ENHANCING THE JEWISH DIMENSION IN JEWISH FAMILY AGENCY SERVICES

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Jewish content is not a separate entity added on to the services of a Jewish family agency but rather is an essential ingredient of its clinical practice. Over the past 25 years, changes within both the Jewish and therapeutic communities have coalesced into an increased understanding of the development of Jewish identity as part of the development of the client's total identity and the role of the Jewish dimension in the therapeutic process.

Every Jewish Family Service must find a way to integrate the Jewish dimension of its practice into the total practice of the agency. The question is not whether there is anything Jewish about Jewish Family Service, but rather *how* the understanding of our clients' Jewish identity affects our clinical and programmatic work. This article examines the evolution of thinking on the Jewish dimension in family service practice through specific case examples.

HISTORICAL PERSPECTIVE

Over the past 25 years, the view of the Jewish dimension of practice has changed dramatically. That shift has been propelled by changes in the Jewish community, as well as by changes in the therapeutic community. In the Jewish community, the rising rate of intermarriage, the emergence of cults, and concerns about assimilation forced community agencies to address the Jewish dimension of their role in dealing with these issues. In the therapeutic community, object relations theory, self-psychology, Mahler's separation-individuation theories, and the ethnotherapy model of treatment of Judith Weinstein-Klein focused thinking on the development of the self and identity and on issues of attachment and loss. The changes in both the general therapeutic and Jewish communities coalesced into an increased understanding of the development of Jewish identity as part of the development of a total identity and the place of Jewish content in the therapeutic process.

In the 1960s the dominant question was whether or not there was or should be any difference between a Jewish Family Service agency and a secular family service agency. In 1967 Callman Rawley, executive director of the Minneapolis Jewish Family and Children's Service, stated that if most boards of directors were asked what Jewish family agencies contribute to the Jewish community, "They are more likely to confess that they feel that a Jewish casework agency cannot really be justified on Jewish grounds, but that it doesn't matter. The agency is here, it does good work, it is worth supporting, why upset the apple cart?" (Rawley, 1967, p. 73). He also wrote, "It is no secret that caseworkers are deeply suspicious and opposed . . . (to introducing Jewish content) in the belief that it is anti-clinical" (Rawley, 1967, p. 75). He urged that research be done to find the clinical uses of Jewish content.

Presented at the Annual Meeting of the Conference of Jewish Communal Service, Boca Raton, FL, June 4, 1989.

In response to the kind of thinking about the Jewishness of Jewish Family Service agencies noted by Rawley, in 1969, Burton S. Rubin, executive director of the Cleveland Jewish Family Service Association wrote an article entitled "What's Jewish about Jewish Family Service?" He described very clearly how the ways in which Jewish agencies are different from secular agencies are rooted in Jewish tradition. Rubin explained how the services of Jewish agencies are based on the concepts of "Tzedekah and of Chesed" making those services our right and not only our responsibility. Those who give the services may also receive them. Historically in the nonsectarian agency those who receive are viewed as very separate from those who give. Their tradition is rooted in Protestant charity in which the fortunate give to the less fortunate. Although his focus was not clinical, he set the stage for addressing how those differences affect clinical practice specifically.

By the mid-1970s agencies were beginning to look at the Jewish dimension of their practice as a clinical issue. In 1978 Janet Rosenberg, director of Group Services at Jewish Family Service Association in Cleveland, reported on the staff's examination of how an agency should express its Jewishness. At that time, discussion of these issues was shifting from board and federation levels to staff levels. Rosenberg's article demonstrated both the diversity of the staff members' views and their resistance and confusion about how to integrate Jewish content in practice. Some staff felt that workers should be doing more to combat intermarriage and enhance Jewish identity in our clients. Others felt that would mean imposing our values on our clients or compromising our therapeutic stance.

