Is the Jewish Community (Truly) Treating the Jewish Family?*

Efrem Nulman

Director of Family Study, the Jewish Institute for Family Study and Senior Social Worker, Ohel Children's Home, New York

With Judaism's commitment to family life, morally and historically, one would expect value congruence in operationalization. ***Jewish*** *social workers, in particular, should attempt to deliver those services that are "advertised" in the agency name. Unfortunately, families are often neglected, replaced by American "individualism" which abandons those values and practices which reflect both Judaism and social work in their overt dedication to enhanced social and familial functioning.*

Compatibility may not be achievable when attempts are made to synthesize two distinct value systems. Authors have written about the relationship between social work and Judaism, each striving towards a perfect symmetrical relationship. The purpose of this article is not to attain an ideal synthesis, but to examine values in social work and Judaism that *are* compatible, while simultaneously posing difficulties in their operationalization. That is, both social work ideology and Jewish ideology value continuity of family life. Social work, in its efforts to enhance the life of the "person-in-society" views the family as an integral feature of one's social existence. In fact, social work ethics demand consideration of pertinent "third parties" in the actions that are taken regarding a case. Levy said:

> Social work is a social profession in that it is essentially concerned about and is addressed to the client's relation to his social environment . . . Despite the social worker's gratification about a child's emancipation perhaps on the social worker's provocation, the child's action may have devastating effects on family members, on the child's relationship to them, and not inconceivably on the child himself. The worker must therefore give some thought to obligations he may have to the family because of why and how the child came to the worker's attention and what is going on in the family.[1]

Similarly, Judaism, throughout the ages has underscored the significance of the family, and has understood that, "The oldest of societies and the only society that is in any sense natural is the family."[2]

The Bible has been abundant in its proclamations and laws on behalf of family life, and a myraid of books, journals, and articles have been published under the rubric of modern Jewish thought promulgating the notion of family life.[3] One author claimed that the Jewish family was a "source of public morality" at a time when the ancient world was plagued by moral problems.[4] Consequently, in its intentions to preserve the family (and perhaps, the Jewish moral tradition), the Jewish community has established numerous agencies dedicated to the perpetuation of family life.

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[1] Charles S. Levy, *Social Work Ethics*. New York: Human Sciences Press, 1976, pp. 149 and 151.

[2] Jean Rousseau, *The Social Contract* translated by Willmoore Kendall. Indiana: Gateway Editions, 1954, p. 2.

[3] See, for example a recent volume. Gerald B. Bubis, ed., *Serving The Jewish Family*. New York: KTAV Publishing House, 1977.

[4] Samuel Belkin, *In His Image*. New York: Abelard-Schuman, 1960, p. 167.

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* Based on the content of a lecture by the author at the Herzl Institute, New York, May 26, 1982.

Overt gestures notwithstanding, it has become increasingly evident that little correlation can be detected between those actions taken to help families and the actual help that families in the Jewish community receive. Specifically, agencies that have titles that imply services to families are often providing assistance that is more harmful than helpful to them. With good intention, the Jewish mental health professional and the Jewish community have given rhetorical support to the family, but the manifested practices have not always been congruent with those statements. To highlight this dialectical phenomenon I will describe two dimensions of the process and will then suggest possible remedies.

Families in Treatment

Typically, families contact social agencies requesting help for one member of the family who is experiencing a "crisis." It is a rare occasion for a family to call seeking "family help." In fact, many families resent having to participate in treatment since they believe that the problem rests solely with the symptomatic family member. Based on widely acclaimed psychological theories, mental health practitioners have responded by treating the client who is identified as the problem.[5] Continuity of such practices, which limit the contributions of the family towards helping the identified client, poses a severe threat to the existence of the Jewish family. Jay Haley has alluded to the dangers that may inhere in individual treatment. He explained that treating the identified patient, especially a child, may not only be contraindicated for the individual but may create problems for other family members as well. Haley stated:

> When the child therapist accepts and encourages the family's presentation of the child as the problem, he is accepting the scapegoat function of the child without arousing resistance in the family.[6]

