Israel Journal of Psychiatry, 35, 217-226, 1998

Charedi women, charedi men, and stress.

by

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This report examines data from interviews with 179 strictlyorthodox Jews living in London. The impetus was a debate in this journal on the question whether men or women in the strictlyorthodox community are more stressed. Many of the observations made in this journal on the quality of life among charedi men and women were born out. Quantitatively, severe stress and clinical levels of depression and anxiety were similar among the men and women studied, but women had overall more eventful lives than men, and were more likely to suffer from borderline depression and anxiety - though these differences were only marginally significant. It is suggested that the London sample studied were probably similar to charedim in Israel, and that the findings might therefore be applicable. Charedi women, charedi men, and stress.

Recently, this journal published a correspondence between Esther Goshen-Gottstein and Rabbi Yehuda Leib Porush. The correspondence was sparked off by a statement made by Rabbi Porush at the Second International Study Day of the Latner Institute of the Herzog Hospital, 1993. The statement was: "Women in the <u>charedi</u> community have a much easier life than men".

Goshen-Gottstein (1) disputed this: "women carry the triple burden of looking after the home, rearing large families, and being breadwinners", and "wear themselves out trying to live up to ... expectations". Both Porush and Goshen-Gottstein were drawing on their experience of counselling in the Jerusalem ultra- (we prefer "strictly-") orthodox Jewish community. In response to Goshen-Gottstein, Porush (2) suggested that as one functioning from <u>within</u> the community, and with better access to male members of the community, his observations were likely to be more valid. Porush suggested that for male members of the charedi community, "extreme pressures and anxieties" come from fulfilling the mitzvoth, coping with pupils and the community in their usual capacities as rabbis and teachers, coping with the demands of Talmud study, and with the enormous financial burdens involved in marrying off children.

From 1991-1993 I and several colleagues were studying stress and distress among Anglo-Jewish men and women, affiliated to orthodox synagogues. Our sample was quasi-random, recruited from synagogue membership lists, and we carried out life-events interviews (3), from which we assessed contextual threat (stress). We also looked at minor psychiatric symptoms, particularly those of depression and anxiety. Half (n=179) the participants were strictly-orthodox by affiliation, with a lifestyle generally resembling that of the Israeli <u>charedim</u> referred to in the <u>Israel Journal of Psychiatry</u>: limited contact with the "outside" world, and strict adherence to the Jewish laws

regulating diet, marriage and relations between men and women,

prayer and religious study, education, and virtually all other areas of social and private behaviour. The other participants (n=160) were traditionally-orthodox, with a more variable level of adherence to the code of Jewish Law. Although we were surprised by the many similarities between the strictly and traditionally-orthodox in outlook and values, in this paper we focus on the 179 strictly-orthodox, and the question of gender differences in stress and minor psychiatric symptomatology.

Participants

Who were the participants, and to what extent did they resemble members of the "charedi" community in Israel?

Our participants were all members of federation called the Union of Orthodox Hebrew Congregations, which includes all the strictly-orthodox groups, including all hasidic groups, in the London area. Among the strictly-orthodox there are variations in philosophy regarding relations with the "outside world", including hasidic and litvish groups advocating minimal contact from a fear of corruption, yekkes advocating good citizenship and pleasantness to all, and Chabad-hasidic advocating outreach. There are between-group variations in dress and religious custom. All had in common strict orthodoxy, and all were living in one of the two strictly-orthodox enclaves in London (Stamford Hill or Golders Green and its environs) having the amenities required for strictly-orthodox living (synagogues, schools, ritual baths, kosher food shops, supplies of religious ritual requirements).

We approached one household in five, from the membership lists of the Union of Orthodox Hebrew Congregations, and adult members of the household were invited to participate. Where no members of a household agreed to participate (or after at least 3 failures to contact by telephone) the next household on the list was approached.

Table 1 shows some demographic characteristics.

