

'The Jewish Family' Revisited

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As with every theoretical creation, with the passing of time, gaps appear, embellishments are called for, and implications for practical consequences need to be drawn. So it was with the article, "The Jewish Family: Authority and Tradition in Modern Perspective."¹ As a synopsis of the central theme of a book with that title, the article was bound by the book's structure and ideas and therefore limited to that framework. With time, distance, greater objectivity, and the perspective of a family therapist, we are now able to expand and deepen our understanding of the authority-independence issue in the Jewish family and its implications for treatment.

When considering the Jewish family it is necessary to locate it within a dual institutional framework—the family and religion. As with all other institutions, the family possesses externality and objectivity, a history that antedated the individual, coerciveness (it serves as an agent of social control for its members), moral authority to correct deviant actions, and a recipe knowledge that is transmitted from parents to children that defines role expectations in specific ways.²

¹ This *Journal*, Vol. 59, No. 2 (Winter, 1982), pp. 132–143.

² Peter L. Berger and Brigitte Berger, *Sociology: A Biographical Approach*. New York: Basic Books, 1975, pp. 72–83. For an explanation of recipe knowledge see Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality*. Garden City, New York: Doubleday, 1967, p. 65.

The objectivity of the institutional world attains a firmness in consciousness. It becomes real in a massive way and can no longer be changed so readily. For children, the world transmitted by parents is not fully transparent. Since they had no part in shaping it, it confronts them as a given reality that is opaque in places. The process of transmission also strengthens the parents' sense of reality, for if one says, "This is how these things are done," often enough one believes it oneself.

Parents' transmission of the objective institutional world is colored by the values and ideologies of their cultural group. They communicate the values and ideologies with which they were imbued and which they translated into behavior patterns, life styles and ideals, in the process of socialization. When children are socialized into the mainstream of the institutional world, they are also introduced to their parents' cultural heritage. Both worlds take on the character of historicity and objective reality in the mind of the child.

For the Jewish family, the institution of the family is reinforced by the institution of religion. Religion possesses the same characteristics as the family in terms of its objectivity, historicity, coerciveness, etc. The Jewish family is located within this dual institutional framework. In its universal aspects, the Jewish family is similar to other families in terms of its properties, roles and functions. In its particular aspects, it is nurtured by the history, culture and

richness of the traditions of Judaism. Children are subjected to a dual source of objectivity, moral authority, and coerciveness because these characteristics mutually reinforce each other when they coalesce in the Jewish family.

The reinforcement and mutuality between the institutional frameworks of family and Judaism occurs when the family unit, particularly the parents, commits itself to a "Jewish way of life." When the family "chooses" to be Jewish and to be guided by the values and traditions of Judaism, the religion reinforces and stabilizes family relationships. "Religion legitimates social institutions by bestowing upon them an ultimately valid ontological status, that is, by locating them within a sacred and cosmic frame of reference . . . Everything "here below" has its analogue "up above." By participating in the institutional order, man, ipso facto, participates in the divine cosmos. The kinship structure, for example, extends beyond the human realm, with all being (including the being of the gods) conceived of in the structures of kinship as given in the society."³ In Judaism, the human family, *pamalya shel matta*, has its analogue in the divine family, *pamalya shel ma'ala*.⁴

Religion provides a cosmic frame of reference for fragile social institutions when society is heavily institutionalized, when institutions exercise social control over all levels of the social order. Religion then serves as a "sacred canopy" that envelops and permeates human activity. In this type of society, institutions narrow the realm of choices available for the individual. They construct a background of routine and triviality in everyday life. The habitualization of typical behavior leaves open a fore-

ground for innovations, which demand a higher level of attention.⁵

In Jewish family life in pre-industrial society, there was hardly a choice pertaining to marriage and family. When you attained marriageable age, you married. Your spouse was invariably pre-selected by the matchmaker or by both sets of parents. The children, who came soon after, were raised by their mother. In cases of marital discord, divorce was not really an option, though available within the context of Jewish law, because the couple opted to stay together for the sake of the children. The family was an end in itself, not a means for personal fulfillment. The "we" prevailed as against the "I". While the mother may have worked or helped in the family business, she was able to juggle her dual roles because her priority effort was with her family, for which she received community support and reinforcement. The institutional roles of family members were clearly demarcated, thus limiting choices concerning role behavior and expectations, and providing security, order and predictability in everyday functioning. Singlehood was not an option because there was no such institutional role. If anything, it was a deviation from the norm and ideal of marriage and family.

