

Commitment and Freedom: A Paradox in Service to the Jewish Family*

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THE Jewish family and children's agency and its specific clinical services have experienced many changes over the years. A significant continuity in such change was our effort to heighten the quality of help to clients, this being an appropriate response to the demand of the community. Our concern with the quality of our service was also a concern with strengthening the vitality of the Jewish community, particularly that of Jewish family life. There is nothing new in our being close to our community and being responsive to changes in its realities, needs, strivings and purposes and in our adapting to such change in planning and methodology.

We are at the threshold of significant change again. Both in what is coming to us from our community as well as from within ourselves there is a new searching and striving for the Jewish in our service. In responding to this demand for change we maintain our continuity of concern for quality. However, it is a different quality now, it is Jewish quality, it is quality in contributing more specifically to Jewish identity and, in so doing, also to increase significantly the professional quality of our clinical services.

There have been significant developments in Jewish life in the community. The end of immigration as an essential component of the Jewish community, which assured the continuity of our Jewish identity, has meant that Jewish identity needs to be defined and lived in an affirmative, deliberate, active way. Jewish identity needs to be of our choos-

ing, our making, our contributing. This Jewish identity needs to include, not exclude, acculturation as an essential condition of our Jewish existence. Unless we succeed in providing a synthesis which assures acculturation in the context of a positively experienced and practiced identity, Jewish identity will be in danger, and so will be our personal and family life. It requires our facing the need for this synthesis, in whatever form, as a task, as a problem, as requiring work, thought, effort, care; in one phrase, requiring our giving ourselves to it.

This is true for the Jewish community as a whole. It is true for communal services and our clinical services within them with a special emphasis and special responsibility. We need to re-think our functions, services and methods. We need to make up for the organic process of replenishment of Jewish identity because this organic process has weakened and does not function as it used to. If to make up for organic processes inherent in the community is considered artificial, we can only agree. To some degree the professional is an artificial element of society precisely because its organic processes have turned out not to be sufficient to maintain functions necessary to the community. Such replacement of family and community functions and processes by societal substitutes has become a common reality, and the professional is one of the major suppliers, developers and caretakers of such substitutes. It is by no means the only such substitute. We may deplore such necessary artificiality, but it is necessary also in the sense that society cannot exist with-

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out it. Thus, our stepping into this organic gap and taking this role of the community providing for itself because its organic process does not suffice any more, is not an arrogation of power and influence; it is a highly significant and necessary response to a change in the organic processes of our community.

The difference of this change from other changes in our functions and services which we have experienced before becomes expressed in a paradox, that of a seeming contradiction between the service to our individual client and family and our needing to maintain a basic commitment to Jewish values and Jewish identity in serving the Jewish community. If we are committed to the collective whole of values and identity, how can we let the client truly be free, be himself in bringing to us his need and striving whatever it may be? And if we put such demand on the client, the demand of furthering Jewish identity, of his being Jewish, how can this be a truly clinical service? Thus, there is the seeming paradox for us as we face this new development, this change in practicing our commitment—not an essentially new commitment because we always have been committed to the Jewish community in our services, but a change nonetheless in the quality of our commitment, in the responsibilities we undertake because of it, in our very feelings in and about our work. Paradoxes often are our own creation. If we can resolve the paradox inside our minds and our souls, the paradox which we ourselves create, we see to our delight the freshness and triumph of life. It is our denial of new forces surging ahead which produces the paradox.

There are problems, but there is no paradox. Freedom without commitment is no freedom; and commitment which is not free and self-chosen is not a true commitment. How interdependent they are as concepts and realities. There is no

paradox on this level of our insight. There is even a necessity of postulating a synthesis when we become aware that one of the basic needs and strivings of an individual is to be connected with values and purposes transcending himself. This inner striving for a transcendental experience in the form of functioning as a part of a larger whole is also so true for the family. A family, isolated and alone, is a sad and unnatural thing. So is an individual. Isolation is unreal, unnatural, dangerous although our society has tended to produce it to such a considerable degree. It is the organic belonging, the interdependence, the difference in identity not away from the whole, not against it, but within it, in relation to it, because of it as an essential frame of reference, which establishes freedom within commitment and commitment as necessary to freedom. This does not exclude rebellion as an organic and healthy manifestation of the self in relation to the whole, healthy for the self and dynamic for the whole. Thus, Jewish identity can be experienced not only as a possible context of one's personal identity and freedom but as a necessary context.

