

## The Soviet Immigrant Client: Beyond Resettlement

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*Basic engagement (into treatment) techniques must be broad enough to take into account issues that this immigrant population have with use of information, trust, authority, and methods of problem-solving. The experiences of the Soviet Jews in these areas, affect the development of the various components of engagement: referral, understanding, respect, and confidentiality. Looking at these pieces of process in a different cultural light clearly indicates the need for expanded skills and techniques in the areas of diagnosis and engagement.*

### Introduction

THE United States population has always included significant numbers of immigrants, and the influx of both refugees and immigrants continues to swell our population. Since the time of the Mayflower, 44 million immigrants have come to this country.<sup>1</sup> In the last twenty years alone, more than four million immigrants have arrived.<sup>2</sup> Because social service agencies have always been actively involved with new immigrants,<sup>3</sup> the increasing numbers of immigrants mean that, more and more, social work professionals must be able to provide both basic resettlement and casework treatment services to these new Americans, people who bring with them, in their baggage, issues that are reactions to the immigration, as well as more longstanding family and individual problems.

Major responsibility in the United States for aiding the foreign born and for assisting in the social, cultural, and

economic adjustment and integration of the immigrant has fallen to the voluntary agencies.<sup>4</sup> The development of Hull House in Chicago is a classic example of a voluntary service agency that developed with a primary goal of helping immigrants. Jewish Family and Community Service, in Chicago, also has a long history of experience working with various immigrant groups. It opened its doors in 1859 as a social welfare agency with a major component of immigrant services, and has continued to provide a full range of social work services to immigrants and refugees. Between 1971 and 1981, Jewish Family and Community Service has been responsible for resettling 6248 Soviet Jews,<sup>5</sup> 1500 Indo-Chinese, as well as smaller numbers of Cubans and Iranians.<sup>6</sup> These particular groups are considered refugees as opposed to immigrants. Immigrants choose to leave their countries;<sup>7</sup> refugees flee for their

<sup>4</sup> *Ibid.*, p. 459.

<sup>5</sup> This includes a small number of Polish and Rumanian Jews, as well.

<sup>6</sup> These figures are provided by Liese Lee Haag, Associate Executive Director, Jewish Family and Community Service.

<sup>7</sup> Jess Stein, editor, *Random House Dictionary of the English Language*. New York: Random House, 1969, p. 712.

<sup>1</sup> William B. Bernard, "Services for Foreign Born." *Encyclopedia of Social Work*, Volume I, Sixteenth Issue. New York: National Association of Social Workers, 1971, p. 459.

<sup>2</sup> Theodore Dolmatch, editor, *Information, Please Almanac 1981*. New York: Simon and Shuster, 1980, p. 799.

<sup>3</sup> William S. Bernard, *op. cit.*, p. 459.

safety.<sup>8</sup> The Soviet Jews have been "given the status of political refugees—a classification of doubtful validity, since they leave voluntarily for motives that are as much economic as political."<sup>9</sup> The issue that is particularly interesting for social workers is the matter of choice. We know that the degree of choice affects the way people adjust to new situations, and anticipate that this affects, as well, the way they adjust to a new society. The population described in this paper are the Soviet Jews, refugees by political necessity, but immigrants in fact.

### Statement of Purpose

Social workers often work with people who are experiencing difficulties with losses and changes in their lives. Immigrants experience massive losses and changes that, in some instances, require casework treatment. For the purpose of this paper, casework treatment is defined as a skilled process, using a particular knowledge base and body of technique, shaped according to the client's needs, with a goal that is corrective in nature. Not all immigrant families need this additional casework treatment, but the majority of immigrants need some supportive services, resettlement services, during their initial period of adjustment. At Jewish Family and Community Service, all immigrant clients are offered resettlement services, i.e., concrete services, support, and education. The concern for social workers is how to distinguish which families need help beyond resettlement services. In order to enhance our skills and techniques in the area of engagement of immigrant clients, social workers need to understand the following issues:

1) identification of the factors that indicate a need for casework

treatment in addition to resettlement services, which may be chronic issues, or may become evident during the immigration or resettlement process;

2) understanding of the differences in the process of engaging clients who are immigrants as opposed to other clients.

