

Anxiety in Jewish Women: Clinical Considerations

Association of Jewish Psychologists
&
Health Psychology Solutions

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Abstract

This presentation will review historical, family and contextual factors contributing to anxiety in Jewish women across the life span. The impact of antisemitism, concerns about personal and family safety, inter-generational trauma, internalized performance expectations, pressures to have children, family and individual narratives, high risk for cancer and other genetic conditions, prioritizing family and community, among other issues on anxiety in Jewish women will be highlighted. In addition, assessment, treatment and prevention approaches will be summarized. Case examples of Jewish women living in different relational and family situations will illustrate clinical issues. Workshop participants will be invited to discuss the cases as well.

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Helen L. Coons, PhD, ABPP

Helen L. Coons, PhD, ABPP is the President and Clinical Director of Women's Mental Health Associates and Health Psychology Solutions, Denver, Colorado. She is a board-certified clinical health psychologist known for her clinical work & integrated services in women's health care. Dr. Coons has worked with women & couples facing PCOS, infertility, recurrent pregnancy loss, perinatal mental health conditions, breast, gynecological, colon & other cancers, midlife and menopause, trauma, loss, sexual health challenges and professional transitions for over three decades. Known as a dynamic speaker, Dr. Coons presents to health & behavioral health care teams as well as community & corporate audiences on women's health & mental health issues. She has also presented on Jewish women & stress, psychological wellbeing in the Jewish community & psychosocial aspects of breast cancer & high cancer risk to Reformed & Conservative synagogues in the greater Philadelphia & Denver areas, for Hadassah & the Women of the J in Boulder, Colorado as well as Sharsheret - a Jewish breast cancer organization. Dr. Coons consults at the national level on women's health issues & psychosocial oncology & serves as an expert source for media writers. A fellow of the APA, she was the founding chair of the Leadership Institute for Women in Psychology, a past member at large on the APA Board of Directors, was a former President of the Society for Health Psychology & is the current co-chair of the APA Presidential Task Force on Midlife/Menopause Health & Wellbeing among other elected & appointed leadership roles.

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CoI & Disclosures

Dr. Coons does not have any conflicts of interest (CoI) related to the content of this workshop.

Dr. Coons does have a financial conflict of interest as the APA approved sponsor of CE for psychologists.

Dr. Coons used generative AI as a research tool for updated data related to this presentation.

Dr. Coons did not use generative AI for the development/production of this presentation.

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CE for Workshop

- HPS is an APA approved sponsor of CE for psychologists.
- You must join us for the entire program this evening to receive CE credits.
- Evaluation forms will be sent this Friday to all CE registrants if you sent both the formal registration form & payment by Zelle.
- Return all Evaluation forms by Wednesday Nov 26 2025.
- CE certificates will be forwarded from hcoons@comcast.net by Monday Dec 1 2025.

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Inclusive Framework & Language

- Gender differences in who seeks mental health care
- Women & females/Men & males
- Persons
- Non-binary
- Transgender
- Gender fluid
- Gender diverse, expansive



**Equity, Diversity,
and Inclusion**

INCLUSIVE LANGUAGE GUIDE, SECOND EDITION



ACOG Inclusive Language (2023)
APA Psychology Inclusive Language (2023)

Inclusive Lang
Revised 2023

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Our Self-Care

- Please stay on camera, be present & engage in the presentation & discussions.
- Powerful, challenging issues in our work & personally.
- Some of the content is difficult and triggering.
- Take good care of yourself & reach out for support.
- After the presentation, my cell is 215-370-2342.

