

The *Bar Mitzvah* as an Experience In Family Growth

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As the boy/girl enters adolescence and takes his/her place within the Jewish community, it becomes incumbent upon the parents to provide a new balance in the intergenerational legacy of family expectations. The rite of passage of the adolescent can produce a major upheaval in family functionings. If therapeutic intervention is called for, the family therapist must understand life-cycle theory and utilize various techniques to exonerate the family from its "invisible loyalties."

Introduction

Blessed may He be who has freed me from the punishment of this boy.

Midrash

The father is responsible for the behavior of his son until his son reaches the age of thirteen. After *bar mitzvah*, the boy is held responsible for his actions by the community and the father is relieved of this responsibility. The father used to include the above quote from *Midrash* as part of his prayer to acknowledge his son's passage into adulthood.

Not only may the sins of the son be visited upon the father, but also the sins of the father may be visited upon the son. From generation to generation, fathers have prepared their sons for *bar mitzvah*. There were joy and celebration as the son accepted the responsibility of being part of the Jewish community and the honor of being part of a *minyan*. But, there was anxiety too. Father would recall his *bar mitzvah*. What was the family tradition? What had been *his* father's involvement? What about *his* grandfather? What in the nature of family relationships made the *bar mitzvah* a joyful occasion or a miserable one? What emotional heritage had been passed down from generation to generation? And how will it now be for this son?

It is the son who must learn this *Torah*, *Haf-torah*, deliver a speech explaining a selected passage from the Bible and thank his parents for their support. It is the

parents who must prepare for the family affair. This is true for *bat mitzvah* as well. Daughters have increasingly participated in the rite of passage into the mainstream of the Jewish community in the last twenty years.

Westchester Jewish Community Services offers its consultation services and its Jewish family life education program to synagogues, community centers, Jewish affiliate organizations, and Jewish educational institutions. We have run workshops with rabbis to help prepare youngsters and their families for *bar/bat mitzvah*.

Rabbi Friedman has emphasized that the *bar/bat mitzvah* is not just a rite of passage for the youngster but also an intense process of family passage into a new phase of its life cycle.

Rites of passage are usually associated with emotionally critical moments of life. Yet most studies of these ceremonies have tended to ignore the crucial role of the family at such events. The convention in the social sciences has been to place primary focus on the culture that provides the rites, or the individuals who are being passed through to a new stage in their life cycle. The role of the family at such occasions has tended to be seen as secondary, as occupying more of an intermediary position between the individual members to be passed and society. From this perspective, the family participates in the customs provided by the way of helping its members take their new position in the culture.

I have found that the family, far from being

an intermediary, is the primary force operating at such moments—primary not only in that it, and not culture, determines the emotional quality of such occasions (and therefore the success of the passage), but also in that it is the family more than the culture that ultimately determines which rites are to be used. For families are far less determined by their culture's customs and ways of doing things than they are selective, according to their own characteristics and pathology, of the culture's ceremonial repertoire.¹

This paper will offer three case examples of how family relationship systems unfolded around the events surrounding three separate *bar mitzvahs*. In each case, the ceremony was performed in the manner of conservative Judaism and, in each case, different family traditions and folklore were used to mobilize a sense of Jewish family within Jewish community.

Each of the three cases presented required more intensive interventions and were referred to me for treatment. Each demonstrates the use of different family therapy techniques. Case one uses methods prescribed by Minuchin^{2,3} and Haley.⁴ Case two uses Bowen⁵ systems theory. Case three draws on networking techniques.^{6,7} All three were successful *bar mitzvahs* in the sense that the strengths of the family were mobilized and the families were enabled to continue through the life cycle.

¹ Edwin H. Friedman, "Systems and Ceremonies: A Family View of Rites of Passage," in Elizabeth A. Carter and Monica McGoldrick, eds., *The Family Life Cycle: A Framework for Family Therapy*. New York: Gardner Press, 1980, p. 429.

² Salvador Minuchin, *Families and Family Therapy*. Cambridge, Mass.: Harvard University Press, 1974.

³ Salvador Minuchin and H. Charles Fishman, *Family Therapy Techniques*. Cambridge, Mass.: Harvard University Press, 1981.

⁴ Jay Haley, *Problem-Solving Therapy*. San Francisco, Calif.: Jossey-Bass, 1977.

⁵ Murray Bowen, *Family Therapy in Clinical Practice*. New York: Jason Aronson, 1978.

⁶ Ross V. Speck and Carolyn L. Attneave, *Family Networks*. New York: Vintage Books, 1974.

⁷ Uri Rueveni, *Networking Families In Crisis*. New York: Human Sciences Press, 1979.

All the cases involve *bar mitzvahs*. This is only by chance and no slight is meant to *bat mitzvahs*. Girls and their families experience similar life cycle crises.

