

CLINICAL ISSUES IN INTERMARRIAGE

A Family Systems Approach

Part II: Technical Issues in the Clinical Treatment of Intermarriage

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Family-dystonic intermarriage creates significant family distress for which counseling is sought. This article describes the common features of those families, their presenting problems, and the clinical goals of intervention. Work with these families involves dealing with subsystems: the parents, the individuals contemplating intermarriage, and the couple. Clinicians must engage these families first as a consultant and then with a combination of approaches, including psychoeducation.

Editor's Note: This is the second article of a two-part series on the family systems approach to intermarriage. The first article appeared in the Summer 1994 issue.

FAMILY-DYSTONIC INTERMARRIAGE

The fact of intermarriage or the impending possibility of intermarriage is not in itself a clinical condition requiring treatment. Millions of people in the United States intermarry without incident, and the rate is on the increase (Spickard, 1989). It is only when intermarriage creates significant family distress for which counseling is sought that it warrants the label *family-dystonic*.¹ This term was first introduced in clinical work with families by Bruce Grellong and myself in our work with Jewish cult-involved families (Sirkin & Grellong, 1988): "Although cult involvement may be fully ego-syntonic for the involved individual, it may be dystonic for the rest of

the family system. That is, family members, especially parents, may experience great distress when relationships are strained or ties broken due to involvement in extremist groups (p. 3)."

Although I am *not* suggesting that intermarriage is the same as joining a destructive cult, some families do experience the proposition with equal disquietude. In fact, the treatment model suggested in this article is an extension of the work I have done with family-dystonic problems related to cult involvement (Sirkin, 1990) and folie-à-deux (Sirkin & Rueveni, 1992). The latter is a psychiatric condition in which a delusional individual influences and controls an otherwise normal person.

Common Denominators in the Family

The Family Life Cycle

The family life cycle is a developmental schema that allows clinicians to view families not as static but as everchanging, a multiperson organism that dances through time (Carter & McGoldrick, 1989). When an individual reaches a point in the individual life cycle when he or she is ready for marriage (Erikson, 1950), this signals a

¹The term "dystonic" is the complement of "syntonic" and was adapted from medicine by ego psychologists and incorporated into DSM-II (American Psychiatric Association, 1968). Certain psychiatric problems such as anti-social behavior or homosexuality [sic] were said to be ego-syntonic when they did not create discomfort for the person, but created discomfort for others or were illegal. Ego-dystonic problems were those that did create discomfort, guilt, etc. In current, DSM-III-R jargon (American Psychiatric Association, 1987), Axis II personality disorders are considered ego-syntonic.

time when the family must prepare for both loss and gain (McCullough & Rutenberg, 1989). Sometimes referred to as *launching*, this stage not only involves the loss of a family member due to marriage but also the need to include spouse and in-laws in a redefinition of extended family.

There is a special stress on parents at this stage, especially when the last child is contemplating marriage. The parental couple has achieved a balance of sorts that has involved sharing the multiple responsibilities of raising children. A redefinition of the marriage and the couple's relationship to each other faces parents whose last child is leaving home. A possible intermarriage may give the parents one last crisis to unite around and thereby avoid an often painful renegotiation of the marital relationship.

CASE 1: Sylvia and Don had two children, Lisa and Michael. They had not had a happy marriage, but they remained together for the sake of the children and for "financial reasons." They came for help because Michael was contemplating marrying a woman in his second marriage who was not Jewish. Upon talking to Michael, it became clear that he had no intention of remarrying so soon after his divorce and that his parent's constant harping was actually pushing him closer to marriage than he wanted to be. The parents were urged to give Michael some space. They then presented their concerns about Lisa, who was married to an Israeli whom they disapproved of and who was abusive to her. Lisa clearly rejected her parent's efforts to "help" her and insisted that she felt satisfied in her marriage. When the therapy turned to Sylvia and Don's relationship, the sessions became bitter and acrimonious. They finally decided they were not suited to each other and began separation proceedings after 33 years of marriage.

Religion may also take on different meanings for people at different stages of the life cycle. Fowler (1981) notes that people be-

come more religious as they age. Although religion may be an important issue for parents, it may be less important for their children as young adults; this may be a significant difference between the generations within each family.

