No argument has been made here for the assumption of any intent, in the Jewish sources cited, to communicate values and ethics specifically and deliberately associated with occupational responsibility, particularly as it applies to practice in Jewish communal service. No "proofs" have been adduced. Nevertheless, occupational values and ethics are illuminated by the substance of the Jewish sources referred to, and would no doubt be further illuminated by additional sources.

My aim here has been to make a beginning attempt in the hope that additional inquiry in similar terms may be further inspired. I hope that this is one of its consequences, in the anticipation that this mode of inquiry would be an additional step toward the harmonization and mutual reinforcement between occupational values and ethics, on one hand, and Jewish values and ethics, on the other. For Jewish communal service this is a consummation devoutly to be wished and fruitfully to be employed.

The Jewish Professional and Jewish Identity*

RUTH P. ZAGER, M.D.

Clinical Associate Professor of Pediatrics, Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania

Erik Erikson has summed it (identity) up as follows: "...a complementarity of past and future both in the individual and in society: it links the actuality of a living past with that of a promising future". So, we're really in this identity problem together, and separately! — the clients, the patients, the professionals, the agencies.

There are some components of Jewish identity—Jewish religion, the Holocaust, the State of Israel—that are so huge and overwhelming that I must leave them for more sophisticated and talented people to tackle. Nevertheless, we are all aware that there *is* something called Jewish identity. I cannot define it adequately, but I can enumerate some characteristics of identity, Jewish or otherwise.

First, there must be awareness—of self, of family, of community, of history.

Second, there is a choice—by individuals, groups, nations. Here, minority group members' experiences are special and often different.

Third, there are positive and negative components: value judgments, feelings of safety, fear, despair, security, warmth, depression, isolation.

Fourth, there are components of education and indoctrination.

Fifth, there are feelings of confusion, conflict and pain surrounding identity.

Sixth, a sense of identity occurs on many levels—individual, family, community, religious, ethnic and so on.

Erik Erikson has summed it up as follows: "...a complementarity of past and future both in the individual and in society: it links the actuality of a living past with that of a promising future"[1]. So, we're really in this identity problem together, and separately!—the clients, the patients, the professionals, the agencies.

As a preface, let me review some aspects of personal identity development. The infant very early in life forms bonds with the important people in his/her world, and takes into and onto himself/herself many of their characteristics and attitudes—both good and bad. He/She forms relationships with family members and then branches out into the larger world. As he/she does so, the child becomes aware of how his/her family and group are regarded by members of the larger community. At this stage, youngsters have many childhood identifications, but these are more donned and shed like garments according to their changing fancies: the football hero of the today, the rock star tomorrow. The time comes, however, when these identifications are no longer useful. Then the real emotional work of identity formation must occur as the individual tries to determine who and what he/she is and where he/she came from. What normally forms identity? Heinz Hartmann has a good summary: "...a man lives, so to speak, in past generations as well as his own. Thus arises a network of identifications and ideal-formations which is of great significance for the forms and ways of adaptation"[2]. This fits with Hartmann's concepts of man as an independent organism who can adapt to changing conditions.

But suppose our youngster is a member of a minority group. Other factors supervene.

* Presented to a Seminar on Jewish Identity at a Meeting of the Association of Jewish Agency Executives, Philadelphia, March 30, 1976.

[1] E. Erikson, *Identity Youth and Crisis*, W.W. Norton & Co., Inc. New York, c1968, p.310.

[2] H. Hartmann, *Ego Psychology and the Problem of Adaptation*, International Universities Press, New York, 1958, p. 30.

He/she may feel exposed, in an alien environment, which Lynd[3] suggests leads to feelings of shame. But much more happens; the results have been described many times. The child must deal with feelings of fear, helplessness, anger, inferiority, guilt, confusion. Most insidious is something called identification with the aggressor. Erikson states it well: "...in any system based on suppression, exclusion, and exploitation, the suppressed, excluded and exploited unconsciously accept the evil image they are made to represent by those who are dominant"[4].

