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 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 intermarriage 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 idealogically 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.

Two Staff Groups

In the experiential group, a combination of planned exercises and free wheeling discussion enabled group members to share their own personal histories of the development of their Jewish identities. Listening to one another, it became clear that the historical period in which one grew up and differing patterns of acculturation and assimilation led to a wide range of ways of expressing one's Jewishness, each representing a genuine historical line of development of being Jewish in America. We all felt strongly that each personal history needed to be understood as a genuine reflection of Jewish historical experience, not to be evaluated or judged as more or less "authentically" Jewish. This conclusion needs to be underlined. In initial sessions, group members noted how judgemental many of us were about how "Jewish" we felt compared to others in the room. Some felt guilty for not being "Jewish enough", others felt self-righteous about what "good Jews" they were or judged others for not being "Jewish enough", and some felt uncomfortable that another was "too Jewish". There was evidence of an in-group dynamic of judgement and insecurity about the authenticity of our "Jewish choices". This in-group dynamic, so prevalent among individual Jews and between Jewish organizations results from the shared experience of vulnerability as a threatened minority group. Each and every Jew has had to make decisions about how to survive in a non-Jewish world, how to teach their children to survive. Our personal histories revealed the incredible range and cumulative impact of those survival decisions over time. Feeling threatened that another Jew's choice might threaten one's own survival or the survival of one's people, we have become destructively judge-mental of each other. It is only by seeing each history as its own authentic "Jewish story" that the common theme of survival can surface. Other common themes emerge: the feeling of a powerful unconscious connection to Jews and things Jewish regardless of differing behavioral observance and affiliation, the effects of having distanced ourselves from the immigrant experience, Jewish body image, stereotyping between Jewish men and women, the importance of positive identification with one's ethnic group to self-esteem, the impact of the Holocaust and the creation of the state of Israel on our sense of security. We all felt strongly that clients could benefit from engaging in similar explorations in a group format.

In the group concerned with theoretical and clinical issues, personal sharing occurred as well; however, the group focused on the issue of ethnicity and therapy. As we reviewed the writings of professionals in the field of Jewish communal service, we found that clinicians had in fact observed and described a number of interesting clinical problems, transference and counter-transference phenomena particular to Jewish clients coming to Jewish agencies.[1] We thought, however, that descriptions of these phenomena provided only a beginning and that we needed a theory to better inform our practice. In our search for such a theory we found the recent writings of Judith Weinstein Klein on "Ethnotherapy with Jews" to be particularly useful and we are indebted to her for her insights.[2]

[1] Fred Berl, PhD., "Jewish Identity: Its Use for Clinical Purposes", *Journal of Jewish Communal Service*. Vol. LII–No. 4, Summer, 1976.

[2] Judith Weinstein-Klein, "Jewish Identity and Self-Esteem: Healing Wounds Through Ethnotherapy". Pamphlet. New York: The American Jewish Committee, Institute on Pluralism and Group Identity.

Minority Group Experience and the Unconscious

In order to understand the development of ethnic identity and the ways in which conflicts around ethnicity can emerge in the process of psychotherapy, we need a theory which both recognizes and explains how the individual psyche and the family system is affected by social forces. (This article will deal primarily with the individual. Another article is necessary to discuss family process.) As Klein points out, "The identity concept has its roots in two traditions—the early psychoanalytic theory of instinctual development and the social theory of the formation of self through interaction with others."[3] Early psychoanalytic theory was primarily concerned with the ways in which the self is formed by resolving conflicts between instinctual demands and reality. Modern ego psychology expanded on the psychoanalytic theory of the instincts by looking at the ways in which early relationships with significant others and the identifications and internalizations of those relationships affect the development of the self and social interactions with other people. These theories ignore the importance of social and cultural influences but provide a wealth of information about how the individual psyche processes and organizes reality. Sociological theory has long been concerned with social roles and the ways in which role assumption affect one's definition of self, e.g., how someone's self-esteem can be affected by assuming roles of higher or lower status. Many sociological theorists have been interested in how various ethnic groups relate to one another and the larger society, in their patterns of adaptation, acculturation, and assimilation; however, they have largely ignored the impact of these social processes on the individual's emotional well-being.