Table 1

Although we do not have comparable figures for Israel, Table 1 suggests that the strictly-orthodox communities in London share some key characteristics observed among the strictly-orthodox in other countries including Israel. A very high proportion are in stable marriages, family size is large, ranging up to 15 children, and there are high proportions of people in religiouscommunal occupations (and of the remaining economically-active participants, a majority were in small businesses serving the strictly-orthodox community). Nothing in table 1 suggests any noteworthy differences between the strictly-orthodox of London, and those of Jerusalem, or of any other city.

Stress

How was stress assessed, and what were the differences between men and women?

We used a semi-structured interview measure of stress, the Life Events and Difficulties Schedule. We also recording information on biography and current social circumstances. Methods and measures are described more fully eslewhere (7). We used a contextual method of rating stress. Descriptions of events and difficulties were rated for the degree of threat present for the average person, in those circumstances, and with that background, regardless of the reported degree of threat. Thus the "same" event might sometimes be expected to impact differently upon different people according to their roles and and to receive different contextual threat circumstances, ratings. For example, two different women reported the decision that their elderly invalid mother was about to come and live with them. Different contextual threat ratings were given, in view of the quality of the mother -

daughter relationship, and the different adjustments to be made in terms of finance, living space and daily routine. And as would be expected a decision like this would normally receive higher threat for a wife than for a husband, in view of the greater burden of caring falling upon the wife. Sometimes a given event might impact differently, but receive the same threat ratings. For instance a high threat rating was made for a mother's difficulties in coping with the daily needs of a severely-handicapped daughter. For different reasons, a high threat rating was made for a father's difficulties with the daughter: he worked as a "Rebbi" in a local cheder (orthodox school) and had not been paid for several months, so he was unable to meet the tuition and other extra expenses involved in the daughter's care.

Ratings were made by a 7-member rating team (the authors), all trained in LEDS methodology. The LEDS is reliable and valid (8). The existing LEDS dictionaries of rating precedents were used, together with rater meetings and consultation with the MRC rating team (Social Policy Department, Royal Holloway University of London), particularly in cases of events and difficulties distinctive to this particular cultural-religious group.

For this paper we considered:

1) Whether, for each participant, at least one "<u>prior provoking</u> <u>agent</u>" existed: (long-term) contextual threat at least highmoderate, joint or self-focused, independent of any psychiatric disorder, and prior to onset of any actual psychiatric disorder. To qualify as a provoking agent, a difficulty had to have begun at least two years prior to the interview (or onset of any psychiatric illness), to be still ongoing, continuously at highmoderate or above. These levels of threat have been established to be normally necessary (thought not sufficient) to provoke psychiatric disorder (3,9).

2) The total number of life-events and difficulties. This excluded "incidents", not rated as sufficiently threatening to be considered as life-events, as well as events which had

occurred more than 12 months before interview.

3) The presence of any event or difficulty reflecting economic stress: rated as related to business, employment or finance.

Some examples are shown below. For each, we have indicated whether each was rated as a provoking agent, or not.

Man, aged 49: He was forced to declare bankruptcy after a series of law suits involving his company which he eventually lost. His standard of living has been drastically lowered, he feels he has lost status and friends, and is depressed; he cannot pay bills, and there is a threatened mortgage foreclosure (Provoking agent).

Man, aged 45: His youngest child (now aged 5) has special educational needs. It has been a long-term worry, and he and his wife have been sensitive to the problem since the birth of their son. The difficulty is very difficult to define and has only recently been quantifiable. Some (but not all) doctors have been helpful, and they all seem to agree that in the long run he will attain normal adulthood, with appropriate help. However it is not clear that he will ever be able to earn a living. The child himself is beginning to realise that he is different. One aspect of the problem is the difficulty in finding the right provision for strictly-orthodox children with special needs (Provoking agent)

Woman, aged 30: She has 7 children and is part of a huge extended family, nearly all living locally. She has plenty of support when she needs it. She - of course - has to provide plenty of support, both practical and emotional, when it is needed. She says that people envy her that she is at the hub of a large and respected family, all so close geographically and emotionally, but she feels that she has no time for friends and interests outside the family, and finds the whole situation a bit claustrophobic (Not a provoking agent).

Man, aged 21: He is single and would like to continue learning in yeshiva, as are most of his peers. Last month he learnt that he had been rejected by the yeshiva of his choice (Not a provoking agent, since another yeshiva has accepted him).