In the modern era, we are faced with a plethora of choices concerning almost every aspect of human activity. The process of "deinstitutionalization"⁶ which characterizes modern industrial society reflects the challenges to institutions' social control mechanisms and moral authority. When one decides that one need not abide by the behavioral norms imposed by the institutional order, one opens up the proverbial Pandora's Box to a multiplicity of choices.

³ Peter L. Berger, *The Sacred Canopy*. Garden City, New York: Doubleday, 1967, pp. 33–34.

⁴ Berachot 16 b.

⁵ Berger and Luckmann, p. 53.

⁶ *Ibid.*, p. 81.

Today, one has a choice whether to marry or remain single, to live together, or have an "apartner"⁷ arrangement. The choice of marriage partners extends to Jew or non-Jew, white or black, even male or female. Homosexuality is no longer an "abomination" but an alternate life style, that has been gaining legitimacy as a marital option. One can even choose one's gender identity; a male can become a female through transsexual surgery. One has options not to have children at all, to be a surrogate parent by bearing someone else's child, and to limit family size to few children. A couple can choose how and who should raise their children by restructuring their parenting and work roles, and reversing roles.

The availability of these choices requires that individuals and couples consider the options inherent in each decision, and their consequences. This is not an easy task and it is replete with many pitfalls, for the options are not always clear, and the consequences cannot always be anticipated. People who are involved in the culture of choice invariably experience uncertainty and are fraught with periodic anxiety, as they expend considerable psychic energy in deciding how to live from day to day. But they also feel free from the strictures of tradition and the controls of the past and are open to the possibilities of freedom and independence in the present.

The dominant Western culture of openness to change, freedom of experimentation with new life styles, and independence from authority has led to a greater emphasis on child independence and a decline of parental authority in the family. In the Jewish family, child independence was a dominant value. "Therefore shall a man leave his father and his mother, and shall cleave

unto his wife, and they shall be one flesh."⁸ It is here that the Bible espouses the Jewish ideal of marriage as "a unique tie which binds a man to his wife even closer than to his parents."⁹ Marriage can only be realized when the child separates from his parents, when he/she leaves the family of origin to begin a family of procreation. Separation from parents is an essential feature of the developmental process. It implies not only geographical distance i.e. moving out of their house, but also gaining emotional and psychological space in order to unite with a spouse. Separation is a prerequisite for individuation and subsequent unification.

In matters pertaining to the authority-independence aspect of parent-child relationships, Jewish law does not make provision for the resolution of the potential conflict between young adult children who aspire for independence and middle-aged parents who seek to prevent it. Parents' actions could take many forms. If they are ill, they may demand that their child stay and minister to their health needs. If the child is handicapped, they may express fear for his life should he venture forth on his own, thus torpedoing any chance for adult functioning. Some Holocaust survivors limit their children's mobility lest harm befall them, as the memories of their past overwhelm their reasoned judgment in this matter. Dysfunctional ties between a parent and a child, for whatever reasons, may cause the parent and the child to continue in a dependent relationship. Some children never marry, claiming that their aging parent needs them to minister to their needs; some claim that no potential mate is suitable, but essentially they are fearful of confronting the pain of separation.

⁸ Genesis 2:24.

⁹ J. H. Hertz, ed., *The Pentateuch and Haftorahs*. London: Soncino Press, 1941, p. 9.

The rabbis chose not to address these particular problems, realistically because they could never encompass all of their variations, and in principle because they wanted to leave their resolutions up to the individuals themselves. Instead they created models of relationships after which individuals should pattern themselves. They established criteria of sound and healthy family relationships which would secure the needs of parents and children respectively. Deviations could be understood and treated by resorting to the established model and its inherent principles and roles, and applying them to the particular situation.

The authority-independence model of Jewish family life which is explicated in abbreviated form in the article cited above, and more fully in the book, provides a concrete guideline for conceiving and understanding the separation-individuation process in the family. The model preserves the integrity of parental authority by locating it in a more cosmic frame of reference: parents symbolize God, Jewish tradition and history. Their needs for care and dignity are to be satisfied and preserved by children, particularly when the parents become old. At the same time a parallel process is in operation. The children are growing up and are flexing their mental and emotional muscles. They want to make their own decisions concerning their private lives; they seek independence that is necessary for their growth and creativity.

