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# *Then and now: How being Jewish has influenced my work as a psychotherapist*



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**MOSHE LANG**, well-known Australian family therapist, psychologist and author discusses the powerful cultural influence of his Jewish heritage on his development as a therapist. For Lang, his comfort with the family therapy model is a natural extension of the Jewish tradition of open discussion, debate and the profound Jewish belief that we are all responsible for each other. Lang provides many examples of how he draws on a rich store of Jewish terms, stories, metaphors, sayings and humour in his practice. All this is painted against a backdrop of the horrific residual impact of the holocaust on second and third generation family members. This paper is a modified version of a talk given in February 2001 at the Inaugural Meeting of Jewish Psychologists.

**T**raditionally, both in Hebrew and Yiddish, when Jews meet one says, 'Shalom aleichem,' (Peace be with you) and the other responds with, 'Aleichem ha shalom' (With you be peace), which goes to show that Jews disagree with each other from the start.

I remember once, while on holiday, somebody said to me, 'Are you of the Jewish faith?' Without thinking, I replied, 'No, I'm a Jew'. To me it's a central fact of my existence. As a psychologist working with Jewish people, I'm acutely aware of the multicultural nature of the phenomenon. I know people who are formally or halachically (from *halacha*, the written Jewish laws) not Jewish, but regard themselves as Jews whose Judaism is absolutely essential to their being, psychologically, culturally and socially. I know others who are formally Jewish but their Jewishness is peripheral to them, if not irrelevant.

In my case I was born in Israel, my mother tongue is Hebrew, I was educated in a trade union school, then joined a youth movement, *Hashomer Hatzair*, went to one of its kibbutzim, and then into the Israeli army. All these things profoundly affected the sort of Jew I am and I'm aware that what I regard as Jewish may be anything but Jewish to others.

I have been a psychologist in Melbourne for over thirty-five years, but I'm better known as a family therapist. When I think in English I think of myself as a psychotherapist, but in Jewish terms I am a *shamus* (one useful in practical ways, usually in a synagogue or school).

My decision to become a psychologist was influenced by my specific Jewish background. Growing up in Israel I became a teacher at the age of nine. At that time in Israel there was hardly a parent who could help their children with their homework because they were a community of migrants who knew little Hebrew. At age ten I joined the *hashi* youth movement, which profoundly influenced my life; at fifteen I became a *Madrich*, a youth leader; and at eighteen and a half I was a sergeant in the Tank Corps with others under my command. After leaving the army I became a teacher. This background of working with people stimulated my interest in human beings and the way they relate to each other and led me to become a psychologist.

Years later I became a family therapist. Again my Jewishness played a major part. In the first place, when I was introduced to the idea of family therapy it seemed the most natural of ideas. Of course it made better sense to talk to the whole family together, rather than to see the child separately as I used to do. There is a long Jewish tradition of open discussion and debate and a profound Jewish belief that we are all responsible for each other. Thus family therapy, with its recognition of human interdependency, makes good sense. At Mount Sinai, when God spoke to the Jewish people they responded, 'Naase ve nishma' (We shall do and we shall listen). The doing came first. The structural and strategic family therapy of the seventies to which I was first introduced had a similar emphasis on practice and experience ahead of insight.

As well, family therapy was taught by showing and sharing rather than just talking, and emphasized the importance of family rituals and myths, stories, humour and metaphors, tasks and ordeals. Family loyalty and the ledger of justice, multiple description and paradox, and interest in the wider context such as community, culture, history and tradition, are all congruent with the Jewish experience and all significant features of family therapy. Family therapy emphasizes the importance of non-verbal communication. As the proverbial Jew said, 'Sorry I can't talk to you, I have parcels in my hands!' Similarly the idea that the meaning is in the music not in the words is nicely captured in the following story. A Russian Jew kept writing to his brother in Australia, but the authorities refused to send it. For years he applied for permission to write and at last he was allowed to write only one word to his brother. He wrote 'Oyyyyyyyy!' Interestingly, the day after I gave the talk to the Jewish Psychologists, I received a Victorian Association of Family Therapists newsletter containing an article by Ruth Wein (2001) exploring very similar themes.

