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Rehabilitative Beit Midrash as a means for advancing the community integration of Ultra Orthodox Jewish persons with severe mental illness

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ABSTRACT

Religious Jews with severe mental illness often encounter barriers to involvement in religious activities in their community affecting their ability to become integrated into their community. Therefore, a study was conducted in Israel examining the contribution to community integration through a programme providing religious persons with mental illness an opportunity to participate in religious studies. An A-B research design was implemented among 42 Ultra-Orthodox Jewish persons with severe mental illness utilising a culturally-oriented structured instrument. The study showed that the opportunity for involvement in religious studies could advance the participants' sense of social interaction in their community as well as their sense of psychological integration with other religious people. It also strengthened their confidence in their ability to further get involved in religious studies in the community. Rehabilitation services providing persons with severe mental illness an opportunity for involvement in religious studies can act as a springboard for advancing their community integration.

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Introduction

Developing a sense of community integration has been found to be among the most important factors associated with recovery for persons with severe mental illness (SMI) (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Schon, Denhov, & Topor, 2009). However, religious persons with SMI often encounter barriers to integration in their community due to the effects that the mental illness may have on their ability to get involved in religious oriented activities (e.g., religious studies) which are essential for social integration in their community. Additionally, mainstream mental health services do not often provide assistance geared toward the culture of religious persons. People with severe disabilities whose lives are largely under the control of mental institutions and professionals have had religion systematically denied to them. However in the past several years there has been an increase in the role of religion in the care of persons with mental illness (Mohr, 2011; Starnino, 2016). Greenberg, Kalian, and Witztum (2010)

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suggest that different communities have different needs and therefore psychiatric rehabilitation services should seek to provide what is best for each individual with severe mental illness. Due the gap in services suitable for the rehabilitative needs of religious persons with SMI, a programme designed for Orthodox and Ultra-Orthodox Jewish persons with SMI was established in Israel. Its aim has been to provide this population the opportunity to participate in religious studies within a supportive environment. This model, the first of its kind in Israel, was established in a Beit Midrash, an institution for religious studies (literally, a house of interpretation or a house of learning). The Rehabilitative Beit Midrash (RBM) provided its participants an opportunity to take part in an activity central to their culture but in which persons with SMI are often unable to participate. Therefore, a study was conducted to examine the contribution that participation in the RBM had on the participants' sense of community integration within the RBM and in their general community. Such a study could provide an indication of the value of developing culturally-oriented services for religious persons with SMI.

Orthodox Jews and persons with mental illness

Members of Orthodox Jewish communities are characterised by their devotion to fulfilling the edicts and duties specified in Judaic sources, namely, the Torah and the large subsequent body of Halacha (Jewish law) which is highly specific about the conduct of day-to-day life for religious Jews (Leyser, 1994). These laws lay out detailed behavioural guidelines for relationships with other people and with God, as well as venues for spiritual experiences. Men and women in Orthodox communities define themselves primarily as members of a community which maintains specific traditions according to which they live (Paradis, Cukor, & Friedman, 2006). One of the most important traditions, predominantly for men, is making religious studies an integral part of their lives. Within the Ultra Orthodox Jewish communities, there are subgroups that vary in their cultural and familial traditions as well as their degree of openness to modern society.

Jewish law and thought have acknowledged the existence of various disabilities that may prevent individuals from fulfilling religious duties. Three diagnostic entities are exempt from fulfilling religious precepts: "Cheresh, Shoteh, Katan," i.e., the deaf, the mentally ill, and the child (Marx, 1993). For those who cannot abide by religious commandments, a paradox emerges whereby exemption from religious rites is, on the one hand, an act of compassion, but on the other, carries with it a degradation of personal worth (Marx, 1993) which could affect their sense of community integration. Avihod's (2008) notes that Halakha (the collective body of Jewish religious laws) does not look at mental illness as a static state but recognises it as a mostly dynamic one. A person with mental illness is temporarily exempt from obeying religious commandments in Judaism when he is experiencing a mental health relapse. Still, when he exits this state, he is obligated again.

