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- . to inform on contemporary cultures as living realities;
- . to promote research and encounter in full intercultural reciprocity;
- . to explore and raise intercultural questions and issues.

INTERCULTURE reaches anglophone and francophone communities in various parts of the world. It is published in twin editions, one in English, the other in French.

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Introduction

Social work and health care services, in the culturally diverse context of Quebec and Canada, is a much discussed topic at the present time. Like many scholars and practitioners in this field, we, at the Centre Interculturel Monchanin, have been involved in reflection on this question for quite some time. This issue of *INTERCULTURE*, put together by Kalpana Das, Director of C.I.M., is presented with the hope of contributing some seed-thoughts to further our collective reflection.

The contributing authors are all researchers as well as practitioners in the field of cross-cultural social work in Quebec. Moreover, they come from non-majority cultural and racial horizons, and thus represent particular sensitivities to the topic.

The contributions of each of these authors are very rich in content, and the views expressed here are their own.

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THE EDITORS

Redefining Social Policy for a Multicultural, Multiracial Society

by CAROLE P. CHRISTENSEN

An understanding of how social policy relates to social services often eludes even the most astute observers of our social welfare system. Nonetheless, social policy decisions underlie all forms of social welfare and the social services that affect our daily lives. Moreover, because social services are a reflection of social policy, any existing inadequacies in current services can be traced to policy guidelines. Since any meaningful discussion of social policy requires an understanding of the term, the parameters of social policy, for the purposes of this paper, will be

briefly considered.

Social policy commonly refers to decisions and resulting guidelines about the allocation of resources and rights in a society, or one of its systems, that constitute a general framework to direct further decisions and actions in a given area of policy concern (Pierce, 1984). It is the thesis of this paper that social policies in our society are not yet formulated with a multicultural and multi-racial population in mind. Consequently, many of the concerns of segments of the population are poorly

served by government-supported social services, as presently constructed. This paper will consider social policy in Quebec, and the resulting network of institutions, and programs referred to as social services, in historical perspective; identify problems in the formulation and implementation of social policy; and suggest specific methods for rectifying the present situation. Although the discussion refers mainly to the Quebec context, there is much that is equally relevant to other parts of Canada.

SOCIAL POLICY IN HISTORICAL PERSPECTIVE

Historically, the most important influences on the early formulation of social policy were the Catholic Church, and the British poor laws, with the former being especially influential in Quebec (Turner & Turner, 1986). For the present purposes, three aspects of early thinking about social policy are of particular import: 1) the provision of social welfare was considered something that the wealthier classes did for, or to, the socially disadvantaged as an act of charity, rather than a right; 2) a distinction was made between the deserving and the undeserving poor, with the latter being considered the able-bodied individuals who simply did not have the wherewithal or motivation to better their condition; 3) a system of private or voluntary services, dependent on good will and philanthropy, became a cornerstone of the social service structure. Furthermore, the pioneer ethic of a new country, still technologically undeveloped, promised to reward rugged individualists, and fostered the view that people were in need due to personal, rather than societal, failures. Those in need were thus relegated to second-class citizen

status early in our history (J. Turner, 1986, p. 52).

During the first half of this century, as in earlier periods, most social services in Quebec continued to be offered under religious auspices, with the Catholic Church being most influential among francophones, and both Protestant and Catholic Churches serving the English-speaking community. Immigrants to the province had to seek services in one or the other of the two dominant languages, if they were to be served at all, in mainstream private or public agencies and institutions.

By the 1940s, several private initiatives were taken by French-speaking Catholics to attend to some of the needs of new immigrants (Jacob, 1985). Although schools also began to play a role in immigrant adjustment, mainly through the provision of language classes, the Church remained extremely influential. A model of *service social diocésain*, as envisioned by Mgr Charles-Edouard Bourgeois, became the forerunner of mainstream social services developed in major centers in the province between 1949 and 1955 (Perron, 1984, p. 24). These services were designed to attend to the needs of families and neglected children until 1960. Cardinal Léger noted, in 1957, that many immigrants were among the needy in our society. However, it was seemingly overlooked that it would be difficult indeed for the non-French-speaking immigrant to receive help from Church-run organizations; and that those seeking help, whatever their religious background, would also be introduced to the Catholic religion and its attendant values and dogma.

On the English Quebec side, social policies and services were or-

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ganized by Protestant, Catholic and Jewish religious communities in response to specific needs during this century. Until 1973, various agencies were independently administered, and specialized according to function or target population. The forerunner of current anglophone services was the Charity Organization Society (1890), based on that in existence in Britain. Fund raising among descendants of English, Irish, Scottish, and Welsh settlers was coordinated by the 1920s through the Montreal Council of Social Agencies and a Financial Federation. At the same time, these efforts were strengthened by the newly established Canadian Association of Social Workers (late 1920s), the launching of social service departments in hospitals, the Department of Social Services at McGill University (1918), and English Catholic Charities (VMSSC, *Annual Report, 1978-79*, 1984). The Young Men's Hebrew Benevolent Society (1863) was the forerunner of services that attempted to meet basic survival needs and integrate Jewish newcomers into Quebec and Canadian society. Designed initially to operate as an ethnic agency funded by Jewish philanthropies, and based on the Judaic tradition, this agency and those that followed (including the Baron de Hirsch Institute and the Jewish General Hospital) stand as the sole example of an ethnically based organization that succeeded in having the professional status, financial backing, and community support that allow it to be incorporated, eventually, into the public sector (following three years of deliberation as to its ethnic role) at the time of the reorganization of social services in 1971 (Weiss, 1984).

Over the years, agencies in both the French- and English-speaking sectors became increasingly publicly funded, and fund-raising activities

became more centralized. It was unique to the province of Quebec that voluntary agencies served the function of dispensing public assistance funds, a function since transferred to the province.

More Recent Trends

In 1971, the Gastonguay Commission report led to the enactment by the Bourassa government of Bill 65, Chapter 48, "respecting health and social services". Consequently, the six existing non-Jewish, non-Francophone agencies were amalgamated to become the Ville Marie Social Service Centre (VMSSC); the Jewish Family Social Service Centre (formerly the Baron de Hirsch Institute) opened its doors to non-Jewish clientele within its "catchment territory"; and the franco- phone agencies jointly became known as the Centre des Services sociaux du Montréal métropolitain (CSSMM). It is important to note that through this arbitrary measure taken by the provincial government, agencies, some of which had been private and catering to a select clientele for up to 100 years, became part of the public sector. Given this fact, and the lack of concern shown by the Commissioners regarding the accessibility of ethnic and racial minorities to health and social services, it is not surprising that these agencies were found to have difficulty responding to the needs of a pluralistic clientele (Jacob, 1986). In 1972, a group of workers known as the Equipe de service aux immigrants, noted in their report that services were not universally available to ethnic communities, and called for more "reaching out efforts" on the part of the CSSMM. By the time of the creation of the Centre local de services communautaires (CLSCs), beginning in the 1970s, enough attention had been

drawn to language and culture for these factors to be recognized as important in those geographic areas where a large segment of the population was non-French and non-English. CLSCs were envisioned as community health and social services that would, eventually, be province-wide, and able to service the various segments of the population in their natural, local environments. It was feared in some circles that, with the spread of the CLSCs, many services of the VMSSC and CSSMM would become obsolete, as might services provided by some ethnic agencies.

As has been generally been the case in Quebec, the issue of language overrode considerations about accessibility relating to ethnicity and race, and publicly supported efforts turned to ensuring the maintenance of the right to be served in the English language. However, the Prudhomme report (1978) laid the foundation for the creation of a committee that would later call for the implementation of concrete action by the Ministère de la Santé et des Services Sociaux, popularly referred to as the Deschênes Directive. It ordered administrators of institutions to develop policies that would ensure accessibility to social services by minorities. The proposed CSS-CLSC partition (which called for many workers in social service centres to be transferred to CLSCs) was aborted when the most recent Bourassa government was elected.

During the 1980s, a fundamental change took place in the health and social service sector. Factors other than language and culture began to be given serious consideration by a number of governmental and voluntary committees and commissions. The importance of the following was emphasized, suggesting recognition of the

need for structural changes in the social service system: 1) *the employment of people from various ethnic backgrounds in mainstream agencies* (Deschênes Commission, 1982; Comité d'implantation du plan d'action à l'intention des communautés culturelles (CIPACC), 1982 and 1984; Comité de travail sur l'accessibilité des services sociaux aux communautés culturelles, 1984; Groupe de travail du Conseil régional des services sociaux et de santé (CRSSS), 1985); 2) *the representation of members of ethnocultural communities on the boards of various health and social service institutions* (CIPACC, 1982 and 1984; Groupe de travail du CRSSS, 1982 and 1985); 3) *concrete action to allow the dissemination of information to various communities that underuse services* (Groupe de travail du CRSSS, 1985); 4) *evaluation of jumelage programs already in place, to join selected ethnic agencies to mainstream institutions* (Groupe de travail du CRSSS, 1985); 5) *the personnel of mainstream agencies should be able to serve members of the populations within their territories effectively*; 6) *giving budgetary priority to programs favoring accessibility* (Comité de travail sur l'accessibilité des services sociaux aux communautés culturelles, 1985; Conference of the General Directors of the CLSCs of the Montreal Metropolitan Region).

Another fundamental change observed during the 1980s has been the establishment of committees comprised of representatives of various ethnic agencies, acting as pressure groups lobbying for the implementation of policies that will ensure accessibility to health and social services by cultural communities. The Comité de travail sur l'accessibilité des services sociaux aux communautés culturelles (CTASSCC), perhaps the most influ-

ential, was founded in 1984, and involves over 30 non-governmental organizations, serving various communities. This group called for the adaptation of services to make them more attractive and available to minorities.

With the coming of the present Bourassa regime, there has been little evidence of political will to alter systemic factors affecting accessibility to services by ethnocultural communities. Rather, a fairly laissez-faire attitude has prevailed, with the two-tiered system of mainstream and ethnic services remaining in place (Chan, 1987). This system has left ethnic agencies overburdened in terms of service expectations, and competing for funding from existing sources such as Centraide and government sources. Apparently, much of the momentum gained with regard to accessibility by ethnocultural communities was lost with the renewed battle to maintain English social services, amid speculation that they might be phased out, eventually. Thus, when the Parliament of Quebec passed an "Act (Bill 142) to again amend the Act respecting health services and social services", on December 19, 1986, the emphasis was on the maintenance of services in English, with only passing mention to ethnocultural groups in section 1, article 3, which promised to:

"d.1 promote, for the members of the various cultural communities of Quebec, access to health and social services in their own languages"

Nonetheless, the most recent government-supported studies have, once again, called for recognition of the need for systemic change, underscoring the fact that cultural sensitization programs alone will not suffice. It is important to note that

the Sirros Committee (*Les communautés culturelles, les services de santé et les services sociaux : pour une accessibilité multiculturelle*, 1987) calls for: a ministerial level office, that would coordinate the implementation and enforcement of needed structural changes; the assurance that members of cultural communities would be represented on boards; the recognition of systemic discrimination hampering the employment of cultural minorities; mandatory courses that would prepare both workers in agencies and professionals in training to serve ethnic minorities effectively; and the allocation of funding for the support programs required, including relevant research. Most recently, the Rochon Commission (1988) reiterated and recognized similar needs, and advocated for recognition of ethnic organizations in social services, as they are better adjusted to their respective communities, as well as for giving appropriate financial assistance.

