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Melting Multiculturalism? Legacies of Assimilation Pressures in Human Service Organizations

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This paper examines non-profit human service agency workers' discussions of their work with diverse clients. These conversations are understood within the competing social agendas of multiculturalism and assimilation, and they suggest how service providers may resist or perpetuate the social control of people of color. Findings revealed that people of color were often excluded from providers' notions of American identity. It was common for providers, both whites and people of color, to both wittingly and unwittingly describe pressures to assimilate their clients. Providers disagreed on the merits and consequences of these assimilation pressures, with some seeing harm done to themselves as well as their clients, and others defending the practice as in their clients' best interest. Other providers resisted pressures to assimilate clients into a white Northern European norm by breaking agency rules that were considered culturally insensitive or by engaging in self-reflection and adjustment-making in their own expectations and behaviors instead of changing their clients' ways.

INTRODUCTION

Recently many social institutions have been involved in some form of the "multicultural" movement. This intellectual trend encourages Americans to maintain and value their ethnicity and has arisen in opposition to traditional goals of assimilation toward a common "American" culture (the so-called "melting pot"). Terms

such as diversity, cultural competence, and multiculturalism now infuse the workplace, schools, government, and human service organizations. Questions about how to celebrate diversity and whether or not melting into a common "American" stock is desirable or even possible are being considered. Educational literature, training workshops, and consulting activities are proliferating as increasing numbers of so-called "minorities"—people of color, women, gays and lesbians, and disabled people—become increasingly "visible" in American society. Each institution's success in reaching the goals of multiculturalism has much impact on those who experience racism, sexism, and heterosexism.

One institution that provides a particularly interesting study of current efforts to achieve multiculturalism in the context of "melting pot" traditions is the human service organization. A community agency offering low-cost help for those with a personal or family crisis, these organizations often consist of staff with cultural and economic backgrounds that are different from their clients. Assumptions held by these counselors, teachers, and outreach workers regarding the merits of assimilation versus multiculturalism may impact their beliefs about "appropriate" client goals and behaviors. Much social science research has documented how the use of white middle-class notions of mental health and optimal family functioning may lead service providers to mis-characterize people of color and low income groups as dysfunctional, resistant to change, and without strengths and resources (Hardy, 1990; Ponterotto & Casas, 1991; Sue & Sue, 1990).

The consequences of this type of labeling are not only that people of color are not helped, but the court and other authorities may receive negative reports about clients' lack of "progress." Clearly, the level of assimilation pressure from these providers has social control implications for the clients. Other problems associated with such assimilation pressures include: (1) impaired communication between service providers and clients, (2) low levels of trust and safety reported by clients, and (3) low levels of requests for services among potential clients (McGoldrick, Pearce, & Giordano, 1982; O'Sullivan & Lasso, 1992; Piña, 1998; Sue, Fujino, Hu, Takeuchi, & Zane 1991). In sum, the service provider's activities of diagnosis, creation of treatment goals, and reporting to courts and other government agencies may

encourage (or coerce) non-members of the white middle class to think and behave in particular ways.

It is therefore quite important to discover how human service providers, who are on the front lines of race relations, perceive and understand multiculturalism. The purpose of this research is to learn about how service providers in a non-profit human service agency discuss their work with diverse clients. To what extent does an assimilation imperative inform their diagnosis process and goals for treatment? What do they think clients should be assimilated to? Within these discussions, service providers may define and prescribe racial ideologies and processes. Our specific aim is to examine these constructions of racial categories and relationships, as well as how these constructions mirror or fracture the traditional "melting pot" discourse on assimilation and social control.

Assimilation and White Privilege

The assimilation model of racial and ethnic relations has a long history in social policy in the United States (Berkhofer, 1978; McKee, 1993; Williams et al., 1995). Early assimilation ideas took the form of debates about whether and how to "civilize" American Indians occupying land desired by Protestant, English-speaking immigrants. Assimilation was also discussed among nineteenth-century English-descended Americans debating the qualities of the various immigrant groups entering this country. More recent understandings of assimilation involve the notion that the ultimate goal of members of all minority racial and ethnic groups is full acceptance into U.S. society by the dominant group. This acceptance is said to emerge when these minority persons become more like those in the majority group (Jiobu, 1988; Niemonen, 1993). The purpose of assimilation is to produce a homogeneous American national identity.

Many scholars have argued that the dominance of the assimilation model in social practice has negatively affected families of color (Williams et al. 1995). Historically, programs of assimilation have led to the breaking apart of families not meeting the "minimum specifications" of participation in American society. Much scholarship has documented how cultural and institutional programs of "Americanization" or "Anglo Conformity"

led to the removal of children, the exacerbation of family tensions, and the personal scarring of people within European immigrant, American Indian, and Black families (DuBois, 1961; Early, 1993; Feldstein and Costello, 1974; Tatum, 1987; Trennert, 1988). These authors describe in detail the contradictions and strains created by assimilation pressures.