Barriers to community integration

Wong and Solomon (2002) suggest that a definition of community integration of persons with SMI should include not only the physical presence of persons with SMI in the community, but also the development of social relationships with other community

members and the development of a psychological integration (e.g., a sense belongingness) to the community. Ultra-Orthodox persons with SMI may encounter barriers to achieving a sense of community integration along these three dimensions. Among the barriers ultra-Orthodox Jewish persons with SMI may face when seeking community integration is their inability to cope with the demanding requirements of institutions for religious studies, when participation in these institutions is a central and normative activity in this society (e.g., studying for long hours, interpreting complicated religious texts). They often encounter difficulties meeting the requirements in such institutions due to functional limitations stemming from their mental illness (e.g., the inability to concentrate for long hours) as well as the lack of institutional adjustments and support to help them cope with these difficulties. Lifshitz and Glaubman (2004) note that the issue of excluding persons with mental illness is exacerbated in institutions for religious studies in the ultra-Orthodox Jewish community, where intellectual and behavioural requirements rule out the inclusion of students who have even mild learning disabilities and behaviour problems. The expectation is for excellence, and persons with mental illness are often unable to attain this goal in part because of lack of support and help in overcoming their difficulties. Due to the significance of participation in religious studies in this society, dropping out of such institutions could create a sense of social exclusion for persons with SMI in this society. In recent years there has been a change in the nature of involvement of religious persons with SMI in religious studies in the Ultra-Orthodox community and persons with SMI are increasingly involved in daily religious lessons (Daily-Talmud-Page) in the community.

Rehabilitative Beit Midrash as a culturally-oriented program

Psychiatric rehabilitation by the Ultra Orthodox Jews in Jerusalem was begun four decades ago by a spiritual leader of the community , Rabbi Osher Freund (Greenberg et al., 2010) who provide sheltered work for Ultra-Orthodox Jewish persons with SMI. RBM is an innovative programme in the Ultra-Orthodox Jewish community which provides religious persons with SMI an opportunity to participate in a normative activity from which many of them had been excluded. It provides the participants an opportunity to become involved in Torah study (the most holy of the sacred writings in Judaism) as well as exposure to related topics. The RBM resembles one of the types of supported education programmes identified by Anthony and Unger (1991) – the self-contained classroom. In this model, classes (similar to college preparatory classes) may be designated for students all of whom have mental illness. The activities in the RBM were designed to enhance the sense of social integration of the participants by creating a sense of community from which they could grow and develop, and included activities such as leading discussions in religious studies and conducting joint activities for all the participants (e.g., prayer services, holiday celebrations). The participants in the RBM are viewed as not only recipients of knowledge but as equal members who can contribute to the activities of the RBM, such as by leading discussions in study groups and analyzing and interpreting the meaning of the texts. One of the models of studying in such houses of learning is the Chavruta which consists of two participants studying together and helping each other with their learning. This model, which is being implemented in the RBM, could also enhance the participants' sense of social integration.

Methodology

An A-B research design was implemented with participants in the RBM in order to examine a change in the participants' sense of community integration between the beginning of their participation in the RBM and four months after the first measurement. A purposive sampling included 42 participants of two different branches of the RBM in two different cities in Israel. All the participants were Ultra-Orthodox religious Jewish persons who were diagnosed as having a severe and prolonged mental illness.

Instrument

Since this is a pioneering, culturally-oriented programme with specific cultural characteristics, an instrument was designed specifically for the purpose of this research to fit the contents and type of activities in the programme. It contained language, concepts, and a description of specific activities and social interactions familiar to the participants in the RBM. The instrument included a background section and a section of 12 items measuring the participants' perception of their internal and external levels of social integration. The items included in this instrument were drawn from interviews with staff members in the RBM. They were based on two conceptual dimensions: Internal Social Integration within the RBM and External Social Integration within their broader religious community. The Internal Social Integration Subscale included seven items relating to the extent to which they felt they interacted with other students in the RBM (e.g., studying in a Chavruta with other students, talking with other students in the RBM); with staff members (speaking with staff members about what is difficult for them in the RBM); and fulfilling social roles in the RBM. The External Social Integration Subscale included five items relating to their participation in religious lessons in the wider community, such as getting involved in a mainstream institution for religious studies not designated only for persons with mental illness several times a week; getting involved in the future in such an institution; and presenting themselves to their families and community as students in the RBM. Each of the items was rated on an 11-point Likert-type scale, in which the level of ability to participate in community integration related activities is rated from 0% to 100% in 10% intervals.

In addition to the structured questionnaire, an open-ended question was included about the changes the participants have experienced in their social interactions and sense of community integration as a result of their participation in the RBM.

