AFFIRMATIVE PSYCHOTHERAPY FOR AMERICAN JEWS

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As psychotherapists have increasingly attended to issues of culture, race, and ethnicity in their clinical work, some groups have not received adequate attention in the professional literature. One such group is American Jews, who represent a small, culturally distinct group of people who have experienced a long history of oppression. Because of the substantial within-group variability, stereotypes are often used in the place of knowledge about or actual experience working with American Jews. To reduce reliance on stereotypes and assumptions about Jews, it is important to understand both Jews and Jewish culture, as well as how to provide culturally congruent and affirmative psychotherapy services to this community. To provide some guidance in working with American Jewish clients, this article presents (a) basic demographic information about American Jews, (b) information about Judaism and Jewish culture, and (c) aspects of culturally appropriate psychotherapy with American Jews.

Keywords: American Jews/Jewish Americans, Judaism, Jewish issues, psychotherapy, multicultural counseling/psychotherapy

Psychology has moved toward a more culturally inclusive approach where professionals explore the role that cultural factors play in people’s lives. Despite this important shift, however, the research and practice of psychology makes little or no mention of Jewish issues, culture, or identity (Langman, 1999). Regrettably, there is almost no research on what psychotherapeutic approaches are most effective with American Jewish clients. Given the prominent role of Jews in the origins of psychotherapy (Langman, 1997), this inattention to Jewish issues is surprising. Since many psychotherapists lack knowledge about Jewish culture and its impact on the lives of Jews, the end result is that these professionals are ill-prepared to fully help Jewish clients in psychotherapy. This paper seeks to address these shortcomings by presenting information on how to conduct affirmative psychotherapy with American Jews.

All at once, Judaism is a culture, a religion, an ethnicity, and a set of traditions that is embedded in Jewish people’s expectations, belief systems, and family dynamics. As noted by Fouad and Brown (2000), an ethnic group is “a group of people who live, or once lived, in close proximity to one another and, as a consequence, share ways of thinking, feeling, and behaving from similar life circumstances shared over generations” (p. 381); this definition describes Jews well. When coupled with the demographic landscape of the United States (i.e., roughly 2% Jewish; Singer & Grossman, 2005), it suggests that Jews be categorized as an ethnic minority group. This would be consistent with previous scholarship regarding Jews as a distinct cultural group worthy of attention in the multicultural literature (Langman, 1995). Hence, a paper on working with Jews is appropriate for inclusion in a special issue of culture, race, and ethnicity in psychotherapy. Furthermore, the heretofore absence of such
a paper from the literature is a shortcoming in need of redress (Weinrach & Thomas, 1998).

It also is important for psychotherapists to attend to and be knowledgeable about Jewish issues because of the persistence of negative Jewish stereotypes and antisemitism (Schlosser & MacDonald-Dennis, 2006). For example, a recent poll found that 14% of Americans hold strongly antisemitic views; this translates to roughly one in six people (Anti-Defamation League, 2005a). Furthermore, the 1,821 antisemitic incidents reported in the United States during 2004 represent a 17% increase from the 1,557 reported in 2003, which is the highest number of incidents in the past 9 years (Anti-Defamation League, 2005b). Finally, 954 (70%) of the 1,374 religiously motivated hate crimes in the United States during 2004 were exclusively anti-Jewish; this represents 12% of all 2004 bias crimes (Federal Bureau of Investigation, 2005). All of these facts provide empirical evidence that antisemitism exists and may be growing, despite suggestions to the contrary (e.g., Dershowitz, 1997). Hence, American Jews might seek psychotherapy for coping with experiences of antisemitism or for other reasons. Furthermore, psychotherapists should be knowledgeable about how the experience of antisemitism might be a stressor for Jews that negatively affects and/or compounds the presenting problem(s).

Finally, it is important for psychotherapists to know about Jewish issues because many American Jews are likely to utilize psychotherapy services. For example, despite finding no differences in lifetime prevalence rates for psychiatric disorders, Yeung and Greenwald (1992) discovered that Jews were more likely to seek mental health treatment than were Catholics, Protestants, “others,” and those who indicated “no religion.” In addition, non-Orthodox Jews hold favorable attitudes toward psychotherapy, while Orthodox and Hasidic Jews hold much more negative attitudes toward mental health treatment (Langman, 2000). In fact, Orthodox and Hasidic Jews associate psychotherapy with insanity and believe that seeking these services could negatively impact marriage prospects for the entire family (Wikler, 1986).

It is likely that Jewish issues have been previously ignored because being Jewish is largely an invisible minority status. That is, unless a person wears a visibly identifiable marker of Jewish identity (e.g., Yarmulke or skull cap, Star of David), her or his identity cannot be deduced by simple visual observation despite stereotypic assumptions about phenotypes. Furthermore, the assumptions of Christianity as normative in the United States (Schlosser, 2003) have likely contributed to the lack of visibility of Jewish issues; this, in turn, has contributed to the lack of attention to Jewish issues in psychotherapy. Finally, the substantial within-group variability of Jews makes the task of identifying affirmative psychotherapeutic processes that much more difficult. Thus, specific information on the diversity of Jews will be presented below.

