

# **The Denial of History: Clinical Implications of Denying Child Abuse**

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*The Journal of Psychohistory* Vol. 30, No. 1- Summer 2002 (pp.29-53)

Lloyd deMause's (2001, 2002) breathtaking and exhaustive review of childrearing practices documents widespread, horrific child abuse throughout human history. This has provoked a predictable reaction as described, for example, by Petschauer (2001) and Piven (2001). "It just can't be! How can we believe that so many parents did such terrible things to their own children?" Even someone like myself, who has long emphasized the role of child abuse in the etiology of many emotional disorders (Sorotzkin, 1985, 1996, 1998, 1999, 2000), found this litany of horrors too much to bear. As I read this well documented catalog of horrors my mind screamed, "This can't be!" "It's not possible for (ostensibly) normal parents to inflict such pain and suffering on their innocent children!" But, sad to say, the evidence is irrefutable (even if one can quibble with some of the details).

As deMause points out, there has been a gradual evolution to a more humane form of childrearing in recent history. However, it seems to me that while overt abuse is no longer socially acceptable in enlightened societies, the underlying attitudes have not changed nearly as much. Many parents still look at their children as existing for the purpose of fulfilling their own needs, rather than seeing themselves as obligated to help their children fulfill their destiny. The resulting abuse is much less obvious but no less harmful.

This paper will explore the clinical implications of the resistance to acknowledging the widespread existence of child abuse even in our enlightened century, and the critical role of this abuse in the etiology of oppositional-defiant disorders and other emotional disorders. While this article is based primarily on my experience practicing psychotherapy in a large Orthodox Jewish community, my observations may also have relevance to other communities.

The incidence of conduct problems in children is reported to be increasing in the general population (Webster-Stratton & Hammond, 1997). The associated behavioral disturbances and conflicts would trouble any family. In a close knit religious community it can be especially disturbing. Rebellious youngsters in religious families will typically focus their rebelliousness on religious issues. The families are confronted with the pain and the shame of children "leaving the fold."

The problem of rebellious adolescents has become an area of concern for the Orthodox Jewish community. Many articles have been written on this subject in the Orthodox Jewish press and communal organizations have sponsored workshops devoted to this topic (see e.g., Blumenthal & Russel, 1999). It isn't clear if there is an actual increase in the percentage of defiant teens in the Orthodox community, or if the observed increase simply reflects the substantial growth of the community itself and/or an increased readiness to openly address the issue. This article will review the items commonly mentioned as risk factors in children becoming rebellious. I will demonstrate that there is a strong tendency - albeit with the best of intentions - to downplay the role of parents in this problem. The reasons for this avoidance and how it can impede efforts to alleviate the problem will be explored.

## **Risk factors associated with rebellious adolescents**

Among members of the Orthodox Jewish community, the most common causative factors mentioned in regards to rebellious adolescents, are distant environmental ones. The vulgar and decadent media, the Internet and western culture in general, are portrayed as being too appealing for many contemporary Orthodox teenagers to resist. The assumption is that the pull from the outside is so strong, that even well adjusted, happy youngsters who have positive

relationships with their parents can easily be influenced to abandon their family's religious way of life.

It is undeniable that exposure to the secular world (e.g., media) can negatively impact religious standards and sensitivities. The question of what is an optimal or acceptable level of exposure to the outside world is, therefore, an important one for any religious community (see e.g., *Jewish Observer*, 1995). The question therapists face, however, is not what can cause a lowering of moral sensitivities. Rather, it is why children rebel against their parents' religious way of life. To the best of my knowledge, the rate of children rebelling against their parents' religious standards among religious families who permit limited exposure to the media is no higher than in families that strictly insulate their homes from outside influences. It is true that religious youngsters who rebel often become heavily involved in "on the edge," "cultural" activities. However, this is the effect of rebelliousness rather than the cause. It is very doubtful that exposure to the media, in itself, can make it worthwhile for children to abandon their parent's way of life. The price they pay in feelings of guilt, rejection and failure, to say nothing of the loss of approval of parents, would prevent such a step. Rather, it is only after a buildup of feelings of hurt, resentment, anger, rejection and alienation from family and community that they feel that they have nothing to lose by dropping out.

Another oft-mentioned factor in youngsters rejecting their parents' religious values is the influence of "bad friends." The obvious question to ask is what makes this particular child vulnerable to this negative influence? There may be a class of 25 boys in a religious school, of whom 23 feel little or no temptation to follow the example of the "bad" boy, while one particular child is strongly tempted to follow in his footsteps. What is unique about this child to make him especially vulnerable to negative influence?

### **The role of parenting**

My experience has been that in the vast majority of cases of acting-out adolescents (religious or secular), the major causative factor is deficits in parenting skills and the resulting deficiencies in the parent-child relationship. The many risk factors cited as associated with oppositional-defiant disorder (e.g., learning disabilities, see, Blumenthal & Russel, 1999) certainly contribute to the problem but they do so mainly by making it more difficult for the parent to maintain a positive and supportive attitude toward their children. In addition, many of these so-called risk factors (e.g., anxiety, perfectionism, Oppositional Defiant Disorder), are most often themselves **the result** of poor parenting practices (e.g., see Lachmann, 2000 regarding the reactive nature of aggression). The necessary ingredient that actually causes children to rebel, is the anger and frustration resulting from feeling unaccepted and rejected by parents. When religious beliefs and practices are the focus of the parent's life, it shouldn't be surprising if it also becomes the focus of the child's rebelliousness. "It is through pondering religious questions about God that people in the past asked their most important questions about Mommy: Why did she hate me. why did she beat me. what does she want from me, what did I do wrong to deserve such torture?" (DeMause, 2002, p. 245).