Procedures

In order to create the structured questionnaire, preliminary open-ended interviews were conducted with six staff members to ascertain the type of activities and the nature of the participants' interactions within the framework of the RBM. The structured questionnaire was constructed based on the items which were drawn out of these interviews. The face and content validity of this instrument was examined with six staff members of the RBM and six persons with SMI who have been in the programme for several months. An exploratory factor analysis was conducted on the responses of 40 participants who were already in the programme for several months using the Varimax (Orthogonal) rotation method with Kaiser Normalisation. The analysis supported the initial

conceptualisation of this instrument. The Internal Social Integration Subscale accounted for 28.53 of the variance with eigenvalue of 3.42. The External Social Integration Subscale accounted for 24.7 of the variance with eigenvalue of 2.96. Reliability testing utilising the Chronbach Alpha test revealed that the reliability of the Internal Social Integration Subscale was .69 and the External Social Integration Subscale was .81.

In preparation for possible participation in the RBM, potential participants were approached by a staff member who presented them with the research objectives and asked for a preliminary agreement to participate in the programme. Ninety percent of those asked agreed to participate. The instruments were delivered individually to the participants in a quiet room separate from the ongoing activities in the RBM. The study was conducted by a researcher who has been working in a university setting and who has not been involved in the work of the RBM. The research received the ethics approval of the university where he is employed.

Results

Background of the participants

Of the 42 persons with SMI who participated in the study, the mean age was 35.58 (SD = 12.63). The majority of the participants were single (72%). The rest were divorced (15%), married (11%) and separated (2%). All the participants had been enrolled in the past in institutions for religious studies in the community and had dropped out of these institutions. The majority of the participants were coping with schizophrenia (60%). The rest were coping with bipolar disorder (21%) and anxiety disorders (19%). Ninety percent of the participants had been hospitalised in the past in a psychiatric hospital. Their mean number of hospitalisations was 3.86 (SD = 3.6).

The beginning of the program

An examination of the ranking of the items within each of the subscales (see Table 1) at the beginning of the programme revealed that within the Internal Social Integration Subscale the items relating to interactions with other students in the RBM were ranked the highest (e.g., studying in Chavruta with another student; establishing a connection with other students). Among those items, the item which was ranked the highest was "studying religious studies in Chavruta with another student". The items ranked in the middle related to social interaction with the staff (e.g., "speaking with staff members of the RBM regarding the

Table 1. Social Interactions in the RBM

	Beginning *M* (SD)	After 4 months *M* (SD)
Studying in Chavruta with another student	75.25(25.71)	77.25(22.64)
Speaking with other students	70.51(24.48)	76.15(24.34)
Establishing a connection with other students	70.76(26.69)	75.89(29.26)
Speaking with staff members of the RBM regarding their difficulties	66.58(29.88)	73.65(29.30)
Contributing my understanding and knowledge to a lesson that the Rabbi is delivering	68.64(27.79)	68.33(25.55)
Fulfilling social roles in the RBM (such as delivering a lesson)	60.00(30.08)	67.80(31.02)
Helping other participants with their studies.	59.75(30.20)	65.12(27.66)

participants' difficulties"), and the items which were ranked lowest related to fulfilling social roles within the RBM (e.g., "helping other participants with their studies").

The item ranked the highest within the Social Interaction in the Community Subscale was "the ability to present oneself to his family members as a student in the RBM" followed by "the ability to present oneself to his friends as a student in the RBM" (see Table 2). The three items which related to integration in religious institutions in the community (e.g., participation in religious studies) were ranked lower.

A comparison between the beginning and the second measurement

A comparison of the means of each of the items was conducted between the data collected at the beginning of the participation in the RBM and the data collected four months later. The only statistically significant difference in mean was found regarding the item: "Participation in religious lessons in the community". The mean of this item at the second measurement was ($M = 73.42$, SD = 32.98) significantly statistically higher compared to the mean at the first measurement ($M = 61.44$, SD = 33.54, $t = 2.43$, $p = .015$). It should be noted, however, that the means of all the items except for one were higher (but not significantly statistically higher) at the second measurement compared to the first.

A paired-samples t-test comparison was also conducted between the mean of the items of the two subscales at the first and the second measurements. The mean of the items of the Community Integration Subscale was statistically significantly higher at the second measurement ($M = 69.89$, SD = 23.56, $t = 2.32$, $p = .025$) compared with the measurement at the beginning of the programme ($M = 62.85$, SD = 26.91).

