Strengthening the Jewish Family Through Clinical Practice*

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The Jewish Family in Crisis

Implicit in every aspect of the title of this paper, "Strengthening The Jewish Family Through Clinical Practice," are assumptions which warrant careful examination. We begin with the recognition that the contemporary family, and particularly the Jewish family, is threatened. Without additional support it may well lose its ability to fulfill its basic functions. A growing literature adumbrates the problems besetting the modern family in a society which has taken over many of the functions earlier carried by the family. At the same time, the family is expected to provide to an ever greater degree emotional and personal gratification to all of its members. Attesting to the growing insecurity of the Jewish family are increasing rates of divorce and intermarriage, a growing alienation of children from their family of origin, the failure of many families to instill positive values, the widening adoption of new life styles antithetical to accepted Jewish values, and a growing incidence of pathology and emotional breakdown at all ages. To Judaism particularly, where the family has played a central role in the transmission of tradition, this breakdown constitutes a serious threat to its continuity.[1]

There is yet another implication, however, in the use of the term "strengthening." One cannot "strengthen" a social institution which lacks any substance or a solid core with a potential for change. Despite all the signs of deterioration, there is also indication of an inner strength within the family. The fact remains the family thus far has survived all the pressures against it. It apparently possesses a resilience and a capacity to adapt to the changing culture. Our concern about negative trends should not becloud the fact that two-thirds of the families remain intact. Despite the assimilative pressures in American life, at least sixty percent of Jewish young people still marry within their own faith. At times of crisis, people still turn to their families as a first resource. For many, the family remains the bulwark against the tensions and deteriorating effects of modern society. Any form of help to the family must draw, to some degree, on the resources of the family itself. To quote Nathan Glazer: ". . . it has turned out that the old model is not so bad after all."[2]

Conceptions of the Family

Critical to our discussion is the issue of how we conceive the family as a social institution. Some speak nostalgically of a traditional, patriarchal, cohabiting three-generation family. We know that such a family no longer

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1 For a more detailed discussion of the contemporary forces affecting the Jewish family see: Gerald B. Bubis, "The Modern Jewish Family," this journal, Vol. 47, No. 3 (Spring 1971), pp. 238-247; Saul Hofstein, "Strengths and Tensions in the Contemporary Jewish Family," in Gilbert Rosenthal, Ed., *New Directions in the Jewish Family,* N.Y.: Commission on Synagogue Relations, 1974, pp. 49-59; S. Hofstein, M.S. Shapiro, L.A. Berman, "The Jewish Family in a Changing Society," *Dimensions of American Judaism,* Vol. 4, No. 1 (Fall 1969), pp. 15-23; Family Service Association of America, *Family Life Today — Crucial Issues and Lasting Values. Social Casework.* Vol. 57, No. 6 (June 1976).

2 Nathan Glazer, "The Rediscovery of the Family," *Commentary,* Vol. 65, No. 3 (March 1978), p. 49.

exists except in a few very limited settings. We cannot turn the clock back and restore the conditions which made such a family possible.

At the other extreme are those who, denouncing the nuclear family as outmoded, define as a family a wide array of variant forms including homosexual pairings, cohabitant heterosexual couples or groups of individuals of both sexes involved in promiscuous sexual relationships.[3] Alice S. Rossi notes that the literature on these life styles "rarely concern themselves with children, parenting, or parent-child relations."[4] One writer, suggesting that these variations "might be seen as a solution to problems in marriage and also in society," questions whether the agency should shift "from family treatment focus to treatment of the individual" in order to serve those involved in the "emerging life styles."[5] Another writer, in an address to a Jewish family agency, pleads for the acceptance of intermarriage as a means of finding the "common human bond."[6]

Values Underlying Jewish Clinical Practice

Obviously, one has to define the parameters of the family towards which our efforts are extended. Identification with Judaism in clinical practice involves a value judgment—that the goals towards which we work must ultimately be consistent with Jewish values. At the core of family values in Judaism is the pledge of mutual commitment and reciprocated responsibility of a husband and wife for one another, of parents for children and children for parents. The social agency and all clinicians who practice within it have to make certain value decisions regarding the purpose of the services they offer. The goal of the Jewish family agency is primarily to provide services which strengthen and support the independence and effectiveness of the family and enhance its ability to contribute to Jewish continuity. The help to individuals follows from that primary goal. The Jewish community could not sanction actions supportive of life styles which are destructive to the continuity of the Jewish family and the survival of Judaism.