As indicated above, there is a dearth of reliable statistics regarding the incidence of oppositional-defiant disorder in the Orthodox community. Assuming that the common perception of a significant increase is accurate, what could account for this change? Based on my experience, both as a member of the community and as a therapist within the community, I suggest the following factors: The relative prosperity and lack of persecution enjoyed by the American Jewish community has made it possible for parents to focus on their children's success rather than on their survival. This has resulted in increased pressure on children to achieve, both in secular and religious studies and practices. Related to this is the increased spirit of competitiveness in most religious schools. Our shrinking world, which makes us aware of the successes of everyone else's children, increases the pressure to have our children also be successful.

The end result of these pressures is that many contemporary Orthodox Jewish youngsters feel that they are a disappointment to their parents. The religious orientation of the family adds the factor of being a disappointment to God, which induces feelings of badness, shame and vulnerability to retribution. (Trenholm, Trent & Compton, 1998). In reaction, youngsters will often struggle to achieve perfection (Sorotzkin, 1985, 1998). Eventually, it becomes clear that perfection is unattainable, and so they react with resentment, frustration and anger. Initially these feelings may be

repressed, but eventually they can result in full-fledged rebellion.

### **Love or acceptance?**

Many educators and parenting experts emphasize the importance of children feeling loved by their parents. I would like to add that acceptance and respect are more critical than love. After all, the love that parents feel for children, is a natural instinct. Viewing children positively and accepting them in a non-critical manner is a much more difficult challenge. (As a mother once told me in regard to her teenage son, "I love him but I don't like him"). Excessive criticism and even abuse are most often rendered in the name of love! When children feel that their parents are critical of them **in a global sense**, they are much more likely to act in an oppositional manner. This, in turn, prompts parents to react negatively, which then further escalates the children's acting-out.

### **Range of parenting deficiencies**

It needs to be emphasized that when we speak of deficiencies in parenting practices, we are referring to a wide range of phenomena. At one end of the spectrum, are the overtly abusive parents, either physically or emotionally. This includes parents who believe that their children's purpose in life is to fulfill their own, often immature, emotional needs. They do not hesitate to manipulate their children's emotions to this end. Even this type of overt abuse is not always obvious to others, since these same parents are often very pleasant to other people as they have a strong need to gain the approval of others.

In the midrange of the spectrum, are parents who are not initially abusive. However, they are rigid and inflexible and so tend to over-react to their children's difficulties resulting from learning problems, lack of motivation, or even normal childhood misbehavior. They tend to see these problem behaviors in a very negative light, and even more significantly, they often attribute malicious **intent** to the child (Dopke & Milner, 2000; Strassberg, 1997). These parents can often be identified by the negative and disparaging manner in which they refer to their children: "He's a self-indulgent truant;" "She's a free loader;" "He's using his learning disability as a convenient excuse for his laziness," etc. (This issue is discussed in more detail in the "Parental Attitudes" section).

At the other, more positive end of the spectrum, are parents who are very caring and giving to their children and rarely have negative interactions with them. However, they are mostly focused on their children's behavior and cognitive development with little attention paid to their emotional life. Research has shown that a dismissive attitude on the part of parents to their children's emotional life has far-reaching negative implications for their later adjustment (Gottman, Katz, & Hooven, 1996).

Children whose feelings are neglected or negated respond by neglecting their own emotional needs and focus instead on being well behaved (Miller, 1996). Many become perfectionistic, striving to please their parents at all costs (Sorotzkin, 1985, 1998). Eventually and inevitably, it becomes clear to them that they cannot be perfect, and so they give up their quest and become depressed and/or act out their resentment and frustration. It is easy to see that when a rebellious child comes from such a family, it would be difficult to perceive the connection to his or her family life, since these families are indeed high functioning, "good families."

### **Resistance to acknowledging the role of parents**

There is a great deal of resistance, both among professionals (secular and religious) and the general public, to acknowledging the central role played by parents in the development of emotional difficulties in their children. I will cite a few examples of this reluctance.

Researchers have found clear evidence of the high degree of childhood sexual victimization among severely mentally ill women. The reluctance to report these figures was openly expressed by some of the major researchers in this area.

*At the same time, clinical researchers working in the area of severe mental illness have been understandably wary of focusing on the problem of early abuse in this*

*population. There has been a reluctance, for example, to disinter the theoretical trend of blaming families for causing major psychiatric disorders. Current treatment models emphasize enhancing current adjustment rather than understanding past events. (Rosenberg, Drake, & Mueser, 1997, p. 261).*

It is difficult to imagine trying to treat an emotionally disturbed adult without relating to the sexual abuse he or she suffered as a child!? How effective can such treatment be? Yet this is what some experts are recommending.

Another example is research done in the area of "expressed emotions [EE]" and psychiatric illness. Years of research clearly show that a psychiatric patient released from the hospital to live with his or her high EE family is twice as likely to relapse and return to the hospital than the patient returning to a low EE family. As noted by a prominent researcher in this area (Hooley, 1998); "The term EE [expressed emotion] is rather misleading since EE is not a measure of how willing a relative is to express emotion or to vent feelings. Rather EE is a reflection of the extent to which the relative expresses critical, hostile, or emotionally over-involved attitudes toward the patient"(p. 631). Note the reluctance of researchers to be honest and open about the fact that they are speaking about a critical family. Instead, they camouflage this information behind the euphemism "expressed emotion."