Multigenerational Issues

Bowen's (1978) family system theory stresses the multigenerational nature of many family problems and conflicts. Unresolved issues in one generation often become the sources for unresolved problems in the next generation. In a brilliant article entitled "The Myth of the Shiksa," Edwin Friedman, a rabbi and family therapist who was a student of Bowen, discusses the multigenerational processes at work in many cases of severe conflict about intermarriage (Friedman, 1982). Although Friedman, in his discussion, ignores some of the real problems that intermarriage may pose, he nevertheless identifies some of the common distortions that can occur.

Boundary Issues

The centrality of family in Jewish life (Herz & Rosen, 1982) and the resultant intensity of relationships in Jewish families often lead to boundary distortions. Within the family, boundaries may be poorly formed and very porous, often resulting in enmeshment (Minuchin, 1974). One need only picture the classic image of Mrs. Portnoy standing at the bathroom door inquiring about her adolescent son's bowels to understand the extent to which interpersonal boundaries may be violated.

Almost as a counterbalance, the boundary between the family and the outside world, especially the non-Jewish world, can be very rigid and highly impermeable. For families with inflexible boundaries, even an ordinary marriage may be difficult, and intermarriage becomes nearly an impossibility. If nothing else, intermarriage issues are boundary issues.

CASE 2: Mrs. Pizerofsky talked in uncertain terms about her daughter's recent wedding. They had sought consultation over a year earlier because of their concern that their daughter was dating a non-Jew. After a year of consultation at the Beren Center, the daughter broke off the relationship and had recently married a Jewish young man. I was puzzled at the mother's lack of enthusiasm. It turns out that the young man, in the mother's opinion, is difficult to get along with. He insisted that the daughter move to another borough of the city where they had found an apartment. And she couldn't understand why this young man should object if she spoke to her daughter several times a day. That her daughter was revealing intimate details of their sex life, upon which this mother felt free to comment not only to her new son-in-law but to his mother, did not initially seem problematic to her. With some coaching from the therapist, Mr. Pizerofsky was able to convince his wife that without some restraint she would be jeopardizing her relationship with her new in-laws.

Individual Issues

Families experiencing family-dystonic intermarriage problems are often caught in a power struggle. The individual considering the marriage is faced with the dilemma: me vs. my family of origin, my way vs. my family's way, to go forward vs. to go backward. The parents often frame the dilemma in terms of gratitude vs. ingratitude or respect vs. disrespect. These frames for the problem are unhelpful primarily because they do not encompass the reality of all the participants. Intermarriage is not always (or even usually) a matter of disrespect or ingratitude toward one's parents (Sirkin, 1993). Neither is the ability to hear one's parents' concerns a case of "caving in to them" or a lack of independence. The proper goal of treatment is to help families by helping the individuals in them negotiate the delicate balance between autonomy and interdependence. Like sailing between

Scylla and Charybdis, it may not be easy, but psychological survival depends on it.

Presenting Problems

Family therapists, since the inception of this type of therapy, have noted that the presenting problem is often an indication of a disturbed pattern of family relations (Vogel & Bell, 1960). For a family therapist to treat only the identified patient (IP) would be like a medical doctor controlling a fever but doing nothing for the underlying infection.

Experience at the Beren Center indicates that in most cases of family-dystonic intermarriage, the parents will contact the clinic and present the adult child as "the problem." At the first interview, it is important to hear how, specifically, the IP is described. Is he or she portrayed as confused, rebellious, ungrateful, disturbed, or uncaring about Judaism and/or family? It is here we begin to sense the themes that may be acted out around the intermarriage. In extreme cases, the IP is described as a potential parent killer as in such statements as "Since this whole situation began, my heart condition has worsened," or "I don't think his mother/father will survive the shock if s/he goes through with this." Although such statements may sound like rhetorical hyperbole, they nevertheless express the deep pain of family members.

Sometimes the conflict in the family is not focused on the child who is intermarrying, but is between the spouses. This may be seen as a "perverse triangle" in which a child and parent join forces against the other parent (Haley, 1967). The spouse who takes the religious "high ground" and opposes the intermarriage sees the other parent as deficient in some moral or religious way. The more "liberal" parent often views the disapproving spouse as unreasonable and rigid. Such couples may need several sessions together to sort out these feelings before involving the child in the treatment.

