Readers Forum

Delivered at Conference :
Sunday 9 November 2003

Towards Better Mental Health Services in Melbourne's Jewish Community

What's mental health got to do with being Jewish?

Rabbi Ralph Genende

"Sit down, Mr Cohen" said the psychologist. "Now tell me what brings you here."

"People"? declared Cohen. "Stupid people, Doctor. I tell you, I despair of the human race."

"Mm what is it that they actually do that makes you so frustrated?"

"They call me crazy … no matter what I say or suggest I'm crazy; they just won't listen to me…"

"Mr Cohen" says the psychologist gently, "perhaps you ought to start at the beginning."

Cohen agrees: "OK. In the beginning I created the humans and the earth".

While a G-d complex may be relatively rare among Jews, there are a number of features in our long and complex relationship with G-d and Judaism which are neither rare nor outrageous, but which colour and shape our mental health.

I will argue today that a failure to address the uniquely Jewish dimensions of those Jews suffering a mental illness, those who are in need of counselling or therapy, will hinder, slow down and possibly even undermine their efforts to heal. While what I'm saying may appear to be self-evident, there is a body of research which suggests that there is a lack of attention to Jews as an ethnic minority within multicultural societies a lack of attention by both non-Jews and Jews themselves.

Despite the claim of inclusiveness and the argument that ethical treatment must acknowledge each client's culture, this has typically not included Jews, even though so many in the field are Jewish themselves. The research I'm referring to stems from the late 80's and 90's when I was involved in my training as a counsellor and was noted by Beck (1991), Siegel (1991), Wiener (1991) and others. I'm hopeful that this may have changed or be changing, but if Nola Passmore is right in her article in the current Australian Psychologist (November 2003), Australian counsellors and psychologists are still as a whole reluctant to explore religious issues in therapy and are slow to contribute to research and training with regard to religious issues in therapy.

There are, suggests Peter Langley (1995) a number of reasons why cross-cultural counselling has neglected the Jewish dimension. The neglect of Jewish issues by non-Jews stems first from the perception Jews are so well integrated into general society that they no longer constitute a separate culture. Those who do stand out are seen as a religious group and not a culture and because Christians are not a major focus in cultural studies, there's no reason to study Jews.

There is some truth to this point; we Jews are great assimilators of culture, often becoming more English than the English, more Ozzie than the Australians. This is why intermarriage is a cause of so much angst to the Jewish community. Nevertheless, many if not the majority, of assimilated, acculturated and non-observant Jews still carry a strong sense of being outside the mainstream White Australian culture. Despite appearances they experience themselves as members of a minority culture. Most Jews are acutely aware that they are approximately 1/3 of 1% of the world's population where 33% are Christians and over 20% are Muslim.

The sense of being a minority, combined with the knowledge of Jewish persecution; the reality of the Holocaust (particularly significant for the Melbourne Jewish community as highlighted by George Halasz, Moshe Lang and others); the exponential growth in anti-Semitism since September 11 and the UN Durban Conference; the ongoing trauma of the conflict in Israel all of these factors make it difficult for Jews to take their safety for granted.

In 1988 Jewish social commentator Leonard Fein wrote

What is the first lesson a Jew learns? That people want to kill Jews … To be a Jew in America, or anywhere, today is to carry with you the consciousness of limitless savagery. It is to carry that consciousness with you not as an abstraction, but as a reality: not, G-d help us all, only as memory, but also as possibility.

In 2003 this has an ever more urgent resonance. To a non-Jewish therapist these concerns may seem paranoid, to Jews who live with the history and reality of anti-Semitism from the vitriol of Mahatir to the more urbane disdain of European society, their existence is perennially in question.

I have alluded to another complex factor which influences work with Jews suffering from mental illness, viz Jews as a religious group. While some (a minority of) Jews are primarily religious and live their lives around Jewish practises, observing strict laws that govern every facet of their lives from a Kosher diet to a strict observance of Sabbath. For most Jews being Jewish entails more than belonging to a religion

However even within the religious community there is a range of Jewish definitions ranging from ultra-Orthodox and Chassidic to modern Orthodox and left-wing experimental.

For most Jews in Australia their identity is more ethnic focusing on the cultural dimensions of Judaism; traditional foods, customs, stories, jokes and songs, perhaps with a sprinkling of Yiddish.

Some Jews draw their identity from political support of Israel, membership of a Zionist organisation or fighting anti-Semitism. Others define their Judaism by their holocaust survivor status; this is especially so in Melbourne.

