

THE EFFECTS OF EMIGRATION ON SOVIET CHILDREN

Latency To Adolescence

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The ability of immigrant groups to integrate successfully into American society often depends on overcoming a series of stressful barriers. An emotional toll is exacted upon the family and especially on children, who, in addition to coping with the normal stresses of development, are subject to the migration stresses of their parents. Soviet families, anxious to be successful in their adoptive country, often place untenable burdens upon their children.

Since its inception, the United States has been home to successive waves of immigrants and refugees. Although some negative and protectionist voices are heard during times of recession, the country has generally valued the contributions of its immigrant groups and has gained strength from their diversity. Yet, before immigrants can become well-adjusted and productive citizens, they must overcome many barriers.

This article examines the nature of these barriers and the special challenges that they pose to children of Jews emigrating to the United States from the former Soviet Union.

PSYCHOLOGICAL STRESSES OF EMIGRATION

The many stressors and difficulties of migration evoke a variety of behavioral responses that may be classified into definitive stages (Sluzki, 1979). Most emigres are expected to move from an intense sorrow for all that has been abandoned, a stage accompanied by fear of the unknown, loneliness, privation, and helplessness, into a manic state where the advantages of the new country are magnified and its difficulties discounted. They finally settle into a nostalgia where losses are accepted and the emigre is open to participation in the new culture (Grinberg & Grinberg, 1984).

The psychological distress experienced by immigrant groups cannot be minimized. As most of us navigate our day-to-day work-

ing lives, we do so surrounded by all that is familiar — our climate, our food, the landscape of our city, our mode of dress, the transportation system, our common language, and the unconscious myriad of ways of interacting with others. To new immigrants, these taken-for-granted conventions must all be learned. The differences in attitudes, values, beliefs, and mores demand a total reorientation — a revolution of the self. It is therefore not surprising that psychological distress and psychopathological symptoms are higher among refugees and immigrant groups than in the native-born population (Westermeyer, 1989; Williams & Westermeyer, 1988). The stresses posed by loss, disruption of the known political and social system, and the pressure to succeed in the new country provide a high-risk situation for the development of psychosocial conflicts among all immigrant groups (Salgado de Snyder, 1987).

SOVIET JEWISH EMIGRATION

In the Soviet Jewish population the experience of loss is a highly significant barrier to successful integration into American society. Soviet Jewish families experience the tangible losses of property, occupation, and language, but equally stressful are the losses of relationships and cultural milieu, a way of life that is an important ingredient in a person's identity.

Although Soviet Jews often come to this country in extended and intergenerational

family groups the emigration application does not allow friends to leave together; yet, friendships are supremely important to Soviet families. Precisely because their public lives were so supervised, not allowing openness with most people, Soviets invest their close friendships with enormous importance (Smith, 1984). In the United States they experience a sense of social isolation, a disruption of their support system. Additionally, even if many family members have emigrated together, it is usually not possible to duplicate the Soviet living arrangements in which large numbers of extended family members lived in close proximity to each other and were always available for help and support.

Perhaps the most serious jolt for a Soviet Jewish family is the loss of status that previously derived from their occupation and employment. Identity by status is especially strong for Soviet Jews who, as second-class citizens in a hostile society, gain a sense of being worthwhile from their profession and position in society. In the United States, they face unemployment, retraining, and beginning on an entry level, and it is possible that they may never be able to realize the same professional level held in the former Soviet Union. The accompanying feelings of confusion, disorientation, and incompetence often prevent parents from offering credible guidance to their children.

IMPLICATIONS FOR CHILDREN

Although much research has focused on the adult experience in emigration, little has been written about the children. Yet, children are partners in their parents' emigration problems, and the migration stresses of their parents are superimposed upon their normal developmental stresses. The problems that the parents experience and their reactions to them cause disruption in family functioning. At the very least, children of immigrants live with highly anxious adults.