By the 1980s, the literature was focused more and more on clinical issues. In 1981, Barbara Krasner of Hahnemann Medical College wrote about how the manner in which a person expresses his or her Jewishness can be used as a diagnostic tool. In 1983, Barbara Breitman, a clinical social worker at the Jewish Family and Children's Agency of Philadelphia, examined the role of Jewishness and ethnicity in identity formation, the impact of minority group status on self-esteem, the relationship of the Jew to the non-Jewish world, the psychosocial implications of that relationship for individual development and family functioning, and the ways in which Jewish issues can surface and be used productively in treatment.

In an effort to understand the current view of the Jewish dimension of practice around the country, the authors sent a questionnaire in 1988 to all the Jewish Family Service agencies in the United States and Canada. We received responses from one-third of the agencies. Twenty-two replies were received from agencies of 10 staff members or less, and 31 were from agencies with 11 staff members or more. The responses came from all over the country—from areas such as New York and Baltimore, with very large Jewish populations to such areas as Las Vegas with small Jewish populations. It was very clear that the respondents no longer felt ambivalent about whether there should be a Jewish dimension to our practice. The Jewish dimension was seen as an essential part of their service, and all the agencies had some mechanisms for ensuring that it was integrated into the service. The mechanisms ranged from formal study groups to classes to periodic staff meetings to supervision. All the agencies integrated the Jewish dimension into a wide range of services including counseling, although primarily in support and educational groups.

The shift in the perception of the Jewish dimension of practice has been aided by the clinical work of Kohut, Mahler, Ostrow, Blanck and Blanck, and many other theorists who have helped move our practice from a strictly psychodynamically based principle to one that views the development of the self as a separate developmental line and highlights issues of identity development and object relations. One such issue is how to undergo the process

of individuation in a way that comes to terms with how we are different from others, beginning with our parents but having implications on a much broader community level. Another issue relevant to identity formation is the ability to tolerate ambivalence and the use of splitting as a defense, which can define our object relations, as well as our ability to tolerate both positive and negative aspects of our own identity. These clinical issues and many others have enabled us to begin to understand the development of Jewish identity and its meaning for our clients. From this understanding we are developing a way of integrating the Jewish dimension of our practice into our clinical work, which is the backbone of a Jewish family agency.

JEWISH DIMENSION STUDY GROUP

The Jewish Family Service Association in Cleveland has had a Jewish dimensions study group since 1976. It began as a subcommittee of the professional development committee, which conducted several staff meetings on the subject. At that point, there was a lot of resistance and confusion about how, if at all, Jewish content belonged in treatment. In 1977, the Jewish Content Study Committee was made into a standing agency committee that met bimonthly. That committee is still in effect today, but its deliberations have changed in nature over the years. When it first started, its staff members spent a great deal of time examining their own religious identity and looking at a variety of specific agency cases. Over the years the committee has examined intermarriage and conversion; the Jewish dimension of life supportive services; working with the handicapped, Holocaust survivors, entitled clients, and the Orthodox; countertransference; differential uses of Jewish content; and identity formation.

Our study of identity formation has been most useful because it has laid the foundation for the application of the Jewish dimension of practice in a variety of situations with a variety of clients with very different needs. As Jewish identity develops in conjunction with an individual's sense of self, one's feeling about oneself and one's feelings about one's Jewishness interact and support each other. Ambivalence about one's sense of self will be reflected in ambivalence about one's Jewishness. If one cannot tolerate ambivalence and uses splitting as a defense, then one might either have to totally reject or become totally absorbed in one's Jewishness depending on one's needs at the time. If one cannot tolerate being different and separate, one might be very threatened by the minority status of a Jew and reject Judaism or flee in the other direction and view the Gentile world as an enemy.

Most clients fall along a continuum between these extremes. In clinical work, addressing the Jewish dimension can often allow issues of identity and self-esteem to emerge that might otherwise be too well defended. In supportive services, addressing the Jewish dimension enhances self-esteem by connecting with the positive side of the ambivalence about one's identity.