Jews themselves are often confused by the bewildering range of choices available to them. Attempts to categorise Jews as ethnic, religious or national are often inadequate. Perhaps the most apt definition is that Judaism is a religious civilisation, a lifestyle or a culture.

Langman (1995) refers to another significant factor for the exclusion of Jews from the multicultural matrix:

Jews are seen as not "needing" the same attention that other groups do. Jews have been referred to as a model minority because of their success in adapting to Western cultures. This "success" raises its own issues, such as assimilation and intermarriage. Also, although Jews as a group may be better off materially than other minorities, this does not negate the intensity and prevalence of anti-Semitism; if anything, it may add to it by "proving" the stereotype of the "rich Jews".

The truth of course is that not all Jews have 'made it'. One local Melbourne Jewish relief fund distributed (during the past year) $8,800 per month of meat subsidies - $4,300 per month of rent and utilities subsidies and so on …

Notes Langman:

"It is limiting to think of oppression strictly in terms of economics. Even if all Jews were wealthy, they could still be victims of

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In memory of Simon

With trepidation I have approached the writing of this obituary. What to say of someone I have considered a friend, a man of great, and at times impenetrable, depth. A person who I felt I was supposed to help, heal and overcome his many obstacles. Simon, you may have never have realised this, that although it seemed I was giving much to you, you gave me so much more.

Implant in me, you tried, a love beyond this material world. The trials and tribulations, that at a superficial glance, you put me through, were mostly such because of my own expectations; expectations of give and receive; a particular receive: that you would change for, my version of, the better

This morn, I have awoken, eleven weeks after your last breaths on this precious rock. A tear is welling in my eye, I realise I miss you, our conversations, intimations and realisations about this beautiful yet cruel existence.

Yesterday I read a bit of Erich Fromm, haunted, because he echoed your words, in his conception of love transforming from an immature to mature state. You wrote in your diary: "Mum, I used to love you because I needed you, but now I need you because I love you", this amongst many others the pearl of wisdom that you imparted to me.

Your hugs conveyed what I felt, and still do, that words are important but will never suffice to describe emotion.

It is too late to complement you more, but the rest of the world should know that the righteous are often hidden and whence found are to be appreciated.

Thank you, from the depths of my aching soul, crying as I pen these words in memory of you.

Ariel

From Constituent Organisations

In the last twelve months Wings of Care has developed in several new areas.

We started our Drop-in Group on a Sunday afternoon. This activity has been in the melting-pot for quite some time until I decided to run this activity in my home. The group likes coming to my place because they say it is 'homely', and I enjoy having them.

Mandy Malinek our Voluntary Occupational Therapist runs the sessions for us and we have had so far: Goal setting and time management; Anger management; Getting back to work after a mental illness; De-clutter and its maintenance, and general nutrition will be presented soon.

Another program planned is based on Optimum Nutrition for the Mind - from the book if that title by Patrick Holford and will be given by Rachel Arthur, a Naturopath with a passion for this topic. Notes from all our sessions are posted on our Consumer Website on www.vicnet.net.au/~msupport. The email address is MSupport@swiftdsl.com.au.

Nira Shani takes a lot of our programmes on Thursday nights at the moment with holistic creative art sessions and the group enjoys relaxing and unwinding in her sessions and then creating. Nira and her friend and associate Timna Kenny entertain a cross-section of Wings of Care members with their music at our Chanukah and Purim celebrations. Everyone enjoys themselves at these parties. We have the appropriate Yom Tov foods at these times also. We will soon be having Massage with Elfie Weiss one of our consultants and a qualified and experienced Social Worker. There will also be creative writing taken by Julie Szego an experienced Journalist very soon.

Aaron Benhanou entertained us on his electrical guitar in a pre Rosh Hashana party with singing as well. All present enjoyed themselves by singing along and dancing.

We are about to set up a group to participate with Conference Calls on a regular weekly Wednesday afternoon basis.

Misha Nathani has recently joined the Board of Wings of Care and we welcome him warmly. He is an experienced Social Worker and brings to our organization a multitude of talents.

A function on the drawing-board at this time is a forum for mental health professionals in the wider community to learn about how to look after Jewish patients whilst they are in hospital. Rebbitzin Vera Link who is a Diversional Therapist will provide the information for this forum.

