

“The Lonely Man of Faith”: Implications for Social Work Practice

Adam I and Adam II: A Typology of Human Nature

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Jewish Social Philosophy, the required course for all second-year students at Wurzweiler, is devoted to exploring various aspects of the human condition and, in the process, drawing implications for social work philosophy and practice. At its base is an article by Rabbi Joseph B. Soloveitchik, “The Lonely Man of Faith” (1965). Based on that article, we articulate the central theme, and follow it by four applications that deal with productivity and spirituality in the elderly, working with a depressed client, understanding the experience of loneliness in children, and working with cancer victims and their families.

In “The Lonely Man of Faith” (1965), Soloveitchik is searching for a way to understand his frustrations and conflicts as a man of faith in the modern world. These frustrations and conflicts touch all people who subscribe to an ancient faith that is constantly being challenged by the technological genius of modernity.

The major conflict Rabbi Soloveitchik articulates concerns the loneliness of the person of faith in modern society despite having many friends and acquaintances. It touches on a universal theme—the essence and struggle to be human. This theme is addressed through an analysis of the two creation stories in the first two chapters of Genesis. A careful perusal of the texts evokes at least three discrepancies:

1. In Chapter 1, the Bible states that Adam was created in the image of God, with no mention of how his body was formed. In Chapter 2, it states that Adam’s body was formed from the dust of the ground

and that God breathed into his nostrils the breath of life.

2. Adam the first received the mandate from God to fill the earth and subdue it and have dominion over the fish, the animals, etc. Adam the second was charged with the duty to cultivate and keep the garden.
3. In the story of Adam I, both male and female were created concurrently, whereas Adam II emerged alone. It was only later that Eve appeared as his helpmate.

Soloveitchik claims that these discrepancies are not contradictions in the text, but in the human being. They point to the duality and inner incongruity of being human. Two types of human beings are depicted. The Adams of the two stories of creation are not real people but types of human beings, constructed by the author’s mind. Their function is to enable us to compare and better understand the dual nature of real human beings in society.

ADAM I

In Chapter 1, Adam I and Eve I—male and female—are created in the image of God and given a mandate to be fruitful and multiply, subdue the earth, and have dominion over nature. In Judaism, creation in the image of God means that human beings are endowed with Divine intelligence that they are to put to use to fulfill the divine mandate. Practically, this means that both males and females are commanded to create and build societies and civilizations through the application of their intellect. They are to use all the knowledge and brain power at their command toward this goal. This includes the physical, social, and behavioral sciences, mathematics, and the professions. Adam I's and Eve I's question is "how?" How do we fulfill this mandate? How do we build a society? How do we eradicate poverty? How do we cure cancer, heart disease, AIDS? How do we teach children to read? How do we build stable families? How do we eliminate terrorism? How do we bring peace to the Middle East?

Adam I and Eve I are intellectually curious, aggressive, accomplished esthetes—success-oriented and dominating. Adam I and Eve I are driven by the need to produce, to succeed in their endeavors, and to control the environment.

Adam I and Eve I constitute a community. One cannot create and sustain a society by oneself. Male and female were created together to show that they are equal in fulfilling the mandate and that they need each other to do so, even though they may go about the task in different ways. In this community, Adam I and Eve I are fundamentally interdependent social beings, symbolic of the essence of a community. The community could consist of all males, all females, or males and females who work together to fulfill their common purpose. They are akin to the social work group that is viewed as a system of mutual aid.

Relationships among Adam I's and Eve I's tend to be superficial and functional as they should be to accomplish their tasks.

They do not penetrate into the depths of the personality. For example, board and staff meetings, students in a classroom, and social action groups represent Adam I communities where people need each other to accomplish their tasks. Relationships are social, nonintimate, and focused on what needs to be done.

In sum, Adam I and Eve I are intellectuals, doers, go-getters, workaholics, lawyers, doctors, teachers, chaplains, social workers, tailors, clergy, yuppies, the NOW generation. They are us. They are technologically advanced. They want to get things done in the fastest and most efficient way possible and, therefore, join with others to achieve their common purpose.

ADAM II

The Bible describes Adam II as being formed from the dust of the earth. God then breathed into his nostrils the breath of life, and he became a living soul. From this description, we can discern that Adam II is passive and introspective. He is not concerned with the "how" question but with "why." Why was the universe formed? Why was I created? Why was there a Holocaust? Why is there so much hatred in the world? Why do little babies die of diseases? Why were so many innocent people killed on 9/11? The answers to these questions are elusive.

From the biblical description, we can discern that Adam II is humble, spiritual, and lonely. Adam II's humility derives from being created from dust, the most worthless material. Recalling his origins, Adam II must perforce be humble.

Adam II is spiritual, concerned with connecting to a being outside of himself and with the meaning of life. The origin of his spirituality stems from God who breathed into his nostrils the breath of life. This makes Adam II always preoccupied and intoxicated with God.

Adam II's loneliness derives from being created as a single individual. As such, it is

existential as it stems from being the only one in existence. His only-ness entails uniqueness—the only one, a human being like no other in the past, present or future. Adam II's loneliness presses him to search for another being who shares his loneliness. As there is no other human being extant, God says, "I shall make a partner for you." Thereupon, He causes Adam to fall into a deep sleep and He creates Eve II.

There is profound significance in the creation of the woman in this manner. First, according to Soloveitchik, Adam II's being put to sleep represents an act of defeat and surrender. It is only through Adam's sacrificing and surrendering a part of himself that Eve comes into existence. It is only through mutual sacrifice that marriages and friendships can endure, families can thrive, organizations can survive, a community and a society can grow. Eve's creation from Adam serves as the prototype of intimate in-depth relationships that can cope with existential loneliness.

Soloveitchik calls the community of Adam II the covenantal faith community in which three parties interact: man, woman, and God. This is the community of those committed to the covenant and to God as the teacher and leader. It is basically a religious community where the ideal is to **be** with one another and to bring God in through prayer and the study of sacred texts. In this community, individuals try to overcome their existential loneliness through spiritual and interpersonal connections. In contrast to Adam I's community of **doing**, Adam II's community is one of **being**.