The above-mentioned researcher, after noting the powerful effect of EE on the relapse rate of psychiatric patients, adds: "These data do not, of course, mean that families cause schizophrenia." I wrote to this researcher and asked if there was any research evidence, as implied by the term "of course," that high EE does not cause schizophrenia? She replied that "the appropriate studies have not been done." She did not explain why she assumes, as an obvious fact, that high EE doesn't cause schizophrenia, in the absence of research evidence. She did however, state that "because of the past tradition of blaming families for causing schizophrenia, it is important that researchers in this area don't go beyond the science in making any unwarranted inferences." It seems however, that when one is being politically correct, then it is quite acceptable to go beyond the science and state, as a proven fact, that EE doesn't cause schizophrenia. In addition, contrary to this researcher's assertion, there **is** evidence that children in high EE families are more likely to suffer from serious mental illness in adolescence, (see studies cited in Karon & Widener, 1994).

One writer recently made a splash in the popular press asserting that friends have a stronger impact on children's development than their parents (cited in Rangell, 2000)!

This resistance to acknowledging the role of parents in their children developing emotional disorders is intensified when it happens in a religious family. The need to uphold the authority and prestige of parents is more intensely felt when they are required to give over a tradition that often conflicts with contemporary norms. The religiously mandated requirement to honor one's parents is often used (and sometimes abused) to enhance this mandate.<sup>1</sup>

It is interesting to note, that almost every article or book on parenting written by contemporary Orthodox Jewish rabbis, educators and clinicians, emphasize the importance of a positive and warm parent-child relationship, acceptance of a child's individuality, and a reduction of excessive pressure and criticism, as the surest means of avoiding rebellious children (e.g., Wikler, 2000; Wolbe, 1999). Yet, when children do rebel, there is a reluctance to draw the logical conclusion that the parents probably did not follow this advice. At a recent conference of Orthodox Jewish mental health professionals, a prominent clinician stated that we still have no idea as to the underlying causes for Orthodox teens rebelling.

A similar reluctance to fully articulate the unpleasant truth one has already acknowledged is found in a recent biography of Heinz Kohut, founder of Self Psychology, by Charles B. Strozier, a professor of history and a psychoanalyst. Strozier relates that Kohut's mother engaged a private tutor to be a father figure for "his intensely lonely charge." This tutor, who was a young man somewhere between 19 and 23 years of age, sexually seduced 11-year-old Heinz. This sexualized relationship continued for a number of years. How does Strozier relate to Kohut's experience

with his tutor?

*By current standards, what went on sexually between Heinz and [his tutor] can only be defined legally as childhood sexual abuse.. If such a seduction of a prepubertal boy by a man around 20 or older were to occur in contemporary America. the man would most likely be punished and possibly be incarcerated. It is called pedophilia. It may be that Kohut [who minimized the exploitative nature of his tutor's actions] was deluded about the nature of his own victimization and confused about the way tender feelings are often an integral part of exploitation. [pp. 25-26]*

Does Strozier then go on to condemn this sexual abuse of a vulnerable child? No! Instead, he reinforces Kohut's rationalization and minimization of the significance of this exploitation.

*But we also need to take seriously Kohut's own interpretation. [He] insisted that sexuality had not been prominent: it was an affectionate relationship.. What mattered in their relationship was the empathy and affection. It seems a reasonable argument. This is not to defend child abuse, which is abhorrent. **But it may well be that our sense of the exploitation of children has become too ideological and leads us to miss the subtlety of love and connection that can arise even in deeply unequal relationships.** [p. 26, emphasis added]*

While Strozier may claim that he is not defending child abuse, it is impossible to logically interpret his apologetic comments in any other way. Tice and Georgiou (2002), and Adams (2002) likewise, discuss the efforts of some academics to justify adult-child sexual relations on the basis of cultural differences.

### **Reasons for not attributing acting-out to parental factors**

When a respected Orthodox educator recently attributed adolescent rebelliousness to parental factors, there was a strong reaction. He was accused of, (a) being inaccurate ("it happens even in the best of homes") and, (b) insensitive ("why add to the pain of parents who are already suffering?").

These two oft-stated objections to "blaming" parents for adolescent rebelliousness are usually stated in tandem, without note of the conflicting assumptions underlying them (i.e., the problem is not related to parenting practices vs. maybe it is related, but it is hurtful to parents to say so). Let us examine these and other objections to attributing adolescent acting out to parental errors.

### **The myth of "it happens in the best of families"**

In the context of understanding why a child rebels, the term "good family" can not be limited to reflect the family's social and religious standing in the community. Rather it would have to refer to parents who have a positive and emotionally healthy relationship with their children. Therefore, I find it surprising when therapists insist that it is not unusual for youngsters to grow up in religious families and receive a religious education and yet rebel even though they had a wonderful relationship with their parents. Experienced therapists are certainly well aware that parents in "good families" sometimes act in bad ways. Every experienced therapist has encountered incidents of undisputed emotional and physical abuse of children in families that are highly respected in the community. The strict rules of confidentiality tie the therapist's hands when he or she hear that very same family being mentioned as an example of the tragedy of rebellions adolescence happening in the "best of families."