The remainder of this paper is divided into two main sections. The first is a general introduction focused on providing the reader with basic knowledge about American Jews. This amounts to an overview designed to aid psychotherapists and psychotherapy researchers in designing more effective interventions to meet the needs of Jewish clients. However, this article does not provide a comprehensive review of Judaism or Jewish history, nor does it provide full discussions of all aspects of Judaism. The second part of the article is focused on describing how to conduct affirmative psychotherapy for American Jews. It is important to note that the context of this discussion is limited to the United States; this decision was made because the experiences of American Jews might not translate to Jews in other parts of the world.

**Introduction to Jews and Jewish Culture**

*Who Are the Jews?*

Jews represent something of an enigma; it is difficult to classify Jewish people into any one demographic category because of their incredible diversity (Langman, 1999). There are many ways to be Jewish; there are also many ways to express one’s Jewish identity and degree of adherence to Jewish law. Furthermore, there is no uniform way to be Jewish; Jews vary in their cultural and ethnic identification, adherence to religious orthodoxy, and practice of cultural customs and holiday observances (Friedman, Friedlander, & Bluestein, 2005). In fact, Friedman et al.’s qualitative study of Jewish adults yielded critical information regarding the nature of Judaism. Perhaps their most central finding was that cultural identification is context specific. That is, American Jews in Friedman et al.’s (2005) study re-
ported that they feel bicultural (i.e., both Jewish and American), and this identification provides them with two different lenses from which to view the world. In sum, assessing Jewish identity is a complex and ongoing process where both Jewish and non-Jewish aspects of identity must be considered.

In thinking about individuals who self-identify as Jews, there are three main groups: (a) people who are of Jewish descent and practice Judaism to some degree, (b) people of Jewish descent who do not practice Judaism, yet define themselves as cultural or secular Jews, and (c) people who have converted to Judaism. Therefore, as noted by previous scholars (Adams, 2000; Schlosser & MacDonald-Dennis, 2006), Jews cannot be easily nor accurately described in the current demographic taxonomies. For example, there are Jews from all over the world, with significant communities of Jews from Eastern Europe, the Iberian Peninsula, Northern Africa and Western Asia. There are also many Jewish denominations (e.g., Hasidic, Orthodox, Reform, Conservative, and Reconstructionist; see below), which represent a full range of religious observance and ritual practices. Finally, there is a secular and cultural identity that, for some Jews, has no religious component. Hence, there is no universal picture of a Jew; however, there are a few issues that all Jews are likely to face (see below). It is important to note that most Jews are likely to consider being Jewish as a central aspect of their identity because of both internal (e.g., cultural pride) and external (e.g., antisemitism) factors.

Jewish Population Statistics

Recent estimates of the number of Jews in the world range anywhere from 12 to 17 million; between five and six million of those Jews live in the United States (National Jewish Population Survey, 2001; Singer & Grossman, 2005). Given that the population of the United States is estimated at nearly 300 million, Jews are clearly a numerical minority. With regard to geography, more than one third of American Jews live in large urban centers concentrated in the Northeast and the East Coast, as well as in California and Chicago; the three U.S. cities with the largest Jewish populations are New York, Miami, and Los Angeles (Singer & Grossman, 2005).

The Diversity of Jewish Heritage

In addition to having a long and rich history, there is a wide diversity of people who define themselves as Jews. There are three main lineages for Jewish people; Ashkenazim, Sephardim, and Mizrahim. The Ashkenazim are Jews who trace their historical lineage to Eastern Europe; they are, quite often, the face of American Jewry. The Sephardim are Jews who trace their historical lineage to Spain or Portugal. Finally, the Mizrahim are Jews who trace their historical lineage to Northern Africa or Western Asia. The Mizrahim shatter the erroneous assumption that all Jews are White. There are several other Jewish lineages; two examples include the Romaniotes (Greek Jews) and the Italkim (Italian Jews). The Ashkenazim are the largest group of Jews in the United States (Langman, 1999).

Denominations/Movements of Judaism

There are several active denominations of Judaism; below are brief summaries of the most common groups in the United States. It is important to note that there are always exceptions (i.e., there are Jews who will not fit the mold of the particular denomination to which they identify); this is typical of Judaism and is probably one reason why there is so little written about clinical work with American Jews. The following five groups are presented in order from most conservative/traditional to most liberal/radical in terms of their values and adherence to Jewish Orthodoxy. Regardless of the degree of religious observance, however, American Jews of all denominations can have a very strong cultural identity; this is also true for secular (i.e., nonreligious) American Jews. Finally, it is typical for religious Jews to omit the “o” in spelling G-d.

