# THE JEWISH COMMUNITY CENTER AS MILIEU THERAPY

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IF the title of this article seems pretentious or incongruous, it will seem less so if one recalls the source of the word "therapy," the range of meaning which has been associated with the concept of "milieu therapy," and the purposes which have been attributed to the Jewish community center. My purpose, therefore, is to review some of the pertinent aspects of these three components in the title and, then, to suggest a perspective for practice in the Jewish community center which could result in improved service to its Jewish[1] members.

## Therapy

Service is of the essence of therapy. The word therapy, in fact, is derived from the Greek *therapeia* which means service.[2] Whatever meaning the word has which makes it specific to the medical, institutional or psychiatric milieu is a modification or refinement not exclusively intended in the first instance.

The very word treatmeant, which has generated tirades of dialectic, assertion and defense in social work literature and forums, derives from the Latin *tractare* which means to draw violently, to handle or to manage.[3] Hence, it is difficult to understand why social workers protest so much that social work either is or is not treatment. Social group workers have seemed especially squeamish in this regard, in turns insisting upon their due as *bona fide* members of the treatment team, and reassuring the professional hosts of their agency setting that social group workers constitute no threat to them or to the primacy of the host discipline.[4]

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[1] This selection is intentional, in accordance with the "Statement of Principles on Jewish Center Purposes," adopted at the Annual Meeting of the National Council of the National Jewish Welfare Board on May 9, 1948. Article II of that statement reads as follows: "The Jewish center should fulfill its Jewish purpose, although participation in the Jewish center is open to all inhabitants of the community." From the rest of the statement it is clear "Jewish purpose" applies to Jewish members. We are not dealing here with the perplexing implications of service to non-Jews, although they deserve attention.

[2] *New Standard Dictionary of the English Language*, Funk and Wagnalls Co., New York, 1960.

[3] *Webster's Collegiate Dictionary.*

[4] See, for example, Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting" in Harleigh B. Trecker, ed., *Group Work in the Psychiatric Setting*, Whiteside and Morrow, New York, 1956, wherein the author offers an explanation for the reluctance of social group workers to refer to their work as therapy. Asserting that she "would not mind saying that the group worker in those [psychiatric] settings and in several others is . . . doing group therapy," she goes on to admonish, "I think that this [the hesitancy of group workers in saying they do therapy] was wise but has its shortcomings because we left the field open to too many others

**Milieu Therapy**

The point of all this is that if an effect is intended through the use of the term therapy which does not do gross violence to its meaning, then there need not be excessive sensitivity about its application to any setting whether residential or not, whether psychiatric or not; nor need there be excessive sensitivity about its application to any process within that setting. Milieu therapy is essentially a description of such an effect. However, the precise nature of this effect has been various-delineated—to such an extent, in fact, that it is not at all unreasonable to apply the phrase to the Jewish community center.

As Fritz Redl pointed out in a recent article:

> "In its more calculated and elaborate forms, the idea of 'total milieu therapy' ranges all the way through from the supportive use of specific influences and experiences on the child's life, to the belief that sometimes the impact of 'milieu ingredients' in its own right may bring about a therapeutic 'move.' "[5]

In another presentation, Dr. Redl extended this observation by describing "seven shades of meaning, which the adjective 'therapeutic' often assumes when attached to 'milieu';" *viz.*, "free from counter-therapeutic agents;" "basic need coverage;" "developmental phase appropriateness;" "clinical elasticity;" "fringe area treatment goals;" " 'the milieu and I';" and "re-education for life."[6]

Milieu therapy has thus connoted effects which are the "result of certain specific actions or of attitudes and implications conveyed through the actions."[7] It has also connoted everything from recognition of the influences on patients or clients of their immediate environment[8] to willful exploitation, toward rehabilitative ends, of both the immediate and surrounding environment of patients or clients.[9] Whatever the connotation of the concept of milieu therapy, there has been considerable recognition—frequently carefully studied and sophisticated—of the administrative factors with which it is invariably associated.[10]