Woman, aged 62: One of her married daughters lives in Israel, and it was felt that she and the younger children should come and stay with her and her husband when the Gulf War threatened. She loved having them, but it was very hard work, and she worried about her other grandchildren and her son-in-law in Israel. At the time of the interview, the war had ended and the daughter and grandchildren had returned to Israel (Not a provoking agent).

Woman, aged 42: She and her family were woken in the small hours of the morning by a drunken man shouting obscene anti-semitic insults, smashing their windows. Neighbours called the police, but the man had disappeared by the time they arrived. The police did not seem very concerned. They have not so far succeeded in getting any compensation for the damage from the insurance company (Provoking agent).

Woman, aged 27: She was expecting her fifth child six months ago, at the time of her younger brother's wedding, and could not travel to Israel to take part in the family simcha (Not a provoking agent).

Table 2 shows the proportions of men and women with at least one provoking agent, the mean total number of events and difficulties for men and women, and the proportions of men and women judged as suffering from economic stress.

Table 2

Table 2 suggests no significant differences between men and

women in the likelihood of a severe stressor (provoking agent) or of economic stress, but the women had more eventful lives than the men, though this effect was only marginally significant.

Depression and anxiety

In our research, we distinguished between <u>stress</u>, in the form of threatening and disruptive events and difficulties, and <u>distress</u>, in the form of negative emotions and symptoms. To many, distress is synonymous with stress: when a person is described as suffering from stress, the implication is that they are experiencing negative emotions and/or unpleasant symptoms. This examination of gender differences includes an examination of some aspects of distress.

Current psychiatric symptoms, and those in the 12-month period prior to interview, were assessed using the PSE (Present State Examination) (10). A shortened form was used, focusing on depression, tension and anxiety symptoms. Symptom level was indicated by the presence of the feature of thought, feeling or behaviour for a duration of at least 2 weeks, at a level which is difficult or impossible to control and which interferes with normal functioning.

Criteria for <u>anxiety</u> followed those described in Finlay-Jones (11): <u>free-floating anxiety</u> (DSM generalized anxiety disorder), <u>panic</u> disorder, <u>situational</u> anxiety (DSM agoraphobia) and <u>avoidance</u> (social phobia) were assessed, using criteria which met relevant DSM-III criteria. Overall case and borderline anxiety were defined as follows (11): Case anxiety: 2 on free-floating or panic, or 1 on free-floating plus 1 on panic, or 1 on situational plus 2 on avoidance; Borderline anxiety: 1 on free-floating or panic, or 2 on situational, or 1 on situational plus 1 on avoidance.

Depression criteria follow those described in Brown & Harris (3)

and resemble those for DSM-III major depressive disorder. Case depression: depressed mood plus four or more of loss of concentration, brooding, loss of interest in normal activities, hopelessness, suicide plans, self-deprecation, gain or loss of appetite/weight, delayed sleep, early waking, retardation. Borderline depression: depressed mood plus one to three of the above symptoms.

Table 3 shows 12-month prevalence of case and borderline depression and anxiety.

Table 3

There were no gender differences in case depression or anxiety, but in the sample interviewed, borderline depression and anxiety were more likely among the women, though the effects were not statistically significant.

Discussion and Conclusions

There are many features of the data which we have described and commented on elsewhere (7, 12, 13). Here, we have concentrated on the concerns raised by Porush and by Goshen-Gottstein.

First, did "women have an easier life than men" (Porush)? On this evidence, no. Both women and men were equally likely to have experienced recent severe stress, and economic stress. When we considered the frequency of stressors of all degrees of severity, this was somewhat higher for women than for men.

Second, did "women carry the triple burden of looking after the home, rearing large families, and being breadwinners", and "wear themselves out trying to live up to ... expectations" (Goshen-Gottstein)? Our material supported this view of women, but suggested that the burden of being a breadwinner was a shared one for most of the (married) women in our sample, and in some senses

primary responsibility was carried by the husband. When money matters - as it did in the recessionary conditions of 1991-3 when these interviews were conducted - the men worried over where and how to raise or borrow the money to "look after the home" and "rear (their) large families", or became depressed because they were failing to do so. The women worried about how to stretch their resources still more thinly to "look after the home, and rear (their) large families.