In sum, Adam II is curious in a different sort of way than is Adam I. He does not ask the "how" question but the "why" question. Why do bad things happen to good people? Why is there evil and suffering in the world? Why was I born? In Soloveitchik's words, Adam II is also curious about God:

Who is He who trails me steadily, uninvited and unwanted, like an everlasting shadow, and vanishes into the recesses of transcendence

the very instant I turn around to confront this numinous, awesome and mysterious He? . . . Who is He who is *deus revelatus* and *deus absconditus* simultaneously (Soloveitchik, 1965, p. 17)?

Adam II wants to know why God is so elusive, particularly when he wants and needs so much to connect with Him.

Adam II and Eve II's "why" questions have no answers. Yet, they cannot help but ask them, for there is catharsis in the asking. By asking the questions, they hope to maintain contact, to open a dialogue with God and other human beings, and to feel close. The Adam II and Eve II community is born of surrender and defeat, consisting of sacrificial acts to enable other human beings and God to enter.

In everyday life, we can discern the Adam II-Eve II community in nonreligious, secular contexts too. The therapy group, the self-help group, and the friendship group—all represent communities of being, searching for meaning.

JOINING ADAM I WITH ADAM II

Having discussed both types as distinct personalities, let us put them together into a whole person. What does that person look like?

The biblical dialectic stems from the fact that Adam I, majestic man of dominion and success, and Adam II, the lonely man of faith, obedience and defeat, are not two different people locked in an external confrontation as an "I" opposite a "thou" but one person who is involved in self-confrontation. In every one of us abide two personae—the creative, majestic Adam I and the submissive, humble Adam II (Soloveitchik, 1965, p. 57).

Their views are not similar, their modes of thinking distinct, and their outlooks incongruous. Yet, God created and sanctioned both. Each one of us must identify with the self-contradiction of an inclusive human personality. Neither one may be rejected.

Each has a task. The person of majesty must enter the covenantal faith community and assume states of humility and spiritual

connectedness. The person of faith must enter the majestic community of success and creativity and join with them in solving common problems. We are not permitted to live our lives exclusively as Adam I's—in the world of work, technology, and material success—nor exclusively as Adam II's in the search for spiritual and religious fulfillment. God wants us to oscillate from one community to the other. There is to be no state of permanence in any one community.

PRODUCTIVITY AND SPIRITUALITY IN THE ELDERLY

Here I apply the Adam I-II typology to the elderly population. Many older adults retain their interest in working, in being productive, and in being actively involved in the world. Others have mostly left the world of work and productivity and have entered the spiritual realm of existence. Discussion centers on the nature of spirituality and the role of spiritual caregivers.

Productivity

If we apply the Adam I-Eve I typology to the developmental stages of life, it is apparent that teens through adults are preoccupied with the drive for mastery, with the drive to assert their Adam I's and Eve I's. They feel impelled to earn a good living to support their families, to live well, and to use all the technological tools available to better humankind and leave their mark on the world. The biblical mandate to subdue the earth is to be fulfilled by males and females throughout their most productive years.

In working with the elderly, we realize that they, too, have raised families, worked hard to support them, and, in their own way, participated in the building of society as Adam I's and Eve I's. At this stage in their lives, no longer working in the same capacities as heretofore, the Adam I and Eve I selves of some elderly are just a memory and are more dormant. For others, these selves may take different forms as

they continue to work and engage in their hobbies and in rigorous exercise programs.

As members of the Baby Boomer generation enter the elderly population in retirement, they anticipate continuing their active lifestyles as long as they can. They join retirement communities that offer a host of activities from morning till night to keep the body refreshed and the mind stimulated. They open new businesses to continue their productive propensity. Travel is a popular pastime. They continue to be involved in the community of **doing**, thus contributing to the building of society as consumers and creators.

Spirituality

The generation beyond the Baby Boomers establishes Adam II-Eve II communities, whether in religious or secular contexts. With children having established their own families, with the daily working life a thing of the past, the older elderly have more time to turn to senior centers, remain at home if unable, reside in nursing homes if debilitated, enter assisted living arrangements, attend religious services, and form their own friendship groups. These involvements enable them to tap into spiritual concerns. Their Adam II's and Eve II's tendency toward spirituality is more pronounced during this stage of life.

Spirituality is viewed as a “concern with the human quest for personal meaning and mutually fulfilling relationships among people, the nonhuman environment, and, for some, God” (Canda, 1988, p. 243). The common understanding of spirituality refers to the individual's relationship to transcendence. However, increasing attention is being paid to the ways people claim to be spiritual without a focus on God and the beliefs and practices associated with religion. Some individuals experience a sense of spiritual connection within themselves and in their relationships with people. They embrace the “horizontal dimension” of spirituality that extends through ordinary life experiences without the “vertical di-

mension" that reaches toward God (Moberg & Brusek, 1978).

The "horizontal dimension" of spirituality lends itself to a variety of forms of expression. These include feelings of ego integration (Bianchi, 1994); meaningful relationships with other people that are infused with helpfulness and compassion (Rubinstein, 1994); connectedness to their homes, neighborhoods, and natural environment (Rubinstein, 1990); and self-transcendence through connection with nature, art, and music (McFadden, 1995).

Carson (1989) argues for both vertical and horizontal dimensions of spirituality. An individual who does not have a relationship with a higher being might still experience spirituality on a horizontal plane. People who experience horizontal spirituality could, in some cases, be considered more spiritual than many who opt for a more vertical approach (Carson, 1989). The emphasis on horizontal spirituality for people who do not express a connection to a transcendent being is meant to balance the dominant conception of spirituality in its vertical form.

Role of Spiritual Caregivers

Spiritual caregivers have a variety of spiritual resources to make available for older adults who live alone or are in hospitals, nursing homes or other settings. In addition to engaging patients in religious activities such as prayer, ritual, and attendance at services, forming relationships with patients is just as critical.

A panel of clergy representing various religions was asked to respond to the case of an 89-year-old woman in a nursing home who had expressed the wish to die by refusing nutrition and hydration. The following is an abbreviated composite of the kind of relationships that they would establish with her.

I would hope to provide comfort and encouragement for her to lament, reminisce, grieve, and tell her own story. I would hope to be-

come her companion in a process of reconciliation with her life as she has lived it.

I would attempt to address the feelings of isolation, alienation, and suffering which contribute to her feeling that life is not worth living. I would want to talk about how painful it is to lose one's illusions of independence and control over one's life, and to help her to recognize the human reality of interdependence.