The movement for "multiculturalism" is one recent perspective emerging from the critique of assimilation. Multiculturalism emphasizes an appreciation of our individual differences based on such categories as race, ethnicity, gender, sexual orientation, and class. As an extension of the cultural pluralism perspective, it posits American society as a "salad bowl" of unblended ingredients. Each racial and ethnic group should preserve their distinctive ethnic identity while remaining loyal to the nation as a whole (Gordon, 1964; Williams et al., 1995). Democratic and equal cooperation among diverse groups of people is described as the goal of a culturally pluralistic society.

While many in the fields of education, business, and human services are striving to value diversity, how to define and achieve multiculturalism have been topics of debate. Several scholars have questioned the common denominator of "American" attached to each group because of assumptions about white Northern-European identity linked to the term. The notion is that assimilation pressures to an Anglo norm still exist. These scholars further argue that the ideologies and policies of multiculturalism tend to replicate the extant social order, allowing the dominant white racial group to hold central power while making a *show* of power-sharing (Asante 1991, Berman 1992, Giroux 1992; Gates 1989). Finally, this critique of the multicultural movement also includes questions about who decides what values and traditions are included in social institutions and policies historically dominated by the English-speaking, Northern-European culture. The question remains, do we really accept and value the beliefs and practices of non-dominant ethnic groups?

The central theme in the assimilation and multiculturalism debates is power. Assimilation programs are criticized for prescribing that people of color should be assimilated into white cultural patterns (Bash, 1979). Also, those advocating assimilation are said not to acknowledge the resistance by some members

of the dominant group to the full inclusion of minority groups. Finally, there is the notion that proponents of the assimilation model are limited by a privileged view of the world that blinds them to the realities of life of the less privileged (Scott 1990, Williams & Sjoberg, 1993). Specifically, there is a tendency to ignore social and structural barriers that prevent people of color from assimilating. One consequence of this blindness is the service goal of duplicating the lifestyle of the privileged, which in effect tramples the dignity of the non-privileged group. Other consequences (already described above) include defining people of color as deviant and/or in need of correction.

The experience of privilege is all the more problematic because it is typically not recognized by those who hold it. Scholars of race in America explain that there is privilege attached to whiteness (Frankenberg 1990, Lipsitz 1995, McIntosh 1990, Roediger 1994). Not only have historical legal and property rights favored whites, but there is also psychological comfort associated with being white. Specifically, one's whiteness typically does not have to be thought about because as the historical "standard" or "measuring stick," whites have not had to experience assimilation pressure or a feeling of being different. The invisibility of whiteness as a racial category contributes to the privilege of identifying as the "normal," "standard" person.

Studies of whiteness in America have also demonstrated the invisibility of privilege. For example, whites who are asked to discuss racism typically do not consider their own privileges as part of the problem (Blauner 1989). In addition, racial injustice is often described as something that can be rectified through changing something outside of themselves, something other than their own whiteness, white privilege, or white racism (Wellman 1973 & 1993). The invisibility of privilege is associated with observation and scrutiny of the so-called "others." Privileged observers can then label those who don't fit in or "make it" as rebels deciding to be different or as people with inherent weaknesses.

Service Providers and Social Control

The persistence of the assimilation discourse combined with the invisibility of white privilege may create a ripe environment for human agency staff to perpetuate the social control of people

of color. It is therefore important to examine the extent to which such service providers may extend or resist these forces. Specifically, the analysis of this research focused on the relationships between discourse, ideology, and power with a specific focus on the social constructions of racial categories and relationships. Three general questions guided our analysis. First, what were the service provider's *constructions of race* in general and whiteness in particular? To what extent was whiteness viewed as a racial category that embodies privilege? Second, to what extent did *assimilation pressures* exist and what forms did these take? What were the providers' responses to assimilation pressures? Third, what *social control implications* for people of color were reflected in providers' accounts of their work at the agency?

METHODS

Research Site

The agency is a non-profit organization in southern California providing prevention, outreach, and treatment programs for children, adolescents, and families in crisis. Services center primarily around the areas of child abuse, domestic violence, and substance abuse. Clients may be court-referred to the agency or voluntarily choose to receive services within various programs. A large proportion of the community served by the agency is Latino.

The agency has a hierarchical structure with four levels. At the lowest level are service providers (counselors, teachers, group leaders, outreach workers) who work directly with clients in various programs. At the next level of the hierarchy are program managers who oversee specific programs and supervise the service providers. Above the managers are program directors, who administer several specific programs within a general area (e.g., child abuse) and supervise the managers. At the highest level in the organization is the executive committee. These administrators manage the operation of the agency as a whole (funding, payroll, hiring, community relations, research and development) and supervise the program directors.

The overwhelming majority of agency workers—across all levels—were white women. Moreover, women of color were more highly concentrated in the lowest levels of the hierarchy. Approximately one-third of the service providers (level 1) were Latinos

working in Spanish-speaking programs. Employees at the level of program manager were also usually white, with three Latinas, one African-American and one Native American in this group. Of the six program directors, all but one (a Latina) were white. The executive committee was made up of eight members, all white except for one Latino who left the agency prior to completion of the study; two were males.

