



Healing Together

Resources for You & Your Family

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The Rebbe's Advice

10 Av, 5743

Blessing and Greeting:

I received your letter of July 13th. If you will let me know both your full Hebrew name and mother's Hebrew name, as is customary, I will remember you in prayer for the fulfillment of your heart's desires for good.

I trust you know that one of the basic tenets of our religion and way of life is to have complete Bitochon in HaShem, whose benevolent Providence extends to each and everyone individually. In addition to this being a must for its own sake, it will go a long way to reduce anxiety and strengthen your peace of mind. At the same time, it is, of course, necessary to follow the instruction of one's doctor, which is also one of the teachings of our Torah.

May G-d grant that you should have good news to report in all above.

With blessing,

M. Schneerson

8 Teves, 5747

Greeting and Blessing:

This is in reply to your letter in which you ask several questions.

Although I do not usually pasken shaalos, which is the prerogative of Rabbonim, particularly Rabbinic organizations; however, inasmuch as the subject matter is quite simple and, especially in view of its direct relevance, I am answering your questions:

1) Does a therapist carry the status of a physician according to the Shulchan Aruch?

The answer is: Anyone who is trained (and formally attested) to bring therapeutic relief to a human being, has the status of a physician in that area of his training and expertise. Furthermore, since medical science has become so specialized, the area of therapy, and also dietetics, have in recent years been researched and systematized, etc., much in the same way as an eye doctor and an ear doctor have become specialists in their particular field. This is especially true in regard to dietetics, in view of the importance attached to diet by the Rambam (Hil. De'os) almost 800 years ago, which only recently has become increasingly recognized.

2) With regard to the problem of the complex nature of human behavior and the difficulties inherent in empirical investigation surely, as you know, all empirical sciences, and certainly medical science, face this problem. But the Shulchan Aruch, well aware of this problem rules that one has to deal with existential reality of the available criteria as to what is medically useful and has been verified as such, etc.

3) Regarding the question of repression of anger and sadness, and the like - you surely know the approach of Chassidus, especially Chabad, and how much emphasis is placed on the tikkun hamidos (development of character, self control, etc.); also how to overcome sadness and the like.

As in many other areas, there are two aspects to consider: a) the aspect relating to physical health, and b) that relating to spiritual health.

Since both are, of course, interrelated, they can be harmonized. For example, the matter of sadness is a mental state that affects also physical well-being, and at the same time, there is the directive to "serve HaShem with joy." The latter in itself testifies to the general ability of a human being to overcome sadness, for otherwise the Torah would not have given such a directive.

In conclusion, I would like to add the important point that precisely in our days it has become increasingly revealed and recognized in many areas of human life that the mitzvot of the Torah that are obligatory in the everyday life in our time (as distinct from those mitzvot that are related to the Beis Hamikdash) are of direct benefit to physical and mental health.

I trust that, in keeping with the teachings of Chanukah and the Chanukah Lights which are kindled in growing numbers and intensity from day to day, symbolizing Ner Mitzvo v'Torah Or, you are doing just that, including especially increasing from time to time your kvias-ittim in Torah in terms of both time and education.

May the light and inspiration of Chanukah illuminate and permeate all your days ahead throughout the year.

With blessing.

Letters printed from Rebbe Responsa, rebbereponsa.com

Mental Health Awareness

The first step is knowing if your mental health is suboptimal; this can happen to anyone at some point in life. When regular behavior patterns shift, it is always a good idea to explore why. If someone starts eating or sleeping too much or too little, has little to no energy, or is suddenly angry, these are signs that a deeper conversation is in order. Mood changes, lots of unexplained aches and pains, the absence of joy in activities previously enjoyed, or struggle with daily responsibilities are all signs of something being off kilter.

Because there is still so much stigma surrounding mental health issues, it is important to clearly state: if you are experiencing mental health challenges, it is not your fault. Our mental health is affected by a lot of complex factors, many of which we don't control. Some of them are genetics or epigenetics, infections, brain injuries, prenatal damage, exposure to toxins, and trauma. Simple things like unbalanced hormones can cause big shifts in how we feel inside and manifest externally. If you feel (or someone who loves you notices) that something is awry, contact a licensed mental health professional and schedule an assessment.

Below are listed some of the most common mental health challenges that face women:

Depression- Women are twice as likely as men to suffer depression. Depression is when you are overwhelmed with sadness and feelings of worry. It can last for a short time and reoccur or it can be constant. Depression can manifest in retreating from previously enjoyed activities, crying more than usual, having a hard time getting through the day or even getting out of bed, or feeling sick. There are screening tools your provider will use during wellness visits to best care for women who are suffering from depression. Sometimes depression can manifest during pregnancy and it can feel like something is doubly wrong with you as you should be happy and glowing and you feel awful. Remember it is not your fault, there is nothing you did wrong that causes depression to occur. Reach out to your provider and set up an appointment to get the support you need.