I would establish an active, empathic presence. Sometimes just being there, holding her hand, is enough to ease the suffering caused by loneliness and a feeling of abandonment. Listening not just to what she says but what she means, what her body language and even the appearance of her room tells us, is another way of helping the patient with the feelings which are causing her such pain. It would be my responsibility as chaplain to give her the maximum voice in her treatment and living conditions, to help her to achieve the power over her own life and condition which makes for human dignity (Linzer, 1999).

Prayer, ritual, anointing with oil, reading from the Bible, attendance at services, and other religious activities suggested by the panel of clergy focus on the vertical dimension of spirituality. It is the patient's relationship with God that is at the center of the clergy's efforts to ease her pain and isolation.

The horizontal dimension is portrayed on two levels: in the clergyperson's first entering into a relationship with the woman by listening to her, enabling her to exercise power in her life, and tuning in to the depth of her isolation, alienation, and suffering, and second, in the desire to help her recognize the human reality of interdependence, particularly through companionship with others.

CONCLUSION

According to Soloveitchik (1965), there is a duality of human nature. It is composed of Adam I's and Eve I's who are endowed with intelligence, majesty, the drive to succeed, and to contribute to society. Human beings are also Adam II's and Eve II's who are endowed with spirituality, humility, and existential loneliness.

These two dimensions within each individual are self-contradictory. We are aggressive and humble, intellectual and spiritual, social and existentially lonely. These tendencies are differentially expressed during the course of the life cycle. Typically, young and middle aged people tend to emphasize their Adam I propensities, whereas older people seek spiritual solace in their Adam II state. Each individual needs to find the balance between these contradictory sides. Neither side may be repressed during any stage of life, although one may be more dominant than the other at any given time. Denying the other side is not conducive to mature mental and emotional homeostasis. The well-rounded, mature person will be able to oscillate from one state to the other.

The conflict between productivity and spirituality in the elderly is an extension of the inherent contradiction in human nature at all stages of life. To live with the conflict, which is all we can do, we must strive to find a balance between the Adam I and Adam II

dimensions in our own lives and in the lives of the people whom we serve.

REFERENCES

- Bianchi, E. (1994). *Elder wisdom: Crafting your own elderhood*. New York: Crossroad.
- Canda, E. R. (1988). Spirituality, religious diversity, and social work practice. *Social Casework*, 69(4), 238–247.
- Carson, V. D. (1989). *Spiritual dimensions of nursing practice*. Philadelphia: W. B. Saunders.
- Linzer, N. (1999). *Resolving ethical dilemmas in social work practice*. Needham Heights, MA: Allyn & Bacon.
- McFadden, S. H. (1995, Fall). Religion, spirituality, and a good old age. *C.A.R.S. Newsletter*. www.luthersem.edu.cars/Articles/articletwo.htm.
- Moberg, D. O., & Brusek, P. M. (1978). Spiritual well-being: A neglected subject in quality of life research. *Social Indicators Research*, 5, 303–323.
- Rubinstein, R. L. (1990). Personal identity and environmental meaning in later life. *Journal of Aging Studies*, 4, 131–147.
- Rubinstein, R. L. (1994). Generativity as pragmatic spirituality. In E. Thomas & S.A. Eisenhandler (Eds.), *Aging and the religious dimension* (pp. 169–181), Westport, CT: Auburn House.
- Soloveitchik, J. B. (1965). The lonely man of faith. *Tradition (Rabbinical Council of America)*, 7(2), 5–67.

Facilitating the Recovery from Severe Mental Illness

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From the two different biblical accounts of creation, Soloveitchik (1965) understands humankind to have two different natures: a human being who is extroverted, conquering, and dominating and who is also introspective and spiritual.

The biblical dialectic stems from the fact that Adam I, majestic man of dominion and success, and Adam II, the lonely man of faith, obedience and defeat, are not two different people locked in an external confrontation as an “I” opposite a “thou” but one person who is involved in self-confrontation. In every one

of us abide two personae—the creative, majestic Adam I and the submissive, humble Adam II (Soloveitchik, 1965, p. 84).

These contradictory natures, or drives, resonate in the struggle that a person in the grips of mental illness experiences when trying to regain his or her function and role in society. In the following case, we shall apply the Adam I-II typology to facilitate the recovery process from severe mental illness.

CASE STUDY: JOSEPH

Although Joseph is a fictional person, the dynamics of his stated problem are authentic, based on an amalgam of several clients.

Joseph has suffered from depressive episodes since his early teens. At age 35, despite his superior intelligence, he remains significantly disabled by his inability to manage his moods. He was never able to complete any of his educational and emotional goals. At times he obtains employment, but ultimately he becomes bored and frustrated with the work as he feels it is far beneath his potential. The situation has repeated itself many times in various jobs and invariably led to his being fired or simply quitting. He depends on family members for financial support and also receives Supplementary Security Income (SSI) for his psychiatric disability.

Joseph is highly sensitive to criticism, but is also extremely critical of himself. He entered therapy expressing a feeling of hopelessness that his situation will change and that he will always be a big failure. He reports that he has low self-esteem, but also is angry at the world for not recognizing his talents.

Joseph's frustration and anger about not being able to fill normal roles in society also interfere with his ability to develop realistic expectations and a meaningful engagement with reality. Wolf Wolfensberger, cited in Race (2003), a renowned advocate for persons with disabilities, speaks of the concepts of normalization and role valorization. Persons with disabilities are often denied valued roles in society, such as being a professional, a father, a mother, etc. They are marginalized and their motivation to change is weakened.

The most explicit and highest goal of what has been called normalization must be the creation, support, and defense of valued social roles for people who are at risk of social devaluation. If a person's social role is a socially valued one, then other desirable things will be accorded to that person almost automatically, at least within the resources and norms of his/her society. Indeed, attributes of the person which might otherwise have been viewed negatively by society would come to be viewed positively. For instance, we know that many members of society try to become more like those people who fill highly valued roles (Race, 2003, p. 81).

In ultra-Orthodox Judaism, roles are more formal and rigid than in secular society. Typically, its members are expected to marry, develop a professional identity, and raise a family, all by their early twenties. Therefore, those whose disabilities hold them back from accomplishing these goals feel an even more acute sense of disconnection.