"Ethnic identity is a crossroads issue involving individual psychological dynamics and socially inherited definitions of the self."[4] An understanding of ethnic identity requires that we combine the insights of both psychological and sociological theory by seeing the linkage points.

According to ego psychology, the infant undergoes a gradual process of learning to make distinctions between self and others. The young child does not yet have an integrated concept of the self or the other. The young child is psychologically vulnerable, totally dependent on feedback and nurturance from others, and unable to experience sadness and hurt while still maintaining good feelings about himself. As a way of "protecting" his vulnerable ego, the child splits his image of himself into a "good" me (the "me" that experiences pleasure and is made to feel valued by the significant others in his life) and a "bad me" (the "me" that experiences pain and sorrow and is criticized by others in his life). In a parallel process, the child's images of the "good" and "bad" other are formed in his relationships with his most significant others, his parents, and are made up of his experiences of them as either worthwhile, competent, strong people or as worthless, incompetent and weak people.

In the process of healthy development, the child must be able to integrate these split images into a cohesive sense of self and other. Simply put, that means that the child will be able to maintain overall good feelings about himself even when he experiences failure, criticism, and negative feedback; and that he is able to feel good about other people even when they fail, make mistakes or disappoint him. "It is more

[3] *Ibd.*, p. 11.

[4] *Ibid.*, p. 10.

difficult for the minority child to resolve ambivalence and integrate good and bad self images"[5] into a stable self concept and to integrate good and bad "other" images into a stable concept of the other "because of the socially shared devaluation of his objects of identification."[6] When the "dominant culture devalues the minority child's objects of identification",[7] i.e., his parents, while at the same time offering up as the ideal that which he and his parents are not, that is, the majority culture's standard of perfection, the child experiences a conflict and disturbing distance between who and what he is and will become, and what is valued by the majority culture and what he therefore might wish to become.

One way of "avoiding" such a conflict is by failing to integrate the bad me images and instead dissociating negative self images and experiencing them as "not-me".[8] This can lead a child to see the minority group to which he belongs as something negative from which he will choose to disaffiliate in order to maintain a positive image of himself. Another way of "resolving" the dilemma is by insulating oneself totally in the "all good" minority culture and experiencing the majority culture as all bad. The process is further complicated when parents who belong to a minority group have ambivalent feelings about themselves and therefore transmit this ambivalence to their children, further confusing the process of identification. Kurt Lewin, a prominent social psychologist "believed this ambivalence to be a psychosocial fact of minority group membership. One tends to express hostility toward oneself or ones own group rather than the more powerful majority

group. Self hate often results when the minority group member tries to resolve the conflicting social forces at war within his own psyche. The insecurity, conflict and self hate are not however an inevitable outcome of minority group membership. It is the 'uncertainty about the ground on which he stands and the group to which he belongs' which creates the aggression and conflict for the marginal man".[9]

When Jews emigrated to America and sought to be accepted by American society they had to change their appearance, language, mannerisms and ideosyncratic ways of behaving in order to enter the mainstream of American social life and become financially secure. They were caught in an almost inevitable bind between wanting to maintain their uniqueness, their treasured past, their old ways and their desire to belong and "make it" in the majority culture. The children of these immigrants learned early on that their "foreign parents" had a low status and were less valued members of the society than the white, Christian American who was considered the ideal. It is in the area of male-female relationships that we can see some of the most disturbing consequences of Americanization.

"Ideals of American manhood that focused on physical and financial prowess clashed sharply with both traditional ideas of Jewish manhood (the pious scholar) and the economic realities faced by immigrant men . . . for immigrant women the very robust style, forthright personality and economic resourcefulness that had made them assets in shetl society clashed dramatically with the American ideal of the "lady" as delicate, demur and full of guile."[10] Al-

