The student training center includes the JIGC and the Samuel Field YMHA. One staff member is responsible for directing this program and is funded jointly by the agencies involved.

These special relationships do exist and there are many other examples because there is a level of identification with Jewish values that directs these institutions toward each other. There may be struggles over turf and conflict over who shall be administering or directing a specific program. But it is worth the struggle if we can bring together scarce resources—funds, skilled manpower and ethnic commitment—to improve patient care.

Conjoint Family Treatment as an Adjunct to Group Treatment of Young Jewish Women*

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Confronted with rapidly changing societal values, young women today are seeking redefinition of themselves in their female role. The impact of women's liberation movement, with its greater freedom of choices for social and sexual behavior, creates conflict between the values of their parents and those of their peers.

New approaches in social work counselling concerned with problems in family communication and interpersonal understanding are again being studied. The authors are experimenting with a combination of treatment modalities to further intergenerational communication.

This presentation is from current practice. It describes various treatment modalities used with young women, between the ages of 17 and 20, who are struggling with consolidation of their identities and individuation and emotional separation from their parents.

The Long Island community in Nassau and Suffolk Counties, which JCSLI services, is a middle-class culture. Families come to a *Jewish* agency because of the special meaning it has to them, expecting to be understood, and relying on a common bond of identity with the treating social workers. The agency has a commitment to strengthen Jewish family life through a process of aiding individuals to solve their personal and intrapsychic problems.

Family treatment is shared by the two social workers using individual sessions, separate peer groups for parents and for daughters, and conjoint family sessions. The uniqueness of this treatment approach lies in the regularly scheduled, structured, conjoint family session held with both workers participating in the family system and acting as an enabler for her own client. The conjoint sessions are used for those in group as well as those in individual treatment.

The parents in these groups range in age between 45 and 60, with two or three children in late adolescence and young adulthood. The fathers are small business men or professionals; some of the mothers are similarly employed while others are housewives. They have raised their children in an atmosphere of permissiveness while encouraging independent behavior and gratification of material needs. Advanced education and increased socioeconomic status are goals for themselves and their children. The parents maintain a strong sense of their Jewish heritage and expect the same of their children. They are concerned and confused about the life style their daughters have chosen.

Confronted with rapidly changing societal values, young women today are seeking redefinition of themselves in their female role. The women's liberation movement, with its greater freedom of choices for social and sexual behavior, creates conflict between the values of their parents and those of their peers. The nightly bar and disco is the scene of social activity for the young women we see. This setting has become the social center where they can experiment with new identities and make their assertions toward emotional independ-

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ence. These young women have chosen to gratify their dependency needs with peers who are non-education oriented, and of other ethnic and religious persuasions. All of them are dating non-Jewish young men. The parents view their daughter's withdrawal as a representation of loss of contact and control. Thus the battle for emancipation is played out between parents and children through the peer culture.

The young women often complied with parental expectations until they were about 16 years of age. As they began to leave family protectiveness and to experiment with more mature roles, developing intimate relationships with males, the ambivalence about these roles led to a rejection of values and goals offered by their parents. Attraction to peers of a different culture and lower socio-economic background can be viewed as an expression of low self-esteem and acting-out of hostility towards parents. These young women also exhibited a pseudo-maturity, greater dependence on peers, constricted social involvement, rebelliousness to parental authority, conflict with parents over expression of Judaism, and confusion about their educational goals. Parents who apply to the agency for help have as their presenting problem the symptomatic daughter. Almost as frequently the request for help is made by the young woman herself seeking relief from family tensions.

Evaluation and Treatment Planning

Our intake process provides a social work evaluation of the family dynamics. This is supplemented by a diagnostic evaluation of personality structure by our agency's psychiatric and psychological services. The team approach is utilized for diagnostic discussion and treatment planning. Based on diagnostic evaluation, treatment modalities may be individual, or group, together with conjoint family sessions. Treatment recommendations are then discussed in a conjoint family session. Individual treatment is advised for those clients who exhibit more fragile ego structures. Those who can tolerate and benefit from interaction with peers and have the strength to express themselves with others are placed in a group.

> The T.'s applied for services when Mrs. T. discovered birth control pills in her daughter Eva's purse. When confronted, Eva admitted that she was having sexual relations with her non-Jewish boyfriend. Eva, 19 years old, the youngest of three children of Jewish Sephardic parents, was unable to cope with her mother's hysterical reaction. Her parents gave her a covert message that she would betray them if she married outside of their religion. Eva's hostility was towards an over-controlling mother and a withdrawn father. She reacted with depression and withdrawal from college. Her confusion in identification is illustrated by her wearing a *Chai* around her neck while tolerating anti-Semitic remarks from her non-Jewish friends.