The interfaith couple themselves may at times seek help. Common problems for

these couples often derive from some slip-page of an uneasy truce that was achieved at an earlier point in the relationship.

CASE 3: A Christian man married a Jewish woman with the assurance that they would only celebrate Jewish holidays in the home. By the third year of marriage, with a 2-year-old child in the house, he decided he missed a Christmas tree, and it wouldn't hurt if he introduced a small one into the home. His wife felt betrayed, but she also noted how much pleasure the tree gave him. The following year, the tree was a little bigger, and his wife was in a quandary. The negotiations and renegotiations in interfaith marriages are endless.

These couples tend to experience more problems around the times of key life-cycle stages or events, such as the birth of a child, the beginning of religious training, or when the children reach Bar or Bat Mitzvah age.

Sometimes an individual, by him- or herself, will seek help to sort out problems related to an impending intermarriage. It is usually helpful to meet the potential spouse at some point in this process, although not always right away. A relationship should be first established with the person seeking help. Individuals who come alone may resist bringing in their partners for one of two reasons. Either they do not want to alienate the partner by expressing doubts openly to a third party, or they want pointers on how to overcome potential problems without involving the partner at all. Such cases are usually more similar to individual therapy than family systems therapy, although there will always be significant overlap.

Clinical Goals

Consult Before Treatment

Consultation is not simply a set of skills, it is a mindset. I have come to believe that clinicians, before engaging in a course of psychotherapeutic treatment, should begin as consultants to the system. This is espe-

cially true for such problems as intermarriage because they are not typically associated with psychotherapeutic intervention. Sometimes the distinction is subtle, but it is important nevertheless. The consultant attempts to obtain an overview of all the variables in a situation, determines possible courses of action, and then makes recommendations. One such recommendation may be a course of family counseling, or couple counseling, or a referral to a rabbi. The consultant relationship provides maximum flexibility, whereas the therapeutic relationship, in contrast, already makes certain assumptions that may be constraining. The goal of the consultation is to determine what action to take that is mutually agreeable to the professional and all involved members of the system. A consultation may take one, two, or three sessions or, in some cases, can take place over the telephone.

CASE 4: The caller asked if this was where they stopped intermarriage. I replied that we were a clinic and that we counseled people about intermarriage, but that ultimately the individual had to choose for him- or herself. She seemed momentarily confused, then asked, "But isn't this a Jewish clinic?" I assured her that it was, but that our approach was psychological and not strictly religious. We discussed her personal situation, but she was adamant about the need for a religiously oriented individual to speak to her son in religious terms. She was referred to a rabbi.

In this situation the individual was not really interested in the type of services we offered. It would have been potentially unethical to begin a course of treatment with her or her son, without her understanding what we were offering and what we were not offering.

Provide Psychoeducation

The psychoeducational approach takes into account specific knowledge that may be helpful to families and individuals trying to cope with an illness or problem. This

knowledge complements therapeutic interventions. Information specific to intermarriage falls into three categories: risk factors, issues related to children, and issues related to self. In terms of risk, it is a fact that the divorce rate is much higher for intermarriages than for Jewish in-marriages (Mayer, 1985). These risks are significantly reduced in conversionary marriages. Also, intermarriage rates are much higher for divorced people than for first-time marriages. Children raised with a dual religious identity will have a minimal sense of Jewish identity (Medding et al., 1992). The Jewish partner in an intermarriage also limits his or her potential for enhanced Jewish identity: "mixed-marriage must be regarded as a virtual bar to the achievement of a high level of Jewish identification" (Medding et al., 1992, p. 37). This may be especially problematic when one realizes that religion becomes more important as one grows into middle and late adulthood (Fowler, 1981). In other words, couples should be made aware of psychological research that indicates that differences that are not important in their twenties may become more important in their thirties, forties, fifties, and beyond. Perhaps this is one factor that explains the high divorce rate among intermarrieds.

CASE 5: Another caller asked if this was where they stopped intermarriage. I replied that we were a clinic and that we counseled people about intermarriage, but that ultimately the individual had to choose for him- or herself. The caller seemed relieved. He was considering intermarriage himself and wanted to have all the facts and data so he could make an informed decision. We met several times, first with him alone and then with his partner, to discuss some of the facts I had and some of the concerns both of them had.

