

# Pinas

the weekly magazine for the Jewish woman



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Passive or Pushy?

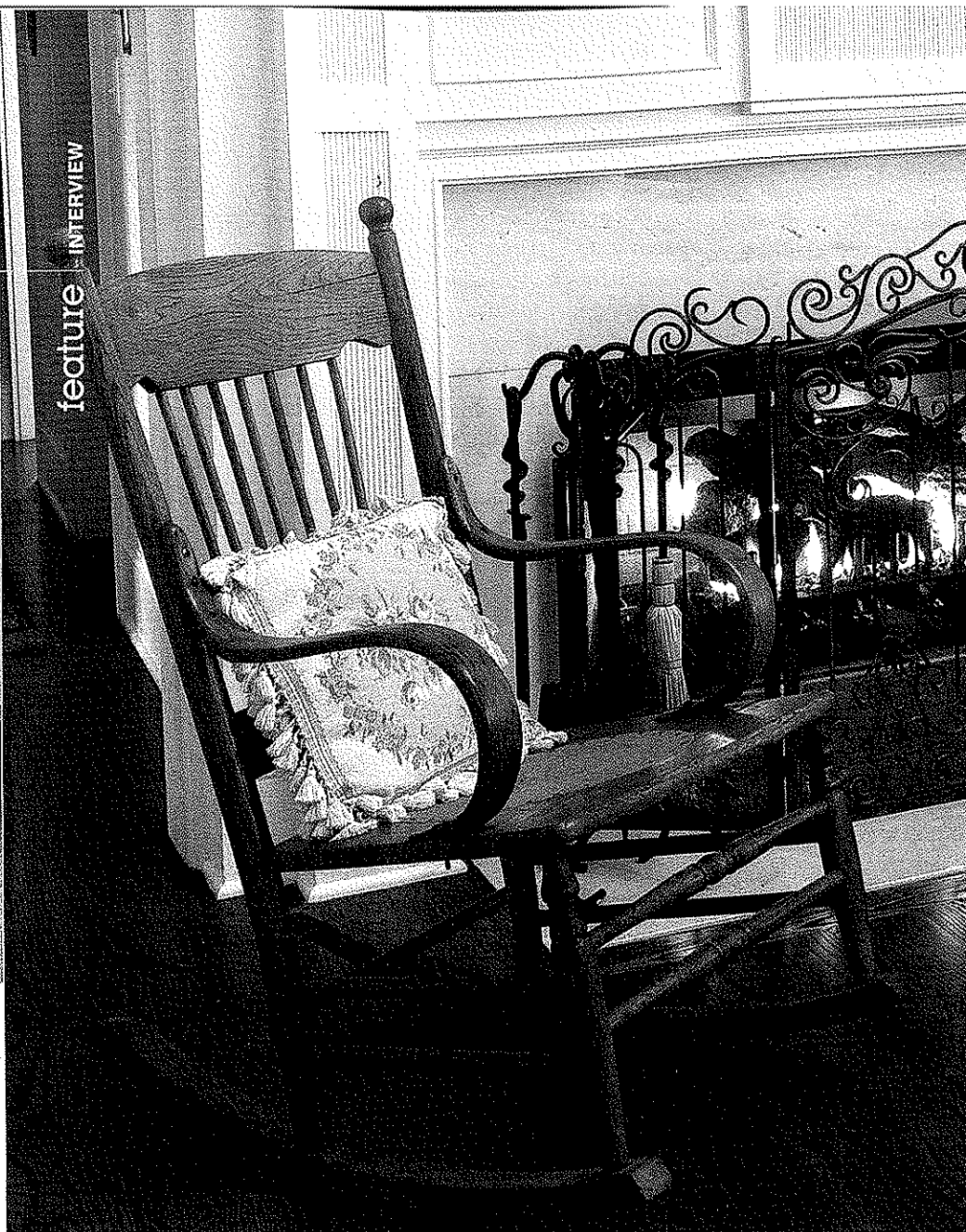
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I wasn't sure what to expect when I first arranged to speak to Dr. Naomi Greenblatt, whose practice, "The Rocking Chair," is located in Engelwood, New Jersey. I had been given little information about what her range of specialty was, but I knew it had something to do with obstetrics. How unique could it be, I thought. The answer, it turns out, is very.

I decided to wait until I spoke to Dr. Greenblatt to get a clearer picture of what exactly it is that she does. I quickly learned that, putting aside her impressive medical degree, Dr. Greenblatt is far from formidable. She is friendly, open, forthcoming, and I soon found myself relating to her simply as "Naomi." I could just as easily imagine myself sitting across from her enjoying a cappuccino as visiting her for an official medical visit — and neither option seemed too daunting.

