
**Reader for the
Orthodox Jewish Psychotherapist:**
Issues, Case Studies and Contemporary Responsa

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especially since there is a biblical prohibition, "Thou shall not stand idly by the blood of thy neighbor" (Leviticus, 19, 16), which is interpreted by the rabbis as an obligation to attempt to save and protect one's neighbor's life, possessions and emotional and spiritual wellbeing.

After consulting with a rabbinic authority, the supervisor informed his supervisee that she is not obligated to inform the patient's mother and intended, since a psychologist differs from a layman in that he is professionally obligated to keep confidential material and risks causing damage to his status, income, the therapeutic relationship and is also liable to possible imprisonment if he betrays the confidence of his clients. He suggested that the therapist inform her patient that she plans to schedule a family meeting and inform his parents that she has strong doubts and reservations whether their son is emotionally and psychologically ready and capable, at this time, to marry and assume the responsibility of being a husband and father, and that she was very concerned about the possible damage that will result by this action to him, his intended and future children.

6. In a supervisory session, the clinical psychology intern presented her patient, a single, severely depressed homosexual man who had difficulty functioning for a prolonged period of time. He informed the therapist that he was considering suicide for quite a while and mentioned there was a rope hanging from his bedroom ceiling to be used when he felt he could not continue coping with life's frustrations and demands any more. Requests and pleas from the therapist to remove the rope were to no avail. His depression increased as a result of a falling out with his male lover and the therapist's concern and fear regarding the possibility of suicide increased. The possibility of inviting the patient's lover to a joint meeting in order to attempt to reconcile between them was raised in supervision as was the halachic considerations involved in this intervention.

Rabbi Michael Broyde, a prominent halachic scholar and professor of law at Emory University School of Law, was consulted. Below is his response:

I confess that my basic mindset and orientation is to be very lenient in cases where someone's life is in danger. You asked me to put something in writing, and I do so with some hesitation in this very political world we live in. Nonetheless, someone's life is at stake and halacha dictates that this person's life be saved.

I see reason to be lenient here and permit inviting his male lover in to therapy in the hopes that this will prevent a suicide. This is not a case of either technical *lifnei iver* or *mesaya* at all. It is important to state why directly. There is no sin at all being encouraged. **The patient's partner is being brought in to prevent suicide and not to encourage prohibited sexual relations.** Of course it is true that the prohibited sexual relations might be restored but such is not the goal. This is unlike the *gemara* in Sanhedrin 75a discussing *abizrayu* of *gilui arayot*, even according to the strictest opinion (see Ran and others) as no sexual impropriety is actually occurring now at all in any form and none is being encouraged. What is happening here is an extremely distant *abizrayu*, at most. It is not even like he is looking at his lover sexually. **The focus of the therapy is to prevent suicide and has no sexual content to it.** Even if there was something vaguely sexual in the therapy, it is much less sexual than being *motze zera*, which *poskim* generally rule is a sin less prohibited than many others and can even be encouraged to avoid other sins; see BS and CM EH 23:1. Suicide is a terrible sin; here encouraging therapy with his lover to prevent it, when such therapy has no sexual content is not even *abizrayu* of *gilui arayot*, although such should not be encouraged in normal situations, of course. Nor is any *issur* occurring in therapy. Neither the therapist nor the patient is sinning at all now. This is not a case of healing through sin (whose exact parameters is subject to vast dispute) as there is no sin here and now. No *Ashera* is being touched. What you are doing

now is saving the life of a person who will sin in the future. That is completely proper and appropriate. Would anyone suggest not doing CPR on this man if he needed it?

Let me add a few additional factors. First, I am not sure if the man at hand is obligated in mitzvot at this moment as he might very well be so severely mentally ill that he is exempt from mitzvot, and certainly there is no obligation to separate him from sin of any type. The type of clinical depression that leads to suicide is not exactly a *shotah*, but not exactly far from it.

Second, even if he is obligated, maybe Rabbi Lamm is correct that such intense homosexual feelings are really duress and *ones rachmani patrai*.

Third, I am uncertain if this specific patient's mental illness is a cause or an effect. Maybe curing him of his mental illness will have other positive effects and lead to diminution in sin. Maybe not, I agree. But not treating his depression will not have any change in his homosexual feelings, for sure.

Fourth, we are dealing with a willing sinner who is comfortable as a gay man. There is no mitzvah to stop such a willful sinner from sin as noted by Shach, *dagul merevavah* and *Iggrot Moshe*. This would be different if this person came to you to be treated for being gay. Such is not the case at all here. Many poskim rule that there is simply no problem with helping such a sinner. I discussed this issue many years ago in my article "Enabling a Jew to Sin: The Parameters", *Journal of Halacha and Contemporary Society* 19:5 (1990). Certainly to save a person's life we can rely on this view.

Finally, it is simply halachically better to hand a contentedly gay man a condom to prevent him from getting AIDS than to not assist him in AIDS prevention, even as there is an aspect of *lifnei iver* here. See the article by Mori Verebbi Rabbi J. D. Bleich in *Ohr Hamizrach* and the

basic argument of Rabbi Akiva Eiger in many places that when the goal of the process is to prevent or reduce sin – and suicide is a terrible sin – there is no *issur of lifnei iver*. It is important to remember that Rabbi Akiva Eiger (commenting to *Shulchan Aruch Yoreh Deah* 181:6) suggests that it is permissible for a woman to shave a man with a razor *beyadayim* if the man would have otherwise shaved himself with the razor. This is because if a man shaves himself with a razor he violates two prohibitions – the prohibition to shave with a razor and the prohibition to be shaved with a razor. However, a woman is not prohibited to shave with a razor (see *Kiddushin* 29a). RAE posits that when one is reducing sin, *lifnei iver* does not apply. Preventing suicide is such a case.

In short, I think halacha mandates that you treat him to prevent the suicide even if that treatment process brings his lover into the room to prevent the suicide.

Another Talmudic scholar, who chose anonymity, opined that according to the *Chatam Sofer* (שי"ת חתם סופר חלק ד (אבן העזר ב) סימן פג) it would be prohibited.

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7. Rabbi Yitzchok Zilberstein was asked the following question by a school psychologist: "If during a psychological evaluation, the psychologist forms the opinion that the child's problems are related to the detrimental relationship with his parents because of his and/or their problems, is it permissible for the psychologist to bring this to the child's attention?" The rabbi's response (which appeared in "Assia," 2-43, 11,2-3, Nison, 5747) was:

"It is prohibited to make the child aware of the contribution of his parents to his problems lest he cause him to transgress, 'Cursed be he that dishonors his father and mother' (Deuteronomy, 26, 16) and one does not cure through transgressions."