*What is an appropriate way for parents to tell their children that they had siblings who were murdered, and that their parents were unable to do anything to prevent it? When is a child ready to receive such information?*

The psychology that I practise today was affected by seemingly small decisions such as retaining my Hebrew name in Australia. I felt that to change my name would have been untrue to myself and disloyal to my parents. As a result of this decision, more Jewish people were probably drawn to see me. Perhaps others chose not to see me because they thought I was too Jewish. This very thing revisited me about ten years ago. When I started talking and writing about my work with Holocaust survivors and their families, a number of my Jewish friends said, 'What do you want to do that for? You will become more closely identified as an ethnic psychologist'. They meant that a psychologist who is accepted by the general community has a higher status than an ethnic psychologist.

### **Therapy with Jewish clients**

For whatever reason, over the years I have seen a large proportion of Jewish patients. I guess they chose to see me because

**MOSHE LANG**

I am Jewish and so they expected that I would have a better understanding of their culture, concerns and way of being in the world. When I try to articulate these ideas, a number of things come to mind.

Perhaps, for my Jewish patients, I use different diagnostic categories. For instance, with one of the first families I saw, the father complained about his daughter who kept borrowing money and failing to pay it back. To him it was evidence that she was suffering from schizophrenia. I suggested to him that perhaps it was simply because she was a *shnorrrer* (one who cadges or borrows persistently). As a further example, the wife of a couple who came to see me complained bitterly that her husband was arrogant and a show-off. She was worried that this was evidence of manic depressive illness. The husband was deeply hurt and vigorously rejected her assertions. They were worlds apart, caught up in a vicious cycle of accusations and counter-accusations. Eventually I suggested that he may simply be a *shvitzer* (one who sweats a lot – by implication a hothead or show off). This had the advantage of providing a common language in which they argued about whether he was a big *shvitzer* or a little one. To parents who are worried about their children suffering from minimal brain damage or ADD or whatever, I often suggest that they may have *shpilkers* (pins and needles or inability to sit still), and so it goes with *shlamuzzel* (a person devoid of luck), *shlumiel*, (a clumsy person), *gunnev* (a thief), *meshugga* (mad), *kvetche* (a whinger), and so on. I strongly commend the Jewish diagnostic categories.

In the same way that Jewish terms are useful in dealing with individual psychopathology, Jewish sayings are helpful in a whole range of life stages and family situations. Thus, to Jewish parents who complain that they have worried enough, I quote a famous Jewish saying, '*Little children - little problems, big children - big problems*'. What is less well known is the equivalent: '*Small children don't let you sleep; big children don't let you rest*'. I remind mothers who complain about being expected to be everywhere at once of the Jewish saying, '*Since God could not be everywhere, he created mothers*'. I offer a range of responses to parents who complain that their children don't appreciate what is done for them and are too materialistic, always wanting more. I say that the children are suffering from 'affluenza' and tell the Jewish joke in which Rockefeller gives a waiter in a restaurant a \$10 dollar tip and when the waiter complains, '*Mr Rockefeller, your son was here yesterday and he left me a tip of \$100,*' he replies, '*Yes, it's easy for him. He has a rich father.*'

Other Jewish sayings I often quote are, '*Rich people do not have children, only heirs,*' and, '*One parent can look after ten children but ten children can't look after one parent*'.

Family therapy encourages communication with the promise of finding that you are not alone with your difficulties or, as it is said, '*When is a man with a hunchback happy? When he meets another one*'. A saying that I find myself using increasingly is, '*When your children are young you teach them to speak, when they are older they teach you to shut up.*' It is very common for me to recommend to a family that the mother has a rest, takes it easy and disengages herself from responsibilities, worries and battles with the kids while her husband takes over. I remind orthodox Jewish families of the year of *schmitah*, which occurs

every seven years, when the land is left to rest and the slaves are released. In the same way, I say, mother should rest at least until we meet again.