Hasidic. These Jews are readily identifiable as men wear black coats, pants, and hats, as well as peyos (i.e., side curls); women wear very modest clothing (e.g., long, conservative skirts and sleeves past the elbow), and some married women shave their heads and wear wigs. Yiddish is the first language spoken by the Hasidim, followed by Hebrew and then English. These Jews immerse themselves in Jewish life and tradition, and strictly adhere to the three distinct elements of the Orthodox lifestyle: (a) keeping kosher, (b) observing the Sabbath, and (c) following the laws of family purity (which address sexual relations...
and ritual cleanliness). Popular and secular culture is avoided, which is why Hasidic Jews live in self-contained communities. Men and women sit separately during religious services, and Hasidic Jews believe that the Torah is the literal translation of G-d’s law.

Orthodox. These Jews dress like any other American, except that men wear Yarmulkes and women wear more modest clothing. Unlike Hasidic Jews, secular learning and culture are an important part of their lives. However, they are like the Hasidim in that they (a) adhere to the three elements of the Orthodox lifestyle, (b) believe that the Torah is the word of G-d, and (c) have men and women sit separately during religious services. Finally, the religious services of these Jews are usually conducted entirely in Hebrew.

Conservative. This denomination was created as a response to Reform Judaism (see below). Men and women sit together in religious services, which are performed mostly in Hebrew. These Jews are more likely to keep kosher and observe the Sabbath than Reform Jews. For example, Conservative Jews used to only drive on Shabbat to go to Synagogue. However, as Conservative Judaism has evolved, the typical behaviors more closely approximate Reform Judaism with regard to Sabbath observance (i.e., most Conservative Jews do not observe the Sabbath as do the Orthodox Jews). Conservative Jews have a positive attitude toward and involvement with modern, secular culture, and a nonfundamentalist teaching of Judaism.

Reconstructionist. These Jews see Judaism as an evolving tradition, with three primal elements: G-d, Torah, and the People of Israel. Reconstructionist Jews accept and interact with modern culture. The rituals (e.g., religious services) are traditional, but the ideology is very progressive. For example, one’s personal autonomy should override traditional Jewish law. This was the first denomination to hold a Bat Mitzvah (see below) for Jewish girls (Langman, 1999).

Reform. Reform Jews see Judaism as an evolving entity. This denomination was developed during the Enlightenment period in an attempt to modernize Judaism and as a reaction to Orthodoxy. Men and women sit together during religious services, which are conducted in both Hebrew and English. Reform Jews believe that individual conscience and informed choice guides decisions, not just the Torah. Most, but not all, reform Jews do not adhere to the three elements of Orthodox lifestyle. This was the first denomination to ordain women as Rabbis.

American Jewish Values

Despite the diversity of American Jews discussed in the previous sections, there are several core Jewish values. These include (a) an emphasis on the importance of life, (b) freedom for all people, (c) balancing the rights of humans with animals and the Earth, and (d) human action to repair the world (Kertzer, 1993). With regard to the latter point, the concept of Tikkan Olam (literally, “to heal the world”) explains why Jews perform good deeds (mitzvot), donate to and/or work with charitable organizations (tzedakah), and value peace and social justice. In sum, justice is a core value for Jews. In comparison, forgiveness is a core Christian value; this difference in core values is critical to understand with regard to psychotherapy. In addition, most American Jews appreciate insight, introspection, and intellectual discussion (Levitt & Balkin, 2003); these values can help explain American Jews generally positive attitudes toward psychotherapy. At the same time, valuing debate has contributed to substantial variability among American Jews on certain moral issues (e.g., homosexuality, abortion). Other American Jewish values include educational achievement, the centrality of the family, and maintaining traditions.

The American Jewish Experience

In seeking to understand the experience of American Jews, it is important to be familiar with aspects of Jewish life (e.g., issues related to observing the Sabbath and keeping kosher). For example, many Jews who observe the Sabbath will not work (including not driving a car or turning on anything with electricity) from sundown on Friday until sundown on Saturday; they will also attend religious services, typically on Saturday. Hence, Jews who observe the Sabbath are likely to structure their work and personal schedules around Shabbat, and may live within walking distance of their temple. Keeping kosher entails avoiding the consumption of certain foods (e.g., pork, shellfish), as well as not eating milk and meat products together. In addition, some Jews who keep kosher will have two separate sets
of dishes—one for dairy and one for meat products. Because of acculturation and differences in religious adherence, however, the degree of Sabbath observance and kashrut adherence varies considerably among American Jews. Finally, the Jewish coming of age ceremony is called a Bar (for boys) or Bat (for girls) Mitzvah. This marks the age (i.e., typically age 13) when the religious commandments must be observed and when these people count toward a minyan (i.e., the minimum number of people needed to perform certain parts of religious services). It is important to note that Orthodox and Hasidic girls are not permitted to read from the Torah; hence, these young women do not have a Bat Mitzvah. Instead, they give a speech on a Jewish topic and have a party.

### Issues Facing American Jews

Although there are many ways to be Jewish, there are some issues that may affect all American Jews to a certain degree. These include (a) antisemitism, (b) the Shoah (i.e., the Holocaust), (c) internalized antisemitism, and (d) the invisibility of Judaism. Before proceeding to a discussion of these issues, it is important for the reader to know that American Jews must also contend with living in a Christian country that purports to ensure that Jewish issues often go unnoticed (Schlosser, 2003).