The above developments did not, of course, come about in a vacuum. Important events were simultaneously occurring in the wider society, that had a direct effect on the composition of the potential users of health and social services. In 1968, the government of Quebec apparently changed its heretofore negative, or at best ambivalent, attitude toward immigration, with the creation of the Quebec Ministry of Immigration (MIQ), aimed at attracting immigrants that would adapt to the Quebec milieu and enhance the economy of the province. The MIQ took the initiative to attempt to sensitize health and social service agencies, both public and private, to the problems of immigrants (1977-1979) and to initiate jumelage programs (1980) allowing ethnic community representatives to act as interpreters of their cultures to workers at main-

stream institutions. With the quiet revolution and the passage of Bill 101 (1977), efforts were made to push more immigrants toward integrating into the French, rather than the English, milieu. In 1981, the MIQ became the Ministry of Cultural Communities and Immigration. One of its early reports noted the underuse of social services by immigrants, citing differences in cultural values and language problems. Translation of documents by the Ministry of Social Affairs was called for, to inform cultural communities of the existence of various services. In 1982, the government of Quebec promised to mount a program of accessibility and equality, in keeping with the Quebec Charter of Rights and Liberties (*la Charte des droits et libertés de la personne du Québec*); the fact that this program was not in place as of 1985 was noted by the C.I.P.A.C.C. in a memoire to the National Assembly. This memoire noted that health and social services were but one of many areas in which persons from ethnocultural minorities were not yet able to take full advantage of their rights in Quebec. Finally, in May 1985, the articles of the Quebec Charter of Rights and Freedom came into force, authorizing affirmative action programs. A regulation adopted in September 1986 stipulated the requirements for such programs in institutions delivering health and social services, and any other institutions serving the general public. To date, affirmative action programs for minorities have, for the most part, not been implemented.

TOWARDS ESTABLISHING A BASIS FOR SOCIAL POLICY FORMULATION IN A MULTICULTURAL AND MULTIRACIAL CANADA

The developments summarized above, pertaining to both social services in particular and to the wider Quebec society, indicate a growing recognition of the need to reformulate our vision from that of a state which must accommodate two cultures, two languages, but one race, to that of a multicultural and multiracial Quebec, within a multicultural/multiracial Canada.

Many have observed that, to date, persons of ethnic and racial minority backgrounds underuse social services, and are under-represented in those bodies where policy formulation relating to social welfare actually takes place. This is certainly true in the Parliament of the Government of Canada, in the National Assembly of the Province of Quebec, in the city of Montreal administration, and in the various municipalities of the province. Since, as has been established earlier, ethnic and racial minorities have been present in Quebec from the very beginning, and several commissions and various committees have recognized the need to find viable solutions to the present state of affairs, it would appear to be a mystery that so little has come off past efforts. The unravelling of this mystery demands a closer examination of how individual policy-makers, and the social groups that they represent, reach decisions about the needs of ethnic and racial minority communities.

It has been suggested that policy emerges from an interplay of values, knowledge, and experience (Pierce, 1984). For the present purposes, values refer to ideals about what people think the world should be,

or the things viewed as being worthwhile. It could hardly be denied that in Quebec, the values of the dominant groups have been promoted through policy decisions in all aspects of life, including immigration and social services. Knowledge refers to our understanding of the world as we perceive it to be. Modern social science seeks knowledge about people by investigating how they behave, and why. The decisions as to which groups are the subject of research and which questions will be addressed are policy decisions, based on the values of the researchers and funding bodies. In Quebec, well-documented knowledge about the perceptions and experiences of groups other than the two dominant cultures is scant (e.g., most do not recognize beliefs about non-white groups rooted in Black slavery, in Quebec, or a long history of anti-"Oriental" sentiment), so health and social service workers often rely on popular stereotypes in formulating assessments of those viewed as culturally different. The third element involved in the formulation of policy, is experience, which consists of exchanges and interactions with individuals, social groups, and social institutions. All of us, without exception, base our decisions on our experience. However, the manner in which Quebec society is structured enhances the likelihood of social interactions being experienced between some groups, while curtailing interactions between others. In all societies, social class is a factor curtailing interaction among groups; and in Quebec, language divides francophones from anglophones in social services and other vital areas, and is a barrier often preventing others (referred to as "allophones", and in the case of aboriginal peoples, "autochtones") from full access to services.

In Quebec, the groups that have been collectively referred to over the years as "les immigrants", "les ethniques", "les communautés culturelles", "les allophones", and "les minorités visibles", have been considered somehow different and apart from the dominant society. Aboriginal peoples have, likewise, remained apart from the mainstream. Policy-makers are invariably influenced by both societal and personal values regarding these collectivities, the existing knowledge base concerning their characteristics, values and life-styles, and their personal experience on members of these groups.

Thus far, those examining the status of the response of policy-makers to the needs and demands of ethnic and racial minority communities have committed two major blunders: 1) race, as distinct from language and culture, has been overlooked in most analyses; 2) the effect of attitudes and perceptions of the dominant French and English cultures toward different groups, both historically and currently, are seldom given serious consideration. Nonetheless, the various ethnic and racial categories remain stratified in the present social structure, along lines strikingly similar to those suggested by the social Darwinist thought of early French and English settlers; and health and social services remain least accessible to the groups near the bottom of the vertical mosaic. There has now been adequate documentation attesting to the fact that the values, knowledge base, and life experience of the dominant cultures only, have played a role in shaping social and service policies. Moreover, only recently has there been an effort to help designated groups of health and social service workers to become knowledgeable about the ethnic, cultural, and racial mi-

norities that they are often called upon to serve. What is needed is a well-coordinated overall plan of action, that would allow the implementation of procedures to put the suggestions of various organizations, commissions, and committees into effect, within a specified time period. The adoption of a plan similar to that proposed below would go a long way toward redefining social policy for a multicultural and multiracial society.

RECOMMENDATIONS

1. The Sirros Commission's (1987) recommendations, which are based on a thorough examination and synthesis of the work and findings of others who have been concerned with accessibility to services by cultural and racial minorities, should be endorsed and implemented immediately. In particular, there is a critical need for the following:

- a) a high-level, coordinating permanent body, with representation from the various cultural and racial communities, should be appointed to oversee the implementation of the recommendations of the Sirros Commission; costly duplication of uncoordinated efforts should be avoided;
- b) a time-delimited plan of action, with adequate measures for follow-up and sanctions for those agencies and institutions failing to comply, must be formulated;
- c) in cooperation with CEPEPS and universities, programs of recruitment aimed at communities that are now underrepresented in health and social service professions should be instituted, to ensure that a pool of trained persons will, eventually, be available to fill position vacancies;
- d) curricula in various professional schools and faculties should be examined in order to ensure that they are

indeed training professionals to work effectively with a multicultural and multiracial clientele.

2. Mainstream agencies must be made accountable to all segments of the population by ensuring that:

- a) qualified persons from ethnic and racial minority backgrounds are promoted to decision-making positions;
- b) boards are representative of all communities, for the explicit purpose of facilitating needed policy and administration changes.

3. Steps must be taken to ensure that a double standard of services (i.e. mainstream and ethnic) does not become permanently institutionalized, with understaffed, underfunded, ethnic agencies expected to perform, by default, certain tasks that professional workers find unrewarding (e.g., translation, dealing with immigration concerns):

- a) ethnic agencies that have long served their clientele effectively should have a permanent funding base, which allows them to work in conjunction with mainstream agencies, when all parties (i.e. agencies and clients) agree that this is in the best interest of the target population;
- b) differences in the experience and expectations of men and women, as these are affected by the cultures of both dominant and minority group cultures, must be recognized to avoid a situation in which the double disadvantage of minority women is perpetuated.

4. Funds for research to examine the following must be made available:

- a) the unmet needs of ethnic and racial communities, and their effect on individuals and families (e.g., disproportionate numbers of unemployed and underemployed males; immigrant women working in ghettoized, non-

unionized, low-paying jobs; overrepresentation of certain groups in the juvenile justice system);
 b) social problems affecting minorities must differentiate between problems relating to a group's cultural norms and values, and those originating from societal structures, including: immigration and refugee policies, the perpetuation of negative stereotypes, institutional racism against visible minorities;
 c) the effectiveness of various innovative treatment and accessibility models instituted for various communities;
 d) the effect of formal and informal agency policies on personnel from various ethnic and racial communities (e.g., role overload when given large case loads from the group perceived by the dominant cultures to be "their" community or ethnic group; lack of opportunities for promotion to decision-making positions.

CONCLUSION

In a multicultural and multi-racial society, persons from all backgrounds must be involved in all aspects of policy-making that affect the lives of ordinary citizens. As a society, we can no longer tolerate a situation in which we have repeatedly documented the lack of access to basic, publicly-supported services by some communities, while at the same

time professing to be a society adhering to equality, as enshrined in a Charter of Rights. It should be noted that the Charter suggests recognition of both individual and collective rights in sections referring to the legitimacy of the multicultural reality.

Social services are no more prone to discriminatory and insensitive practices than other societal institutions. If Quebec and Canada are to be redefined in recognition of their multicultural and multiracial past and present, all of the society's institutions (e.g., the media and educational institutions at all levels) must be integrally involved, on an ongoing basis.

At the present time, that quarter of the Quebec population comprised of racial and cultural minority taxpayers is, in effect, subsidizing the cost of services enjoyed fully by people from the dominant cultures. The health and social services sectors must move quickly to ensure that we become a society in which, as stated in section I, article 5, Bill on Health and Social Services: "Health services and social services (are truly) granted without discrimination or preference based on the race, colour, sex, religion, language, national extraction, social origin, customs or political convictions of the person applying for them or for members of his family".

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From Expertise to Intervention in a Cross-Cultural Milieu

by EMERSON DOUYON

A well-known lawyer once gave this judicious counsel to the participants at a Colloquium of the Quebec Corporation of Psychologists: "Before you present yourself in court, dress as if you were going to a funeral". This apparently humorous remark conceals a keen knowledge of the courtroom stage. For, there more than anywhere else, your credibility hinges on your looks. This is so, not only for the expert witness, but also for all others who come before the judge.

Let us imagine that this judicial scenario is taking place in an

intercultural context. In such a situation, the complexity of variables is heightened by cultural differences, so that those on trial who manifest that they belong indelibly to a minority group, have all the reasons in the world to be perplexed. In what measure is the whole process influenced by differences which are in every way much more important than apparel?

Since I have been associated professionally for such a long time in a cross-cultural milieu, I would like to take this opportunity to give a critical perspective on some issues

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related to such professional practices. My expertise is primarily limited, in focus, to Haitian culture, at the point of interface between this immigrant culture and other cultures, either compatible or antagonistic.