Enhance Communication

An integral part of any family treatment is enhancing communication within sub-

systems and within the system as a whole. The parental couple must be clear where each other stands on the important issues, e.g., meeting the boyfriend/girlfriend, supporting the marriage, attending the wedding, paying for the wedding, etc. It is only by discussing their feelings and values about these issues that the parental couple can feel united in their position toward the intermarriage.

Paradoxically, communication between subsystem boundaries may serve to strengthen those boundaries and thereby benefit the family as whole. Parents are encouraged to state their feelings as strongly to their children as they deem appropriate. It is vital to the work of the therapy that the therapist not communicate for the parents or in place of the parents, but to encourage them to communicate directly to their child. Yet, communication, at its best, is a two-way street, and parents must be helped to listen to their children. The adult children must be encouraged to articulate their needs and feelings, which then become the basis for an ongoing dialogue between parents and child. Sometimes siblings will have something important to add to this dialogue and should be encouraged to do so.

Articulate Individual Values

Clinical experience teaches that most people believe that they behave in a manner that is self-consistent. That is, each person seems to believe that he or she operates from a consistent set of values and engages in activities and objects to activities based on those values. What are the values that parents wish to articulate in their opposition to intermarriage? What are the values that young people seek to affirm when they intermarry? The articulation of individual values is essential for the differentiation that is one criterion of healthy family functioning (Bowen, 1978).

Sometimes the values people hold are mutually incompatible, and it is here that therapy can often be quite helpful. The desire to intermarry (without conversion of the

non-Jewish spouse) and the desire to have Jewishly identified children may be incompatible values, according to the available research (Medding et al., 1992). Not that a person cannot want both things, but the facts are that they do not occur together. Sometimes strongly held values lead to conflicting choices that can be postponed but rarely avoided.

Relate Individual and System Values

Individuals do not function in a vacuum, but rather are members of larger systems, i.e., families and religious and ethnic groups. These larger systems also have values that impose themselves on individuals. When people choose to associate or become (or remain) members of these larger systems, they must constantly work to maintain some consistent connection between the individual system of the self and the larger family or social system. This does not mean that individuals must be slavishly committed to following the dictates of the group. In the healthiest systems, there is room for dialogue and flexibility, and within limits, some systems can change. This is the purpose of communication and the hope of therapy.

CASE 6: Sam and his wife Minna called me for an appointment as soon as possible. Unlike most callers, who want to know a bit about the Center before scheduling a meeting, they had been referred by their rabbi, and that was good enough for them; in addition, they were desperate people. Both Sam and Minna were intent on "saving" Saul, their only son, from the horrific fate that he had planned for himself and his entire family. They were an Orthodox family that, they assured me, had done all the "right" things. They were observant, they sent their children to yeshivas, and these kinds of things weren't supposed to happen to people like them. I was the last in a long line of counselors from whom the father and mother had sought advice and the first secular advisor, i.e., I wasn't a rabbi or a rabbi's wife.

Saul, their son, was a 27-year-old young man in his fourth year of medical school at an upstate medical college. He was the middle child, with an older sister who was single and a nurse, and a younger sister, who was attending a women's yeshiva in Israel. His parents were not originally from observant families, and his maternal uncle was a Reform Jew; the uncle's daughter, Saul's cousin, had recently married a non-Jew. Saul had also attended yeshivas during his adolescence and college. During his first year of medical school, Saul met an Oriental woman who was not Jewish. They had been dating for about 3 years and were apparently intending marriage. The parents found out about the relationship about a year ago and have done everything to discourage it, from begging to berating and everything in between. They have refused to meet the girlfriend.

As the meanings of this potential intermarriage were being explored for Sam and Minna, one element became clear. In addition to the feelings of failure and betrayal that are common among these families, another theme emerged very clearly: shame. As we talked about their objections to the intermarriage, they mentioned in passing that Saul assured them that she would undergo an Orthodox conversion. When I suggested that must have been quite a relief for them, Sam looked at me wide-eyed and said, "But Doctor, you don't understand, we will never accept this girl, she's not like us, she's not our kind, no conversion will change that." As we discussed the issue further, my fears were confirmed: this was not about religion or halacha — it was prejudice, pure and simple. "Of course my son thinks we're racist," the father added.