As relaxed and approachable as she is, though, Naomi is still a full-time practicing physician — not to mention a very busy, devoted wife and mother of five (including ten-year-old triplets!). And so, the appeal of a relaxed coffee break notwithstanding, we quickly got down to business.

**Y**ou're certainly in one of the lesser-known fields of medicine. How do you define your occupation?

As a reproductive psychiatrist, I address the same issues any other psychiatrist does: depression, obsessive-compulsive disorder, anxiety, as well as postpartum depression and other strictly female-related issues. The main difference is that I look at the effects hormones might be having on a woman's symptoms, depending on her age and child-bearing status. I also counsel women on the safety of medications during pregnancy and nursing.

*How did you choose this field?*

I always knew I wanted to be a doctor. I applied to medical school (while still in high school) because I wanted to be an ob/gyn. It was extremely hard to get into the program and make it through, to the extent that my principal at the time told me not to even bother. Well, I got into NYU, and eight years later I was very happy to have proved him wrong.

I liked the idea of working with a

# Nurturing Her Needs

A place in the sun

woman across her lifespan. Since I was blessed with triplets after my second year of medical school, and then another child during my fourth year of medical school, I began to question if this was in fact a good career choice for me. While I loved delivering babies and taking care of expectant women, I also loved and was devoted to my family, and so I struggled with this issue.

As such, I tried to push myself into dermatology or radiology, the so-called "women-friendly fields," but could not become passionate about them the way I was about ob/gyn. I returned to doing rotations in ob/gyn, and one day I was fortunate to hear grand rounds — which is a discussion in which the medical problems and treatment of a particular patient are presented — from a psychiatrist who addressed the influence of hormones on mood during his speech.

It was my "aha!" moment, in which I realized that I could still work with women and help them during their child-bearing years, but in a different way. I decided to make reproductive psychiatry my specialty, and the rest is

history. I worked for a while in another medical practice, and then eventually I decided it was time to go out on my own.

Essentially, I am still on call 24/7, but emergencies in my field can usually be handled from home, instead of demanding that I run to the hospital for a delivery. I truly love what I do, and feel fortunate to have found this specialty.

*What made you decide to take the leap and open a women's wellness center in addition to your own practice?*

At a certain point, I realized I was doing so much more than psychiatry. In working with my patients, I am faced with the challenge of trying to minimize medication exposure (when a woman is struggling with a condition such as depression, for example) pre-pregnancy, during pregnancy, and postpartum, when a

woman is nursing. While there are medications that are safe, the goal is always to use the lowest effective dose. In an effort to minimize exposure to medication, I developed an appreciation for complementary treatments that can work to alleviate many symptoms that women present with.

For example, while treating a woman for postpartum depression, I cannot ignore the effects of weight gain or difficulty nursing on her mood. I realized that if a woman could receive nutritional guidance, personal training, some yoga-type exercise, reflexology and therapy all under one roof, she could truly benefit.

I have another psychiatrist in my practice who also is a board-certified ob/gyn, and together, we developed the concept of having the various treatments which women at various

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stages in life need all under one roof. We have a team approach; our psychiatric therapy is integrated with holistic wellness. Aside from psychiatry, we also have a nutritionist, a personal trainer, a creative arts therapist, a genetic counselor, a naturopathic doctor, a fitness instructor, and a reflexologist.

We believe in empowering women to take a proactive approach to staying healthy. Instead of symptom-based treatment, our model is focused on wellness; women should work to stay healthy, and not only come to get help when they're

## We believe in empowering women to take a proactive approach to staying healthy.

struggling. For example, I have very strong feelings about postpartum depression, and it broke my heart when I read "Taking Flight," the Binah novel. It's so unnecessary for the protagonist to be suffering the way she is. That's exactly my goal — to help women avoid that feeling of helplessness and unnecessary

suffering.

In the center, we offer natural/holistic treatments, so that women can maintain their emotional health and prevent physical or emotional symptoms using natural and holistic methods (which don't interfere with pregnancy, etc.) whenever possible.

Sarah Mann

### "A Cry for Help" — From a mother's diary

"It can happen to you. It can happen to me."

I remember reading that line in all sorts of articles dealing with the topic of PPD. "Yeah, yeah," I'd nod. "It could happen to you." I fully realized that. It was the second half of the sentence that was conveniently left suspended in mid-air.

Until it happened to me.

It really did. And no longer was the dark, black cloud described in all the articles a theoretical part of an imaginary person's life. It was part of my life. No, it WAS my life. I remember desperately trying to function, to do what I had always done: take care of my family, go to work, shop, cook, clean and mend — you know, the normal things we all do. But I was treading water all the time. Actually, I was drowning.