The relationship between commitment and freedom is organic. One is not born with commitments; one experiences and incorporates them. There is no identity without such process of commitment. The evasion of commitment in a developmental process is an evasion of mature responsibility for oneself, for its value. We create our freedom to be what we need to be and, in this very commitment to an identity, to a norm of being and growing, we define the limits of this freedom. Limits do not deny freedom, they define it, they make it real. A gestalt needs its boundaries to be a gestalt. Without these boundaries it is gestaltless. As we are born, we experience the limits of reality against which we need to develop our own strength, our interpersonal patterns, the social give-

and-take, our living space, the need and regard for the other being indispensable to the regard for oneself. As we grow, we add to this reality one of our own creation, that of a commitment in which the self becomes newly experienced as our own. In our commitment and our devotion to larger purposes and values than those of our limited self, and in accepting the limits of commitment, we overcome and transcend the limits of ourselves, and we also fulfill the deep need of the self to be a whole.

There is a balance between the individual freedom and social norm in a given society. Such balance is not static; we need to see it as a dynamic process. Each society has within itself the potential for such process. It is important for our purposes to try to understand the stage of this process in which we are and out of this to recognize our task in behalf of our values to contribute to the strength of individual, family, community. How is this strength being affected by the social process? What becomes our task because of it?

We have at one end of the continuum of this social process a model of a social norm that submerges the concept and experience of the individual, submerging his need for such freedom or making his freedom be consonant with the requirements of the social norm. Such cohesiveness in normative structure, process and behavior can occur in different forms. Whatever these differences and its particular origin, they have in common the prevalence of social norm over individual freedom.

At the other end of this continuum, and as the result of a dynamic social process, we find a normless society, or the anomic society, an individual freedom not defined by values of such norms, and for that reason experienced as meaningless (boring and absurd), as a burden (anxiety and depression), or as a threat (destructive and self-destructive behavior). We have had a good measure of

experience with such anomic society and the human problems characteristic of it. Our tolerance for anomic existence is limited because one of our basic needs is to be and function as parts of a meaningful whole and to experience ourselves within it.

In between these two stages at either end of the continuum of a potential social process we find some remarkable variations in this relationship between social norm and individual freedom. One of these is that social norm and cohesiveness continue to exist with strength but that they expand to take in the difference of the individual, his uniqueness, as valid, accept it within and for the context of such normativeness and as one of its very values. The individual member experiences the relaxation of the social norm and its cohesiveness, but these norms continue to exist in his awareness with clearness and strength. The individual member also experiences and uses the freedom to differentiate himself from such norm. It is against this norm as a testing ground and within it that the individual experiences the tension between his uniqueness and his normative commitment, evenly carrying a quality of pride as that of his guilt against the source from which he came. This is a creative tension of a high order. The individual cannot help but experience his individuality as a choice for or against such norms, as a rebellion against them as well as a creation of them. This new concept of a model in the relationship between social norm and the individual sets up tension as a condition inherent in such relationship. This is the stage of the social process in which great individual creativeness abounds and society flourishes in experiencing itself in such creativeness. The individual who experiences his self against the normative demands of a society finds a heightening of self-esteem, an accretion of strength, of creative meaning to his existence. He

may believe that his world is his own individual creation (and so is commonly our hubris), he may not be aware that such creativeness would be impossible without the frame of reference of social norm within which he experiences and develops himself and against which he defines himself as different and through which he is oriented to the tasks in which he finds a common ground with other members of his society. Individual freedom includes social norm as a dynamic element of the fate of such freedom. Rebellion and opposition are just as essential to the dynamic tension of the freedom-norm balance as are preservation and conservatism.