**Anti-Semitism.** Antisemitism is “hostility toward Jews that can manifest on an individual, institutional, or societal level” (Schlosser & MacDonald-Dennis, 2006, p. 44). Antisemitism has been documented for over 4000 years and comes in many forms (e.g., stereotypes, oppression, discrimination, segregation, pogroms, and genocide). Beck (1982) outlined seven categories of antisemitism, including (a) religious (e.g., erroneous belief that the Jews killed Jesus), (b) social (e.g., limiting Jews’ occupational choices), (c) political (e.g., blaming Jews for Communism), (d) sexual (e.g., stereotyping Jewish women as being both teases and prudes), (e) economic (e.g., the myths that all Jews are rich penny-pinchers who control the banks, media, and the U.S. economy), (f) psychological (e.g., “the dominant culture’s desire to assimilate the Jew is projected onto the Jew as ‘the Jewish plot to take over’”; Beck, p. xviii), and (g) racial (e.g., Jews seen as biologically inferior). Some antisemitic stereotypes include that all Jews are rich, pushy, stingy, and secretive. Modern instances of antisemitism include (a) labeling Israel as an apartheid state with no claim to Palestine, (b) denying the Holocaust, (c) asserting that Jews are overrepresented in academia, and (d) indicating that Jews are not a minority and do not deserve minority protections. It is important to note that even if a Jew does not experience it first-hand, learning about antisemitic events can be traumatizing nonetheless (Friedman et al., 2005).

**The Shoah.** The Shoah (literally “catastrophe” in Hebrew) is the word frequently used to denote the systematic murder of approximately 6 million Jews at the hands of Nazi Germany; this represented roughly 65% of all the Jews in Europe, and 35% percent of the Jews worldwide. In sum, the Shoah was the defining historical event for modern antisemitism. Among many others, one lingering consequence of the Shoah is that it created a belief in some that the Jewish people were worthy of being annihilated; this has contributed to the continued perpetuation of antisemitism. In addition, because of their long history of being oppressed, many American Jews attempted to shed their Jewish identity and assimilate after the Shoah. Although assimilating to the mainstream culture afforded survival to many Jews, the personal and cultural costs were fairly steep (e.g., losing their Jewish culture, denying their identity). For some Jews, the history of oppression, culminating in the Shoah, led to the development of internalized antisemitism.

**Internalized antisemitism.** Internalized antisemitism refers to ambivalent and/or negative thoughts, feelings, and behaviors about one’s identity as a Jew. Feelings about one’s Jewishness that reflects internalized antisemitism range from confusion to discomfort and embarrassment to self-hatred. Behavioral manifestations of internalized antisemitism include (a) disinterest in Jewish heritage and life, (b) moving away from or denying one’s own Jewish identity, and, in severe cases, (c) disparaging other practicing Jews (Langman, 2000). It could be argued that every American Jew goes through the process of learning (and hopefully unlearning) internalized antisemitism by being raised and/or living in an antisemitic society like the United States. This process, as well as the concomitant feelings and behaviors, may be similar to what people from other minority groups experience vis-à-vis interacting with the dominant culture group (see...
The effects of internalized antisemitism on the psychotherapy process will be discussed in the next section of this paper.

The invisibility of Judaism. Jewish identity is essentially invisible, despite persistent stereotypes to the contrary (e.g., all Jews have big noses); this is especially true for secular and non-Hasidic/non-Orthodox Jews. A Jew can choose to wear something to identify her or himself as Jewish if she or he feels safe doing so or chooses to express oneself in that way. However, most Jews do not feel the same degree of comfort in marking themselves as Jews as do Christians who self-identify by wearing a cross or crucifix. Contributing to this issue is the fact that the United States is a secular, yet predominantly Christian country (Schlosser, 2003); Christians are the clear numerical majority, representing roughly 80% of the U.S. population (American Religious Identification Survey, 2001). Hence, assumptions of Christian universality in the United States lead people to believe that religious diversity (i.e., non-Christians) is virtually nonexistent. The impact of these assumptions is to make Jews feel that their issues and identity are neither important to nor valued by mainstream society.

Conducting Affirmative Psychotherapy With American Jews

It should be clear from the previous discussion that American Jews constitute a distinct cultural group with specific issues to which psychotherapists must frequently attend. Therefore, the remainder of this paper is focused on describing facilitative and inhibitory factors for conducting affirmative psychotherapy with American Jews. Some typical presenting problems of American Jewish clients are also identified and discussed, as are a few culture-bound syndromes. Finally, some implications are presented for psychotherapy researchers, and a few concluding remarks are offered.

Self-Awareness

As noted by Langman (1995), both Jewish and non-Jewish psychotherapists alike must undergo a process of self-assessment to determine what, if any, biases they might hold regarding Jews, Judaism, and Jewish culture. If the psychotherapist does hold any negative attitudes or beliefs, then these must be dealt with prior to providing psychotherapy to an American Jewish client; failure to do so would be unethical and would be discordant with the American Psychological Association’s (APA) multicultural guidelines (APA, 2002). Education, personal psychotherapy, and clinical supervision can all assist the psychotherapist in the growth process.