Depression can be treated with a combination of medications, therapy to coping mechanisms and tools, as well as overall health and wellness regimens. Some of the complementary therapies in addition to standard treatments available include, taking an Omega 3 fatty acid supplement daily, using bright light therapy, moderate exercise for 30 minutes a day, massage, and acupuncture.

Anxiety- Anxiety is feelings of worry, fear, or nervousness about situations or events; most people experience this. Anxiety as a disorder is when this affects your daily living or when non-threatening events feel threatening. Women are more likely to have panic disorder, generalized anxiety, and specific phobias. A panic attack is an intense overwhelming feeling of anxiety and can be followed by more generalized feelings of worry or stress. Because panic attacks are unexpected and thus unnerving, many women will experience anxiety in between attacks. Specific phobias manifest as fear of a specific situation or event, such as fear of heights, water, or animals. This can also manifest as social phobia; extreme anxiety and self consciousness in social situations. You can experience feeling watched, judged, or embarrassed in disproportionate amounts.

Women are more prone to anxiety disorders due to the shifts in hormones that occur during the menstrual cycle. Other factors that play into anxiety are past trauma or genetics.

Anxiety can be treated by a combination of medications and therapy. The therapy will help deal with past trauma as well as help you develop coping mechanisms and tools to better manage the day-to-day symptoms. Medications will help manage the symptoms and increase the levels of serotonin in your brain which will make you feel better.

Some helpful complementary therapies in addition to standard treatment include yoga, meditation, mindfulness, connecting your spirituality, vitamin B12 supplements, chamomile tea, Inositol, and passionflower supplements.

Perinatal Mood and Anxiety Disorder (PMAD)- It is estimated that 10-20% of women will develop perinatal mood or anxiety disorder. This refers to when women see symptoms such as depression, anxiety, sleep disturbances, obsessive thoughts, lack of joy, panic attacks, strong feelings of overwhelm, or hopelessness. According to the WHO, perinatal depression affects 13% of women and is the most common of PMADs. Perinatal depression is depression that occurs during or after pregnancy. It presents similarly to regular depression or anxiety but isn't necessarily a lifelong challenge. It is important to make a distinction between perinatal depression and the "baby blues." The first two weeks post birth are a roller coaster of hormonal shifts, physical exhaustion and lack of sleep and it is normal to feel weepy and overwhelmed as you transition to motherhood. The baby blues pass within two weeks of birth. If your symptoms persist beyond two weeks it is important for your health and your baby's long term health to reach out for help. All the above recommendations regarding regular depression apply for perinatal depression as well. Regardless of which mood disorder one may develop in the perinatal period it is important to not be ashamed and to reach out for support. If one previously suffered from PMAD, this is important information to disclose in subsequent pregnancies so that a support plan can be put in place and help mitigate future challenges.

Eating Disorders- Women account for 65% of all those with eating disorders, and 85% of those affected by anorexia and bulimia are women. It is a common misconception that having an eating disorder is a choice. Eating disorders are caused by a complex combination of genetics, trauma, and underlying health issues. Many women experiencing eating disorders are also experiencing depression and anxiety. It is important to find the right combination of nutritional counseling, medical care, and medications that work best for the individual. Therefore, treating eating disorders usually require a team based approach consisting at minimum of a mental health clinician, dietitian, and a general medical clinician. In many cases, it is important to also have the family members come in for therapy. It is important to note that if a patient with an eating disorder is not stable, care is likely to be taken care in an inpatient setting.

Anorexia describes severe restriction of caloric intake. There are many factors that can cause one to develop anorexia; these factors can be environmental, psychological, or social. People with anorexia can see themselves as fat and be obsessed with weighing themselves, restricting their food intake, and exercising too much. These are not healthy behaviors and cause tremendous emotional and physical suffering. Over time anorexia can cause infertility, brain damage, and organ failure amongst other lifelong issues.

Bulimia nervosa describes a cycle of binge eating followed by purging through forced vomiting, use of laxatives or diuretics, or an inordinate amount of exercising. People with this condition may be underweight, average-weight, or overweight. Some of the symptoms family and friends may notice include a chronic sore throat, compromised tooth enamel, acid reflux, or stomach upset. Bulimia Nervosa can also lead to strokes and heart attacks from the electrolyte imbalance.