I am a psychotherapist and an administrator in a residential psychiatric rehabilitation facility, and nearly all of my clients are from devout and observant backgrounds. Many present conflicts similar to Joseph's, and they use the language of religion and spiritual values to frame their problems. They feel they are unworthy, G-d is punishing them, or they should have more faith. In this way, the Adam I and Adam II typology can be helpful because it provides a way to reframe their problem, making it a matter of the human condition, instead of merely a side effect of mental illness. Individuals such as Joseph feel unable to compete in the world and frustrated that they are not succeeding in accomplishing various vocational and social milestones. Let us call that an Adam I deficit. On the other hand, the Adam II aspect of their personality also takes a beating. Perhaps because they do not have the distractions normally provided by such external gratifications as demanding work or relationship responsibilities, they are even more drawn to focus inwardly. And, as often, their emotional disturbances have impeded their ability to achieve certain character refinements dic-

tated by the ethics of their religion, such as patience, concentration on prayer, and kindheartedness. Thus, they find themselves at a deficit in the domain of Adam II as well.

It is important to allow clients to explore their religious and spiritual domains. When I do this I am mindful that religious feeling is an area loaded with many projections and expectations; therefore, I let the client introduce the topic first. Doing so tends to keep the focus on the client's religious feelings and not mine. Furthermore, I clarify that my role is as a therapist, not as a rabbi, to limit the client's projections of what he or she believes my religious values to be.

In the context of conscious use of self and paying careful attention to transference and countertransference issues, asking clients about their values and personal philosophy can help them develop a more rational observing ego. It gives them the tools to challenge and possibly modify certain cognitions they have that may contribute to their sense of depression or futility. I may ask the client the following questions:

- What are your beliefs about providence, reward, and punishment?
- What are your beliefs about whether things can be fair?
- Do you have a particular philosophy about life?
- What are some of your goals?
- Aside from external success, do you have any goals relating to internal accomplishments such as morals or relationships?

These questions encompass the Adam I-II typology. Questions about goals and success are directed toward human accomplishments and productivity—the Adam I feature. Questions concerning beliefs about providence and philosophy address the Adam II feature in life. Asking both types of questions seeks to integrate the two.

Such persons feel anger and frustration because they long to achieve, to build, to control their environment as Adam I's. Because in many ways their disabilities prevent them from achieving and controlling

their environment, they look inward to spirituality to find meaning and a sense of accomplishment, which is the nature of Adam II. Instead of feeling as if they have no roles and have totally failed, their inner strivings for meaning and spiritual connection can be developed as an important role and function. While the rehabilitative goal is for a person to be able to function in the outside world and contribute to society in an economic and substantial fashion, it is unfair to confer value and self-worth solely on the basis of this form of achievement. The frustration and anger clients feel at not being worthy in the eyes of their religion can be reframed as an important quest to develop competency and strength in their inner self. The path to recovery from mental illness can be viewed as a spiritual journey to fulfill their role as an Adam II, by finding their own meaning and orienting themselves around values that they can articulate.

ANOTHER CASE STUDY

Another client who suffered from a schizoaffective disorder and obsessive-compulsive disorder feels constantly tormented by her "evil" thoughts and how much God hates her. She also states she is consumed with jealousy toward me and others "that have children and make lots of money," while she has to "work so hard at her job and earn much less." Here her Adam I and II are negatively represented, as she feels unsuccessful both materially and spiritually. When I asked her if she hates herself, she answered, "If I think all these 'evil' things, why should I like myself?" I encourage her to consider whether it is possible and morally correct to have a positive regard for oneself, while still acknowledging that one may think or do bad things that one would wish one could change. Engaging in a philosophical discussion about the nature of self-love, and what she thinks God feels about sinners, is a way for her to become more accepting of her own unacknowledged and subjectively frightening thoughts

and impulses. Her extreme social anxiety and her obsessive thoughts can be channeled into constructive exploration about her desire for competency, both internally and externally.

In both of these case studies, using the framework of Adam I and II can allow the clinical social worker to use a language and points of references that can bring certain frustrations, anger, and defensiveness into the realm of conscious thought. By giving voice to these two aspects of self, and the conflicts and desire to achieve mastery in

these areas, clients will be more likely to integrate strengths into their ego and come to accept areas that cannot easily be changed.

REFERENCES

- Race, David G. (Ed.) (2003). *Leadership and change in human services: Selected readings from Wolf Wolfensberger*. New York: Routledge.
- Soloveitchik, J. B. (1965). The lonely man of faith. *Tradition (Rabbinical Council of America)*, 7(2), 5–67.

Loneliness in Children

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Rabbi Soloveitchik's typology of human nature in "The Lonely Man of Faith" demonstrates there is a purposeful contradiction in the nature of man. Adam I and Adam II were created separately and given two different roles on earth. Adam I, the majestic, creative, productive human being, cannot fulfill his mandate to subdue the earth and have dominion by himself. He needs others to assist him in this task. Thus, he is a gregarious, social being, dependent on working with others and having others near him. Adam II, the introspective, humble, spiritual person in each of us, was created as the only human being at the time. Thus, Adam II was destined to be existentially lonely and unique. There is no one like Adam II, not even Eve II. Both strive

to overcome the separation of existential loneliness through an in-depth, intimate relationship, although the abyss will never be bridged.

At the core of each human personality lie traits of both Adams. We oscillate from questioning our purpose in life and being aware of our existential loneliness to an awareness of having much work to do in this world, which indicates a strong level of functionality.

The awareness of existential loneliness can evoke feelings of estrangement and alienation from other people. Many individuals in today's society experience these feelings, but they are repressed due to the emphasis on personal accomplishment and material excess. Soloveitchik believes that

modern society is “technically minded, self-centered, and self-loving, almost in a sickly narcissistic fashion” (1965, p. 8). In recent decades, the priorities of many individuals have shifted inward and tend to focus on personal success. Yet, the striving for success does not assuage the feelings of loneliness. To prevent such feelings, we need to achieve a degree of personal comfort within ourselves and also keep the connection with others alive and healthy. We may do many things alone, but we are defined and sustained by human relationships.