My background has sensitized me to the Jewish experience. Years ago a mother complained that her children regularly asked her whether she wanted a cup of tea, to which she would reply, '*Why, do you want me to be sick?*' As she was saying it, her children looked at me as if to say, 'You see what we have to put up with? We offer her tea and that's a problem for her. I understood immediately. In Yiddish it is said that '*Sick people you ask, healthy ones you give*'. Once a religious Jew enumerated his shortcomings and then described his difficult family background. Then he switched to savage self-criticism, blaming himself for whingeing about his parents and shifting the responsibility for his faults onto them. I reminded him of the *Saying of our fathers*, in which it is written, '*Know where you came from*', thus convincing him that exploring his background was not only appropriate but prescribed by the Jewish religion.

## A secular Rabbi

Working with Jews has made me a sort of secular Rabbi, so I'm asked to deal with profoundly Jewish themes. I've treated a number of people, for example, who have discovered for the first time that they are Jewish, to their absolute bewilderment and trauma. Then there is the reverse - people who have regarded themselves as Jewish all their lives discover that, according to *halacha* (the written Jewish laws), they are not. Similarly, I could tell complicated stories about individuals, couples and families who are in conflict about their Jewish identity.

Jewish humour has always played an important part in my clinical work, teaching and writing. When my patients ask me about their seeing another therapist, I usually reply with the joke: '*An Australian, a Frenchman and a Jew were told that the world was coming to an end in two weeks and they could have their last wish. The Australian said he wanted a free supply of beer and day-and-night football, the Frenchman said he wanted champagne and women and the Jew said he wanted a second opinion.*'

When I wish to communicate the inappropriateness of offering reassurance, I tell the following story:

A conductor on a train approaches an absent-minded professor and asks to see his ticket. The absent-minded professor starts anxiously rummaging through his pockets. The conductor reassures him, telling him not to get worried, to take his time, but the absent-minded professor gets more and more anxious. The conductor keeps reassuring him, saying, '*Look, you're well known to me, you're well known in this community, you have taught my children - I know that you would not travel without a ticket. And even if you did, I would just turn a blind eye. Just don't worry!*' But the absent-minded professor gets more and more agitated and finally says, '*It's all very well for you to reassure me, but me, without a ticket, I don't know where I'm going!*'

To convey my belief in the superiority of being eclectic, multi-theoretical, broadly based or, as I prefer to put it, a mongrel, over being theoretically pure or dogmatic, I use the following analogy:

A Rabbi who never stays with his congregation after the service has to stay on a particular Saturday for the Bar Mitzvah of a boy from the most prominent family of his community. He turns to the mother of the Bar Mitzvah boy and says, 'Mrs Cohen, how did you like my sermon in synagogue today?' She replies, 'To tell you the truth, Rabbi, it was very boring.' Her husband, who's embarrassed by what she has just said, intervenes. 'Rabbi, don't pay any attention to what she's saying. She doesn't know what she is talking about – she's just repeating what everyone else is saying.'

**... in Hebrew the therapeutic hour  
is referred to as a sicha, a  
conversation, rather than as  
a strategic encounter between the  
all-knowing therapist and the  
unsuspecting patient**

As chairperson of the *Australian and New Zealand Journal of Family Therapy*, I wrote an editorial (Lang, 1984), in which I related a very old Jewish joke about a man who was down on his luck and went to Rothschild to ask if he could marry his daughter. Rothschild replied, 'Who are you to marry my daughter?' and the man answered, 'I am going to be the Vice-President of the USA.' Then he went to the President of the USA and asked him, 'Can I be your running mate in the next election?' The president replied, 'Who are you to be my running mate?' and the man answered, 'Me, I'm going to be Rothschild's son-in-law'. The editor of the journal rang me and said there was a problem with my editorial. I asked what the problem was and he replied that it was sexist. I went to my Jewish friends and asked them to read it to see whether there was anything wrong with it. Nobody could find anything wrong and even when I told them it was rejected as sexist, not many could see why. The reason the editor gave was that my story showed women being used for the advancement of men. So I asked the editor if I could balance the ledger by offering an anti-male joke:

A woman was listening to a faith healer on the radio. Excitedly she went to the radio and put one hand on the radio and the other on her breast. Her husband noticed it and ran to put one hand on the radio and the other on his penis. She said to him, 'You are stupid – it is supposed to cure the sick, not raise the dead.'

### **The use of humour**

In the best Jewish tradition I have always included humour in my work, whether appropriate or not!