In spite of the above, the myth persists, even among therapists, that it is common for children who are loved, respected and treated with sensitivity for their emotional needs by their parents, to rebel against these very parents to the point of rejecting their way of life. It seems that it is less threatening to believe that something bad can happen to a "good family," (e.g., when a child rebels) than to acknowledge that a person who is looked up to in the community can be

abusive to his or her children. After all, it isn't only children who have a need for idealization (Kohut, 1987). The fact that parents - who are perceived in our collective unconscious as the prototype of the loving and caring individual - can be abusive to their children, can be difficult for us to accept. As a result, we have created the "myth of the happy childhood" (Armstrong, 2001). Consider, for example, the years of denial that sexual abuse could actually occur within the family. Certainly, therapists are not immune to these feelings and therefore, it is not surprising if, at times, they unconsciously collude with patients and/or parents in denying this reality. As Gartner (1999) states:

*Therapists frequently experience the impulse to reel back from the shock and deny the horror of the material being described. This is a natural reaction in any therapists who is empathically attuned to the patient.. Like the patient, the therapist may try to keep the experience unformulated and unsynthesized. After all, trauma by definition is an event that seemed impossible in the patient's worldview, and may seem equally impossible to the therapist. The dilemma. is that it is in experiencing the therapist's struggle to listen to the impossible that the patient gets freed from it. [p. 257]*

There have been times that I have also been convinced that I had encountered an example of a youngster from a "good home" (in both the religious and emotional-health sense) who rebelled against his or her family's religious way of life. But inevitably it turns out that my initial conclusion was premature. It was only because I found it difficult to believe that a youngster from a loving home would have a sufficient reason to take such a drastic step that I kept asking questions (while being careful not to be suggestive) until I was able to indeed understand why it happened.

*I once treated a young man from a highly respected family who had abandoned his family's religious way of life. For many months he reported that there had not been any difficulties in his relationship with his parents before he became irreligious. His father was a highly respected religious figure with a reputation for gentle kindness to all those who came to him for advice and guidance. At one point, the patient's mother came for a consultation (with the patient's consent) regarding another sibling. In our conversation she related that my patient wasn't as bright as his brilliant father or his other siblings and as a result, he didn't perform in school as well as his father expected him to. His father would become so angry that he would get into physical confrontations with his son. As the mother described these fights I became overwhelmed with a discomfoting feeling. The image of a man revered by the community (including myself) for his piousness and gentleness being involved in an altercation with his son just because he wasn't making his father proud was almost too painful to tolerate.*

### **Impact on sense of responsibility and on parent-child relationship**

Some educators fear that letting children know that their emotional problems stem from parental errors might reduce the youngsters' sense of responsibility. If they don't feel that it is their fault, they won't be motivated to improve. This fear is especially potent in a religious community that emphasizes free will as much as Orthodox Judaism does.<sup>2</sup>

However, this concern is unwarranted. Anyone who has worked closely with these youngsters and has developed an open relationship with them, knows that they are not at all happy with their state, and would give anything to become "normal," regardless of the degree of responsibility they overtly accept. The fact that they often act in self-defeating ways is indicative of low self-esteem and lack of confidence (i.e., they see themselves as too-far gone, or too "bad" to be saved) rather than a lack of caring. Even youngsters who claim that they "don't care," are only being defensive about their caring.

As indicated above, many youngsters arrive at the point of rebelliousness after going through a period of perfectionism in a desperate attempt to please their parents. They have often taken upon themselves too much responsibility rather

than too little. These feelings of responsibility are most often accompanied by feelings of profound shame and relentless and unreasonable guilt. Only after being overwhelmed by these feelings, have they finely given up hope. Helping them become aware of the environmental conditions (especially their family environment) that promoted their rebelliousness is often an important prerequisite in their recovery (Sorotzkin, 1996, 1998). Paradoxically, when patients are helped to express their anger over past parental hurts and when parents make a sincere effort to repair their relationship with their children, it is specifically this process that most often leads to a significantly improved relationship with the parents.

Other educators express concern that acknowledging the role of parental errors to adolescents in emotional distress will cause them to become angrier with their parents. Why isn't it sufficient, they ask, to speak to the parents regarding these issues? One reason is that these children have internalized many unhealthy attitudes and inaccurate perceptions from their parents (e.g., that they are lazy, or that the most important goal in life is to impress other people). In order to overcome these attitudes they need to become aware of these attitudes and their source. Another reason why it is necessary for children to become aware of their parent's role in their emotional and behavioral difficulties is discussed in the next section.

### **The negative impact of the myth**

The need to uphold the myth of the all-loving parent can be a source of tremendous hurt and damage to the abused children of these families. How do adolescents understand their own rebelliousness if they are led to believe that their parents treated them in the most loving and caring fashion, even while they were actually being treated in an abusive manner?

First of all, the tendency of all children to prefer to blame themselves for being "bad" rather than see their parents as abusive (Gartner, 1999, p. 38; Melchert, 2000), is greatly intensified. They must be particularly evil and ungrateful to be so problematic when they were treated so lovingly. Abusive parents are especially prone to constantly reiterating this message to their children. This is consistent with the general tendency of aggressors to portray their victims as the persecutors (Grand, 2000, p. 94). A typical example is when parents are overly harsh and punitive with their children. Not surprisingly the children become less than honest in their dealings with the parents. The parents, in turn, then criticize their children for the grave offense of lying, often commenting to them in anger that they can't imagine how they picked up such a terrible character trait. Since abusive parents often abuse their children one moment as if they never loved them and love them the next moment as if they never abused them (to paraphrase deMause, 2002, p. 243), their children experience tremendous ambivalence between feelings of love/need and feelings of hate/fear of need.