It was recommended that Eva be treated in a peer counseling group while Mr. & Mrs. T. be treated in individual counseling.

In the group Eva was able to experience non-judgmental acceptance which bolstered her self-esteem. Ventilation of anger brought about a reduction in tensions and guilt feelings. All the group members examined their global rejection of Jewish peers as a dynamic in their reaction to parental prodding to associate with "their own kind." They explored their fear of competition, their sense of inferiority, and their acting-out of frustrations at feeling unable to meet parental expectations. Eva, as well as the others, learned to recognize self-destructive behavior and unrealistic attitudes. Members of the group slowly acknowledged their ambivalence towards separation and responsibility.

In the individual sessions with the parents, the worker used her own identification with Judaism to understand and give recognition to the fears that their daughter would enter into an unacceptable marriage. The parents explored their relationship to each other and its impact on their daughter. The worker used the marital relationship and the parent-child relationship to help the T.'s understand their daughter's need to develop an identity of her own through experiment and experience. For Eva this would be a prolonged process, and the parents' patience and neutrality would alleviate the struggle within the family.

Conjoint Interactional Method

Although we are committed to understanding and helping our clients as unique individuals and in a non-judgmental manner, we use ourselves and our own Jewish identification as models to be accepted or rejected by the client. Interaction is complex in this collaborative treatment arrangement. The workers must depend upon mutual respect, emotional honesty and open communication in order to avoid being manipulated into over-identification with their respective clients. Each worker allows her client to develop in a manner that is suitable for her own resources without double messages or double standards.

The workers confer and plan for conjoint sessions. They share interpretations of family dynamics as seen from differing viewpoints. Clients are aware of the workers exchanges and are assured of confidentiality of specific experiences. During regularly scheduled conjoint family sessions both workers, parents and daughter are present. The session is used to expose the particular style of family conflict and to bring to the surface the fantasies and myths each family member has about the other. The worker consciously positions herself at the table to communicate support of her client. We ask, "Who wishes to present an issue?" The social worker of the client who answers acts as enabler to initiate the discussion. Parents tend to begin with a challenge to the worker whom they feel is identified with their daughter and usurping their role. This is not picked up but stored for later use as the current focus is on bringing to the surface the issues and interaction among family members. Workers extract from the presentation an issue to be "framed"[1] which illustrates the dysfunctional communication. This "framing" places responsibility on all members equally rather than isolating the family's designated "patient." Social workers actively intervene, making explicit statements and asking questions to clarify the "framed" issue. They interpret messages in a communicational sense rather than give psychodynamic explanations. Both workers act as models of how to listen to expressions of feelings and to respond to requests. To resolve an issue that becomes controversial within the family, the two workers support each other in their focus on the particular issue and thus demonstrate complementarity. Negotiation and mediation continue until compromise is reached and responsibility is spelled out. Further tasks are assigned for the next meeting. Encouragement is given to continue this method of non-judgmental open communication at home. Each session ends with a review of the process that occurred during the interview to further understanding of the nature of the family's interaction and to reinforce the positive aspects of their communication.

We see a prolonged adolescence for many of these young women. This maturational phase, which should be left behind after it has accomplished its task, becomes a way of life. Instead of a progressive push which normally carries them into adulthood, this stage continues indefinitely. There is often a mixture of satisfactions in this state of turmoil which they can project onto their parents. This leads to the contriving of ingenious ways to combine childhood gratifications with adult prerogatives.

This period in the family development contains many stress elements. The parents are concerned with their own achievements and adjustments to physical and sexual changes in middle age, as well as burdens associated with the aging process of their own parents. In addition, fears are activated by their daughters' budding sexuality and assertions for emotional and physical separation. The common factor among the parents whom we counsel is that they are emotionally separated. Mothers are seeking approval and recognition, and express their dissatisfactions in their

[1] J. Weakland, "Conjoint Family Therapy," in D.D. Jackson (Ed.), *Therapy, Communication and Change*, Vol. 2, Palo Alto, Calif.: Science and Behavior Books, 1968, pp. 222-248.

marital relationship through their daughters. The fathers, although successful in their careers, do not see themselves as leaders in their families and often tune out the marital interaction, leaving their daughters to become mother's spokespersons and confidantes.