Case Presentations

1. "Get out of his skin!"

Bruce was twelve when his mother called the agency for help. She had brought him three years before, but she withdrew him from therapy because she noted no improvement.

Bruce had been diagnosed as a childhood schizophrenic. He was an isolate at school. He was brilliant in his academic work, but he had a manner which made him an object of ridicule by the other children. He was tall and skinny and could not defend himself. He was provocative, but babyish and always ran to adults for help. Mother always rushed to school to defend him and to accuse the school personnel of not protecting him. He couldn't sit still. He didn't talk, he yelled. When he didn't get his way, he had a tantrum and his mother always capitulated. Mother was now concerned that Bruce was giving his teachers in Hebrew school a hard time. How was he going to prepare for his *bar mitzvah*?

Bruce's father was twenty years older than his mother. He had a quick, explosive temper, but had never laid a hand on Bruce. Mother handled everything and acted as mediator between Bruce and father.

A sister, three years younger, was a child who could do no wrong. She was brilliant in school; she was well behaved; she even played baseball better than Bruce. Bruce resented her, mother protected her from Bruce's wrath.

Father owned a marginal business and worked long hours. Mother helped out. The children were not expected to. I would not have been able to work with the whole family during the usual office hours. So I visited them at home in the evening after my last office appointment.

I was always welcomed into the home and offered a drink and a *nosh*. The "battle lines" between mother and me were drawn in the first session. After a cordial greeting and some getting acquainted, mother began to describe the problem with Bruce. She talked incessantly. If I asked a question of someone else, she answered. Although I was polite and insistent that each family member answer for him/herself, mother persisted. When I finally stopped her from talking for others, she did not speak again during a month of sessions. She was going to show me. I told her that she was inside Bruce's skin and that she would have to get out if Bruce was to grow up. Father was going to be in charge of Bruce's behavior. Father was delighted but scared. Bruce balked.

The family dynamics followed the triangular pattern of overintense mother-son relationship which alternately included and excluded the father. By using Haley's approach, I helped the peripheral father to begin to change the family structure.

When a therapist interviews a whole family presenting a child problem and sees the mother and child as overinvolved and the father more peripheral, he may decide to use the father to break up the intense relationship between mother and child . . . In the sequence of this type; the father usually has attempted to deal with the child and has met opposition from the mother as the mother reclaimed the child from him, often protesting he does not understand the child. Often, too, the father has criticized the mother for her overprotection of the child, antagonizing her and persuading her he does not understand either her or the child.⁸

Haley's description is amazingly like Linzer's who bemoans the fate of the modern Jewish family.

The distinctive role patterns operating in the traditional Jewish family have changed and have become more diffuse today. While mothers still play the dominant role in child-

rearing in the middle-class family, the fathers have generally abdicated their special functions as the spiritual guides and role models within the home. Mothers have taken over, by default, responsibility for the totality of their children's education, both secular and religious. The Jewish mother is portrayed as dominant, strong, competent, and managing; the father is the opposite, a *nebechel*, weak. His physical distance and affective separation does not inspire respect and obedience, as he once did. The image of the father as a "pal" to his child is well known.⁹

Both Haley and Linzer came together for me in this therapeutic approach to this family to restore the father to his traditional role of teacher in preparing his son for *bar mitzvah* while the mother returns to her traditional role supporting the father and encouraging "manliness" in her son.

In the third session, as we continued to work out a plan to control Bruce's behavior, Bruce became anxious and fidgety. Bruce always sat on the living room couch. He slouched and put his feet up. He rolled over. He played with his bare toes. He put his feet up on the coffee table. He picked his toenails. I sat on the couch too. Sometimes he would put his feet on me. He would speak loudly into my face. He would shout across the room at this father. His father would slowly become aggravated and shout at Bruce to sit still and lower his voice. Mother would calmly intervene to quiet Bruce and father. This sequence was repeated over and over again in each session, but this one was going to become critical.

Mother did not intervene. She was still silently brooding about my insistence that she remain quietly unintrusive. I asked father if he really wanted Bruce to sit still. "Of course, it would be polite and proper," he replied. "Okay, make him sit still," I challenged. Father was not sure what I meant or how to proceed. After some

⁸ Jay Haley, *op. cit.*, p. 135.

⁹ Norman Linzer, *The Jewish Family: A Compendium*. New York: Federation Commission On Synagogue Relations, 1972, pp. 95-96.

hesitation, he rose from his easy chair and walked haltingly across the room. He hesitated in front of Bruce. He waved his finger and in a menacing voice warned Bruce to be still. Bruce looked quizzically at his father, but continued to wriggle. Father's muscles flexed as he moved to physically restrain Bruce's legs. The struggle was on. Father broke into a sweat as he wrestled with Bruce. Father persevered and kept Bruce's arms and legs pinned to the couch. Father's agony about the contest of wills and the struggle for closeness with his son as well as clearly defining generational boundaries wore heavily on his mind. Father collapsed back into his chair. Bruce sat straight up on the couch. Mother fought back her tears. Sister looked numb. I reassured father that he had acted in his son's best interest.