Upon meeting Saul, first privately and then with his parents, it turned out that his fiancée was indeed studying with an Orthodox rabbi and was intent on converting. My work with this family consisted of helping the parents see that their rejection of the fiancée was not grounded in the values they professed to endorse. Their son did indeed sup-

port many of his family's religious values, if not their prejudice against other racial groups. Their values compelled them to accept this convert, and they realized they had much more to lose than gain by their continued opposition.

Maintain Multidirected Partiality

Multidirected partiality is not only a technique; it is a philosophy of treatment grounded in an abiding respect for all members of a system and their values (Boszormenyi-Nagy & Spark, 1973). It refers to the therapist's "freedom to take turns in siding with one family member after another as his [sic] empathic understanding and technical leverage require" (Boszormenyi-Nagy & Spark, 1973, p. 179). In addition to being an important value, multidirected partiality makes strategic sense. Why would someone in a family come for a consultation or treatment with a professional whom they believed would take sides against them? In order to join with every member of the system it is important to demonstrate that the therapist can understand each member's unique perspective on the problem and his or her unique position in the family system (Minuchin & Fishman, 1981). The skills to achieve this partiality may leave a therapist feeling insincere or parents feeling betrayed by a therapist they thought "understood" them. Yet, it is also a method that models mutual respect, open communication, and genuine dialogue between people. It is an essential quality for anyone who desires to do clinical work with families struggling with family-dystonic intermarriage issues.

WORKING WITH SUBSYSTEMS

The essence of the systems approach is the view that intermarriage, at least family-dystonic intermarriage, is not simply about one person's decision to marry. The potential event that is giving rise to family dystonia must be understood in the context of the entire family system. In the typical

clinical situation, however, it is rare for the entire family to present itself at the clinician's door, eager for treatment. The reality is that the first contact, initial consultation, and sometimes the entire treatment takes place with only a subsystem of the entire family system. Each subsystem approaches the clinic with characteristic concerns that must be understood by the clinician in the context of the entire system.

Parents

Approximately 90% of our contacts come from distressed parents who have an adult child contemplating intermarriage. Often parents are uncertain about the kind of help offered; sometimes, they are even uncertain about what they want to do.

The goals of the early session(s) are to help each parent articulate his or her individual concerns. The parents may feel that their concerns about the intermarriage are obvious, but the fact is that mothers and fathers often have different worries. The clinician should try to have them be clear about religious considerations vs. family comfort vs. concern for their children vs. apprehension about grandchildren. Often all of these anxieties relate directly or indirectly to issues of Jewish identity and continuity. One should explore the vicissitudes of Jewish identity in the life of each individual and in the family life as well, i.e., since they became parents.

Most family systems therapists use genograms in their work (Guerin & Pendagast, 1976). Genograms, maps of the family system, are invaluable as a tool to gather information, join with the system, and keep track of the players. When constructing genograms in cases of family-dystonic intermarriage, the clinician should explore such themes as Jewish identity, Jewish involvements, religious observance, and incidences of intermarriage in the extended family. Relationships with the IP should be noted to understand the role that this person and his or her intermarriage might be playing in the dynamics of the family system.

The clinician should attempt to differentiate between "healthy" agendas and "unhealthy" agendas and, when possible, to emphasize the former. Of course, the terms "healthy" and "unhealthy" are value judgments, but I have in mind such situations as those described in Case 6. Most opposition to intermarriage is some part xenophobia and some part affirmation of positive Jewish values. It is those positive values that are ultimately the most robust and have the greatest potential to affect the system positively.

In family-dystonic situations, the potential intermarriage will often stress a couple's relationship along previously established stress lines. Tried-and-true themes from old arguments often re-emerge, e.g., fathers are too hard on sons and mothers too soft, vice versa with daughters, etc. As in Case 1, the disagreements about intermarriage may mask other conflicts. These conflicts must be explored and to some degree settled, or at least put aside, in order to deal with the problems around the intermarriage.

