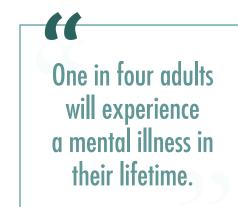
# HAGGADAH INSERT

# **PASSOVER** 5781 (2021)

## **FOUR QUESTIONS ON MENTAL ILLNESS**

At Passover especially, we are reminded to include the stranger (Exodus 22:20-22: You shall not wrong a stranger or oppress him, for you were strangers in the land of Egypt). Yet, many among us experience a sense of isolation because of their mental illness or that of a family member. The stigma of mental illness often stops us from openly discussing the challenges experienced by our fellow community members or even our loved ones.



Mental illnesses touch all of us. One in four adults will experience a mental illness in their lifetime and, with the pandemic, the prevalence of mental illness is rising among both adults and youth. To break down the stereotypes and the stigma, one of the most important things we can do is to start talking more openly about mental illness.

In line with our tradition of asking questions in order to provoke discussion, here are four questions you might integrate into your Passover Seder or simply discuss with family or friends over the course of the week. Every discussion is a step in the right direction.

1 What image pops into your head if I ask you to think about someone with a mental illness?

Tell me about this person. What does this person look like, how are they behaving, how old are they? Did you picture someone quite different from you? Or, did you think of someone you know? A colleague or a classmate? If you were in a room of 100 people, it's likely that at least 20 would be experiencing a mental illness at that very moment. Yet, they may look and act the same as others; those with mental illness may be suffering even as they put on a brave face. When we understand that mental illness exists among our family and friends, we are likely to have more empathy and be less inclined to discriminate, or even make fun of, those with mental illness.

2 In what ways do we treat people with mental illness differently from people with physical illnesses?

Even in 2021, those with mental health concerns are often perceived as being 'weak' or overly 'dramatic'

by some. That kind of thinking provides an excuse to act with less sympathy for someone suffering from depression than someone suffering from a physical illness, to minimize the extent of the suffering or to act like the person can control it.

Consider all the slang words we have for mental illness (crazy, nuts, psycho, insane, neurotic, etc.). We do not have the same words for those with cancer or other physical illnesses.

For many families and cultures, mental illness is a source of shame. This, in turn leads sufferers to conceal their condition, even from their closest friends or family, making it less likely that they will seek treatment.

And, those who do seek treatment can discover it is hard to access. In certain areas, a lack of mental health providers reduces good treatment options. Further, many insurance programs limit the number of therapy sessions a person can receive and only cover certain providers.

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3 Why are we uncomfortable talking about mental illness?

People are generally reluctant to talk about anything they don't understand. Because we don't know how mental illness affects the person who lives with it or their family and because we don't want to say the wrong thing, we avoid the conversation entirely. Further, those with mental illness may feel that they should "tough" it out or manage on their own.

Mental illness is an everyday issue for millions of us, yet our closest family, partners, friends and colleagues can still feel uncomfortable and illequipped to talk about it. We need to find ways to become comfortable with this conversation.

Otherwise, the topic of mental illness will remain taboo and, more important, those who would benefit from a discussion (whether the person with mental illness or their family member) remain isolated and unsupported. Mental illness is treatable in many cases; we must make the first step in getting treatment (i.e., acknowledging the illness) easier for all.

4 What are some things we might say (and what are some things we shouldn't say) to someone who may be experiencing a mental illness?

#### Some things you might say

- "Thanks for opening up to me."
- "Is there anything I can do to help?"
- "I'm sorry to hear that. It must be tough."
- "I'm here for you when you need me."
- "I can't imagine what you're going through."
- "Can I drive you to an appointment?"
- "How are you feeling today?"

#### Equally important are things NOT to say

- X "It could be worse."
- X "Just deal with it."
- X "Snap out of it."
- **X** "Everyone feels that way sometimes."
- X "We've all been there."
- X "You've got to pull yourself together."
- X "Maybe try thinking happier thoughts."

It's also okay if someone is not ready to share. The gesture of reaching out may still be appreciated, even if someone does not respond.

#### JEWISH HISTORY AND RESPONSE TO MENTAL ILLNESS

Although Jews were instrumental in establishing the field of psychology, the Jewish community is not always comfortable openly talking about mental illness or supporting those who suffer from it. Further, the stigma, and the fear of harming marriage prospects, can sometimes draw a curtain of secrecy around those with mental illness, though there are now many Jewish groups working to address this problem.

The stigma exists despite the fact that references to mental illness can be found in some of the earliest Jewish textual sources.

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## In a Yom Kippur sermon, a rabbi described it this way:

Even the Talmud, written 1,500 years ago, discusses depression and how best to offer support. In Berakhot, we read the story of Rabbi Eleazar who is ill, suffering from deep despair. When his friend, Rabbi Yochanan, visits him, he finds Eleazar alone in a darkened room, facing the wall.



He cannot bear to see the light; even the light from Yochanan's arm is too bright for his eyes and his soul. When Yochanan sees that his friend is crying he asks, "Why are you crying?" Then Eleazar finally answers, "I weep because all light fades into darkness, because all beauty eventually rots." Yochanan, sitting beside his friend replies, "Yes, ultimately everything does die. So perhaps you have reason to weep." Then Yochanan sat down with his friend and wept alongside him. After a while Yochanan asked, "Does darkness comfort you? Do you want these sufferings?" "No," Yochanan says. "Then give me your hand," replies Yochanan, and he lifts Rabbi Eleazar up from his bed and out of his darkened room. Sometimes, the Talmud teaches us, the best way to help people who suffer is to just be present with them and accompany them in their darkness and into the light of day. Sometimes, the Talmud teaches us, the best way to help people who suffer is not to talk them out of their pain or tell them they will get better soon; it is to just be present with them and accompany them in their darkness.

https://www.nami.org/Get-Involved/NAMI-FaithNet/Sample-Services-and-Sermons/Yom-Kippur-Sermon

Especially at this time, we can also look to the Haggadah which instructs us to be sensitive to the needs of the fourth child. As Rabbi Shlomo Alkabetz comments, "the fourth child may actually want to ask but lacks confidence and fears being seen as a fool. The Haggadah instructs us to be sensitive to such people and to put them at ease by initiating conversation with them until they are comfortable sharing their thoughts confidently and clearly." (R. Shlomo Alkabetz; Chida).

We are instructed to "open it up" to those who don't know how to ask. For those who don't know how to begin the conversation of mental illness, we can "open it up" by asking the questions posed in this Haggadah insert. And, as with everything about Passover, we seek to involve our children. You might ask the following additional questions to the youth at your Seder:

In your experience, how are mental health issues affecting young people and the schools? How do mental health issues affect you and your peers?

As Jewish communities striving to be inclusive of those with disabilities, we should work to educate ourselves regarding various forms of mental health challenges and the issues surrounding those challenges. We should also seek to learn more about the mental health effect of the challenges experienced by Jews of Color and LGBTQIA+ Jews because of bias, prejudice and systemic oppression and the challenges experienced by veterans, survivors of the Holocaust and second-generation families.

Ultimately, we must examine our own attitudes about mental illness. We must endeavor to reduce the stigma and welcome those with mental health challenges and their families into our faith community by providing a safe environment in which people can tell their stories, share their journey, and be their authentic selves.



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