Clinical Sociology Review

Volume 3 | Issue 1 Article 8

1-1-1985

Clinical Sociology and the Acculturation Specialty

Fred Hoffman
Scientific Analysis Corporation

Clinical Sociology and the Acculturation Specialty

Fred Hoffman
Scientific Analysis Corporation

ABSTRACT

The sudden arrival of 125,000 Cuban refugees created the need for "acculturation specialists" who could ease the transition of these Hispanic refugees, many of whom suffered from mental disabilities or other stigmas. From the perspective of clinical sociology, acculturation should involve "empowerment " Culture brokers will encounter service dilemmas, factors which contravene the humanistic goal of empowerment of members of a psychiatric population. What course is proper when empowerment of a client might subvert program goals? Should concise information on the welfare system be provided to clients who might use it to abscond and establish another pattern of dependency? Should acculturation be directed toward the American mainstream culture, or toward the growing Hispanic culture? When placing a client in the community, should prospective sponsors be informed of every psychosocial problem a client has had, or kept in the dark? What is to be done with the man who has just committed assault and now seems truly sorry? When, if ever, should the collectivity be mobilized to repress undesired behavior?

The acculturation specialty has most of the qualities which distinguish clinical sociology. Emphasis on "empowerment" of clients structures the inevitable jurisdictional conflict with social workers in terms of philosophical opposition or revision of behavior modification.

Acculturation, the process of adapting to another culture, involves the mutual influence of different cultures in close contact. The acculturation specialist has the clinical role of mediating difficult intercultural transitions, helping to bridge the gap between two potentially incompatible culture patterns. The acculturation

Correspondence to: Fred Hoffman, Scientific Analysis Corporation, P O Box 26642, Los Angeles, CA 90026

specialist is thus a culture broker (Weidman, 1975) who interacts with members of two societies which are differentiated by language, history and culture to conduct interventions at the contact point. Acculturation specialists may function as interpreters, teachers, therapists, guides, or in other roles. The activity is not new, but the development of the acculturation specialty in clinical sociology is a recent phenomenon linked to trends in immigration and political events.

The Refugee Experience

The sudden arrival of large numbers of refugees from Vietnam and Cuba created the need for new forms of human services and produced new roles, some of which could be filled by sociologists. The Vietnamese refugees of the 1970s were part of a national elite with the background and advantages of an elite. The 1980 Mariel boatlift brought Cuba's mentally ill and prison population, the "dangerous class," to the United States. The thousands of Cubans who wished to emigrate to the United States for political, economic or family reasons were increased by a nationwide sweep of deviants who were, in effect, deported from their own country. There had been no prior planning on the part of the host country for the sudden immigration of 125,000 foreigners and there certainly had been no preparations to receive an undetermined number of mentally ill and criminal refugees. The newly enacted Refugee Act of 1980, designed to handle problems identified during the Vietnamese refugee crisis, was abandoned. A new temporary status was created: "Cuban/Haitian Entrant (status pending)" (Kennedy, 1981).

Large numbers of these refugees were ill-prepared psychologically, educationally and vocationally for the new environment. Many suffered normal tribulations of the immigrant's experience such as displacement, separation loss and culture shock. Those lacking relatives here or without skills or who suffered from mental illness, a criminal past or other stigmas were unlikely to find a sponsor or to be able to support themselves by legal means. The hospitable reception climate for the passengers of the "freedom flotilla" cooled quickly.

Thousands of unsponsored "Cuban Entrants (status pending)" remained in internment camps for more than a year, while others were held in mental hospitals or a federal prison even longer. There was a need for an appropriate set of institutions for releasing unsponsored refugees from the internment camps as well as nondangerous patients from the mental hospitals. Some of the mental patients appeared to be suffering from no more than depression consequent to migration. Although a few of those still in the internment camp may have had unacknowledged criminal pasts, many others had stigmas of skin color, speech impediments, major health or dental problems and other obstacles to interaction. Others were illiterate, suffered from developmental disabilities, or epilepsy, or schizophrenia, or manic disorders or displayed flamboyant gender disorientation.

They had done nothing to warrant extended imprisonment and this was a problem for the criminal justice system.

The federal agencies whose mission it is to control such problems had to devise ways to release refugees who have no sponsorship when said immigrants are behaviorally, emotionally, and developmentally disabled. What was needed was an alternative to retention in refugee reception centers, and a less restrictive setting than a mental hospital or a prison. New solutions had to be created in sections of the country which had not already received more Cuban refugees than the local economy could assimilate. Some apparently suitable refugees were selected and sent to psychiatric halfway houses in which Spanish-speaking residential treatment programs were hastily constructed. Few of the clients who were sent to these programs had saleable job skills above the level of busboy or janitor, and those with higher skills exhibited attitudinal problems and instability which could render long-term employment problematic. Many believed the United States government owed them a living while some had developed expertise in "learned helplessness," a technique they used to control helping persons.