Jewish tradition has recognized the needs of each unit in the family constellation. It therefore sought to establish boundaries between them. Each unit was granted opportunities for self-gratification and other-gratification. Parents had a right to expect that children should serve them when they could not do so on their own, and preserve their dignity and memory in life

and in death. At the same time, they had obligations to raise their children in the best way they could according to the enunciated standards, to help them become independent adults who would raise families of their own. Children had a right to expect that parents should minister to their needs but they were also obligated to care for and dignify their parents' lives. Both parents and children were given clearly delineated responsibilities to each other and to themselves. These responsibilities helped to create and preserve the boundaries between them.

Honor and reverence for parents begin in childhood. The child begins to separate from parents in adolescence, and this process intensifies during young adulthood with the prospects of marriage. In adulthood, the honor and reverence obligation is reawakened with the parents' aging, simultaneous with the adult child's involvement in raising his/her own family.

We believe that Judaism's clear delineation of roles and responsibilities and the awareness of developmental needs during various stages of the life cycle can serve as principles for practice, as guidelines for practitioners with disturbed families where the boundaries between parents and children are not clearly demarcated.

Family Tradition

The delineation of roles and responsibilities between the "adult" married child and parents is a complex and emotionally charged event. The Jewish family, as mentioned previously, is an institution that functions under the rubric of two frameworks. The norms, rules and patterns enacted by Jewish family members are concretizations of both Jewish and familial values. These values are articulated and implemented in order to confirm and, in a sense, to jus-

⁷ *New York Magazine*, December 13, 1982, pp. 65-68.

tify the activities of the institution. The family functions with an implicit (usually non-verbalized) agreement among its members to enact certain roles. These roles allow for the preservation of the family as an institution, in addition to the maintenance of a structure and organizational equilibrium. For instance, Jewish parents are expected to fulfill certain biological duties (and the Bible's commandment is quite explicit in that area) in order to perpetuate a twofold existence—as *families* and as *Jews*. Furthermore, parental authority is a necessary component of family life and parents are expected to act as “captains of their ship” in order to insure cohesiveness and structure in daily life. If all parents failed to procreate or if they neglected their roles as authority figures, the family, as an institution, would be jeopardized and might cease to exist. Hence, in order to preserve the family as a vital institution in society, people need to fulfill their functions while simultaneously adhering to the values, rituals, norms and customs which are essential ingredients of the institution.¹⁰

Karl Popper claimed that traditions are activated to provide regularity, order and a frame of reference for people. Traditions reflect a uniformity of behaviors, aims, values, attitudes and tastes.¹¹ In essence, traditions serve as institutional devices, or mechanisms targeted at the fulfillment of those goals and values which inhere in the institu-

tion. Each family creates and recreates its own traditions in an effort to sustain itself within the larger societal system. Thus, the Jewish family, which is located within a dual institutional framework, must gravitate towards those traditions which would authenticate its place among the Jewish people, in addition to its uniqueness as an “individual” family. In other words, the Jewish family struggles in its quest for “being Jewish” and with its wish to remain “distinct” in relation to other families. The following case example illustrates this paradigm and the intergenerational dilemmas which arise.

Mr. and Mrs. B contacted the social worker requesting help for their “troubled” marriage. During the course of the initial interview, Mrs. B described her husband as a “distant person, incapable of showing me how he feels.” Mr. B, on the other hand, felt that his wife “overwhelms me, never allowing me to have any distance from her.” When the therapist explored these behaviors, both partners claimed that they were merely acting in accordance with what their own parents perceived as “normal” behavior in a marriage. Mr. B was a product of a home which stressed “holding it all in”, in order to avoid “hurting” anyone. Mrs. B's home life reflected the opposite—namely, always express how you feel at all times. Each partner agreed that when they married, they had certain expectations of how the other would act in that relationship. Neither partner was willing to alter his or her respective styles, claiming that each had a tradition to follow.¹²

Interestingly, both Mr. and Mrs. B were committed to the marriage and were genuinely in love with one another. Both agreed that family life in general is a vital force inherent in and essential to the human condition. Both agreed (consciously) to enact those roles which reflect that commitment. However, both partners argued that their respective backgrounds were the “proper” framework for the marital relationship. Each spouse valued a particular ap-

¹² This phenomenon is not uncommon. While many families do not verbalize the role of family tradition, they do enunciate the differing expectations which stem from their respective families of origin.

proach in the relationship and both knew the “correct” way to enact their roles which was based on their own traditions. Furthermore, each partner expressed thoughts about how one ought to act in a marital relationship: “It would be immoral for me (Mr. B) to overwhelm my wife with every feeling” and “it is unethical for one partner to hold back feelings and thoughts from the other (Mrs. B).”

