

BUKHARAN JEWS AND THEIR ADAPTATION TO THE UNITED STATES

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Since the breakup of the Soviet Union, there has been a mass exodus of Bukharan Jews from the Central Asian republics. These emigres differ greatly from Russian Ashkenazic Jews in their Jewish identity, family structure and size, gender roles, child-rearing practices, expectations placed on their children, and attitudes toward mental health problems and their treatment. All of these differences need to be taken into account when working with this emigre population.

The Bukharan Jews form a distinct, rather large group of emigrants from Uzbekistan and Tadjikistan, former Soviet Republics. They are members of an ancient Jewish community that has been living in the Central Asia literally from time immemorial. They trace their origin from the Jews of Persia and speak Tadjiki, a dialect of Persian. Their ancestors were merchants who settled in cities along the caravan routes connecting the Middle East and China. They traded in silk, cotton, and Persian lamb skins. From the sixteenth century until the Russian Revolution of 1917, this community lived in Bukhara, Khiva, and Samarkand under the protection of the Khan of Bukhara. In the 1930s, it was estimated that the Jewish community numbered about 40,000 (Gurvich, 1993).

DEMOGRAPHIC DATA

Since the dissolution of the Soviet Union when the independent Muslim countries of Uzbekistan and Tadjikistan emerged, there has been a mass exodus of Bukharan Jews. The recent rise of nationalism and of Islamic extremism has been accompanied by increasing anti-Semitism, discrimination at workplaces, beating of Jews, and looting of their property. As a result, according to Bukharans living in New York, there are

only about 3,000 Bukharan Jews still living in central Asia. The emigres have moved primarily to the United States and Israel.

In the United States, Bukharan communities exist in the Greater New York area, Chicago, Los Angeles, Seattle, and Denver. Growing Bukharan communities exist as well in the cities of Texas, Arizona, and Florida. Bukharan Jews have followed the distribution pattern of all immigrants from the former Soviet Union (FSU), gravitating toward large metropolitan areas with significant Jewish population.

The most accurate way to estimate the size of the Bukharan community in the United States is to examine the number of HIAS-assisted arrivals from the former Soviet Republics of Central Asia—Uzbekistan, Tadjikistan, and Turkmenistan. From 1980 to 1988, the number of arrivals was very low—less than 3,000. However, between 1989 and October 1995, more than 19,000 Bukharan Jews have emigrated. Another way to determine the size of the Bukharan community is to examine the proportion of emigres coming from different parts of the FSU. The share of the Central Asian arrivals in the total number of emigres coming to the United States from the FSU increased from 4 to 5% in 1980–89 to 10 to 13% in 1991–95. The present stream

of refugees includes a very diverse group of Bukharan Jews: from professionals from the capital cities of Tashkent and Dushanbe who speak mainly Russian, and are often married to Ashkenazi Jews or even non-Jews to people from small towns and rural areas who speak the local Uzbek language and Tadjiki, are very Muslimized in their culture and customs, and are in blue-collar or sales occupations.

DIFFERENCES BETWEEN BUKHARAN JEWS AND SOVIET EUROPEAN JEWS

Although Bukharan Jews do differ greatly from Soviet European Jews, they share the common qualities of all the Soviet population described by Edgar Goldstein (1984) in his definition of "Homo Sovieticus." The most important shared characteristic is their ambivalent attitude toward authority. They are dependent on government authorities and at the same time mistrustful of them. Life in the bureaucratic system has made them into its efficient manipulators both at home and in their host countries. Bukharan Jews who lived with ancient Asian traditions of favors and bribes also discovered their utility in their new life.

Jewish Identity

In contrast to many emigres from the FSU, Bukharan Jews had the opportunity to develop a *positive* Jewish identity. This community preserved some knowledge and practice of Judaism and continued to celebrate Jewish holidays and life-cycle rituals. Many families remained strictly observant, keeping Shabbat and kashrut. Their rate of intermarriage remained low.