According to Quebecois practitioners, Haitian youths fall into two groups. On the one hand, there are those that one does not talk about. They are discreet, and succeed in inserting themselves nicely into Quebec society. They move in social circles which are outside the Social Service Centers. I shall not be considering the non-problematic group in this article. On the other hand, there are those who are much talked about. They are a marginal minority whose activities project a negative image on the community to which they belong. Since reports of these abandoned youths are on the increase, some members of the public are becoming alarmed and feel threatened by this new ethnic problem, of which the Haitians are a case in point.

However, the fact is that these young people from another country are not any more deviant than the youth from this country. Since they are black, they don't go unnoticed. And when they get into delinquency, they are doubly visible. The tendency is to see them everywhere and in growing numbers.

First, we would like to take stock of the situation of that youth. Then we shall pursue a more general reflection on professional practice in a cross-cultural milieu within a legal context, but using Haitian clientele as a starting point. The challenge is to reach the young Haitians and their families, and to intervene with the new ethnic clientele.

In our professional practice with this Haitian clientele in diaspora, four sets of problems have been submitted to our expertise:

A) First, certain types of unusual reactions in the Quebecois milieu. Side by side with genuine cases of "possession" with a doubling of personality and the anguish of being persecuted, which is coherent with voodoo symbolism, we have been confronted by manifestations of "cultural camouflage", or of concealment of personal and family problems under the cloak of culture. The client chooses from his culture whatever serves his purpose. He uses certain cultural traits as a screen to hide his own conflicts. Thus, he will fall into a false trance, or pretend that he is obeying some injunction or following the prescriptions of a "loa" (or protective spirit), in order to be able to adopt a certain particular type of behavior or to be able to say no to certain demands from the environment. This sort of voodoo blackmail is sometimes part of the clinical picture as a cultural defense mechanism or a strategy of manipulation under stressful circumstances. Pathologizing what is cultural or ethnicizing personal and family dynamics, such is sometimes the dilemma to be resolved or the risk to be taken.

B) Then we have the problems of family violence. If Haitian paternal or maternal authoritarianism is judged as being excessive or abusive in the context of the new Quebecois society, so is the right to discipline, which very often is delegated to substitute parents such as uncles, aunts, and grandparents. Often it is difficult to assess the limits of their intervention with regard to the rights of minors and the legal norms which are covered by the Youth Protection Act of

Quebec. The Haitians have a reputation for applying corporal discipline to their children. This tendency is softened in Haiti because of the proximity of the extended family and because of the normal recourse to the godfather and the godmother as natural mediators between the child and the parents. The authoritarian temptation is heightened in diaspora because of the accumulated difficulties of migration. These parents, who have always perceived themselves as natural legislators, find themselves disqualified by a state apparatus which they consider unduly intrusive in an area of private jurisdiction.

C) In the third place, we have the cohort of psychosocial misfits who occasionally take up a deviant conduct such as running away and stealing. More recently, there is also a tendency towards a more structured and better organized delinquency: ethnic-based gang activities. At one point, this form of group juvenile criminal activity may have provoked certain fears of the development of an ethnic- and color-based new delinquency. But this ethnicization of delinquency, which is coupled with the stereotype of the dangerous black migrant, is more a product of the imagination than of factual, objective analysis.

D) There is, finally, the problem of the black child's identity in a white context. When a child's security and development are at risk, the parents' abilities are questioned. Thus, many young Haitians are taken away from their parents' care and placed in French Quebecois families. This is the source of the principal point of litigation between the Haitian community, the Social Services and the Law concerning minors in Quebec.

Many Haitian parents, seeing that they are culturally disqualified as natural educators, defend themselves by calling on a certain number of myths: "They are stealing our children"; "They want to make slaves out of them"; "They are looking for fresh skin, for their perversity to feed on"; "They are taking away our reproductive force after having taken away our labor force". This distortion is undoubtedly a survival strategy. They avoid the real problem, which is twofold: the questioning of the traditions and values of a minority cultural community, and the risk of a deep personal alienation on the part of a growing number of minors, who are thus cut off from their reference group.

The Haitian client, in the eyes of the expert, is often quoted as a typical ethnic client who can serve as prototype. Working with this clientele means that the following dimensions should be taken into consideration:

- 1) the real meaning of certain atypical behavior;
- 2) psychodynamics which are difficult to decode, because they refer to unsuspected mythical components;
- 3) an activity of the imagination, which is perceived as dangerous because of its exaggeratedly interpretative orientation;
- 4) an ambiguous expression, both in language and gesture;
- 5) an unclear kinship structure;
- 6) educational practices which are bizarre, coupled with a misplaced lack of trust in others;
- 7) a tradition of authoritarianism which refuses to change.

However, expert practice in a cross-cultural milieu has made it possible to affirm the following: some social workers are reticent to enter into a professional relationship with

such an ethnic clientele, which is considered "difficult". The case files are passed along like a "hot potato", under the pretext that one is not qualified to intervene in such unknown territory full of potential pitfalls.

I can understand the anguish of a native-born Quebecois social worker when faced with a "different client" who has a certain cultural distance in his mind-set. Unless there is some common experience to insure a measure of positive "cultural complicity", the communication runs the risk of reaching an impasse. Any message between two native Quebecois "rings a bell". But is it so between an "ethnic client" and the social worker from the majority group?

Burdened with the double status of immigrant and deviant, focus of a family and cultural problem, the ethnic client can only evoke the image of a "troubling strangeness". Through his new-sounding language and beyond his silent body language, that strange client is inviting us to discover a different world. The relational context refers to a "somewhere else", and to symbols to which we do not always have the keys.

I can also understand the client's anguish when he is faced with the enigmatic figure of the majority-member social worker. Inevitably, he asks questions: How does he perceive me? Will he react to the fact that I am culturally different? Can he understand me from within or will he have to reconstitute me from the outside? Is he able to perceive me with the same empathy that he manifests towards his own reference group? In short, can he help me solve my problem, if, to some extent, I feel that he himself is part of the problem?

From either side, the anguish seems justified. It raises the fundamental problem of what is at stake in the clinical relationship within a cross-cultural context. Is the contact with the host society being relived in that relationship between a social worker from the majority group and the client who comes from a minority cultural community?

In order to respond to such a concern, typical of such a relationship, we propose to look into the following pre-requirements.

One first needs an in-depth knowledge of the norms and values of both societies. These criteria, and the values from which they originate, are not necessarily written down. Even if they are hidden, they are nonetheless compelling.

One, then, must show a certain appreciation of the way the family functions in its cultural environment. The child's welfare, his security and development are not univocal concepts, nor are they ideologically neutral (J. Goldstein, A. Freud, J. A. Solnit, 1978).

In the third place, one must acknowledge the main characteristics of the culture under consideration: each culture is permeated with fundamental traits that are organized around a basic reference point or a fundamental meaning. To differentiate between the normal, the deviant and the pathological in the individual, demands a pre-knowledge of these and a consideration of the cultural perspectives. Thus, to know voodoo and its impact on the formation of Haitian personality, is to hold the key to understanding the perceptions, attitudes and reactions that are specific to the Haitian client in certain circumstances.

The social worker who represents the values of the majority, generally expects his ethnic client to act "like everybody else", that is, in a Quebecois fashion. But there exists an "invisible world" which accompanies that type of client, and which conditions his fantasies, his perceptions and his reactions. To adapt, for him, does not mean that he should renounce his own culture, which constitutes a "hidden dimension" of his personality (E. T. Hall, 1971).

Whether one is dealing with evaluation, expertise, helping relationships, educational process or long-term change, one must always see everything "in context", that is, visualize the question as a figure emerging from a background. One must, in other words, face the problem under investigation, by undergoing a genuine cultural change of mind-sets (V. F. Dinicola, 1985).

Thus, when one wishes to bring about a change in an intercultural context, one must know what is the unique style of intervention in that particular culture, and draw one's inspiration from the logic and rational mode of cultural expression familiar to the client. There must be an agreement or a certain degree of congruence between the culture and the intervention (A. F. Uxoka, 1984).

Traditionally, intervention has been conceived from the point of view of the majority in a Western urban context. It includes the following components: the client from the majority group tends to interiorize his problems under the form of inner psychic conflict. The accent is primarily on the individual and aims at developing his autonomy and personal growth. In order to help him to assert himself and to extricate him-

self from family entanglements, he is invited to introspectively analyze and objectify his problem in a climate of egalitarian communication. In Quebec, it is the client who speaks. His privileged mode of expression is to talk it out. The social worker listens with a benevolent neutrality and never interrupts except to help clarify the internal picture. As he seeks, along with the client, the cause and solution to the problem, he is trying to be "authentic", "transparent", true to his own mind-set and very respectful of the rhythm of personal growth of the other. The ideal in a Western democratic society is non-directiveness, even when it is oriented. This "humanistic" preoccupation, of Rogerian inspiration, has long dominated the help-giving relationship. One does not treat a "patient", one accompanies a "client". One does not solve the present difficulty, but one engages in empathic listening (C. Childland, 1983).

In contrast, the client who comes from a different cultural universe, like the Haitian, and who has lived, before immigrating, in a context of chronic under-development, does not have the same idea of intervention. Far from interiorizing his conflicts and of intellectualizing his problems, he rather has a tendency to somatize them and to use his body as the favorite medium for his emotions (L. J. Kirmayer, 1984).

His difficulties in daily life are not necessarily imputable to him and he is not exclusively responsible for them. That is why he feels justified in implicating his contemporaries, both close and distant, as well as the departed family members and other less defined entities. His search is not of a causal order, but is rather at the level of intentional-

ity. The question that concerns him is not what is the determining factor at work, but where is the message, how to discover and decode it. Or rather, who is seeking to influence me, who is seeking to hurt me, who is "sending" those problems...

From that perspective, the helper who wishes to remain in cultural continuity with the client's roots will quickly adopt a communitarian approach. He will not be surprised if the client never shows up alone but always accompanied with an escort for security. Instead of trying to become an ally of his client against the latter's family, he will rather count on family solidarity and interdependence in order to arrive at a family consensus. One does not liberate the client from family ties, one fixes up the broken links.

In an autocratic society, which is hierarchical and based on authoritarianism and on the leader's charisma, the helper has no choice. His style of intervention reflects his type of society. He is necessarily oriented towards directiveness. The client and his family listen. One of my errors as a westernized helper was

to address myself once to a Haitian woman client who - hidden behind her black glasses - had come to consult me, by inviting her to speak: "What brings you here?" I asked. "You are a psychologist?" she asked. I answered yes. "Well, then, you should know what my problem is" she said. I think back seriously about this now, I understand better that what she was seeking was not a consultation but a divination. The client, whose country of origin, in this case, was Haiti, could have come from another cultural milieu different from the Western context. She was more interested in my inner powers, in an organized and action-structured style of intervention, with little or no talk.