The tears were a constant companion, as were the guilt and self-recriminations. "If only you'd push yourself a little more," I'd berate myself. "If only you'd try a little harder." And so I'd try. And try and try. And you know what? If you saw me, dressed, out and smiling, you'd probably never believe that under the veneer of normalcy, a storm was raging. So I guess you can say that my trying was somewhat successful. But only I knew that there I was, tempest-tossed, worn and beaten, barely clinging to the precipice of sanity.

A few memories stand out in my mind.

It was the end of a long day. I had dragged myself to work, dragged myself home, prepared supper for my family, fed them and prepared the little ones for bed, all the while tending to the newborn, and then collapsed with the baby into my own bed. (I guess the image of the depressed mother, eternally ensconced under her covers, is not always accurate!) My two little girls, bathed and pajama'd, with wet

curls framing their dear, innocent faces, crawled in beside me. My heart melted with pity. How I loved them! How I wished to be able to fully care for them! And yet, I couldn't. It was beyond me. I was imprisoned behind a one-way glass. I turned over. I figured they didn't have to see the tears that flowed freely down my face. "Hashem," I pleaded silently, "nothing is too hard for You! Please, just bring me back to myself!"

Suddenly, I felt little Dina's soft cheek against mine. "Mommy," she said, pointing straight at my eyes, "your eyes look like you were crying a bunch."

I didn't respond. Children, huh? You can never fool them. And then I heard Dina's voice once again. "Most probably when you were *davening*, right, Mommy?"

Most probably. If you consider the experience of PPD to be one long, piercing cry to Hashem.

A cry for help.

Or the time when I just couldn't anymore. I couldn't make it to work. I couldn't prepare supper. I couldn't feed or bathe the children. I was surviving minute to minute, and finally, there was no way I could push myself even one more drop. I collapsed into my bed, apathetically fed the baby, put him down to sleep and then just wished deep, dark slumber would overtake me, as well. For a long time. For a very long time....

After a few long moments, I felt stirring in my bed. It was Moishy, little Moishy. A fresh wave of pity washed over me as I looked at his angelic five-year-old face and thought of the mother he once had and what had become of her... a mother who'd been swallowed up by the monster named PPD. The torment was too great to bear. Once again, the dam burst and the tears ran silently down my cheeks. And then,



I feel strongly that a woman is central to the family and sets the emotional tone for those around her. It is therefore necessary for women to be proactive about staying emotionally well and at their best.

What are some of the issues you deal with?

We treat women dealing with issues ranging from eating disorders, infertility, depression in pregnancy and postpartum depression, certain cancer diagnoses, and more.

We use a multi-disciplinary approach to maximize treatment

response in all aspects of a woman's life. We can also help people who are suffering emotionally as a result of their physical condition.

If a patient has a particular physical health issue that needs to be dealt with, I'll work hand in hand with her treating physician to try to

give her an all-encompassing treatment plan. I don't take a medical role, but I do help women deal with whatever the issue is, so I will always consult with their ob/gyn or internist.

As a matter of fact, I recently saw someone with anorexia and depression, and I told her that before

A woman is central to the family and sets the emotional tone for those around her.

through the silent roar of the pain, I heard a whisper in my ear. "Don't worry, Mommy," Moishy was saying gently. "If you don't wake up tomorrow morning, I could take cereal and milk by myself for breakfast."

"If you don't wake up tomorrow morning." What did he know of the import of his words, my innocent child? He only knew that his Mommy seemed very tired, that she might sleep late the next morning and miss making him the hot breakfast he was accustomed to. But for me, there was another meaning. And only one who has experienced the agony of depression can fully fathom the dark despair of those terrible, terrible words.

Shabbos morning. "Rosh Chodesh bentching," my husband had reminded me before he left to shul. As I fumbled in my *siddur* for the proper page, my mind began calculating silently. "Av, Elul, Tishrei, Cheshvan, Kislev, Teves, Shvat, Adar... Nisan." Nisan? Nisan? Nine months already? My mind, thawing for just as long as reciting this poignant *tefillah* would take, refused to absorb the number. Nine months? Nine months that I've been saying this *tefillah*, hoping, praying, pleading, that this finally be the month when I could maybe see the light at the end of the devastating tunnel I found myself in?

The tears began even before I got through the words "*shetechadesh aleinu es hachodesh hazeh*," as I once again found myself in the familiar corner of my dining room, in the familiar corner of my darkened, shrunken world. I didn't even bother wiping those tears away, as they drenched my *siddur*, breaking my heart, soaking my soul. "*Yechadeshehu Hakadosh Baruch Hu aleinu v'al kol Yisrael*," I mouthed silently, my inner thoughts pleading with the only One Who could truly know what this torment was all about. "Please Hashem — *aleinu*! It's been so long, it's been so hard, it's been so devastating. Please make this the month that all these *brachos* will come upon us..."