At some point the therapeutic work with parents must explore possible futures. What if the intermarriage takes place? How will parents handle their relationships with their intermarried child, the spouse, and their other children? These questions are by no means meant as subtle encouragement to accept the intermarriage. That is ultimately each parent's choice. Yet, thinking about the limits to which they will go in opposition to the intermarriage allows subsequent discussions with their child to proceed on a firm footing.

CASE 7: Abe and Dinah contacted the Beren Center² from their home in California. This modern Orthodox couple had just received the devastating news that their oldest daughter, a professional living in the Midwest, was engaged to be married to a Christian man.

To add insult to injury, she had decided to convert to Christianity. No matter what they tried, their daughter would not reconsider her decision, nor would she meet with a family therapist. Her ultimatum to them was to accept her decision and come to the wedding or risk being alienated from her. With professional help, the parents decided they could in no way support their daughter's decision even by attending the wedding. They allowed their other two daughters the freedom to choose to go or not. One daughter attended, the other daughter did not. The daughter who attended was "traumatized," according to the parents, and will no longer have anything to do with her sister. There is now little contact between the married daughter and her family of origin. However, her parents feel they acted consistently with their long-held values and do not regret their actions. They have since become actively involved in community efforts to help Jewish singles meet.

Individuals Contemplating Intermarriage

Individuals contemplating intermarriage are at an important developmental point in their lives. Particularly in family-dystonic situations, they are forced to dramatically assess the positives and negatives of close family ties and the alternatives. The individual who seeks help or agrees to have help without the partner is struggling with different issues than someone who comes with the partner. These issues usually have more to do with relationships to the family of origin than with relationships to the potential partner. Because the partner has been excluded, the focus of the work naturally falls more on the individual.

Individual work with someone contemplating intermarriage may be very similar to psychotherapy for other presenting problems. The issues related to intermarriage may surface in a variety of ways. For example, the individual may be struggling with parents about closeness, career, or religion in general without specific reference to

²Since this article was written, The Robert M. Beren Center has closed due to lack of funding.

the potential intermarriage. Or the individual may be struggling with his or her own feelings about religion, children, career, or family. It is useful to explore how someone's struggle or ambivalences about religion are played out in the interfaith relationship. One hypothesis about these relationships is that they are an acting-out of one's ambivalence toward Judaism in all of its forms, e.g., religious, social, and familial. As with any other form of acting-out, when all the related feelings can be verbalized and explored, the need to act-out diminishes. This is not to say that all interfaith relationships and marriages are a form of acting-out, but when they are, individual psychotherapy will be helpful.

The exploration of potential futures is useful for these individuals. Where do they expect religion to fit into their future family life? and What do they want their potential spouse to know about Judaism? are just two of the questions that can be explored. One of the ironies of intermarriage is that someone who believes religion is not that important is often forced to represent and teach and instill the values of that religion in their future family. This often comes as a surprise to someone who thought he or she would be "escaping" religious demands. The salience of religion in the sessions will vary from person to person and from time to time throughout the treatment relationship.

CASE 8: The rebbetzin (rabbi's wife) of an ultra-Orthodox synagogue contacted the Center about her niece Roberta who was dating a non-Jewish boy. Both the parents and extended family were quite upset. The parents, who were nominally Orthodox, contacted me and came in for a consultation. They brought Roberta to the following session. The outcome of these sessions was that she was willing to meet with me, in individual therapy, to explore her relationship, but she did not want to include the parents. Individual psychotherapy proceeded, although her boyfriend came in with her on two occasions.

The treatment with Roberta has been ongoing for almost 2 years. The focus on issues related to her boyfriend, whom she had wanted to marry, receded, and issues with her parents and family came to the fore. Although she resisted repeated attempts to have her parents come into sessions, the work has progressed nevertheless. When the break-up with the boyfriend came, Roberta became suicidal and was seen twice a week for a period of months. She continues to be seen weekly to work on issues that are typical for someone in her mid-twenties. Discussions about religion may occur periodically in the context of talking about her family or new men in her life, but they are rarely the focus of treatment.

The Couple

When a couple comes in together, especially from the first session, this usually indicates their strong commitment to remaining together. By appearing together they are making a public statement that they want to be seen as a couple. The initial consultations must be used to assess the couple's commitment to each other, each person's investment on working on issues that may be difficult for them, and how important religious differences may be to each of them and to their families of origin. Three-generational genograms for each person will assist the therapist in tracking some of these issues.