We worked out a plan whereby only father would transport Bruce to and from school. No matter what trouble Bruce got into at school, Bruce would be expected to fend for himself. Mother was given the task of keeping her mother from intervening in the process. Father had complained that grandmother was overprotective and infantilizing Bruce, and interfering with the parental management of Bruce. She was the only surviving grandparent. Mother agreed that her mother needed to be handled.

Several weeks of turmoil followed. Bruce called his mother continually to intervene between father and him. Bruce raised hell in the car and one day nearly caused his father to have an accident. Bruce became more provocative at school and each day his father thought he would have to rescue him from the lynch mob. With my support, mother and father held forth. Each session reinforced the shift in the family system. Bruce began to change.

After three months, the mother related an incident that epitomized the change. She was watching from the door of the house. Bruce was playing ball with his

sister. The neighborhood bully appeared and then encroached on the game. It was all mother could do to restrain herself from intervening. At first, Bruce tried to negotiate peacefully, but the bully persisted. Bruce defended himself so well that the bully ran off; however, he returned with two of his friends. Bruce held them off by using his baseball bat. Then they were willing to negotiate a peaceful game of baseball. Mother was so proud of Bruce and herself that she has almost forgotten the family struggle that produced the change.

Bruce became more likeable at school. He learned to speak in a normal tone of voice. He was no longer scapegoated. He had become a model student. Then his *cheyder* teacher began to complain that he missed the old Bruce—the one who practically jumped out of his seat to answer a question—and he had tried to restore Bruce's old behavior. Mother blithely put him in his place by reminding him of how unhappy and isolated Bruce had been.

Bruce, who had been frightened of his own shadow, had volunteered to spend the summer learning how to swim. Father invited me over for a cookout in celebration. I had begun to taper off the sessions as the family grew more able to handle their own problems. They still needed some reinforcement. Father talked about his family of origin. He spoke of his own father and grandfather; both of whom had been aloof and abusive. He spoke of his dread that he would be toward his son as his father had been toward him and as his grandfather had been toward his father. He had been horrified at his capacity for ugly rages and he had withdrawn from his son in order to protect him from them. He had learned how to control himself during therapy as he had taught his son self-control. He had lifted the burden of three generations so that his son could be *bar mitzvahed*. Then he revealed, in confidence, that he had been married before and he had two daughters; both were drug addicts. He

had never told Bruce or his daughter. Should they be invited to Bruce's *bar mitzvah*?

With only a little support from me, mother and father decided to reveal the secret to Bruce and their daughter. The other two daughters were invited to the house prior to the *bar mitzvah* and the family became acquainted. It turned out that the drug addicted daughters had been rehabilitated and they were invited to the *bar mitzvah*. Bruce dealt with this situation with piqued curiosity.

Therapy ended prior to Bruce's entry into junior high school. He was to be *bar mitzva*hed two months after that.

I received an invitation to the *bar mitzvah*, but I was unable to attend. I sent my reply with a gift for Bruce. After the *bar mitzvah*, father called me and insisted that the family take me to dinner as a way of my sharing their happiness. I accepted. I drove to their house and from there we drove to a kosher delicatessen for dinner. Everyone was excited to share the news with me. Father said proudly that Bruce was an exceptional *bar mitzvah* boy and everyone had remarked on how well he had delivered his *HofTORAH*. I congratulated father and son. Mother related Bruce's adjustment to junior high. He had been placed in a special class for high academic achievers. Not only was he achieving academically, but his behavior had been exemplary. He was making friends and nobody was picking on him. Bruce, and his sister, had begun to help out in the store after school and weekends. The family was truly working together. Bruce gave me the details of his success in a calm, measured voice. He told me that he missed my visits because his sister was now acting up. The parents reassured me that they had that situation well in hand.

When I left for home that night, each member gave a hardy handshake to say thanks. I gave each of them a hardy *mazel tov*.