Loneliness is described as “an exceedingly unpleasant, driving experience, resulting from inadequate fulfillment of the need for human intimacy—beginning in the early years with a failure to establish rich contact with the living, extending to the frustration of the need for tenderness and protective care” (Moustakas, 1961, 27). Individuals who are lonely do not feel connected to their environment and others around them. Feelings of loneliness can develop at a young age and, if not addressed, can persist into adolescence and adulthood (Cassidy & Asher, 1992).

Children with emotional and behavioral disorders are understood to experience the loneliness of Adam II. This loneliness is so strong that it often hinders their ability to create stronger Adam I traits, such as the ability to plan and maintain control of their environment. Because of their cognitive deficits, children with emotional and behavioral disorders are often lonely and estranged from their environment. They often display behavior that is socially unacceptable, and it is hard for such children to establish a connection with their peers (Margalit & Al-Yagon, 2002). The phenomenon of loneliness was once considered relevant only to adolescents and adults. Research suggests that this notion is misguided and that a significant portion of young children also experience feelings of loneliness (Asher & Hymel, 1992). Just as does Adam II, children also feel alone and disconnected from their environment.

Several factors contribute to feelings of

loneliness in young children. Some that occur outside of the school setting are conflicts within the home; moving to a new school or neighborhood; losing a friend, an object, possession, or pet; or experiencing the divorce of parents or the death of a significant person. According to McGuire and Montgomery (2000, p. 228), “The most important contributors to individual differences in loneliness are experiences inside the family.” Occurrences inside the family can affect the child’s behavior outside the home. In any case, the immediate and long-term negative consequences associated with loneliness in children are apparent.

HOW CHILDREN WITH LEARNING DISABILITIES EXPERIENCE LONELINESS

Children with a learning disability (LD) are at greater risk for loneliness because their deficits present barriers to social interaction in the classroom and at home (McGuire & Montgomery, 2000). Loneliness can make a child withdraw or act out in a disruptive manner. Children who are aggressive report the greatest degrees of loneliness and social dissatisfaction (Asher, Parkhurst, Hymel, & Williams, 1990). Children may be rejected for many reasons, and the circumstances that lead to the rejection need to be assessed. If the child acts aggressively toward others or has difficulty communicating needs, this behavior will affect others, as well as the individual child.

Research reveals that children with learning disabilities (LD) are more prone to loneliness. Malka Margalit, head of the Constantiner School of Education at Tel Aviv University in Israel, is a leading researcher on the issue of loneliness among children with learning disabilities. According to her, children with LD have personal characteristics that not only increase the likelihood that they will be lonely but may also make it more difficult for them to cope with the feelings that accompany loneliness. Margalit further argues that children with LD who experience loneliness often have

real social difficulties, which can result in a weak social network, low social status, and rejection by other children. Margalit describes three factors that predict social difficulties and loneliness among children with LD:

1. **Knowledge deficit:** They may not have acquired the age-appropriate knowledge they need to develop satisfactory social relations. For example, they may not understand what they need to do to be considered “a good friend” or what they can expect from their good friends.
2. **Performance deficit:** Even when they have age-appropriate social knowledge, children with LD may not be able to translate it into appropriate social behavior. For example, a child may know that he has to wait for his turn in a video game with friends. However, he may not be able to control his eagerness and may react to the frustration of waiting by becoming aggressive or crying. This behavior is not likely to make him popular with other children.
3. **Adopting the behavioral style of the rejected child:** Sometimes a lonely child’s words and actions communicate to others that he or she has a low self-concept and does not expect to be accepted by the group or to be able to make friends. For example, a child wants to join a group of kids who are playing, but at the same time she anticipates that they will not let her do so. She is emotionally prepared to be refused and rejected. So, if she sees them laughing as she approaches them, she may assume that they are laughing at her or at her desire to join them. Therefore, she may “create” the very situation she fears.

In addition, children with learning difficulties may find it more challenging to spend time alone. “Younger children need constant help from adults to keep busy and find satisfaction in their activities” (Margalit & Al-Yagon, 2002, p. 56). As they grow older, they develop the ability to more independently engage in and enjoy solitary activities. However, children with learning dis-

abilities may have a developmental delay in their ability to find enjoyable solitary activities, perhaps due to restlessness, reading struggles, or a short attention span. As a result, their experience of loneliness may be more pronounced, and their need for friends may feel more urgent (p. 57).

Children with learning disabilities share similarities with both Adam I and Adam II. Such children oscillate from feeling lost to experiencing a sense of inferiority. Due to their disability, they realize their limitations as compared to other children, which further hinders their self-worth. When the lonely child does not master certain tasks, he or she feels frustrated, similar to Adam I. The child may give up and surrender to anger. The child has not reached the level of understanding to see that certain struggles bring stronger faith. When a child’s home environment is inadequate and parental support is weak, the child feels alone because he or she is not receiving the nurturance and support necessary to survive. For this reason, many children with learning disabilities are existentially lonely, similar to Adam II. For some children with learning disabilities, their cognitive limitations and poor social support exacerbate loneliness.

Critical to the discussion of learning disabilities is that, in the United States, these children are typically diagnosed with an emotional or behavioral disorder (EBD). Emotional and behavior disorders typically manifest in the form of behavioral excesses or behavioral deficits, commonly referred to as externalizing and internalizing problems (Quinn & McDougal, 1998). A child who is aggressive, impulsive, and/or hyperactive demonstrates externalizing behavior problems. In contrast, a child with internalizing behavior problems demonstrates actions that range from being distractible to being fearful, anxious, and socially withdrawn. Children who are neglected or withdrawn report feelings of loneliness, but to a lesser extent than do aggressive-rejected children. Because children with internalizing and externalizing behavior problems of-

ten lack social skills, they have difficulty interacting with their peers. These children may also be extremely shy, inhibited, and anxious, and they may lack self-confidence (Rubin, LeMare, & Lollis, 1990).

Researcher R. S. Weiss makes a distinction between loneliness as a result of emotional isolation and loneliness as a result of social isolation. The former appears in the absence of a close emotional attachment, whereas the latter appears in the absence of an engaging social network (Weiss, 1974). For many children, the family and peer group are the two most important social networks. According to Marcoen and Van den Bergh (2004) the parent-child relationship does not lose its importance after the primary school years. As it evolves, it can meet certain needs of the adolescent—for attention, assistance, encouragement, and confirmation. Yet as children grow older, opportunities for conflicts and for inadequate understanding increase because parents do not always succeed in adjusting their parenting to encompass the older child's independence (Dunn, 2004).