Cultural Brokerage

Like all refugees, these Cubans needed the services of culture brokers who could assist them with the unfamiliar and sometimes unintelligible demands of American institutions. According to Weidman (1983), "cultural brokerage" is a concept which is applicable "whenever there is need to recognize the existence of separate cultural or subcultural systems and to acknowledge a particular person's role in establishing meaningful, strategic or significant links between them."

The goal of the acculturation specialist is to enhance the refugees' adaptive functioning in the new social environment. The work is practice-oriented, focusing on individual cases. It is diagnostic, change-oriented, humanistic, comprehending of the societal factors which reduce individuals' effectiveness, going beyond the client's formulation of the problem to consider other factors that affect conditioning, based on critical sociological insights and the sociological imagination and leading to behavior change and growth. Thus it involves nearly all the themes which characterize clinical sociology (Freedman, 1982).

Powerless people need to learn about the social institutions which control their environment in order to interact with them successfully. The goals of acculturation are to impart a realistic understanding of the client's position and possibilities in American society. Clinical sociological interventions are "aimed at empowering clients instead of simply adjusting them to the 'realities of life' . . . rather than serve the needs of the 'system,' we attempt to serve the needs of the human beings comprising the social unit or system in question"

(Straus, 1982; 1984:52). This may lead to conflicts with other professionals or other service dilemmas.

Service Dilemmas

Service dilemmas are countervailing factors which place limits on the possibilities of empowerment when providing acculturation to an institutionalized psychiatric population. The client's powerlessness will normally involve lack of control over which modes of treatment will be provided and who will be paid to provide them. Acculturation may thus sometimes involve the "empowerment" of clients by providing them with information, skills or other resources which are useful for obtaining desired services without reference to, or even in opposition to, established service providers. It may also involve withholding information which may facilitate new forms of dependency or access to deviant careers.

What is the proper course when clients' empowerment might undermine the general purpose of the program? For instance, should concise information on the local welfare system be provided to empower clients to abscond from the treatment setting and establish a new pattern of dependency? A related dilemma arose in Los Angeles around the question of whether clients should be shown skid row and the Union Rescue Mission where they could find food and perhaps shelter if they should run away from the residential treatment program. For a time the vehicle which was used to return clients from various outings was intentionally routed through the ugliest slum areas of the central city so the Cubans might compare their relative comfort in the program to the misery of skid row life. When several clients ran away to take up residence in these slums, the route through skid row was changed temporarily. Investigation revealed that most of the residents had learned the intended lesson. A few of those who went to live on skid row managed to thrive in what was for them a familiar setting. Others disappeared completely or were heard from later in Miami. The sociologist decided that knowledge of skid row facilities was not causing clients to run away and the route through skid row was restored.

Service dilemmas come in many varieties. Sometimes the solution is obvious. Should acculturation be directed toward entry into mainstream American culture, or should it be directed toward adaptive functioning in the Hispanic community? Obviously pluralism is the approach indicated, since those Cubans who have the ability to become independent will all be competing with other Hispanics in the job market. Mainstream American society has incorporated the Hispanic worker as a subordinate in the division of labor. Cuban refugees at least have the advantage of legal documentation which permits them to work in the United States.

When client empowerment seems likely to lead to conflict with directives

of the funding agency, services will be provided with care and discretion. Nevertheless, acculturation for empowerment may involve facilitating a client's unauthorized absence or helping a former client who absconded long ago and who has been discharged from the program.

Occasionally the solution of a dilemma may involve ethical problems. When placing refugees in the community, should prospective sponsors be informed of every psychosocial problem a client has had since arrival, or of only some problems, or kept completely in the dark? The issue of confidentiality becomes complex when asking people to accept a refugee into their homes. If past behavior problems are disclosed the client's ability to obtain sponsorship may be impaired, but the broader factor of responsibility to the community must be considered. Although the tendency of clinical sociologists is to be optimistic about their clients' chances of success, potential sponsors should be informed of possible problems.