Such a position by no means implies that any individual or family who comes to the Jewish agency must necessarily accept that value. Ultimately at the base of all clinical practice is the right of the individual to accept or reject the help or the values underlying that process. It is a myth to affirm that the practitioner is totally "objective." Such a stance carries a clear message that the agency and practitioner do not really care what kinds of choices the clients may make. To say that it does not matter whether the marriage or family is sustained, in effect devalues the family. On the other hand, a clear affirmation of the primacy of family life for the growth of the individual, as well as for the continuity of Judaism, provides the client with a clear choice. The agency or the clinician to which he turns for help can be used by the client as an ally in building family strength and can be relied upon not to take those steps which might be destructive of the family. A client, when told that the worker has a "bias" towards keeping the family together rather than moving towards the dissolution, remarked: "I am glad to hear that. So often I hear of people who go to therapy and decide to divorce. I want to find a way to make my marriage work." The client is also free to reject the agency if he does not want to use it for its stated purpose.

[3] See: B.E. Cogswell, "Variant Family Forms and Life Styles: Rejection of the Traditional Nuclear Family." *The Family Coordinator,* Vol. 24, No. 4, (1977). Also, J.R. Smith and L.G. Smith, Eds., *Beyond Monogamy: Recent Studies of Sexual Alternatives in Marriage.* Baltimore: Johns Hopkins Press, 1974.

[4] Alice S. Rossi, "A Biosocial Perspective on Parenting," *Daedalus,* Vol. 6, No. 2 (Spring 1977), p. 11.

[5] Sophie Harris, "The Impact of Changing Lifestyles on a Family Service Agency," this journal Vol. 52, No. 3 (Spring 1976), p. 257.

[6] Gisela Konopka, "The Family in Our Time," this journal, Vol. 47, No. 3 (Spring 1971), pp. 252-3.

Nature of Clinical Practice

Central to the theme of this paper is the affirmation of the existence of methods tested in experience which can be used by the family and its members for reinforcement. That method referred to as clinical practice is broadly defined as a way of helping which is based on knowledge of individual, family, and community processes and of the interrelationships among them. The knowledge underlies a capacity for assessment which can identify within a particular situation those elements susceptible to change and the specific means of effecting such change. The basic tool utilized in affecting change is the relationship between worker and family through which the worker can have an impact on the individual and family. The worker has the special skill of modifying his role in the relationship (guided by his assessment) to meet the changing needs of the family. Through such intercession the worker modifies the dynamic forces operating within the family and individuals so they can move towards more effective functioning.

It is obvious that this definition of practice rejects the assumption that clinical practice must focus on the individual alone or be based on a particular ideology. As defined here, clinical practice encompasses a variety of modalities ranging from individual therapy through marital and parent-child counseling, family therapy, and group counseling and therapy.[7] In all its forms, clinical practice by a social worker is characterized by a constant concern with the interrelationships between the individual or family at the focus of his attention and other individuals, the extended family, the agency and the community.

A Case Illustration

An illustration from practice might clarify how these factors operate.

The Cs were referred by an attorney whom they consulted regarding a divorce. Having sensed some hesitancy on the part of the couple, he suggested they make one last effort at reconciliation.

Mrs. C. called initially telling me: "My husband and I were about to be divorced, but the lawyers told us to see you. Could I have an appointment." She was somewhat taken aback at my suggestion, although I could see her alone, that it might be more helpful to come in with her husband. They had been living apart for six months, seeing each other only in connection with his visits to their two-year-old daughter. Yes—they had talked about going for help to see if there was any basis for reconciliation. She accepted with some hesitation my suggestion that she discuss the possibility of a joint appointment with her husband. To her surprise, he agreed.