Equally important in addressing loneliness are factors that occur within the child's school setting, such as being rejected by peers, lacking social skills and knowledge of how to make friends, or possessing personal characteristics (e.g., shyness, anxiety, and low self-esteem) that contribute to difficulties in making friends. Kindergarten children who are victimized by peers (e.g., picked on, or physically or verbally attacked) report higher levels of loneliness, distress, and negative attitudes toward school than nonvictimized children (Kochenderfer & Ladd, 1996).

The content and the frequency of relationships in the peer group also evolve during childhood and adolescence. The characteristics that make someone suitable as a friend change over the years (Bigelow, Tesson, & Lewko, 1996), and the intimate knowledge of a best friend increases between childhood and adolescence (Diaz & Berndt, 2004). Around the age of nine, according to Dunn (2004), some children be-

gin to have a more objective view of friendship. Their effort expended in a friendship results in a benefit for both parties, although the friendship remains exclusive and possessive. After the age of 12, friendships begin to lose their exclusive character. Friends allow each other more freedom and they react to each other as separate individuals. Changes in views of friendship may result in an increase in uncertainty, tension, and conflict. Therefore, peer-related loneliness may increase as children become adolescents.

I served as a social work intern for nine months at a learning center in St. Paul, Minnesota, where I worked directly with children aged 6–12 who frequently engaged in disruptive behavior. Quite often, the children were impulsive, hyperactive, and verbally or physically aggressive toward peers and staff. My role consisted of individual counseling, facilitating social skills groups, engaging with the children between classes, providing family education, and making referrals to community resources.

Throughout my practice, the children in the learning center struggled with remaining on task and had poor coping skills. As in Margalit and Al-Yagon's (2002) research, the majority of the children had social and academic deficits. They were frequently disruptive and verbally and physically aggressive toward others. In addition to behavior problems, the students had low academic performance and were frequently behind in academic skills and abilities. The children usually performed one to two years below grade level. Much of the teachers' and other staff's attention was focused on the problem behavior, and as a result, the students' academic performance suffered. The staff members were properly trained to de-escalate situations and apply appropriate intervention techniques.

CASE EXAMPLE

One of the students on my caseload was S., a seven-year-old Hispanic boy. He was born with fetal alcohol syndrome and had

dramatically low birth weight. There was suspicion of cocaine use during his mother's pregnancy, but that was never proven. When S. was three weeks old, his mother dropped him off on her neighbor's doorstep and she was never seen again. The biological father's whereabouts were unknown. The neighbors did not have any kids of their own, so they adopted him. S.'s adoptive parents struggled with his behavior outbursts and short attention span. He performed one year below his grade level. He suffered from attachment issues that often resulted in emotional outbursts in class and at home. At school, he would cry hysterically and scream and holler for his mom. His behavior mimicked that of an infant; it was so disruptive that often the teacher removed all the students from the classroom when S. would curl up in the fetal position and cry hysterically. His teacher often hugged him and sat with her arm around him to calm him down.

Because of his loneliness and lack of a strong attachment at birth, S. needed continual nurturance and affection. He was emotionally insecure and responded to situations in a dramatic way. He had low frustration tolerance and his behavior would range from aggressive to emotional. His aggressive behavior included throwing chairs, punching staff in the stomach, lighting paper on fire, bringing a knife into school, and using profanity toward students and staff. When staff could see his behavior was about to escalate, he was escorted to the Intervention Room where staff would respond to him in a therapeutic way.

He was diagnosed with Cognitive Disorder, ADHD, and Attachment Disorder Not Otherwise Specified. He was not on medications and had an extensive behavior plan. Included in his behavior plan was the opportunity to call home when he needed to do so. Since his mother worked various shifts, she was often home during the day. When he had a hard time transitioning back into the classroom, S. called his mom to say hi. At times, she was able to comfort him and help him move on with his day.

Similar to Adam II, S. experienced existential loneliness and felt his separateness from others. He sought closeness with adults, yet wanted to be independent. Subconsciously, S. struggled with such polarities and was quite confused. Because of his cognitive limitations, he handled the confusion in an aggressive way. He felt very inferior to his peers, despite the fact that many of them shared similar limitations. Further, S did not receive adequate support at home, and he carried the effects of this weak support into the classroom. S was unable to trust his connections with adults for fear of abandonment. He saw his uniqueness, yet was uncomfortable with his identity. Quite often, S. felt defeated and responded to such discontent with anger and sadness.

My work with S. involved identifying his emotions and attempting to express each one in a constructive way. We focused on identifying things that made him upset and also developing empathy for other students. Like many children, S. had a hard time recognizing his feelings in the midst of an outburst, but after the fact, he was in tune with his emotions. He was angry and lonely. S had a strong emotional attachment with his adoptive parents, yet he was a lonely child. He didn't have any friends at school and spent much of his time at home playing video games or watching movies. He was not involved in extracurricular activities and did not have much parental supervision at home. His dad worked evenings as a mechanic, and his mother worked various shifts at a fast food restaurant. He was also lonely because as much as he wanted closeness with others, he wanted to be alone because he had the constant fear of being abandoned again. No matter what happened, he was existentially lonely.

For biological and environmental reasons, S. lacked the ability to understand his loneliness. Therefore, he expressed his uncomfortable feelings in an aggressive manner. He continually needed nurturance and affection at school. As mentioned earlier, there is a difference between loneliness due

to emotional isolation and that due to social isolation. S. was lonely for both reasons because he didn't have an innate emotional connection to an adult and he lacked a social network of peers.

Despite not having been through all the stages of development, S.'s life is similar to the typology of Adam I and Adam II. He is existentially lonely; he requires a lot of attention from adults and demands nurturance on a regular basis. He is lonely because his peers cannot relate to him and they choose not to be his friend. At home, he is an only child and spends his free time alone, watching movies or playing video games. At home, he does not receive the support needed to deal with his cognitive deficits. In his current stage of development and with his limited cognitive abilities, S. is struggling greatly to adapt to the demands of his environment and to understand his emotions. Like Adam I, he maintains functional relationships in school that are driven by the purpose of completing tasks. Like Adam II, S. is lonely and seeks to find his true identity.