**Milieu Therapy and the Jewish Community Center**

It begins to be apparent, therefore, that, depending upon the definition of some of the purposes of the Jewish community center, and depending on the choice of definition of the concept of milieu therapy, that concept may constitute a valuable guide for practice in the Jewish community center. Moreover, it

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who actually are less qualified than the social group worker to work with patients in groups." On the other hand, another author seems to hedge, for he says, "In regard to the controversy over 'treatment,' our position is that while our group leaders are not 'therapists,' they do operate therapeutically; in the strict sense of the term, we are not doing 'group therapy,' but our groups are treatment centered." Don J. Dodsworth, "A Social Group Work Activity Program in a Children's Institution" in *Social Work with Groups, 1958,* National Association of Social Workers, New York, 1958, p. 19. Of course, what the "strict sense" of the term "group therapy" is presents another problem.

[5] Fritz Redl, "Strategy of Techniques of the Life Space Interview," *American Journal of Orthopsychiatry,* Vol. XXIX, No. 1 (January, 1959), p. 3.

[6] Fritz Redl, "The Meaning of 'Therapeutic Milieu,' " in *Symposium on Preventive and Social Psychiatry,* U. S. Government Printing Office, Washington, D. C. (1958), pp. 503–515.

[7] David A. Hamburg, "Therapeutic Hospital Environments: Experience in a General Hospital and Problems for Research," in *Symposium on Preventive and Social Psychiatry, supra cit.,* p. 489.

[8] Alfred H. Stanton and Morris R. Schwartz, *The Mental Hospital,* Basic Books, Inc., New York, 1954.

[9] Maxwell Jones, *The Therapeutic Community,* Basic Books, Inc., New York, 1953.

[10] Milton Greenblatt, et al., ed., *The Patient and the Mental Hospital,* The Free Press, Glencoe, Ill., 1957, *passim.*

can be especially helpful in resolving the conflicts and dilemmas which persist regarding the contribution and the interrelationship of the various professional and non-professional disciplines which are represented in the Jewish community center.

This promptly poses the problem of which Jewish community center is being considered, for no two centers are alike any more than two hospitals or institutions are alike. If anything, the present state of centers is more complex than it was when Dr. Janowsky conducted his historic survey and concluded that "No classification of the Jewish centers . . . can be entirely satisfactory . . . the field is too variegated, too chaotic and confused, to permit of clear-cut differentiation."[11]

Although centers are unlike one another in organizational structure, size, program, administrative control, personnel, membership, plant or location, they do tend to subscribe to similar objectives. Regardless of structural and organizational differences among them, they can also share principles of practice, communication and relationship which relate to these objectives. These principles may be defined in terms of milieu therapy. To the extent that paid and volunteer personnel in a Jewish community center consciously apply these principles in order to fulfill the center's objectives, to that extent does milieu therapy become an intentional design for practice which makes maximum use of all of the dynamic as well as organic features of the center in serving its members, rather than an accidental effect of peculiar combinations of people and circumstances. This conception of milieu therapy inheres in most descriptions of treatment programs in hospital and institutional settings as the following review of its essential characteristics attests.

### Desiderata of Milieu Therapy

Essential to the active conception of milieu therapy alluded to above, is the recognition that "all employees have significant functions to fulfill in all groups in the facility."[12] In addition, to paraphrase Dr. Sivadon's prescription for a psychiatric hospital, in order that it may fulfill its role as a therapeutic milieu, the agency ought to 1) offer the client conditions suited to his level of functioning; 2) provide circumstances which will permit the client to establish satisfactory relationships with his physical and social environments, and to perfect progressively his ways of relating to them; and 3) furnish at all times, to the largest possible number of clients, opportunity for, and means of, developing and improving their social behavior.[13]

Additional important components of milieu therapy are implied in David Hamburg's reference to the advantages of Michael Reese Hospital; namely, an exceptionally comfortable, pleasant, physical plant, a relatively high ratio of staff to clients, and a tradition of high-caliber service, training, and research.[14]

In the words of Morris Schwartz, "A milieu is therapeutic when it is so constituted that it provides the [social] contexts and facilities, the kinds of social processes and interpersonal rela-

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[11] Oscar I. Janowsky, *The JWB Survey*, The Dial Press, New York, 1948, p. 160.