The Cs traveled separately to the office, but came in together. They were a young couple (wife-23 and husband-26), both intelligent and attractive, full of anger at each other. They had been deeply in love, had a gratifying courtship and an elegant wedding marred somewhat by differences between the families about wedding arrangements, a difference finally settled by the husband's family yielding. After the first few rosy months of marriage, there was constant conflict—husband resenting wife's involvement with her parents; wife resenting husband's continued association with friends and both feeling put upon by the demands of the relationships. These quarrels were temporarily resolved in bed. An early and unplanned pregnancy threw them both into panic. Each blamed the other, but both seemed to accept the birth of their daughter.

They even agreed to name her after the husband's aunt, whom both loved but who had died during their courtship. Both were affirmatively Jewish, but with different orientations. The husband came from a Conservative family, but had not gone to synagogue since his Bar Mitzvah except on the High Holy Days. Mr. C. lost no occasion to joke about "Reformed Jews." They were planning to join a synagogue when their daughter was of school age, but could not agree whether it should be Conservative or Reform.

[7] For a discussion of the different methods used in working with families see Saul Hofstein, "Modalities in the Treatment of Family Discord," this journal, Vol. 47, No. 1 (Fall 1970), pp. 20-30.

The coming of their daughter exacerbated the tensions between the two. Mrs. C. was "too tired" to respond to Mr. C's sexual overtures and resented his failure to be more helpful to her. Each found it hard to listen to what the other was saying. Many other problem areas were identified in this session. It became clear that both wanted to make an effort to find a basis for renewal of their relationship, despite the many problems. Each insisted, however, that it was the other who would need to change. I wondered whether both of them could have what they wanted. They laughed and recognized that perhaps each would have to look at himself to see what could be changed in their relationship.

I questioned also whether they would want to continue to live apart if they genuinely wanted to make an effort to make their marriage work again. I used the experience of the joint appointment in which they were both talking together and sharing the decisions involved as a basis for their considering the possibility of a renewed attempt to be together. We set up, as a next step, should they decide to continue, separate interviews with each of them followed by a joint interview at which time we would make a decision with regard to the continuation of counseling and also with regard to their living together as a family.

In those initial interviews, it became apparent that the Cs had married before either had achieved a sufficient level of maturity. Neither set of in-laws had come to terms with the marriage. Mr. C's father appeared irrationally angry at his daughter-in-law. Mr. C. was still terrified of his father and submitted himself to his wishes. Mrs. C. was impulsive and reacted to any difference with the immediate threat to run back to mother. Neither had been ready to take on the full responsibility of marriage and expected the other to serve them as their parents had. Yet each reiterated love for the other and a desire to try to make the marriage work. Since the first appointment, they had been going out together and were enjoying each other's company. By the time of the second joint appointment, having decided to make another try, Mr. C. returned home. We all recognized that they had to work on many problems both in their own relationship and in relation to their parents. When I picked up the unresolved question about which synagogue they would join, Mr. C. indicated that he still felt guilty at marrying a less observant (Reformed) girl. He agreed this would be something with which he would want to work.

Both Mr. and Mrs. C. were seen alternately for separate interviews with an occasional joint interview over a period of three months. While many problems emerged, they gradually discovered that by mutual yielding, compromise, and, at times, coming to terms with certain realities in the other which could not change, most of these problems could be worked out. Mr. C. for the first time, began to examine his relationship to his parents, and particularly, his father. He was able to assert himself increasingly in that relationship and thus win his wife's admiration. His guilt about her being Reformed diminished. His jokes on this account stopped. Mrs. C. discovered through counseling an increased pride in her status as wife and mother, made friends around her home, relied less upon her parents, and came to the recognition that in submitting so completely to her own parents, she had been building up hostility which she then displaced on her husband. In a final joint interview, both expressed gratification at the progress they had made. Although fearful of a possible setback without counseling support, they were prepared to take the risk knowing they could return. A planned follow-up interview helped to break up the totality of ending.