Thirdly, was it true that for male members of the charedi community, "extreme pressures and anxieties" come from fulfilling the mitzvoth, coping with pupils and the community in their usual capacities as rabbis and teachers, coping with the demands of Talmud study, and with the enormous financial burdens involved in marrying off children (Porush)? There was evidence for all these forms of stress, but just as the pressures impacting on women were also felt by men, albeit differently, so the reverse is true. Women's and men's roles vis-a-vis the mitzvoth, the community, the demands of Torah study, and marrying off children - do differ, in nature, but not so greatly in overall extent.

Overall, then, in this study, there were no differences between the men and the women interviewed in the likelihood of severe stress, of economic stress, and of case depression and anxiety. However, the women interviewed had somewhat more eventful lives than the men, and a possible reflection of this lies in the marginally higher levels of sub-clinical depression and anxiety among the women. There are qualitative differences between strictly-orthodox men and women in patterns of living, and all the stressors described by Goshen-Gottstein and by Porush were in evidence in the material provided by the research participants.

How applicable are these findings and conclusions to the strictly-orthodox (charedi) community in Jerusalem? We suggest that the similarities between the strictly-orthodox communities

in Jerusalem and London (and indeed anywhere) are greater than the differences, but we do not have the data to make close comparisons.

Acknowledgements

This research was supported by a project grant from the Economic and Research Council (R000232831). The author is particularly grateful to Tirril Harris (Medical Research Council Unit, Social Policy Department, Royal Holloway University of London) for her untiring interest and input, to Rosemary Westley for her advice and support on many aspects of project management, to many rabbis and other communal leaders in the Jewish community for advice, interest and help, and - of most importance - to the participants who gave their time to be interviewed, and to Vivienne Goldblatt, Guy Lubitsch, Tessa Gorton, Helen Bicknell, Deborah Fellowes and Amanda Sowden who interviewed, helped and advised in countless ways.

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	Men	Women	All
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Number	79	100	179
Mean age	47.5	48.9	48.4
Now-married	85% (67/79)	91% (91/100)	89% (158/179)
Mean number of children* (for those ever- married)	4.3	4.2	4.2
Proportion in religious- communal occupations (rabbi; teaching in religious school, seminary or yeshiva; kollel, shochet, sofer, mashgiach)	28% (22/79)	27% (27/99)	28% (49/178)
Proportion not in paid employment (full-time housewife or student, unemployed, retired)	13% 10/79	36% (36/99)	26% (46/178)

Table 1: Demographic characteristics of the sample

* A figure of 7 has been quoted for the strictly-orthodox in London (4), but we have not been able to confirm this, either in this or in earlier samples (5,6). Current family size in the present sample ranged up to 15, and 7 children is normative for a completed family for a couple with no fertility problems. The "low" figure of 4.2 may be explained by the fact that many participants had not completed their families, some had fertility problems, and some - for a variety of reasons - may have practised contraception.

	Men	Women	All	Signifi- cance of gender differences
Proportion with provoking agent (severe stress)	35% (28/79)	34% (34/100)	35% (62/179)	X ² <1 ns
Proportion with economic stress	54% (43/79)	48% (48/100)	51% (91/179)	X ² <1 ns
Total number of events and diffi- culties	5.9	6.9	6.4	t=1.71 2-tailed p=.09

Table 2: Indices of stress

	Men	Women	All	Signifi- cance of gender differences
Case	14%	15%	15%	X ² <1
depression	(11/79)	(15/100)	(26/179)	ns
Borderline	14%	25%	20%	X ² =3.37
depression	(11/79)	(25/100)	(36/179)	p=.07
Case	6%	9%	8%	X ² <1
anxiety	(5/79)	(9/100)	(14/179)	ns
Borderline	20%	33%	27%	X ² =3.61
anxiety	(16/79)	(33/100)	(49/179)	p=.06

Table 3: Minor psychiatric disorders