Because my professional relationship with S was in a school setting, we did not explore religion or spirituality. From my knowledge and understanding of S., he explored spirituality in unconscious ways. He wanted a fulfilling relationship with an adult, but no matter how close his adoptive mom or teacher came, he was never completely fulfilled and always feared abandonment. He always sought more affection and nurturance, and he required such attention on a daily basis. In addition to the classroom attention he needed, he even needed attention when walking down the hallway: S. always held an adult's hand when walking. It didn't matter if the adult was male or female, he wanted an adult near him at all times. I feel he embraced the "horizontal dimension" of spirituality, which is a connection to other people, rather than God. Even though he had an aggressive side and threatened his classmates, his need for closeness appeared after he engaged in disruptive behavior, thus indicating guilt. His

contact with adults in school was so frequent and varied in extent that it seems fair to assume that he sought an emotional and spiritual connection with others.

Overall, S. oscillated between two worlds, much like Adam I and Adam II: he had a drive for mastery, just like Adam I, and he was existentially lonely, just like Adam II. He oscillated from aloneness to contentment. Even though he was academically delayed, he was able to learn how to read and complete some assignments, using the Adam I functional traits. He was also a spiritual child in the sense that he maintained a deep connection to his adoptive parents and teacher. At a young age, S experienced the duality of human nature; he was aggressive and sensitive, spiritual and with a drive for mastery, lonely and content. As professionals, we have the responsibility to help children similar to S. enhance their resilience, clarify their role in life, and relieve their confusion.

CONCLUSION

There exists a duality of human nature in every individual. We all have Adam I and Adam II traits to which we frequently oscillate back and forth. Such duality is inherent in every individual, at every stage of life. Children face loneliness and struggle with finding their purpose in life. Our only solution is to deal with both worlds and create our own personal acceptance of each. We are lonely, yet fulfilled. We are spiritual and wise in our existence. There are benefits to both spectrums of traits, and we must not give up either dimension. Overall, such traits are what make us unique and individual. If we have our own sense of identity, we will be able to maintain relationships with those around us, thus creating a sense of wholeness in the midst of loneliness.

REFERENCES

- Asher, S. R., & Hymel, S. (1992). Children's social competence in peer relations: Sociometric and behavioral assessment. *Child Development*, 389-410.

- Asher, S. R., Parkhurst, J. T., Hymel, S., & Williams, G. A. (1990). *Peer rejection and loneliness in childhood*. New York: Cambridge University Press.
- Bigelow, B. J., Tesson, G., & Lewko, J. H. (1996). *Learning the rules: The anatomy of children's relationships*. New York: Guilford Press.
- Cassidy, J., & Asher, S.R. (1992). Loneliness and peer relations in young children. *Child Development, 24*, 250-265.
- Diaz, L., & Berndt, D. (1982). Children's knowledge of a best friend: Fact or fancy? *Developmental Psychology, 18*, 787-794.
- Dunn, J. (2004). *Children's friendships: The beginning of intimacy*. Malden, MA: Blackwell
- Kochenderfer, H., & Ladd, M. (1996). *Loneliness: A sourcebook of current theory, research and therapy*. New York: Wiley.
- Linzer, N. (1978). *The nature of man in Judaism and social work*. New York: Federation of Jewish Philanthropies.
- Marcoen, A., & Van den Bergh, B. R. (2004). High antenatal maternal anxiety is related to ADHD symptoms, externalizing problems, and anxiety in 8- and 9-year-olds. *Child Development, 75*(4), 1085-1097.
- Margalit, M., & Al-Yagon, M. (2002). The loneliness experience of children with learning disabilities. In B. Y. L. Wong, M. Donahue, & L. Mavis (Eds.), *The social dimensions of learning disabilities: Essays in honor of Tanis Bryan* (pp. 53-55). Mahwah, NJ: Erlbaum.
- McGuire, L., & Montgomery, D. (2000). Learning disabilities and underachievement. In M. W. Katzko (Ed.), *Nurturing talent: Individual needs and social ability* (pp. 226-261). New York: Guilford Press.
- Moustakas, C. (1961). *Loneliness*. Englewood Cliffs, NJ: Prentice-Hall.
- Quinn, K. P., & McDougal, J. L. (1998). A mile wide and a mile deep: Comprehensive interventions for children with emotional and behavioral disorders. *School Psychology Review, 5*, 194-209.
- Rubin, J., LeMare, D., & Lollis, D. (1990). The solitary side of life: An examination of the time people spend alone. *Developmental Review, 3*, 229-240.
- Soloveitchik, J. B. (1965). The lonely man of faith. *Tradition (Rabbinical Council of America), 7*(2), 5-67.
- Weiss, R. S. (1974). The provisions of social relationships. In Z. Rubin (Ed.), *Doing unto others* (pp. 17-26). Englewood Cliffs, NY: Prentice Hall.

Suffering, Helplessness, and the Duality of Man's Nature

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When a child, teenager, or young adult is diagnosed with a life-threatening illness, numerous conflicting emotions instantly overwhelm the individual, as well as his or her parents, siblings, and extended family. Some of the most common emotions are shock, disbelief/denial, fear/anxiety, guilt, depression, and anger (Lauria, Clark,

Hermann, & Stearns, 2001). However, from my personal experience working with these individuals and their families, the most powerful and overwhelming of these emotions are helplessness, loss of control over their lives, and a sense of loneliness.

In writing about his own bout with illness, Rabbi Soloveitchik describes a pervading

sense of loneliness that was wholly overwhelming. His eloquent description reads as follows: "I stand before G-d, no one else is beside me. A lonely being meeting the loneliest Being in utter seclusion is a traumatic but also a great experience. These two experiences, that of nonbeing and that of loneliness, must not be forgotten" (Soloveitchik, 2003, p. 134).

Traumatic experiences, such as the diagnosis of a life-threatening illness, throw people into an existential crisis. Questions of meaning, value, and "why me" plague them. Survivors of traumatic events struggle to rebuild a sense of security, meaning, and value in their lives by trying to regain some control of their lives (Janoff-Bulman & Sheikh, 2006).