My first book, co-written with my wife Tesse (Lang and Lang, 1986), is full of Jewish content. We wanted to entitle the book *Mayces & Gesheftun* (Tales and Deals). The trouble was, the title didn't work in English, so instead we called it *Corrupting the Young and Other Stories of a Family Therapist*. Interestingly, when it was translated into French it became *Families, I Love You*, and in Hebrew, *How to Stop a Nagging Mother*. I think it sold poorly in Israel because nobody believed in the possibility of achieving this.

The book would have had much more Jewish flavour if we had got our way. For example, we wanted to include a story by Yosl Bergner, a well-known Israeli and Australian painter whose painting 'Destination X' appears on the cover of this issue. When he served in the army, somebody said to him, 'You Jews know everything. I can't make it with the sheilas. What do you reckon I should do?' Yosl, annoyed by the use of 'you people', replied, 'Why don't you go soak your balls in kerosene – that should fix it'. The man came back two weeks later and said, 'You know what, you people do know everything! It worked'. The editor did not include this story probably thinking it inappropriately crude, or offensive. Nonetheless I reproduce it here because it is a great story but more importantly, it is a compelling example of 'Bad Therapy' (Lang, 1980, Lang, 1982). As in the Bad Therapy role play exercise, the therapists are instructed to do harm to make the family worse, and to their surprise the family gets better. As Mae West said, 'When I'm good, I'm very very good, but when I'm bad, I'm better.'

While writing *Corrupting the Young*, I thought we were writing in the Milton Erickson tradition, but when I read it after it was published I was struck by how Jewish it was in flavour, like the Hassidic tales – short, simple, with self-deprecating humour and a reluctance to explain or psychologise. The following story, 'Cleaning Up', is an example.

My relationship with Mrs Wilson, our cleaning lady, has given me some useful metaphors. The simplest is my favourite. In the first interview families often comment with some surprise that since making the appointment they have sorted out some of their problems. I tell them that I am glad my waiting list is so therapeutic. Perhaps it parallels what happens at home. We always tidy up before Mrs Wilson comes. (Lang and Lang, 1986, 81)

I thought this a very Jewish way to behave but to my surprise it appears universal.

When I came to Australia in 1961 to study Psychology, I brought very little – one suitcase and a few books, including the collected stories of the well-known Yiddish writer, Sholem Aleichem. He not only inspired my writing but also my work as a therapist as the following story illustrates:

### **Billy's Collection**

Billy's father was a bank manager who had been moved about every two years. As a result Billy had been to four different schools in his twelve years of life. Now he was in Year Six at his father's old school. His father had taken a good position with a company in Melbourne, having decided that it was time to give Billy a better opportunity to settle down and do well.

In fact, both Billy's parents were very worried. He had never been popular and had never fitted in, wherever he had been. He did not do well at his lessons, he didn't join in games and was not good at sport. He was very isolated, spent a lot of time watching TV and loved thinking about ways to make and spend money.

Billy had been at the Melbourne school for about two months and his parents were very concerned that he was going down the same track. It was important to Billy's father that his son do well, as he had himself at the same school. They decided to seek help.

At the first family meeting, they told me the background. I asked Billy, 'What is it like for you at school?'

'It's terrible', Billy said. 'The kids pick on me or ignore me. They won't let me play with them. When we go swimming they call me names. When we play football I have to hold the towels and give out oranges at half-time. I hate it.'

'What have you done about it?' I asked.

Billy just sat and looked miserable, finally saying, 'Well, what can I do? Nothing.'

The parents added that they hadn't been able to do anything either and really didn't know what to do.

I continued: 'Billy, what names do they call you?'

'Oh, "fatso" and all sort of names.'

'Like what?'

'Fatso, spazzo.'

'What else?'

'Oh, I don't know, nothing much.'

'You mean for the last two months they've called you names all the time and you can only think of these two?'

Despite lots of prompting, Billy couldn't think of any more.

I decided to ask his parents, 'Do you know what names he gets called?' They didn't know, but the father remembered that he too had been called names like 'fatty' and 'egghead' at school, which hadn't particularly worried him. Even though I tried to push him, that was all he recalled.

While his father was talking, Billy listened with increased interest.