Sholem bayis, the peace of the household, had been reestablished. *Sholem* is an important concept in Jewish culture. It has a threefold meaning: peace, health, and unbroken wholeness. It had been disturbed by the anticipation of *bar mitzvah* and the anxiety generated in the family by the life cycle crisis. The therapeutic intervention had been designed to restore *sholem bayis* so that the family could continue on its journey through the developmental life cycle.¹⁰ *Bar mitzvah* marks the beginning of adolescence and in the framework of the family life cycle:

Adolescence is something that happens to a family, not just to an individual child. The family boundaries, having remained fairly stable around the nuclear and extended family for twelve or thirteen years, are suddenly required to develop the elasticity necessary to alternately let adolescents go, shelter their retreats, and encompass the barrage of people and ideas they bring into the family from the outside. Their pushing and pulling in family relationships goes through the system with a domino effect.¹¹

2. Ghosts

Julia, age 40, had been in treatment before but to no avail. She suffered from claustrophobia and anxiety attacks. For the first year of individual therapy with me she struggled with issues related to her isolation from her family of origin: her mother, younger sister, and younger brother.

Bowen explains the possible consequences of emotional cut-offs as the "denial of the intensity of the unresolved emotional attachment to parents, acting and pretending to be more independent than one is, and emotional distance achieved either through internal mechanisms or physical distance."¹²

¹⁰ Mark Zborowski and Elizabeth Herzog, *Life Is With People: The Culture of the Shtetl*. New York: Schocken Books, 1952, p. 300.

¹¹ Elizabeth A. Carter and Monica McGoldrick, *op. cit.*, p. 14.

¹² Murray Bowen, *op. cit.*, p. 536.

Bowen enumerates the dysfunctional patterns that ensue from cut-offs. The consequences are different for the one who runs away than for the one who becomes emotionally distant. The one who runs away thinks she is independent, but repeats the pattern of running away from intimacy. However,

The person who achieves emotional distance with internal mechanisms has a different order of complications. He is able to stay on the scene in periods of emotional tension but is more prone to dysfunctions within himself such as physical illness; emotional dysfunction such as drinking and episodic irresponsibility in relation to others. Depression is one of the better examples. The higher the anxiety in the environment, the more he isolates himself from others emotionally while still appearing to carry on normal relationships in the group. A high percentage of people use various combinations of internal mechanisms and physical distance to deal with the unresolved emotional attachments to their parents.¹³

Julia used both, but her symptoms centered on her psychosomatic complaints. She was also prone to occasional outbursts of rage in which she physically attacked her husband or destroyed some household items.

Her husband, Joel, had already been in his own analysis for five years. He too was isolated from his extended family. His parents were dead and his brother lived in Asia. He also was phobic and would not cross bridges or fly in planes.

Julia and Joel had two children: Ruth, 17, and Adam, 12. They had affiliated with a synagogue for the first time and although they had secured a caterer for Adam's *bar mitzvah* a year in advance, they had not begun to plan whom to invite. It was easy to decide on which friends to invite, but neither parent had been in touch with their extended families for years. As the *bar mitzvah* grew closer, both parents grew anxious about whom to invite.

Julia had two maternal aunts in different parts of the country. She didn't know their addresses. She had one maternal aunt in NYC whom she had not talked with in years. She knew where some cousins were, but not others. She was going to have to talk with her mother.

Julia was embarrassed by her mother. Julia referred to her mother as an "old hippie." She thought her mother had not grown old gracefully. Although her mother was sixty and worked as a professional, she dressed like a "gypsy." Julia was afraid her mother would dress bizarrely for the *bar mitzvah*, but she did not know how to broach the matter tactfully. They rarely talk without getting into an argument. Then they would not talk to each other for months.

Julia's relationship with her mother had been strained for twenty-five years. Her father had died suddenly of a heart attack 25 years ago and her mother had never talked about him again. Her mother had never visited the grave after the burial. Julia had not visited her father's grave for twenty-five years.

I chose to work with Julia as her coach according to Bowen systems theory. As coach I would help her in her efforts to change herself in the context of her nuclear and extended family system and those efforts were likely to take place outside of the therapy sessions. The outcome that is sought is basic to Bowen's approach.

The ideal goal of family work according to Bowen is to get a person-to-person relationship with each living person in your extended family. The process of working out personal relationships occurs at different levels, and the work on each level depends on each person's individual timing.

"The most intimate level is the nuclear family: spouse and children. This area is often the most intense because of the high level of present involvement. However, for most people it is also the area of highest motivation. The next level is that of the family of origin. The most difficult relationships to work out here

¹³ *Idem.*

are also the most important: the triangle with one's parents, and then the relationships with one's siblings. Aunts, uncles or grandparents are at a somewhat greater distance. But these relationships may prove extremely fruitful for an understanding of some of the closer relationships and for reversing the repetitive patterns. At a still greater distance are the cousins, and the family history and genealogy. The payoff for work at these distant levels is least immediate, but it can give a rich perspective on one's origins or on certain highly significant family patterns which may flow over many generations."¹⁴

Julia had resisted asking her mother to come to her therapy sessions for one year. During the period of working out how she could reconnect with her family in order to invite them to the *bar mitzvah*, Julia brought her in. She wanted to surprise me and she did. The session was very trying for mother and daughter. They struggled with their estrangement from each other. They struggled with the years of silence about father and finally broke into those painful memories that had kept the mourning process for each of them from being completed. As they talked, they grew closer and more intimate. Julia tactfully asked her mother if she could go shopping with her for a dress for the *bar mitzvah*. Mother accepted.