The invitation seems to be to make a reading of the other, through giving value to something other than the client's speech. The fundamental lesson that I draw from my practice in a cross-cultural milieu, is that we must be ready, in a situation where the client is culturally different, to undergo a genuine reversal of our own ethnocentric perspectives (A. J. Marsella, P. B. Pedersen, 1982 ; V. K. Varma, 1984 ; D. W. Sue, 1983 ; V. F. Dinicola, 1985).

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The Homoethnic Social Worker in a Multicultural Context

by CARLO STERLIN

INTRODUCTION

The aim of the present article is threefold:

- 1) To bring out into the open some generally hidden aspects of interethnic dynamics and their implications in the field of health and welfare services, but with specific reference to contemporary Canadian society's proposed multiculturalism.
- 2) To identify the role of the homoethnic social worker (i.e. the one who originates from the same ethnic

group as his client) in that dynamics, by unmasking the ambiguity of his mandate and by proposing a psychosociological analysis of his place on the sociopolitical chessboard.

- 3) To indicate some areas for further research and to attempt to establish some guidelines for the eventual elaboration of new "rules of the game".

In point of fact, the problematic that confronts the homoethnic social worker can be understood only inasmuch as it is situated within its

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sociopolitical context. That is the background that we shall therefore try to broadly outline.

The analysis of the social dynamic that will be proposed here will most likely not correspond to the one which is generally presented in the media, since we deliberately have chosen a perspective which includes the point of view of so-called "ethnic" groups, and precisely of those from the "Third World".

THE INTERETHNIC ENCOUNTER

The new alloethnic Canadian reality has emerged against a backdrop of quarreling between two so-called "founding"* nations or ethnic groups, who are themselves caught in ambiguous hierarchical relationships with their own "mother countries". The demographic profile is well known:

- 60,000 new immigrants per year;
- mostly originating from the "Third World";
- and whose marginality is relatively high.

What is less explicit is the paradoxical character of the latter's presence on the new social chessboard**:

- their strong demographic representation is in striking contrast with their absence at the official political level;

*But where were the Native Peoples?

**We prefer here the word "chessboard". It evokes more dialectical relationships than the expression "ethnic mosaic" which is generally used by politicians.

- their importance with regard to the very foundations of economic production is in striking contrast with their absence from the great control panels of the economic apparatus;
- their presence in the intellectual and cultural life is "marginalized" and "folklorized";
- in the media - which call them "visible" minorities - they are particularly invisible, or when they do become visible, it is only as "problems", particularly at the level of the schools, or health and social services.

That relationship of political dominance takes on another colouring in the Quebec framework: the French-Canadian community lives in the paradoxical situation of both needing to affirm its nationalist identity and, at the same time, experiencing a dramatic incapacity to reproduce itself; thus it is tempted to "import identity" and to put more pressure on alloethnic minorities to assimilate.

Many studies have established the negative impact that such assimilative pressure has on the personal well-being and social vitality of alloethnic minorities (1, 2, 3, 4).

I have proposed to analyze the mechanism of this process of alienation according to the "double-bind" model described for schizophrenic families by the Palo Alto School of Communication. (5) For one can identify four principal factors of the pathogenic scenario:

- 1) the bond of dependency;
- 2) the second injunction (explicit): "At home, you are victim of political oppression and economic misery. Come to this country, with us: you will be happy, for there is plenty

of space here, and a great tradition of freedom";

- 3) the second injunction (implicit): "However, we accept you only if you resemble us and 'reproduce' us" (i.e.: Christian - individualistic - technological - robotized, etc.);
- 4) you are forbidden to metacommunicate: "If you take the liberty to judge us and to protest, you are an ungrateful person and a traitor! You need only go back where you come from".

And so, the alloethnic is involved in a process where, in order to have a place in the host society, he is summoned to empty out what constitutes his substance, to "whitewash himself", to become a "zombie".

I have analyzed elsewhere this adaptation/assimilation process (6), emphasizing a generally concealed dimension of the cross-cultural encounter in a context of dominance: the bio-energetic remodeling of the dominated one. This is an experiential notion that is not easily understood by cultural groups whose technological life-style and Judeo-Christian traditions have cut them off from their living expressive bodies, leaving only their instrumental body, the motoric body of *Homo Faber* who executes, pushes buttons, builds and destroys...

Opposed to this "executive body", there is the sensate body, infinitely rich with senses, and the global body. And also the body of rhythm, gesture, dance and enjoyment.

For the immigrant coming from the "Third World", acculturation to a technological life-style and identification with urban Western man carry with them an impoverishment of the corporal experience. It is all the more dramatic since it is insidious

and unformulated, because it escapes the usual mental categories of the dominant culture.

It is in that perspective that I have maintained the position that, in a context of dominance, the meeting between two cultures is essentially a body encounter where what is principally at stake is the remodeling of the other person's body. (7) And when the dominant culture is a technological one, this remodeling is done on the model of the machine and results in bio-energetic extinction. It is acculturation to a-culture (absence of culture)...

It follows that in periods of high pressure to assimilate, the incidence of marginalization of alloethnics, in the form of failure to adapt, will be higher and will give rise to "presenting symptoms" which the dominant system will identify as "pathologies", in particular mental, psychosomatic or social (academic failure, delinquency, family violence, parasitic marginalization, depression syndrome, atypical psychosomatic problems, trance states, etc.).

The service institutions of the host society will thus be faced with what will then be identified as "the problem of alloethnics", but which - in the systemic perspective suggested in our analysis - is essentially a pathology of the interethnic encounter.

They will then, in all good faith, offer their services to alloethnic communities, only to discover that the latter:

- actively ignore or avoid them;
- when they are confronted with these institutions through choice (school services, manpower) or through coercion (Youth Protection, tribu-

nals, immigration, etc.), the people from these communities perceive them as not adapted to their reality, or as clearly hostile.

And it is in order to overcome such resistance that the service institutions call upon the homoethnic worker, assuming without question that he is more apt to elaborate strategies of approach and outreach with regard to "his community".

THE HOMOETHNIC AGENT

A typical trajectory: Aurélien M., T.S.

Aurélien Mercilus* is a social worker who has been working for the past 10 years at the De Maisonneuve CLSC in Montreal. He comes from a family of Haitian "rejected"*** peasants which has attained a level of relative material comfort, with the help of a community development project by an American Adventist Church. One of his most emotionally charged childhood memories is the strange excitement with which he participated, at the age of 12, in the "anti-superstition campaign" of 1943: the anxious and enjoyable fury with which he alone broke 200 govis*** in the homfors**** of his rural district.

A studious and disciplined student, he built himself an excellent academic record at the Cape's "Collège Français". His parents - who would have liked to see him become a minister - do not doubt for a minute that they must sacrifice a great deal in order to send him out of the country to pursue his studies. Having been recommended by the Mission, he is easily accepted in the department of social work at Montreal University, where, following the curriculum without incident (except for bouts of con-

stipation and cystitis during the exam periods), he gets his Master's. And he has rapidly assimilated the values, language and rituals of the host society, where he is considered very well adapted: "he is black, but he is like us", they say about him.

He therefore experiences - in spite of the habitual discrimination in hiring practices - no difficulty in getting a job at the De Maisonneuve CLSC, where he is given the responsibility for elderly people in an area which is mainly French-Canadian. His clients adore him and he takes good care of them.

Even if his family life is breaking down, and his constipation and cystitis are getting worse, he is as happy as a fish in water at work.

The day comes, however, when he is given a new job with a social agency in Montreal-North which is powerless in confronting a flare-up of "delinquency" on the part of small groups of Haitian students. "You're a Haitian, someone tells him, you will be able to understand them".

*Any resemblance with real persons, author included, is purely fortuitous and accidental.

***"Rejected": an individual who has solemnly committed himself to reject every link with voodoo at the moment of his conversion to Christianity.

***Govi: earthen vessel which is kept in voodoo temples and which serves as receptacle for the soul of ancestors.

****Homfor: voodoo temple.

The fact is that he is not particularly interested in such clientele. But there is more: he will not acknowledge it openly to himself, but he vaguely despises and hates them. He will approach the task without any capability of listening whatsoever. He will do so as a disciplinarian, by enjoining these adolescents to "stop disgracing the Haitians" and to act like "civilized" people. Aurélien will soon discover that he does not understand these clients any better than his French-Canadian colleagues. They don't understand him either: "neg gaa gin le pi blanc passé blanc: li pas comprenn ariyin" (this fellow seems more white than the whites: he really doesn't understand a thing).

This morning, Aurélien is unhappy. He does not understand why, in an explosion of anger, he slapped his 13-year-old son, who left looking as if the whole world had fallen apart, but not without giving a violent kick to the neighbor's cat.

Psycho-Political Complementarity and Hidden Mandate

The analysis we are now going to sketch will indicate that none of the elements of the above illustration is fortuitous. They all answer the implacable logic of a psycho-socio-political dynamic, which assigns to each one a specific role and function on the multicultural chessboard in a context of dominance.

We now have the data that allow us to answer the following two questions:

- why is it that Aurélien has been chosen?
- what is expected of him?

The idea here is to identify the hidden constituents of his "vocation".

It is not through chance that Aurélien enjoys an excellent professional status in the host country's service apparatus: the dominant social order has selected him and values him in the measure in which:

- he is an alloethnic who does not rock the boat;
- he serves as a potential "model" for his homoethnic community and as a mediator to bring about the assimilation process.

For it is in the measure in which he is purged of what can make him different and original, that he will be "recognized" by the host society and that he will climb a few modest echelons of the professional and social apparatus. As a corollary, those of his countrymen who preserve the riches of their roots, will easily be marginalized, will not find employment, and will not be well integrated into the job market, etc.

One must note that the circumstances surrounding the intercultural encounter will already have marked Aurélien in his very country of origin: his alienation is not hereditary but congenital: from birth he is emptied out of his original substance, and his energetic structure is remodeled: from now on, he will be inhabited by the dominant "maître-têtt" of white missionaries.

He will also develop a personality which is essentially of the obessional type, and it will "answer" to a T to the exigencies of the host society: insecurity, devaluation of one's self-image, rejection of one's

roots, dependency towards authority figures, a morbid need for approval, a perversion of the 'aggressive drive' metabolism, etc. In short, he is tailored according to a model, and so continues the psycho-political game of complementarity, whereby the host society's service institutions will favor the alloethnic professional who harmoniously integrates to the majority culture.

And in most cases, the person who harmoniously integrates is precisely the one who was quick to reject his cultural roots due to the psychosocial context in which he was brought up in his country of origin.

Let us underline that this psychosocial process is essentially an unconscious one which "moves" partners that are usually benevolent and well-intentioned (parents, minister, thesis director, service director, etc.). And in the case of Quebec, one can understand the troubled feeling of confusion felt by representatives from the majority group, when they become aware of their alienating position, they who have perceived themselves historically as the representatives of a dominated society. The reality is that they constitute only one link in the hierarchical chain of alienations - where the cat is the next-to-last link.