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Gender Differences Anxiety in Women in US

Stress & Anxiety

Anxiety

- Gender differences
 - Higher rates of anxiety
 - Higher rates of anxiety disorders
 - GAD, Panic Disorder, Social Anxiety, PTSD
 - Anxiety 2+ times higher
 - Increased severity, prevalence & comorbidities
 - Higher anxiety symptom severity across life span
 - Increased burden of anxiety

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Anxiety in Women

- Biopsychosocial factors
 - Hormonal fluctuations
 - increase anxiety, triggers
 - Social Determinates of Health & Mental Health
 - Cognitive narratives
 - Negative views, internalized views vs externalizing
 - Persistent worry, catastrophizing
 - Family narratives & experiences
 - Trauma hx across life span
 - Sensitization to unpredictable & concrete threats
- Discrimination in access to care

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Depression in Women Globally



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Anxiety in Jewish Women

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Learning Objectives

- Summarize five historical, family and contextual factors contributing to anxiety in Jewish women across the life span.
- Describe two clinical approaches to assess anxiety in Jewish women across the life span.
- Summarize two treatment and prevention interventions to address anxiety in Jewish women to improve health & well-being.

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Learning Objectives

- Engage in discussion >
 - > **Group**
 - Safe, respectful community
- Clinical focused > little theory
- Impact clinical assessment, tx & prevention strategies
- Psychologists' & other bh providers roles in prompting health & well-being among Jewish women across the life span

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Learning Objectives

- Skills focused & thought provoking >
- How will you approach professional work differently tomorrow
 - Clinical care, supervision, presentations, meetings
- How is your own health & well-being
 - Self-care
 - Support needs
- Will you approach your family, friends, community differently moving forward

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Workshop Agenda

- Eight historical, contextual, family & community factors
 - Anxiety in Jewish Women Across the Life Span
- Treatment Considerations & Interventions
 - Assessment
 - Treatment
 - Prevention
- Discussion & case review

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Jewish Women & Anxiety

How are Jewish Women Different From Women in Other Communities?

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Anxiety in Jewish Women

- | | |
|---|--|
| 1. Experiences with, fear of & consequences of Anti-Semitism | 6. Minority/ethnicity stigma |
| 2. Exposure to & impact of Holocaust, hx/current war crimes, terrorism | 7. Protection of self, family, children, community |
| 3. Intergenerational trauma with anxiety as legacy, symptoms, way of being | 8. Personal cognitive views |
| 4. Jewish cultural & family narratives > ways of looking at the world, self, others, food | 9. Financial concerns |
| 5. Cultural, family & community pressures | 10. Genetic risks for cancer & other health conditions |
| | 11. Social Determinants of Health (SDoH) & Wellbeing |
| | 12. Political discourse |
| | 13. Other > Group |

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Anti-Semitism in the US & Globally

Ms. G is a 32 y/o partnered, Jewish woman who was referred to you for treatment of long-standing anxiety in all aspects of her life. She is a second generation American with grandparents who immigrated to the US from the "Eastern Block." During a session prior to the High Holidays, Ms. G expressed significant anxiety about attending services before having dinner with family & friends because of the risk of violence targeting Jewish persons at a [reformed] congregation. She was tearful, distressed & ambivalent about attending in-person services or not. Ms. G wanted to attend services but was deeply conflicted because of the risk of targeted violence/hate crime.

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Anxiety in Jewish Women

AI> Perplexity

- Jewish women in US often felt anxious, unsafe, isolated, threatened due to rising antisemitism. 62% of surveyed Jewish women reported feeling physically/psychologically unsafe, 64% said antisemitism affected their lives or relationships. Many conceal their Jewish identity out of fear. Hadassah (2024)
- Jewish women in Israel show distinct stress responses in different environments, with indicators of anxiety and autonomic nervous system activation varying by context, implying environmental & ethnic factors impact anxiety/stress.
- Elevated anxiety/psychological distress in Jewish women linked to antisemitism & related stressors, but comparative rates to other groups vary by context & are not always higher. The psychosocial impact of discrimination plays a significant role.
- Science also tells us that interventions help...

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Anti-Semitism in the US

AI: Perplexity >

Antisemitism rates in US have reached historic highs in the past two years, with 8,873 incidents reported in 2023, over 10,000 incidents in the year following October 2023, marking a 140%–200% increase compared to previous years.

Jews - only about 2% of the population - have been the targets of roughly 60%–68% of all religion-based hate crimes, a disproportionately high rate of antisemitic incidents.