Even more insidious is the corrupting effect this myth can have on the thought process of its victims. When youngsters experience abuse yet are told that, in fact, they are being treated with the utmost kindness and sensitivity, they begin to distrust their sense of reality. As a result, many of these children, even if they are fortunate enough to escape the ravages of a serious thought disorder, suffer from cognitive disabilities seriously impacting on their academic abilities (in addition to their other emotional problems). It is for this reason that Grand (2000) emphasizes:

*The establishment of the actual historicity of trauma is particularly necessary with child abuse. Child abuse is a trauma uniquely characterized by the falsification of reality; it has invariably occurred secretly, in family systems that deny its very existence. Survivors of other forms of malignant trauma, such as war or violent crime, all received the profound support of consensual validation from survivor cohorts and the larger culture. The child abuse survivor, has been robbed of reality and of history; cure requires its restoration. [p. 42]*

Likewise, Orange, citing Alice Miller, explains why some people who were abused as children suffer less long-term psychological damage than others:

*[T]he crucial difference in the outcome of severe child abuse depends on the presence of someone in the child's life who witnesses, and thus gives the child the opportunity and ability to experience, the child's pain. Without such a witness, the child cannot experience the abuse as abuse. Instead it is torture that must be endured. The child often feels she or he deserves treatment that an observer would see as cruel and outrageous. In the presence of some, even minimally, validating witness, the child can experience the abuse as mistreatment and, thereby, find ways to express it. [1995, p. 136]*

It is for this reason that paradoxically, the trauma a person went through that everyone knows about is often the least of his or her problems. Someone who lost her parents at a young age probably received a great deal of validation and emotional support from family and community for this trauma. For the abuse she suffered in the hands of the relatives who were kind enough to take in an orphan, she was much less likely to have received any recognition for.

Lest we underestimate the harm of minimizing the damage inflicted by childhood abuse, it is important to recall the work of Freda Briggs (Briggs, 1995; Briggs & Hawkins, 1996). In her extensive research on male child molesters, she found that the major factor that predicted victims of childhood abuse becoming offenders themselves was their downplaying of the harm caused by their molester.

*[M]en who normalize their own experience of sexual abuse, may be more likely than other victims to perpetuate the abuse.. Ryan (1989) has suggested that repression of the traumatic aspects and acceptance of the pleasurable aspects of sexual abuse [often leads] to victims defending against the effects of their own abuse.. perpetrators who discounted the effects of abuse on their own lives also discounted the damage they did to other children; they rationalized that boys liked and wanted what they did to them. [Briggs & Hawkins, 1996, pp. 231-232].*

### **Why only one sibling?**

The most common "evidence" cited to prove that parenting practices are not significant factors in causing adolescents to rebel, is that often only one of many siblings rebels. As one educator challenged me, "If the parents were cold and distant how did they manage to succeed with their other children?" To this I respond;

The assumption that parents succeeded with their other children is often based on superficial criteria, for example, the fact that the other children didn't rebel against religion. Often however, the other children have also been hurt, but in less obvious ways. Perhaps the other children lack self-confidence or suffer from low self-esteem. Sometimes some of the other children are quite depressed, but not to the point that it is obvious to other people. Even more misleading is when some of the other children become highly functioning perfectionists as a shame reaction to constant criticism (often eventually resulting in psychosomatic disorders, obsessive compulsive disorder etc. [Sorotzkin, 1985, 1998]). What is clear is that one should not assume that the other children were not hurt based on superficial impressions. No one ever claimed that errors in parenting have to result in children rebelling against their parents' religious standards. It is only one of many possible negative consequences.

Even if it were clear that, in a particular case, the parents were successful in raising their other children, what relevance would that have to the parents' impact on one particular child's life? There are cases of undisputed child sexual abuse where some of the children seem to have survived without psychological damage (Kendall-Tackett et al., 1993; Ondersma et al., 2001). Does that prove that the problems that the other abused children suffer from were not caused by the abuse? If four people are in a car accident, and one passenger gets hurt while the other three escaped unscratched, does that prove that it couldn't have been the accident that caused the injury?<sup>3</sup>

Parents never treat all their children identically (e.g., boys vs. girls, youngest vs. oldest, etc.) Likewise, parents sometimes learn from their mistakes with one of their children and therefore are more successful with other children. Based on informal surveys that I have conducted, for example, it seems that the vast majority of the religious parents I work with are significantly less strict with their later children than they were with their oldest children since they learn from experience that being overly rigid and strict is counterproductive. In such a situation, perhaps only the older child would develop serious emotional problems.

### **We don't know what causes the problem**

Another common myth is that we don't know the cause of teen rebelliousness. In fact, I believe that it is more accurate to say that we **rather not know** the cause of the problem.

This refusal to acknowledge an uncomfortable truth is reminiscent of AIDS activists insisting that "AIDS can happen to anyone," denying the obvious but uncomfortable reality that - in the vast majority of cases - there are limited and specific behaviors that bring about this disease. The well-known columnist, John Leo (2000), describes what happened when a (formally) liberal journalist challenged the notion that AIDS is just as much a threat to heterosexuals as it is to homosexuals, by quoting a researcher who said, "By and large, people who are responsible will not get AIDS." His statement was met with "outrage and denunciation" for casting doubt on liberal dogma.

When I hear therapists at professional conferences state that "we have no idea what causes Orthodox Jewish adolescents to rebel," "it can happen in any family," etc, I ask: "Why are we disposed to see all-pervading crisis when there is clear evidence - for those willing to see - that, in the vast majority of cases, it is faulty parenting that causes this tragedy?" To paraphrase the above-mentioned AIDS researcher; **By and large, religious parents who act responsibly - by being sensitive and responsive to their children's emotional needs - will not suffer from rebellious children.**

### **Acknowledging cause and effect vs. assigning blame**

Another major objection to attributing the problem of adolescent rebelliousness to parenting factors is that it makes parents feel bad. I find difficult to comprehend this reasoning. Would we ever consider not telling an ignorant smoker that his habit is endangering his life, for the sake of not hurting his feelings? If parents are not made aware that their approach is contributing to their child's problem, why should they be motivated to change it?