[12] Gertrude Wilson, "The Social Worker as Leader," *Use of Groups in the Psychiatric Setting*, National Association of Social Workers, New York, 1960, p. 114.

[13] Paul Sivadon, "Technics of Sociotherapy," in *Symposium on Preventive and Social Psychiatry, supra cit.*, pp. 457–64.

[14] David Hamburg, "Therapeutic Aspects of Communication and Administrative Policy in the Psychiatric Section of a General Hospital," in Greenblatt, et al., *op. cit.*, p. 96.

tions"[15] that will bring about the achievement of the agency's purposes in relation to its clientele. " . . . A therapeutic milieu can emerge only when there is careful planning and organization of the efforts of a number of persons at different status levels"[16] and in different parts of the agency. "*The team approach is essential.*"[17]

**Applicability to the Jewish Community Center**

All of these desiderata, though intended for hospital or institutional settings and designated as integral elements in treatment plans for emotionally or otherwise disabled people, are applicable to the Jewish community center. Much about milieu therapy that is valid for distressed and disturbed human beings is valid for the constituency of the Jewish community center. This conclusion is based on 1) the composition of the clientele served by the Jewish community center; 2) the assumed and expressed needs of center members; 3) the value of an integrated staff approach to serving center members during all phases of their association, and at all points of contact with center programs and personnel. This conclusion is *not* based on the rather realistic consideration that physical and emotional disabilities and behavioral and mental disturbances may be found among center members despite the general presumption that they are "normal" and come to the center of their own volition to engage in a variety of activities and associations. Many centers are indeed serving, by design, a variety of individuals and groups identified at the outset as distressed, disadvantaged or disabled. Nor is the conclusion regarding the applicability of milieu therapy to the center based on the inevitable emergence or discovery of emotional problems, and problems in interpersonal relationships among center members by virtue of their participation in center activities. Creative approaches are necessary to serve the members who do manifest problems of one kind or another. However, the intent here is to relate milieu therapy to the customary constituency of the Jewish community center.

**The Goals of the Jewish Community Center**

One impetus for the conviction that milieu therapy may be applied in behalf of center constituencies is the way in which centers perceive their goals. These goals are hardly so mechanical or specific in nature that a simple correlation may be established between intervention and effect. On the contrary, they are extremely dynamic in nature and imply considerable skill and awareness on the part of center personnel in order to insure their achievement. Even then, because of the plethora of other intervening variables in the life of the American Jew, evaluation of the effectiveness of center staff intervention in producing particular results would be quite problematical.

Nevertheless, what centers aspire to do with and for their Jewish members cannot be left entirely to chance; nor can results be assumed to be in the offing without some control which provides for some consistency of purpose among center personnel to whom center members are exposed, and in all of the experiences in which center members engage. For the kinds of goals which centers have envisaged, the substance of center activities and the substance of center staff initiative are not sufficiently determinate. Much depends on *how* activities emerge and *how* center staff and volunteers relate to center members. Much

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[15] Morris Schwartz, "What Is a Therapeutic Milieu?" in Greenblatt, et al., *op. cit.*, p. 132.

[16] *Ibid.*, p. 143.

[17] Gisela Konopka, *Group Work in the Institution: A Modern Challenge*, Whiteside and Morrow, New York, 1954, p. 12.

depends also on how center staff and volunteers relate to one another and how they relate their own efforts to the efforts of others.

As Sanford Solender has put it:

> "[In the Jewish community center] knowledge and values are transmitted and personality is furthered through group experience. Concentration is upon voluntary group associations, with concern for the principles of group composition and homogeneity which are essential to valuable outcomes from group experience. The community center utilizes a permissive approach in which members have opportunity to question and challenge and to experiment with ideas and solutions to problems: to grow in their understanding through experience under able leadership. The community center emphasizes the *process* of program planning and development, as well as the *content of programs.*" [18]

The dynamic process has—or should have—important bearing upon the center's objective of enabling the American Jew "to achieve the finest personal adjustment as both American and Jew." It also depends on the enrichment of "every force which can contribute to this objective." [19] This objective, in turn, assumes the existence of the kinds of needs and the kinds of problems which may be expected among Jewish people.