This brings us to Jews, again. Irving Howe, in his splendid book *World of Our Fathers* observes that "Perhaps the essence of being a Jew meant to live forever in a state of expectation for that which would not come"[5]. That observation, of course, was about our grandfathers whose lives shaped ours. Again, as Howe notes, " ..the most urgent force in Jewish tradition was the idea of messianism... The vocation for sacrifice, the pursuit of martyrdom, even that strain of madness which has coursed through Jewish life for centuries... Passed on from grandfathers to grandsons, sometimes through an apparently inert middle generation, the messianic impulse continued to burn in Jewish immigrant life..."[6]. These Jewish immigrants, from all reports, were locked in a desperate survival struggle. But as is well known, they managed to start many of the institutions and agencies we are concerned with tonight. To survive, and to do this, they had to utilize the stoicism, self-reliance, self-denial gained and in-grown through the centuries. Jews had lived in relative isolation in hostile environments. They had, of necessity, learned to emphasize education and intellectual pursuits. There was a similar ancient tradition of establishing and maintaining educational, charitable, and religious institutions. The old dictum was "Jews take care of their own."[7]

These Jews were also the patients and clients of the Jewish institutions they founded. They were usually obedient, trusting, yet questioning, often complaining, frequently insisting that their doctor was "the biggest man in town". The medical professional was highly respected and many wanted to have "my son, the doctor" for their own. The Jewish family was still intact. Jewish patients, Jewish agencies and the Jewish community still had some shared goals and aspirations. Defining their identity was not that high on their agenda of problems.

Nowadays, of course, things are different. Are we in a transitional period or will it always be this way? What has been happening? The on-going encounters between Jewish ethnicity and American ways have produced widespread changes. Jews encountered the usual problems of immigrant and minority group members. Younger Jews became acculturated and assimilated with what seemed to them was the prevailing American culture. They often then became ashamed of their immigrant parents. Labeling identity formation a "generational issue", Erikson is dismayed that the older generation has not stood fast to its ideals so that the younger ones could at least have sturdy, clear issues and values against which to rebel.[8]

For Jews it was even more difficult, since the younger members also happened to be the acculturated ones. The differences between the generations involved cultural, religious and ethnic components as well. Feelings of shame, a common response of minority group children to their parents, produced additional anxieties. Lynd states that the "...experience of shame is itself isolating, alienating, incommunicable".[9] The generation gap widened, and the line between "standard" questioning and rebellion, and repudiation of Jewishness was not always clear.

3 H.M. Lynd, *On Shame and the Search for Identity*. Harcourt, Brace & World, Inc., New York, c1958, pp.34, 35.

4 Erikson, *op. cit.*, p. 59.

5 Irving Howe, *World of Our Fathers*, Harcourt, Brace Jovanovich, New York and London, c1976, pp. 639-641.

6 *Ibid.*, p. 223.

7 *Ibid.*, p. 368.

8 Erikson, *op. cit.*, pp. 29, 30.

9 Lynd, *op. cit.*, p. 67.

Superimposed on this are the paroxysms of American society of the last fifty years. For Jews, of course, add the Holocaust and the State of Israel. Currently, Americans are a highly mobile population experiencing the abandonment of the extended family and the critical, perhaps mortal, illness of the nuclear family. The family, as Rosenberg has pointed out, is the unit which has functioned for centuries as a way of defining, identifying and limiting kinship relationships, sexual relationships and child-rearing practices, as well as transmitting social values and property.[10] Zuckerman has stated that changes in American mores since World War II have "accentuated emotional disengagement from work. People gave up the satisfactions of getting for the pleasures of spending. They grew impatient of their old habits of deferred gratification and embraced an ethic of indulgence".[11] He indicts Dr. Spock for this, and sees him as advocating a "concerted effort to detach the youngster from the moral authority of the immediate family".[12] Lynd equally harshly indicts current American, especially suburbanite, culture as forcing conformity through "the adoption of correct social attitudes".[13] So the family, really the micro-system for personality and character development, has changed. Not surprisingly, Jewish families are no longer assumed to be intact, free of divorce or alcoholism. Jewish young people now are caught up in drugs, venereal disease, riots and other antisocial type behaviors.