I told them that one of my favourite writers, Sholem Aleichem, had a stepmother who constantly swore and cursed at him. He began to listen carefully and eventually wrote a list of his stepmother's swear words and curses. My volume of his collected works starts with this 'glossary'. I suggested that Billy might do the same. I realized it was a bit crazy, but since we couldn't think of anything better, perhaps it was worth a try.

'Billy, when you go to school', I said, 'listen carefully and write down all the names you get called. Tell Mum and Dad. Maybe it will help Dad to remember what he was called and I guess Mum might recall some too. Then, when you've collected a lot, you could also publish a book of names, swear words and curses. Then you could sell it.'

I turned to Billy's mother. 'What do you think you could ask for it? Will it have a large market?'

She laughed and indicated that this was more in her husband's line. The parents were somewhat concerned at the propriety of

my suggestion, but Billy was enthusiastic and a bit scared. They agreed to give it a go.

Over the next few months our sessions always started with a discussion of Billy's name collection and any that his parents had added. As the flow seemed to dry up, I suggested Billy might offer the other boys money for new names, or appoint agents to find new words and test the market. As the months went by, Billy became less interested in our project because he was too busy with his friends. He left me his unfinished work for my own use.

Just as Shalom Aleichem inspired my treatment of Billy, so Jewish stories have provided me with a wealth of ideas of how to work with children, couples and families. Billy's story is published in *Resilience: Stories of a Family Therapist* (Lang and Lang, 1996, 57-59), which I also co-authored with my wife. The book has other significant Jewish themes, and the last quarter of the book deals with Holocaust survivors and their families. As an example, here is the first Holocaust story:

### Shower Phobia

In my early days as a child psychologist, I was asked to see Shirley, an eight-year-old girl who had a very unusual problem. She refused to take a shower, reacting with extreme panic when her parents insisted.

She had seen a number of professional people, but none could explain her intense reaction. Discussions with her previous therapists and reading her file were not helpful. The basic information in the file was that the family was Jewish, the father in business and the mother a housewife. Born in Europe, her parents had come to Australia in 1946.

In the assessment interview with Shirley, I asked her to do a drawing. She drew houses and chimneys - big houses with lots of chimneys. I showed her cards of people in different situations and asked her to make up a story about each. A repetitive theme emerged of people going into a house to take a shower and never coming out.

My enquiries revealed that her parents were Holocaust survivors, and that talk about the Holocaust was a constant feature of family life. With this new information I was able to tell Shirley that I thought I understood why she was unwilling to have a shower, and explained it to her. She was able to talk more about her fears and told me she wasn't only afraid of the shower, but also of the soap. To her the soap was her grandparents. Further exploration with her parents revealed that they often spoke of how Jewish bodies were used to make soap, and how Jews were told to undress and enter the showers, after which they never returned. Probably she had overheard her parents saying that the smoke and ash of the burning bodies was constantly visible from the many large chimneys and could be smelt for miles.

Her parents were not aware that their conversations and their war experiences had affected Shirley. Shirley's problem did not develop because of her parents talking about the Holocaust, but because they talked with total disregard of her. Once communication between daughter and parents took place, so did recovery. Perhaps her symptom was her unconscious way of

incorporating and joining into the family discourse, insisting on being included in family communication.

This communication included the explanation that the Holocaust happened a long time ago and far away, and that showers are safe now and do not contain gas. Soap is made of palm oil and not, as happened then, of Jewish bodies such as those of her grandparents. Once her parents realized the impact of their conversations on Shirley, they were much more careful of what they said, and inquired regularly about her feelings.

Perhaps most people who went through the Holocaust cope by remaining silent, but in some families life is dominated by conversations about the past. Such a preoccupation may account for the failure of Shirley's parents to see the connection between her fears and their recurring discussions. The helping professionals may have contributed to this by not involving the parents more directly in therapy. They did not inquire into the parents' history or ask about current family life.

It is likely that Shirley became symptomatic not because her parents talked, but because they talked inappropriately in her presence. Yet what is an appropriate way for parents to tell their children that they had siblings who were murdered, and that their parents were unable to do anything to prevent it? When is a child ready to receive such information? Do we professionals have either theoretical or empirical knowledge that qualifies us to advise parents on this problem? If the answer is no, what we can do is offer to listen to their impossible dilemmas and try to confront the confusion and ambiguity that such questions inevitably generate.