Julia got the addresses of her aunts from her mother. She wrote to them as a way to reestablish contact. She continued to write and then graciously invited them to the *bar mitzvah*. She was ecstatic when one accepted. The other was not able to come because of illness, but she sent a nice gift. Julia was disappointed, but she accepted it without anger.

Julia called her aunt in New York City

and established regular phone contact with her. She arranged to visit. When she visited, she asked about family history. She had not been curious about the family pattern of cut-offs before. She had only seen herself as a victim of them and she carried a vendetta against those people she felt had cut off from her. Now she wanted to understand.

As she made these contacts, she learned where her cousins were. She extended invitations to them and most accepted.

She reconnected with her sister and brother who received her efforts with some suspicion. When their suspicions were allayed, they were happy to participate in the festive occasion.

Yet, there was one person crucial to this rite of passage who would not be able to be there—*zaida*. Julia and her mother had lost touch with the paternal side of the family. There seemed no way to get addresses. What was Julia to do? I suggested that she visit the grave and tell her father all about the *bar mitzvah* preparations. At first she thought I was crazy. I tried to impress upon her the importance of her unfinished grief and her need to resolve it. Her anxiety rose to the point of almost disabling her. Somatic complaints increased. Her heart fluttered. She was short of breath. She had diarrhea and stomach cramps. It took several weeks of preparation before she agreed to do it. Finally, after twenty-five years, she drove the thirty miles to the cemetery, by herself, and spoke to her father. She told me later that she had felt awkward trying to speak to a dead person so she mumbled and talked to herself. She invited her father to attend the *bar mitzvah* and she felt that his presence would be there. She described the experience as if a great burden had been lifted from her shoulders. The anxiety and somatization subsided. She was able to tell her mother about the experience and offered to take her to the grave site. Her mother was unable to accept the offer.

¹⁴ Elizabeth A. Carter and Monica McGoldrick Orfanidis, "Family Therapy With One Person and the Family Therapist's Own Family," in Philip J. Guerin, Jr., ed., *Family Therapy: Theory and Practice*. New York: Gardner Press, 1978, p. 199.

Julia had two fears left. One was that her claustrophobia would take over in the crowded synagogue and she would become immobilized. Second, the party would not be a success. She handled the second more easily because she had arranged the whole affair exquisitely. However, she had to rehearse the actual *bar mitzvah* ceremony in order to gain internal control of her anxiety. She imagined the scene and I guided her through alternative ways of coping with it. She then attended several other *bar mitzva*hs to acclimate herself.

In the meantime, Joel grew concerned about inviting his side of the family and requested a session with me. He was anxious about reconnecting with his family. We discussed his family, made a genogram (family tree), and discussed alternative ways of making contact with his brother, his nephews, and his cousins. It took two sessions to complete a plan of action. The process was similar to the one Julia went through. Joel completed the process using his own analyst for support.

Julia was aglow when she came for her session after the *bar mitzvah*. It had been a stunning success. She had anxious moments, but nothing that she was unable to handle. Most of her family had attended and it has been a time of family joy. Adam had performed well as she knew he would. Her mother had not embarrassed her. Her sister and brother had been appreciative of her efforts. She reported that Joel's family had attended. Joel was ecstatic. He was even asked to join a cousins' club.

After years of marital conflict where each felt distant from each other as each felt isolated from their families, the *bar mitzvah* helped them move closer to each other. Julia mastered her anxiety and claustrophobia. Joel began to drive across bridges. Both flew across country for vacation. Both remained in touch with their extended families.

3. "Cut one, they all bleed."

Morris was going to be 83. It was within his family tradition to celebrate the beginning of his second adolescence with a second *bar mitzvah* since life began again at 70. But Morris wasn't the patient.

Rose, Morris' sister-in-law, was a reluctant patient. She had been agoraphobic since adolescence. As she grew older, the geographical area she could navigate shrank. She and her husband, Abe, ran a local grocery store. At 63, she could only move from her apartment to the store which was just across the street. Rose functioned as the (unlicensed) neighborhood social worker and people came to the store to consult with her. Abe tolerated her *mishegaas*.

Abe died. The store was sold. Rose withdrew to her apartment. She wouldn't come out. She drank. Her friendly neighbors shopped for her. Her dutiful daughter-in-law visited regularly and tried to persuade her to venture out. Her only son, Bernie, became angry and hostile as he felt more helpless in dealing with her.