Responsibility to the community and the client's right to confidentiality mandate reasonable limits, but unreasonable limitations may develop out of concern for program convenience, tinged perhaps with paranoia about community prejudices and norms which are poorly understood. Thus the question of whether gay refugees should be introduced to the Gay Community Services Center raised doubts which led to procrastination. By the time the acculturation specialist decided that it was in the gay clients' best interests to be shown the Service Center it had already become evident that they had long before established the contacts they wanted with the gay community. The issue was the sexual empowerment of homosexual clients and whether it was a good idea to open new outside contacts, even though the clients were very active sexually with other residents in the program. The Gay Community Services Center is in the midst of an area where there is a great deal of male prostitution. It was feared that the clients might become involved in male prostitution. Consultation with social work staff and others failed to resolve the issue. There were always other priorities which seemed more important until two of the clients in question began to exhibit psychiatric symptoms. The culture broker found that the clients knew a lot more about the institutions of the gay community than the broker did.

Upon occasion the culture broker may have to control a dangerous resident, interface with law enforcement or cause a client to be sent to a more restrictive environment. What is to be done with the refugee who has just committed assault and now seems truly sorry? Acculturation to the normative limits prevalent in the dominant culture requires that certain behaviors not be tolerated. Although decisions to close off a client's fate may be painful, decisions to open possibilities or keep them open can be dangerous.

Everyone who lives in the treatment setting may be stigmatized if a resident commits crimes in the community. Should clients be empowered or encouraged to assume responsibility and perhaps some modicum of control over their lives

by controlling a delinquent member? Although empowerment permits growth and behavior change, the culture broker who utilizes mental patients to control other mental patients is running dangerous risks. Using clients to enforce program rules places them in untenable roles and is confusing to all concerned. Coercive roles are particularly susceptible to abuses. The client who assumes a quasi-staff role will be loath to relinquish it and is likely to perform at unexpected and inappropriate moments. Mobilization of clients into coercive roles has nothing to do with their empowerment and undermines the ultimate goals of acculturation.

Sociologists and Social Workers

The tasks of the acculturation specialist parallel in many ways the tasks of the social worker in the residential setting, but there is a fundamental difference. The clinical sociologist whose specialty is acculturation will probably find that the principal therapeutic tool for growth and change is "empowerment," i.e., the provision of information which is useful to help reach the goals and objectives desired by clients. The social worker, on the other hand, is more likely to use behavior therapy and to rely heavily on behavior modification as the treatment indicated for an institutionalized population. Empowerment can be risky and even success usually produces organizational stresses when the client breaks out of dependency. Empowerment would seem to put the worker out of a job, whereas behavior therapy may perpetuate the need for professionals to be in control. Behavior modification may be less effective in preparing clients for independence, but the mistakes are less obvious and affect only clients. Aversive therapy may succeed with some mental patients, but not with most ex-offenders or others who have experienced withdrawal of privileges or punishments surpassing anything available to professionals who subscribe to an ethical code. Mature ex-offenders are sometimes more receptive to manipulation of opportunity structures than they are to withdrawal of money or cigarettes. Breaking up delinquent associations as they are forming and coopting some members with the hope of "a new start" while making examples of the incorrigibles can be more effective than aversive interactions mechanically applied. Behavior modification provides an automatic decision procedure for dealing with rule violators, but sociology yields insights on which to base useful revisions of the behavior modification technique.

The acculturation specialist who seeks to change institutionalized clients with a sociological perspective and a program of empowerment will have to establish cooperative relations with social workers in the setting. Jurisdictional disputes will inevitably arise and are likely to be based on disagreements over whether behavior modification or manipulation of opportunity structures is the most appropriate therapeutic technique in a given situation. Unless care is exercized, this service dilemma could be resolved by the power relations which

determine the outcomes of organizational conflicts, without regard for the client's best interests. Of the many service dilemmas, those touching on the self-interests of helping professionals are the most insidious. The culture broker needs to pay constant attention to the task of empowerment, conceived in the broadest possible terms.

Sociological imagination is rare among social workers. Although jurisdictional disputes usually arise out of practical disagreements over treatment methods, a jealous struggle for turf and control over clients may emerge from the structure of the situation. The culture broker may be confronted by rigid adherence to prescribed procedures based on appeal to the unique value of social work education. Instructing clients in how to gain autonomy may run counter to the professional plans and prejudices of social workers.

The culture broker may propose goals or procedures or facilities to clients only in terms of real possibilities and diagnosed social-psychological needs. Broader factors which may reduce individuals' effectiveness must be considered so the potential exists for positive collaboration between social workers and sociologists. Rivalry between the two professions should remain in the background. Social workers also seek to help their clients learn how they can do something to improve their situation, how they can more effectively change, choose or control their own actions and performances in life.