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Anti-Semitism in the US

AI: Perplexity > Recent Trends and Numbers

- After the October 7, 2023, Hamas attack on Israel, the US saw a threefold spike in threats & incidents against Jews—over 10,000 in a single year, the highest ever recorded by the ADL.
- In 2023, there were 8,873 documented antisemitic incidents, up from about 3,700 in 2022 > 140% increase. Antisemitic hate crimes accounted for 68% of all religious hate crimes in 2023.
- These incidents included harassment (over 8,000 cases), vandalism (about 1,840), and physical assault (over 150).
- 1/3 of American Jews reported being personally targeted by antisemitism in 2024; 56% changed their behavior out of fear—up from 46% the previous year.
- College campuses have seen a 500% increase in antisemitic incidents year-over-year

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Anti-Semitism in the US

AI: Perplexity > Regional and National Statistics

- States with the highest reported numbers: New York, New Jersey, Florida, Massachusetts.
- In New York, antisemitic hate crimes made up almost half of all hate crimes in 2023.
- In Florida, antisemitic crimes rose by 94% in 2023 compared to 2022.

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Anti-Semitism Globally

AI: Perplexity > Global Antisemitism Rates

- In 2024, global antisemitic incidents surged by over 340% compared to 2022, making it the peak year for such acts.
- 2024 recorded 6,326 documented incidents, more than doubling the figure from 2023 & representing the largest post-World War II spike.
- Canada: A 562% rise, with 24% of incidents being violent.
- France: Over 350% increase, with 28% of incidents involving violence.
- United Kingdom: 450% increase, almost 2,000 incidents in the first half of 2024.

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Anti-Semitism in Clinical or Consulting Practice

Women across the Life Span

Group >

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Holocaust, War Crimes, Terrorism

Mrs. T is a 75 y/o married first generation American whose parents survived the Holocaust but their extended relatives did not. She was referred to you by a PCP to tx health-related anxiety associated with several chronic physical conditions & a documented genetic risk for several cancers, GAD exacerbated by her persistent worry, catastrophizing, time-traveling & difficulty quieting herself, high levels of distress related to both current anti-semitism & sticking parallels to the 1930's in several countries & profound grief.

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Holocaust, War crimes, Terrorism

AI > Perplexity, ADL

- The number of first-generation Holocaust survivors is steadily declining. In 2023, there were an estimated 38,400 living in the US, with roughly 21,100 by early 2030.
- "Second generation" refers to the children of Holocaust survivors, there is no central registry for this group.

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Holocaust, War Crimes & Terrorism Issues in Clinical or Consulting Practice

Women across the Life Span

Group >

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Intergenerational Trauma with Anxiety as Legacy, Symptom

Women across the Life Span

Group >

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Jewish Cultural & Family Narratives

Ways of looking at the world, self others

- What does it mean to be:
 - Jewish
 - Values of a Jewish Family
 - "Good Jew"
 - Other

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Messages from Family, Community, Synagogues

- Children – when, how many, with whom
- Interfaith relationships, marriage
- Careers
- Guilt
- Other
- Actual & perceived threats
 - Anti-semitism
 - War & hate crimes
 - Genetic Risks

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Cognitive Patterns In Women's Stress, Anxiety & Depression

- Women who think too much/rumination
- Negative attributional styles
- Overgeneralization
- Catastrophizing
- Mind-reading
- Polarized thinking
- Filtering
- Personalization
- Perfectionism
- Control fallacies
- Fallacy of fairness
- Blaming
- Shoulds
- Fallacy of change
- Global labeling

See work of A. Beck, A. Ellis, D. Burns, S. Nolan-Hoeksema, etc.

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Anxiety in Jewish Women

Ms. B is a 34 y/o Jewish single women who is 19 weeks pregnant through donor sperm. She has no hx of infertility, pregnancy complications or loss. Ms. B has a long standing hx of anxiety & was referred for tx to minimize her risk of perinatal mood/anxiety disorders, plan her delivery & develop a pre, delivery & post-partum support plan. While she has a loving family, they do not plan to have a shower or prepare the baby room until after Ms. B has delivered. She readily expresses that any of these steps would increase her anxiety that something would go wrong with the delivery.