Several years ago, the name of our study group was changed from the Jewish Content Study Group to the Jewish Dimension Study Group. This reflected the change in the staff members themselves that understanding these identity issues in ourselves and our clients had created. The Jewish dimension became an integral part of our practice, rather than an add on of Jewish content to our services. Our group now acts as a study consultation group for staff members who would like some help in applying the Jewish dimension with a particular client or in a program and as a repository of information regarding the Jewish dimension in any aspect of our agency services.

In order to illustrate how the understanding of Jewish identity is used to facilitate therapeutic goals, the article next describes two specific cases: the establishment of a Jewish group home for mentally retarded adults and how Jewish identity

issues were integrated into the treatment of an adolescent.

A JEWISH HOME FOR MENTALLY RETARDED ADULTS

As a result of a 2-year planning effort by the Cleveland Jewish Community Federation, the Jewish Family Service Association of Cleveland responded to a mandate from the Jewish community to establish Jewish group homes for mentally retarded adults. The creation of this program fulfilled the legitimate expectation that this population be integrated into all of our Jewish communal services, i.e., social/recreational, vocational, supportive counseling, and religious institutions. In other words, the group homes would recognize and enhance the mentally retarded person's identity as a Jewish human being.

The director of the program met over several sessions with our Jewish Dimension Committee. From the beginning, it was clear to our staff that relatedness to the Jewish community is fundamental to a Jewish mentally retarded person's understanding of who he or she is, just as it is for all of us. We acknowledged that being Jewish is a way of life and that one's Jewish ethnic identity affects one's view of the world and oneself. Ethnicity plays an important role in the formation of identity, self-esteem, and sense of belonging. Yet, for the mentally retarded person issues of identity are even more complex. A strong, secure identity is even more critical for the mentally retarded person who is often excluded from the mainstream of society and often has low self-esteem. Therefore, one basic goal for our group homes was to provide models, stimuli, and settings for living out one's Jewish identity. Rituals and observances would reinforce continuity and connectedness to the Jewish community.

The mission and goals were clear, but implementing them on a daily basis in a meaningful way took much thought and discussion. Because the committee had looked at these issues before, its members knew the place to start was with their own feelings. The Jewish members of the committee began to reach back to their childhood memories. They talked of Shabbat observances at home, Friday night chicken dinners, the lighting of the candles, the prayers, and eating challah. They spoke of their remembrances of attending synagogue on Shabbat and on holidays, getting dressed up, wondering when the long service would end, and feeling at home when they recognized certain prayers and music. One staff member spoke of living in a mostly Christian neighborhood and visiting friends at Christmastime. She recalled asking her father why they did not have a Christmas tree and feeling confused and angry when he answered only, "Because we're Jewish." Once again, the many layers to the dynamic of being Jewish became evident, as they had when the staff members had explored our ambivalent feelings in other contexts.

The criteria for licensure and funding for the group homes required that they admit Christian residents. Christian staff began to contemplate how it would be to live in a Jewish home. The committee discussed what expectations there would be of Christian residents, how these mentally retarded adults would and could understand the expectations, how we would still respect *their* religious beliefs, and how Jewish residents would understand the differences between their religious practices and those of the Christian residents. One Christian staff person related her attachment to a special Christmas blanket that she only kept on her bed through the Christmas season and how unhappy she would be if she were denied this tradition. This led to a recognition that there are certain symbols that are very personal and represent one's connection to their religion and ethnicity. On the other hand, there are bonds and ties that are not inherent in a particular symbol. Some members spoke of knowing who they were just because they know.