> "The Jewish community center is an institution developed and maintained by American Jews for the satisfaction of certain needs which they experience *as Jews.* We must therefore assume the existence of both the Jewish group and its *specialized needs* . . . the Jewish center must relate itself to the *problems* of the individual Jew, as well as to the needs of his spiritual-cultural group." [20]

> "The principles of group work have been employed in the center to further the psychological needs of belongingness and sense of status and security *which is more keenly felt by Jews* than by majority cultural, religious or ethnic groups. . . ." [21]

In short—and the judgments about the needs and problems of American Jews which have just been reviewed are generally conceded—the special needs and problems of center members, as well as their "normal" developmental and social needs, suggest the requirement of planned intervention in the interest of their safeguarded or enhanced well-being. The psychosocial needs and problems of center members call for diagnostic as well as practice opportunities which have to be anticipated, arranged, activated and appraised. The Jewish community center's program, personnel and plant provide the channels, the circumstances and the media for these opportunities. For the implementation of the concept of mileu therapy in the Jewish community center, these opportunities must be interrelated, integrated and purposefully selected and exploited.

From intake to drop-out, or graduation to broadened associations, center members participate in one or more arenas of activity and relationship in the Jewish community center. Some of these arenas are specifically designed, if not entirely, then in part, for the determination of needs and interests. For example, the intake interview, when there is one and whether conducted by a secretary or a skilled interviewer, can be used to guide the center member toward personnel, activities, groups or agencies which may accommodate his needs or his interests. On the other hand, inter-

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[18] Sanford Solender, "The Place of the Jewish Community Center in Jewish Life: A Formulation of the Position of the Center," *Journal of Jewish Communal Service,* Vol. XXXIV, No. 1 (1957), p. 43.

[19] Sanford Solender, *The Unique Function of the Jewish Community Center,* National Jewish Welfare Board, New York, c. 1955, p. 2.

[20] Oscar I. Janowsky, *op. cit.,* pp. 268–280; emphasis supplied.

[21] Louis Kraft, "Jewish Community Center: Purpose and Scope," in Louis Kraft and Charles S. Bernheimer, ed., *Aspects of the Jewish Community Center* (New York: National Jewish Welfare Board for the National Association of Jewish Center Workers, 1954), p. 34.

action incidental to a class, a club group or an activity can be used to effect understanding of the center member's problems, and perhaps also to help the center member to cope with or even resolve his problem, directly or through resort to specialized counsel or aid, within or outside of the center.

The realities of a variety of group experiences—whether in the nursery school, gymnasium, cafeteria, club room, auditorium, classroom, woodshop or crafts room—provide channels of communication and media of staff intervention toward the end of effecting the kind of planned change in knowledge, self-understanding, interpersonal relationships, and intergroup relationships which is prerequisite to the individual and group adjustment of center members. Can anyone doubt that the kinds of issues which emerge out of the interaction of hospital patients and out-patients with staff and with one another, are apt also to emerge during the few hours of weekly exposure of center members to one another, to staff members and to the rest of the center's social and physical environment?

In the experience with one out-patient psychotherapy group the following themes were factored out of seventy-seven meetings:

1. Hostility toward authority figures
2. Hostility toward peers
3. Warmth toward authority figures
4. Warmth toward peers
5. Expression of the need for health
6. Fear of losing self-control
7. Responsibility for self and others
8. Jealousy
9. Recognition of dependency [22]

From an array of group experiences with a variety of self-government, ward management, social development, therapeutic discussion and relatives' groups, the following themes were factored out:

1. How group members feel about themselves
2. Family relationships and marriage problems
3. Interpersonal relationships
4. Social skill and adequacy
5. Mental health and mental illness [23]

With the exception of the last mentioned theme, and perhaps even that one, these themes are commonly uncovered in the varieties of group and sub-group experiences of center members. These experiences are not all verbal ones either, and non-verbal expressions are frequently as revealing as verbal ones, and sometimes more so.