When asked in an open-ended question about the contribution of their studies in the RBM to their sense of social integration, the participants discussed the opportunity their studies in the RBM provided to be with other religious persons like them. Participants emphasised that it contributed to their sense of belonging and to reducing their sense of loneliness; "It enables me not to be alone by being involved in religious studies with other persons like me." Several of them mentioned that in the past when they were placed in mental health institutions that were not religious they did not feel as connected to their peers there as they felt in the RBM. They especially emphasised the value of the Chavruta in providing them an opportunity to collaborate with other persons around religious studies.

When they related to the contribution of the studies to their social relationships in the community, participants especially emphasised the effect that it has on the nature of their communication with their family and friends. Participating in religious studies provided them a common language with family and friends around religious-centered activities,

Table 2. Community Integration.

	Beginning *M*(SD)	After 4 months *M*(SD)
Presenting oneself to his family as a student in the RBM	75.60(30.98)	77.31(30.25)
Presenting oneself to his friends as a student in the RBM	68.29(30.56)	72.68(33.69)
Participating in religious lessons in the community	61.44(33.54)	73.42(32.98)*
Integrating in the future into an institution of religious studies	57.43(31.74)	63.24(32.57)
Integrating into a regular institution for religious studies several times a week	52.57(35.09)	60.85(32.93)

*$p < .05$.

as one of the anticipants noted: "It provided me a common language with my son by being able to be involved in religious studies with him. Studying together changed my relationship with him." Some participants described increased appreciation by their family and friends as well as the satisfaction of their family members from their involvement in religious studies. Another aspect of social relationships described by several participants was a greater confidence in their finding a wife: "It is easier to meet for matchmaking when I say that I'm studying Torah."

Discussion

This study illustrates the potential for a culturally-oriented rehabilitative mental health service to contribute to the sense of social integration among religious persons with SMI. Although the participation in religious studies is the most explicit outcome of the participation in the RBM, it also provided an opportunity to advance the sense of community integration of its participants along the two dimensions conceptualised by Wong and Solomon (2002): Social integration and psychological integration. The religious studies in the RBM provided opportunities for the social integration of the participants both inside and outside the RBM. The significance given by the participants (in both measurements) for their ability to socially interact within the RBM with people with a similar religious background as well as the significance given to models of studies which include a social component (e.g., Chavruta) provide an indication of the rehabilitative functions that a culturally-oriented programme such as the RBM have beyond just the opportunity for involvement in religious studies.

Hall (2010) notes that people with disabilities experience long term personal, social and institutional discrimination, resulting in their absence from mainstream institutional spaces. At the core of this discrimination, arguably, is a powerful sense of difference. The opportunity to participate in a normative activity which is highly esteemed within the Ultra-Orthodox Jewish culture and from which persons with SMI have often been excluded could serve as means to lower their sense of difference and increase their sense of belonging to their religious community. Another potential contribution that participation in an institution such as the RBM may provide is the increased sense of psychological integration. Participants noted, for example, that the religious studies provided them a common language with family and friends. The findings indicate that participation in such a programme could also lead to a change in the participants' social identity, i.e., the way they are perceived by others in their community such as family and friends (Slade, 2009).

The participation in religious studies in a protected environment such as the RBM could enhance the belief of its participants that they can also participate in religious studies outside the RBM. Involvement in religious studies in the community is considered within the Ultra-Orthodox Jewish community as a culturally valued role. The fulfilment of valued roles in the community was found to be an important contributing factor in the recovery of persons with SMI (Jacobson & Greenley, 2001; Leamy et al., 2011). However, the level of preparation that a service model such as the RBM may provide for integrating into religious institutions in the community may have some limitations due to the homogenous nature of the service which serves only persons with SMI. This could be the reason that participants indicated a lower sense of capability regarding

studying in a full-time programme within a community institution for religious studies as opposed to a more part-time arrangement several times a week.

Practical implications

This study demonstrates the significance of rehabilitation services geared for religious Jewish persons with SMI so as to enable them to participate in a highly esteemed activity within their community. Involvement in such an activity could serve as a springboard for advancing their community integration. However, persons with SMI may need additional assistance for their eventual involvement in religious studies in the community as their experience studying in the RBM may have some limitations providing them the skills needed to study in a heterogeneous context.

While the specific model of the RBM may not be appropriate for other religions, the practical principles implemented in the RBM could be applied to rehabilitation services serving religious persons with SMI from different religions and cultural contexts. This study relied on the subjective reporting of the participants in the RBM. Future studies should also include objective measures which could provide an indication of the actual changes in the community integration of religious persons with SMI when participating in a culturally-oriented rehabilitative programme.

Disclosure statement

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