> The J. family is an example of an uneven marital relationship in which mother and daughter are joint leaders of the family. The father is in a lesser position and the daughter expresses the mother's anger.
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> Sue, 18 years of age, asked for help at the point of dropping out of high school two months before graduation. She had been involved in drug use and had been cutting classes. Family evaluation revealed a controlling mother who gave the message that father was inadequate. Though both parents had the same disability, they functioned ably and productively on outside jobs. The children resented their mother's "over-involvement" with her own employment. Sue's role in the family was the mother substitute.
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> Sue was treated individually while Mr. & Mrs. J. were involved in a parent counseling group. Mrs. J. was helped to understand that she was putting too much responsibility on her daughter, and that her attitude towards her husband was one of distrust. The group helped Mrs. J. see how she was sabotaging her husband's attempts to set limits for the children. It was obvious that Mrs. J. was more emotionally invested in Sue than in her husband and that this was the root of Sue's regression. In the group the parents were helped to become emotionally closer which resulted in their setting limits and providing structure for the family. A sharing of parental responsibility and greater evenness in relationships resulted.
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> In individual counseling Sue was helped to accept her role as a child in the family. She was able to recognize her resentment towards her parents and related this to her acting-out behavior. When she realized that it was not her role to preserve the family, she began to assume responsibility for her own life.
>
> In the conjoint sessions, Sue's role as spokesperson for her mother surfaced. When cohesiveness between the parents developed, she obtained her high school equivalency diploma, enrolled in a community college, and obtained employment. Her parents were supportive and encouraged her movement toward maturity.

Findings

Many significant factors in the family interaction were revealed in treatment:

1. The struggle for separation was more severe for those who were symbiotically tied to their mothers.
2. A continual tug-of-war existed between daughters and parents. For some, relationships were too intense; for others, too distant.
3. We found acting-out behavior was used as a means of drawing attention to what they wanted for themselves in their "now culture" with no relationship to the past or the future.
4. They asked for emotional tools to separate but were too frightened to use them.
5. Their sexual relationships seemed to lack an affectional component and appeared to be a response to pressures from peers and double messages from parents.
6. We also observed that the parents needed help in redefining their marital relationship.
7. Parental fears, anxieties and lack of confidence in their parenting role created rigidity and polarized issues.
8. Despite all of these pressures, the parents were committed to their children and sought ways of continuing the family relationships.

We noted that the psychosocial Jewish experience of these young women in their homes affected their identification with Judaism. Their rejection of Jewish peers was the common complaint of their parents. Although the young women verbalized their acceptance of Jewishness, their behavior in seeking out non-Jewish peers appeared to express a lack of integration and consolidation of Jewish identification. Thus the issue of

Judaism became the scapegoat in the process of separation and individuation.

The principal thrust in this presentation has been to highlight the variety of modalities used by social workers in a family agency. The treatment process utilizes group, individual, and conjoint family sessions. In each of these modalities the worker needs professional skills and knowledge, and flexibility in using them.

The following are some results associated with the prescribed treatment: The young women were better able to face their parents while expressing their desires and feelings; they learned to analyze their behavior and to question themselves; the parents were able to become less emotionally charged, to listen to meaning, and to model themselves on the role played by the workers. Changes in the behavior of the parents and daughters resulted in changes in their attitudes and feelings towards each other. As each of them became capable of dealing with these new feelings, the need to act them out disappeared. They learned that solutions were not required of them but that the process of problem-solving is the medium for better intergenerational communication.

Jewish Component

We agree with Dr. Saul Hofstein that caseworkers in a Jewish family agency have a "responsibility for individualizing the religious, social, ethical and communal aspects of clients' Jewish identity."[2] In our treatment process we utilize Jewish values to clarify the confusion for young women caught between the dual messages given their parents while searching for affirmation as women in today's society.

Ever mindful that there is a lack of knowledge about Jewish communal activities in suburbia, we consider it our function to act as a source of information and referral for these facilities and services. Jewish communal agencies should continue to evaluate their programs with the view to meeting the needs of young adults in suburbia.

As social workers in a Jewish-agency, we concur with the premise that "the Jewish social worker opens the possibility for each client to value his Jewish identity and use it for his own growth and development."[3]

2 Saul Hofstein, "Integration of Jewish Commitment into the Treatment Process," this *Journal*, Vol. LII, No. 3 (1976), pp. 268-9.

3 *Ibid.*, p. 269.

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