The latest happening that took place and has had an effect on us, in the last 12 months, is the establishing of the JCCV Social Justice Committee. Wings of Care became an affiliate of the JCCV sometime last your and as we are looking at lifting the profile and future improvement of mental health services in our community becoming a member of the Social Justice Committee became appropriate. We are actually founding members and we have already had our first function - a Forum on Poverty.

The very existence of this Committee and its positive potential standing in our Community made me realize that Wings of Care needed its own Website, among other things. One of the projects that we embarked on was to create a Charter on mental health for community members to commit to its ideals. People can do this on a hard copy and also via the new Website where it will be found. Comments can privately be posted on it.

There are many ideas that I am currently proposing to the SJ Committee for the future which can be left for our next Newsletter's publication.

Lorraine

"Why me G-d?"

A book by Lisa Aiken

I was lucky enough to acquire an extract from Adena Ucko of a book called "Why me G-d?" by Lisa Aiken. With such a title it was obvious that there would be special treasures that would identify some Jewish attitudes to mental health issues.

I was given a copy of the chapter called "Understanding and Coping with Emotional Problems". I have selected two areas for discussion here. Guilt and Shame, and Baggage.

In addressing the first, the authoress says," Secularists teach that most guilt is bad and that an enormous amount of mental illness is due to shame and guilt. Judaism says that these negative feelings are important for our growth, provided we channel them constructively. Our Creator knows that we are human and expects us to make mistakes, so He gave us these feelings to motivate us to right our wrongs, let go of the past, and be better in the future.

By sincerely repenting our mistakes, we can forgive ourselves and not ruin the rest of our lives torturing ourselves for what we did wrong."

"Repentance", she goes on to say, "involves regretting and verbalizing to G-d what we did wrong, making amends, apologizing to people we hurt, and resolving never to repeat our misdeeds.

We ask G-d, not an intermediary, to forgive us, because we are personally responsible to Him for everything that we do. If we use shame and guilt to improve ourselves, they serve an important function".

On the subject of Baggage, that is, things that we experienced at different stages of life that may not have been pleasant, it is suggested that we have choices, to either use these bad experiences to excuse our choices in attitudes today or learn to overcome the past and become stronger and more special as we learn to overcome them.

Institute for Judaism and Civilization

This past (Jewish) year the Institute for Judaism and Civilization has pressed ahead with various explorations of the relationship of Judaism and psychotherapy. A seminar given by Dr Mottel Greenbaum late in 2003 was published in Volume 5 of the Journal of Judaism and Civilization, published in 2004, In it he explored ways in which he was able therapeutically to introduce concepts of Chassidic philosophy to patients suffering from a variety of clinical psychological illnesses. Interesting is not only the way in which these concepts helped the patients to transform their own conditions, but the timing and mode of the therapist's introduction of these concepts in the course of clinical therapy. The Institute also held a four-part seminar series entitled "Religiosity and Spirituality in Counseling and Psychotherapy, which attracted CPD points from the RACGP. It began with a talk by Professor Kate Loewenthal of the University of London exploring "Issues in religiously sensitive therapy: practical guidelines". Here Professor Loewenthal drew upon her practical experience with different ethno-religious groups in London with their own counseling organizations. Another session with Dr Greenbaum, along the lines of his earlier contribution, this time focused on "Applications of 'love of one's fellow' in clinical practice. The next session by Dr Craig Hassed, who has done extensive work in body-mind medicine, was entitled "The efficacy of spiritual elements in counseling". Rabbi Dr Shimon Cowen also contributed a paper on the one of the greatest contributors to the invocation of the spiritual faculty of the human being in therapy, Viktor Frankl, the centenary of whose birth occurs in 2005. The presentation looked at spiritual interventions, proposed by Frankl, in such severe clinical circumstances as schizophrenia. To contact the Institute in relation to its publications and activities in the relationship of spirituality and psychotherapy write to ijc@mail.com or telephone (03) 9527 5902.

Mental First Aid

A number of Hatzolah Responders recently attended a Mental Health First Aid Course run by the Australian National University and the Centre for Mental Health Research which was found to be extremely informative. The knowledge gained during this course will be helpful for Hatzolah Responders to provide support to people experiencing a Mental Health problem before professional help becomes available.