There was much discussion about maintaining a kosher kitchen in the home. The

group home staff would be composed of Jews with varying levels of knowledge about keeping a kosher kitchen and of Christian staff who more than likely did not know how to keep kosher. Some staff felt that the home must be kosher according to the strictest religious laws. Others felt that if, for instance, a family member of a resident accidently brought in nonkosher food, that would be alright. Some staff questioned why the home must be kosher at all if none of its residents kept kosher. The committee members realized that the issue of kashrut was becoming so involved and complicated because of their own feelings and beliefs. Kashrut had become a metaphor for their ambivalent feelings about how and to what extent to observe their Jewishness. With that recognition, ultimately, it was resolved that a kosher home does not discriminate against nonkosher or Christian residents, but a nonkosher home does discriminate against certain Jews. Therefore, if the homes were to provide a residence for *any* Jewish mentally retarded individual, they must be strictly kosher.

What else makes a home Jewish? Again, Jewish staff reached into their own backgrounds. They came up with certain symbols, i.e., Mezuzahs on the doors, and Jewish art as part of the interior decoration. They spoke of Shabbat and other holiday observances both in the home and of transporting residents to synagogue. The more the members talked it became obvious that each resident's "Jewishness" had to be explored with the resident and his or her family and that each home would observe certain rituals and traditions, adding other Jewish symbols or ways specific to each resident's family practice.

What the committee learned through the process of paying attention to all the aspects of the Jewish dimension was that every worker connected with the home brings his or her own ambivalence and unresolved feelings. These feelings are complicated and can prevent staff from thinking clearly about day-to-day issues, as well as the operation of the entire program. In addition, every resident and their family bring their own ideas, feelings, and expectations. For example, some parents want a Jewish home for their adult mentally retarded son or daughter as a way to keep their child connected to them while giving him or her up. For these families, Jewishness may become a metaphor for their feelings about separation.

This case example is a good illustration of a family's feelings and expectations about the Jewish dimension of the group homes.

> Barry, aged 25, had lived with his parents before moving into the group home. His mother died and his father was ill and aging. Barry's father was terribly lonely and isolated, and he only allowed Barry to move into the home during a medical crisis of his own. Barry's father recovered enough to have Barry home for Shavuot. Many residents go home on the holidays, and a clear plan was made with Barry and his father for Barry to go home for only one night and one day. The following day, Barry's father called to say that he celebrates Shavuot for 2 days, something he had not mentioned when the plan was made. He said he wanted to keep Barry with him for another day. He spoke to a Jewish staff person who felt uncertain of her knowledge of this holiday's observance. She got confused and feared she might insult this man's religious beliefs. "Oh" she thought, "it's what I've been worrying about. I'm not Jewish enough to work in a Jewish group home." She quickly told Barry's father he could keep him another day. This is what is meant by how staff members' feelings can affect their best clinical judgment. The fact that Barry's father had not mentioned needing 2 days for Shavuot when the plan was originally made indicates that the issue was related more to separating from Barry once he was home than to religious observance.

The issues and their meaning are often difficult to sort out when they are connected to the Jewish dimension. Staff must be truly alert to how religious beliefs can be metaphors for other conflicted feelings. Each staff person must continually assess the Jewish identity issues for themselves

and their clients in order to understand the different levels at which these identity issues affect the therapeutic process. To fully assess the Jewish dimension, we cannot only intellectualize about what is Jewish according to specific rules and standards. We must be sensitive to what a Jewish home means to each of us and what a Jewish home means to our clients.

AMBIVALENCE AND JEWISH IDENTITY FOR AN ADOLESCENT

The following case example illustrates issues of ambivalence and identity.

Julie R., aged 16, was brought to the Jewish Family Service Association by her mother who was concerned that Julie had never adjusted to or accepted her parents' divorce that had occurred 4 years ago. Julie was the second and only girl of three siblings. Her father was a Catholic businessman, and her mother was a Jewish social worker. Julie was raised as a Jew.

In the initial sessions, Julie, who was a very bright verbal teen, spoke of her close relationship with her mother whom she idealized. Her father was about to marry again, and Julie verbalized that she liked her future stepmother. She visited her father fairly often, but felt distant from him. She described him as sometimes undependable, difficult to talk to, and rarely aware or interested in how she felt—unlike her mother. She said she had easily accepted the divorce at age 12, but was now thinking how unfair it was. They had moved from a wealthy suburb to a lower-income suburb. Their home was much smaller and did not have the amenities, such as central air conditioning, that her former home had. She had thought that this did not bother her, but now it does. She used to like the man her mother had been dating for the past 2½ years, but now she realized he drank too much. She kept thinking of how shocked and upset she was when her parents told her they planned to divorce—thoughts and feelings she had repressed for years.