Haley, writing paradoxically about child therapy informs the reader about "resistance" that will not be aroused. Implicit in his paradox is an appeal to therapists to reject the notion of the individual "patient" when, in reality, he/she is a part of an organic whole, the family. Haley added:

> This approach (child therapy) leaves him free to convey effective suggestions in his brief contacts with the parents. Whether he conveys those suggestions to bring about a change in the family and consequent change in the child is partly determined by chance since in the nature of child therapy theory it must be unplanned.[7]

Hence, if the child is maintained as the family problem then the family will sustain its dysfunctional condition which thereby exacerbates the problems presented by the individual. Minuchin argued that the identified patient's symptoms are merely symbolic, cloaking a more serious disturbance that inheres in the family system.[8] The following case example, which is based on a compilation of experiences, will be useful in classifying the repercussions for family life in the Jewish community in general and for this family in particular.[9]

> The Schwartz family called the local agency requesting help for eight year old Sharon, who was manifesting a wide range of "bizarre" symptoms. Specifically, she was acting out at home and in school, refusing to adhere to disciplinary structures, cursing, having severe temper tantrums, and breaking objects in the

[5] The dominant theories to date are psychoanalysis and learning theory. Other recognized theories, for the most part, also stress the individual patient and his/her individual treatment. Systems theory and family therapy, albeit on the rise, are not publicly acknowledged like the others. This factor is apparent among social workers as well.

[6] Braulio Mantalvo and Jay Haley, "In Defense of Child Therapy," in *Family Process*, Vol. 12, No. 3, Sept. 1973, pp. 227-244.

[7] Ibid., p. 244.

[8] See, Salvador Minuchin, *Families and Family Therapy*. Massachusetts: Harvard University Press, 1978, pp. 1-15.

[9] All identifying material has been altered in order to protect any of the agencies or individuals involved.

home. Mrs. Schwartz, who had divorced her husband five months earlier, indicated that although Sharon was problematic, she had not exhibited bizarre symptoms until four months ago. Feeling distraught and concerned Mrs. Schwartz brought Sharon to a Jewish agency that advertised and claimed that it provided services for families. Mrs. Schwartz expressed her concerns with the intake social worker during an intial session, which included Mrs. Schwartz, Sharon, Sammy (age twelve), and Joel (age eight). Sammy, according to Mrs. Schwartz has been extremely helpful in managing family problems since the divorce and Joel has not displayed any signficant change during the past few months. Mrs. Schwartz, however, felt that she was on the verge of a "breakdown," and unable to assume her parental responsibilities. Furthermore, she felt restricted in resuming aspects of her private life.

Following an evaluatory session the intake division, based on their assessment of the *child's* behaviors, referred Sharon to the "family" agency's psychiatrist. The psychiatrist, after meeting with Sharon (alone) diagnosed her as a "childhood schizophrenic" and recommended chemotherapy and individual treatment. Sharon was "treated" for two months. Her condition worsened and she was ultimately hospitalized. Upon discharge, the family approached another Jewish "family" agency where Sharon's medication was increased. That time, instead of seeing Sharon in therapy, Mrs. Schwartz attended sessions, and was "helped" to become a more adequate parent. Once again, Sharon's symptoms exacerbated, she was hospitalized, discharged, and sent home.

I will briefly comment on the clinical components of the case. The overriding assumption is that all of the involved parties were concerned, and intended to help. Moreover, one cannot fault Mrs. Schwartz who was legitimately perplexed and interested in "curing" her daughter. However, the problem in this case stems from the process of diagnosis. R.D. Laing said.

> Diagnosis is "dia," through; "gnosis," knowledge of. Diagnosis is appropriate for social situations, if one understands it as seeing through the social scene. Diagnosis begins as soon as one encounters a particular situation and never ends.[10]

Laing's statement suggests both a clinical, as well as a value deficiency in this case. Clinically, the diagnosis was made on the basis of the *child's* symptoms. Little (or at times, no) attention was given to the following factors:

a. The relation, in time, of Sharon's symptoms to the social precipitants of her behavior. (i.e. the divorce).

b. Mrs. Schwartz's stress, which is understandable considering her divorce.

c. The role of the two "healthy" children and their relationship to Sharon and to her problems.

d. Sharon's function as a problem in the family, at this *time*.