### Identifying Problem Areas

Patterns manifest themselves prior to a person's arrival in this country and during the resettlement period as well, that alert a worker to the possibility that treatment may be needed. The information received about clients prior to their arrival in the United States can be an excellent source of background material. If clients have omitted information concerning parents, marriages, or an accurate work history, a worker needs to consider why this has occurred. An inconsistent work history is a good diagnostic clue. Everyone in the Soviet Union is expected to work,<sup>10</sup> even those with emotional problems. A sporadic work history or many demotions would identify someone who was unable to function adequately in the work arena.

Mr. B's record stated that he had held numerous menial jobs over a long period of time. When Mr. B. was interviewed, upon his arrival here, it was apparent that he was psychotic. The inconsistent work history had alerted the worker to the possibility of intrapsychic or interpersonal problems that were verified when he was seen.

Another source of information is anniversaries of various kinds.

Mrs. G, for example, was unable to function well enough to adjust to life in Chicago. In discussions with her worker, it was discovered that her mother had died just prior to her emigration to the United States. Emotionally involved in the losses she was experiencing due

<sup>8</sup> *Ibid.*, p. 1207.

<sup>9</sup> Editorial, *The Chicago Tribune*, July 15, 1979.

<sup>10</sup> Hedrick Smith, *The Russians*. New York: Ballantine Books, 1976, p. 90.

to the immigration, she had not allowed herself to grieve for her mother. Now she had to go back and redo the grief work she had not done, which was, by now, further complicated by the permanent separation and environmental losses that could not be recaptured.

Various kinds of information, or the lack thereof, relating to the clients' lives prior to the immigration, can flag for workers the need to explore in greater detail.

Other factors indicating possible problems, are those that arise during the immigration process itself. How long a period of time elapsed between the family's decision to emigrate and their arrival in their new country? A long period of time spent in limbo is extremely stressful.

The K family planned to emigrate for ten years, but were unable to leave because the ex-husband of the oldest daughter legally refused to permit his children to leave the country. The 21-year old daughter, the only employable, English-speaking member of the family, is now unable to mobilize herself due to severe stress, not only as a result of the immigration itself, but also due to the fact that ten of her twenty-one years have been spent in limbo. "I spent half my life sitting on a suitcase," she said. She is unable to plan for living in one place.

This kind of limbo and stress is experienced by Soviet Jews both prior to leaving Russia and during the immigration processing, as well.

It is significant to know how a family behaved and felt during the time of the immigration itself. Was there any unusual behavior reported? Extreme reactions, such as hallucinations or disruptive behavior, indicate adjustment problems beyond the norm. The A. family came to their first interview in the immigration office with bruises on the arms of the mother and teen-aged daughter. Clearly this was an example of a family whose reaction to the stress and change needed further exploration.

Another pattern that needs further exploration is multiple immigrations.

While a series of immigrations may be due to real factors such as lack of work in a particular country, such patterns more often indicate chronic dissatisfaction that will affect the current move as well. The S. family, for example, moved three times before coming to Chicago with their retarded son. Every time the child had difficulty in school, they would move once again. Fulfilling the usual tasks of the resettlement worker—concrete services, advocacy, and educational input—is not enough help for a family with this kind of difficulty.