With American culture suspect, the U.S. family in disarray, American child-rearing practices under increasing criticism, these changing social practices were not restricted to any special ethnic groups, much to the distress of many group leaders. The "rebellious adolescence", if you will, of the Jewish identity-formation in the United States comes into full collision—or submersion— with the larger society which is, itself, struggling to define and identify itself.[14]

We can see generally the interweaving of the various forces—the American, European, Christian influences—and how they interact with the Jewish identity. What happens to the individuals who comprise the patients, clients, families and the professionals with whom the agencies come in contact? Here, the mix is even more complicated. For the factors hitherto mentioned have influenced and shaped to varying degrees the agencies, workers, clients and their identities, Jewish or otherwise. All of us, then, are again in it together. As Jewish professionals, our Jewish identity affects how we view ourselves and our clients. Pogo once said, "We have met the enemy and they are us!"

Here are a few examples:

I. There are Jewish patients with special needs which can be clearly identified as Jewish. Consider the following case:

> **An 80-year-old widowed Jewish woman was admitted to a teaching hospital because of organic heart disease and anemia. While there, the patient was querulous, complained a lot and refused to eat; the medicine resident (who happened to be Jewish) requested a psychiatric consultation which was answered by the psychiatric resident on rotation, who, coincidentally, also happened to be Jewish. This resident, as part of the psychiatric examination, elicited the information that the patient lived alone in a deteriorating neighborhood, was angry and depressed by what she considered her abandonment by all her children, whom she had raised for years alone. She was worried about her illness, her advanced age, her death. She refused the hospital food because it was not kosher. She very much wanted to talk with a rabbi. When the medicine resident was told of all this, he agreed to order a kosher diet, request a visit from the Jewish chaplain and a social service consult. But he thought it was all irrelevant to the patient's problems.**

10 C. Rosenberg, *The Family in History*, Univ. of Penna. Press., Philadelphia, 1975, p. 8.

11 M. Zuckerman, "Dr. Spock: The Confidence Man," In Rosenberg, *op. cit.*, p. 192.

12 *Ibid.*, p. 206.

13 Lynd, *op. cit.*, p. 189; see also, pp. 185, 207.

14 A. Parsons, "Is the Oedipus Complex Universal?" In Meunsterberger, W. (ed.): *Man and His Culture*, Taplinger Publishing Co., New York, c1969, p. 379.

We can ask several questions about this. Suppose the Jewish doctor had been too threatened himself by the woman's Jewishness; would he have denied the whole problem and refused to "humor" her? If the doctor had been a Gentile, would he have refused to cater to the woman's orthodoxy after it had been explained to him? Probably not, but who would have pointed it out to him? Could a Jewish doctor who was sensitive to, but not threatened by this patient's Jewish identity, have dealt directly with the patient's problem? Did this woman really need a psychiatrist to get her a kosher diet?

II. If Jewish patients or clients have some special Jewish identity needs but the mechanisms for answering these special needs have been abandoned, or have fallen into disuse, do we insert the people into other mechanisms we like to use instead?

> An elderly Jewish woman of Mediterranean origin, not fluent in English, lives in an affluent suburb with her acculturated grown children. Recently widowed, she is increasingly isolated because of her pride, language problems and difficulty adapting to her new environment. She is not observant, but her identification is Jewish and she can find little in common with the elderly Gentiles amongst whom she now lives.

Is she simply a depressed old lady, or someone who may need some sort of Jewish outreach service? How Procrustean do we get? Shall we cut off her Jewishness and fit the lady into a community, non-sectarian geriatric bed?

III. Does recognizing a patient or client's Jewish identity disturb us too much in terms of being "non-sectarian"? If a Jewish patient is considered "special" does that mean they get preferential treatment? If this worries us consciously, do we unconsciously bend over backwards not to treat Jewish patients?

> A 27-year-old Jewish woman, mother of a three-year-old girl, was seven months pregnant with her second child. The morning before Yom Kippur her husband died in a Jewish hospital after a sudden, 10-day illness. The woman had been a member of a Hadassah chapter. The family had never belonged to a synagogue, presumably because of the cost, although they had hoped to join when their children were old enough for Sunday and Hebrew school. The woman and her husband had grown up in another city where their families still lived. Following her husband's death, the woman became very concerned about Jewish mourning rituals, seeking out information about this from a local rabbi. This particular rabbi was involved with civil rights issues. The husband's illness and death had left the family in a precarious financial position, although above the welfare level. The woman was quite proud, but needed support of all kinds in her struggle to raise her children alone, to resume her education and to enter the job market. She was very much aware of her Jewish identity and turned to her Jewish friends for help. The Jewish doctor had not requested any social service work for the family during the husband's illness, nor after his death. Her Jewish friends and the local rabbi had not thought to refer her to a Jewish agency.