## Remembering and never forgetting

Shirley's parents observed a central Jewish imperative – to remember, never to forget and never to forgive. Also to tell and retell to your children – to ensure your children know – even if, in this case, they do so inadvertently.

Another Holocaust story in *Resilience* is 'Failing' about fourteen-year-old Anna who was failing at school. Her failure appeared to be connected to her father's excessive demands and criticism, although he was sometimes also over-generous and indulgent. To my surprise her father, Isaac, came to the second session alone. He said he wanted to talk to me but didn't wish his wife and daughter to hear. Since the war he had suffered from a recurrent nightmare from which he would wake up sweating and screaming. In the nightmare he lost control and went on a rampage with a submachine gun, killing Germans. I said, half in jest, 'Is this a nightmare or sweet revenge? Sounds to me like a *mitzvah* (a good deed)' (Lang and Lang, 1996, 207-208).

Thus I could describe what might have been regarded as a disturbing psychiatric symptom as appropriate and meaningful. I was able to help Isaac because I knew how Jewish culture emphasizes the importance of never forgetting.

Arthur came to see me because of my interest in the Holocaust. He had suffered for the last thirteen years from a stiff and painful neck that caused him shame and embarrassment. His father, Abe, had been in Auschwitz, where he lost his whole family. His mother was not Jewish and his Jewish background was peripheral to him. A major turning point in therapy was when I asked if he was aware that the Jewish people are described as a 'stiff-necked people'? (Lang and Lang, 1996, 238)

The religious commandment to remember, the one to tell and retell to one's children, is accompanied by another very significant commandment. On Passover, Jews repeat the commandment, 'In every generation a man should see himself as if he himself came out of Egypt, out of the house of bondage.' In other words, a Jew should experience the suffering of previous generations as if it was his own. Many Holocaust survivors regularly have nightmares about the Holocaust. Their children spend their days in dread of soap, gas chambers and Hitler coming to their neighbourhood. Descendants who have never been to Europe often talk about going back to Treblinka, Auschwitz or other camps. The grand-daughter of a Holocaust survivor told me recently that for an engagement present she asked her fiancée for two plots in the cemetery so they could have a burial place. By contrast, some survivors demand to be cremated, even though they know very well that this is prohibited by the Jewish custom. They explain that they want to be cremated just like their families were so long ago.

## Naming

A very important Jewish *mitzvah* (good deed) is to name one's children after members of the family who have died, thus commemorating their name and obeying the commandment to remember. For Holocaust survivors this has been particularly important. It is a response to the stark reality of siblings or parents disappearing without trace and without a burial place. Thus, to remember they provide the burial place deep in their souls, in their pain, in their somatic symptoms and in the names they give their children. One of the few 'good' answers to Hitler was to have children and to name them after their dead relations. Thus as a therapist, when I ask a survivor who someone is named after, the question provides a comfortable and rich way to open up a whole range of issues. At one level it simply inquires whether the patient is a Holocaust survivor or not. It is appropriate to ask any Jew whom they are named after, but if they happen to be survivors, their answers will reveal it. This introduces the subject of the Holocaust gently and it's a way of asking who has perished and whom it was most important to remember by naming a child. If both parents have lost people in the Holocaust, this question also establishes who had priority, the mother or the father. As well, it brings into question and offers partial explanation of the way the child is seen and experienced.

For example, in one of the stories in *Resilience*, 'A Suicide Attempt' (pp. 211-215), Betty worried about her daughter Jenny's suicide attempt and also talked to me about her own difficult relationship with her father. She told me how she was very important to her father – and she knew this because he called her name every night in his nightmares.

I asked if she was named after someone, and she said, 'I'm not sure, but I think maybe after my father's mother'. I said that perhaps it was his mother he called. Betty was bewildered and couldn't reply. I asked her to tell her father about Jenny's suicide attempt and their meeting with me, and to ask him whom he was calling in his dream. I said to tell him that his answer could be very helpful. (p. 213)

At the next session Betty told me with surprise and relief that her father's nightmares were about his mother (after whom she was indeed named), who had died in the gas chamber.