As long as Aurélien continues evolving in the context of the dominant culture, his basic neurotic needs are being met: he is, so to speak, a happy neurotic. But when he is given the mandate to become responsible for "his" ethnic community, he will live a double confusion:

- a visceral malaise: which comes from having to face a clientele which reveals to him (as in a mirror) dimensions of himself which he

has always denied, devalued and rejected;

- an experience of intellectual and instrumental impotency: to the extent that his training is of the monoethnic majority type, his professional knowledge and abilities are inadequate to the homoethnic reality. Finally, his conformism and lack of creativity will only lead him further into the impasse.

I have analyzed elsewhere (6) the phases gone through by "Auréliens" of all ethnic groups who have to deal with "their" community.

I shall only remind you briefly, here, of the three usual ways out:

- 1) A pure and simple withdrawal from any kind of homoethnic practice.
- 2) The hardening of one's defenses through the "commander type"* of homoethnic practice. And when Aurélien will demand from the adolescents that they repress their vitality and act like "civilized" people, he will not be at all aware that he is simply pursuing the agenda of destroying the "govi". Here, one risks reinforcing the negative view that the minorities hold towards the host society's services, and thus deepening the interethnic chasm.
- 3) The identity crisis depression, which may well, under favorable conditions, open up the possibility of

*During the colonial era, the white colonists would delegate the task of "managing" the African slaves to those slaves who identified with the master and who had a demanding and sadistic behavior towards their own kind: the commander.

- a genuine personal blossoming (through a bio-energetic reconversion and a reintegration of cultural archetypes);
- what I have proposed to call an "interethnic professional maturation".

INTERETHNIC PROFESSIONAL MATURITY

Interethnic professional maturity implies:

- a) an awareness of one's own ethnicity and of what it involves in terms of world view, way of social organization, relationship to the body, to others, to life and to the universe, etc.;
- b) a dynamic assumption of one's ethnicity in interaction with other ethnicities, hence in continual transformation;
- c) a perception of the political background (objective and ideological conditions) that affect ethnic interactions. This implies being able to perceive other peoples' ethnicity, particularly that of the dominant group, which, precisely because of its position of dominance, tends to present itself as some sort of universal "essence";
- d) the capacity to integrate these three elements at the level of one's daily professional practice.

Interethnic professional maturation is not, therefore, simply an intellectual undertaking. It is a global process of the whole person, which oftentimes implies a reconversion of energy, but always an awareness of one's place on the political chessboard. It thus results in the assimilation of a new perspective and a new approach in the field of social intervention, namely, in the capacity to take one's distance from the problems (as defined by the dominant or-

der) in order to elaborate new problematics.

When Aurélien will be asked to elaborate the "final solution" to the "problem" of young delinquents in Montreal-North, his new maturity, his new model of reference will allow him to realize that he is not only facing possibly disturbed adolescents, but mainly a pathology of relationship between the dominant system and a group of marginalized people, and that the dysfunction of these adolescents must also be seen as a "signal" of the system's incompetency.

One will have understood that, among the many models of understanding to which Western thought can have recourse, the enlarged "systemic model" seems to be the most pertinent to the field of intervention in a multiethnic milieu. But those who can risk distancing themselves from the usual monoethnic models elaborated by the dominant system, are opening their own way towards the eventual creation of new models.

Let us note, finally, that professional interethnic maturation is not a necessity only for so-called "ethnic" agents.

Our analysis will have helped to realize how ambiguous and politically charged this expression: "ethnic milieu" really is. The unmasking of that ambiguity allows one to realize that a dominant ethnic group is nonetheless an ethnic group. Thus a "pure wool" social worker who does social work in a French-Canadian milieu, is himself caught up in a unique problematic of homoethnic intervention, which would benefit from being identified as such and analyzed. And such an analysis can only gain from an outside view of it, on the part of the other ethnic

groups, the "alloethnics".

When at the end of his identity crisis, Aurélien will have recovered his axis and his roots, he shall rediscover a new existential way of life rooted in a non-distorted Afro-Haitian tradition, specially:

- an experiential and expressive approach to the body, and not merely an instrumental one;
- a sensitivity to the energy dimensions of life, and a perception of the deep interrelatedness of energy systems (vodun, native Indian traditions, etc.);
- a perception and respect for biological rhythms, and a capacity to harmonize vital energies through practices that Western rationality calls confusedly: "art", "hysteria", "trance", etc.;
- a new equilibrium between "being" and "having", less centered on accumulation and consumption;
- new individual/group relations (in contrast to the terrible solitude of technological societies), including especially the global character of one's exchange with the social network.

At the end of this passage, Aurélien is then mature enough to "intervene" in the strong etymological sense of the word: *inter-vene*, i.e. to become the mediating third element of a polarized dyad, and create the conditions for a genuine dialectical transformation of the system. And one should not underestimate what the dominant system could gain from all this.

As illustration, let us consider the present national debate on abortion, which is focused on the legalistic confrontation between the rights of women versus the rights of the foetus. There is not a single illiterate "ethnic", recently arrived,

who does not feel right through his protoplasm that the real question is not there. The real question is to know what has gone wrong in one's relationship to life when, in a society, women panic at the thought of feeling life budding in their womb. Therefore, it is not just a women's debate. It is not even a society's debate. The issue is that of the relationship a given society has with life, at a particular moment in its history. A society in which women are undoubtedly right in listening to the "wisdom" of their uterus, which instinctively contracts at the very thought of bearing life in a context which is essentially carrying death.

In a general way, one can suppose that the part we do not understand in another culture, oftentimes reveals those "blind zones" in our own culture. What we do not tolerate in another culture has oftentimes something to do with the individual and/or collective repressed side of ourselves. It therefore points to something missing in ourselves and that could be explored to advantage in order to broaden the horizons of our humanness and enrich our capacity for enjoyment.

To redefine new "rules of the game" is not only to acknowledge the alloethnic minorities' right to get their fair place in the labor market. It is also to accept them with their differences and their potential for protest.

But in order to do that, our selection system should not be biased in favor of the "whitewashed", i.e. those whom the acculturation machine has, in one stroke, cut off from their own culture, sterilized their differences and deprived them of all possibility to contest.

Thus, to hire, at the level of Education, Health and Social Services and in services linked to the justice apparatus, homoethnic agents who have not entered into a process of professional maturation, is to hire "commanders" who, in the last analysis, will only accelerate the cycle of violence.

As a corollary, the teaching institutions will have to become aware of their political role of alienation, to do away with their naive pretense at universality and become concerned with becoming truly competent, i.e. adapted to the new ethnic reality.

At this particular demographic moment in the Canadian context, the issue is to know whether there will be room for differences and for the collective elaboration of a new conviviality. (9)

CONCLUSION

One will have understood, throughout this exposé, that there is no recipe-solution to the problem of the inadequacy of services with regard to the new multiethnic reality of Canadian and Quebecois societies.

We have attempted to prove that hiring homoethnic social workers

- while contributing to economic opportunity on the job market - does not constitute, in itself, a solution, and can even aggravate the problem of interethnic relations. The homoethnic social worker who has not grown into a certain interethnic professional maturity compounds the problem and thus constitutes a real social danger. Furthermore, the monoethnic training that is imposed on him in order to "qualify" him, contributes really to his disqualification.

This issue of the inadequacy of knowledge and know-how which is being taught in schools, applies to social workers of all ethnic groups, including those of the dominant ethnic group. Unless these schools adapt to the new social reality, they are today preparing a harvest of incompetent professionals.

A genuine solution will necessarily have to take the road of working out an authentically multiethnic social order. And because of his particular situation on the social chessboard, the so-called "ethnic" social worker is in a very good position to play the role of catalyst in the interethnic meeting, to encourage the complementarity of cultures and to create the climate for the emergence of a new conviviality.

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Social Work and Cultural Pluralism in Quebec: Some Unexplored Issues

by KALPANA DAS

INTRODUCTION

The question of social work and cultural pluralism is under deliberation at the present time and we are far from finding appropriate answers. It is hoped that the issues raised, the perspectives offered and the concerns expressed in this essay can make some legitimate contributions to this deliberation.

Most of these reflections have been inspired by discussions with numerous groups of mainstream social workers in the setting of cross-cultural

tural training programs, and as well as with the members and 'leaders' of various 'ethnocultural communities'. (1)

The first observation is that the question itself can be asked from a variety of vantage points, and the perceptions of the problem will be very different accordingly. For example, the perspective on the matter will be quite different from the points of view of the 'host' society and that of the 'immigrants'; the dominant culture's and the minorities'; the institution's and the client's;

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the administrative efficiency and the welfare of the client; mainstreaming orientation or pluralistic orientation.

Secondly, at present most deliberations are influenced by socio-political ideologies, and they primarily reflect concerns for institutional and professional efficiency of the mainstream social services. When the leaders of some ethnocultural communities do engage themselves in discussion of this question, often it is done in the spirit of vindicating their rights, which creates a context of power struggle. The legitimacy of these efforts is in no way being questioned here. But it is important to recognize the risk of losing our focus on the welfare and the interest of those we are to serve and help!

This essay is an attempt, on the one hand, to understand the clientele in question and place their interests at the center of our deliberation, not at the periphery. And, on the other hand, it is an attempt to bring to light some of the difficulties and obstacles social workers are faced with when working with culturally diverse clientele.

I shall proceed by first giving an overview of issues that have been identified so far in the area of social work and cultural pluralism in Quebec. Secondly, some important issues that remain unexplored will be raised and discussed, along with some of their implications. And thirdly, a more appropriate orientation for future research-action will be proposed.

1. A DISCUSSION ON ISSUES IDENTIFIED: A HISTORICAL OVERVIEW

For more than a decade now, the question of social and health care services vis-à-vis the 'ethnocultural' population has been a topic of discussion. As early as 1972, CSSMM (Centres des Services Sociaux du Montréal Métropolitain) aimed at reaching out to the immigrant populations (Equipe de service aux immigrants, 1972). In 1978, the Ministry of Immigration in Quebec recognized the necessity of considering *cultural values* and *beliefs* in evaluation procedures for immigrant clients (Lamothe and Prudhomme, 1978). In 1981, once again MCCIQ (Ministère des Communautés Culturelles et de l'Immigration du Québec) made an observation to the effect that social services are under-utilized by the various 'ethnocultural' communities (MCCIQ, 1981). Since then, a number of committees at the CSSSRM (Conseil des Services Sociaux et de Santé de la Région du Montréal Métropolitain, 1984-85), as well as a lobby group of some thirty community organizations named the CTASSSCC (Comité de Travail sur l'Accessibilité des Services Sociaux et de Santé aux Communautés Culturelles), have been advocating greater accessibility of services to the 'ethnocultural' communities. (2) Most recently, the reports of the Sirros Committee (1987) and the Rochon Commission (1988) reiterated the need for greater accessibility of established services to this population.

What emerges from these studies and reports is that in the 70's it was felt that the established institutions were not reaching the 'ethnocultural' populations other than those of French, English and Jewish origins. In the 80's there have been efforts to identify the reasons and diagnose the problem. It is generally

believed that the problem is one of accessibility and, consequently, under-utilization of services. Furthermore, it is understood that the accessibility, or rather inaccessibility, is largely due to factors such as *language* and *values*.