This raises questions as to whether the Jewish professional is in a position to be extra helpful or punitive to the Jewish patient. How can we deal with our counter-transference reactions?

IV. How do we deal with patients with Jewish diseases—genetic ones such as Tay-Sachs, Riley-Day (familial dysautonomia). What if they occur in "assimilated" Jews who have now been doubly stigmatized?

V. If we admit a Jewish identity as being of consequence in our work, must we also identify with Jewish philistines, obnoxious Jews, uncooperative Jews, etc.? Remembering that our patients and clients are often needy, troubled, sick, distressed, are we in danger of overidentifying with them if they are also Jewish?

The much mentioned, often ridiculed Jewish mother fits in here. I am not sure of exactly what Jewish mothers are, except that the title is usually one of opprobrium. It's possible that being a Jewish mother represents vestigial societal behavior on the part of Jewish females. After all, for centuries the Jewish woman lived religiously vicariously through the Jewish male, often her son. And, for many years, religion was central to Jewish life. Perhaps this is vestigial behavior—the living through the child even though the religious component has all but been abandoned. On the other hand, maybe this is simply learned behavior from our grandmothers, many of whom were de facto heads of families in which fathers were remote and more preoccupied with their own concerns. As Helena Deutsch has pointed out, the children in such families may participate more in the mother's goals and ambitions. The mother, for her part, having made this large emotional investment in her children, may very well expect them to compensate her for her own disappointments and frustrations.[15]

Nevertheless, Jewish mothers are accused of being over concerned, overinvolved and overpossessive of their children. Depending on the accuser, the derision is often mixed with a certain amount of pride—traceable, I suspect, to the Jewish identity of the accuser! All of us have encountered overconcerned, overinvolved, overpossessive mothers who happen to be Italian or Belgian or Black or just plain American. We have also all too often encountered mothers of all races and ethnic origins who have been, unfortunately, uninvolved, unconcerned, uninterested in their offspring. We do not call them un-Jewish mothers with equal scorn. The difference, I submit, is in our own Jewish identities—how threatened or anxious we are with our own Jewish mothers and how we feel as Jewish mothers (or husbands of Jewish mothers) with our own personal children.

VI. How can we reconcile Jewish institutional identity with the danger of self-imposed segregation? If we need the institutions because our Jewish clients and patients have special identifiable needs, then how can we meet these needs within a non-sectarian framework? If the needs of the Jewish patients, clients and professionals are adequately served by similar agencies and institutions, how is the identity of the Jewish community involved in the support of Jewish non-sectarian institutions?

Once again, Howe has some interesting comments: "Upon its sons and daughters the immigrant Jews branded marks of separateness while inviting dreams of universalism. They taught their children both to conquer the Gentile world and to be conquered by it."[16]

"Were the tradition of social activism to be abandoned or seriously weakened, one result would be a very severe crisis of identity among nonreligious yet 'Jewish' Jews, especially those who keep a foothold in organizational life. For the Orthodox nothing is finally crucial except an unbreakable tie with God: that defines them as Jews. But for many others, from Conservative rabbis to socialist intellectuals, being Jewish, though surely not reducible to social idealism, unavoidably carried a crucial measure of social idealism. Remove that measure and the problem of Jewish distinctiveness must become increasingly acute, since there would be one reason fewer for feeling that, despite embarrassments at self-definition, Jews in America still have a tradition uniquely their own and contributions to the society distinctively their own."[17]

Thus, we may all be in the peculiar, difficult and unenviable position of being participants simultaneously in at least three different identity crises—the American Jewish communal one, the American societal one and that of contemporary western man. Heine is reported to have said, "Jews are like the people among whom they live, only more so."[18]

If this period really does represent the transitional phase of our development, what of the future? If we visualize ourselves in the adolescent stage of our identity development, the tasks of full maturation and adaptation are still ahead. To do this, there must be an acknowledgment of reality: there really is such a thing as a Jewish identity even though its boundaries may be hazy. Jewish identity does arise with Jewish patients, clients and families.