It is important to emphasize that acknowledging the role of parents in the development of their children's emotional difficulties and acting out behaviors is not an issue of moral condemnation or assigning blame. In fact, I wholeheartedly agree with the words of an eminent therapist (Karon, 2000) who spoke of the need to enlist the aid of parents in the treatment of emotionally disturbed patients;

*This may seem strange because so many of the therapeutic issues have to do with hurtful experiences concerning their [parents], but typically the destructive parenting experiences have derived from [the] unconscious defenses of the parent.. The parents had no conscious knowledge or control of these defenses, and in most cases are very decent people who would never consciously hurt their child. Often they will go to great lengths to help their child. [p. 43].*

There are often circumstances that make it particularly difficult for parents to be appropriately responsive to their children. For example, Wahler and Dumas (1989) identify three possible factors that can inhibit and distort parental responsiveness; (a) a child with a "difficult" temperament; (b) the parent's nuclear family is a constant source of aversive experiences for the parents; (c) the community setting is a constant source of aversive experiences for the parents. Regardless of the distal cause, it is crucial for parents to realize that, at the proximal level, it is the lack of appropriate responsiveness that causes children to suffer from emotional distress and/or acting out.

## **The price we pay for ignoring the role of parents**

I used to be hesitant to attribute adolescent acting out to parental attitudes and behaviors because I was sure that parents would be defensive and reject this approach out of hand. Over time, I began to realize the high price parents were paying in order to avoid the unpleasantness of acknowledging their role in their children's problems. When therapists collude in avoiding connecting their adolescent patients' problems to their past history, this encourages the patients to unjustly take full responsibility for their problems, which in turn further lowers their already depressed self-esteem. As a result, the likelihood of recovery is reduced. The parents, for their part, have no reason to work on improving their relationship with their children since it isn't presented as contributing to the problem. As a result, the problem gets worse.

Some therapists try to "have their cake and eat it too" by telling parents that "you were not part of the problem, but you are part of the solution." The problem I have found with this approach is that it doesn't allow patients to put their past behind them. It is only when parents acknowledge the hurt that they have inflicted and express regret for it that their children can come to terms with the past and focus on the future. In addition, taking this step sets an example for children to take responsibility for **their** actions (see Sorotzkin, 2000).

My initial hesitancy to explore the effect of parenting practices on my patients' current problem behaviors was also influenced by "current treatment models [that] emphasize enhancing current adjustment rather than understanding past events" (Rosenberg, Drake, & Mueser, 1997, p. 261). However, past events are not merely historical artifacts. Rather, they are events that have created psychological structures (e.g., low self-esteem, and chronic feelings of rejection) that shape current attitudes and behaviors. As Gillman (1986) put it, trauma is "an organizer for development. Although whole or part of trauma may be out of awareness, something is embedded in the personality, a focus that draws into it posttraumatic events, to be dealt with over and over again" (p. 75). As a result, when I tried to "enhance current adjustment" without uncovering the underlying psychological structures, it resulted in temporary and superficial improvement, at best.

An analogy I have often used to explain this point is what happens when you drive a car without oil. Eventually the engine burns out (i.e., structural damage). It is no longer sufficient to just add oil. The engine has to be rebuilt. Likewise, when children suffer psychic structural damage from mishandling it is not sufficient to start treating them nicely from now on. It is necessary to undo the damage to the psychic structure, by addressing the hurt from the past in psychotherapy.

As a result of the above considerations, I began to more directly (albeit, gently) point out to parents how their parenting approach (e.g., being overly critical and negative) directly contributed to their children's problem. To my surprise, I found that the majority of parents were quite receptive if this was presented in a sympathetic and respectful manner. In fact, many of the parents began to admonish me for not getting the word out to other parents. It is mostly in response to their prompting that this paper was written.

There is another reason why I am troubled by the well-meaning effort to spare parents from the painful truth. Why don't we have the same sensitivity and consideration for the child's pain? If we take the attitude that parenting practices is not a significant factor in their children's problems, then the child is left to take full responsibility. In fact, as indicated above, this only reinforces the attitude children already have anyway.

*"Nathan" was on acting-out Orthodox Jewish older adolescent. His father was physically abusive to his wife and emotionally abusive to his children. Once, in reaction to his mother's criticism, Nathan complained, "how you expect me to act normally when I grew up in a crazy house?" In response, his mother chided him, "It's no excuse. What happened in the past is over. You have to take responsibility for your actions!" A little later in the conversation, he confided in his mother that he feels a*

*great deal of anger and resentment toward his father for the way he has treated the family. "Oh," responded his mother, "You really shouldn't be angry at your father. After all, **his** parents were too busy with their jobs to pay him attention. It's really isn't his fault." It took Nathan some time to acknowledge the obvious double standard in his mother's attitude.*

I would venture two reasons why we often feel more concern for the pain of the adult perpetrators than that of the child victims. First of all, as adults we identify more closely with other adults. Secondly, if we attribute malicious intent to acting-out children while denying the role of parents, as discussed above, then it is no wonder that we have little sympathy for them.