It went on this way for six months. As Morris' *bar mitzvah* approached, the family grew more desperate. They wanted her to go. Bernie called me. He was at his wit's end. This agency had already sent a psychiatrist to the home, but Rose refused treatment. I met with Bernie and we discussed the situation. I made note of who was in the family, using a genogram. Then I suggested a family network meeting. The son agreed to arrange it, but he balked at inviting his mother's good friends—the ones who shopped for her. He finally agreed after some debate.

The purpose of this family network intervention process is described by Ruevini:

Family network intervention is an attempt to mobilize the social network support system in a collaborative effort to solve an emotional crisis. It is a time-limited, goal-oriented approach that will help family members in crisis to assemble and mobilize their own social network of relatives, friends, and neighbors;

this network will become collectively involved in developing new options and solutions for dealing with a difficult crisis. This intervention process includes an intervention team that rapidly involves networking of the family members with its extended social support system in a process that can result in modifying destructive relationships and in the development of temporary support systems for one or more of the ailing family members.¹⁵

The three-hours network session proceeded through the phases outlined by Speck and Atteneave,¹⁶ and Ruevini.¹⁷ The process will be described according to these phases.¹⁸

Retribalization. "Family calls together network members and provides setting for meeting."¹⁹

On a sultry July Sunday afternoon, two female staff members²⁰ and I went to Rose's apartment. We were introduced to the family by Bernie. Rose introduced herself as the patient. Present were: Morris, the *bar mitzvah* boy, Rose's two sisters, two brothers-in-law, a third sister and her daughter who were in from the mid-west, a wife of a deceased brother, Bernie, the daughter-in-law, Naomi, and the grandson. Bernie had not invited his mother's friends. We dealt with that later. The family wanted to focus on the *bar mitzvah*.

We *schmoozed* for a while and the family got familiar with us. We formally began the session when I asked Bernie to say a prayer for his dead father. The family participated.

Polarization: "Family presents to network problems/issues creating crisis."²¹ The family wanted Rose to attend the *bar mitzvah*. Rose refused to leave the house.

¹⁵ Uri Ruevini, *op. cit.*, p. 26.

¹⁶ Ross V. Speck and Carolyn L. Atteneave, *op. cit.*

¹⁷ Uri Ruevini, *op. cit.*

¹⁸ *Ibid.*, pp. 146-147.

¹⁹ *Idem.*

²⁰ The author wishes to acknowledge gratefully the able assistance of Myra Schultz and Victoria Rashbaum in conducting the network meetings.

²¹ Uri Ruevini, *op. cit.*, pp. 146-147.

The family complained about Rose's lifelong agoraphobia and expressed sympathy for her recent loss. As one sister put it, "Cut one on the finger and we all bleed." But, they grew angrier with her as she frustrated all their efforts to help her.

I would have construed them as a pathologically enmeshed family. "In all enmeshed families, the processes of differentiation are handicapped. In the pathological range, the family's lack of differentiation makes any separation from the family an act of betrayal. The sense of belonging dominates the experience of being, at the expense of a sense of separate self."²²

Or I could have seen them as a family that was merely enacting their Jewish tradition of care and concern for a relative who was sick.

Everyone in the environment of the person in pain is expected to be informed about the discomfort and be ready to offer commiseration, sympathy, and help. The suffering of a member of the family is the suffering of the entire family. Father, mother, wife, or children are supposed to participate in the total pain experience, from its onset to the final relief. Moreover, they are expected to demonstrate their participation by asking questions, showing their worries, expressing their concern, and urging the patient to see the doctor or to take his medicine. The sick member of the family is entitled to "drive nuts" not only his wife but everybody around him. If he becomes irritated or cranky, he does not feel guilty about it, because his annoying behavior is the prerogative of being sick. Regardless of how disagreeable he may be, he cannot stay alone and should not be left alone. Withdrawal from people is inconceivable, because suffering is with people just as the entire process of living is with people. When a patient says that he withdraws in pain or that he wants to be alone, this isolation is relative. There is always a person to share the patient's aloneness and to participate with him in his suffering.²³

²² Salvador Minuchin, *op. cit.*, p. 113.

²³ Mark Zborowski, *People in Pain*. San Francisco, Calif.: Jossey-Bass, 1969, p. 105.

It was my job to mobilize them to express their familial concern for Rose on a different level so that her autonomy could be respected.

Mobilization. "The entire network or smaller groups work to generate possible solutions to specific problems."²⁴ I saw the problem as two-fold: unresolved mourning and phobia. I began with the mourning. Mother and son had been distant since father's death. Their conflict had increased, but they had not shared their grief. They had used Naomi as the go-between. When each of the members of this triangle continued to be unable to talk with each other, I used the alter-ego technique. Each staff sat next to one triangle member. Whenever one spoke, we said what we thought was on his/her mind. Finally, Naomi broke down and began to cry about being caught in the middle. As we gently moved her out of the middle, I asked mother and son to talk with each other about Abe. They took out a picture of him and talked about their life together.