For Jewish Psychotherapists

It is important that Jewish psychotherapists not assume that their Jewish clients see Jewish identity and/or practice Judaism in the same way that they do (Friedman et al., 2005). This is because, as noted previously, there are many different ways to be Jewish. Thus, Jewish psychotherapists must seek to understand the client’s sense of Jewish identity and degree of religious observance, even if it conflicts with the therapist’s own belief systems and Jewish cultural practices.

In addition, the Jewish psychotherapist must be mindful of the potential impact that internalized antisemitism could have on oneself and the client. If the psychotherapist was acting from a place of internalized antisemitism, then openly (or assumed to be) Jewish clients might be adversely affected by the psychotherapist’s conscious or unconscious thoughts, feelings, and behaviors. Some examples of how this could adversely affect a session include (a) impaired empathy toward Jewish clients, (b) hostility around Jewish clients’ expression of emotion, and (c) pathologizing Jewish clients’ religious experiences. Personal therapy and clinical supervision can assist the Jewish psychotherapist to understand how internalized antisemitism might have or currently be affecting clinical work with American Jewish clients. This would, in turn, facilitate the psychotherapist’s ability to assess and respond therapeutically to any internalized antisemitism in the client.

Finally, Jewish psychotherapists should consider the effects of self-disclosing or withholding disclosure of their Jewish identity. This may be especially important with Jewish clients, who might feel a sense of betrayal if a Jewish psychotherapist failed to disclose her or his identity as a Jew. Similarly, the non-Jewish client may have feelings about Jews that could affect the psychotherapy relationship. Hence, Jewish psychotherapists should be prepared for the potential need to discuss these issues with their clients.
For non-Jewish Psychotherapists

The dynamics in the psychotherapy dyad are distinctly different for the Jewish client working with a non-Jewish psychotherapist. Specifically, as noted above, the psychotherapist should be aware of any preconceptions they might have about Jews or Judaism. As noted by Friedman et al. (2005), non-Jewish psychotherapists might mistakenly view Judaism as only a religion and fail to consider how important Jewish identity and culture might be to the client. Therefore, non-Jewish psychotherapists must learn about Judaism and the complex nature of Jewish identity. Psychotherapists who hold more abjectly negative thoughts or feelings about Jews have an ethical obligation to refer American Jewish clients to another psychotherapist until they have adequately addressed their own antisemitic thoughts and feelings—this could be accomplished via education about Jews, personal therapy, and/or clinical supervision.

Clients’ Disclosure of Jewish Identity

First, it is important to recognize that not every Jewish client will openly identify as such. This may be more crucial for non-Orthodox Jews, who typically do not wear any visible markers of being Jewish. For these Jews, then, disclosing one’s Jewish identity may be a decision that is carefully considered by assessing the safety of the environment. This is because (a) Jews have experienced a long history of cultural oppression and (b) antisemitism makes the process of identifying oneself as a Jew a potentially hazardous endeavor. Historically speaking, Jews have been visibly identified in negative ways. For example, Jews in Nazi Germany were made to wear gold stars on their clothing for rapid identification, and Jews who were sent to the concentration camps were permanently marked (i.e., branded with a number for record keeping purposes). Hence, hiding one’s identity has had adaptive implications, at least in the recent past. At the same time, however, denying one’s own Jewishness can lead to social isolation (e.g., by missing opportunities to build one’s Jewish support network) and may contribute to poor self-image (e.g., by not being true to or authentic with oneself). Furthermore, there may be a fear of being “outed” as a Jew, while also feeling shame for not being open and/or proud about one’s Jewish identity.

So, how does an American Jew gauge the risk of identification? First, they are likely to rely on their own past experiences in similar situations to help determine the safety of disclosure. In addition, some Jews may base their decision about disclosure of identity on what trusted others have done in a similar situation. Second, statements from the media and elected officials provide contextual information concerning the prevailing attitudes toward Jews. Third, an American Jew is likely to assess the attitudes of others regarding diversity in general, and Jews in particular. The problem with making such an evaluation is the current environment of political correctness—people are not likely to share antisemitic perceptions with known Jews. At the same time, because most Jews have white skin, they may be privy to others’ prejudiced (e.g., racist) feelings. This information can help the American Jew determine the overall safety of disclosing her or his minority status as a Jew.

In psychotherapy, disclosure of one’s Jewish identity is based on an assessment of the situation and the psychotherapist using the steps described above. In addition, the disclosure of identity to the psychotherapist may also be based, in part, on the client’s insight and self-awareness. That is, the client will make a determination about whether or not she or he thinks their Jewish identity is relevant to the presenting problem. Hence, psychotherapists must be sensitive regarding how they inquire about a client’s religious and ethnic background. It is important to demonstrate an interest in and respect for Judaism as a critical component of identity, while simultaneously respecting the client’s wishes should she or he chose to not disclose this information to the psychotherapist.