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Cognitive Views in Jewish Women

Cognitive perspectives which increase anxiety

- Myths which increase anxiety
- Unrealistic expectations
- World view > increases anxiety
 - Beliefs, family/community myths
 - Catastrophizing > bad things happen
 - Ira worse to prepare & relieved if it does not happen
- Pressures for marriage, family size, infertility
- Community dynamics, social comparison & support

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Genetic Risks for Cancer & other Health Conditions

Ms. A is a 34 y/o gay attorney who is 4th generation American. Her father recently died from pancreatic cancer 18 months following dx. Her paternal grand mother & paternal aunt died from breast cancer in their early 50's (perimenopausal) & her own 38 y/o sister is now is acute tx for Stage III breast cancer with a documented BRCA gene mutation. Your patient was referred to you to discuss her high risk for cancer, her feelings about recommended genetic counseling & testing, screening options, fertility options, body image & sexual health not to mention her grief for her father.

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Genetic Risks for Cancer & other Health Conditions

- Cancer Risk in Ashkenazi Jews
 - BRAC1, BRCA2 & other gene mutations
 - Breast, ovarian, pancreatic & other cancers
 - 1/40 Ashkenazi Jews have BRCA mutation vs 1/800 in general population
 - BRCA mutation gives higher lifetime risk for breast cancer (60%) compared to the general population (13%)
 - Not all Ashkenazi Jews with concerning patterns for cancer carry gene mutations > Other genes?
 - Genetic risk from bio mother and/or father's side

AI: Google, Sharsheret, FORCE, LBBC, NCI, MSKCC

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Genetic Risks for Cancer & other Health Conditions

- Autosomal recessive disorders risk in Jewish Persons:
 - Tay-Sachs disease, cystic fibrosis, & Canavan disease, familial dysautonomia, Gaucher disease
 - 20-25% of Ashkenazi Jews is a carrier for one of these conditions

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Genetic Risks for Cancer & other Health Conditions

- **Genetic counseling:** Consult with a genetic counselor to discuss family history & possible genetic testing
- **Risk-reducing options:** Knowing one's genetic status early can allow for earlier cancer screenings, risk-reducing medical options & proactive health management strategies
- **Early monitoring:** Refer to high risk programs for regular screening & review of tx options. For Breast & other cancers. If women's health provider is not on board, change providers immediately.
- **Support:** Community-based organizations offer culturally tailored education & support for high-risk individuals (e.g., Sharsharet).

AI: Google, LBBC.org, FORCE, Breastcancer.org, NCI.gov, etc. Sharsharet.

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Social Determinates of Health & Wellbeing

- SDoH in Jewish Women across the Life Span
 - Poverty, financial insecurity
 - Food Insecurity
 - Isolation
 - Access to health & mental health care
 - Discrimination in care
- Pathways to Poor Health & Mental Health

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Clinical Treatment Considerations

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Patient Education

Ask direct questions about stress & anxiety. Conduct a comprehensive review of hx and/& current issues/experiences.

Ask about symptoms, hx, experiences & views contributing to stress & anxiety **across all dimensions.**

Provide evidenced based, culturally-tailored education, treatment & prevention approaches.

Use qualitative & quantitative approaches.

What does it mean to a Jewish (any) women to be healthy in all dimensions of her life?

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What is psychological health?

WHO Definition of Mental health: A State of Well-Being.

"Mental health is defined as a state of well-being in which every individual realizes his or her (they) own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his (their) community."

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

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Anxiety in Jewish Women?

Create & live a healthy life

- Physically
- Emotionally
- Relationally
- Sexually
- Professionally
- With family
- In community
- Future generations

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Why is psychological health important?