Latency-Aged Children

The school-aged child has a series of devel-

opmental tasks to accomplish while attaining physiological stability. It is roughly between the ages of 6 and 12 years that a growth in self-awareness is experienced, simple concepts are formed about physical and social reality, and the conscience makes its appearance, i.e., a distinction between good and evil. School-aged children must acquire the concepts that are necessary to navigate everyday life, as well as learn social communication skills (Muller, 1969). To this end, school assumes an all-important role. It is in school where physical and academic skills are mastered and where the peer group emerges as an important subculture with its own games, values, logistics, and rules (Stone & Church, 1957). The latency-aged child must master the fundamentals of technology or suffer a sense of inadequacy (Erikson, 1963). Although there is movement away from the parents at this stage, parents occupy a central role as children incorporate their values intact.

In the former Soviet Union, Soviet Jewish children were overprotected. As citizens in what they experienced as a hostile society, the Soviet Jewish family developed an enmeshed and overprotective style as a mechanism for survival. School provided an additional source of protectiveness as Soviet children remained with the same group of 25 to 40 peers throughout 10 years of primary and secondary school. Children attended school 6 days a week in highly structured, centrally planned settings, offering a vest network of after-school centers, academic circles, special sports and music schools, and other extracurricular activities that provided the Soviet youth with surrogate parenting en masse (Galperin, 1988).

In addition to the security of parents and school, Soviet children relied heavily upon their "babushkas," the grandparents who played a crucial role in providing child care.

Many changes in family life occur with emigration. Instead of overprotectiveness, Soviet children now find themselves enmeshed in family disputes. Emigration stresses on the family cause an increase in the number of divorces and separations.

Some clinicians have estimated that the rate of separations doubles in the first few years of emigration from its level in the former Soviet Union. In particular, those who had strained relationships before emigrating tend to break apart.

It is not uncommon for the father to be unemployed while the mother, who is more flexible and will take a lower-level job, is working. In the Soviet system, although women do work, the wives are in charge of all family affairs while the husbands' role is to earn a steady income and advance their career. After immigrating, the husband loses his role as breadwinner, at least initially while the wife continues to take responsibility for running family affairs. The wife adjusts, and the husband lapses into depression. Alcoholism, ever in the background, becomes more pronounced, and with it the chance of child abuse.

Alcoholism in the Soviet refugee population is an ongoing problem. It is rarely seen in the initial stages of resettlement while the refugee is coping with survival problems, but tends to surface a few years later and is associated with depression. Alcoholism is found at all educational and social levels and is probably the single largest precipitant of child abuse. Yet, it tends to be denied until the parent becomes violent. Soviet women are traditionally more accepting of their husband's excessive drinking and use criteria different from the American ones to label alcoholism. "He doesn't drink alone," "he doesn't sleep on the street," and "he has a job" might be typical defenses.

Despite the high levels of alcoholism, the Human Resources Administration in New York City has had very few complaints of child abuse among the Soviet population. Although child abuse is no more tolerated in the former Soviet Union than in the United States, it is generally considered more permissible to hit children, and spouse battering has indeed become a problem.

More prevalent than actual child abuse is child neglect, both the reportable kind and a

more subtle, unreportable, yet still very damaging neglect. Reportable neglect can very often be ascribed to a difference in culture. Parents who were used to leaving their children alone or to be watched over by friends and neighbors are unaccustomed to an American environment where people live behind closed doors and do not intrude upon others. When it housed some incoming families in New York City hotels, the New York Association for New Americans (NYANA) sometimes received calls from hotel managers about children playing alone in the hallways as their parents were out looking for an apartment. The type of education necessary to prevent this neglect is obvious, and when they realize the dangers, most Soviet parents comply with the law.

There is, however, a more subtle neglect that is difficult to tackle. Parents who are preoccupied with their own resettlement problems often have little awareness of their child's needs and feelings. While the parents are going through their own problems in adjusting to a new country, their children are mourning the multiple losses that they have experienced — the loss of the grandparents and other relatives left behind, of the friends left, of the protection offered by parents and school, and of the security of language and culture. Not realizing what their children are struggling with, Soviet emigre parents may have unrealistic expectations of them. Added emphasis is put upon the child's achievement, and when school difficulties arise, so does family conflict. Consider this case example.