For more information, please contact:
Tony Hoare RN BA BAppSc MNSt
Accredited MHFA Instructor

Ph: 9827 6722 Fax: 9827 6733
Email: action.education@bigpond.com- Website: www.mhfa.com.au

Holocaust and Trauma Support Services

Holocaust and Trauma Support Services (H.A.T.S.S.) acknowledges that, for Holocaust survivors, the challenges of ageing may have special meaning in light of their war experiences, reactivating painful memories from the past. Our team aims to increase understanding of trauma-related issues through education and skills-based training (to community health care providers and professionals) and, in so doing, facilitate best possible service delivery to Holocaust survivors and to other groups in society who have suffered the effects of war and other trauma.

In response to the needs of survivors and their families H.A.T.S.S. also offers individual and family counselling, and Art Therapy.

The H.A.T.S.S. team, Julia Blum, Carmella Grynberg and Denise Same, has extensive experience in counselling and presenting workshops and tailer-made training programs to organisations with a significant part of our practice focusing on issues facing Holocaust survivors and their families.

Please phone 9500-0610 for further information and bookings. E-mail: hatss@counsellor.com

Jewish Issues in Mental Health

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oppression. Blacks who achieve financial success are not magically delivered from the impact of racism. Neither are women immune to sexism simply because of economic status. Anti-Semitism victimises Jews, rich or poor.

… when it comes to working with individual clients, the socio-economic status of their cultural group may have little or no bearing on their personal difficulties. The idea of multicultural counselling is that appropriate treatment recognises the role of culture in clients' lives; this holds true regardless of economic status."

The lack of attention to Jewish issues in psychology is not limited to Jews. Jews themselves are often responsible of contributing to this. This is due to a cluster of factors inter alia the deep ambivalence many Jews have towards their own Jewishness. They carry a profound split within their identities and possess in K D Lang's phrase, divided selves. It is also worth noting that many Jews bear a fear of being visible as Jews - this is particularly so in the Holocaust survivor population.

I would like to share some of the insightful albeit tongue-in-cheek observations of prominent Melbourne psychologist and family therapist, Moshe Lang:

Perhaps, for my Jewish patients, I use different diagnostic categories. For instance, with one of the first families I saw, the father complained about his daughter, who kept borrowing money and failing to pay it back. To him it was evidence that she was suffering from schizophrenia. I suggested to him that perhaps it was simply because she was a shnorrer (one who cadges or borrows persistently). As a further example, the wife of a couple who came to see me complained bitterly that her husband was arrogant and a show-off. She was worried that this was evidence of manic depressive illness. The husband was deeply hurt and vigorously rejected her assertions. They were worlds apart, caught up in a vicious cycle of accusations and counter-accusations. Eventually I suggested that he may simply be a shvitzer (one who sweats a lot by implication a hothead or show off). This had the advantage of providing a common language in which they argued about whether he was a big shvitzer or a little one. To parents who are worried about their children suffering from minimal brain damage or ADD or whatever, I often suggest that they may have shpilkers (pins and needles or inability to sit still), and so it goes with shlamuzzel (a person devoid of luck), shlumiel, (a clumsy person), gunnev (a thief), meshugga (mad), meshugga religious, kvetche (a whinger), and so on. I strongly commend the Jewish diagnostic categories.

In the same way that Jewish terms are useful in dealing with individual psychopathology, Jewish sayings are helpful in a whole range of life stages and family situations. Thus, to Jewish parents who complain that they have worried enough, I quote a famous Jewish saying, 'Little children little problems, big children big problems'. What is less well known is the equivalent: 'Small children don't let you sleep; big children don't let you rest'. I remind mothers who complain about being expected to be everywhere at once of the Jewish saying, 'since G-d could not be everywhere, he created mothers'. I offer a range of responses to parents who complain that their children don't appreciate what is done for them and are too materialistic, always wanting more. I say that the children are suffering from 'affluenza' and tell the following Jewish joke.

Rockefeller gives a waiter in a restaurant a $10 tip and when the waiter complains, 'Mr Rockefeller, your son was here yesterday and he left me a tip of $100,' he replies, 'Yes, it's easy for him. He has a rich father.'

All of the above factors leave us with two challenges:

To ensure the non-Jewish therapeutic world and in our case the Melbourne therapeutic community, is educated about the unique constellation of factors that comprise Judaism.

To ensure that Jewish clients have access to appropriate Jewish mental health workers.

I am not suggesting a monocultural approach although under some circumstances this is not only desirable, but in fact the only viable path. I am however suggesting we address the unspoken assumptions that underlie a multicultural approach vis a vis Judaism.

In conclusion it is surely obvious that mental health has a lot, and sometimes everything to do with being Jewish.