Assessing Jewish Clients

Once a client’s Jewish identity has been confirmed, there are a number of important areas to assess that are specific to American Jewish clients. Before proceeding, however, it is critical for the psychotherapist to ask for permission with regard to exploring the client’s Jewish identity and explain the reasons for wanting to explore this material (i.e., how it relates to the presenting problems). This caution should be exercised because, for some Jews, the act of exposing one’s Jewishness to others may be traumatizing. In beginning this dialogue, then, the psychotherapist
is communicating an interest in and respect for the client’s background, while also allowing the client to determine the level of discourse where Jewish issues are involved.

Assuming the client is comfortable discussing this aspect of her or himself, the psychotherapist should seek to understand the client’s (a) adherence to the practice of Judaism, (b) relationship with the dominant culture, and (c) relationship to other Jews. Finding answers to these questions should help the psychotherapist determine to what degree, if at all, the client’s Jewish identity is part of the problem that brought them to therapy and/or part of the solution. In addition, it will facilitate the psychotherapist not relying on assumptions about Jewish identity in terms of helping the client. Of course, it is important to consider that for most clients, being Jewish will have no bearing on their presenting issues; a common example of this would be a secular Ashkenazi American Jewish client. This is a distinct possibility in the United States where there are large numbers of secular Ashkenazi Jews. Therefore, the psychotherapist should be sure to not pathologize this particular type of client as being a self-hating Jew or someone who has completely internalized antisemitism. Finally, the psychotherapist should follow the client’s lead with regard to the depth of disclosure about Jewish identity, while at the same time creating an environment where the client feels safe to discuss these issues.

Establishing Rapport

As with many clients, the establishment of good rapport and a sound working alliance are key aspects to the beginning of treatment with Jews. With the American Jewish client, there are a number of ways this can be accomplished. One such way is to be aware of the history and current status of antisemitism, as well as the negative stereotypes about Jews; validating the client’s experience can be quite empathic. Furthermore, the skilled psychotherapist can provide a safe space for Jewish clients to discuss their experiences of discrimination; this might include asking about any personal experiences with antisemitism. By doing so, the psychotherapist can convey a respect for Jewish clients and Jewish culture. It is also crucial to communicate that assumptions are not what guide one’s therapeutic approach. That is, the client must understand that the psychotherapist does not assume that she or he knows what the client is about simply because the client is Jewish; to do so would be unethical and culturally insensitive practice. The skilled psychotherapist allows the client to describe how, if at all, being Jewish plays a role in her or his life and presenting problem(s). In this way, the psychotherapist will attend to Jewish identity as part of the treatment when it is, in fact, an issue for the client.

Understanding Healthy Paranoia

An important skill for the psychotherapist to develop is the ability to determine clinical (or “actual”) paranoia from the presence of a “healthy paranoia” (i.e., cultural mistrust; F. N. Terrell & S. Terrell, 1981) in American Jews. The long history of antisemitism and cultural oppression of Jews, coupled with the knowledge of and experiences being a numerical minority, has contributed to American Jews finding it hard to feel safe (Langman, 1995). In addition, American Jews have a history of being viewed negatively (e.g., as cognitively inferior and with higher rates of psychopathology) by mental health professionals (Langman, 2000). Thus, it is crucial that the psychotherapist not misinterpret the American Jewish patient’s actions as evidence of a paranoid psychological process. For example, Jewish clients might be hesitant to disclose personal information until they develop trust with the psychotherapist. This issue highlights the importance of building rapport with American Jewish clients, as well as carefully considering the reasons these clients might opt not to disclose material to the psychotherapist.

Intergenerational Transmission of Trauma

Shoah survivors and their descendants carry an additional dynamic into the treatment room. Specifically, the children (or grandchildren) of survivors (who are the ones most likely to seek treatment, as most survivors are now elderly or deceased) might (a) have a heightened sense of their parents’ status as Shoah survivors, (b) have experienced overprotective parenting, (c) overidentify with their parents’ experiences in the Shoah, and (d) view the world as dangerous (Rowland-Klein & Dunlop, 1997). These are important aspects to consider when assessing and treating a Shoah survivor or descendant, as they are likely to affect personality and development.
In addition, the final point underscores the issue of healthy paranoia in Jews, and it is noteworthy that this experience is likely to be more severe for descendants of Shoah survivors.

Understanding Jewish Identity

In conducting psychotherapy with American Jews, it is also critically important to understand Jewish identity. This is no easy task, since Jews themselves often disagree with each other regarding the nature of Judaism and Jewish identity. Further, research has shown that Jewish identity is complex, multifaceted and context-specific (Friedman et al., 2005). In addition, as previously noted, there are both religious and secular/cultural aspects to Jewish identity. Hence, psychotherapists must seek to understand clients’ sense of their own Jewish identity, and not make any assumptions regarding clients’ Jewish identity. Then, the skilled psychotherapist will consider how, if at all, presenting problems are related to the client’s identity as a Jew. Understanding Jewish identity in the clinical setting also means understanding how the experience of American Jews can affect the process. For example, the psychotherapist who does not know that an Orthodox client is not permitted to use the phone at certain times might erroneously interpret this behavior as defensive. This situation, and others like it, provides the rationale for why psychotherapists must be knowledgeable about what it means to be Jewish.