As a result, they find it easier to integrate into the American Jewish community than do other emigres. They often settle among Chasidim and traditional Iranian Jews whose language they understand. Both groups have become a source of assistance and sometimes employment for Bukharan Jews. Settling down in Rego Park and the Forest Hills sections of

Queens, Crown Heights, and Starrett City (Brooklyn), Bukharans open their own synagogues and lead the closely knit community life unknown to the majority of the Russian emigrants in New York, except in the Russian-Ukrainian Jewish community of Brighton Beach and the Georgian Jewish community in Queens.

Family Structure and Family Roles

Bukharan families are usually large, very often with five, six, or seven children, and the three generations are very closely involved with each other. The majority of marriages are still arranged by relatives, and many marry inside the extended families. A traditional Bukharan wedding, still a central event in a person's life, is very costly and festive, with up to 300 to 400 guests attending. Young couples usually live with the in-laws, mainly with the husband's parents.

Female Roles

Before the Revolution, Bukharan men, like their Muslim neighbors, paid money for their brides, and Bukharan women wore veils. Since 1917, bride money and the wearing of veils have been prohibited by law, but the status of women in Bukharan families remains low. Neither education nor the professional status of the women can necessarily provide her with the respect of her family. Except for the most progressive families, Bukharan women always live under the power of men—their father, brothers, and then husband. Verbal and physical abuse of women are frequent and are not seen as something especially cruel or unusual.

A double standard in sex roles is very common in these families. It is much more acceptable for a man to have premarital sex and extramarital affairs, whereas young girls are usually not allowed to date before they marry. Very often parents do not allow them to even attend parties at school or go out with girlfriends for fear of these girls'

possible "loose" behavior. A girl who loses her virginity loses her chances for a good marriage inside her community.

However, a woman's status increases with her age and number of children. An elderly grandmother, a *babulen'ka*, is often a decision maker for her adult children and may control the family wealth. Her daughters-in-law are obliged to obey her, nurse her in sickness, and assist her in housework.

Male Roles

In contrast to men from other regions of the FSU, who played a rather marginal role in their own families because they had been deprived of economic initiative by the state (Geiger, 1968), in the strongly Muslimized Bukharan family the male role retains many patriarchal features. Frequently, the Bukharan man retains the position as the sole or main provider for his family. Even when his wife also works, he still, unlike a Russian-Jewish man, expects obedience from his wife and often holds the strings of the family purse.

Role of Financial Security

In the Bukharan community a person's self-worth is determined often but not always by his or her family's financial security. Traditionally, a well-to-do community of merchants, the poor on the community assistance rolls never constituted more than 1 percent of the population. The majority of the Bukharan community members make occupational choices with the family's financial security in mind. In the Soviet economy of shortages, they traditionally chose occupations that provided access to either consumer goods (retail salespeople, cooks, cafe and canteen managers) or to tips (manicurists, barbers, and cab drivers). After emigration, the Bukharan families involve as many family members as possible, including adolescents, in paid jobs or family businesses. With a heritage of business, they start their own businesses more frequently than Russian Jews. They already

own quite a few furniture stores on lower Broadway and jewelry stores and workshops on 47th street. Their business orientation and skills make for a successful economic adaptation.

Demographic Decisions and Child Care

Although today most Bukharan women work, they, like their Muslim neighbors (and unlike the Russian Jews), continue to value big families as a gift of God. In the FSU, Jews relied on several sources of child care for their large families. Extended families, especially grandparents, were a primary source; using older children as babysitters and the state child care were other means. In contrast to Russian Jews, the Bukharans made extensive use of facilities for children 1 to 3 years old, kindergartens (including those where children sleep over five to six days a week) and state boarding schools, which were known for the poor quality of child care.

Attitude toward Childhood

Like the Russians, Bukharans practice swaddling, and both groups discourage toddlers' exploration of the environment. In the view of some Freudian practitioners this encourages an inclination to passivity, depression, and despair.