- Emotional well-being
- Relationships at home, work & in our communities
- Family health across generations
- Physical conditions, functioning, health QoL
 - Reduce emotional, physiological & immunological reactivity
- Professional functioning
- Spiritual well-being

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Self-Ratings & Standardized Measures

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Rate Stress/Anxiety Level

0—1—2—3—4—5—6—7—8—9—10

Low High

Today
Last week
Over last year

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Rate Emotional Well-Being

0—1—2—3—4—5—6—7—8—9—10

Poor Excellent

Today
Last week
Over last year

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Standardized Measures

- | | |
|--|---|
| <ul style="list-style-type: none"> • PHQ-9 • GAD-7 • Trauma measures • Other > Group | <ul style="list-style-type: none"> • Health related measures <ul style="list-style-type: none"> • Cancer, Pain, Sexual health, Fatigue • QoL/HQoL • Population specific <ul style="list-style-type: none"> • Spanish • Hebrew • Russian • Other |
|--|---|

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Deep Clinical Interview

- What is stressful in life
- Perspectives – not just coping strategies
- What triggers anxiety – small & big ways
- Trauma experiences
- Intergenerational family trauma
- Substance use....to self medicate

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Trauma Across the Life Span

Sexual & Physical Trauma	Institutional Trauma	Medical Trauma	Discrimination-Related Trauma
<ul style="list-style-type: none"> Childhood physical abuse Childhood sexual abuse & rape Childhood emotional abuse & neglect Sexual coercion Sexual assault/rape Interpersonal violence Physical assault Criminal victimization 	<ul style="list-style-type: none"> Institutional sexual & physical trauma Military combat & sexual trauma Political/State/War violence Immigration/refugee Human trafficking Female Genital Mutilation/Cutting (FGM/C) 	<ul style="list-style-type: none"> Medical trauma Prior birth trauma Barriers to fertility treatment Barriers to pregnancy terminations Medical errors 	<ul style="list-style-type: none"> Gender-based discrimination Racially-based discrimination LGBTQ-based discrimination Age-related discrimination Hate crimes Anti-semitism

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Components of Trauma-Informed Care

SAMHSA

- Recognize & screen for trauma
- Recognize impact of trauma on pts, providers, staff, practice, organization, system
- Create safety > physically & psychologically
- Collaboration with pt, mutuality
- Trustworthiness & transparency
- Cultural context, history, gender, humility - avoid bias, assumptions
- Peer support, link to services
- Minimize re-traumatization
- Empower pt/couple > choice in care

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Deep Healing ...

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“No Health Without Mental Health”

What does it mean to you to have a psychologically healthy way of being?

What are signs of anxiety?

What are signs of your psychological health?

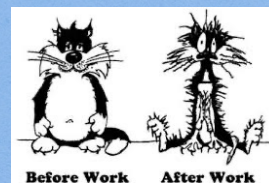
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Effects of Stress & Anxiety

Physical
Emotional
Cognitive
Behavioral
Relational
Sexual
Work Performance

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Effects of Stress at Work



- Work performance-decreased productivity
- Increased irritability or anger
- Less flexible with multi-tasking and new demands
- Increased absences
- Increased employee attrition
- Increased costs to employee
 - Satisfaction, career management and promotion
- Increased costs to employer

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Costs of Depression Costs of Substance Abuse

- Quality of life, loss of hope, suicide
- Impact on children & other relationships
- Risk for other health conditions
- Poor self-care
- Adherence to treatment recommendations
- Health care system
- Business
 - increased disability, days in bed, impaired functioning
- Recurrent and chronic in 50% of patients

WHO Report (1996), JAMA (2003)

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Anxiety Treatment, Management & Prevention

- No one strategy to manage stress or tx anxiety
- Directly deal with stressor vs. manage stress/anxiety/depression/trauma
- Coping comes in different flavors
- Several coping skills
- Determine how & when to use them
- Tx symptoms, improve coping then >
- What deep emotional & trauma work needs to happen, when & with what approaches

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Self Care Perspective

- Start today! This week!
- Don't wait to life is "less busy"
- Life can be less stressful if you make different choices about your beliefs, priorities, use of time and support!
- Self respect is not the same as being selfish... or irresponsible
- Patience & compassion vs. critical & disdain

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How are you resilient?

What are your coping strategies and strengths?

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Down Load Your Brain!

- ✓ Worries
- ✓ To do list
 - ✓ Home, work, other
- ✓ Would like to
- ✓ Should do
- ✓ What are others thinking



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Improve Sleep Quantity & Quality

- Gender differences in sleep quality & quantity
- Sleep differences across the life span
- Physical conditions
- Worry, rumination, catastrophizing, blue lights on Smart everything, etc.
- Only time for quiet
- ETOH use



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Health Behavior/Self Care

Movement/fitness/exercise > five times/week

Nutrition

Substance use

Connection

Quite time, rest

Joy

Meaning in life

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Ms. S.