Thus, these four factors would have provided a more comprehensive "knowledge of" the situation within the context of a *complete* body of knowledge. The clinical gap then, is obvious. The latent neglect, however, is less obvious, for that gap is more subtle. Laing advocates an ongoing diagnosis that is rooted in the "social scene." He values the social situation and emphasizes the natural social unit, the family. The negation of the family and of its import in this case challenges the stated values of the Jewish people. If the family is essential to the Jewish experience than one must question why many Jewish practitioners who overtly value the family and who are committed to the Jewish community would exclude the family in their therapies. This case is not atypical, and it and many others that are identical reek of a covert sublimation of the family, and of its role in the development or treatment of the individual's problems. One can go so far as to suggest, exclusively to Jewish social workers, that it would be logically correct to include the family in treatment, from both the per-

[10] R.D. Laing, *The Politics of the Family and Other Essays*. New York: Vintage Books, 1972, p. 40.

spectives of Judaism and social work. Furthermore, agencies that are called "family" agencies have the responsibility to deliver the services that are intrinsic to the agency title. According to Levy:

> When a practitioner is affiliated with an agency or institution the function of the agency or institution is a determinant of what the practitioner is expected to do . . . The professional base of both the agency's and the practitioner's function, moreover, establishes the value framework not only for what the practitioner does but also to a great extent how he does it.[11]

It is therefore apparent, that when a "Jewish family" agency supports, albeit rhetorically, a particular value system it is their responsibility to act in accordance with those stated values. From a Jewish perspective, one can only hypothesize as to what conflicting values have distorted the professionals' values regarding the treatment of families. However, if one hopes to perpetuate the existence of the Jewish family, one must be cognizant of conflicting values, ultimately opting for a helping modality that will reflect the Jewish (and social work) value system.[12]

The Community

On the one hand, the professional response to families is paramount in the maintenance of Jewish families in the United States. On the other hand, one is obliged to explore the community's reaction to family crises and its concurrent value system. The construction of "family services" by the professional community may manifest a commitment to family life, but their effective realization depends upon and emanates from the larger community's desires and needs. Norman Lamm has written:

> We are experiencing an accelerated decentralization of the family as a result of the various centrifugal forces which tend to pull the family apart. As it is wrenched out of the context of a stable, self-sufficient Jewish community life, the family begins to disintegrate at the edges. Eventually, the community as a whole follows suit.[13]

The issues surrounding family disintegration are not new and they have been discussed by professionals and by lay people for many years and from many different perspectives. For example, intermarriage which perpetually threatens the Jewish family and community has been a target of theoreticians and of the people for more than three decades. In 1960, Rosenthal discussed his findings regarding the proportion of that fear among Jews.

> When I asked Rabbi Breightmann (a pseudonym)—as I asked all my informants—what his explanation is for the recent aggregation of the Jewish community on the North Side of Chicago, his reply was that the one thing parents fear more than anything else and fear more than at any other time in history is amalgamation, the marriage of their children to "outsiders."[14]

Within the more traditional Jewish community, including the Orthodox and Chassidic communities, intermarriage may be threatening, but it is not unlikely that parents in 1982 are challenged more by family problems. Those problems which have been precipitated by a variety of known and unknown sources have led to the development of helping agencies, although to date, few universal "answers" exist. The Jewish community then, has

[11] Charles Levy, "Personal Versus Professional Values: The Practioner's Dilemmas," in *Clinical Social Work Journal,* Vol. 4, N. 2, Summ. 1976, pp. 110-120.

[12] For a more detailed analysis of conflicting values and ideological stances one can refer to Efrem Nulman, "The Conflict Between Social Work Ideology and Social Agency Ideology," being readied for publication.

[13] Norman Lamm, "Family Values and Family Breakdown: Analysis and Prescription," in Gerald B. Bubis, ed., *Serving The Jewish Family, op. cit.,* p. 38.