Yet, there is a difference in the nurturance of Russian Jewish and Bukharan infants. The former are frequently picked up, pampered, and smothered in affection. In contrast, Bukharan infants are not handled often. In the past (and now only in some rural areas among the least-educated families) infants were kept in rocking cribs with a hole in the bottom for elimination and tied with soft cloth ties as was traditional among all nations of Central Asia. In the view of Anna Freud and Erik Erikson (1963) physical restraint and lack of access to caring adults may instill anger in an infant. Among teachers and clinicians Bukharans are sometimes stereotyped as inclined to quick anger and to verbal and physical aggression.

Typically, less educated Bukharan parents do not expect much from their children in the way of academic and cultural achievements, in contrast to Russian Jewish parents who are often obsessed with good grades and extracurricular activities.

Rather, the Bukharans try to prepare their children for a satisfying family life and for providing the highest possible income for their families. Boys and girls are socialized into distinctly different family roles, and their involvement in the workforce starts very early. For example, a mother of a five-year-old, rather slowly developing girl complained of her laziness—she still could not learn to make her father's bed. Another woman, a mother of a young schizophrenic man, recollected how good he was as a child: at four, he would iron his shirts and shorts before going to bed, and at seven, he would cook soup for his mother who returned from work exhausted.

Both sexes are taught to cook, and at the age of ten or eleven a girl already knows how to bake, clean, and look after her younger siblings. A boy of the same age is already preoccupied with the financial situation of his family, maintaining the pattern traditional for this community.

These preparations for future work and family life often occupy Bukharan children to such a degree that their schoolwork may suffer. American teachers, including Russian-speaking bilingual teachers, observe that these children frequently have difficulties developing the abstract thinking skills necessary for academic success. The boys may feel responsible for the family's financial hardships and may drop out of school to start earning money, an action that is approved by the community.

Hulewat (1981) notes that in Russian Jewish families there is no tolerance for children's aggression toward parents, but it is assumed that in the outside world children, especially boys, can fight. This split is observed among the Bukharan children too. As Bukharan children usually grow up with many siblings and cousins, their friendships develop mainly inside their ex-

tended families, and they are strengthened by family loyalty. Ashkenazi children coming from small families, in teachers' opinion, make friends easier with strangers.

Adolescence

Bukharan adolescence is quite short. Because of the persistence of the traditional society with its distinct established family roles, powerful parental authority, and arranged marriages, a long period of searching for and forming one's identity is unnecessary. The majority of Bukharan youth do not spend a long time preparing for complicated careers. Thus, the concepts of adolescent revolt and of sexual explorations are not embraced by the Bukharan culture. This lack of individuation may also explain why some educated Bukharans, especially women, still act according to traditional roles, remaining submissive wives and daughters.

THE IMPACT OF EMIGRATION ON THE BUKHARAN JEWISH COMMUNITY

To understand the impact of emigration, the conceptual framework of Drachman and Halberstadt (1992) is used. It describes three stages of migration: departure, transit, and resettlement.

Departure

The Bukharan emigrants who have arrived in the United States since 1989 are members of the fourth wave of emigration. They had primarily negative motives for emigration. The dissolution of the Soviet Union and the rise of the independent Muslim states in the Central Asia resulted in national wars, political and economic chaos, and growing anti-Semitism.

Over the past decade in the FSU, many Bukharan Jews have been persecuted at work, their children have been harassed in schools, and Jewish businesses have been set on fire. Well-to-do people preparing for emigration were especially frequent targets of robberies, kidnappings, and blackmail.

Therefore, many Bukharan emigrants were traumatized at the time of departure. They fled Central Asia without any positive motivation other than to join extended family members who had emigrated earlier.

The Bukharan community in Israel and in the United States are similar. Both are large, well-adapted, and with many businessmen and professionals. As Bukharan families often have a large number of siblings, many are split between Israel and different cities in the United States. Most frequently it is the woman who is separated from her parents and siblings as she follows her husband into a country chosen by him. These family separations may result in marital conflicts and secondary migrations, mainly from Israel to the United States.