### **Working with religious parents in therapy**

Psychotherapists have become increasingly cognizant of the need to be sensitive to the religious beliefs of their patients (e.g., Richards & Bergin, 2000). This is certainly a welcome change from the disparaging attitude previously common among secular therapists. Still, therapists have to be equally cautious not to misinterpret psychological symptoms as religious issues. This can be especially problematic when religious patients present their pathological symptoms to their non-religiously similar therapist as religious imperatives.<sup>4</sup>

Regardless of the religious identity, or lack thereof, of therapists treating oppositional-defiant religious adolescents, they need to avoid having religion per se become the focus of therapy. Diplomatically working out compromises between teens and their parents as to religious observances will, at best, lead to short-lived solutions. Rather, it is imperative to uncover the emotional roots of the rebelliousness in the parent-child relationship. Then the therapist can help the youngster become more effective in eliciting more positive parenting practices from his/her parents (e.g., by being assertive). If this isn't possible, the therapist can consider direct parental guidance.

In my practice, when I speak to parents of rebellious children, I ask direct and often difficult questions. (Based on the feedback I get from my referral sources, I am reassured that I do so in a respectful and sensitive manner). I focus on the early relationship with the child. Were the parents very demanding, critical, or difficult to please? Did the child feel that nothing he or she would do would be enough to please the parent? It needs to be emphasized that if the clinician merely asks the parents of rebellious youngsters if they had a good relationship with their children, they would most often answer "yes," regardless of the true historical nature of the relationship. The clinician needs to ask specific and direct questions.

When speaking to youngsters, it is also necessary to ask specific and direct questions regarding their relationship with their parents. The fear that patients exaggerate childhood adversity is unfounded (see Maugen & Rutter, cited in Melchert, 2000). In fact, the opposite is true. They tend to repress and/or deny the negative aspects of their relationship with their parents (Armstrong, 2001; Moses, 1989). One adolescent recently responded to my request to characterize her relationship with her father with the following: "I love him dearly; he's very, very controlling and manipulative." She didn't seem to consider it strange to dearly love someone who was very, very controlling and manipulative!! This is another reason that even experienced clinicians are often convinced that the problem of rebellious adolescents can occur even in a home with the most positive and emotionally supportive parent - child relationships.

Recently, a young adult from a well-known and respected family stated, in our initial conversation that, "I didn't have a particularly hard life." Only in response to a series of direct question did she state that there was "absolutely no marital harmony in our house." Her parents have not spoken to each other in years and live in separate rooms. In her younger years she often observed her father being physically abusive to her mother. Most of her siblings suffer from some form of emotional disorder. Nonetheless she sincerely believed, at some level, that she didn't have a particularly hard life!

Once the therapist ascertains what it was in the child's early home environment that made him or her vulnerable to becoming a rebellious teenager, the next step is to help the parents understand this without causing them to be overly defensive. It must be made clear to them that the purpose of this exercise is not to blame them but rather to set the foundation for repairing the relationship with their child and thus reduce the level of his or her problem behaviors.

### **Parental attitudes**

It is important for the therapist to keep in mind that improving the parent - child relationship is usually not just a matter of improving specific parenting techniques. The problem is more likely to be in the parents' overall perception of, attitudes and emotional responsiveness toward their children (Whaler & Dumas, 1989; Wahler, 1997).<sup>5</sup> Some parents, for example, will refuse, on principle, to accommodate a particular child's likes and dislikes in food by preparing something different for him or her than the rest of the family. "This is not a restaurant!" they insist. As if treating a child with the courtesy afforded any guest would be unthinkable. Likewise, parents who are particularly negative and critical will obviously react punitively to behaviors that they perceive to be unusually deviant or purposely defiant (e.g., "he's taking the easy way out [by being dysfunctional!]; he wants to show that he's the boss!"). In fact, the parents are actually reacting quite reasonably considering what they perceive. (For a fascinating study of the impact of parental attitudes and perceptions on disciplinary patterns, see Strassberg, 1997).

*A patient who had a severe stuttering problem related how he confided to his father about his feelings of terror and shame when speaking in public. His father reacted with criticism, "It is only because of your haughtiness that it bothers you". This father was reacting in a "reasonable" fashion considering what he saw as the obvious reality.*

Similarly, the difficulty some parents have with disobedient children has been linked to their ambiguous communication style. This too is not merely reflective of faulty technique, but rather of underlying feelings of powerlessness on the part of the parent (Bugental, et al., 1999).

When speaking to parents, the therapist needs to listen closely for parental attitudes that undermine the healthy emotional development of children.

*I mentioned to parents of an Orthodox Jewish adolescent patient how a child who feels close to his parents would confide in them if he were troubled by something he did wrong. The mother objected, "If he respected his parents and had consideration for their feelings he wouldn't burden them with information that would upset them." One can only imagine that it is not likely that her children would have an open relationship with her.*

The following incident illustrates the overriding impact of parental attitudes, even when dealing with behaviors with a clear genetic base.

*[Identical twin] girls were separated in infancy and raised apart by different adoptive parents.. When the twins were two and a half years old, the adoptive mother was asked a variety of questions. Everything was fine with Shauna, she indicated, except for her eating habits. "The girl is impossible. Won't touch anything I give her. No mashed potatoes, no bananas. Nothing without cinnamon. Everything has to have cinnamon on it. I'm really at my wit's end with her about this. We fight at every meal. She wants cinnamon on everything!"*

In the house of the second twin, far away from the first, no eating problem was mentioned at all by the other mother. "Ellen eats well," she said, adding after a moment: As a matter of fact, as long as I put cinnamon on her food she'll eat

anything." (Neubauer & Neubauer, 1990, p. 20)

### **"Tough love" vs. "gentle love"**

Once parents appreciate the harm caused by a negative relationship, they are usually motivated to listen to suggestions on how to develop a positive relationship. Often, it is necessary to first dissuade them from following well-intentioned advice to apply "tough love" treatment. The "tough love" approach seems to me to be the natural consequence of attributing negative intent to children, (as discussed in the "parental attitudes" section). These parents will often attribute children's rebelliousness to the fact that they were "spoiled." This is especially appealing when a spouse can be blamed for spoiling the child. (It is astonishing and disheartening to hear parents claim that children who have been constantly yelled at and severely criticized were "spoiled" and have had it "too easy" just because they had an abundance of material objects).