Understanding Jewish Families

Another important aspect to the treatment of American Jews concerns the significance of the family. Specifically, as noted previously, American Jews can be seen as bicultural (Friedman et al., 2005) with both Jewish and American aspects to their identity. In thinking more about that duality, it will be clinically helpful for the psychotherapist to recognize the potential value conflicts between individualistic American culture and the more collectivistic nature of Jewish culture. In this way, American Jews may experience conflict based on the needs and wants to please the family (e.g., by achieving career success as a professional), while at the same time wanting to follow their own desires. Psychotherapists should be aware that, in most Jewish traditions, the family is the key structure in the client’s life and that there are emotional consequences for going against the wishes of the family (e.g., guilt, anxiety). Hence, treating professionals should be aware that this issue might affect their clients and should consider it as a possibility throughout the case conceptualization process.

Typical Presenting Problems

Although this list is certainly not exhaustive, some presenting problems that might bring an American Jew to psychotherapy include: (a) Jewish identity issues, (b) body image and gender identity, (c) child rearing practices among interfaith and noninterfaith couples, (d) interdenominational couples, (e) issues around converting to/from Judaism, (f) antisemitism-related experiences, (g) sexual orientation and religion, and (h) intergenerational issues related to the Shoah. Of course, Jews may seek psychotherapy for personal growth and development, as well as to receive treatment for depression, anxiety, or any of the other psychological disorders. What follows is a more detailed discussion of a few of these issues.

Jewish identity. Problems in the area of Jewish identity are often, but not always, associated with internalized antisemitism to a certain degree. For the client with internalized antisemitism, there are likely to be feelings of inferiority, shame, and depression. In essence, these feelings arise from the client’s associating antisemitic ideology with themselves. Said another way, if the client has internalized negative thoughts and feelings about Jews, then that client would perceive being Jewish as a stigmatized identity and eventually map the negativity onto her or himself. Psychotherapists can help this type of client understand how internalized antisemitism contributes to negative affect and cognitions, and how that plays a role in the creation and maintenance of clinical symptoms (e.g., depression, anxiety).

Although articulating distinctions between healthy versus pathological aspects of Jewish identity development is beyond the scope of this paper, this issue is worth mentioning as it impacts the psychotherapy process. Clients with a healthy Jewish identity are more likely to feel good about being Jewish and will interact comfortably with Jews and non-Jews alike; they may even be more resilient to incidents of antisemitism. Conversely, Jews with less healthy Jewish identity are likely to present with some degree of internalized anti-
semitism, including negative feelings toward and discomfort with self and other Jews. As noted previously, Jewish identity is a complex phenomenon (Friedman et al., 2005), and it has the potential to impact many of the presenting problems of American Jews. As a result, psychotherapists should consider Jewish identity as a potentially important aspect of the treatment of American Jewish clients.

Issues around converting to/from Judaism. Conversion to or from Judaism invariably raises concerns about how people feel about Jews. Someone who is thinking about either leaving or joining Judaism might seek psychotherapy to process their thoughts and feelings, and try to determine if this is the course of action they want to pursue. In this way, the psychotherapist should help the client evaluate the potential benefits and consequences associated with making such a change. While dealing with issues of conversion in psychotherapy, the client’s feelings about either being a Jew, becoming a Jew, or renouncing one’s Jewish identity will certainly be explored. At the same time, however, the psychotherapist must also assess the potential impact of what important people (e.g., friends, family) in the client’s life think and feel about Jews. This is especially true when significant others hold antisemitic views, as their impact can be both quite negative and profound on the client’s decision about moving toward or away from Judaism.

Antisemitism-related experiences. Unfortunately, many American Jews will have a personal experience with antisemitism at some point in their lives; nearly all Jews are impacted by acts of antisemitism vicariously. Antisemitism-related experiences could be a therapeutic issue for clients who are seeking psychotherapy services for other reasons, or they could be the primary reason for seeking treatment. Either way, it is critical that the psychotherapist not retraumatize the client by denying or downplaying the existence, extent, or impact of antisemitism on American Jews. One way to prevent this type of psychological retraumatization is for the therapist to be knowledgeable about the incidence of antisemitic activities, the historical and present manifestations of antisemitism, and the reasons antisemitism has persisted (Schlosser & MacDonald-Dennis, 2006). Furthermore, empathically delivered interventions may strengthen rapport if they communicate that the psychotherapist is knowledgeable about antisemitism. This latter point is consistent with extant theory regarding White psychotherapists’ work with clients of color in terms of validating feelings about racism (Helms & Cook, 1999).