Transit

In contrast to emigres in the third wave who spent several months in Italy waiting for permission to enter the United States, now emigrants wait for their entrance documents in their own countries. The Bukharan Jews frequently must sell their own homes and move into either rental housing in their own cities or try to relocate to Moscow where they wait for their documents. Such relocations may be quite hard in a country that has always been known for its housing shortage and is now torn by economic decline and political instability. Well-to-do Bukharan families who have already sold their house, car, and belongings often become prey of criminals and experience robberies, beatings, and extortions. In addition, they do not have the benefit of the stay in Italy, which provided their predecessors with their first encounter with the West and a time of family consolidation so necessary for successful emigration.

Resettlement

In the closely knit Bukharan communities both in Israel and in the United States, the newcomers usually find already settled relatives and friends. There are positive and negative aspects of these close ties. On the

one hand, a newcomer can obtain help finding housing and a job and can receive moral support. On the other hand, the community may exercise pressure on the new arrival, imposing its traditional expectations on his behavior. In addition, family secrets are under the threat of disclosure.

Many emigres suffer a loss of status, as they take nonprestigious jobs and no longer enjoy the high income they had in the old country.

Among Bukharan emigrants are many people with business experience, skillful craftsmen, and numerous service sector workers, such as cab drivers, barbers, manicurists, and cooks. However, this group of immigrants is hampered by their poor English-language skills. This is true even for professionals from large cities. In addition, the job skills of many Bukharans who were tailors, salespersons, and hairdressers, especially those from smaller towns and rural communities, are rather low.

Typically, men, particularly those who are poorly educated and in their fifties, have difficulty finding employment. They are often depressed by the loss of their breadwinner's status in the family and the community. Many have difficulty learning English, often drop out of ESL classes, and usually limit their job search to the familiar area populated by Bukharan and Iranian Jews.

Women often are more successful than their spouses in mastering English and finding jobs. However, Bukharan mothers of large families often have no work experience, may have numerous health problems, and frequently are prematurely aged.

CLINICAL PRACTICE ISSUES

Attitude toward Mental Health Problems and Their Treatment

For a Bukharan client it is dangerous to seek help with mental health problems. If this information leaks into the community, the social standing of the family is in jeopardy and the marriageability of the children is in danger too.

As mental illness carries such a stigma, the family usually minimizes serious mental problems: family members with such problems are just characterized as "nervous."

Most of the mentally ill Bukharans are married because the prevailing custom of arranged marriages makes courtship and dating unnecessary. Usually information about mental illness is concealed prior to the wedding. After a first hospitalization the wife may try to negotiate with her parents the possibility of returning home.

Although in our practice, a number of women are married to mentally ill husbands, only once have we seen a woman who dared to leave her mentally ill husband and emigrate to Israel with her son. However, her 8-year-old daughter was influenced by her paternal grandparents and was left as a hostage. The girl's present family role is to make her mother return to her husband. She is parentified in other ways too: she cooks and performs other adult woman's duties. Even after several hospitalizations in this country the husband's parents minimized his symptoms and believed that he could be healed by restoration of his family. This case came to the attention of the JBFCS because the man became physically aggressive toward his daughter during one of his psychotic outbreaks.

However, once Bukharan clients become involved in treatment, they may establish more easily than do Russians a trust relationship with their therapist, as this community traditionally respects helpers, healers, and medical professionals. Yet, working with a Bukharan therapist may evoke very contradictory feelings. On the one hand, this person shares the client's culture and speaks the language. On the other hand, it is frightening to open up to a member of the same community.

Role of Somatization

The Bukharan culture is not a verbal one, and so somatization of psychological discomfort is quite widespread. This is true especially for women who are unable to

openly oppose domineering family members; they frequently complain of headaches and stomachaches. The physical and emotional vulnerability of women is accepted by the Bukharan culture. In fact, it is often the woman's way to attract attention from her family or to moderate conflict.

