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THE PURSUIT OF PERFECTION: VICE OR VIRTUE IN JUDAISM?*

Chazal exhort us to strive for ever higher goals. It says in (:)
- (When will my deeds equal those
of my forefathers)? Likewise, the concept of *shleimus* (" "), which can be translated as
perfection, is also an honored goal in *chazal*. On the other hand, clinical experience and research
indicates that perfectionism is often associated with serious emotional disorders (Blatt, 1995;
Flett & Hewitt, 2002; Sorotzkin, 1985, 1998) which, in turn, eventually results in lower levels of
achievement.

This paper will briefly review the psychological literature on perfectionism, examine
Yiddishkeit's attitude toward perfection, some common misconceptions and misapplications of
this concept, and the impact of the above on *frum* patients and therapists.

PERFECTIONISM

In a comprehensive review of the literature on the destructiveness of perfectionism,
Blatt (1995) states:

The research literature on perfectionism has grown remarkably in the past decade.
Numerous empirical investigations... provide consistent evidence that
perfectionism is a multi-dimensional construct that can have an important role in
adaptive and maladaptive functioning, including a wide range of disorders,
especially depression and suicide (p. 1005).

Regarding specific diagnostic categories, perfectionism has been associated with
obsessive-compulsive disorders, where the person seeks perfection with regard to **self-control**;

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with their humanness and, therefore, accepting of inevitable personal and environmental limitations (Pacht, 1984), even while exercising their will power and sense of motivation to improve and excel.

The perfectionist's drive for success and accomplishment may seem, on the surface, very similar to that of the healthy *"striver for excellence"*. However, the underlying dynamic of perfectionism is very different. There are pervasive feelings of shame (Miller, 1996; Sorotzkin, 1998) which induce a compensatory drive for grandiosity and perfection. Since perfection is necessary to negate deep pervasive feelings of defectiveness, anything less than total perfection is experienced as a humiliating defect and a narcissistic injury. In contrast to the *"striver for excellence"* who is motivated primarily by a wish for success, the perfectionist is driven primarily by the fear of the humiliation of failure (Blatt, 1995; Sorotzkin, 1985, 1998).

It is important to emphasize that these distinctions are difficult to spot, since patients rarely spontaneously volunteer to speak about their grandiose/perfectionistic tendencies. In fact, most often they are only dimly aware of it - if at all. At most, they are aware of the resulting symptoms - e.g. being overly anxious about their performance, procrastinating and feeling depressed.

*“Chaim”*³ was expressing his frustration over what he perceived as his lack of progress in therapy. I reminded him of his own occasional reports of progress and wondered why he resists keeping this fact in mind. After giving this question some thought, he responded: “As soon as I begin thinking about my progress, my mind immediately jumps to fantasies of perfectionistic, grandiose achievements, which just sets me up for great disappointment.”

The clinician can distinguish between the healthy and unhealthy forms of striving by investigating how the patient deals with his less-than-perfect performances. The healthy person can be satisfied, and even proud of a superior, albeit non-perfect, performance, while the perfectionist experiences it as a humiliating defeat and a narcissistic injury (Sorotzkin, 1985).⁴

Perfectionistic patients will often reject the suggestion that fear and other negative emotions motivate them. Rather, they insist that they truly enjoy what they are doing (e.g. learning Torah). It is only upon closer examination that it becomes clear that they are only enjoying avoiding the feeling of guilt and shame that they would experience if they were **not** learning. They are not capable of actually enjoying an activity or achievement for its own sake, since they will always be convinced that they are not doing it as well as they should. It is for this

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³ Names and details in the case illustrations have been changed to preserve confidentiality

⁴ מכתב מאליהו, " 108 ' 6
() בספר חכמה ומוסר, שמושה של תורה, שיחות מוסר מרבי חיים שמואלביץ : " " : " (

reason that they can be very successful at what they do and yet still feel depressed. Likewise, they often experience strong feelings of jealousy accompanied by profound anger at the successful person who makes them acutely aware of their own imperfections.

RELIGIOUS ISSUES

Therapists who treat *frum* patients, report that these patients often use *frumkeit* as a defense, e.g. claiming that "the Torah **requires** me to be compulsive" (Sorotzkin, 1998; Wikler, 1982). Non-religious therapists, or those not knowledgeable of religious issues, are more likely to avoid dealing directly with the religious challenges brought up by their patients (Worthington et al., 1996). They will feel more comfortable suggesting that the patient discuss these issues with his Rov. While this has the advantage of preventing therapy sessions from turning into theological debates, there are also distinct disadvantages. For one, a sharp distinction between religious and psychological issues is an artificial one for most *frum* psychotherapy patients. Their psychopathology clearly colors their understanding, or lack thereof, of the Torah and *chazal*. By keeping religious issues out of therapy, this dynamic is never sufficiently explored.