At the time of the study, the agency was in the midst of implementing new strategies for dealing with the cultural disparity between their providers and clients. Two general approaches were used in attempting to meet the needs of the large segment of Spanish-speaking, Latino immigrant clients. First, several programs offered Spanish-speaking components with primarily Latino immigrant service providers. Second, staff were provided with both on-site and off-site training workshops on culturally sensitive practice.

Focus Groups

The goal of this project was to uncover the service providers' experiences, feelings, and beliefs with respect to cultural competency in human service delivery. Focus group interviews were chosen as the data gathering strategy because they provide direct access to the language participants use to organize their experiences (Hughes & DuMont, 1993; Morgan & Krueger, 1993). Focus groups allow for people with some similarity in life or work experience to discuss their opinions in a non-threatening environment. These discussions encourage both knowledge that is shared among the participants as well as the range of different experiences among group members. Because conversations are allowed to become spontaneous, and the comments of one member tend to provoke responses from another, important issues the researcher is not aware of beforehand can come to the surface. Therefore, focus groups are quite appropriate for research that is more exploratory in nature (Basch 1987, Krueger 1988, Morgan 1988).

The following specific agency members participated in the focus groups: non-Spanish-speaking service providers, Spanish-speaking bilingual service providers, and managers. The focus group sizes ranged from six to nine members. We recruited service

providers and managers by presenting the study at each program's staff meeting and asking for volunteers.

English-speaking service providers: One focus group was conducted with non-Spanish speaking service providers. All but one of these workers was white; none were Spanish-speakers. All had Bachelors degrees and all had Latino clients on their caseloads.

Spanish-speaking service providers: Two focus groups were conducted with Spanish-speaking service providers. These staff were primarily Latina (except for one white male), and most were immigrants from Latin America. They were native Spanish speakers (except for the male), and had bachelor degree level educations. They all also spoke English.

Management: One focus group was conducted with a multi-ethnic group of managers who directed programs and provided psychotherapy to clients at the agency. This group consisted of five whites, one Latina, one African-American, and one Native American. There was one male in this group. Most had graduate-level degrees and professional clinical licenses in the mental health field.

Interview Protocol

Each focus group consisted of a 90 to 120 minute audiotaped session with a moderator and a note-taking assistant. Service providers and managers were asked about their visions of cultural competency, experiences and relationships they had with various client groups, and suggestions they had for the agency. They were encouraged to discuss actual examples of what they believed was culturally sensitive or insensitive practice. They were also asked to explain what they felt would create more opportunities for success in meeting the needs of diverse clients, as well as their perceptions of barriers to effective service delivery. The prominent theme of all interviews was how cross-culture and same-culture relationships were working at the agency.

Analysis Strategy

The analysis for this paper is based on data gathered from the four focus groups described above. Close readings of the focus group transcripts were informed by critical discourse analysis (Fairclough, 1993). From this perspective, we examined the

relationship between discourse, ideology, and power with a specific focus on the social constructions of racial categories and relationships. We began our analysis with three general questions. First, we were interested in the providers' constructions of race and whether they viewed whiteness as a racial category that embodies privilege. Second, we were curious about what assimilation pressures existed and the form these took. Third, we wondered about what social control implications for people of color were reflected in providers' accounts of their work at the agency.

RESULTS

The focus group conversations revealed that many of the service providers did tend to replicate the dominant discourses on whiteness and assimilation. People of color were often "otherized" as they were excluded from the American identity. Assimilation pressures were reflected in the providers' examples of how they tried to help their clients. These pressures were also resisted, however, as providers found ways to support the cultural values and practices of clients and to make adjustments within themselves.

Culture and Whiteness. The service provider's discussions about cultural competence revealed a common view that American and white identities were the same. Providers either directly used the terms white and American as synonyms, or indirectly implied the connection through the assumptions they made. The construction of who earns the title "American" appears very straight forward in their discussions.

The following is a brief excerpt of a discussion between the moderator and a Costa Rican immigrant woman:

Moderator: "Thinking about how to approach clients, what would you like to know about your clients that would help you approach them in the most effective way?"

"I would like to know especially about the, um, American, um Caucasian. Um, you know, I would like to know really from the beginning, who is in that home structure? Why they're so open and not afraid of say anything . . ."

This is one case where the respondent exchanges meanings directly. An "American" is a Caucasian in her perception. She expresses some degree of uncertainty in understanding not only the "home structure" but the forwardness with which Americans/Caucasians speak. While they may perplex her, she is sure who "they" as Americans are. In a similar exchange, from a different focus group, an Iranian immigrant woman also directly equates the American identity with a white face:

"To me, being of a different culture, since I'm not American myself, and, um, I let them know . . . But, actually it's much easier for me with Blacks, Mexicans, non-American cultures than with Americans. Somehow they think I went through the same prejudice or discrimination they went through . . ."

Moderator: "And you don't see that with white clients as much?"

"No, of course not. But, I didn't have that much problem with, with white, with American culture that I remember, really . . ."

In this exchange the service provider reveals not only who an American is, but who an American is not. An American is not, in her perception, Black, Mexican, or anybody who is not white. This is a significant declaration considering that there are of course many "Americans" who are not white. She also reveals an understanding that those who are "non-Americans" suffer some form of prejudice or discrimination because of their identity outside of the hegemonic structure. They assume by her presence in America that she must also experience this sense of being outside the dominant identity.