Sasha emigrated to the United States with his parents and maternal grandmother. The stresses of emigration and unemployment proved too much for the parents who had been having marital difficulties in the Soviet Union, and 6 months after arrival in the United States they separated. Sasha was referred to a bilingual psychologist at the resettlement agency by the social worker due to oppositional behavior at home and conflicts

with his grandmother. His mother was quite depressed, felt unable to cope with him, and had retreated into herself.

Assessment revealed a lonely and depressed boy. Sasha deeply missed his father and the friends whom he had left behind. He felt isolated in a foreign environment and had not yet found a comfortable peer group. While he normally would have sought comfort from his parents, he now felt abandoned by them. Resentment toward his mother for letting his grandmother take charge of the household built into rage which was too dangerous to express to his mother lest she physically abandon him as well, but was easily projected onto his grandmother.

Sasha was referred to a camp setting and to a therapeutic acculturation group while his mother was engaged in individual treatment. Both are now doing well.

Adolescence

Adolescence is often described as a time of storm and stress. Many changes occur simultaneously, producing temporary imbalances and a turbulence of feelings. Marked biological changes (height, weight, reproductive system development), maturation of psychological processes (new attachment relationships, cognitive development), and new sources of influences (peers) and opportunities (social activities, dating) contribute to the dynamic nature of adolescent development (Kazdin, 1993).

A distinctive task of adolescence is disengagement from parents and seeking new attachments and love objects (Blos, 1962). In this process peers are often idealized, and the peer group becomes the vehicle for helping the adolescent make this break. Although the adolescent needs to find self-definition independent of the family, there is still a strong need for family support. Ambivalence exists — the need to take care of one's self and the need to be taken care of. In this struggle the adolescent exerts authority and resists parental controls.

New social demands are also made of

children at this age, with strivings for academic success and fear of failure predominating. Bodily changes foster agonies of self-consciousness and a preoccupation with such questions as who am I and where do I belong. Finding one's self becomes a central theme of adolescence, with a need to define one's place in society. Status with peers is thus of supreme importance, and there is a strong need for acceptance. "Uniqueness is only half understood and not completely welcome" (Stone & Church, 1957).

Not surprisingly, adolescence has therefore been viewed as a time of risk. With these rapid changes comes the possibility of a variety of outcomes, both positive and negative. "Between 15% and 30% of adolescents in the United States ... drop out of school before completing high school; adolescents have the highest arrest rate of any age group; and an increasing number of adolescents consume alcohol and other drugs on a regular basis" (Eccles et al., 1993).

Although adolescents must master the important tasks of this period and all are prone to many risk factors, the emigre adolescent must make his or her way as well through the added stresses presented by immigration itself.

Soviet Adolescents

Issues of control and autonomy between parents and adolescents persist during this period. In a smooth transition to adulthood the parents would gradually relinquish control as the adolescent takes on more responsibility. However, immigration forces the adolescent immediately into a position of authority within the family.

As Soviet adolescents learn English quicker than their parents, they become the culture broker for the family, a necessary role but one that is not always welcomed by the parents who feel that they are losing control. This family role reversal creates many conflicts between adolescents and their emigre parents.

Adolescents may feel threatened when they know more than their parents, when their parents stop being the protectors and providers. There is a tendency to test the limits of authority, which in turn threatens their parents. As parents feel that they are losing control, they attempt to pressure and prohibit. Soviet emigre parents, especially fathers, tend to tighten the reins around their adolescent children the more they feel insecure and threatened. This response, of course, challenges the adolescent's need for independence at this age, and conflicts erupt. In families where there is a high degree of strife and authoritarianism, more psychopathology in the adolescents can be expected. Some small studies have noted mental health problems in 25% of Soviet refugee teens.

Alex M. is a 14-year-old boy who emigrated with his parents, maternal grandparents, and a 3-year-old stepbrother who was emotionally disturbed. Since the 3-year-old needed a special therapeutic setting, day care was particularly difficult to find, and Mrs. M. found herself stuck at home, unable to study English. Mr. M., an engineer in the Soviet Union, studied English, but still spoke poorly and was unable to find a job. Both parents became depressed, and marital problems ensued.