Depression. "Network members get discouraged, frustrated with difficulty of task."²⁵ The entire family cried together. Other losses were remembered. The family had suffered the trauma of losing four of its key members within a one-year period. As the family pulled together, they began to pressure Rose about the *bar mitzvah*. Rose became angry and withdrew. Everyone wanted to be helpful and then offered elaborate ways of getting her the three blocks to the synagogue. The pressure mounted. The *bar mitzvah* was only a week away.

Rose's polite resistance was interpreted by her alter-ego as: "Get off my back!" They protested that they only wanted to help. I intervened and reminded them that only Rose could decide and they could only help if she asked.

Breakthrough. "'Activists' generated workable solutions."²⁶ Rose admitted that what frightened Rose most was that she anticipated meeting old friends who would ask about Abe. If they hadn't known about his death, she would have to tell them. If they did know, they would offer sympathy and she was afraid that she would cry. This session had helped her grieve. She felt ready to tackle the problem. The family chimed in that they would help. I admonished them that they were not to do so unless Rose asked. I reenforced this way of helping again and again.

Next came the practical arrangements of getting Rose to the synagogue and back. A sister-in-law volunteered to drive her, but Rose chose Naomi. They made the specific arrangements. Naomi would escort Rose from her apartment. Naomi would drop her at the synagogue steps, park the car, and return to accompany her to the chapel.

Exhaustion/Elation. "Potential solutions developed, new feelings of satisfaction and competence fill group. Future connections are planned."²⁷ As Rose saw that she could control the situation, she grew more confident that she could manage the *bar mitzvah*. After three hours of sweat and therapy we had a plan to enable Rose to Morris' *bar mitzvah*.

My staff and I weren't certain that the plan would work. We waited anxiously for the week to pass. Naomi was to report to us about the outcome.

At last Naomi called me the Monday after the *bar mitzvah*. Everyone had been surprised and pleased with Rose's behavior. The plan had worked and was followed to the letter. Two days before the affair Rose had asked a sister to accompany her to the beauty salon to get her hair done. The salon was on the same block as her house; nonetheless, she had ventured out. Naomi had picked her up and delivered her to the

²⁴ Uri Ruevini, *op. cit.*, pp. 146-147.

²⁵ *Idem.*

²⁶ *Idem.*

²⁷ *Idem.*

synagogue. Rose had not waited for old friends to approach her, she approached them and mingled well. Twice she had felt anxious and left the chapel to smoke cigarettes. Rose had not called on the family for help during the festivities although the family had remained, as instructed, poised to help. When Naomi drove Rose home, she congratulated her and asked her how she had managed so well. Rose replied, "Nothing to it. What were you afraid of?"

Follow Up. We remained involved with Rose for a little while longer. We (my staff and I) met with Rose and her friends and worked out a plan whereby they would help her to leave the house and not to reinforce her reclusive behavior. Morris and Rose and her friends joined the YMWA kosher food program. Rose volunteered to do work for them.

Rose invited us to attend the unveiling of Abe's headstone and the reception afterward. Rose was too fearful of traveling the distance to the cemetery. She stayed home to prepare for the reception. I was the only one of my staff able to attend the reception. I met more of the extended family and other family friends. They all wanted to be helpful in curing Rose's agoraphobia, but they accepted Rose's limitations and marvelled at how well she had behaved at Morris' *bar mitzvah*.

Discussion

"The therapist becomes advocate for all within the basic relational context, i.e., the multigenerational extended family, including the dead."²⁸ This is a point of view held by contextual family therapists. All three families presented can be seen from this vantage point. Contextual therapy subsumes all the techniques I used in each case.

²⁸ Ivan Boszormenyi-Nagy and David N. Ulrich, "Contextual Family Therapy," in: Alan S. Gurman and David P. Kriskern, ed., *Handbook of Family Therapy*, New York: Brunner/Mazel, 1981, p. 178.

Bruce was a loyal son. He accepted the family legacy that he should suffer at the hands of his father as his father had suffered at the hands of his father. He identified with his father and would grow up to become a man like his father and his father before him. He accepted the legacy of his mother's overinvolvement and over-protectiveness as his mother had accepted her mother. He accepted his role as the focus of family tension and stress and offered himself as the unifying force of the family.

While contextual therapy conceives of "invisible loyalty" as universal and the central dynamic of relationships between children, parents, and extended family, it prescribes liberation from pathological interactions through the discovery of positive "resources of trustworthiness," the preservation of loyalty and the exoneration of the generations.²⁹

This is very therapeutic, and it is very Jewish. Each of the families was first generation American Jews descended from Eastern European immigrants. In the culture of the *shtetl*, families also had such high ideals of loyalty.