Participants also linked America to a white identity in more subtle ways. The following passage is taken from a Latina's experience at the agency:

" . . . We were walking down the hallway and one of the counselors was walking down and she said, 'Oh, look, that's the counselor that I used to have and we didn't get along, we didn't get along real good.' And I said, which lady? . . . And it was an American woman that's doing the counseling for a Hispanic couple . . ."

The speaker describes the counselor as "American" while pointing out that she is not Latina. To the best of our knowledge, there are Latino/a counselors and white counselors. If the counselor is

describing an American who is not Latina, it reasonable to assume she is describing a white woman. Again, the identities are equated and explained as mutually exclusive identities.

The following passage represents a more subtle construction about an American identity. It involves food that is viewed as un-American:

“. . . But I was still going over there to the shelter and picking the women up or they would call me and they would come here and talk to me. But one of the main complaints was such a thing like the food. I mean they wanted beans, they wanted potatoes, they wanted tortillas and the attitude was, you're in America, you better learn what we eat here and you better like it or lump it. I mean, just that way.”

The excerpt is discussed with an awareness of the unreasonableness of this forced assimilation. The speaker is a Latina who recognizes how the assimilation pressure is enforced though everyday acts like controlling the client's diet. Eating “American” does not equal eating tortillas and beans. American again assumes an Anglicized norm. In lived experience this is not realistic, as there are many “Americans” who live lifestyles that diverge from the Anglo standard.

The following passage demonstrates not only the tendency to assume the American as white, but also reveals assumptions about an “American” notion of class. Because financial resources allow for the privilege of avoiding social service agencies, the pressure to assimilate weighs more heavily on the shoulders of the poor. The following white provider comments.

“I was brought up in mid-America. It was just mid, nothing exciting, just middle America. And, sometimes when there is no food, there is nothing. I, I think of what, what I'd do to get some money. I mean I'd get it. I would get it. I would get it. I just would. I have always been able to do that and I think, 'why can't you get it? Just get it. Take the bottles in. We don't care.' . . . You know, so I . . . I have not experienced that, you know where if I really needed something I couldn't get it. I did what I had to do to get it. You know? So I think, I, I probably a lot of times project some of that to my clients . . .”

This passage goes beyond merely equating “mid-America” to whiteness, to normalcy. It equates that identity with an economic

resourcefulness that the speaker feels is lacking in her clients. The speaker is from "mid-America" (white) and she can "get" what she needs (economic security). If her clients cannot "just get it," it might have something to do with their not being from mid-America. They are not white and not middle class. This ideological maneuver allows the speaker to ignore the privileges of race and class while possibly pathologizing clients whose identities are not "mid-America." The provider views these racial and economic characteristics as personality flaws that could be remedied if only the client were persistent enough. This is representative of a "pull-yourself-up-by-the-bootstraps" mentality that permeates assimilation discourse and ignores structural barriers.

Some of the Latina service providers described the pathologizing effects of the American identity as a painful force that denies them their own sense of self. In the following passage, a Latina provider recalls the pain of when she was being told to act American, she was being told to act white:

"I can tell you my awakening here was pretty bad. And I had a professor at school who told me, you know, you really should change [your] attitude and really should be Americanized. You know? And I had another professor who died and, um, he told me that, he was black, and he told me, you know what they are saying is that you should be more white. You are not really fitting on the white American thing. And it's true, I mean, we have, if we want to be effective here, you know, we have to fit in, we have to give up some of our culture."

This excerpt contains multiple meanings about Americanness and whiteness. The first professor, we can assume, was white. This is a reasonable inference because she describes the other professor specifically as Black. This illustrates a common normalizing of whiteness. If you do not specify the person's race or describe them as a hyphenated-American, then they are assumed to be white. Given the history of Black Americans and the pressure to assimilate, it is not surprising that a black professor was the one to offer this blunt translation for her. He was aware that "Americanized" was being used as a code word for Anglicized. The participant's final comment illustrates that in order to fit in in America, she has to assimilate to this notion of a white identity. Her identity cannot otherwise be comfortably accommodated.

As a result of this pressure to assimilate to a white standard, people of color have developed two selves. Sociologist W.E.B. DuBois, in his discussions of blacks in America, referred to this as "double consciousness." The following passage illustrates how this Latina provider defends her individuality in the face of assimilation pressures:

"But I want to tell you one thing about what you were saying, about, um, um, being, you know, white and that's the only way you will be accepted . . . I have two personalities: one that I am with the white community and one that I am with the Latino community, with myself. I do have two personalities 'cause I know how the white wants me to behave, you know, but this too, I put my flavor in because I am Latina . . ."

Whiteness here is the antagonist. Far from being implied, it is recognized, named, and identified as divisive to this woman's identity. She struggles with how to fit her identity into a society that requires whiteness as a necessity for full membership. This brief passage highlights the dynamics and pain of assimilation in America.

