal of family psychology*, 10(4), 454-473. doi: 10.1037/0893-3200.10.4.454
- Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bulletin of the World Health Organization*, 82(11), 858-866. doi: 10.1590/S0042-96862004001100011
- LaBoskey, V. K. (1998). The danger of false dichotomies. *Teacher Education Quarterly*, 25(4), 39-43.
- Lange, N., & Freud-Kandel, M. (2005). *Modern Judaism*. New York, NY: Oxford University Press.
- Landau, J. L. (2009). *The Sabbath*. Johannesburg, South Africa: Ivri Publishing Society.
- Landreth, G. L. (2012). *Play therapy: The art of the relationship*. London, UK: Routledge.
- Lazerwitz, B., & Harrison, M. (1979). American Jewish denominations: A social and religious profile. *American Sociological Review*, 44(4), 656-666.
- Levav, I., Kohn, R., Golding, J. M., & Weissman, M. M. (1997). Vulnerability of Jews to affective disorders. *American Journal of Psychiatry*, 154(7), 941-947.
- Liebman, C. (1998). Modern orthodoxy in Israel. *Judaism* 47(4), 405-410.
- Lindsay, G., Strand, S., & Davis, H. (2011). A comparison of the effectiveness fo three programmes in improving parenting skills, parent mental well-being and children's behavior when implemented on a large scale in community settings in 18 English local authorities: The parenting early intervention pathfinder (PEIP). *BMC Public Health*, 11(1), 962-975. doi:10.1186/1471-2458-11-962
- Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. Mussen & E. M. Hetherington (Eds.), *Handbook of child psychology: Socialization, personality, and social development* (Vol. 4, 4th ed., pp. 1-101). New York, NY: Wiley.
- Mark, J. (1999, December). Mordern Orthodox rabbinical school planned. *The Jewish Week*. Retrieved from [http://www.thejewishweek.com/news/new\\_york/modern\\_orthodox\\_rabbinical\\_school\\_planned](http://www.thejewishweek.com/news/new_york/modern_orthodox_rabbinical_school_planned)
- Mahmood, A. (2009). Religious reason and secular affect: An incommensurable divide? *Critical Inquiry*, 35(4), 836-862. doi: 10.1086/599592
- Marler, P. L., & Hadaway, C. K. (1993). Toward a typology of Protestant "marginal members." *Review of Religious Research*, 35(1), 34-54. doi: 10.2307/3511059
- Meyerstein, I. (2014). Spiritually sensitive counseling with Jewish clients and families. In K. Helmeke & C. Sori (Eds.), *The therapist's notebook for integrating spirituality in counseling* (Vol. 2, pp. 141-156). Binghamton, NY: Hawthorne Press, Inc.

- Naumburg, C. G. (2007). Judaism: A hidden diversity. *Smith College Studies in Social Work*, 77(2-3), 79-99.
- Nelsen, J. (2006). *Positive discipline*. New York, NY: Ballantine Books
- Nigosian, S. A. (2008). *World religions*. Boston, MA: Bedford/St. Martin's Press.
- Odenheimer, M. (2006). We will not obey, we will not follow. *Guilt and Pleasure*, 2, 71-77.
- Pearce, M. J., Koenig, J. G., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J., ... King, M. B. (2014). Religiously integrated cognitive behavioral therapy: A new method of treatment for major depression in patients with chronic mental illness. *Psychotherapy*, 52(1), 56-66.
- Prager, D. (2013, October). Why orthodoxy is growing. *The Jewish Journal*. Retrieved from [http://www.jewishjournal.com/dennis\\_prager/article/why\\_orthodoxy\\_is\\_growing](http://www.jewishjournal.com/dennis_prager/article/why_orthodoxy_is_growing)
- Rosenblatt, G. (2006, June). Between a rav and a hard place. *The Jewish Week*. Retrieved from [http://www.thejewishweek.com/editorial\\_opinion/gary\\_rosenblatt/between\\_rav\\_and\\_hard\\_place](http://www.thejewishweek.com/editorial_opinion/gary_rosenblatt/between_rav_and_hard_place)
- Schlosser, L. Z. (2006). Affirmative psychotherapy for American Jews. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 424-435.
- Schnall, E. (2006). Multicultural counseling and the Orthodox Jew. *Journal of Counseling and Development*, 84(3), 276-282. doi: 10.1002/j.1556-6678.2006.tb00406.x
- Schnitzer, G., Longman, C., Loots, G., & Valdebenito, C. (2011). Beyond segregation? About (im)possible encounters between Flemish social youth workers and the strict Jewish Orthodox community. *Ethnographica Journal on Culture and Disability*, 1(1), 25-43.
- Slanger, C. (1996). Orthodox rabbinic attitudes to mental health professionals and referral patterns. *Tradition*, 31(1), 22-32.
- Stolovy, T., Levy, Y.M., Doron, A., & Melamed, Y. (2012). Culturally sensitive mental health care: A study of contemporary psychiatric treatment for ultra-Orthodox Jews in Israel. *International Journal of Social Psychiatry*, 59(8), 819-823. doi: 10.1177/0020764012461206
- Sublette, E., & Trappler, B. (2000). Cultural sensitivity training in mental health: Treatment of Orthodox Jewish psychiatric inpatients. *International Journal of Social Psychiatry*, 46(2), 122-134. doi: 10.1177/002076400004600205
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70(4), 477-486.
- Waxman, C. I. (2001). *Jewish baby boomers: A communal perspective*. Albany, NY: SUNY Press.
- Waxman (2007). Israel in orthodox identity: The American experience. In D. Ben-Moshe & Z. Segev (Eds.), *Israel, the Diaspora and Jewish identity* (pp. 54-75). Brighton, UK: Sussex Academic Press.

- Weaver, A.J., Flannelly, K.J., Flannelly, L.T., & Oppenheimier, J. E. (2003). Collaboration between clergy and mental health professionals: A review of professional health care journals from 1980 through 1999. *Counseling and Values, 47*, 162-171. doi: 10.1002/j.2161-007X.2003.tb00263.x
- Weiss, A. (1997). Open orthodoxy! A modern orthodox rabbi's creed. *Judaism 46*(4), 409-421.
- Wieselberg, H. (1992). Family therapy and ultra-orthodox Jewish families: A structural approach. *Journal of Family Therapy, 14*(3), 305-329. doi: 10.1046/j..1992.00462.x
- Yeung, P. P., & Greenwald, S. (1992). Jewish Americans and mental health: Results of the NIMH Epidemiologic Catchment Area Study. *Social Psychiatry and Psychiatric Epidemiology, 27*(6), 292-297. doi: 10.1007/BF00788901
- Zeveloff, N. (2011). Sex-segregation spreads among Orthodox. *The Jewish Daily Forward*. Retrieved from <http://forward.com/news/144987/sex-segregation-spreads-among-orthodox/#ixzz2bCzV1dDc>