Clinical Issues Typical for the Initial Stage of Resettlement

When starting to work with a Bukharan client, it is essential to first gather information on his or her motivation to emigrate, what family members are here, where else are family members living, and what was the family's social status in the FSU. All these factors determine the intensity of cultural shock.

The distance between the Bukharan and American way of life is much larger than between Russian Jewish and American culture. Therefore, a necessary part of these clients' treatment is an educational segment. They need to learn about psychotherapy, an unfamiliar method of treatment; about sexual relationships in American society; and to be given some legal information. In particular, the Bukharan clients do not realize that battering of women and children is a criminal act under American law.

Usually, the first presenting problem is concern about separation from members of the extended family who are either staying in Central Asia or already living in Israel. Yet, emigration often serves the purposes of separation from abusive or oppressive family members. For example, Zoya K., a manicurist from Samarkand, confided in her social worker that her primary motive for emigration was to be able to live separately from her mother-in-law, a very critical and demanding woman whom she blamed for setting her husband against her.

Family conflicts, especially between a daughter and mother-in-law, occur frequently. Husbands often side with their mothers or feel torn between their mothers and wives.

Tsipora, age 57, complained to a social worker that her daughter-in-law did not let her see her granddaughter as often as she wanted to and also that the daughter-in-law often hit the child. The daughter-in-law, in turn, who missed her family left in Uzbekistan, accused Tsipora of constantly demanding attention from her son. The latter spent most of his free time with his mother, rather than staying at home and helping his wife with housework.

For male clients a frequent complaint is depression due to the loss of standing in the community and of financial security. Often these men come to this country with a plan to start their own small business, such as a barber shop or shoe repair service, but discover that doing so would require some American experience and knowledge of English.

Feelings of failure and loss frequently are experienced by poorly educated people, especially high-school dropouts, who worked from the age of 15 or 16. They did not expect that learning English was necessary for employment. They often want to go back home, but give up frightened by legal difficulties.

Marital Conflicts

During the initial stage of resettlement, many of our Bukharan clients are seen for marital conflicts, which are often accompanied by verbal and physical abuse by the husband. In the group of battered women from the FSU run by NYANA, over 50 percent of the participants are Bukharan women.

Emigration may ignite marital conflicts by bringing into close proximity the parts of the extended family that had separated long ago. The most frequent situation is the rejection of the wife by her husband's family if she is from a different social stratum, belongs to a different ethnic group, is better educated than her husband, or comes from a different city.

Marat S., an engineer from Tashkent, studied in college in a different republic of the FSU. He married a Russian Christian woman and settled in Alma-Ata (Kirgizia). They had two children. Marat S. has lived away from his family of origin for twelve years. He was a good husband and affectionate father. He felt guilty for such a long separation from his parents. When he joined them in New York, they wanted him to divorce his wife and marry "a proper Bukharan woman." Marat started to distance himself from his wife Zina. She felt that both she and her children were rejected by Marat's family. She became more and more isolated and desperate. Her parents died long ago, she had no friends or relatives here, and after four months she developed suicidal ideation. She was referred by NYANA to the JBFCS on-site psychiatric unit.

Emigration sometimes reveals the existence of a serious extramarital affair or even of a second family, not a very rare occasion in this community. Sometimes the husband wants to restore this side of his life.

Galina Z. came into treatment extremely depressed after she found letters from her husband's mistress. She realized that he had a child in the FSU and that he continued to send parcels and money to this second family. Prior to this episode the husband assured her that this relationship had ended.

Galina wanted to leave her husband, but did not dare to for fear of jeopardizing the marriageability of her daughters as children from a broken family. Yet, she was not able to forgive this betrayal and refused marital therapy suggested by her therapist. She was deeply depressed.

During the initial stage of resettlement—up to one year after arrival—the most frequent mental health conditions among our clients are adjustment disorders and major depressive episodes. Loss of status and of income, disappointment in relatives who have raised hopes for their help, and difficulties with

English are the most frequent precipitating events. Many people suffering from depression come with a long history of health problems, presenting symptoms of chest pains, heart pains and palpitations, liver pains, and the like. In the FSU, they went from doctor to doctor for years. In this country, they continue to seek medical care and have secondary gains from their illnesses: they get more attention and respect from their children and avoid housework and sexual relationships with often unfaithful and disrespectful husbands. In addition, many young women come because of marital problems and spousal abuse.