[14] Erich Rosenthal, "Acculturation Without Assimilation," *American Journal of Sociology,* Vol. 66, No. 3, Nov. 1960, pp. 285.

been searching for responses to problems that have infiltrated their ethnic ranks from outside, from the larger American society. Often, the community will respond in a haphazard manner, unable to structure its responses in a way that would benefit the family most. The following case reflects the Jewish community's reactions to family breakdown.[15]

> Jacob Levine, a twelve year-old child, enrolled in a local yeshiva, had been manifesting a host of problems, at home and in school. He was the only child of the Levines', both successful attorneys in their late thirties. Jacob's problems were first noticed in school, as he was extremely restless in class and was having difficulties in getting along with his peers. The teacher brought Jacob's problems to the attention of the principal, and he informed the guidance counselor. The guidance counselor, sensing that there were more "serious" problems referred the Levines for help to the local family agency. In this case, the agency completed a thorough evaluation, recommending short-term family treatment for the Levines.
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> Between the initial session and the scheduled second meeting, the agency received a call from Rabbi H., the Yeshiva principal, who was concerned about Jacob, and about the chosen treatment modality. The worker explained the rationale for family therapy, but the Rabbi was not convinced, saying, that "the child is sick and needs a doctor." The next caller to the agency was the director of the local Jewish community council. He explained that he knew the Levine family, had spoken with the principal and was therefore expressing his interest in the case and was seeking the reasons behind the decision to work with the family. Despite attempts by the social worker and the supervisor to calm this storm, the caller hung up, unconvinced. A third call was made following the second session by two teachers in the Yeshiva who "knew of the case." They too expressed their concern for Jacob and indicated their amazement that the entire family was being seen as they could not comprehend why the agency required the family to attend sessions if the child is the "sick one." Moreover, the teachers who felt a sense of responsibility, called the parents and told them to bring the child to a clinic for "psychiatric help." One week later the parents called saying, "although we felt this agency was helpful, many other people felt Jacob needed help from a clinic." The agency's attempts to help were not accepted and Jacob was taken to a clinic where he was "treated."

In this case, one cannot predict the outcome of the treatment in the family agency. In light of the community's involvement that fact is inconsequential. The alarming issue that emerged was the community's response, whereby the indoctrination that they had been given as to how emotional problems are treated in American society had overwhelmed their basic values and beliefs in the Jewish family and in therapies that are consistent with those values. In essence, the concerned members of the community, having heard about a "different" treatment modality were shocked, thereby acting in a manner that is contradictory to the very ideals in which they believe. That is, the Judaic emphasis on the family was minimized, and replaced by more popular American delusions which regard mental problems as "sickness" requiring 'medical" and "psychiatric" attention.[16]

Remedies

Both case examples reveal a core problem in the perceptions of professionals and lay people regarding the treatment of emotional problems. In particular, the Jewish community seemingly devalues social or familial interventions and places significant emphasis on intrapsychic and medical theory. One can elaborate on the host of reasons for those beliefs which, if examined

[15] Once again, this illustration is not uncommon to Jewish communities in general and to the Orthodox community in particular.

[16] For more information regarding this issue refer to, Thomas H. Szasz, *The Myth of Mental Illness* New York: Harper and Row, 1974 and Thomas H. Szasz, *Psychiatric Slavery* New York: The Free Press, 1977.

closely, reflect a dichotomy in ideological positions between what the Jew values according to Jewish culture and thought, and how the Jew acts (both professionals and community) in relation to those values. The impact of that relationship may expose serious gaps in the operationalization of Jewish values. Preferred instrumentalities are not relevant here, but rather the actions that are taken around stated values. Thus, the practitioner or the community member is autonomous in his/her choice of treatment methods. However, the treatment must, in the end, reflect both what is best for the client and what is functional to the particular agency. In both cases, and in many other cases, the "diagnosis" is insufficient in its comprehensiveness and in its situational stance. Clinical shortcomings, in a sense, symbolize and result in value dissonance.

Options are available to the Jewish community which could insure a more consistent value system, that is particularly demonstrated at the pragmatic level. However, there are prerequisites for this attempt at congruence in values and instrumentality. Two are essential: education or re-education and subsequent practices.