Binge eating disorder manifests as a lack of control over food intake. It is the first part of bulimia without the purging aspect. Unsurprisingly, those who suffer from binge eating disorders are usually overweight or obese. Symptoms include eating when you're full to the point of being uncomfortable, eating very quickly, secretive eating, and intense feelings of shame and guilt associated with your eating. The treatment for binge eating disorder focuses on the psychological aspects over the physical aspects.

PTSD- Women are twice as likely to have PTSD after a traumatic event. This can happen after a natural disaster, personal trauma, accident, or injury. People with PTSD have intense memories and emotions related to their experience long after it is over. They may also experience strong emotions of anger, sadness, or fear. This can cause them to feel isolated from others around them who have not experienced the same event as they have. There are three categories of symptoms that can occur. Intrusive thoughts, flashbacks and memories, and disturbing dreams can make the person feel like they are reliving the event. The person may choose to avoid all events and people, even items, that remind them of the traumatic event. Conversely, sometimes the person suffering PTSD won't be able to remember the event at all or may rewrite the events to blame themselves. They may even have the inability to feel joy and happiness or create negative thoughts and beliefs about themselves. Lastly, they may have changes in their reactivity. This means they may have extreme anger episodes, reckless or self-destructive behavior, become easily startled, or have trouble sleeping or concentrating.

Treatment includes cognitive therapy, EMDR, exposure therapy, and medications. TMS (Transcranial Magnetic Stimulation) is a non-invasive and painless technique that stimulates the brain and is used for the treatment of PTSD. It is important to deal with PTSD using multiple modalities as it is a more complex mental health challenge and you want to make sure your subconscious and conscious parts are both being supported.

Some of the complementary therapies available for PTSD are acupuncture, moxibustion, meditation, and deep breathing exercises. Art therapy for PTSD is something that some people may find helpful as well and has been used since the 1970s.

OCD- OCD stands for Obsessive Compulsive Disorder. OCD causes someone to have the same thoughts (obsessions) again and again as well as repeat the same behaviors (compulsions) over and over again. There is no pleasure in the rituals and it causes them significant problems in their daily life. Sometimes OCD is accompanied by tic disorders which can be either small repetitive movements or vocal tics like throat clearing or grunting. Some people have specific triggers that will set off their OCD; some triggers can be avoided while others cannot. There is a definite genetic component involved in OCD and tic disorders, as well as a link to past trauma. In rare cases children may develop OCD (and other personality and behavior changes) after a strep infection; this is called PANDAS.

For Taharat Hamishpachah observant women, OCD can manifest within the mikvah process. Due to there being different ways this disorder manifests itself, the disorder in relation to mikvah may be different in different women. It is important to work with both a rav and a therapist if you are being affected by this. If you are unsure how to start the process, reach out to your kallah teacher who can further direct you.

Psychotherapy is used in conjunction with medications to help give coping mechanisms and tools to the individual. A specific subset of CBT, cognitive behavioral therapy, is used effectively to treat OCD. Exposure and Response Prevention (ERP) is administered by placing the client suffering from OCD in a controlled and supported environment whilst being exposed to their triggers. They receive specific tools to avoid or mitigate the compulsions that usually occur after exposure to these triggers. TMS is also used effectively for OCD (this modality is explored in PTSD). Sometimes it is also beneficial to enroll in comprehensive outpatient and residential treatment programs when daily functioning is affected.

PMS VS PMDD- Most of us are familiar with PMS (premenstrual syndrome). PMS is a series of symptoms that occur in conjunction with fluctuating hormonal shifts that happen around our period. Some of the common symptoms are bloating, moodiness, acne, less and breast tenderness. About 75% of women experience energy, PMS around their period, but less than 10% (some say as little as 3%) experience PMDD (premenstrual dysphoric disorder).

Essentially PMDD is a more acute form of PMS. It can interrupt daily life and have an effect on intrapersonal relationships and overall mental health. It is a chronic condition that needs to be addressed in a prompt manner. PMDD can be addressed through prescription medication. Some of the complementary therapies available for PMDD are a combination of dietary changes (decrease salt, caffeine, alcohol, and sugar), exercise, stress management and Vitamin supplementation (B6, calcium, and magnesium- see below). There is also some research indicating that Chasteberry can reduce the symptoms.

It is important to note that when using medications or therapy for any of the above mentioned conditions it may take a while to find the right medication or the right dosage of a particular medication, the therapist with whom you click, or the right complementary treatment. It is important to keep working at it and not give up on yourself. When you feel the issue is under control and you are feeling better do not stop the regiment that has brought you to this place. Keep maintaining the positive changes. If you want to taper or stop taking medication or going for therapy, do it with the support and guidance of a licensed professional.