though it was not inevitable that the second generation children of these immigrants should feel ambivalent about their roots and their parents, many of them did, and both consciously and unconsciously sought to distance themselves from their immigrant past. "In order to become Americanized, these women sought to imitate Anglo-Saxon appearances. As Jews accepted standards of American beauty, we rejected our Semitic looks. Hair was bleached and straightened; noses were fixed . . . the more one looked Gentile the better off one was. As we all learned, 'gentlemen prefer blonds' ".[11] Both for their family's survival and for their desire to achieve equal status as men alongside their Christian counterparts, many second generation men felt pressured to become hard driving, achievement-oriented and financially successful. The process of Americanization which demanded a cultural transformation and the attainment of material success has led to the development of a number of contradictory and disturbing stereotypes of Jewish men and women. Jewish men have been viewed simultaneously as emasculated, passive weaklings and as super powerful, money hungry manipulators. Jewish women have been viewed simultaneously as domineering and aggressive and as dependent, infantile JAPS. Struggling to come out from under these negative stereotypes and repair their damaged feelings of masculinity and femininity Jewish men and women sometimes get caught in an unconscious mutually destructive pattern of denigrating one another for not being the "ideal". The man blames the woman for not being the kind of woman who can make him feel more like a man. The woman blames the man for not being

the kind of man that can make her feel more like a woman.

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. It is beyond the parameters of this article to engage in an analysis of how these tensions between Jewish men and women interfere in our organizational functioning and institutional arrangements. But it is necessary to note, in this context, that conflicts around masculinity and femininity are not confined to the family and are often just below the surface when Jewish women and men work together in Jewish organizations. As Jewish women continue to enter the public arena in positions of leadership, our ability to understand and resolve these conflicts will become ever more critical.

A Group for Single Jewish Men and Women

In an eight week workshop entitled *To Be Young, Single and Jewish*, these insights were used to develop a group format for singles. It is clear that for all women and men "the changes in role and expectation brought about by the women's movement . . . have touched the very heart of our masculinity and femininity as sexual and emotional beings."[12] Depending on where people were in their life cycle as feminism began to impact on their lives, people began redefining themselves and their

[5] *Ibid.*, p. 14.
[6] *Ibid.*
[7] *Ibid.*, p. 13.
[8] *Ibid.*

[9] *Ibid.*, p. 16.
[10] Barbara Breitman—"The Plight of Jewish Singles: A Time for Dialogue"—*Jewish Exponent*, Friday Supplement—June 5, 1981.

[11] *Ibid.*

[12] *Ibid.*

relationships. In some cases, this led to divorce, in others to renewed commitments. Women and men currently between the ages of 25–40 were affected by the women's movement at the point in their development when they were "coupling". The conscious and unconscious impact of feminism on both the male and female psyches has made coupling more difficult and many people in this age group have remained single or been divorced. When tensions between the sexes can be discussed in a group composed of equal numbers of women and men, removed from the intensity of an intimate relationship, it is possible for group members to see more clearly how they have been impacted upon by cultural forces.

The group was facilitated by male and female co-therapists, focusing discussion on relationships in an age of transition. The Jewish content of people's ambivalence and fears about the opposite sex was often the hardest material to share and the least acceptable to verbalize. Initially people felt saddened, angry and threatened as they listened to each other reveal their negative images about Jewish women and men. Because self-hatred toward one's own group is such a painful and disorganizing affect, people's need to deny these feelings is often very strong. When they do come out in the open, the initial reaction is often fraught with difficult emotion. As discussion deepened, and people began to uncover and understand the ways in which their images of themselves had been distorted in the process of Americanization, it helped them to be free of the burden of these stereotypes. Even group members who identified positively as Jews by virtue of affiliation, often harbored negative feelings about themselves as Jewish men and women. Negative stereotyping in male-female relationships was not a disease peculiar to the disaffiliated. By the end of the

workshop, a majority of members felt more interested in making special efforts to meet Jewish singles, felt more negatively about intermarriage, and generally expressed more interest in things Jewish.

Ethnicity and Psychotherapy: A Case Example

In individual psychotherapy, the emergence of conflicts around Jewish identity is often more gradual because the therapist is not directing the flow of material as a group facilitator does. Clients rarely come to Jewish Family Service with the presenting problem as a conflict around Jewish identity. However, the counselor in a Jewish family agency may find that conflicts around Jewish identity lie just below the surface.