#### Phases of Resettlement

Clarification of the normal phases of resettlement shows which issues are usually part of the resettlement process and which issues are clearly beyond these boundaries. According to the model conceptualized by the resettlement staff at the Northern District Office of this agency, the process of resettlement usually breaks down into four phases. They are (1) the initial encounter (arrival), (2) marshalling of resources (first to third months), (3) reassessment (fourth month), (4) resolution (fifth to seventh months). The immediate arrival is marked by excitement, disorientation, disillusionment, and other intense feelings. The worker needs to evaluate how realistic clients' expectations are, how disoriented family members feel, and how well they can accept their own disillusionment. Unusually high expectations may be precursors to a crisis precipitated when expectations cannot be met. According to Richard Dublin,

These people have agonized for months over whether to leave, whether they were doing the right thing. Their expectations are high which means that chance of failure is high too.<sup>11</sup>

<sup>11</sup> Howard Tyner, "Newest Chicagoans Arrive—From Chicago With Love," *The Chicago Tribune*, July 15, 1979.

With the Soviet Jews, the degree of choice feeds the development of high expectations; these are people who made thoughtful choices to move to a new country, and, generally, their expectations of themselves and their new society are very high. This means that their initial encounter with their new home may be very disappointing and certainly would arouse strong feelings.

However, to begin resettlement, during the first three months after arrival, clients quickly are forced to marshal their intra psychic and interpersonal resources (a second phase). Emotions are controlled or set aside in order to deal with the cognitive issues they face: apartment-hunting, writing resumes, and learning English. Work with a social worker revolves around development of a trusting relationship and help in decision-making. Making decisions, from the color of a phone to the best focus of a job hunt, is a continuous and difficult task, since many in this group of clients, raised in a Communist society, have not had an opportunity to develop this skill.<sup>12</sup>

The second major task during this period, also difficult for this population, is learning to trust and take help from a bureaucratic stranger. In the Soviet Union, distrust is rampant. There are no social workers, and all agencies are part of the government.<sup>13</sup> Consequently, working appropriately with a social worker is a new task for these clients. Problems during this period become evident when a family or a family member has difficulty learning English or working on other appropriate resettlement tasks. The inability to begin making decisions, or the tendency to focus on one aspect of resettlement to

the exclusion of all others, indicates problems.

The B family had been in Chicago for three months, but neither adult was attending English classes or keeping appointments with their vocational counselor. When the worker raised this issue with the family, the parents changed the subject to their dissatisfaction with the American school system. The parents talked continuously about their child's boredom in school and were unable to pay attention to their own vocational problems. It was evident that the parents were avoiding their own problems by focusing on their child.

At the other end of the spectrum is the family who seems to make the perfect adjustment after their move. They learn English quickly, find jobs, and settle their youngster easily in a nursery school, able to focus on the adjustment with no attention to the losses or stress. Families with a pattern of handling stress by avoiding their emotional reactions in this way, may experience a very smooth initial resettlement, but may need help later in facing delayed reactions. If this kind of family does apply for service later, it is difficult to reach them because of this pattern of effectively putting aside their emotions.

Most families do become more vulnerable again around the fourth month after their arrival (the third phase). This is often a period of depression and reassessment of the resettlement plan. Family members again feel their losses keenly, especially the loss of self-esteem that takes place when an adult leaves his career, his extended family, and his history behind. The object during the reassessment phase is to validate the feelings, but again, refocus on the resettlement tasks.

The fourth phase of resettlement is a resolution phase, and takes place, for most families, during the fifth to seventh month after arrival. Financial independence lessens family stress and brings increased confidence and self-esteem. Families usually begin, at this

<sup>12</sup> Bruce Gans, "Soviet Emigres: Old Fears Die Hard," *Chicago Sun-Times*, May 10, 1979.

<sup>13</sup> *Ibid.*

point, to wean themselves from a powerful relationship with this first American, the resettlement worker, and begin to interest themselves in integration and acculturation.

While these four phases are general and apply to the individual family in a different way, they are helpful to recognize in practice because they identify the issues with which social workers and families need to struggle during the resettlement process.