Whether you have a temporary mental health challenge or a more permanent one it is important to reach out for support and connect with people who have successfully navigated the same syndrome. Support groups can give you access to new research and tools as well as success stories to encourage and support personal growth. Remember that struggling with things internally or externally is simply part of being human. Some of us have more common struggles and some of us have one with a name attached to it. Either it is important to have a growth mindset and to be open to treatment way, and support so that you can be the best version of yourself. Don't let a diagnosis hold you back from achievement and growth. Take care of your body inside and out so that you are able to serve Hashem

from a place of health and well-being b'guf u'benefesh, in body and in soul.

If someone you love or care for is struggling with mental health challenges it is important to be there to support them. Check if you have an unconscious bias towards mental health challenges and understand that these syndromes are not a choice but a medical condition. No one chooses to have these struggles. Sometimes a spouse, friend, or family member is the first one to notice signs or symptoms of any of the challenges stated above, in that case, be sensitive in how you broach the topic. Encourage your loved one to speak to a mental health provider who will support them, offer emotional support, and help with daily tasks as needed.

There are resources available if you need guidance and support such as support groups, online forums, and books. When you are the caregiver it is equally important to remember to take the time to make your own emotional and physical health a priority.

Lifestyle Changes that support Good Mental Health:

- Daily exercise
- Adequate sleep
- A nutrient dense diet
- Good hydration
- Taking on a hobby that helps you destress
- Connecting with others
- Reaching out for help if needed

Essay by Rivky Boyarsky, APRN, CNM.

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Published 2022 by Shikey Press, Cambridge, MA.

Readers can address questions and comments to Holyintimacybook@gmail.com

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Characteristics of an Effective Therapist

Before beginning with any therapist, it is important to discuss your symptoms and ensure the therapist has experience with your specific situation. In your initial discussions, don't be afraid to evaluate these three traits: Drive for excellence, humility, and limitation acknowledgement.

Drive for excellence: Is the therapist satisfied with what they have learnt and accomplished or are they seeking to better themselves? Generally, a therapist who is excited to learn is willing to engaged in continued training. Don't be afraid to ask them how they maintain their skills and learn new techniques.

Humility: Even the best and most trained therapists encounter challenging cases. It is important to determine who these therapists turn to with their professional challenges. Do they have mentors, supervisors and colleagues who they turn to in difficult situations? Even with cases that seem "routine," it is best to see a therapist who has a habit of discussing his or her cases with other experts in their industry.

Limitation Acknowledgement: Before beginning with a therapist, it is helpful to understand at what point his or she may refer you to a different specialist. Asking a clinician "at what point would you refer a patient to someone else?" or "What do you feel less than qualified to treat?" can help you understand the process, as a whole.

More specifically, here is a list of characteristics that effective therapists tend to share:

- Up to date on the latest research and most effective treatments for your diagnosis
- Strong collaboration with their clients to achieve treatment goals
- Non-judgmental

Most importantly, only seek treatment from a licensed clinician. Being licensed means your therapist has had thousands of supervised hours, learns through continued education, is bound by confidentiality laws and is liable if he/she causes harm. Of course, simply having a license will not ensure your therapist is excellent. However, it does indicate he/she has met certain qualifications for ethical and competent practice.

Reprinted from Relief Resources, reliefhelp.org

Helpful Contact Information

Please know that you're not alone in this. Whatever you may be struggling with, there's an address to reach out to, and we are here to help in any way we can.

It can hurt to call, but it hurts more not to.

We understand that not everything is a crisis, and some issues simply need the right guidance to be worked through. Please don't refrain from calling because you feel an issue is too small; if it's important to you, it's important to us.

There are many incredible organizations and resources available; for this list we have only included those directly under Merkos 302.

If you're experiencing an emergency, please call your local emergency hotline.

Shluchim Refuah Confidential Helpline

Support for medical and mental health challenges

A HIPAA-compliant organization

1-484-316-0078

Medical Health: shluchimrefuah.org

Mental Health: shluchimrefuah.org/wellbeing

Yaldei Shluchei HaRebbe

Support and assistance for shluchim raising children with special needs

1-646-558-5800

yaldei.com

info@yaldei.com

Shluchim Lifeline

Anonymous emergency support for disturbing personal challenges

1-(818) 330-8260

shluchimlifeline.com/lifeline.html

help@shluchimlifeline.com

Shluchos Stronger Together

Support group for shluchos experiencing mental health challenges

bit.ly/sstjoin

sst@merkos302.com

Shluchos Lifeline

Anonymous emergency support for disturbing personal challenges

1-(818) 247-7987

shluchoslifeline.com/lifeline.html

help@shluchoslifeline.com

The Rebbe's Children

Support group for shluchos whose children are experiencing mental health challenges

1-301-792-9244

sara@chabadpotomac.com