In that follow-up interview, six months after the ending, both expressed deep gratification in their relationship. They were confident that their marriage could now be a happy one. They had reestablished relationships with their respective families but on a different basis, and both recognized that their primary loyalty was to each other. They had decided to join a Conservative Center in their neighborhood, in which a number of their friends were already members. Differences had come up during the six months, but they had found that these could be worked out if both avoided extreme, arbitrary reactions.

While we cannot get into detail of the complex therapeutic processes involved in this case, it may be noted that a significant aspect was the worker's clear identification with the family, the marriage and their responsibility for the child. Each struggled with his/her own dilemma of whether to take the risk involved in returning to this marriage and finding ways of making it work. As each was helped to deal with his/her own role in the problem, they could begin to effect changes which made their living together more satisfactory. It is interesting to note that the worker's sensitivity to Jewish factors in their history opened up an important source of tensions and difference which they could then work out.[8]

Clinical Practice in Relation To Other Methods

Time does not permit an exploration of the diversity of family situations and the variety of helping methods. The C. case reflects reaching a family at a sufficiently early stage to prevent its dissolution. Agencies and practitioners have developed many ways of helping in more complex family situations where the children are older and many of the problems have become more sharply encapsulated and difficult to resolve. Central to all of the different forms of helping is the effort to work with each family and individual in his uniqueness. Out of that there occurs the mutual establishment of goals and choice of the method most appropriate to that particular family.

Clinical practice is not always successful in its efforts to sustain the family. In such instances it is possible to help the family minimize the effects of the disruption upon the individuals involved in the remaining family unit. As I have noted elsewhere,[9] the single parent family which results from such dissolution continues to be a family with real problems but also with a strength inherent in its very continuity. The single parent frequently seeks help from the agency either because of a problem with her child or in coping with her own changed role in society.

While we have focused on clinical practice as the primary source of help provided in the effort to sustain a family, it is often used in conjunction with a variety of other services. In such situations, the clinical practitioner must relate to his own role closely with the other services being provided so that the family may make maximum use of them. The following case illustrates the use of a combination of clinical and tangible services.[10]

> About a year ago, Mr. J. told his caseworker that the happiest day of his life would be the day he died. He had survived the holocaust in a labor camp in Hungary, and immigrated to this country in the early 1950's, marrying about ten years later. His three children range in age from 9 to 12. He was referred to the Preventive Services Project after he had applied for placement for his children following separation from his wife. He charged his wife with dangerous neglect of the children, saying that she had become a compulsive gambler who left the children unsupervised. On one occasion his son had fallen from the first floor window and been saved from injury by a passerby.
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> Mr. J. eked out a bare living for his family by tending his small shop six days a week from early morning until night. Mr. J. really wanted to keep his family together. In his own words: "They should have at least one parent." The agency helped him find an apartment in the same building as his store, enrolled his children in the local public school, and obtained funds for a homemaker. Weekly meetings with Mr. J. and regular meetings with him and his children have helped them to learn to live together.

[8] All identifying information in this and other case illustrations has been modified.

[9] Saul Hofstein, "Perspectives on the Jewish Single-Parent Family," this journal, Vol. 54, No. 3 (Spring 1978), pp. 229-241.

[10] The writer is indebted to Mr. Abraham Lavine, Executive Vice President of the Jewish Child Care Association for permission to use this material. The case was carried in the Prevention Project of the Joint Planning Services, a child care intake service cooperatively established by Jewish Child Care Association and Jewish Board of Family and Children's Services. All identifying material has been modified.

Last summer the agency arranged that the two boys would have six weeks at camp, while their sister visited relatives in Florida. This Fall all three youngsters are enrolled in Hebrew school and funds have once more been found for a homemaker.