Thus, informing this target population about the services offered by the established agencies through the use of 'ethnic' languages, the hiring of 'ethnic' personnel and the election of 'ethnic' members to the administrative boards of various agencies, have been perceived as the solutions to the problem.

More recently, two other factors contributing to under-utilization of services have been identified: the linguistic incompetence and cultural insensitivity of social workers (Lebel, 1986). And for this, training in intercultural communication for the staff and professionals of social and health care services has been proposed as a solution.

In addition, the 'leaders' of various 'ethnocultural' communities and the CTASSSCC have been lobbying for recognition of the linguistic and cultural competence of their respective community organizations and for appropriate financial support. This position reflects in the recommendations of the Sirros Committee as well. The Sirros Committee makes two additional points: first, that "the social service network is badly equipped to serve the diverse cultural communities in spite of the measures taken to improve the representativity of ethnic minorities in health care institutions and on their administrative boards". (3) Secondly, the Sirros Committee recommends establishing a coordinating office to see to the implementation of the policy of accessibility.

In parallel to the work of these committees and commissions, a research committee mandated by the Rochon Commission carried a scientific investigation which was led by Gilles Bibeau of G.I.R.A.M.E. (Groupe Interuniversitaire de Recherche en Anthropologie Médicale et en Ethnopsychiatrie), at the University of Montreal. The report of this investigation points out the necessity of a conceptual and theoretical foundation for a cultural approach to this whole issue, and proposes the combined efforts of public officials and professionals, along with researchers, professors and the ethnic associations and their volunteers. The research committee strongly recommends: a) an interministerial structure to overview the application of policies; b) financial support for research work in the area of ethnic studies; c) appropriate staff and budget support to institutions to realize a policy of linguistic and cultural accessibility; d) that professionals be trained in a cultural approach to socio-medical problems; e) that clinical and social interventions be culturally adapted to the problems presented by the clientele. (4) Although this committee recognizes the collaborative role of ethnic associations, it seems to feel strongly that culturally adapted services should be delivered by the mainstream institutions on the grounds of their professional competence:

"We are particularly concerned about the idea expressed and entertained by some ethnic associations which favors taking charge of some areas of services by *non-professionals* who have the advantage of being members of the same community. We are far from sharing this point of view and we believe that even the service of interpreters should be considered in the context of a more radical

approach of adapting our services to the cultural communities." (5)

The overview I have just offered gives a summarized version of the diagnosis of the problem, some related issues, as well as some proposals for solutions. The relevance and importance of these efforts are in no way questioned. Nonetheless, a deeper reflection on the matter indicates that the picture is incomplete. In all of these discussions we hear, on one hand, the voices of the institutions, the policymakers, the professionals, the academics of the mainstream culture, and, on the other hand, the voices of the lobby groups and 'ethnic' leaders, who claim to represent their respective communities.

Very few efforts have been made so far to seek the views of the clientele. Although an investigation carried out by Carole Christensen on the Chinese community brings into focus certain elements, such as their perception of the mainstream social services (6), there remain many unexplored questions in the realm of the lived experience of both the culturally different clientele and the social workers. In other words, the problematic itself needs to be explored cross-culturally, which means not only from the point of view of the mainstream culture, but also from the cultural perspectives of various communities. It is in light of this concern that, in the following pages, some questions and issues will be raised, which hopefully can contribute to a better understanding of the problematic of social services and cultural pluralism.

2. UNEXPLORED ISSUES

Over and above the issues identified so far, there remains a whole range that are hardly being explored at the level of concepts, ideologies and attitudes, namely:

A. Cultural Difference

Socially speaking, Canadian or Quebec society functions within the framework of a hierarchy rather than an equality of cultures based on recognition of their differences. There is a vertical relationship amongst cultural communities, and that translates, in practice, into a pronounced stratification between the normative dominant culture and the 'others'. Thus, cultural "differences may even be viewed as evidence of backwardness in relation to the dominant culture, rather than as evidence of different belief systems". (7) In the economic arena, most often the 'ethnic' groups become identified with the underprivileged and disadvantaged class of the society. Instead of recognizing the skills, knowledge and expertise, in various spheres of human activity, brought by the 'ethnocultural' groups from their own cultures; instead of recognizing the fact that any individual, when placed in a foreign socio-cultural environment, will be in a position to re-learn things in order to cope with the new environment (8), the immigrant is labelled backward, unskilled, even, in some cases, uneducated and uncivilized. 'Ethnocultural' communities, because of their cultural differences, are viewed as being potential problems, disrupting the functioning of society and its institutions.

And in turn, the 'ethnocultural' population views the dominant culture and its representatives as dominating and oppressive, instead of recognizing them as being different. As a general rule, the dominant culture, being the normative one, is seen as superior by these groups. This gives rise to an attitudinal disposition on the part of 'ethnocultural' populations vis-à-vis the dominant culture and its representatives, characterized by suspicion and mistrust. And this also creates a deep feeling of ambivalence vis-à-vis the former's own culture, or even feelings of inferiority. This attitude varies in form from one group to another. The historical experiences of different communities in Canada or Quebec have contributed to the formation of certain attitudes which often prove to be insurmountable barriers to the establishment of a relationship of trust. For example, for the Native Peoples, the experience of being dispossessed of their lands and traditions; for the Blacks, the trauma of being displaced from their ancestral lands, then enslaved and subjected to exploitation as well as being considered to be inferior human beings; for the Asians, the history of discriminatory immigration laws and restricted social mobility, etc.

Implications

This mutual attitudinal disposition between the dominant culture and the 'others' obviously affects intergroup relationships as well as relationships between social and health care services and the 'ethnocultural' populations. Cultural differences have proven to be a source of malaise which often gives rise to particular psychosocial behaviors. For instance, one typical reaction among social and health care workers translates as the

following: "Why can't they all be Canadians or Quebecois? Then things would be much simpler." And on the part of many people in 'ethnocultural' communities, a kind of self-denying behavior is frequent, whereby they shy away from acknowledging or demonstrating their differences.

B. Cultural Distance

There are many prevailing misconceptions about 'ethnocultural' communities as being a homogeneous social category. These misconceptions hinder seriously our understanding of the kind of distance or proximity (social, political or attitudinal) that exists between cultures in interaction. This distance or proximity is a very important issue in cross-cultural communications and relations, and is relevant to our present discussion. The concept of cultural distance is used here to indicate the distance or proximity that may exist between cultures in interaction. It is stipulated in this concept that there is no standard type of interaction between cultural groups.

Let us examine some of the prevailing misconceptions I have just alluded to.

The first misconception arises from the use of the term 'ethnic group' to identify any cultural group other than the majority. This categorization of minorities has led to the common fallacy that minorities alone are ethnic groups, which presupposes that the majority is not. In actual fact, the term ethnic group refers to a basic sense of group identity, and of belonging to a group based on "primordial affinities and attachments" (Harold R. Isaacs, 75). (9) In this sense, every group, big or small,

majority or minority, is an ethnic group where the members of the group share a common heritage. This perception of social realities in terms of group identification seems to eradicate the cultural essence of the majority group and ascribes a normative role to it. Consequently, it introduces a verticality or a center/periphery framework of social rapport among culturally diverse communities.

The second misconception relates to the term 'cultural communities' currently in use in Quebec. The above remarks concerning the usage of the term 'ethnic group' also apply to the term 'cultural communities', particularly in relationship to its sociopolitical dynamics. By using the term 'cultural communities' to designate all communities other than the majority, an essentially 'culturalist' and apolitical role has been accorded to the minorities (D. Gay, 1985).

However, the issue is more complex, since the majority accords itself a cultural role as well. Furthermore, this cultural role is seen as a normative one. This is because of the movement towards affirmation of national-cultural identity by the francophone majority in Quebec. In order to affirm the cultural identity of the majority, there is a strong tendency to promote French culture as the normative culture for all. This is illustrated very clearly in the ideology of the "foyer de convergence".

The third misconception derives from other terminologies such as 'immigrants', 'minorities' and 'allophones', where all different groups are lumped into a single social category. This leads one to believe that the 'immigrants', 'minorities' or 'allophones' are one category of people

and are defined in reference to the majority. In actual fact, although the various groups share the experience of immigration, they are very different from one another, often radically so, in their culture and experience of life.

Besides the culture of origin, race is another important distinguishing factor. This issue will be further discussed later on in this essay.

It is frequently observed that cultural understanding between French Quebecers and Italians is much easier than, for example, between French Quebecers and Haitians or between Italians and Vietnamese. Why is this so? Although the French Quebecers and the Italians possess two distinct ethnic identities, they are two tributaries of Western civilization; they commonly share a Western worldview and are part of the white race. Both are sub-cultures within the broader spectrum of Western culture. But both the Haitians and the Vietnamese are of racial and civilizational origins which are radically different from Western culture. Thus, the cultural distance between French Quebecers and Italians cannot be the same as the distance between French Quebecers and Haitians or Vietnamese.

Implications

The importance of cultural distance and its implications in terms of intergroup relations at the individual, communal, social, political and institutional levels, cannot be ignored. Concretely speaking, in the context of social and health care services, just to mention a few examples, it may help to understand the attitudinal dispositions of both the workers

and the clients toward each other; this can provide clues to decode each other's psychosocial behavior; it could explain the reasons for variations that exist in the utilization of the institutional services by various cultural groups.

C. Cultural Identity

Cultural identity is a very complex notion. It is at the heart of any cross-cultural interaction and has direct relevance to the question of social and health care services vis-à-vis culturally different clients. Hence, the issue of cultural identity requires our serious consideration, and will be discussed in the following manner:

- 1) notions of culture and cultural identity;
- 2) some characteristics of cultural identity;
- 3) factors affecting the identity of immigrants;
- 4) social workers' identity;
- 5) some implications.

1. Notions of Culture and Cultural Identity

The concept of culture has been variously defined by academicians, and is understood in many different ways by the public in general. It evokes diverse images. Some simply see it as the static, unchangeable characteristics of a given group or society. It may also provoke apprehension for many people, depending on their ideological orientations. To those who are the promoters of modernity as the normative human culture, talking about cultures is a total waste of time. It is even seen as an obstacle, if not a threat, to the universalization of modernity. And then

there are those who see modernization as a threat to the survival of cultures and cultural communities across the globe, and even the survival of the planet.

Clearly, there is much controversy about the meaning of the word culture and its applications. And yet, at the level of day-to-day living, it is a dynamic part of life which no one escapes, even if one tries to do so. E. T. Hall expresses his wonderment: "As the fledgling anthropologist moved deeper and deeper into the life of the people he was studying, he inevitably acquired the conviction that culture was real and not just something dreamed up by the theoretician". (10)

Anthropologists have long defined culture as 'a way of life', with its 'implicit and explicit' dimensions (Kluckhohn), its 'in-awareness and out-awareness' (Sullivan), or its 'overt and covert' aspects (Linton). With the emergence of the field of cross-cultural studies, the concept of culture is gaining extraordinary attention from various segments of our society, including politicians, academics, social activists and institutions, both within our national boundaries and in the international sphere.