47 y/o overweight professor who is already stressed about preparing yearly dinners for first & second nights of Rosh Hashanah. Her husband, sisters, mother & children do not offer to help. They all go to the gym, ask if she wants come along but she always declines to clean up the house. She is frustrated with her husband's & teenagers' junk food in the kitchen.

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Pace/Plan Activities and Rest

- Listen to body – mindfulness
- Breathe
- Work –Activity Rest schedule
- Relaxation to:
 - Reduce anxiety
 - Physiological arousal
 - Muscle tension, pain
 - Control
 - Self Efficacy

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Time Management – When you think you have no time!!

- Evaluate expectations > unrealistic
- Home office: work-life integration vs. separation
- Set limits and boundaries
- Turn off gadgets!
- Transition from work to home
- Reduce multi-tasking > get something done
- Increase support

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Jewish Women and Stress

Action Steps for Emotional Health

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Motivation for Self Care

Lack of motivation
for initiating & maintain
self care is a
Symptom..... not a character defect

Group >

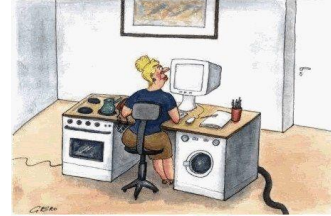
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Lack of Motivation for Self Care

- Multi-tasking, last on the list
- Unrealistic schedule
- Anxiety
- Depression
- Untreated trauma
- Privacy around body
- Disdain for body
- Poor self-esteem
- Substance use
 - ETOH, THC, etc
- IPV, no autonomy
- Lack of support for self care
- No safety in community

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Multi-tasking, Stress, Rumination, Anxiety, Stress, Depression
about Women's Roles/Responsibilities



FaceBook Woman

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What is Getting in the Way of Better

Limit Setting
Self-Care
Time Alone
Time with Family, Friends, Community

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Ms. C

55 year old executive with three children ages 15, 24 and 27, h works 60 hrs/wk. She has elderly parents in area. Father has Parkinson's Disease, mother has Dementia of Alzheimer's type. Siblings live in NYC, Israel and San Fran. Mrs. C is exhausted, irritable, & angry with everyone for not helping....She cancels lunch dates & no longer attends synagogue.

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Self-Compassion in Jewish Women Across the Life Span

STOP, STOP, STOP

- Negative thinking
- Perfectionism
- Guilt
- Critical voice – yourself, others
- Disdain
- Putting yourself last on list
- Not asking for support, help or contact

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Support versus Distress Escalation?

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Support – Ask for Help!

- Tired
 - Pushing too much
 - Say no
 - Compassion fatigue
- Reduce isolation –
 - Health & mental health benefits
 - Whom do you miss, enjoy
 - Present with you
- Not the only one walking in your shoes
- More in tank > more to give

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Groups for Jewish Women

Fertility challenges
 New moms' groups
 High risk cancer
 Holocaust survivors
 Political dialogue
 Anti-hate action groups
 Work for ADL, synagogue, youth group
 Support groups

Deepen support,
 information sharing,
 problem solving,
 coping strategies &
 connection

Improves outcomes

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Action Steps for Emotional Health

Where are you in your life?

Three C's

Three G's

Three P's

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**Who brings you pleasure, fun,
 support? Meaningful relationships?**

Three C's

Seek contact!
 Deepen connections!
 Create community!

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Three G's

- Who & what are you **grateful** for?
- Who & what are the **gifts** in your life?
- What are your **goals** in life?

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Three P's

- Do you live a **purposefully** life? Do you spend time on who & what are important to you, your family & community?
- Who & what are you **passionate** about?
- Who & what brings you **pleasure**, makes you smile, brings you joy?

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**How do faith, spirituality
and/or your spiritual home
improve your emotional
well-being?**

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Jewish Women & Anxiety

Steps towards Health & Well-Being

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