Contrarily, a society may be at a stage when social norm and its cohesiveness weaken and the individual is left with a dubious and weak frame of reference for his self definition. This results in lessening of self-esteem and heightening of insecurity and anxiety, setting in motion a searching for substitute normative values, often going back to old forms or producing temporary fashions out of the insecurity of being able to make a true choice. However, this lack of a secure frame of reference for value orientations which weakens and confuses the quality of commitment produces also a strong need for such commitment. We can see and experience this need today in many ways. In our professional training of understanding human needs this basic need has escaped us. It is as elementary and fundamental as can be for the strength, security and fulfillment of person and family. We need to include it in our clinical understanding and concern.

Today we are at a stage where we experience the confusion and weakness of our social frame of reference as damaging to our individuality and as a deprivation to its potential creativeness. Our task is to define more securely a valid normative frame of reference as necessary to our individual strength and self-esteem.

The Jewish experience in this balance of norm and freedom is that Jewish identity has included the individual as a principal value. Jewish philosophy sees the individual and his commitment as an end product and essential purpose of society, as the justification for society; it does not see the individual as material for building society. God did not want Abraham to sacrifice his son to Him. My feeling is that the valuing of the individual in and by Jewish society was demonstrated in the experience of the Yom Kippur War. The enormous response in Israeli society to the personnel losses in this war is attributed to the numerical smallness of the country. This is a reality and not to be denied. Much more significant, though is the high valuing of its individuals in this society. These dead are keenly felt and experienced to be irreplaceable and not expendable. It is a wound to life as a whole, a wound to each and all in this society.

The Jewish experience in this balance between freedom and norm is, in the main, not a nationalistic experience. Ours is not a nationalistic commitment which makes the blemishes of the group appear to be beautiful. Such has not been the practice of Torah, of the prophets, or of our continuing practice as community. Thus, our communal service needs to follow such a practice of knowing our blemishes and helping to change them.

The paradox in our situation is not in an inherent conflict between the values of Jewish identity and those of professional social work which postulate the necessity of free choice. This would mean that they are equally well defined as commitments and that in such definition one negates the other. There is no such negation because these commitments are not defined equally well. There is no such negation of the individual, of individual freedom, of professional principles and values in helping practice.

Our problem in Jewish social work is a marked lopsidedness in which the commitment to professional values far outweighs our commitment to Jewish identity and its values. We are not unlike Jewish society in general in this problem of lopsidedness. The paradox is not in negation and contradiction. The paradox is in the absence of such a commitment.

Our present situation calls for a recognition of this imbalance and for its change. We need a new quality in our practice which calls not only for strengthening Jewish identity but more often starting from scratch and letting it be born, to make it possible for it to exist in our practice. This need is so similar to that in our community that we can easily talk of a parallel in tasks and existentialist experience. Often we meet the demand of such a task by denying it and its attendant discomfort. The process of self-renewal, the meaning of re-birth does not make surface demands. As we set out on this road, it would be dangerous to fall into the trap of having ready answers, knowing the solutions, offering finished products (because as professional persons we are seen and see ourselves as "experts"). It is simpler to clarify large goals than to stay with the significance and need of small goals and their relevance for the large issues to which we are devoted and with which we grapple. Our clinical work essentially involves the significance of such small goals, small in the frame of reference of society and culture and their history, but large, indeed, to the individual and his family, to their experience of themselves and the process of their development. We also know that working on changing our services means working on ourselves, freeing ourselves in order to gain freedom to be ourselves. Honesty in facing oneself, honesty in relationship is a primary value, a primary necessity in such process. How can we produce and contrib-

ute to Jewish content unless we are honest with ourselves and others?

The dishonesty of the market-place, of commercial pretense, of bureaucratic manipulation and coerciveness are not Jewish values. Let there be difference, let there be difficulty, let there be struggle as long as they derive from and serve the tension inherent in the balance between Jewish identity and individual freedom and serve to resolve the false opposition between them.