Julie was an A and B student, and was socially active with friends from school, as well as a Jewish youth group. She had played violin since age 10 and was involved in school clubs and sports activities.

As the work progressed, I assessed the major issue as Julie struggling with separation from her mother, which was an especially difficult task because her mother, who had barely separated from her own parents, was not helping her individuate. Julie had no sense of this struggle or insight into why she was becoming so angry about her parent's divorce now.

I began to explore with Julie the relocation of homes 4 years ago. This led to her talking of how she had attended a Reform synagogue during the time her parents were married. At the divorce, less than a year away from her Bat Mitzvah, her mother joined a Conservative synagogue. Julie felt lost with so much Hebrew at services, and the wearing of yarmulkes and tallit, and felt that her new peers seemed to know more about Judaism than she did. These recollections led to Julie getting in touch with how her father had never participated in attending synagogue. He seemed uninvolved at seders and on Shabbat, but came alive when the family invited his relatives at Christmastime. At this point in treatment, Julie asked her father why he had agreed to the children being raised Jewish. He responded at length and with much emotion. He told her that his upbringing had not been particularly religious, and he thought it would be fine to go along with Mrs. R's desires regarding the religious choice for their children. Yet, as each child was born, he regretted more and more their being Jewish. He told Julie he loved them all, but the pain of his own children being of a different religion than his was often unbearable. Julie began to understand that some of his distance had to do with his disappointment that a part of their identity was not his.

Julie spoke of how she felt that she was not a whole person. A whole person had one religion, and although she felt and believed herself to be a Jew, she was not one totally. She felt like two people who would never be reconciled.

As more issues evolved from her religious identity, Julie began to see the "two people" in her were really all part of *her*—some of mother, some of father, and some of her own. She looked at who she was, and what she wanted to be—separate and apart from

both parents—and began to talk of how hard it is to grow up.

Of course, there are many issues to be looked at in this case example. Neither parent had fully sorted through his or her religious identity. Mr. R. had never dealt with or even acknowledged the tremendous feelings of loss connected with his agreement to rear his children outside his own religion. Mrs. R., as she did with many life issues, never spoke to Julie about her religious identity and just assumed that if she told her she was Jewish, she was.

The issue of individuation ties in with her parents' contrasting personalities, as well as their different religious identities. How could Julie individuate when she was so fragmented? Julie's feeling like "two people" who will never be reconciled is a metaphor for her parents' very separate identities and for the divorce. In her family, important issues are not talked about in the hope they will go away. An unspoken theme is: your mother and father are totally different people—whose side are you on? Because of her father's seeming indifference and her mother's smothering closeness, Julie had chosen her mother's side. But then, she was ready to grow up and to be separate, and the three people inside her—her mother, her father, and her—had to be reconciled.

In this case the family did not come to Jewish Family Service Association around a Jewish issue. Because of the many facets in this situation, the clinical process could have centered on any number of areas. It was the therapist's extreme sensitivity to the Jewish dimension, which was so readily available to reflection for Julie, that enabled this adolescent to explore other developmental and identity issues.

CONCLUSION

No Jewish Family Service agency, regardless of size, has to justify the use of Jewish content in its practice. Today, we can accept the value and importance of Jewish content as an enhancement of practice, both programmatically and clinically. Jewish content is not a separate entity added on to our services, but an essential ingredient. To ignore it is like making chicken soup without chicken, blintzes with no filling, borscht without beets. If Jewish content issues are not addressed, a component of who the clients are is missed, thereby diminishing the staff's and their understanding of their totality as persons.

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