### Cultural Obstacles to Treatment

Work with any immigrant population presents major cultural obstacles. To the Soviet Jews, the traditional insight-oriented, problem-solving approach to life's problems is completely foreign. The historical approach to mental illness in the Soviet Union is a model whose primary focus is on physiological determinism rather than unconscious motivation.<sup>14</sup> Mental health programs still focus, to a large extent, on psychoses and alcoholism. Treatment of mental disorders is done by doctors; there are few non-medical personnel in this field.<sup>15</sup> There is no such thing as a social worker; the word does not even translate. Only very recently have a few outpatient clinics with programs for psycho-therapeutic treatment been established in the larger cities. Even so, the concept of talking over an emotional problem with a stranger to get some clarity and relief, would be appalling to most Soviets.

As reflection of the general behavioral approach to psychology, people seem not to look for the reasons behind behavior, the way many Americans do. It would be unusual, for example, for a

Soviet mother to wonder about the best age for toilet training. Children begin to be trained before they walk, with no concern for their readiness.

Complicating the issue of talking over and understanding a problem is the issue of to whom one talks. A classic response from our clients is, "Don't hang out your dirty laundry in public." The significant issue is not the embarrassment, but the lack of trust. It is incredibly difficult for people who have lived in a police state, where agency bureaucrats are government bureaucrats,<sup>16</sup> to conceive of safety or privacy in communications.

According to Bruce Gans, a Chicago journalist, what complicates each family's adjustment is the fact that "deeply engrained fear and mistrust are something, apparently, they could not abandon at the old borders."<sup>17</sup> This lack of trust affects many aspects of life, and one of them would certainly be a relationship with a new social worker, whose philosophy is incomprehensible.

Overlapping this lack of trust, is the major issue concerning authority that most Soviet Jews exhibit. Authority is government, according to many of their experiences, and is dangerous.<sup>18</sup> Disagreement with authority can be risky. Therefore, in Russia, many Soviets learn to go along passively, but to manipulate the system to get the things they want and need, from blue jeans to college admission. Life-long passive-manipulative approaches to authority figures complicate the initial stages of a therapeutic relationship, because the social worker is a new authority figure.

For example, Mrs. Z would make appointments constantly, then not come in, or Mr. S would make a commitment to follow through on a plan for em-

<sup>14</sup> Leon Chertok, M.D., "The Concept of the Unconscious in the Soviet Union," *The American Journal of Psychiatry*, 138:5, (May, 1981), p. 576.

<sup>15</sup> *Ibid.*, p. 577.

<sup>16</sup> Bruce Gans, *op. cit.*

<sup>17</sup> *Ibid.*

<sup>18</sup> Hedrick Smith, *op. cit.*, p. 609.

ployment, then do something else completely. Because feelings about and attitudes toward authority are major aspects of the initial stages of treatment, it is important to identify this unique cultural attitude of the Soviets toward authority figures. This, combined with their distrust and behavioral approach to life, are major cultural factors which influence, overall, the beginning course of casework treatment.

### Engagement in Treatment

For any client, the engagement phase of treatment is significant. The development of the therapeutic alliance is basic to the ongoing work, both for the social worker and the client. There are a number of components essential to the engagement process that need to be identified, particularly in terms of their effect on immigrant clients. These are: attitude toward referral by any previous worker, the client, and the new worker; mutual understanding, including cultural and language differences; mutual respect; and, an atmosphere of confidentiality.<sup>19</sup> While these issues are important in every therapeutic beginning, they need heightened attention with respect to their effect on immigrant clients.

Essential to a successful engagement is a well thought-out referral. While the referral process is always crucial to the beginning of treatment, the focus here will be on one particular kind of referral commonly used at our agency—the transfer. For the most part, our immigrant clients have had an initial relationship with a resettlement worker, and it is this worker who makes the referral for treatment. This is a transfer as opposed to a more general referral, due to the

degree of involvement with the referring worker. Most immigrant clients have no experience with treatment, or with the emotional impact of the referral process, and the worker needs to educate his or her client throughout the procedure. Also because of the lack of understanding about treatment, the client's relationship with the referring worker takes on an even more significant role in shaping the referral. The client's perception of the quality and quantity of help he has gotten, as well as the degree of trust he feels, affect his readiness to go on for casework treatment. His feelings about the relationship and about the transfer must be acknowledged and discussed.