What are our expectations of the partners of the clinical process as far as such commitment to Jewish values is concerned? On the client's side our expectation is unchanged. That of bringing himself to us, his need, his problem, his striving, his purpose, his involvement in issues of living, his reaching out into different dimensions of such living, his attempting to shape a meaningful whole out of the pieces of his experience and of the demand felt by him from such experience, his own and of his family and society, to see himself as part of a whole, family, community, society, see himself so, meaningfully productively in give-and-take, as a social value in his individuality and as an individual in his social connections, processes, striving and experience.

The expectation of ourselves as the helpers must include a commitment to the client as a basic value. Without such basic commitment, the Jewish dimension can be used for all kinds of purposes and can serve all kinds of needs which deny its very meaning and creative demand. Jewishness can mean meeting formal demands of social convention; it can mean the striving for advantage and acceptance; it can mean the bending to authority, control, influence; it might even mean at some point a nationalist demand, a chauvinistic assertion that the individual does not matter.

This is not what we strive for. The member of the Jewish community needs

to be a willing member, a thinking member, a person of mastery, maturity, control, a person for whom the belonging to family and community becomes matters of fulfilling a deep need for self-fulfillment, of enriching and strengthening his identity, for whom the giving to family and community, for their strengthening and enrichment, also carries this sense of self-fulfillment, of overcoming and transcending the physical limits of his existence because his existence has taken from and is incorporated in the generational flow of family and the cultural flow of community.

Will our strengthening the client contribute to his being Jewish in a stronger way, personally, in his family life, in his community? Inherently I say unequivocally, 'yes', to this. There are different stages to this. The increase in strength through service lays a base for a potential to be developed at other times, given opportunities as they arise. Inevitably, a true helping process has an after-life which is as meaningful as the experience of and in the process itself. How often we know this to be true that clients will return to us much later with developments in meanings for themselves, unknown and unforeseen at the time of the helping experience. How much of this is to be attributed to the helping experience itself is an unknown because life is a rich composite of potentials and of changing opportunities so that the meeting of opportunity and potential follows a rhythm different from what we can control. However, our contributing to a potential to be alive and using its opportunity is most meaningful.

We add to the Jewish community if our clinical help has this deep regard for the client's strength, himself as a value, his experiencing himself in his interpersonal and social involvements. In whatever way this increased strength will find expression, whatever the unknowns in it,

it cannot be something that reduces the strength of the Jewish community. Our contribution to such strength may be small only, smaller than we want it to be. It may not make enough of a difference to make a visible change in what the community experiences. Our goals are both small and large. They are large in our being directed toward the wholeness of Jewish life and values, and they are small in our being related to the client and his purposes, our strengthening the wave of the individual in the ocean of his culture. Large goals are so much dependent on the reality of small goals. Were we contemptuous of small goals, we would negate our large goals. In this way we can make an indispensable contribution to our community.

Can we have an expectation of a change of what the client brings to us in his Jewishness, in the quality of his experience, in his problems, his purpose, his strivings? We can if we understand that what the client brings to us is so interdependent with and dependent on the worker and the community. What the client brings to us will change and is changing because of our changing and the community changing and our having a part in the community changing.

As a matter of fact, we are experiencing such changing right now. We are experiencing it because of our own changing and the inevitable effect this has on the client-worker relationship. Our changing is that of a greater sensitivity to the Jewish in what the client is and brings to us, in a different perceptiveness, in our being open to it, permitting it to be, encouraging it instead of discouraging it. There is a change in the climate of the relationship. Without having been aware of it, we used to discourage the client from bringing to us the Jewish aspect of his existence. How sensitive the client is to these sub-conscious messages that flow from us to him! If this message is: bring to me what is professionally right

and correct, what agrees with the channels laid down by my training, the client is inclined to follow such a message. If the message is: be yourself and whole, and I am open to you in your being and your being Jewish, the client can find a different experience with us, and we can find a different experience with him. As we in our agency staffs have become more occupied with matters of Jewishness and experience Jewishness in various ways, we have found more Jewishness in what the client brings to us, being at times astonished about this change, but having no reason to be so because our change would certainly create a change for the client and for our common experience. This change is not a denial of freedom. Our previous "professionalism" that excluded the Jewish was a denial of freedom. Now we permit ourselves to be free to be Jewish in our professional functioning and experience. This is a heightening of freedom, a strengthening of wholeness for ourselves and client.