Couples have varying degrees of sophistication about the difficulties they will face. Some approach the thought of potential problems with massive denial, truly believing that none of the statistics will apply to them. Others may try to prepare for future problems by exacting promises from the partner, as with the couple in Case 3. The most sanguine situations are those in which both members of the couple understand that the consistent expectation of ongoing discussions and renegotiations is the only protection the couple will ever have from the potential divisiveness of intermarriage.

Couples at different stages of involve-

ment have different needs. A couple at the dating stage has the most flexibility in terms of a final commitment, and both members of the couple are relatively free to reconsider every aspect of their relationship, including marriage. These couples need to understand the significant problems they will face and begin to develop a sense of how willing their partner will be to negotiate differences and how much room there is for compromise. Couples who are engaged have already made a commitment to each other and are therefore less flexible. This diminished flexibility may push a couple toward denial or trivialization of problems. It will facilitate the counseling to have couples agree to hold off on any marriage plans until after the counseling process is completed or at least to commit to a hiatus in the planning. This may also help parents feel less anxious and allow them to participate in some of the work.

There is a growing body of clinical dialogue about therapy for interfaith couples. McGoldrick & Garcia-Preto (1984) discuss some of the generic issues relevant to this work, and Perel (1990) and Crohn (1986) discuss some of the issues especially relevant for Jews who intermarry. The essence of this work lies in helping each member come to terms with the realization that his or her spouse comes from a different background, with different groundrules and expectations. Again, an acceptance of the ongoing need for discussion of these differences is the first step in the therapy process (Petsonk, 1990).

The common difficulties that arise in these relationships can be summarized in three C's: Christmas, Conversion, and Children. The issue of Christmas simply cannot be avoided in American interfaith families. Every year the culture reminds these families that someone or some people in their home are not part of the mainstream religious culture. Christian family members may experience a longing for familiar rituals, whereas many Jews feel severely threatened or alienated during this

time (Sirkin, 1992). Even when a truce may be reached between the couple, families of origin may exert pulls that create additional tensions.

Conversion becomes an issue periodically when it seems to be the only protection against the dissolution of Jewish identity that many intermarried people experience (Cowan & Cowan, 1987). Because American culture is, for the most part, Christian, the issue of conversion is often more pressing for the Jewish partner as some modicum of protection from the forces of assimilation (Sirkin, 1994). Often, the issue of conversion is broached early in the relationship, though tentatively, and is then dropped like a "hot-potato" if the non-Jewish spouse resists. It may come up at various points in the life cycle, such as the birth of a child, at age 6 or 7 when most children begin religious training, or around the time of the Bar or Bat Mitzvah. Religious conversion is the only obvious way to settle some of the Jewish identity concerns that arise from intermarriage.

Conversion of the spouse is closely related to the issue of the religious identity of children. A couple may agree early on that the children will be raised as Jews, but rarely do they ask this question — how does a non-Jew participate in the raising of Jewish children? Unless the non-Jewish parent has made a commitment to learn about Jewish beliefs, rituals, and customs, he or she will often feel alienated from certain parts of family life. Some couples compromise on this issue by raising children with exposure to both traditions or exposure to none (Petsonk & Remsen, 1988). These parents must realize that this is a formula for raising non-Jewish children (Medding et al, 1992), with the added potential for identity confusion and lower self-esteem (Phinney, 1990).

This section cannot conclude without a brief discussion of the difficulties faced by traditional Jews or Jewish agencies in counseling people who are already intermarried. Jewish law is quite clear in its non-accept-

tance of intermarriage. The task of helping an intermarried couple, in order to improve their relationship so they can remain intermarried, poses an ethical dilemma for the traditional Jew. This is one reason why some halachically oriented therapists will only counsel individuals or couples before intermarriage. There are different attitudes among denominations within Judaism that could justify a multitude of approaches. The only clear guidelines for the therapist are to be aware of his or her own position and then to communicate that position to supervisors, colleagues, and patients when appropriate.

Support Groups

A new trend in group psychotherapy is the advent of time-limited, focused groups for particular problems (MacKenzie, 1992). There is a significant overlap between these groups and those offered by family life education services within Jewish family agencies and Jewish Community Centers. The latter groups usually have a more psycho-educational orientation around Jewish issues, although they all share common aspects of group process.