Sexual orientation and religion. The intersection of religion and sexual orientation has become an emotionally laden and fiercely debated topic in the United States. Although social justice is a core Jewish value, not all Jews favor equal rights for lesbian, gay, bisexual, and transgender (LGBT) people. Specifically, the Orthodox and Hasidic communities typically condemn homosexuality based on the literal interpretations of Biblical passages. In this way, they have more in common with Catholics and Evangelical Protestants than with non-Orthodox Jews. In fact, many Reconstructionist and Reform Jewish communities have been welcoming toward Jewish LGBT people. In sum, psychotherapists need to consider how their Jewish LGBT client’s religious community responds to their LGBT identity (i.e., are they welcoming or condemning of it?).

People who are out as LGBT Jews must often contend with homophobia and antisemitism simultaneously from different sources. That is, LGBT Jews are often subjected to antisemitism from the LGBT community (Langman, 1999), and homophobia from Orthodox and Hasidic Jewish communities. Experiencing these multiple sources of oppression can increase stress, which may lead to clinical symptoms and/or the person seeking psychotherapy. The experience of Jewish LGBT people highlights the issue about the centrality of identity. That is, which aspect of identity is most salient for a person at what time and under what circumstances? Psychotherapists working with Jewish LGBT clients are cautioned against making assumptions about which identity is most central at any moment in time. Finally, psychotherapists are encouraged to explore the meanings of their Jewish LGBT clients’ multiple identities, as well as the intersections of those identities.

Culture-Bound Syndromes

In addition to the issues discussed above, there are some clinical issues that are unique to American Jews. One such example is shidduch anxiety, which refers to symptoms of anxiety that are related to finding a good match for marriage in the Orthodox community (Margolese, 1998).
Given the importance of marriage and procreation to Orthodox Jews, the pressure to find a good match can be severe. Another issue for the psychotherapist is determining the difference between religious adherence and the presence of actual psychopathology. This challenge is most likely to occur with a very religious American Jew who presents with clinical symptoms of obsessive–compulsive disorder, or a psychotic disorder (e.g., schizophrenia). Some guidelines have been offered to assist psychotherapists in making this determination (Greenberg & Witztum, 1991); psychotherapists are also advised to be knowledgeable about the religious community in question to make an accurate diagnosis.

Other Issues

Thinking on a macrolevel, it is important not to assume that a Jewish psychotherapist is the best person for a Jewish client. For clinicians in independent practice, this means referrals to Jewish psychotherapists are not always the best option. Similarly, for those who make the client-psychotherapist assignments in group practice settings, Jewish identity should not be the only factor in determining a match. This is not to say that Jewish psychotherapists cannot help Jewish clients; in fact, the shared Jewish identity might facilitate the development of a good working alliance. However, this is a question that awaits empirical scrutiny. Finally, Jewish culture generally values insight, introspection, and emotional expression (Langman, 1997), so it could be argued that a psychodynamic approach is the most culturally congruent for American Jews; in fact, Langman (1995) did just that. Without empirical data, however, it is impossible to say with any certainty which theoretical approach is the best for treating American Jewish clients.

Summary

To provide affirmative psychotherapy for American Jewish clients, psychotherapists must ensure that they are aware of their own thoughts and feelings about Jews, and any negative or antisemitic perceptions must be addressed prior to clinical work with Jews. Of course, issues related to self-awareness differ for Jewish and non-Jewish psychotherapists. In addition, care must be exercised when assessing American Jewish clients and inquiring about Jewish identity. In terms of clinical diagnoses, psychotherapists need to be cautious before interpreting Jewish clients’ interpersonal guardedness as psychopathology because healthy paranoia is a realistic possibility. Psychotherapists should work hard to develop rapport with their Jewish clients; understanding the daily lived experience of American Jews can facilitate the connection between psychotherapist and client. Finally, psychotherapists need to consider that Jews value debate, insight, and emotional expression, and these will certainly affect the process of psychotherapy.

Implications for Research

Researchers are encouraged to examine the process and outcome of psychotherapy for American Jews to see how it is different from and similar to what we know about clinical work with other cultural groups. Several factors could affect psychotherapy with the American Jewish client, including levels of acculturation, adherence to Jewish cultural values, health of Jewish identity, and the experiences of antisemitism, just to name a few. In addition, it seems pivotal to examine how, if at all, the process and outcome of treating American Jewish clients depending if the psychotherapist is Jewish or not. Qualitative researchers might explore Jews’ experiences in psychotherapy, either in the role of client or therapist. Finally, researchers need to remember the within-group variability of Jews. Hence, at a minimum, data from Orthodox and Hasidic Jews should be analyzed separately from non-Orthodox Jews.

Conclusion

In conclusion, American Jews represent a small, yet culturally distinct community in the United States. Despite the appearances of smooth acculturation and assimilation, antisemitism persists and grows. The perpetuation of antisemitism contributes to potential biases in therapy, especially when there is a lack of information and a reliance on stereotypes. By learning about Jews and Jewish culture, psychotherapists can provide more culturally sensitive and affirmative treatment for the American Jewish clients in their care.

References