The role of the individual and his relationships to the group show a marked intermingling of the personal and the impersonal, the individualistic and the collective. On the one hand, each person exists only as part of the group. He is defined by his place in the family circle, and in the community as a whole. Conduct toward one's relatives is dictated more by the nature of the relationships than by personal impulse. At the same time, the individual identity is never lost or even blurred. The sense of one's place in the group, one's responsibility to the group, one's dependence on the group is never lost; yet the group never loses a sense of the person as individual.

"There is evident a sort of collective identification. The individual is merged but never submerged; rather, he is so strongly identified with the group that it partakes of his own individuality—he is the group, and the group is

²⁹ *Ibid.*, pp. 166-167.

he. Moreover, the group is eternal and the individual passes. Only as part of the group does he achieve immortality in this world. Again it is the structure and mechanism of complementary parts, interdependent, interacting, equally indispensable.³⁰

Bar mitzvah in the *shtetl* was always a community event—"the celebration is by and for the community as well as the family."³¹ What Bruce and his family celebrated before the congregation of their synagogue was the redemption of a family legacy, the balancing of a ledger of pathological multigenerational debt, through the rite of passage of its youngest son. Each individual in the nuclear family accepted his/her responsibility to negotiate new loyalty commitments and to open up new choices within his/her relationships with the others with a new respect for togetherness and for autonomy, for belonging and for separateness. So this family celebrated *bar mitzvah* and presented itself before its family and the families of the congregation as reconciled to its cultural heritage by a therapeutic intervention that supported the basic trustworthiness of the cultural sanctions for growth and development.

As Rabbi Friedman has said:

So central is the role of family process in rites of passage that it is probably correct to say it is really the family which is making the transition to a new stage of life at such a time rather than any "identified member" focused upon during the occasion.

What may be most significant, however, in switching one's primary focus to the family is that it enables one to see the enormous therapeutic potential inherent in natural family crisis. The one phenomenon which has stood out in my experience with families of all cultures is that the periods surrounding rites of passage function as "hinges of time."

All family relationship systems seem to unlock during the months before and after such events, and it is often possible to open

doors (or close them) between various family members with less effort during these intensive periods than could ordinarily be achieved with years of agonizing efforts.³²

Prolonged unresolved grief for her father had plagued Julia. Seven days of *shiva* had dragged on into twenty-five years of pain for her. What had been expected of her? What invisible loyalty possessed her to avoid visiting her father's grave? The woe she had visited upon herself represented a legacy she was about to mandate to her son. "Loyalty to the excessive expectations of one's family of origin may preclude deep commitment to anyone in a close relationship and lead to an unconscious freezing of the inner self."³³ As the mother of the *bar mitzvah* boy she was faced with planning the itinerary of the ceremony and the party. In order to free her son, she had to defrost herself. She was mandated to visit her dead father and speak with him about thawing the ice between father, mother and herself. It is within the *shtetl* tradition to visit the grave, talk to the dead, and invite the dead to attend major life cycle events. If the dead are to attend, the living must make room. There must be an intergenerational reconciliation. When this occurs, there is cause for celebration.

For Rose to attend her brother-in-law's *bar mitzvah* was a celebration. It was with her family's *shiva* visit, the network session, that the mourning period for her husband was ended. This was followed by the unveiling of the tombstone which marked the official completion of one year's mourning within Jewish tradition. Friends, family and congregation celebrated Morris' full life cycle return to his second adolescence and his second *bar mitzvah*. Rose's family had remained staunch in its solidarity but had forgotten its respect for her individuality. She had been morosely self-centered and remote from the solace and

³⁰ Mark Zborowski and Elizabeth Herzog, *op. cit.*, p. 421-422.

³¹ *Ibid.*, p. 419.

³² Edwin H. Friedman, *op. cit.*, p. 430.

³³ Ivan Boszormenyi-Nagy and David N. Ulrich, *op. cit.*, p. 169.

support her family could provide. Together, and separately, they had celebrated the communal rite of passage—a second chance at life.

Conclusion

Bar/bat mitzvah is a family affair. As the boy/girl enters adolescence and takes his/her place within the Jewish community, it becomes incumbent upon the parents to provide a new balance in the intergenerational legacy of familial expectations. The

rite of passage of the adolescent can produce a major upheaval in family functioning. If therapeutic intervention is called for, the family therapist must understand life-cycle theory and utilize various techniques to exonerate the family from its "invisible loyalties." From this generation to the next it may be uttered, "Blessed be He that we are freed from the punishment of our forebears." Then, the *mishegaas* will be banished, and, truly, there will be *sholem bayis*.