In this case both partners attempted to abide by familiar traditions which encompass the values, norms and ideals which were transmitted from families of origin. In fact, the couple's perceptions of morality can be viewed as extensions of their respective family traditions. What emerges in the marital relationship and what is manifested by both spouses is something more powerful than a tradition. Each partner functions as an ideological character devoted to the unique ideological perspectives of his or her family of origin. What each spouse considers “right” or “wrong” in the marriage is a derivative of what is traditionally valued by the family of origin. Clear boundaries between parents and the young couple, whether they exist physically or not, are apparently lacking on an emotional level. While it may appear somewhat odd, one can readily detect the ideological force which guides each partner in the endeavor to establish him or her/self as a member of a *new* family unit. Any differences that are noted in relation to religious preferences (around particular rituals, etc.) will serve to exacerbate an already potent problem. It is significant to note that the content of this couple's disagreement is inconsequential in that each item of conflict represents behavioral enactments of what Lynn Hoffman called, “the thing in the bushes.”¹³ Hoffman emphasizes the patterns of behaviors rather than the specific prob-

lems. While a therapist may choose to analyze the content of this couple's disagreement, according to Hoffman, it is essential to observe the relational dynamics and sequences of behavior, i.e. the process of interaction instead of the content.

The Therapist as Intruder

The intensity of the young couple's arguments, the degree of dedication and commitment exhibited towards their own families' marital traditions, and their seemingly dogmatic perspectives paint a rather gloomy picture for the therapist. Indeed, the therapist, whom the couple invests with the task of effecting positive change, is concomitantly resisted as a threat to comfortable, albeit consequential, functioning patterns. That is, the couple is overtly motivated to change as long as each partner is not forced to alter his or her preferred individual style. Change might represent a breaking of tradition, whereby expectations formed on the basis of parental ideology would be shunned and ignored in the formation of their new family. However, failure to change would result in severe consequences for the couple as a *marital unit*. While the dilemma is self-evident in regard to the couple, it is most obvious to the therapist who, by virtue of being an outsider, has the potential to effect change, but is bound by the motivations and resistances of the couple. Consequently, the therapist is an intruder—a person overtly committed to helping while bound by their dual institutional framework and institutional traditions which negate the power to act without sacrificing either the traditions or the couple. Ultimately the therapist will need to formulate a plan which can effect change without threatening the “new” family or the members of the family of origin.

¹³ Lynn Hoffman, *Foundations of Family Therapy: A Conceptual Framework for Systems Change*. New York: Basic Books, 1981, pp. 176–197.

¹⁰ To fully grasp this notion, one can detect a similar necessity in another institution—education. For education to exist, the teacher must act as a teacher. Failure to do so will alter the essence of the institution. Moreover, negation of norms and values which are crucial components of the institution will ultimately result in the demise of the institution.

¹¹ Karl Popper, *Conjectures and Refutations: The Growth of Scientific Knowledge*. New York: Harper and Row, 1965.

The dual institutional framework, the familial traditions, and the Jewish traditions impact profoundly on the therapist's dilemma. The therapist who works with Jewish families is already familiar with the intergenerational connections which permeate Jewish marriages. Herz and Rosen, in their article on "Jewish Families," said:

After marriage, the connections and obligations to the extended family continue to be of great importance. Therefore, young Jewish couples typically spend a great deal of time defining the boundaries, connections and obligations between themselves and their families. Some young couples seen by the authors have reflected the intensity of their family orientation in their conviction that they would always be children who, in their parents' view, would forever need to be cared for financially and otherwise. As might be expected, along with the very high value placed on the family is the emphasis upon geographical as well as emotional closeness between generations.¹⁴

This tradition, therefore, pervades all aspects of the marital treatment. One cannot avoid the ethnic traditions which are mixed together, in a subtle yet prominent manner, with the traditions and ideological nuances of particular families. An "intrusive" therapist would act in a manner which is disrespectful of the Jewish families' traditions. The therapist would interpret the behaviors, and would suggest the abandonment of individual traditions in light of the marital problems. He or she would engage in a long, drawn-out process whereby the couple would be forced to reach a decision about how to manage their traditions, expectations and perceptions of what is "right" or "wrong" in their marital and family life. If the couple resisted the therapist's interventions, they would be labeled as "resistant" and

unwilling to accept the therapist's interpretations.¹⁵

From Intruder to Helper

The therapist who moves like "a bull in a china shop," who attempts to "tell" the couple what is wrong with them, and who ignores the ethnic aspect of treatment will evolve from being seen as a passive intruder to an active intruder. The couple may intensify their arguments, they may resist the intrusive therapist by becoming more dysfunctional, or they may eventually leave the intrusive therapist in order to evade the efforts to alter their behavior. Thus, the competent, helping therapist must locate an alternative method to assist this couple. Herz and Rosen suggest three types of interventions which could help to "decrease the enmeshed family togetherness that blurs personal boundaries."¹⁶ We will briefly review these interventions, comment on each of them, and apply them to the case example previously discussed:

First, the therapist may make structural moves within the session that clarify generational and subsystem boundaries, such as changing seats so that all children are together and separate from the parents. Second, the therapist can coach one part of the system to reverse a process. For example, a young couple seen by one of the authors felt like children when the wife's parents arrived for a weekly visit and proceeded to take over and do most of the household chores. Instead of attempting to get the

¹⁵ For descriptions of how resistance is utilized by social workers, see Alex Gitterman, "Uses of Resistance: A Transactional View," *Social Work*, Vol. 28, No. 2 (March-April 1983), pp. 127-132.

¹⁶ Herz and Rosen, *op. cit.*, p. 388. The authors emphasized "togetherness" as a common Jewish familial concern which contributes to enmeshment between families of origin and newly formed couples. In order to fully grasp the concepts utilized by Herz and Rosen and by the authors of this article, refer to Salvador Minuchin, *Families and Family Therapy*. Massachusetts: Harvard University Press, 1974.

¹⁴ Fredda M. Herz and Elliott J. Rosen, "Jewish Families," in McGoldrick, Pearce, and Giordano, eds., *Ethnicity and Family Therapy*. New York: The Guilford Press, 1982, p. 366.

wife to set clear boundaries with her parents (who would have been very hurt), the therapist suggested that she think of all the chores that still needed to be done, tell the parents to go ahead and do them when they asked, and then sit back and relax. A third strategy is utilized when family resistance to change is high; those are paradoxical strategies such as relabeling, reframing and prescribing the symptomatic behavior.¹⁷

The first intervention can be highly successful with families that are willing to accept the therapist's interventions. Myriad techniques have been described by Minuchin which permit the clarification of boundaries in a manner that is acceptable to the family.¹⁸ The second intervention, which requires careful planning, involves the assignment of a task geared towards creating discomfort with the typical pattern of behavior by intervening in one segment of the patterned behavior. The third strategy, which is highly complex, can be utilized by therapists who possess a sophisticated understanding of systems theory and strategic family therapy.¹⁹ All three interventions are based not on the intrusive interpretations of the therapists but rather, on actions that are meant to alter behaviors without threatening the current perceptions and traditions of family members. Once certain behaviors are altered, and the patterns are no longer highly dysfunctional, family members can begin to grapple more effectively with their respective ideological commitments.

¹⁷ Herz and Rosen, *op. cit.*, pp. 388-389.

¹⁸ See Minuchin, *op. cit.*

¹⁹ The word "paradox" has become increasingly popular. It is important to note that "paradox" is merely a technique and that it cannot be used in an effective or ethical manner if it is viewed as a "trick" for changing behavior. See Efrem Nulman, "Strategic Family Therapy: Ethical Implications for Social Caseworkers," unpublished manuscript. Also, Cloe Madanes, *Strategic Family Therapy*. San Francisco: Jossey-Bass, 1981. And Jay Haley, *Problem Solving Therapy*. San Francisco: Jossey-Bass, 1976.

To clarify these interventions, it would be propitious to return to the case of Mr. and Mrs. B. In this case, the therapist combined two of the interventions during a six-week period of marital treatment. Mr. and Mrs. B were both unwilling and unable, in conversations with one another, to move from their stated positions. Mrs. B identified the basic problem as Mr. B's refusal to share information about his day with her, to hug her, and to express what he feels to her. Mr. B felt that his wife is too demanding and her need to call him at work during the day causes problems for him with his boss. He wanted Mrs. B to let him have his "own space." Given the couple's family history and traditions, the therapist introduced the following intervention after the second session: he told both partners how impressed he was with them for remaining devoted children to their parents. Mr. B was told that his wife's style, as an "overwhelming" person was something that was most consistent with her mother's style in relation to her father. By marrying a man and acting in an equally "overwhelming" style, Mrs. B was permitting the tradition to be transmitted from one generation to the next. What a respectful daughter she is! Mr. B was similarly complimented for his devotion to his parents and particularly to his father who also "held in" his feelings and thoughts. With those traditions serving as guidelines for each partner, the therapist predicted that neither partner would be able to immediately alter behaviors. He then asked the couple to do this task: to meet together as a couple for six minutes, from 9 to 9:06 on three evenings without any interruptions. During those six minutes, Mr. B is to tell his wife, during the first five minutes, anything that occurred to him during the day. Mrs. B was asked to remain silent throughout, only talking during the last minute, when she is to express appreciation to Mr. B for "sharing his day with her."