This will continue on our part, partly as a demand that comes from ourselves, partly as a response to our community. Staff involvement, staff training, staff participation in behalf of Jewish identity and Jewish values are an essential element of the changing clinical experience for the client. In my own agency, the specifics of such staff involvement have been of a beginning kind but there has been a considerable intensity in such beginning. This beginning has found expression in a staff committee on Jewish identity which represented fairly different attitudes and experiences of its members. The inner process of this committee as a group is of great interest. For the agency to have wanted this process and let it be was helpful. The committee soon found its equilibrium in relating to its inner tensions and could turn to staff needs. It recommended a training plan for the whole staff, again as a beginning and as a rough and crude kind

of beginning at that. Lectures and discussions with lecturers on Jewish history and ethics were prepared. Again this set in motion an inner process in the staff as a whole, in being for and against, but being alive in this, being in process. Every live impulse produces tensions and in this way affirms its aliveness and creativeness. These staff training meetings were accompanied by a staff meeting to respond to this experience, to evaluate the strong dose of Jewishness which came to us. New impulses came from this meeting and suggestions which opened up different forms of staff involvement and staff participation. The staff committee will have a continuing part in such planning, evaluating, mutuality of response as will administration. As our efforts go into a number of directions, as various persons, various groups become the carriers of such purpose, we need to provide the possibility of unification within such diversity and of new impulses flowing from such unification.

We are planning to provide consultation and consultants for our staff to use for their on-going clinical experience. We see such consultation, skilled professionally and endowed with Jewish knowledge and values, as a meaningful catalyst to sharpen up for the worker the understanding of his client and his use of such understanding. Specific information can contribute to this because Jewish law, Jewish folklore, Jewish social and cultural realities are so rich and diversified that nobody can be in command of all these dimensions. Diagnostic understanding of client conflict and experience, treatment considerations, opportunities for enriching individual and family life will be the purposes of such consultation. I could from my own experience give some specifics — and this before we have set up such consultation systematically. The potentials for client service in the agency's providing such consultation are considerable.

The clinical expectations of our work

and our services will be affected by a different involvement with our community in behalf of Jewish family life and its values. In this we see an active reaching out to the community. If our assumption of a new spirit, a new willing and wanting, a new demand for Jewish identity and wholeness is right, we will need to reach out to this new spirit. We have a community organizer assigned to do such reaching out. We want to connect with and communicate with significant persons and significant groups to experience the sense of the dynamic in our community and what its demands are from the agency in relation to this new need.

I foresee a considerable increase in the development of preventive services and preventive methods through such reaching out and through such new connections with the Jewish community. My own experience has been that there has been a heavy emphasis in our services on serious problems, on well developed pathology, on evening out the balance sheet for the underprivileged in our community which we encounter in different forms. There is complete justice and high meaning to such functioning, and whatever the change in our services, the responsibility for such need is a continuing charge.

However, this is not enough. We need to become involved with the parent of the young child when growing up is open to so much that is healthy and rich in the learning of the parent and of the child and in which the meaning of Jewish experience and the connection with Jewish values have such great promise for parent and child. The same is true for the beginning marriage where patterns of adaptation are being formed and contents for relationship and home are being tried out, adopted or found wanting. I do not want here to attempt a detailed statement on the possibilities of preventive service, an emphasis on posi-

tive strivings and their fulfillment in individual and family and the meaning of Jewish reality, Jewish experience, Jewish values for such preventive and creatively-oriented services. My own assumption at this point is that there can be a considerable shift in our clinical structure of services and methods, a shift which adds the preventive, the unfolding of health and creativeness to our responsibility for weakness and illness. We need to be open to new learning in such development and such double renaissance of the Jewish and of the clinical.