As the fluent English speaker in the family, Alex was counted upon to function for the family, who had many unrealistic expectations of him. Although this was a necessary role for Alex, his father resented it, and a power struggle developed between Alex and his father. Mr. M. continually accused Alex of being lazy, eating too much, and not taking proper care of his younger brother. Alex retreated into the life of the Yeshiva that he attended, becoming increasingly religious, which further threatened the family who was not as observant.

The entire M. family was referred for family therapy in which they are presently engaged and working out their problems.

The adolescent's need for autonomy, for mastery of the environment, and for a secure place within a peer group is complicated by the emigre experience. It is important to remember that the decision to emigrate was not made by the refugee teenager. At best, some were included in the family discussions, but most were not involved in the decision to leave. Teens experience emigration as a profound disruption of their lives. They give up close friends and participation in hobbies, sports, and cultural activities, all of which are important at this stage of development. In some cases, emigration also means leaving behind a grandparent, aunt, cousin, or other family member who was a source of support and guidance (Katz, 1992). Disruption of adolescents' social networks at a time when they are particularly concerned about peer relationships is a powerful stressor. They experience anger and depression at the need to start over, as well as resentment at the loss of the peer group and their status within it. Changes in the learning environment itself can negatively affect adolescents who are struggling for autonomy and control and may perceive these elements as nonexistent in their new environment where they must master a new language and social system.

A decline in motivation, interest, and performance can be predicted in a portion of these youngsters as they experience a downward revised estimation of their own self-worth. Depressed adolescents report more acute stressors than healthy youth who have more access to social resources, particularly supportive relationships.

Implications for Intervention

Treating children from this population requires innovative responses. Soviet parents come from a society where the professions of clinical psychology and social work did not exist, where psychiatry was used as an instrument of the state to punish or correct deviant behavior, and where there was a culturally reinforced reluctance to discuss

family problems outside the family. Denial of psychological problems is widespread in the emigre group. With almost all parents listing "children" as the primary reason for having emigrated, it is understandable that a good deal of emotional investment goes into seeing the children's adjustment as successful (Galperin, 1988). Soviet emigre parents have a need to justify their decision to emigrate and to present a favorable picture of their adaptation to themselves and the world.

When problems cannot be avoided, blame may be externalized. In the former Soviet Union, Soviet families placed much of the responsibility reserved for parents in the United States upon the Soviet State. When the children begin to experience problems in this country, they tend to blame the school system, television programming, and other environmental factors (Galperin, 1988). This tendency toward displacement calls for the use of nontraditional, flexible approaches to the delivery of mental health services to this group.

Psychological services need to be (1) provided up front and early on, (2) integrated with other accepted services, and (3) offered outside mental health settings. To this end the New York Association for New Americans (NYANA) and the Jewish Board of Family and Children's Services (JBFCS) have established a joint mental health service co-located with the resettlement services. NYANA caseworkers and JBFCS bilingual psychologists work hand in hand. The presence of the resettlement service facilitates the refugee's acceptance of the on-site mental health referral.

This model program allows the resettlement worker to introduce the psychologist as a resident expert in some particular area of difficulty that the client is experiencing and to follow the psychologist's interventions closely. Joint planning and goal setting increase the likelihood of client compliance with a treatment plan.

Work is ongoing in the schools with groups of immigrant children, and the Rus-

sian Adolescent Program in Brooklyn is a pioneer effort working with refugee teens. The Russian Adolescent Project, situated in a community center known for its service provision to the Russian community, has established successful teenage rap groups addressing how the emigre adolescent feels, thinks, and behaves. These groups have reduced the risk factors by increasing the adolescents' feelings of competence and self-esteem.

The common element in these successful mental health programs is the integrative aspect, the joint work undertaken with other programs, and the off-site location.

CONCLUSION

Resettlement agencies and community-based agencies have long recognized the need for social services to assist refugees to become self-sufficient and socially integrated into American society as quickly as possible. In assisting adults with the many tasks that must be accomplished, little attention has been paid to the children who must navigate the stresses imposed by the immigration process, as well as their normative developmental tasks.

Adolescents present a particular challenge as their developmental needs clash with the experiences necessarily imposed by emigration. Successful services demand planning that is cognizant of the native culture if we are to make an impact upon children who will be our next generation of citizens and so transform the barriers they face into steps toward full integration.

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