1. *Education:*

The necessity for re-education in the Jewish community exists in both the professional and general communities. Exposing people to a more social orientation, namely systems theory, constitutes a major task. Traditionally Americans have received their psychosocial educations from proponents of medical, Freudian, and individualistic theories. The media, newspapers, and most training programs for professionals begin with, and stress those theories and the subsequent attitudes and value systems. Thinking along the lines of systems theory is considered radical among professionals and would certainly shock and alter the conceptions of the general community. Edwin Friedman noticed this when addressing members of the clergy:

> For what family systems therapy really seems to be suggesting is a revolution in the way of perceiving man. And one of the ramifications of that formulation could mean that some of the traditional divisions found in the Reform rabbinate (and other clergy groups), for example, between those who specialize in counseling and those who are interested in social action or teaching, would require new definition.[17]

The Jewish people, at this point in time, are not interested in "revolutions." But, the absence of structured education and of an orientation which would operationalize and reflect Jewish values may lead to "more of the same."

Systems theory is not the only approach, but it is a worthwhile theoretical foundation for one's *understanding* of families. In addition, family systems therapists advocate *treatments* which include the family, thereby permitting possibilities for embellishment in family life rather than, solely, in the life of the individual.

Thus, it behooves every Jewish family agency and community organization to sponsor activities that would re-educate its workers and community persons about the Jewish conceptualizations of family life and the parallel orientations in secular life. It is important to note that the juxtaposition of Jewish values with theoretical notions on the family may facilitate ideological harmony for those members of the community who wish to comprehend the family in terms of the life of the Jew. After all, that would be a legitimate objective, for then the social worker could be where the client is, within the context of Jewish communal life.

2. *Practice:*

Put simply, Jewish family agencies and their staffs must "practice what they preach." Jewish family agencies are in a

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[17] Edwin Friedman, "Family Systems Thinking and a New View of Man," Bubis, ed., *op. cit.*

luxurious position, whereby many family institutes are producing able-minded practitioners who are qualified to work with families. As mentioned previously, the agency's name and its mission, which should be linked with that name, should be cornerstones for practices that are functionally related to the stated agency name and mission. Those practitioners who are not interested in working with families should be encouraged to do so. Those graduates of family institutes who are seeking employment should be appropriately considered in family agencies above candidates who espouse values and practices that conflict with Jewish values and agency purposes. Finally, those practitioners who are committed to the "family" should be trained to work with their respective communities around educating school principals, teachers, and other referring parties. Outreach to third parties represents a twofold investment: one in the Jewish community as a valuable resource, and another in the professional's trust of community leaders whereby these third parties can be called upon to help the professionals. This requires prior realization on the part of practitioners of their impotence as human beings and professionals. Jewish communal workers, who work with or have access to families must be able to transcend their own omnipotence in order to seek the help of the community.

The remedies, which have merely been touched upon, are not easily attainable. They require open minded attitudes, from both the professionals and from the Jewish community. Moreover, they call for a re-evaluation of practices and policies that have been dominant and influential in the United States in general, and in the Jewish community in particular. The philosophical gap between popular values and Jewish values can be bridged if the Jewish community and its professionals are determined to, and consciously begin to, activate the Jewish values. Institutions that profess services to Jewish families, by way of title and stated purpose, are obligated to deliver those services. Further liability stems from institutional responsibility for clarity in values and services.

> But Jewish agencies owe some clarity—and clients and others require it—about the congruence between what Jews presumably value-certainly by way of institutional and professional conduct—and what clienteles and others can expect to experience in Jewish agencies.[18]

Mere rhetoric is insufficient and often helps to suppress dichotomous instrumentalities which deflate the values of Jewish family life and its subsequent virtues and moral texture. The Jewish social worker, by the very nature of his/her education and value orientation, can and must assume a significant share of responsibility for the tasks that lie ahead in insuring that families are *truly* treated.

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[18] Charles S. Levy, "A Code of Ethics For Jewish Communal Service?", in *The Journal of Jewish Communal Service,* Vol. LIV, No. 1, Sept. 1977, p. 20.