Treatment Problems in Later Stages of Resettlement

Even after many years in this country, the majority of our Bukharan clients are referred to treatment by hospitals, medical practitioners, and schools. Sometimes they come to the attention of child welfare services because of the possibility of abuse.

Children and Adolescents as Indicated Patients

In contrast to the initial stages of resettlement when adults and their difficulties accounted for about 90 percent of presenting problems, at later stages the problems of Bukharan children and adolescents become much more prominent. A considerable number of Bukharan children exhibit learning and behavioral problems in school, particularly those from large blue-collar families from small Uzbek and Tajik communities. Their parents are frequently poorly educated people, and many have histories of learning difficulties themselves. In large Bukharan families of this type, adults are preoccupied with their jobs and housework; they rarely speak to their children, do not read to them, and do not see education as the most important goal in their children's lives. As a result, many Bukharan children find school studies difficult. Recognizing this problem, one elementary school in

Queens with a large number of Bukharan children established a special tutoring service for them.

Timely recognition, testing, and diagnosis of existing learning and mental problems are essential. However, securing the cooperation of Bukharan parents may be difficult because they may not understand the sources of their children's problems or the available resources.

Educators dealing with Bukharan youngsters often complain about their aggressive behavior with peers. It is useful to remember that all the close relationships of these children, as determined by the Bukharan tradition, are limited to their immediate and extended families. Their best friends are their siblings and cousins, not their classmates or neighbors. They are permitted to play and socialize with these children on some superficial level, but are not encouraged to bring them home or to develop real camaraderie with them. Therefore, educators should try to inculcate cooperation and friendliness and educate their parents to the importance of these values in a democratic society.

Adolescence is the time of life when the clash between the American and Bukharan culture is the most acute. The resettlement process makes the adolescent passage difficult for all former Soviet youngsters, Bukharans included. Parental guidance is weakened because of the parents' preoccupation with family survival and their unfamiliarity with the new society. As Belozersky (1), p. 129, writes, these adolescents

experience the double task of development and adjustment....They begin to test and push the limits of parental authority even further. In turn, parents feel threatened by the increasing independence of their children, especially because all Soviet parents live in mortal fear of their children falling victim to sex and drugs in America. They try to reestablish their authority, but instead often lose their credibility and strain the relationship with their children to the limits.

As a result, acting out and even delinquency are frequent problems among adolescents from the FSU.

The traditional Bukharan culture prepares its young people to follow in the footsteps of their parents. A girl is supposed to get married in her late teens and a young man only a few years later. At that time they have been already prepared for their traditional roles of spouses, parents, and breadwinners. Adherence to these traditional roles precludes the period of searching for one's individual identity and exploration of sex. The traditional Bukharan courtship is quite short, no more than two or three months, for fear that the couple may engage in premarital sex. This culture prepares its young people only for an "all or nothing" mode of relations between sexes.

In American high schools, adolescent Bukharans are exposed to American teenage culture and feel the peer pressure to join it. Their parents are often terrified by adolescent dress styles and the desire to have boyfriends and girlfriends and to learn how to handle sexual relations of different closeness and duration. A young Bukharan wants, on the one hand, to become an American. On the other hand, he or she is terrified of losing the acceptance of their community. This struggle to find a comfortable degree of dependence-independence from the community and their family exacerbates longstanding family conflicts.

As Bukharan families value the Jewish tradition and religious education, they find that sending their children, especially girls, to yeshivahs helps smooth their difficult transition to the adult world.

The adjustment problems are worsened when families are living in neighborhoods beset by drugs, crime, and family dissolution.