Couple support groups were pioneered by the Reform movement in the late 1970s. These groups were open to both married couples and those considering marriage. They tended to be time-limited, with a strong educational component for the non-Jewish partner. These groups provided a forum for couples to exchange opinions, frustrations, and information. Some couples formed friendships with other couples that lasted throughout the marriage. These groups are currently sponsored on local levels through Jewish family agencies, Jewish Community Centers, and individual synagogues — primarily Reform synagogues but a growing number of Conservative synagogues as well.

Parent support groups are probably the fastest-growing service to this population. Many of the parents who seek support would place themselves in the family-

dystonic category, although some are simply seeking more information. As discussed, there are often significant differences between parents that these groups are helpful in sorting out.

One critique of these groups is that they usually mix potential intermarriers with those who have already intermarried. My experience has been that both groups, pre-marriage and post-marriage, are distinct, with different salient issues. The tendency to mix the two often means that one group, usually the pre-marriage group, is inadvertently silenced. For example, a subgroup of parents discussing their concerns about their interdating children might want to focus on their fears, their anger, and prevention of the marriage. A subgroup of parents whose children have already intermarried will tend to focus on forgiveness, acceptance, and making grandchildren more Jewish. The latter group often feels threatened by the anger and fear of the former group and seeks to reassure them by telling them things will be alright and that there is family life after intermarriage. This is not what these parents want to hear, and it is often not helpful for them. Similarly, working with couples who are struggling with intermarriage often creates a “jump-in-the-water, it’s fine” atmosphere that makes it harder for couples to reconsider what is, at best, a difficult life choice.

CASE 9: A young psychologist was contacted by a Conservative synagogue to run a group for the parents of intermarried and interdating couples. Their first choice for group leader, an older woman who was intermarried herself, was retiring so they were willing to try a young unknown. Membership in the group would be open not just to synagogue members but to the entire community. The rabbi and temple president planned to attend the first meeting, despite the fact that there was no intermarriage or interdating in their families. Although it was suggested to them that their presence might not be helpful, temple politics dictated otherwise. Thirty-

one people arrived for the first group, about twice as many as preferable for a group of this kind. The rabbi and temple president spoke, and then someone who hoped to become temple president next year spoke as well. What began as a support group was becoming a replay of temple politics. There was a strong division in the group between those whose children had already intermarried and those who were interdating. The pain of these parents was palpable, and the anger and frustration were very much alive in the group; angry words were exchanged between the two subgroups. Group cohesiveness was low and needed to build up over time.

Several days after the first group, the new leader received a call from the old group leader and then the rabbi. The man who would be president had contacted the old leader and requested she return. She consented to come out of retirement to "save" the group and now runs several groups for this temple and others in the area.

There are many levels on which this group process and the failure of the leader could be analyzed. There was the politicization of the group, as well as the important differences in gender, age, leadership style, and marital status of the two group leaders. However, this case was chosen to illustrate two important points. The first is that the pain and disappointment of intermarriage are usually experienced most strongly at the parental level; that is, the intermarriage is more dystonic for them than for any other family subgroup. This intensity results in some of the clinical problems already noted, such as marital discord and family strife. In this case, the young group leader felt the brunt of many people's frustration over their children's behavior. Second, the inclusion of both parents of intermarried and parents of interdating (or potential interdating) children creates tensions that are not easily resolvable in the same group. For this reason, I recommend having separate parent support groups for these two distinct

populations.

CONCLUSION

The clinical problems posed by intermarriage are significant and will continue to affect the Jewish community into the twenty-first century. Parental struggles with children who interdate and intermarry, the struggles of Jewish individuals, and interfaith couples will be increasingly familiar problems that will require specialized clinical knowledge and training.

This discussion would not be complete without noting one outcome of intermarriage that has received scant attention from the Jewish community: the children of intermarriage. This is among the fastest-growing segments of the Jewish population, yet very little is known about their needs, attitudes, and commitments to Jewish life (Mayer, 1983). A natural outgrowth of the work with interfaith couples is a commitment to help these potentially Jewish children achieve an identity that enhances their self-esteem and, where feasible, their commitment to Jewish continuity.

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