Ben, a 35-year-old electrician, married and the father of 2 children, came for counseling because he had a problem around the management of aggression. For many years, his interpersonal relationships had been adversely affected by his pugnacious tendencies and he had tired of fighting with neighbors and other associates. Ben was the only child of a rather isolated Jewish couple. His mother was a fearful woman who taught Ben to be inconspicuous as a Jew and accommodating so that his peers would not harm him. Better yet, he was encouraged to stay home and study, for home was where he would be safe. Ben's father was frustrated vocationally. He managed a restaurant and resented having to smile and placate demanding patrons so much of the time. He had wanted to be a doctor but had to drop out of college. Ben's father emphasized academics as the way a Jewish boy could become a successful man. Unfortunately, Ben was not a gifted student. He was excluded from the academically bright classes where most of his Jewish peers studied. He was therefore a Jew among Gentiles and felt he had to cope with an essentially hostile peer group. When he did manage to make friends with Christian boys, his parents disapproved and criticized Ben's choice of friends.

As Ben struggled to find an acceptable niche, he faced other obstacles as well. He went to the B'nai B'rith Vocational Counseling Service whose counselor predicted that Ben would

not do well working with his hands. Ben's parents found this comforting because they had hoped all along that their son would continue in the academic track, but this forced Ben to face more years of poor achievement, humiliation, and discouragement.

After an uninspired high school career, Ben joined the Army. This seems to have been the point at which Ben's aggressiveness became pronounced. Fearing that his Gentile army peers would size him up as Jewish, hence physically weak and vulnerable to attack, Ben became extremely bellicose, challenging one and all to a fist fight. This combative stance helped Ben to keep his anxiety under control but also made him unpopular in the barracks.

Following his Army stint, he carried this tough, defensive posture into his work setting—first in business, and later in skilled trades—which once again left him lonely and isolated. At 35, the point at which he entered treatment, Ben was tired of being so combative and was desirous of making friends. His dilemma, expressed many times in the months that followed, was this: if he were the pleasant fellow he wished to be, would he be perceived as a weak Jew and be taken advantage of. Ben confessed to his counselor that he had passed as a Gentile most of his life by using Buddy rather than Ben as his first name. What's more, his father had done the same thing in the restaurant business, both of them sharing the belief that it would be advantageous to deny their Jewish origins. The toll that this took with regard to self-esteem was the subject of several interviews.

After about six months of treatment, Ben had two situations which forced him to decide whether to choose the old path of denial and shame or whether to firmly and proudly identify as Jewish. Ben and his son, along with other fathers and sons associated with Boy Scouts, were attending a football game when an intoxicated fan shouted an anti-Semitic epithet. The other fathers laughed. Ben had wanted to tell them that he was Jewish and didn't appreciate either the remark or their laughter but he couldn't do so. He felt embarrassed even more so because his son had witnessed the event. Then some weeks later, a co-worker told an anti-Semitic joke assuming that Ben posing as Buddy would enjoy it. This time Ben announced that he was Jewish and didn't appreciate the joke. His co-worker apologized and the dreaded physical confrontation did not ensue. Thereafter Ben felt more comfortable at work. Ben felt proud of himself for handling the incident the way he did and

resolved to handle future incidents in the same fashion.

Ben's treatment proceeded successfully as he came to realize that it was possible to be strong and Jewish, and a skilled tradesman and Jewish; that once he had experienced pride he could defend himself through verbal means rather than through physical aggression. In time, Ben became more comofrtable with his sense of self and more at ease in his community.[13]

Ben's difficulties result from failures in individual development and family dysfunctions that cannot be considered inevitable expressions of "Jewishness". However, certain aspects of his difficulties intermingle with Jewish identity issues, cultural influences and play a part in his conflicts and the clinician's sensitivity to the "Jewish" component of Ben's material helped put the "pathology" in a new light. The following themes around Jewish identity are highlighted by this case:

(1) The mother's suspiciousness of the outside world, messages to her son to be inconspicuous as a Jew and attempts to insulate her family represent the typical rigidity of a pathological system, but in this case influenced by Jewish suspiciousness of the non-Jewish world.

(2) Ben's father's feelings that he was a failure because he could not be a doctor and his emphasis on academics as the path to success for a Jewish son are typical of the kinds of pressures experienced by second and third generation Jewish men trying to make it in America. The parents' inability to view their son's intellectual capabilities more realistically is a common feature of Jewish families who value scholarship as the path of achievement. The need of the second generation father to attain masculinity through the achievements of his third generation son is perhaps a

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[13] This case is recorded as presented by Peter Opper.

pattern common to fathers and sons with immigrant roots.