The rationale for this intervention was twofold. First, to avoid therapeutic intrusion, the therapist showed respect for their individual choices while simultaneously predicting that neither partner is ready to alter those patterns at this time. This was, in a sense, a counterparadoxical prediction, offering a challenge to the couple to change their actions in light of the consequences for the marriage. However, the therapist did not force the change nor did he

interpret the need for change but rather, he made a reasonable prediction while respecting their choices. Second, the task was designed to offer them the opportunity to interact with one another in a radically different style, whereby Mr. B would offer his feelings to his wife without her overwhelming him with questions and comments. Success in those six minutes often translates into success during other parts of the day.

During the next session the couple reported a more relaxed home environment with no fighting and "hostility" between them. Mrs. B felt her husband was generally acting in a more caring way and Mr. B said he was able to be because his wife was no longer overwhelming him. The remainder of the treatment consisted of similar, structural tasks designed to assist the couple with the relations of their specific presenting problems. Two sessions were devoted to meetings with the couple and their respective parents (separate sessions for each family) in order to clarify generational and subsystem boundaries.

Conclusions

While revisiting the Jewish family, some new ideas and insights emerged. The dual institutional framework in which it is located serves as a mutually reinforcing guide for the behavior of family members as Jews. In an age where choices abound, families that

choose to "be Jewish" are supported in their efforts through their dual institutional auspice, along with communal plausibility structures.

In the ebb and flow of family dynamics, children are helped to become independent adults who must never forget who nurtured them. They owe their parents honor and reverence, even as their parents enable them to separate from them. A healthy separation is perceived by Judaism as a prerequisite for marriage.

The case example illustrates the problems that can ensue when the married couple, imbued with the personality characteristics and traditions of their respective parents, bring them to their relationship. The disparity in personal styles and ideologies exacerbates the differences and creates friction between the spouses. The therapist is encouraged to affirm the couple's family traditions as positive forces in their lives, while simultaneously helping them to make minor modifications through the assignment of specific tasks that will meet their need for affection, respect for difference, and ability to maintain proper generational boundaries. This task is a difficult one for the therapist who attempts to remain sensitive to the cultural and familial traditions and ideologies presented by each family.

Jewish Identity and Ethnic Ambivalence: the Challenge for Clinical Practice*

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For many Jewish clients, these conflicts around masculinity and femininity are often just below the surface. They affect individual self-esteem and dramatically interfere with parenting and marital relationships. During this period of profound social change in male-female relationships, we are more vulnerable, as Jews, to current stresses to whatever extent, subtle or overt, we view ourselves as less than ideal men and women.

THE rate of disaffiliation and inter-marriage is at a distressing level. The divorce rate is up and the birth rate is down. The percentage of singles and single parents is ever increasing. Extended family and community networks are straining under the pressure of providing care for the elderly and disabled. Under these conditions, Jewish family service agencies are challenged to make new contributions to the struggle for Jewish survival.

The intellectual and practical challenge to professionals in the clinical social service agency is to operationalize our commitment to Jewish survival in a manner consistent with our agency function and purpose to help people in need. Unlike Jewish educational and religious institutions, and even unlike Jewish community centers, which can and should be ideologically directive in their programming, the family service agency must develop its own model of service delivery which remains true both

to the rigors of therapeutic work and to Jewish values.

At Jewish Family Service in Philadelphia, administrators and staff agreed that to develop such a model it was necessary to come to an in-depth understanding of the impact of the Jewish American experience on our clients and the ways in which Jewish identity issues are intertwined with the problems they bring to the agency for help. To do this work, professionals had to ask probing questions, not about ideology, but rather about 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 of America, 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. Workers had to look at the nature and development of their own Jewish identifications to come to an understanding of the ways in which their own biases and personal histories can affect the treatment process. To facilitate this process, two concurrent staff groups were established: one group utilized an experiential format, enabling group members to talk with one another about their own unique experiences of being Jewish; and the second group discussed theory and examined clinical work with clients.

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