The Charge to Assimilate. The above ideologies about American identity are useful in understanding the ways in which these service providers are expected to assimilate their clients. As discussed above, the notion of assimilation implies that clients must be assimilated *to* something. And that something tends to be a white, Anglo identity. While the agency does not advertise "assimilation" as one of its services, it is required, often through funding constraints, to work with a social service model based on middle-class white constructs. What is important to recognize is that these processes go on at conscious as well as seemingly unconscious levels. Some providers discuss the dilemmas of having to assimilate clients while others are not aware they are assimilating. They see their job primarily as "helpers."

Issues about normative behavior range from the previous discussions of food, to ideas about time, religion, and forms of expression. The service provider's perception of aberrance is very critical to the relationship. What might be culturally normal for the client may be viewed as deviant by the counselor. That behavior would then be targeted for change. This is one way that providers act as agents of assimilation.

The following white service provider provides an example of this process.

“And the most challenging family I ever had to deal with was a very Jewish family . . . She was almost obsessive compulsive about her Jewishness, whatever, you know what I’m saying . . . And she was such a challenge because, what they eat and the things they do and the Sabbath and she was, it was important about the religious background because this governed everything. They set themselves apart from the rest of society . . . Well, she ended up losing her children because her expectations were so unrealistic of her children . . . So, she had all her children removed and they were gone for about a year. And she had to get some extensive help . . . But that Jewish religion was, oh, that was just like a fence, you know what I’m saying?”

What is noteworthy here is that this outreach worker viewed the woman’s “Jewishness” as the source of all her problems and assumed we would understand this obvious “problem.” There are potentially innumerable reasons for familial problems, and one might be frequent perceptions of Judaism as strange. What is important, however, is that this provider felt that if the Jewish religious influence could be diluted, then the family would be better off. Ultimately, this mother had to adjust her religious practices, to the State and agency’s satisfaction, before regaining custody of her children. This is one form of assimilation pressure.

In another example, a self-described Hispanic provider demonstrates that cultural misunderstandings do not only occur between whites and people of color, but also among so-called minority groups. In this quote she expresses her perception of an African-American client.

“Also I have some, um, Afro-American clients. It is true, its hard to get to them and because we’re Hispanic but, they’re so different, too, because they’re, they like to scream and yell and have a, you know, this, they never focus on what you’re saying and if you say a word that they don’t understand, they say, ‘What!’ [raises her voice, imitating someone not understanding what she is saying]. You know? And that’s part of them, they are like that.”

The provider describes Black people as people who like to “scream and yell.” The image of the loud and raucous Black person is a common negative stereotype that has been perpetuated

in the American popular imagination. Again, this image is drawn in contrast to a white, protestant aesthetic that determines “appropriate” forms of expression. This is a clear example of how a member who is not part of a group can extract an expression or action and infuse it with meaning from the group to which they belong. This ability to assign meaning is facilitated by common stereotypes and cultural expectations.

For some providers, there was frustration with those not going along with the assimilation process. The following white service provider’s account of her experience with black clients in her parenting class provides an example of the tension.

“Um, and as I have said, when there’s a black and a white it [differences] seems more pronounced to me. But when, um, the black, um, moms are talking about, ‘I whooped my kids. I always have. I was whooped. That’s how I learned. Ba ba ba . . .’ And it, this will not change. I really believe that. I think maybe it can be modified somewhat but I don’t believe it can be changed . . .”

In this passage, there is a certain type of mimicry that contextualizes the content of her words. On tape, she is overt in her disdain for black clients who “whoop” their kids and clearly put off by her perceptions of their unapologetic nature and their defense of corporal discipline. When she says “And this will not change,” it is not clear whether she is talking about the act of whooping or what she perceives as an attitude of defiance. The assimilation model imbedded within this teacher’s parenting class material probably does not acknowledge how both the forms and motives for discipline are not necessarily the same for black and white parents. For example, the ways that corporal discipline is tied to such issues as safety and advancement in a racist society are not addressed by the assimilation discourse.

The group that seemed most aware of the assimilation dilemma was the group that was comprised primarily of Latino immigrants who worked primarily with Latino immigrant clients. These providers gave several examples of tensions in their roles as “helpers” and agents of assimilation. The following Latina provider discussed her work with victims of domestic violence.

“ . . . a lot of times what they (Latino clients) want is to keep the family together. That’s not our primary goal. And, you know I

think we've all experienced that where they wanted, they wanted communication skills, they want communication workshops, they want us to work with both husband and wife, you know? But we can't work with the males . . ."

The strain she describes is between the Latino cultural and religious emphasis on family togetherness, and the domestic violence treatment model of separating the victim from the abuser.

Another Latina provider explained how pressures to assimilate impacted not only her work of helping clients, but also her identity as a Latino person. Professional ethics of counseling do not allow for "personal" relationships between clinicians and clients. However, friendship (*personalismo*) among people spending much time together is expected in Latino culture. The provider explains:

" . . . in the Latino community, Latino culture . . . they don't understand why I cannot be their friend. You know? And they have a baptism, they have a birthday, they have a shower, they invite me. They want me to go, you know? . . . And, it's so difficult, you know, for me because that is my culture and makes me in two pieces because I want to go, you know, I want to go. I have, I have no problem. . . . But, you know, that is a very difficult thing for me as a Latino person with a Latino client."