And then came the words. The words I always said with

thoughts of the many people I knew who were waiting, waiting for *yeshuos*, waiting for *simchos*. These words were the words that were reserved for the friend who was waiting for her intended *shidduch*, for the relative who was still childless, for others I knew who were each waiting for their personal time of joy.

*L'sasson ul'simchah.*

I stopped. I repeated the words. Again. And yet again. I tasted the elusive sweetness that they dangled before me, a taste I had almost forgotten. This time, I did not think of this friend or that relative. I actually thought of myself. Selfish, maybe, but I was too desperate to care. I thought of the clouded glass wall I found myself behind whenever I was amongst people, a wall where neither optimism nor joy could penetrate. I thought of the endless stream of tears that would unleash at any given moment, drowning me in their pain and intensity. I thought of the debilitating weakness and how torturous it was to force myself to function against all odds. I thought of all the times I wanted to give up and cave in and yet pushed myself another day, another hour, another minute.

I thought of the words *l'sasson ul'simchah* and there, in the corner of my silent dining room, a hidden, private prayer welled up in my heart. "*Ribbono shel Olam*," I cried out, "only You can know the anguish of this *nisayon*, and only You can bring me out of it. I beg You with every fiber of whatever shreds of my being are left of me... *l'sasson ul'simchah*! Turn the horror of this depression into long-awaited *simchah*!"

And then, spent, I collapsed.

The tears still hadn't stopped.

And believe it or not, neither had the hope.

The hope that I would somehow survive.

The hope that I would somehow get out of it.

The hope that I would someday be pieced back together again.

The hope that one day I would smile once more.

we do anything she absolutely has to go for an EKG and blood work, because I won't work with anyone who is not stable from a medical perspective.

You say that you try to promote the "wellness model." Does this mean that women without any issues come to you hoping to avoid them?

Well, usually a patient has a reason for coming, but the point is that she shouldn't stop treatment when she's feeling better; rather, she should strive to maintain that wellness so that it lasts.

You called your practice "The Rocking Chair" — why?

I thought long and hard about what to name the practice, and one of the things I wanted to convey is a warm, embracing image. I felt a rocking chair

is such an image.

I also felt that a rocking chair signifies different phases: first, a young girl is rocked by her own mother; then that young girl is the new mother, rocking her baby; then she becomes a

The set-up of the practice itself reflects those same ideals. It was very important to me that the environment be soothing. It's situated in a 200-year-old historic house, which feels like a bed and breakfast,

Our mission is to enhance each stage. We're also here to ease the transition between phases.

mature woman, sitting and reflecting. All phases of womanhood are represented by the rocking chair.

Our mission is to enhance each stage and make sure women enjoy them to the maximum. We're also here to ease the transition between phases.

or a spa.

Women need to stay well for themselves, their families and their communities, and my goal is to provide them with "a rocking chair," a place where they can be helped in the most nurturing way possible.



# The Rocking Chair

Naomi Greenblatt, M.D.  
Reproductive Psychiatrist

*As a woman and a mother*, your family counts on you. Maintaining your emotional and physical well-being is critical. At The Rocking Chair, we use a compassionate, multi-disciplinary approach to support women through all emotional and physical stages of their lives. Emotional, psychological and psychiatric care are integrated with holistic wellness; nutrition with personal growth and naturopathic remedies - all under one roof. Discover how The Rocking Chair can be a safe haven of support for you and for the girls and women in your life.

*The Rocking Chair* - a nurturing place where women are not defined by their diagnosis.  
Learn more by visiting our website.

Sign up now to get a special promotion at one of our upcoming seminars.

Send an email with the code "Binah November Special" in the subject line to [info@therockingchair.org](mailto:info@therockingchair.org).  
In the body of the email, list the seminars you wish to attend, and we will notify you of the dates.

## Upcoming seminars include:

- ☛ Naturopathic Remedies for Chronic Illness (including ADHD and Autism, Allergies and Asthma, Diabetes, Hormone-related issues and Migraines)
- ☛ Prevent Cancer Workshop
- ☛ "Healthy Nutrition for Tweens and Teens: Thinking Beyond The Fat"
- ☛ Specialty Mind/Body Retreats (including for Infertility, for Mother/Daughter Spa Retreat and for Mother's Holistic Self-Care Retreat)
- ☛ Anger Management for Moms/Parents
- ☛ Detox Your Home
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