Questions Raised About Clinical Practice

Concerned with the broad social goals of furthering Jewish continuity and strengthening the Jewish family, some planners have suggested that clinical practice is too costly, too slow and of unproved effectiveness. They have cited studies done primarily with non-Jewish, low income, delinquent or troubled populations to prove their point. They would institute instead broad programs of education geared to the transmission of Jewish values. I do not belie the importance of basic Jewish education or Jewish family life education. They are not, however, a substitute for individually based clinical practice. We know too well how futile the best educational resources can be if an individual does not want to utilize them. Ultimately the achievement of a social goal must rest on our ability to find the means both to engage the positive strength of the individual in pursuing that goal and to overcome, where present, the resistance to such engagement. As of this date, no method more effective than clinical practice has been found for accomplishing such goals.

Clinical practitioners do not claim to have found all the answers to the many problems besetting the family and its members, nor can they claim to have reached their maximum effectiveness. There is some evidence that their work has attained a degree of effectiveness. A major study by The Family Association of America provided "grounds for confidence in the basic contribution of family agency service to the solution of a wide range of family problems."[11] Similarly, a study of family intervention designed to reduce the need for foster placement, indicated clearly positive results.[12] It is not our purpose here to go into detailed analysis of these and other effectiveness studies. Whatever the outcome of such studies, clinical practice represents the efforts of the community to provide help to troubled families.

Jewish Communal Implications

The long heritage of the Jewish community, its tradition of *rachmones* (Compassion), *chesed* (loving-kindness), and *zedakka* (charity and justice), requires that we continue these efforts, whatever the cost. As we compare our incidence of dysfunction with other groups, we can take pride in what we have accomplished. Frequently, such help provided on time may actually save the community from far greater expense should the family be dissolved and the children have to go into foster home placement. Even where the family remains together, the continued emotional deterioration of the individual resulting from the failure to deal with problems sufficiently early can eventuate in costly treatment and considerable disruption. The tragedy and the toll to society of a single failure like that of David Berkowitz (Son of Sam), reemphasizes all that must still be accomplished.

The Jewish community has an obligation to apply to the problems presented by such families, the most advanced means of dealing with them. Even where we do not have tested methods, we must face the challenge of probing the unknown in human personality and relationships. That search, as it has in the past, may open new ways of helping to avert breakdown and promote continuity. Throughout its history, Judaism has never relinquished the hope of improving man's status and of working for a better society.

11 See: D.F. Beck and M.A. Jones, "A New Look at Clientele and Services of Family Agencies," *Social Casework,* Vol. 55, Vol. 10 (December 1974), p. 599. See also: Idem., *Progress on Family Problems,* N.Y.: Family Service Association of America 1973. For a critique of this study, see John R. Schuerman, "Do Family Services Help?" An essay review, "*Social Services Review,* Vol. 49, No. 3 (September 1975), pp. 363-375.

12 M.A. James, R. Neuman and A.W. Shyne, *A Second Chance for Families,* N.Y.: Research Center, Child Welfare League of America, 1976.

Affirming the essential contribution that clinical practice can and must make to preserving the Jewish family does not imply that there are no other approaches which can make a significant contribution. The stake of Jewish continuity is too great to utilize only one approach. Clinical practice based on a clear Jewish identity and focusing on the Jewish family and its problems,[13] can provide important knowledge which can be useful in Jewish and family life education as well as with other efforts at reinforcing the Jewish family.

Summation

Although the caseworker or clinical practitioner has not found the solution to many problems and cannot provide a panacea to the central problems of Judaism, he still has a vital and important role in preventing the ultimate breakdown in Jewish family life. Each family saved and helped toward being more productive and providing a fuller life for its individual members adds an additional strength to the Jewish community and to Jewish continuity. It is our task to continue to search for solutions, to expand the knowledge about family dynamics and the manner in which Jewish identity effects those dynamics. We must also continue to seek the means of using that knowledge effectively for strengthening the family. The knowledge gained from such practice can be used in providing a base for Jewish family life education and group counseling methods. The task of strengthening the Jewish family is one that is shared by all the Jewish communal professions. To that task, Jewish clinical practice can make a vital contribution.

13 For a detailed discussion of the use of Jewish factors in the therapeutic process see: Saul Hofstein, "Integration of Jewish Commitment into the Treatment Process." This journal, Vol. 52, No. 3 (Spring 1976), pp. 259-269.