Acculturation in a halfway house for mentally ill refugees is a constant struggle against dependency. The clients' definition of their situation is a problem which cannot be overcome with social casework methods. Yet the culture broker will spend many hours in meetings with social workers, will be tempted to dress like them, to think like them, and will receive a paycheck from the same place on the same day they get their paychecks. Identification with fellow staff can be a trap for one who is trying to mediate between the two cultures.

Culture brokerage can look like merely "another kind of social work" for indeed many of the tasks involved in "empowerment" could also be performed by social workers. Thus social workers now accompany qualified clients to open bank accounts, a procedure the acculturation specialist initiated. On the other hand, training social workers to do clients' income tax or to teach clients to make out their own income tax for their refunds has been less successful. Only a few social workers have assumed this task. Cultural brokerage, it must be admitted, has also failed to empower any Cuban clients with the skills necessary for successful completion of their income tax forms.

The creation and organizing of an agricultural work furlough program for refugees from rural backgrounds met considerable opposition from social workers whose clients were candidates for work furloughs. This turf conflict was one of several problems which caused this project to abort in its second year. Current explorations of the therapeutic potential of Hispanic Alcoholics Anonymous and the uses of self-help groups for helping individuals break out of dependency is

less likely to encounter turf problems, for AA meetings usually take place in the evenings and most social workers go home at 5:00 p.m.

Guiding Principles

Acculturation involves redefinition of the client's identity from "refugee" to "immigrant" with consequent changes in definitions of the individual's situation, role and objectives. Understanding of the cultural meanings Americans attribute to their actions is an indispensable first step in a process which will only be completed when these refugees or their descendants begin to attribute such "American meanings" to their own behavior.

Every intervention must be evaluated for its potential impact on the client, the program and the community. Acculturation deals with the real world in which people rise and fall. Clinical sociology seeks the social factors which may empower a client to rise. The reality is that many more clients will fall than are able to rise. Overoptimism about the benefits of a program of intervention is a trap, as is overreaction when a client's opportunities have to be closed off. Every intervention will be shaped by the client's limitations. Reasonable care must be exercized so the culture broker does not become an enabler of alcoholism or other problem behavior.

Punishment of client failure is a trap to avoid. Aversive intervention may be used only in the awareness that punishment may reduce problem behavior, but it does not develop adaptive behavior. Furthermore, aversive behavior control may be reinforcing to the controller. It may provide a professionally sanctioned outlet for anger.

The acculturation specialist must collaborate with social workers and avoid conflicts over turf. The sociologist who performs in the role of the social worker will find social work tradecraft and tools very useful. Social workers also use "empowerment" as a therapeutic tool and the sociologist's manipulation of clients' opportunity structures may at times involve aversive consequences. So the differences are in the emphasis on empowerment and the relative deemphasis of aversive consequences. The acculturation specialist is likely to be more reluctant than social workers to empower new forms of dependency. As noted above, information and referral to other social agencies is not automatic. These established forms of intervention can be handled by others. The culture broker should be guided by the sociological imagination in creating new interventions, some of which may later become part of the job descriptions of social workers.

Needed Skills

The sociologist who would function in an acculturation setting must have the ability to communicate with clients and understand their concerns. Sociological

knowledge of ethnic minorities and communities, mental health and illness, labor markets, immigration, criminology and the criminal justice system are directly related to the problems that come up in refugee resettlement. After diagnosing the problems and prospects of the client, skill is needed in devising things clients can do to gain control over their own lives. Also useful is the ability to organize programs in which such power would pass to the client under supportive, controlled conditions. What is needed most is sociological imagination with which to devise social means whereby the clients can increase their power over their own lives.

What is involved is a human phenomenon which does not stand still. All human life is in flux so that an accurate representation of the acculturation specialty must come to grips with the unfolding nature of the reality. For the purpose of the work is changing people.

REFERENCES

Freedman, Jonathan.
1982 "Clinical sociology: what it is and what it isn't," Clinical Sociology Review 1:34-49.

Kennedy, Edward M.
1981 "The Refugee Act of 1980," International Migration Review 15, no. 1-2:141-156.

Straus, Roger A.
1982 "Clinical sociology on the one-to-one level: a social behavioral approach to counseling," Clinical Sociology Review 1:59-74.

Straus, Roger A
1984 "Changing the definition of the situation: toward a theory of sociological intervention," Clinical Sociology Review 2.51-63

Weidman, Hazel H.
1975 "Concepts as strategies for change," Psychiatric Annals 5, no 8:17-19.

Weidman, Hazel H.
1983 "Research, service and training aspects of clinical anthropology. an institutional overview " In Demitri B. Shimkin and Peggy Golde (eds), Clinical Anthropology. A New Approach to American Health Problems? Lanham, MD University Press of America