Children and young adults, before being struck with a devastating illness, are at the height of their Adam I personality. They are vibrant and youthful, seeking to conquer the world and be in control of their destiny. When they become ill they are suddenly thrust into a world of uncertainty and turmoil, of loneliness and isolation. Thus, they are thrown into their Adam II personality.

It is our mandate in the helping profession to try to restore some equilibrium between their Adam I and Adam II personalities. We must recognize, empathize with, and validate their feelings of isolation and being misunderstood. At the same time, it behooves us to help them regain some sense of control and mastery over their environment.

Presented below are three case profiles of ill children, their siblings, and children of an ill parent that illustrate the emotions they are experiencing.

CASE I

Moshe, a lively nine-year-old boy, was diagnosed with neuroblastoma stage IV. After the initial shock of the diagnosis, Moshe commenced daily chemotherapy treatment and eventually had a stem cell transplant.

Before undergoing the transplant, his parents were concerned that Moshe was acting out aggressively toward his siblings and his doctors. The parents had not been open with Moshe about his diagnosis and treatment protocols, attempting to shield him from all negative information.

A common reason why parents withhold information from children is because they feel that by doing this they are protecting them and preventing further anxiety and stress. Another reason for withholding information is their feeling that the children are too young to comprehend the situation (Barnes et al., 2000).

While adults communicate their innermost feelings and fears mainly via the use of language, children do not generally express their emotions that way. This is where play therapy comes into good use, allowing play to be a medium of expression for the child. O'Connor (1991) refers to play as the child's "natural medium of expression" (p. 10).

By encouraging the parents to be open and honest with Moshe, as well as by using the medium of play therapy, we were able to restore to Moshe a sense of mastery and control over the situation. Moshe used dolls and play medical equipment to act out the procedures that he was undergoing. This empowered him with a tactile sense of knowledge and gave him the control he so desperately sought. He was given choices during placement of the IV, such as whether he would look while the needle was being inserted, who was to hold his free hand during the needle insertion, and who would stay in the room with him. These were some of the ways in which he was able to participate in the decision-making process, thereby restoring his sense of control and mastery over his life.

Thus, although Moshe was at the height of his Adam II personality, through these means, he was able to regain some Adam I sense and establish equilibrium between his conflicting emotions and experiences.

CASE II

Mrs. X., a mother of nine children, was diagnosed with breast cancer. Throughout the illness, the parents avoided speaking to their children about what was going on. They constantly told the children that Mommy had to go to the hospital to treat her backaches and for sundry other reasons, providing all excuses but never the truth. The parents lived by the motto that is quite prevalent in the ultra-Orthodox Jewish community: "If you think good and speak good, it will all be good."

There are three key reasons why open communication with children during the time of parental illness is vital for their emotional well-being. First, it is during the time of such crisis that trust is necessary to maintain a close relationship with the child. Second, the provision of age-appropriate information minimizes the child's fear that stems largely from a fear of the unknown. Third, providing the children with medical details hands them a sense of control over their environment (Harpham, 1997).

Mrs. X.'s children were blatantly suffering, feeling helpless and out of control. They did not know what was going on and were also denied visits to their mother. The father was encouraged to allow the children to visit their mother in the hospital and to provide them with open, honest, and age-appropriate information. This restored trust between the parents and children and returned to them a sense of control.

CASE III

Yakov, a six-year-old boy and fourth in line of a family of seven, was diagnosed with acute lymphoblastic leukemia and was being treated on an inpatient basis in the hospital.

Siblings experience numerous, conflicting emotions when a brother or sister is diagnosed with a life-threatening illness. In addition to anger or sadness, they may feel resentful and jealous of the extra attention

accorded to the ill child. It is important for the parents to give the siblings the attention needed at the time of this crisis.

An additional, most potent feeling that siblings experience is guilt. They may feel survivor's guilt, wondering why didn't it happen to them; as a result, they may refuse to engage in those extracurricular activities that the ill child cannot participate in or may feel guilty when partaking of such activities.

Yakov's 12-year-old brother was feeling guilty that he had caused Yakov's illness by constantly fighting with him. He felt that the illness was a punishment from G-d. Numerous attempts to assuage this unfounded guilt were in vain. The brother mentally and physically tormented himself, maintaining that he was the cause of his brother's illness.

In their monumental work with victims of trauma, such as rape victims and cancer patients, Janoff-Bulman and Sheikh (2006) assert that when dealing with guilt a helpful intervention is to outline a proactive activity to change behavior. For example, rape victims are taught self-defense or to staff support groups and phone lines for battered women. Sick patients are encouraged to diet and exercise healthily. It is through this activity that patients reassert a sense of control over their lives (Macleod, 1999, p. 20).

Yakov's sibling's feelings of guilt stemmed from a sense of loss of control over his environment. He was urged to strive to achieve small goals, such as reducing his fighting with his other siblings for just a few minutes each day. This restored his sense of control.

CONCLUSION

The three cases illustrate how, when life-threatening illness strikes, an ill child, a sibling, or children of an ill parent are each at the height of their Adam II personalities—feeling helpless and a sense of a loss of control, and in an existential crisis. Through communicating with them openly, allowing their involvement in the decision-making

process, and encouraging them to take proactive and meaningful positive steps, we restore a sense of control to the child.

REFERENCES

- Barnes, J., Kroll, L., Burke, O., Lee, J., Jones, A., et al. (2000). Qualitative interview study of communication between parents and children about maternal breast cancer. *British Medical Journal*, 321(7259), 479–483.
- Harpham, W. S. (1997) *When a parent has cancer*. New York: Harper Collins.
- Janoff-Bulman, R., & Sheikh, S. (2006). From national trauma to moralizing nation. *Basic and Applied Psychology*, 28(4), 325–332.
- Lauria, M. M., Clark, E. J., Hermann, J. F., & Stearns, N. M. (2001) *Social work in oncology*. Atlanta: American Cancer Society.
- Macleod, M. D. (1999). Why did it happen to me? *Current Psychology (New Brunswick, NJ)*, 18(1), 18–32.
- O'Connor, K. J. (1991). *The play therapy primer*. New York: John Wiley & Sons.
- Soloveitchik, Rabbi J. B. (2003). *Out of the whirlwind*. Jersey City, NJ: Ktav Publishing House.