So for this provider, assimilation pressure is not only directed at her clients, but there is also a contradiction between her cultural identity as Latina and her professional identity as counselor. But "counselor" is not a role abstracted from cultural patterns. The defining of ethical standards within counseling happened within a particular historical and political context. Specifically, white Anglo-Saxon Protestant cultural practice has informed the legal definitions of counseling in this country.

In the next example, the same provider made direct reference to the white model guiding her work and described how she "does her part" to assimilate her clients.

" . . . I work a lot with my groups, you know, [teaching them] how to do things as a white community. Like a complaint at school. [I teach them] never complain at school, just write it down, because it's very important for the white community to have a paper down. If you just tell them, they don't take it, they don't make any actions.

So I probably am doing my part in, you know, what is good to do with the white community, you know? There's a lot of things that it took me twenty years to do it, to learn."

So even though this provider feels ambivalent about following the rules of her profession, and is quite aware of how these rules compromise her identity, she "does her part" to help her clients by teaching them the ways of Anglo society.

The immigrant providers debated whether they were helping or hurting their clients by teaching them how to be "American." One European immigrant counselor who had herself been through the immigration/assimilation process posed the following question to her colleagues:

"And I think that clients, they also have to understand, you know, what are the rules of this culture. And when I came here, you know, just because I'm blonde, you know, and I don't look Latina, I don't look this or that, you know, but people made me go by the rules of America. So why to be different for different cultures?"

Her Latina immigrant colleague responds:

"See one advantage I guess you have, I will say, is that you're getting an education here in the United States and you're gonna be really part of the, of the system because you know, you're gonna be a professional . . . I think it would be the same thing for me and, and I'm, I'm, I'm cut in half, you know. Como dijo mi amiga, (Like my friend said) **I'm between two lovers, right?** Because, you know, I like my job and respect my job and I want to do the best I can and I have to follow a lot of rules but at the same time, you know, like the culture, just, you know, pull me this way, too, because I love my culture . . ."

Her job, her charge at the agency and her culture are incompatible. They contradict each other. The agency has rules about food, the level of personal interaction between client and provider, and the legality of certain help that all offend the cultural sense not only of the service providers but of their clients. Yet, if they want to keep their jobs and offer some level of ease in the assimilation process, they are required to go along.

Resisting Assimilation Pressures. While many of the agency's service providers and managers felt compelled to go along with the

assimilation process described above, they also grappled with how to resist these pressures to control their clients. Two forms of resistance were found in these discussions. First, African-American and Latina providers directly challenged the assimilation model by arguing for the goal of preserving their clients' "ethnic integrity." They accomplished this goal by covertly supporting the cultural values and practices of their clients. Second, white providers were reflexive about how their own values, identities, and agendas may affect their work.

Maintain Ethnic Integrity: The process of helping clients to maintain their ethnic integrity was presented as an important challenge, especially by people of color. The following African-American manager explains this perspective.

"It's interesting, though, when you become bicultural and you adapt, then you're considered appropriate. However, if you maintain your way, that is inappropriate. And that's what I'm talking about ethnic integrity. That's the part that's really important, you know. So I hear you, you adapt. We're all adapting toward that other culture, the majority of what is expected of us. You know, so I hear, it's important in order to survive, and make it, to do that. You know, but I'm hearing a bridging that's needing to happen."

The "bridging that's needing to happen" refers to members of the dominant culture making adaptations so that those outside the dominant group are not doing 100% of the change, which means losing or compromising their identity.

The following American Indian/Anglo manager provides an example of the consequences of retaining one's ethnic identity within institutions of the dominant culture.

"I had one Comanche gentleman I was working with and he had a job and he had a very good job and his car broke down. And he walked to work and he was four hours late and they fired him. But for him the value of being self-sufficient was a higher value than being on time because he perceived, as the head of his household, it was a weakness to call anybody for assistance. So I think we have to know, and we do have to give them the skills to adapt and to make value judgments, and and I think anytime that we adapt, um, to a different culture, we have to be careful, like you said, because we lose a piece of ourselves and how do you do that in a way that you're still maintaining that integrity? . . ."

In answering this question of how to help clients without forcing them to lose their "ethnic integrity," the service providers and managers went in two completely different directions. The first route essentially involved acting as an agent of assimilation and framing this process as in the client's best interest. The second approach was the complete opposite and involved covertly resisting assimilation pressures in order to follow the cultural values and practices of clients. It is interesting to note that the first answer was spelled out most thoroughly by the program managers whereas the second method was embraced primarily by the Latina immigrant service providers.

In reflecting on their roles as agents of assimilation, the managers and providers focused on the pragmatics of their relationships with clients. They explained that their clients needed to learn a set of "survival skills," or ways of adapting to the "American" society in order to function well. And they as helpers should actively teach their clients how to become "bicultural" in a society that does things a certain way.

The following white psychiatrist explains why he should teach the rules of American institutions to his clients.