It has already been said before that the notions of culture and cultural identity are central to the understanding of the problematic of social and health care services and cultural diversity. Keeping in mind all the shortcomings it may have, I personally ascribe to a definition of culture that embraces all aspects of human life and living. So far, most specialists in the cross-cultural field have concerned themselves with the value systems and behavior patterns of various human groups. But

culture is more pervasive than that. Culture is an integral way of life of a particular human group with a particular worldview, spirituality, symbols and myths (systems of meaning), and value systems. It involves group's ways of thinking, outlooks on life and psychological frameworks. It encompasses social practices, e.g. economics (the methods of subsistence and the system of exchange); political and educational practices; legal and medical systems; technology and art. In other words, culture is a dynamic, existential reality, encompassing the specific *savoir être* and *savoir faire* of each human group.

As for the notion of cultural identity, it represents a greater complexity, psychologically, socially and politically. It can be defined as the sense of belongingness to a human group, wherein one shares with other group members values and feelings, social practices and customs, way of being and way of doing, mannerisms and language, etc. Cultural identity provides an inner coherence to a person or to the group or community to which he or she belongs. When one steps out of one's group, one loses the security of belongingness, and things become incoherent, one is subjected to 'culture shock'.

2. Some Characteristics of Cultural Identity

2.1 A Triadic Reality

Cultural identity has three levels or dimensions, namely: morphological, structural, and mythical (the profound meaning level). The analogy of the 'iceberg' is quite relevant here, but the analogy of the 'tree', with its branches as the most visible

part, the trunk as the structure, and the roots as that invisible vital force of the tree, seems most adequate to me.

The morphological level refers to all aspects of a culture that are modified relatively easily, such as habits, customs, creative objects, technology, etc. The structural level refers to the organizational aspects, such as family, social structures pertaining to economics, politics, law, education, medicine and so on. The mythical level refers to the meaning system at its deepest level. Concretely, habits and customs may take on new forms; groups may envisage organizing themselves in a different manner to adjust to a particular time and space. But it is the 'mythical' dimension, involving the worldview of a particular group, which provides cultural identity with its constant vital force, and which gives ultimate meaning to existence. Herein lies the irreducible matrix of a culture.

2.2 Persistence

There is much debate going on about the persistence of culture in diaspora, and much is said both in favor and in dispute of this thesis. The history of human experience and various anthropological studies demonstrate the fact that culture is transportable. People transport culture in their being. Culture travels, it is exported and transplanted. For example, European cultures have taken root in North America, in the land of Native Peoples; Western culture has been and is being transplanted throughout the world by way of political, economic and cultural colonization; African cultures are surviving in Brazil, Haiti and Cuba, in spite of systematic

repression through slavery and by the State/Church apparatus.

In other words, cultures do persist in diaspora, but much of it depends on the social and political climate of the adoptive society. For example, in the industrialized and so-called developed nations, in order to maintain a certain standard of life and to promote pan-economic ideology, a greater homogeneity and standardization of culturally diverse life-styles is demanded of the populations. Thus, immigrant cultures are called upon to adopt the host society's mainstream culture as quickly as possible. This constraint is an indisputable condition for being able to live in these societies, and limits the implantation of cultures. But in spite of such constraints, cultures do persist, because of their internal dynamism. The most notable example is the United States' experience with its own melting-pot ideology, which proved to be unsuccessful in achieving the ideal goal of creating an homogenized White-Anglo-Saxon-Protestant culture.

2.3 A Dynamic Reality

This dynamism manifests itself on two levels. First, it is internal and springs from the irreducible matrix of a culture, which enables people to view, interpret and transform an environment. For example, white cultures' views of nature and of man's relationship to her have transformed the environment in a way that the original peoples of North America would have never envisioned. Secondly, culture identity interacts dynamically with the external forces of a given social environment, takes on new forms and gives new interpretations to itself. This can be illustrated by taking the example of French Quebecois

culture. French Quebecers feel that they are somewhat different from the French from France, although their ancestral roots are there. Over the past several centuries, French Quebecers interacted with the environment - climatically, socially and culturally, with the Native Peoples as well as with other ethnic groups of European origins. This interaction gave birth to new habits, customs and social practices which are not prevalent either in France or in Native Indian societies. But it is evident that French Quebecers have more in common with the French and other European cultural groups, than they have with Native Peoples, in terms of their worldview, value systems, and in most of their social, political and economic practices. This illustrates two key points. First, cultural identity changes, and secondly, it changes in continuity with its original roots. But it is in no way static.

3. Factors Affecting Immigrants' Identity

3.1 Immigration

The phenomenon of migration has inherent dynamics that bear implications for the issue of cultural identity. All immigrants share in common the experience referred to as culture shock, although the degree of its intensity may vary according to the cultural distance between the culture of the adopted society and their own. Furthermore, individuals differ in susceptibility. Migration is usually associated with uprootedness, with losses and gains, and with nostalgia and mourning, depending on why and how one migrates. The most common reason for migration, for centuries, has been the search for better econom-

ic conditions, even for the early French and English settlers in North America. But people have also been forced to migrate in order to escape political persecution, wars, etc. All these factors affect the immigrant in different ways, and it is extremely important to understand their psychosocial implications. At the psychological level, one experiences culture shock in terms of disorientation, fear, insecurity, alienation, and at the social level, a breakdown of the social infrastructure specific to a culture. Furthermore, one experiences a shattered sense of belonging and thus a dissociation with one's own cultural group, as well as imitation and adoption of the norms and practices of the adopted society, very often without comprehension of their meaning. In other words, an immigrant goes through an inner journey of ambivalence and ambiguity. This ambivalence and ambiguity certainly affects one's self-perception, which in turn interacts with one's sense of cultural identity. This psychosocial process is part and parcel of an immigrant's adjustment process in a new society and his/her identity.

Besides these psychosocial phenomena, there are other external forces which affect an immigrant's sense of identity. For instance, the way the host society may perceive an immigrant and his/her group becomes part of one's self-perception. Furthermore, there is the contraction between the pressure of integration to the mainstream culture of the host society, on the one hand, and, on the other hand, the demands of one's family and cultural group to maintain links with one's roots. "According to Oriol, the migrant's autonomy in the integration process is always partial and precarious; pressure toward assimilation comes from the schools, social

services, and perceived advantages of membership in the host society; pressure from friends and acquaintances, and from the consulate is in the opposite direction, toward preparing for possible departure." (11) This two-way pull gives rise to profound ambiguity within oneself and causes unusual psychological postures and social behaviors.

3.2 Acculturation and Integration

The journey from culture shock to a viable adjustment to the adopted society is a complex process from both psychological and sociological viewpoints. There is neither a single model nor a specific time frame for this adjustment which could provide us with an unified view of the modified identity of a given cultural group. The members of a particular community find themselves at different points of identification with their community. This identification is greatly influenced by factors such as the length of time one has lived in the adopted society, the degree of acculturation to the new cultural environment, the 'generation' to which one belongs, i.e. first, second or third generation in the adopted society.

Keeping these factors in mind, one can observe that there are three identifiable broad categories of persons within each immigrant community, namely, a) assimilated, b) bi-cultural, and c) uni-cultural.

In the first category, there is a high degree of identification with the mainstream culture of the adopted society, to the point of substituting one's original culture. This group demonstrates particular social behavior patterns (with variations). For instance, dissociation

and distance from one's culture of origin and one's cultural community, reluctance to being identified by one's culture of origin, paternalistic and neo-colonialistic attitudes towards other members of one's own cultural group, etc. As a general rule, the second and third generations in the adopted society fall under this category.

The second category of people struggles with some kind of bi-cultural identity. It involves double loyalties toward one's culture of origin and toward the culture of the adopted society. Although the bi-cultural identity holds in it the promise of harmonious coexistence of two cultures, most people experience conflict within themselves and demonstrate a kind of opportunistic behavior in choosing particular cultural norms or values of one of the two cultures as a matter of convenience. Most often, this is unconscious and unintentional. This type of behavior pattern is frequently observed in parent-children relationships. However, it is not limited to that sphere, and can be present in any social situation. The first generation of immigrants most possibly belongs to this category of people.

The third category can be named the uni-cultural group, for whom the culture of origin is the only point of reference. The majority of this group find themselves in this situation due to lack of linguistic as well as professional skills that are recognized and required by the adopted society. As a result, they are unable to participate in the mainstream socio-economic life of the adopted society. This group is usually identified with other deprived and disadvantaged groups, such as the handicapped.

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We should bear in mind that this broad categorization has been made here only as an indication of the fact that members of a cultural group may situate themselves at different points in relation to their cultural identity. These categories are not as clear-cut as they may seem at a first glance; there are many overlapping elements to determine who falls into which category. It has been observed by many that the 'ethnocultural' communities are not homogeneous, and the above sociological observations confirm this. There is a need for a systematic investigation of this internal sociology and of the psychosocial behavior patterns of this population.

3.3 Ethnic and Racial Factors

Some of the pitfalls of categorizing immigrant groups socially under the term 'ethnic group' have been discussed previously in this essay. However, the implications of terms such as ethnic and race need to be further emphasized in relation to the issue of cultural identity.

Obviously, these appellations are used by the majority group to distinguish the 'other' cultural groups from itself. And it is part of the ethnicity of the majority, a means by which they maintain their own cultural boundaries. But these are not part of the self-perception and self-identity of these 'other' cultural groups, at least not when they arrive in Quebec or in Canada. However, they do become an integral part of the self-identification gradually, as these groups become aware of the status and social categories ascribed to them by the majority, and as they begin to situate themselves accordingly in the adopted society.

Ethnic factor

The term 'ethnic group', as has been said before, has come to signify categorization of cultural groups other than the majority. And it is a sociopolitical category. The dynamics of this categorization can be called the ethnicization process, through which the cultural groups begin to perceive themselves as a social category rather than as a cultural community, and enter into a sociopolitical interaction with the majority and among themselves. Thus ethnicity, rather than cultural identity, becomes the pawn on the chessboard of socio-economic and political power plays.

Racial factor

The term race refers to the classification of populations on the basis of genetic differences and physical traits. The term 'racism' generally implies a value judgment on the grounds of the superiority of some racial groups and inferiority of others. Analysis of the term race and the issue of racism is not our present intention. Our focus is the usage of the term race in the social identification of groups in Quebec and Canada, and how this, on the one hand, affects their perception of self and of others, and, on the other hand, the relationship between groups and persons belonging to various social groups.