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Putting People First

The following article has been published by the Western Australia Government

Disability and Appropriate Language A Guide

Why use positive language?

Language reflects and shapes the way we view the world. The words we use can influence community attitudes - both positively and negatively - and can impact on the lives of others.

How we write and speak about people with disabilities can have a profound effect on the way they are viewed by the community. Some words, by their very nature, degrade and diminish people with disabilities. Others perpetuate inaccurate stereotypes, removing entirely a person's individuality and humanity.

Over the years, people with disabilities have had to endure a variety of labels that serve to set them apart from the rest of the community. Even today, people with disabilities are still identified by their disabling condition - all too often, we hear 'a paraplegic' for a person who has a paraplegia; 'a cerebral palsy sufferer' for a person with cerebral palsy or 'a Down syndrome baby' for a baby with Down syndrome.

This labelling influences our perceptions by focussing only on one aspect of a person their disability and ignores their other roles and attributes, for example they may be also a parent, a lawyer, a musician or a sportsperson.

This guide aims to promote a fair, accurate and positive portrayal of people with disabilities. "Putting People First" is a simple rule of thumb acknowledge the person before their disability.

General guidelines

• Don't define a person by their disability. We are all individuals with abilities, desires, interests and problems some of us happen to have a disability.

• Avoid focussing unnecessarily on a person's disability. If it is not necessary to acknowledge that a person has a disability, then don't mention it.

• Portray people with disabilities positively by recognising what a person can do rather than focussing on their limitations, for example, the person walks with an aid, not that he or she has limited mobility.

• Recognise that many of the difficulties facing people with a disability are barriers created by community attitudes and the physical environment. We can all help to break down these barriers by using appropriate language to be labelled in a derogatory way serves only to perpetuate these barriers.

• Be specific about a person's circumstances and avoid stereotypes, generalisations and assumptions based on limited information.

• Avoid any word or phrase that has a negative connotation for example, 'confined to a wheelchair' instead of 'uses a wheelchair' or that implies people with a disability are suffering.

• Avoid labels; say person with a disability; put the person first and be specific.

Words to avoid - *Words to use*

Abnormal; cripple or crippled; mentally retarded, moron - *Put the person first and specify the need or disability, for example, a person who uses a wheelchair, person with a cerebral palsy/a disability.*

Defect (as in birth defect, congenital defect) - *Say the 'person with a disability since birth', 'person with a congenital disability'.*

Unfortunate; victim; suffer or suffering from; afflicted with; disease; illness; patient; in a vegetative state, invalid· *Put the person first and be specific, for example, a person with Down syndrome.*

Note: Patient is appropriate when referring to a doctor/patient relationship.

Dwarf-- *Person who is little or of short stature.*

Mongol *Person with an intellectual disability/ person with Down syndrome.*

Paraplegic - *Person with paraplegia.*

Epileptic - *Person with epilepsy*

Fit/attack/spell - *Seizure*

Spastic - *Person with cerebral palsy.*

Deaf and dumb - *Deaf/hearing impaired and cannot speak/has difficulty with speech.*

Brain damaged - *Person with an acquired brain injury.*

Handicapped - *Handicapped is appropriate only if referring to a barrier facing people with a disability, for example, "....are handicapped by a lack of access."*

Insane; lunatic; maniac; mental patient; neurotic; psycho; psychotic; schizophrenic; unsound mind; crazy; mad - *Put the person first and be specific, for example, say 'a person with a psychiatric illness.'*

Terms beginning with 'the', such as 'the disabled' or 'the blind' - *Put the person first and be specific, for example, people who are blind.*

Cerebral palsy sufferer - *Person with cerebral palsy.*

Confined to a wheelchair; wheelchair-bound - *Is a wheelchair user, uses a wheelchair.*

Disabled toilets/parking - *Accessible toilets/parking.*

March 2003

Western Australian Government Guidelines

J.M.H. NETWORK

J.M.H. Network NEWS

Newsletter for patrons of the Victorian Jewish Mental Health Network

Telephone: 9527 4866 Facsimile: 9527 4488

October 2004

JEWISH MENTAL HEALTH NETWORK (VIC)

Mission Statement

Victorian Jewish Mental Health Organizations linking together as a Network, participating as a resource with each other and to the community by the process of referral. We are also providing a forum for sharing knowledge and professional expertise with each other and the community.