What are the problems of achieving such goals?

1. We have a problem on the communal level of Jewish services. We have not been accepted yet on this level as being able and willing to make a contribution to Jewish commitment. Clinical services are suspect and considered by some nearly useless for purposes and needs of Jewish continuity and survival. We need to make our claim, because the charge is unjust and because a partial commitment of Jewish communal services is inherently false and denies the wholeness of Jewish problem and commitment;

2. As we need to be accepted by others in the field of Jewish communal service, we need to accept ourselves in this changing role. As usual, social acceptance is based on self-acceptance. We need not only take a place in the whole of Jewish communal services, but we need to work on this being a distinct place which agrees with the potentials inherent in clinical creativeness and adds to the sum total because of this distinct quality. For the clinical worker to want to take the role of the Jewish educator, for instance, would be futile and counter-productive;

3. In working out our own distinct contribution, we need to face the problem inherent in all clinical functioning. This is to work out the synthesis between the methodological, the humanistic

value system, and the sociological frame of reference of our services. Every clinical function is faced with a tension between these components essential to clinical service and needs to achieve an adequate balance between them. So do we in Jewish clinical service. We tend to lean over to the methodological at the expense of the other essential parts. We have also tended to be vague and confused about the sociological frame of reference for the clinical services of the Jewish family agency. This frame of reference needs to be clearly and specifically the Jewish community, its needs, its purposes, its continuity and survival and the meaning this has for the Jewish client;

4. Another problem for us is to coordinate the long range goals of our commitment to Jewish values with the small and limited goals of the client to which we are committed and with the fact that we connect with the client usually in a small segment of his living interests and wholeness of existence. We cannot measure the significance to Jewish life in this concern with limited goals in personal and family life. We can measure preciously little with precision in our field anyway. Yet we should not be deterred from bringing to the Jewish communal field as a whole the importance of limited goals as we engage in the pursuit of the long range goal of Jewish survival. Limited goals are vital to the pursuit of long range goals;

5. What about the implications of such change for our clinical methods and techniques? We implied such change in method and technique when we visualized a change in the structure and emphasis of our clinical services. The preventive emphasis, community organization approaches, the use of group methods, the achievement of a more balanced representation of our community in the use of our clinical services will provide new opportunities for

strengthening the meaning of Jewish values in the clinical process. Beyond this, we can be certain that we will find difficulties of different kinds as we move into a clinical practice of which the Jewish commitment is a solid component. To try to look ahead now and anticipate these problems may defeat our handling the very problem which is essential now, and this is the problem of being willing to move into this new experience, willing to risk it, willing to learn in relation to it, learn as worker, learn as agency, provide what is needed for such learning and development—and on such basis assure the solid growth which we have been able to assure to other aspects and in other stages of the development of our clinical services. Jewish clinical practice requires professional responsibility for its development and professional responsibility will be enlarged, enriched and strengthened by Jewish clinical practice.

I mentioned the increased sensitivity in our responding to the actual and potential Jewish meaning in the client's experiencing of himself and of his family as an important clinical dimension for us to be concerned with. Let me refer briefly as examples of such sensitivity to parents who came in very concerned about their adolescent daughter having a non-Jewish boyfriend. The worker was sensitive to the true value of Jewish identity as well as realities and values of acculturation and helped daughter and parents to gain a deeper understanding of their needs, of their Jewish values in this, and to experience a stronger integration personally, family-wise and culturally. I also think of a father who was deeply threatened in his masculinity and who called his infant son Nachum although this was not his Jewish name to begin with. The mother, with whom I had talked about Jewish names in the family, wondered about the meaning of this. I used some consultation and found that

Nachum means "the consoler". Understanding this was helpful in understanding the individual and family dynamics in this helping process.