I suggest to the parents that they need to show their children that they are more concerned with their feelings than with their behavior, especially once it reaches a point where children rebel against the family and its way of life. If they can do this, there is a good chance that they can turn the situation around.

### **Genetics, chemical imbalances and child effects**

In the ongoing attempts to avoid acknowledging the primary impact of parenting on children's future adjustment, many other factors have been suggested as primary factors. Many contemporary clinicians attribute adolescent misbehavior to genetic factors or to a "chemical imbalance," either because they believe this and/or because they prefer a "no-fault" approach. The evidence for these assumptions, however, are tenuous at best (see studies cited in Karon & Widener, 1994 and Valenstein, 1998). Often, there are obvious environmental explanations that they fail to uncover or choose to ignore. Even when genetics does play a role, it does not preclude the importance of understanding the environmental factors (e.g., Neubauer & Neubauer, 1990, p. 20). A noted genetic researcher stated in a special issue of *Science*: ". the interaction of genes and environment is much more complicated than the simple 'violence genes' and 'intelligence genes' touted in the popular press.. The same data that show the effects of genes, also point to the enormous influence of non-genetic factors" (Mann, 1994, p. 1687; see also Collins et al., 2000 and Lawton, 2002).

Another variation of this approach is to acknowledge poor parenting practices, but to blame the children. This is known as the "child effects" (e.g., Lytton, 1990). These children are presumed to have been born with difficult temperaments, which causes their parents to be abusive to them. An early exponent of this approach was Melanie Klein. Grotstein (1983) contrasts her approach with that of Kohut's:

*Kohut seems to suggest more responsibility on the part of the [parent] in the genesis of infantile experiences, whereas Klein emphasizes the responsibility of the infant for the occurrence of breaks in the bonding and minimizes the responsibility of the mother. [p. 179]*

It is certainly true that some children are born with more difficult temperaments and/or temperaments that happen to clash more with that of the parents. But to lay the responsibility for developing a positive and emotionally healthy relationship on the children instead of the parents seem to me totally ludicrous, (see also Wahler, 1990)!

By not taking these approaches and assuming that there are other, emotional factors driving the behavior of their difficult children, parents accomplish a number of important goals.

First, they reduce the level of guilt and self-hatred that these youngsters often suffer from. Second, it prompts them to be more self reflective and less superficial in thinking about their (mis)behavior. An additional benefit, is the impact of this approach on parents' own attitude toward their children. By understanding all the factors involved in children's misbehavior, it will be easier for parents to feel positively toward them. And that is obviously a prerequisite to being able to help children. When parents gain this perspective, it will become clearer to them why certain seemingly easy

tasks are so difficult for troubled children. This then makes it possible for parents to help their children focus on realistic and doable goals, rather than try to change themselves overnight as these youngsters are often prone to do.

## Conclusion

Treating adolescents from religious homes who have rebelled against their families' religious way of life presents therapists with unique challenges. It is important not to see the problem as a simple sociological phenomenon of the impact of secular society impinging on an insular community. Rather, it usually is reflective of deficiencies in the parent-child relationship.

Encouraging parents to take a honest look at how their relationship with their children contributed to their problem behaviors is beneficial both to the children and to the parents. Improving the relationship in a meaningful manner, is the only way to bring about a lasting change in the child's condition.

Note: The current crisis over pederastic priests is a glaring example of societal institutions protecting their own interests at the expense of their children's. The psychological defenses that allow people to sacrifice their children's well being are amply demonstrated in the reaction of church leaders, the public and even the victims. First one tries to deny that the abuse took place. When that is no longer possible, one rationalizes that while something unpleasant did take place, it did not cause much harm. When that position becomes untenable, the fall back position is to emphasize how much good the person did. As if doing people favors - often done specifically for the purpose of setting up the victims - can possibly compensate for abusing them! When all else fails, obfuscation is called for, (e.g., responding to the charge of a cover up with the argument that most priests are not abusive).

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**1)** A well-known Jewish religious authority of the 19th century, Rabbi Pinchus Eliyahu of Vilna, in his book *Sefer Habris* (part 2, section 13, chap. 16), severely chastises parents who use the commandment to honor one's parents as justification to abuse their children.

**2)** This is a major source of antipathy many religious Jews feel toward psychology, since it is viewed as deterministic. However, as I have demonstrated elsewhere (Sorotzkin, 1996), this is based on an overly simplistic view of psychology (see also, Strozier, 2001, p. 147) and an inaccurate perception of Orthodox Judaism's view of free will (see also, Mishell, 1991).

**3)** Melchert, 2000, cites studies that seek to explain why some children who grew up in abusive homes seem to have survived without signs of serious maladjustment. See also above comment from Orange, 1995.

**4)** The issue of the religious similarity or dissimilarity of patient and therapist and the extent that religious issues are discussed in therapy has been addressed elsewhere, (Peteet, 1994; Sorotzkin, 1998; Worthington, et al. 1996).

**5)** In fact, Melchert (2000) found that general emotional aspects of parent-child relationships (responsiveness and acceptance) have a stronger association to later psychological distress than specific forms of trauma and abuse.

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