15 H. Deutsch, *Selected Problems of Adolescence*, International Universities Press, Inc., New York, c1967, pp. 58-59.

16 Howe, *op. cit.*, p. 600.

17 *Ibid.*, pp. 625, 626

18 D. Landes, "Bleichroders and Rothschilds." In Rosenberg, C. (ed.): *The Family in History. Op. cit.*, p. 101.

We must be mature enough as professionals to deal with their Jewish identities with understanding, respect and empathy.

Jewish professionals also have to face their own identity problems, if only because the external environment may once again force this. The line between "affirmative action" and quotas is very fine, and quotas rarely discriminate against the majority group. Affirmative action is hardly beneficial to any minority group which is over-represented in the professions—even though that over-representation may be on the basis of ability. More security comes with facing reality than denying it, and more security may mean further efforts, albeit painful, at defining, describing, and elucidating Jewish identity. Jewish professionals and Jewish agencies dealing openly with this with themselves and with Jewish patients and clients are probably best equipped to make a major theoretical and clinical contribution to research in this area.

Howe sums it up: "...for many, perhaps most, of the sons and daughters of the immigrants, difficulty in defining their 'Jewishness' did not for a moment call into question the actuality of their Jewish experience. They knew they had been shaped by a common past; they feared they might have to face common dangers; they suspected they shared a common fate."[19]

19 Howe, *op. cit.*, p. 629.

A Family Therapist's Approach to Working with an Orthodox Jewish Clientele*

STEWART OSTROV**

Coordinator and Case-Worker, Boro Park Consultation Center, Jewish Family Service, New York

The continuous theme...[is] that religion is a pervasive and ubiquitous force throughout life to some groups and individuals. It colors relationships with others, perception of self, and, like other ideologies, can be used in both positive and negative ways, dependent on innumerable variables. A worker treating religious clients, then, must come to grasp its very real and powerful influences, explicit and implicit, on personal, individual identity.

The focus of this paper is on the delivery of casework services to a religiously oriented minority group. While the specific group to be discussed is that of Orthodox Jews, it is hoped that this article will also apply to other groups. Orthodox Jews are differentiated from other adherents to Judaism in their abiding concern with the collection of biblical, post-biblical and rabbinic law and lore which have been carefully preserved over the 3,000 years of Jewish civilization and which place on its individual members the responsibility of carrying out these infinitely detailed laws and transmitting them intact to the next generation. In effect, Orthodox Jewry is defined by its very effort to preserve a specific system of immutable values, norms, laws and institutions which represent an essential integrating force in individual, familial and communal identity. It is the primary concern of this paper to examine these aspects of identity and to extract useful principles and concepts for therapeutic interventions in these systems.

In the treatment of Orthodox families, issues of interpersonal conflict and intrapsychic struggles are often refracted through the prism of religious identity and practice. That is, while the phenomena occur on many levels, in a group with strong religious ties these phenomena may be experienced in terms of religious consciousness. As an example, a client wrote me the following note after an interview. "I wasn't sure whether what you were saying was correct during our discussion. After I got home and *davened* a beautiful *mincha* (prayed the afternoon service), I knew that you were on the right track." To individuals such as this, competent religious functioning becomes the *sine qua non* and brings a Jewish spiritual leader to exclaim, *credo ergo sum*, where belief rather than lexical cognition is the essence of identity.

To achieve this feeling of competence in religious functioning, the life style of the Orthodox Jew is permeated with positive and negative *mitzvoth* (commandments of divine origin). Thus is created a constant vigilant awareness, preventing the individual from straying too far from the perceived goal in life, which is religious perfection, both for men and women, each individual at his own level of competence. Rabbi Moses Luzatto of the 18th century has left no doubt as to the objective for individual strivings: "Man was created for the sole purpose of rejoicing in God and deriving pleasure from the splendor of His presence."[1] This is achieved through meticulous observance and awareness of the many laws which must be followed.

* Presented at the Annual Meeting of the National Conference of Jewish Communal Service, Boston, May 31, 1976.

**The author would like to express his gratitude to Sylvia Ross, Arthur A. Leader, and Vivian Ostrov for their assistance and guidance in helping him realize this work. He would also like to acknowledge his recognition of the members of the Jewish Family Service, Jewish Identity Committee, for serving as an important form in creatively stimulating his thinking and in helping him grapple with these issues.

1 Moshe Chaim Luzzatto, *Mesillat Yesharim (The Path of the Just)*, 2nd edition. (New York: Feldheim Publishers, 1974), p. 18.