Issues of separation and loss will be stirred up inevitably, and their meaning, to both worker and client, need to be assessed. At this point in the process, a worker normally needs to be in touch with his or her own issues around loss, but in this case there may also be cultural or historical issues relating to immigration that need to be taken into account.

A worker whose family was permanently separated during World War II, found that these old historical issues became reactivated when he was faced with preparing a family for transfer to a new social worker for additional treatment. The worker identified the family as needing further concrete and supportive services rather than marital counseling, due to his own inability to face losing them. The implication, then, is that there needs to be an adequate preparation period, on both educational and emotional levels, for a transfer to take place.

Allowing adequate time is important, too, between the new worker and the client. Because treatment is such a new experience for this client, the worker needs to tolerate a long period of ambivalence. The worker will need to accept the client's mixed feelings about being there, while continuing to educate him to the casework process. According to Max Siporin, in his *Introduction to So-*

<sup>19</sup> Group for the Advancement of Psychiatry, *Clinical Psychiatry*. New York: Science House, 1967, p. 5.

*cial Work Practice*, the method of helping a client actually use services is a major part of outreach.<sup>20</sup> Outreach is characterized by active efforts to engage clients.<sup>21</sup> Ultimately, a social worker who is working with an immigrant family, needs to be able to reach out actively to people who do not understand how to use our services.

One component of this outreach is a lot of effort by the worker to understand cultural differences. Why do these people overdress their children, hand feed them until they are three or four years-old, and give their social workers flowers and gifts. If the social worker doesn't learn, for example, that the overdressing may be a reflection of poor heat, frigid weather, maternal over-protection, or a societal dictum that children need to be walked every day for their health, he/she will have difficulty convincing the client of therapeutic or cultural understanding. It may not be only the lack of cultural understanding that burdens the worker and client, but the literal understanding as well. There is an additional strain when the client must participate in a way that is comfortable for the worker but not for the client, for example, when the worker speaks English and the client does not. This difficulty with expressing abstract concepts in a new language can be an obstacle in engaging an immigrant client.

More than language, however, the client's ability to understand the worker's philosophical or theoretical base is crucial, and this is a real obstacle with Soviet clients. They have little experience with an approach to problem solving that consists of talking to a stranger.

<sup>20</sup> Max Siporin, *Introduction to Social Work Practice*. New York: Macmillan, 1975, pp. 195-7.

<sup>21</sup> Ron Toseland, "Increasing Access: Outreach Methods in Social Work Practice," *Social Casework*, 62:4, (April, 1981), p. 227.

Mrs. G complained of headaches and an inability to sleep, and had a history of somatic symptoms and multiple family separations. She cheerfully agreed to come to weekly appointments, saying, "I like you. You're a nice lady, and this way I can practice my English. But I really don't understand how talking about this will help me. What I really need is a doctor who will give me sleeping pills and see if I have a brain tumor."

This lack of understanding on the part of the client can be an effective obstacle to treatment. Therefore, a client needs to experience, either with a previous worker, or in the initial contacts with the new worker, that ventilation and open identification of a problem bring some sense of relief and clarity.

The issue of mutual understanding is important, but unless it goes along with mutual respect, treatment cannot proceed. Lack of respect for the worker is often an obstacle to treatment of Soviet Jews, will not take part in treatment because they have no real respect for or belief in the social worker as a helping person. A client's previous positive experience in a problem-solving relationship will lessen the obstacle between the family and the new worker. However, it is only as the family actually receives and feels understanding, tolerance, and respect from the new worker, that they begin to see him or her as a helping and helpful person, rather than only an authority figure.