(3) Ben's conflicts about masculinity, his internalization of the image of Jewish men as weak and his assumption of a defensively bellicose posture to compensate for this sense of weakness are intimately connected with negative cultural stereotypes about Jewish men.

The Client-Worker Relationship

Transference-countertransference phenomena (the unconscious feelings and thoughts of the client and clinician that influence the therapeutic relationship) are clinical issues that workers are trained to examine. Once we agree that ethnicity is a crucial element of identity, an area of possible conflict and an aspect of the self that may be imbedded in the unconscious, we must broaden our concept of transference and countertransference to include issues of ethnicity. This is a new and exciting field in which little research has been done, especially as it pertains to the relationship between Jewish clients and Jewish workers. At this stage we can only provide some initial insights that will point to areas for future investigation.

The client comes to the Jewish agency and the therapeutic relationship with many preconceived notions, conscious and unconscious assumptions of what can be expected of a Jewish agency and a Jewish worker. At the same time, the Jewish worker has feelings and values about being a Jewish worker in a Jewish agency. Both client and worker bring to the relationship with one another complex feelings about their own identity as Jews. The ways in which these assumptions and projections will be played out and analyzed in the relationship between a particular worker and client are too various to predict; however, some issues may be generic.

(1) A sense of familiarity and comfort may exist between a professional and client who have ethnicity in common, a familiarity which can provide the basic trust necessary for the therapeutic relationship. However, familiarity can also adversely affect treatment if it contributes to therapeutic blind spots. Particular attention needs to be paid to the tendency of the client and worker from the same ethnic group to assume things about each other, that are not necessarily true, thereby closing off areas that should be explored, i.e., worker and client may both collude in the "myth" that Jewish equals middle-class or that Jewish equals intellectually gifted, thereby preventing a critical evaluation of precisely those assumptions which may be creating distress for the client.

(2) Because Jewish is part of the agency's name, clients may well attribute to the agency and to its workers whatever values, judgements and ethics he or she thinks stands for what is Jewish. Workers have often noted that Jewish clients treat the Jewish agency as if it were an extension of their own family. For example: the client may inappropriately expect that the Jewish worker will do everything for them. A parent may expect that a worker will break up a relationship which their child is having with a non-Jew.

(3) Workers who express Jewish identification through positive affiliation, as well as workers who are more obviously conflicted about Jewish affiliation, may both have unresolved unconscious ambivalences about certain aspects of Jewishness.

(4) Because of the complexity and delicacy of the therapeutic situation, a worker who assumes an ideological position may actually contribute to the alienation of a conflicted client. The clinician in a Jewish agency can promote positive Jewish identification by creating a safe environment in which clients can struggle and resolve conflicts about

identity. If workers were to assume the kind of authoritative, ideological positions more properly assumed by Rabbis, or teachers, they would be creating an environment inappropriate to the conduct of therapy. This is exemplified by the case of a single parent whose parents were extremely critical of her divorce because they felt that it flew in the face of the Jewish value of keeping the family together. She came to the agency feeling alienated from things Jewish but still in enough conflict to choose a Jewish agency as the place to seek help. The worker provided the clinical neutrality necessary for the client to feel positively about her own ability to make decisions, to overcome her guilt about the divorce. This enabled the client to separate her anger toward her parents from her own guilt feelings, and from her positive feelings about being Jewish. As a result, she took her child out of a community day care facility and enrolled her in a Jewish facility. This is a good example of how clinical neutrality can promote affiliation at a time of stress, when a value-laden approach might have pushed the client further out of the Jewish community.

In sum, our experiences at the Jewish Family Service of Philadelphia have demonstrated the richness of coupling ethnicity and therapy. Ethnicity "involves conscious and unconscious processes that fulfill a deep psychological need for identity and historic continuity".[14] The denial of that need, which can occur when minority group members desire to belong and be accepted by the majority culture, creates conflict at very deep levels of our being. Resolution of these conflicts is possible when we begin to overcome our denial and to reclaim our sense of identity fully as Jewish women and men. The Jewish social service agency has much to contribute to Jewish consciousness and survival by combining therapeutic rigor with an understanding of the social realities of Jewish life in America.

[14] John Pearce, Monica McGoldrick, Joe Giordano, Eds., *Ethnicity and Family Therapy.* New York: Guilford Press, 1982, p. 4.