## Survivors ways of being

When I present my work on Holocaust survivors and their families, non-Jewish therapists often ask me about forgiveness. It is clear that, to many, the road to healing and recovery is through forgiveness. But many Holocaust survivors have confided in me that they feel completely misunderstood and retraumatised by this attitude. I have never met a Holocaust survivor who considered the possibility of forgiving. To them, to forgive is to betray the memory of the dead. And no survivor feels authorized to forgive on their behalf. To be clear, the refusal to forgive is primarily internal, reflecting a state of mind. Its external manifestations are minimal, such as rejecting Wagner's music, refusing to buy or drive a German car and other similar expressions.

The injunction to tell and retell is contradicted by the belief that the most profound form of respect is silence. Many survivors believe that to talk is to desecrate the memory of those who have perished. In silence they have created a burial place in their souls. The very act of remembering the Holocaust puts them in the psychological position of people who have yet to bury their dead. According to the great Jewish scholar, Maimonides, 'If a man is weary or distressed, it is forbidden to pray until his mind is composed'. The most obvious example of this is 'one whose dead relative is lying before him'. Such a person is exempt from prayer. Thus, according to Jewish tradition, from the time of death until the time of burial it is understood that the mourner will remain silent, and that such silence is appropriate. During the funeral a Jew is not expected to speak, only to recite the appropriate prayer. If a eulogy is given, it is by the Rabbi, not the bereaved.

Finally, many survivors feel guilty for not dying with their families. I often respond by reminding them that the highest of Jewish values is life. By surviving, they have given life to future generations and commemorated those who perished.

## Therapy as conversation

In both *Corrupting the Young* and *Resilience*, as well as in my clinical and teaching work, the influence of stories is profound. Somebody once said that God chose the Jewish people because they love stories, and there is a long Jewish tradition of interpreting texts and of visiting, revisiting and exploring their meaning. It is said that the *Torah* (the five books of Moses) has seventy faces, and the meaning of the Kabbala (the ancient body of Jewish mystical knowledge) varies from day to day and from person to person. My latest book, *The Answer Within* (Lang and McCallum, 2000), offers a full transcript of my work with a family in which a mother and daughter attempted suicide. Peter McCallum, my co-author, and I spent many years studying the videotape and transcripts of therapy sessions. We invited professionals of different backgrounds to comment on the text. When the original book, *A Family in Therapy* (McCallum and Lang, 1989) went out of print, I felt a strong urge to get it republished so the text would not be lost. When I revisit my work twenty-five years later, to my surprise I still discover new meanings.

In the reflection at the end of *The Answer Within*, I wrote that a good therapist shrinks himself, not his patients; that he attempts to reduce his own values, needs and wishes to a minimum. What I didn't say is how, for me, this concept is derived from the Jewish concept of *timtzum* (contraction, making things smaller). The idea is that we are obliged to shrink ourselves so that we create more room for God and for His glory in the universe. Similarly, in Hassidic tradition it is said that the Rabbi and the healer should practice *hitbatlut* (obliterating the self) thus providing more room for the person seeking help.

The idea that therapy is a conversation has been with me for a very long time because in Hebrew the therapeutic hour is referred to as a *sicha*, a conversation, rather than as a strategic encounter between the all-knowing therapist and the unsuspecting patient.

## Finally

To me, the most important textbook on family life, without a shadow of doubt, is the *Bible*. The *Bible* tells us that the family is a social organization in which murder, rape, incest, deception and betrayal occurs. It gives us a most unromantic view of family life. People usually assume that family therapists think, without qualification, that the family is a great and wonderful thing. I find myself regularly thinking and occasionally quoting from the *Bible* to refute this belief.

Former Israeli Foreign Minister Abba Eban once observed that the history of the Jewish people is a testimony to human resilience. Since childhood, I have been surrounded by people who are striking examples of the validity of this assertion. As a psychotherapist I am always on the lookout for evidence of courage and strength in my patients, and I try to help them to recognize those qualities in themselves and family members. My work with people in general, Jewish people in particular and, most importantly, Holocaust survivors, powerfully illustrates their courage, strength and resilience.

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