To effect a therapeutic milieu, all the personal, physical and social resources of the center must be harnessed in the service of center members, and in the implementation of the psychological and social objectives envisaged in their behalf. A congeries of discrete departments, programs and staffs, operating almost independently of one another, hardly represents a well-planned and disciplined deployment of human and physical resources. Milieu therapy, as it has been interpreted here, requires planned and disciplined deployment of resources for diagnostic and follow-up purposes. Moreover, it requires planned interaction among all center personnel, paid and volunteer, systematic orientation to center purposes, and clear understanding of the individual and collective contribution of all personnel toward the achievement of the center's purposes.

These requirements do not correspond to the courtesies yearned for by nursery school, physical education and other specialists, and the homage expected by social group workers. They dictate de-

[22] Frances P. Guzie, "Psychiatrically Oriented Groups," in *Use of Groups in the Psychiatric Setting, supra cit.*, p. 126.

[23] *Ibid.*, pp. 126–127.

signed and explored machinery and relationships so that every member of the center's staff and leadership knows what the center is attempting to accomplish with its members generally and with particular members specifically; why the center is attempting to accomplish this; how the center is attempting to do so; where every member of the center's staff and leadership fits into this scheme of things; and what each person owes to and has a right to expect from others, including center members. A janitor may not have to demonstrate skill in interpersonal relationships but he can be groomed to exercise self-restraint when the condition of a room is less a manifestation of unwarranted regression than an indication of self-fulfillment. An arts specialist does not have to abandon his standards of artistic perfection but he can learn to be content to reserve these standards for himself while evidencing a degree of concern about other values as they affect the psychological and social welfare of center members. The board president does not have to cancel his dream of well-socialized pre-teen boys when he observes them with their cocked water pistols, but he can develop respect for the group worker's judgment about the timing and placement of his intervention in the interest of more enduring and more significant goals.

In a way, the preoccupation of center personnel with "Jewish content" during the past decade or so is quite unfortunate, for it has tended to shift their concern from "process" to "content." The emphasis on Jewish content, while valid for a Jewish community center, can easily delude members and staff. Adjustment to and identification with one's Jewishness cannot be simply willed into existence, although social pressures can certainly encourage one to suppress one's inclinations in accordance with the expectations perceived in significant others, especially groups and agency-related authority figures. The road to psychological well-being, on the other hand, may be straighter and more relevant to one's basic needs, if one feels free to express his own conflicts about his religious identification without fear of penalty or adverse judgment. The diagnosis of the conflict is certainly likely to be more accurate, and if it is, and if the intervening staff member does not smother the center member with his own bias, the result is more likely to accord with the center member's needs than with the staff member's.

Manifestations of such conflicts—as well as others—are available anywhere in the center and anywhere outside the center that center programs may take members. Consequently, whoever has access to observation of those manifestations which are the valid concern of center staff, ought to have a forum for revealing them so that they may be dealt with in a manner and to the extent appropriate to the center's function and purposes. In turn, a forum is desirable to sensitize personnel to appropriate opportunities for observation and intervention.

To summarize then, the Jewish community center is a multi-dimensional social agency with the objective of effecting psycho-social modifications, and insuring psycho-social growth of members, who are subject to internal and external pressures which can impair psychological and social well-being. This objective requires a modality of practice which systematically exploits all of the center's resources conducive to the achievement of this objective, and reduces the influence of impeding agents and circumstances. Milieu therapy is such a modality. In view of the needs and problems of center members; in view of the objectives of the center; and in view of the network of relationships

and services in the center, milieu therapy, though an invention (perhaps a discovery) of practitioners in hospitals and residential settings, and usually applied to emotionally and physically disabled clientele, is applicable to the Jewish community center. Its application in the center would undoubtedly help considerably toward the fulfillment of center purposes and, consequently, improve the center's service to its members.