"Still, when I'm dealing with a client right now who has to go in before a judge and prove that they can live in a certain way, there's certain expectations they have to be able to, to meet at this point in time. I think it is to their advantage to at least know what the rules are and be able to make a choice about that and be able to have the tools to make that decision. If people can learn that then they have at least a choice of how to, to, [get] their life back in their hands versus just again being bucked around by the systems and sort of forced outside of it."

In this view, clients will be able to "get their life back in their hands" if they know the rules of the system. By teaching the societal rules, this provider sees himself as part of a process of including clients in the social institutions so that they are not "forced outside" of them. The question still remains, though, about how much room there is for clients' diverse cultural values and practices within these systems.

The following program manager explains how it is a dilemma to always "accommodate" the client's culture, or be "user friendly" to those not of the mainstream.

“If we totally accommodate them when we’re not the service provider, what if the next service they need doesn’t accommodate? Do we have an obligation to not only accommodate but then to bridge those people so that they can cope with services that might not be as user friendly in the future? Because we’re not always going to be their service providers”

So in this view, being culturally sensitive may be harmful because clients are expected to have insensitive encounters in the future. It therefore becomes the provider’s “obligation” not to accommodate the clients’ cultural views and practices. As a result, the clients are expected to do the accommodations in any relationship with contrasting cultural expectations.

In this final example, the power dynamics involved in who should do the accommodating are quite clear. A program manager sums up the importance of assimilation in her work.

“So when I take somebody who’s from a different culture that that [American court system] seems foreign to and I teach them how to walk through that system, I’m teaching them to speak the language of that culture and get through that court system so that they don’t lose custody of their children. And so I’m giving them the skills to cope within the culture that they have to deal with. And we have a lot of CPS [children’s protective services] ordered clients. I mean, if they don’t learn to deal with that system, they lose their children. So, for me, that’s what I talk about when I teach a client to be bicultural is how to get what they need and want out of a system that isn’t going to change”

She emphasizes the very real repercussions of not following the rules of the American court and human service systems. Being bicultural is essential in this perspective because the institution “isn’t going to change.” The service provider’s role, then, is to help the client fit into static institutions; the status quo is preserved.

In contrast to the managers’ lack of resistance to assimilation pressures, the Latina immigrant providers displayed an active opposition to the Anglo norms embedded within the agency. They specifically described times when they broke the rules of the agency in order to support both their own and their clients’ cultural values.

In the following example, Latina providers were discussing their dislike of the rule that clients had to sign forms proving that

the counselor came for a home visit. They felt that filling out and signing forms was impersonal, and that clients felt uncomfortable with the process. One provider described how she went against the rule of having a form signed on the first visit.

“ . . . I forgot all about that [having clients sign forms on the first visit] and I didn’t do it on the first visit or the second, until they got to know me and I got to know them. And then you can still do, you can still do what they [agency management] want you to do. ‘Cause I think it’s awful and here, I’m the same way . . . ”

This provider actively went against the rules and filled out the form after she had a relationship with her clients. Even though she eventually did what management wanted, her initial contacts with the clients were on their terms, supporting their cultural values instead of the bureaucratic needs of the agency. The following Latina provider also blatantly broke the rules of the agency by going to a client’s birthday party off of the agency site.

“ . . . you need to follow the rules, and let me tell you, I do follow a lot of rules. But when I see that it’s nothing wrong with, you know, doing things out of my way, I’ll, I’ll do it, you know. Like I went to a birthday party at the park, you know, for one of the ladies [in her support group] and that lady came the next weekend, she was saying ‘It was very important for me.’ Me dijo, fue muy importante.”

This provider prefaces her example by emphasizing the importance of following rules and states that she does follow them. Her choice of what rule to break, however, seems related to the cultural sensibilities both of herself and her Latina client. By going to her client’s party, she supports the Latino value of *personalismo*, a focus on relationships rather than on tasks, instead of the ethical rule of counseling not to be “too personal” with clients. Her client clearly felt validated by the gesture, and assimilation pressures were ignored.

Reflexivity: Resistance to assimilation in the form of reflexivity involved going beyond knowing and finding out who the client is to exploring one’s own side of the client-provider relationship. The provider’s attention is not just upon the “other,” the one who is different from them. But rather, they allow themselves to be the subject of study. In the following example of reflexivity, a white

service provider recognizes how her socioeconomic status and culture are relevant in how her clients perceive her.

"I think the car issue is an important one. To me it is because that's part of my culture. And the fact that I have a car that looks good is part of my culture. And at the same time I respect them for their culture. So by letting them know ahead of time or discussing it [what car she will be driving] ahead of time, letting them kind of get used to the idea, I feel its like putting them on even ground. [I think] "I know about you, here's what I want you to know about me." And they tend to like that I have given them a little information about myself."

Another white provider, describing her work with American Indian clients, discussed the value of making a change in the assumptions she held about time.

"When I decided that that [starting on time] wasn't a priority, that I didn't need to make that an issue and a priority, but it was not disrespectful to me, it was just their way. And so by recognizing that and going with it and figuring, making my own adjustments within myself, then for an hour it worked well. And I knew I had to be done when I said I was going to be done."

This white provider gave an instructive statement about how one's perceptions and biases towards clients are related to one's ethnicity, or culture.