Another clinical dimension goes beyond being sensitive in responding and requires introducing the Jewish dimension to the client by the worker. For instance, we have a group of mothers of young children, planned cooperatively with our sister agency, the Jewish Community Center. These mothers use the nursery school of the JCC. In the opening session the professional leaders of the group helped the members formulate the expectations from the group. Useful specific goals were mentioned. The leaders felt free to introduce to the mothers the importance of Jewish values for the growing child in his family and see this, too, as a meaningful content for their group process. Another illustration is my work with a client, a highly gifted young mother of four young children, with a life experience of depression and questioning of her self-worth and adequacy as a mother. She talked about her childhood as an experience of shame and guilt. She grew up in a poor Jewish immigrant family which was different in many ways from what she saw in her environment, which she accepted as the right standard of values for herself. I introduced the Jewish in her growing up, she could connect this very meaningfully with her experience of shame and guilt. As we developed this more, she was also able to see how she had repressed the positive values of her parents in their Jewishness of which one was the strong love between parent and child, the caring for family, the hard work, and the genuine security in being Jewish and belonging. Her guilt was a response to her being ashamed of her Jewish parents and their mutual love which she had to deny in order to live up to false values. The denial of Jewishness was a denial of herself. The integration of herself, in af-

firming her Jewishness and her love for her parents was of great meaning in her therapy.

A deep clinical problem which we encounter is the unintegrated personal and family condition in which Jewish values and needs of acculturation exclude each other and this causes a heavy burden on person and family. I want to mention here an esteemed colleague who felt close to his older brother who, out of his love for him, advised him strongly when they were children to grow up and learn to be American and forget his being Jewish, and this, he said, meant forgetting him, his beloved brother, too, because it was already too late for him to become an American. It was meant to be a sacrifice, a token of love, and it was so false a sacrifice; it created such burden on the younger brother for whom it took a great deal to free himself from such false values. There is a great deal in us of such a belief that there has to be burden, severe tension, strain and manipulating in this relationship between Jewish identity and needs of acculturation.

A major issue in our clinical help needs to be relating to the Jewish content as a part of a complex dynamic in living. Take the old mother, for instance, who has been orthodox all her life and whose children blame her for not being orthodox enough. The old mother responded in kind by questioning her orthodoxy if it was not good enough for her children. We were able to tell that mother and children are engaged in a separation problem. They are introducing the meaning of orthodoxy as an issue because they want to rationalize their need for separation. We are able to understand that this is not a Jewish conflict but a family conflict and that we need to free them from using the Jewish in this way. We have a great deal to offer in our clinical skill because of our ability to see the Jewish content not as separate but within the complexity of living purposes

and dynamics. In order to practice such skill we will need to learn more about Jewish values to be secure about its use and misuse and to strengthen it as a genuine value, particularly also as a value which is experienced in a commitment to the Jewish cosmos in living, the sources from which we derive as a community, our present and future and the share we have in contributing to it.

It may be that I am foreseeing too much and in a biased way. I am not afraid of such bias; bias is with us, and it is necessary to our creativeness. Our willing and wanting is so much a part of reality; life does not stand still; not only does it move, it wants to be shaped; it lends itself to be shaped. It is up to us to lend ourselves to such shaping and to do it ourselves. The pessimist may use his bias not to see change as a true change.

He may see it as a passing fashion. His seeing is also a wanting. Let our wanting be different. Let it have a deep and abiding respect for the freedom of the other, as a value, for the necessity of such freedom because nobody can chart his path for him and let it have a commitment to a new life, a richer life, a more meaningful life, in which the part can experience himself in the whole of Jewish culture as strengthened and enhanced, and where there is a mutuality to such strengthening and enrichment.

Let me quote the eternal words of Hillel as the best formulation of the relationship between commitment and freedom:

If I am not for myself, who is for me?

If being only for my own self, what am I?

And if not now, when?