Aims. To provide

1. *A raising of consciousness of mental health issues in the Jewish community.*
2. *Improved services for the Jewish community resulting from organizations being more aware of each other's roles through networking. To investigate solutions for the filling of gaps in the service and avoid duplication.*
3. *An increase in community awareness of Jewish mental health organizations and professionals as well as of other individuals and organizations acceptable to the network, and how to access these.*
4. *An opportunity to exchange mental health information and expertise between participating organizations.*
5. *Liaison with Jewish mental health bodies from interstate and overseas.*
6. *A public advocacy role for improved mental health services in relation to the Jewish community.*
7. *An opportunity for wider community mental health professionals to access Jewish mental health professionals and organizations.*
8. *To publish a newsletter publicizing services, projects and concerns of the network and to compile and update lists of recipients of the newsletter.*

Member Organisations of the Network

Chevra Hatzolah
The Holocaust Centre
H.A.T.S.S.
Institute of Judaism & Civilization Inc.
J.E.M.P.
Jewish Care - Melbourne Inc.
Jewish Chapliancy
Jewish Taksforce Against Family Violence
Wings of Care - (Kanfei Chesed) Inc.

The Importance of Language

Language is vitally important: how we use language affects facts, perceptions and emotions. Describing the mind is particularly challenging - hence, definitions of mental health and social wellbeing are much more complex than those for physical health. A combination of factors influence an individual's mental health, including the interaction of social, economic and environmental conditions with an individual's heredity, luck, knowledge and skills.

According to Vic Health (1999), mental health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (VicHealth 1999).

The National Mental Health Strategy defines mental health as "the product of biological, psychological and social factors."

The Australian Health Ministers agreed in 1991 that "mental health is the capacity of individuals within groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of collective goals consistent with justice".

A mental health problem is a disruption in the interactions between the individual, the group and the environment producing a diminished state of mental health; a mental health disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

Mental health problems range from short term issues experienced by people adjusting to life events such as grief, divorce, loss, changed work and other life circumstances, to severe and complex problems that are highly disabling or life threatening (eg. acute psychosis or depression), or are unremitting or unresponsive to other interventions.

Ways of dealing with these problems can involve support from family, friends and informal community supports, or more specialist interventions such as psychological, pharmacological, family and social strategies.

While this framework has general relevance, it must be remembered that mental illness or mental health problems are broad terms. For every individual experiencing mental health problems, the following characteristics must be considered:

- Just as each person is a unique human being, each mental illness has unique features
- Many mental illnesses are episodic in nature
- The impact of mental illness varies widely
- A range of conditions is included in 'mental illness'.

Labels and diagnoses, while clarifying terminology and enabling a shared understanding of mental illness, can also be unhelpful and limiting in addressing society's general attitudes and in recognising the unique nature of any individual.

In the area of mental health, it is important to use accurate and appropriate terminology to assist understanding. Using the right language in the right situation is just as important - broad categories and descriptors are most useful for reporting information, service provision, planning and policy making but are less appropriate for describing individuals and their specific needs and abilities.

Dr. Ruth Vine
Director of Mental Health Victoria

The article following this preamble serves as a guide to professionals in the disability field about the best means by which to refer to people with disabilities. It must be noted that whilst this paper is helpful for the professionals who work with people with disabilities it is not necessarily the best approach in social circumstances outside a professional realm. The fact that a person has a disability is not always a relevant factor and when introducing a friend who has a psychiatric disability at a party for example it is not necessary to state that your friend has a psychiatric disability.

Training people to behave linguistically in a particular way is not usually very effective which is why people often make fun of so called politically correct language. Changes in language go only part of the way towards addressing issues of stigma . The real changes have to involve social attitudes.

The following guide is also limited in that it does not make a clear distinction between the medical and social references to disabilities. The use of the term person with a psychiatric illness is very different from the use of the term person with a psychiatric disability as is the difference for example between the term a person with paraplegia and a person with a physical disability. The term disability refers to a social condition rather than a medical condition. In 1970 the Union of physically Impaired against Segregation declared that :

"...In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairment by the way we are unnecessarily isolated and excluded from full participation in society... "(Oliver 1996 p22)

Terms which refer to medical conditions such as illness and paraplegia locate the problem of disability within the individual rather than recognising that disability is about societal failure to " ...provide appropriate services and ensure that (people with medical impairments) are fully taken into account..."(Oliver1996p37)

I hope that this guide assists in combating mental illness stigma in the Jewish community by inspiring us all to evaluate the meaning behind some of our language habits.

Vivianna Cohn
Socialogist and Disability Specialist

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