"Because part of how we, I think part of how we perceive them [clients], you know, says a lot about who we are too. So how I perceive a Caucasian family is going to be different probably than how xxx (Latina colleague) does it. How I perceive Hispanic families is going to be different than how xxx (same Latino colleague) does."

All three of these white providers make reference to adjustments they can make in their own behaviors, in contrast to focusing on how to change those different from them. They can recognize and share what is valued in their culture ("a car that looks good is part of my culture), understand that perspectives different from theirs are not necessarily "disrespectful" to them, and appreciate that the way they perceive clients from various groups is a reflection of their own cultural identity. It is perhaps in

the process of being reflexive that a true appreciation of difference can develop.

DISCUSSION

These service providers' conversations about their work with culturally diverse clients revealed that their goals of achieving multiculturalism were being subverted by legacies of assimilation pressures in their work. While agency staff wanted to accept and value their diverse clients, they at times consciously and unconsciously perpetuated assimilationist agendas. It was common for providers, both whites and people of color, to associate the identity "American" with white skin. Moreover, this process was described differently for providers and managers with different life experiences and roles. Latino immigrant service providers, for example, often viewed assimilation pressures as harmful not only to their clients, but also to their own identities as Latinos. Many white managers, on the other hand, defended their practice of assimilating clients as in the client's best interest.

The service providers also described how they resisted the pressures to assimilate clients into a white Northern European norm. The notion of helping clients to maintain their "ethnic integrity" was introduced as an important yet difficult to achieve goal. Many Latino service providers subverted assimilation of their immigrant clients by secretly breaking agency rules that did not match their cultural sensibilities. Some white service providers supplanted assimilation ideas with processes of self-reflection and adjustment-making in their own expectations and behaviors.

Among those who perpetuated assimilation pressures, white privilege was indeed invisible. These providers described clients of various ethnic groups in terms of how they were "different" or how their cultures interfered with successful daily living. They also viewed helping these clients adapt to systems that did not accept their values and practices as a noble goal. Racial injustice as an aspect of these clients' experiences was not challenged, or even examined. In ignoring the problem of racism, these particular providers were implicitly promoting it.

Becoming agents of assimilation seemed to be the path of least resistance for agency staff. Regardless of the particular actions

of providers, whether as benevolent cultural tour guides or as behind-the-scenes cultural supporters, the agency wielded a tremendous amount of power to maintain the status quo. Specifically, providers' work was conceptualized as helping clients to "fit-in" to American institutions. Managers overtly stated this goal. White service providers unselfconsciously supported it. And even the Latina service providers who broke agency rules to support their clients' cultural background acknowledged also assimilating them. The privilege of whiteness as the "norm" or "standard" way of being was indeed maintained by the agency's practice of changing clients of color.

However, even within these institutional pressures to conform, some providers were interested in learning about and supporting cultural differences. Those who spoke of making adjustments within themselves, instead of encouraging clients of color to change, highlighted the possibility of this agency valuing and promoting difference among clients and providers. But the subversion of assimilation cannot be left up to individual providers alone. If the agency's policies and procedures continue to reinforce an assimilation model, then the pathologizing of those who do not reflect a white, middle-class normative identity is likely to be perpetuated.

What then, can agencies do to achieve the goals of multiculturalism? Our findings suggest that change must be considered within the individual providers, the agency structure, and the wider society. At the individual level, providers first need to know what assumptions they hold about who is and who is not an American. Perceptual exclusion of people of color from the American identity clearly contradicts the goals of multiculturalism. Providers should learn about the dynamics of power and privilege attached to their own social locations in our society's race, gender, and class hierarchies. They may then have greater empathy for what it means to be excluded and told to change when one does not represent the standard "American." This empathy can then be translated into agency-wide policies and procedures that are responsive to the diversity of clients requesting services. Clearly this process of building empathy is easier said than done, and institutionalized interventions such as training workshops and supervision meetings are needed to create this level of self-reflection.

At the level of the agency, policies and procedures need to be examined for residuals of assimilation agendas. Specifically, are providers encouraged to follow ethical guidelines written from the perspective of one cultural group? Do agency procedures for such activities as client involvement with paperwork, transfer of clients between providers, and provider-clients interaction outside the agency site feel more comfortable for one type of cultural group than for another? Does the agency allow and encourage (through bilingual forms, flyers, brochures, and signage) clients to speak languages other than English? Are the ideas and perspectives of providers of color incorporated into agency decision-making processes? Answers to these types of questions should demonstrate the degree to which an agency is promoting or hindering the development of multicultural practice.

The examination of assimilation as it relates to social service delivery merely reflects larger trends in society. The case study of this agency is really a microcosm of California's current political and social atmosphere as well as the historical American relationship with assimilation. While an "American" identity is one that is firmly rooted in the philosophy of individualism (the Horatio Alger model), it is simultaneously dependent on conformity to certain characteristics such as race, class, sexual orientation and gender. Individualism of thought, behavior and even cultural practices is permitted only after these criteria are met. While it is important to recognize the positive effects these agencies may play in the lives of their clients, it is also instructive to examine the ways in which harmful historical models of assimilation impact current delivery systems.

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