The K family had a fairly typical resettlement, and a warm, supportive relationship with their resettlement worker. The major problem, as they saw it, was that their three year-old daughter, who had been sickly since birth, was reluctant to leave her mother or play with other children. The mother talked about how careful she needed to be to prevent the child's illnesses. Once the pediatrician at the clinic stated that there was nothing physically wrong with the child, a social worker was involved collaboratively with the intent of transferring the case at a later date. It was only over the course of several sessions, as the workers made an effort to listen to the

mother's description of the way she cared for her child, and the reasons behind this, that several significant things happened. The woman revealed that she had miscarried her first pregnancy, and that her own mother had died during this second pregnancy. The child was named after the grandmother. Eventually the mother was able to state that she feared the child's independence, and that this was more her problem than the child's. As the woman began to respect the worker, she was also able to begin to use the worker's help to plan for entry into a therapeutic parent-child group.

The worker must respect the client as well. The issue of understanding and respecting, or allowing, cultural differences are not separate issues, but distinct components of the same helping process. As in the example above, the therapist works to understand a piece of behavior and the reasons for it, and his/her respect for people and their unique cultural experience grows. In turn, the client responds by developing respect for the worker's interest and efforts.

The significant point about worker respect, that often gets lost, is the fact that, while cultural behavior may be different, it is not necessarily wrong.

In the S family, the son experienced behavior problems following the immigration. The parents were both unemployed, and there was continuous arguing in the family. While the child was bright and also a talented musician, both his school work and music were suffering. The child felt extremely pressured by the demands of a private school, of a new language, of the demand that he act as the parents' interpreter in business dealings, and of the need to practice violin for long hours every day. He had been unable to play or make friends since coming to Chicago. The parents felt that the answer to this problem was additional discipline. This is, in fact, a culturally acceptable solution to problems with children in the Soviet Union. The parents continued to talk about the need for the child to practice violin more hours as a way of instilling discipline, while the worker focussed on the need to ease pressure off the child. The conversation went on this way for three sessions, and then the family did not come back.

The worker should have attempted to understand the methods of Soviet discipline and the child-rearing more thoroughly before opening up new methods to a family who did not yet understand either the worker or the ideas. While this intertwining of respect and understanding contribute to any therapeutic beginning, the process is clearly more complicated and requires more worker flexibility with immigrant clients.

Confidentiality, too, a sense of privacy in communications, is an issue that is basic to treatment, but somewhat complicated for these immigrants. Again, because of the cultural pattern of government misuse of information, these clients only slowly learn that their privacy will be maintained. For example, it is quite common for a client to express both surprise and fear at having to sign a release of information form. Mr. K spent three hours, with three social workers and a psychiatrist, refusing to allow test results on his son, testing that he had requested, to be sent to the school. For the Soviet Jews, privacy of communications is a new and upsetting concept, that families begin to believe only very slowly.

### Summary

In conclusion, we have highlighted issues that are significant for involvement of immigrants in casework treatment. Chronic personal or family disturbances, or trauma during immigration, may indicate a need for treatment. Problems during the adjustment period, which are beyond the normal scope of resettlement issues, also imply a need for additional service. Having identified families who may need treatment, the social worker needs to expand and adjust his or her skills to engage these immigrant families effectively. Basic engagement techniques must be broad enough to take into account issues that

this immigrant population have with use of information, trust, authority, and methods of problem-solving.

The experiences of the Soviet Jews in these areas, affect the development of the various components of engagement: referral, understanding, respect, and confidentiality. Looking at these pieces of process in a different cultural light clearly indicates the need for expanded skills and techniques in the areas of diagnosis and engagement. Although many of these areas of concern are specific to Soviet Jewish immigrants, being alert to issues and obstacles helps a social worker learn the tolerance and flexibility needed to work with a variety of immigrant clients.

Learning tolerance and flexibility refers, not to some negative quality about the clients themselves, but to the personal experience for the worker, of needing to reach out, to educate, to attempt to understand major cultural gaps, to allow differences, and to stay in touch with one's own family history. Developing these qualities is basic to engage immigrant families in casework treatment. As immigrants continue to come to the United States, social workers must share and attempt to conceptualize their experiences with immigrants, to refine diagnostic skills and treatment techniques, in order better to help this population at a time of great vulnerability in their lives.