Tamara, a 17-year-old high-school student, was an oldest daughter in a working-class Bukharan family. They came to the attention of the child welfare services because her father was beating her for "loose" behavior. He could not stand her use of bright lipstick,

her miniskirts, and her provocative announcements that she will have a boyfriend who will not be a Bukharan and will never beat her as her father beats her mother. She expressed her pity and disdain to her mother who silently tolerated this abuse and just became more and more physically ill.

Nellie, a 15-year-old, called the child welfare services requesting placement into a foster family as her father was beating her for misbehavior. Nellie proclaimed that she lived in a free country where she was entitled to do what she wanted. She befriended an older non-Bukharan girl living alone and having a boyfriend. She started to date a Christian young man.

In both of these families, the parents were horrified by the prospect of their daughters' ruining their chances of finding a good Bukharan husband and destroying their families' position in the community. Despite all their bold proclamations, the girls themselves were frightened by the possibility of becoming outcasts. While rebellious, they felt guilty inflicting this pain on their parents.

We deliberately chose both examples of female rebellious Bukharan adolescents because these situations are typical. In both families rebellious daughters became representatives of their abused mothers, who gave their daughters ambiguous signals as they were both terrified and vicariously enjoying their bold behavior. Correspondingly, treatment had to start with addressing the problem of family violence, which eventually declined in both families.

Ethnicity of the Therapist

The ethnicity of the therapist influences Bukharan clients' engagement in the work of treatment. An English-speaking therapist can be seen by Bukharan adolescents as a representative of the culture they want to join. A woman therapist may be seen by these rebellious girls as a possible role model, a guide to the new life. They see

their parents as too confused by the new reality to play this role with any success.

Adult clients engage easier with a Russian-speaking therapist, who shares a common language with them. They frequently assume that such a therapist not only understands them but shares their values and views on the family life. As a result of this split between the needs of children and adults in therapy, it is very hard to succeed in family therapy with Bukharan clients.

For example, Nellie, mentioned above, attended therapy sessions with an American therapist. Nellie trusted her and spoke openly about her problems. She revealed her pain and confusion regarding her family life, the pain of rejection by her American classmates, and her shame regarding her poor academic performance. Sometimes her older sister would join her. However, work with her parents was impossible as the clinic did not have a translator. The parents were assigned to a Russian-speaking therapist in another clinic. The parents' goal of treatment was that their therapist would side with them in making their daughters into model Bukharan maidens. Instead, they became aware about the role of their marital conflict, the father's alleged infidelities, and spousal abuse in their daughters' acting out.

As the parents were not ready to work on their own conflict, the result of their treatment was limited to ending physical abuse in the house. They also came to realize that their daughters saw their family life as unattractive and wanted some better future for themselves. The parents started to negotiate with their daughters the need to at least avoid rejection by the community's marriage market. Despite all her daring behavior Nellie could not see herself as not belonging to the Bukharan community. Her own treatment was thwarted by her parents' entrance into therapy, after which she dropped out of treatment.

The Role of Family Secrets

Bukharan families often have many secrets

that create additional complications in treatment. Some important information may not be shared with the therapist, thereby distorting the course of treatment of paralyzing it.

A 28-year-old man, Mr. S., was hospitalized in an acute psychotic condition: he heard threatening voices and was constantly preoccupied with talking to them. He was occasionally violent and at times sabotaged his medication. His parents grieved for their young handsome son, expected immediate miraculous results from treatment, and hoped to see Mr. S. completely cured in a short while. His stay in a hospital did not bring any radical improvement, and Mr. S. was discharged into an adult home where he continued his treatment under the JBFC team care. Only after several months of unsuccessful changes of medication did the family reveal that it was not Mr. S.'s first hospitalization; that manic-depressive illness ran in the family, that Mr. S.'s older sister and aunt were ill with it; and that prior to falling ill, Mr. S. had experimented with stimulants because they helped him to stand the long hours his family forced him to work in their vegetable store.