Even if the Rov to whom the patient turns is familiar and comfortable with psychological issues, in most cases the patient will not be as comfortable discussing details of his emotional life with the Rov as he would be revealing them to a therapist. Nonetheless, a *frum* therapist is certainly not a substitute for the patient's Rov. Rather, the therapist should help patients get more out of their relationship with their Rov, by helping them become more open and knowledgeable about themselves, especially in regard to the interplay between their *frumkeit* and psychological concerns.⁵

A religious therapist is more likely to address religious issues with religious patients, at least at some level (Worthington, et al 1996). Petzet (1994) discusses four levels at which the therapist can approach religious issue, ranging from "acknowledge the [religious] problem but focus exclusively on its psychological dimension, to "address the spiritual problem directly within the treatment through the use of a shared religious or spiritual dimension" (p. 237).

In my practice, I try to fine-tune the level at which I deal with the *frumkeit* issues to the specific needs of each patient. Some patients rarely bring up *frumkeit* per se, even if their problems involve *hashkafah* issues. Others focus a great deal on *hashkafah* questions, especially if they feel that I am religiously similar to them.

Discussing religious doctrine with a patient carries the danger of assuming the role of pastoral counselor. However, it also holds the opportunity to explore idiosyncratic distortions of religious beliefs. While for the most part I conduct therapy with *frum* patients by focusing on

⁵ Many perfectionists seek advice from their rov not out of a wish to clarify their religious obligations, i.e., the ' - rather they want someone to take responsibility for their behavior, in order to escape the wrath of a G-d they perceive as vengeful and capricious (see below under "Image of G-d").

psychodynamic issues, I do not hesitate to discuss *hashkafah* and *frumkeit* issues if it is indicated.⁶

Frum patients bring up a wide range of religious issues relating to their presenting symptoms. This paper will focus on religious issues related to perfectionism, which I have found to be an underlying dynamic among many *frum* patients.

Image of Hashem

As discussed above, the religious activities of perfectionists are motivated primarily by fear. This causes them, therefore, to be anxious, extreme, inflexible and lacking in perspective in their religious observances and to be overly concerned with how they are perceived by others (Worthington, 1996). An in-depth analysis of what is creating such fear usually uncovers a terrifying image of a capricious and vengeful G-d.

“Eli,” a 20 year old yeshiva bochur, was referred with symptoms of Obsessive Compulsive Disorder (OCD). Among other things, shachris was taking him over four hours. He related that his Rebbi convinced him that indeed Hashem does not want him to take so long to daven or to be so anxious about his davening. But, in spite of these realizations, he was unable to daven any quicker.

Further analysis revealed that, although he accepted that Hashem wants him to daven quicker, he could not imagine that Hashem would forego a perfectly correct pronunciation of his davening. So, even though Hashem wants him to speed up his davening, if he mispronounced any of the words, there would be hell to pay (literally). Thus the Rov’s well-intentioned efforts to help Eli - by telling him that Hashem wants him to daven faster - only added to Eli’s pressure, since he was incapable of perceiving this as a dispensation. Rather, he experienced it as an additional requirement. As is often the case with perfectionistic/OCD patients, Eli perceived G-d as a bully (בָּזֵה) just waiting for his slightest misstep in order to severely punish him. He could only escape this fate by being so perfect that Hashem would not have a “pretext” to punish him.

*Eli initially insisted that his image of a vengeful G-d was a normative belief in Yiddishkeit. I challenged the religious validity of his image. I suggested that his image of G-d as a vicious bully fit more with the understanding of the ancient idol-worshippers, who felt they had to **appease** their despotic gods, than that of our traditional understanding of **worshipping** our benevolent Creator. I showed him a passage from a history book written by a Rov:*

Such was the ancient concepts of the gods... the world was populated by numerous powerful, capricious and unseen creatures who controlled the destiny and fortunes of mankind, creatures who were spiritual only in the sense that they

⁶ In order for therapists to be able to identify their patients’ idiosyncratic beliefs and contrast them with authoritative, mainstream perspectives on religious issues, it is important that they review these issues with a knowledgeable rov.

and not to overwhelm and emotionally paralyze us, since such feelings are more likely to induce further negative behavior.¹⁹

A powerful statement regarding the need for a balanced approach to guilt is found in the (' ' , ") " ". The *Keser Rosh* discusses those who are distraught with guilt over - a frequent cause of emotional turmoil among *frum* adolescents. He criticizes those who quote from the *Zohar* regarding the severity of this sin and of the eventual punishment for it, yet neglect to quote the end of this same *Zohar*, which says that Torah study corrects this sin -- ["]) ... ["]

In an extraordinary footnote in the , the quotes the :

Those *chasidim* (stringent ones) who are stringent and state that there is no correcting this sin... they are the ones who induce an increase of sinning among us, and cause people to distance themselves from *Hashem*, since the sinner, when he hears that there is no repentance for this sin will abandon all attempts to improve himself. [These *chasidim*] cause the *Shechinah* to go into *golus* and rather than be called *chasidim* (stringent ones)

... יסוד מוסד הוא בענין עונשי שמים, שבאמת אין זה כעונש ונקמה על התנהגותו, שפתי חיים (4:336) במכתב מאליהו (14:336) ספר שיחות מוסר (רבי חיים שמואלביץ) רבי צדוק הכהן

נפש ? " החיים) - דבר אברהם שפתי חיים (4:336) במכתב מאליהו (14:336) ספר שיחות מוסר (רבי חיים שמואלביץ) רבי צדוק הכהן

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