This additional information showed that Mr. S. was chronically ill and the goal of treatment had to be limited to maintenance of Mr. S. out of the hospital. When asked about why they hid these important facts, the parents acknowledged that they thought the doctors would try harder if they did not know Mr. S.'s history and maybe these new doctors were better specialists and would cure him.

Family secrets may create other confusing complications in treatment. In particular, younger people growing up in families with secrets may become confused by ambiguous situations and respond by acting out.

Mazaltov K., age 16, had a Puerto-Rican boyfriend, dressed provocatively, and did not listen to her parents. Her father and older brother became physically abusive toward

her, which led the family into treatment. Mazaltov, among other things, believed that some unusually "bad" behavior was expected from her as she was named after her late grandmother. From her childhood, when Mazaltov misbehaved, it was frequently hinted that she was acting just as could be expected from a girl with this name.

In treatment, the girl's parents confessed to their therapist that old Mazaltov was a mentally unstable woman who killed herself. The custom demanded them to name their daughter in honor of her late grandmother but they felt that this name threw a shadow on their daughter's life. After discussions with the therapist, the parents still avoided disclosure of this secret to Mazaltov.

Sometimes the Bukharan community tries to deal with possible adolescent revolt by speeding up the young people's transition to their traditional adult roles. A girl can be married off at 16 if there is the suspicion that she has started sexual exploration. A boy may be involved in a family business or a job, even if that means dropping out of school.

Yet, the community has shown some flexibility in its adaptation to life in the United States. It is now more acceptable for a girl to attend college because in the United States a family may need two good providers to be well to do, which always is an imperative in the Bukharan community. The recognized importance of higher education results in postponement of the marriage until the girl's education is completed. This is the beginning of the transformation of this community's traditional way of life.

RECOMMENDATIONS FOR TREATMENT

When working with Bukharan clients, treatment should follow these guidelines.

- One should remember that this population is much less psychologically minded than Ashkenazi Jews from the FSU. They are much more guarded and try to

keep much personal information secret because of the fear of disclosure in the community.

- Ethnicity of the social worker is very important. At the initial stages of treatment, it is most important to have a worker who speaks the same language. A social worker from the same community is trusted to understand the client's way of life and values. At the same time the client doubts that confidentiality will be provided at all times and is apprehensive about the leakage of information about personal troubles into the community. Sometimes a social worker from another part of the FSU can elicit the trust gained by sharing a common language and general life experience, but is removed from the Bukharan community. At the later stages of resettlement, an American social worker may have more chances for successful work with young Bukharans looking for a role model.
- Most social workers are women, and it is very damaging for a Bukharan man's ego to reveal his weaknesses and disclose his secrets to a woman.
- Work with Bukharan clients often is limited to one consultation (which is typical for male clients) or short-term crisis intervention, especially in cases of family conflicts as family therapy is often very problematic.
- The frequent problem of family violence demands attention, no matter how brief the treatment. Bukharan battered women look for help, but they are afraid to challenge openly their community's customs.

Any social work professional trying to engage a Bukharan individual or a family has to be extremely aware, considerate, and respectful of the Bukharan culture and tradition. One cannot challenge directly the centuries' old tradition. Such a stand will threaten an individual with total loss of connection with the community. No matter how unhappy a person is in family or marriage he or she

nevertheless cannot picture existence outside the community.

For example, a social worker's suggestion to a battered woman to leave her abusive spouse and go to a shelter may not be an acceptable option, as a divorced or a separated woman living outside the community will make outcasts out of her children. However, Victoria Neznansky, a leader of a battered women's group at NYANA, successfully involved many Bukharan women in this long-term treatment. They constitute about half of the group participants. More prolonged treatment is possible with female clients suffering from depression and adjustment problems. It is also possible with adolescent girls trying to find their own mixture of traditional and American way of life.

CONCLUSION

This is our first attempt to summarize our impressions and clinical experiences in dealing with the Bukharan Jewish population in resettlement agencies and community mental health clinics. It is hoped that this work will be of interest to professionals in education and human services encountering this numerous and interesting Jewish emigre group with its rich heritage and traditions.

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