Although every race has a culture, it is not necessarily part of self-identity or self-identification in the context of the country of origin. It is again a sociopolitical category which is prevalent in racially diversified societies like Canadian and Quebec societies. The question of race evokes many historical memories, particularly of the modern era. one can easily find the roots of social prac-

tices and attitudes prevalent in Canadian and Quebec societies in that part of world history. The expansion and intrusion of European cultures, i.e. of the white race, into various parts of the world through political, economic and religious colonization, have left their long-lasting imprints in the attitudes, behavior and psyche of entire peoples, which affect the daily interaction among them even today. The legacy of this era, in terms of the relations amongst peoples of the world, is the polarization of the human race into the 'superior white race', and the 'non-white races', stratified at various levels of 'inferiority'. One needs to be extremely careful in order to avoid inflicting guilt feelings on some and making others into victims, in discussing this issue. Our focus ought to be on the fact of residual effects of this historical legacy on our self-image, our perceptions of each other, and the way these perceptions influence interactions amongst persons and communities of different races.

It is not without reason that in Canada and in Quebec, an urgency is felt about interracial/intercultural relations, in order to maintain social order and control. This urgency was induced by the influx of 'non-white' immigrants, from the late sixties till now. There has been a sense of deep apprehension within the majority group vis-à-vis these immigrant populations. There are two fundamental reasons for this: a) a greater cultural distance (as discussed earlier in this essay) between the cultures of the majority group in the host societies, and that of, for example, Asian or African immigrants; b) the historical pattern of 'white/non-white' relationships in the modern era.

The self-image of 'whites' can be characterized by a sense of superiority, of being civilized, modern and evolved. And the self-image of 'non-whites' can be characterized by a sense of inferiority, of being dominated, oppressed and victimized. This, of course, manifests itself in varying degrees depending on the group, such as Native Peoples, Blacks, Asians, etc. Thus, from the point of view of the first group, the mutual perceptions of 'white' and 'non-white' groups can be illustrated by dyadic notions like civilized/uncivilized, developed/underdeveloped, savior/saved. And from the vantage point of the second group, the dyads are composed of dominant/dominated, oppressor/oppressed. To be sure, the self-perception and perception of others among the 'non-whites' themselves are not homogeneous: different groups place themselves at different points on the superior-inferior scale, but all have internalized the parameters of the 'white' in grading themselves.

These perceptions of self and of others are part of self-identity and part of the way one identifies others, and consequently they play an important role in interpersonal and intergroup racial encounters.

4. *The Social Workers' Identity*

There is a prevalent belief among social and health care workers that they deliver their services with absolute neutrality and objectivity. Thus, the kind of services they deliver, the method of delivery, their way of relating (interviews, assessment procedures) with clients, are deemed to be devoid of cultural biases. The result of these beliefs is that workers are often prone to take their identity for granted, both as members

of a cultural group and also as members of a professional group.

Cultural

In reality, a social and health care worker carries with him/her the baggage of a particular worldview and outlook on life, a value system, and social norms and practices that are very much culturally determined. Very frequently it can be observed that social workers and their agencies are intent to learn about the culture of the culturally different client, with a view of solving the problem of communication that may arise between the two. In actual fact, it is not just the culture of the client but that of the social worker as well, which are involved in the problem of communication. Social workers have their own culturally conditioned value preferences by which they tend to judge the values and social practices of others. For example, in almost every cross-cultural training workshop I have conducted in the past several years, certain remarks and concerns are invariably expressed by social workers, such as "Youths in Asian cultural communities don't have any freedom, because they need to have parental permission to do things". In this remark, there are several value assumptions which are culturally determined, such as freedom means doing whatever one wants or decides to do, and an individual's freedom is more important than respect for parents and family honor, etc.

Furthermore, the majority-group social workers share with the members of their ethnocultural group the belief that the culture of the majority ought to be the 'unifying' and 'normalizing' force in a pluralistic society like Quebec, in order to maintain social order. Minority groups,

including the Native Peoples and immigrants, ought to integrate and adopt this unifying culture. This constitutes the sense of ethnicity of the majority-group social workers, and this constantly influences their relationship with the clients from diverse 'ethnocultural' communities. In their interaction with this clientele, the majority-group social workers try to maintain their sociocultural and political normative role.

Professional

Besides having a cultural identity, social and health care workers also acquire a professional identity through being trained in the techniques of the profession and by socializing in their professional milieu. The norms and values that are predominant among these professionals can be summarized as follows: "The essential ingredients of all professions are commitment to rationality, universalism, disinterestedness, and functional specificity". (12) Although the entry of the social work profession into the ranks of the 'scientific helping enterprise' is fairly recent, like health and mental health care professions, it has developed its own sets of techniques, concepts, language and ideologies, as well as its preferential norms and values. It will suffice here to say that all social and health care workers, irrespective of their cultural backgrounds, are required to adopt and apply the work methods, the language and the values of the profession, in order to gain credibility as professionals, and also to maintain the 'boundary' of the 'culture' of this profession. Moreover, by virtue of being 'helping professionals', these workers see themselves essentially as 'agents for change', particularly in relationship to their clients. In this respect,

the regulatory role becomes an important part of their professional identity.

In my association with the majority-group social workers, I observed that their cultural identity is quite frequently fused or confused with their professional identity. For example, cultural values and norms, such as evolution, individualism and freedom of choice, are the very values and norms which also form the foundation of social intervention. On the one hand, this observation indicates that majority-group social workers are, in varying degrees, unable to differentiate between their cultural and professional values, and on the other hand, it demonstrates clearly that the social work profession is rooted in a specific culture.

A few words need to be said here regarding minority-group or 'ethnic' social workers. Unlike the majority-group workers, they experience a cultural distance from the professional culture, to a greater or lesser degree depending on their cultures of origin, and also depending on the degree of acculturation into the normative culture of the adopted society. This distance is a source of ambiguity in regard to his/her identity for an 'ethnic' worker. Moreover, the regulatory role ascribed to him/her by the profession itself may place an 'ethnic' worker face to face with a serious dilemma while working with a client from his own cultural community or any other minority group. The issue of 'ethnic' or 'homoethnic' professionals is a critical and delicate one which needs serious investigation.

5. Implications

In the preceding pages, an attempt was made to demonstrate the complexity of the notion of cultural identity and issues related to it. The present discussion can be concluded by turning our attention to some of its implications in social work in a multicultural context. These implications can be summarized in the following manner:

i) The understanding of the concept of cultural identity and its related dimensions may provide us with some insights into the nature of the barriers that exist between the mainstream social services and ethnocultural communities, barriers which represent more than the linguistic and psychosocial aspects of culture.

ii) The relationship between social and health care services and culturally different clients is essentially an intercultural encounter, wherein three cultural identities are involved: the culture of the majority, the professional subculture, and the culture of the client. Consequently, this implies that a partial approach to the problematic of social work and cultural pluralism, for example through a process of cultural sensitization of professionals, will not be sufficient. A much more global approach is required, which may involve an in-depth review of the profession itself.

iii) Reflection on the subject of cultural identity also provides us with clues as to who are the most likely clients from the 'ethnocultural' populations, by taking into consideration variables like cultural affinity between the majority culture and culture of origin, acculturation-assimilation into the majority cul-

ture, ideological orientation, ethnic and racial rapports, etc. This implies that social service agencies need to take a closer look at their capabilities as to which groups and which clients they can or cannot serve, and the need to seek more realistic responses based on this appraisal. This may mean that mainstream social service agencies will have to come to terms with the fact that there may well be a very large segment of the 'ethnocultural' population that will remain out of their reach. This is not to suggest that mainstream social services should maintain the status quo. The intention here is to point out the limits of the profession and its institutional structure, and the necessity to seek improvements and realistic alternatives.

iv) The investigation into the question of cultural identity makes us aware of various historical factors, such as colonization and sociopolitical forces, which bear impact on both the majority and the minority groups in their respective identity, and which consequently influence relationships between the service agencies and the 'ethnocultural' communities, and between the worker and the culturally different client.

D. *Indigenous Social and Health Care Systems*

A Case for ISHCS

Investigation into this issue may enlighten us further to understand the problematic under consideration in this essay, i.e. social work and cultural pluralism. The assumptions here are that: a) each culture possesses a particular social and health care system; b) mainstream social services may

be perceived by the members of ethnocultural communities as foreign and parallel to their own, but not as the only helping system; c) this perception may influence the choices people make in terms of seeking help from either of these two parallel systems.

It is an established fact that in Quebec, most culturally different clients do not seek help voluntarily from the mainstream agencies. Could it be possible that they simply ignore and remain indifferent to these services unless they find themselves at the doorstep of these agencies as a result of an intervention of another institution like the police or school authorities? There are other studies in the United States that "found that Asian Americans, Blacks, Chicanos and Native Americans terminated counseling after only one contact at a rate of approximately 50%". (13) These facts and findings do not suggest that these populations do not have problems. It simply implies that mainstream helping services are foreign and culturally incomprehensible, and thus inadequate for them.

During the last decade, the natural support system (NSS) has gained recognition, specially in the area of mental health counseling (G. Caplan, 1974). This support system refers to the help and assistance provided by family, friends, neighbors, peer group, etc. Pearson discusses the relevance and importance of involving NSS in counseling practices in cross-cultural settings. He also points out that in spite of its relevance, very little attention has been given to studying these support systems from a cross-cultural perspective. Pearson asks a series of questions for investigation, in view of "clarifying the precise nature of social support and its delivery in dif-

ferent cultural settings". Questions asked are:

- "(1) Across cultural groups, what types of social support are considered to be appropriate for particular life issues?
- (2) How do the particular actions through which social support is delivered vary?
- (3) From whom, among the people in their natural systems, do particular individuals receive support for specific concerns?
- (4) How can counselors strengthen and cooperate with (rather than weaken, interfere with or displace) the NSS of clients?" (14)

Pearson's proposition merits very serious consideration, and ought to be given follow-ups in order to advance our research further in the field. However, there seems to be certain oversights in Pearson's analysis and propositions. A cross-cultural investigation of natural support systems should go beyond viewing the culturally different client's NSS as being simply a "primary-prevention-significant assistance". We should also investigate the cultural practices of the formal and expert assistance. In other words, while counseling a culturally different client, it is not enough to involve the 'informal assistance' of friends and family - a minimum collaboration with the 'formal knowledge and practices' of the client's culture is also required. For example, a medicine man may provide the 'expert' assistance, which is comprehensible and culturally acceptable for an American Indian client. The practice of seeking the help of a *houngan* (Haitian healer) as the last resort by a desperate Haitian mother for her dying child (15), or seeking help from the family council (very extended) and the authority of the wisdom of elders to settle family conflicts in

communities of Asian origin, are more frequent than we may imagine.

Within the Western models of counseling and social intervention, use of the NSS is an improved strategy and technique. But in a cross-cultural situation, not only the 'how' (the technique) but also the 'what' (kind of help) needs to be examined. It can be suspected that, for example in the area of family services, the reasons for a client not returning for a second time relate not only to the procedures, techniques and language that are applied in service delivery, but also to the problem diagnosis of the helper and the solutions that are envisaged. In other words, the assistance that is sought is not the assistance that is given, and furthermore, mainstream professionals do not and cannot have the 'expertise' that is required to give the type of help a culturally different client is seeking.

Thus it is suggested here that, in addition to the questions raised by Pearson for cross-cultural investigation of the NSS, we need to investigate the indigenous social assistance systems of various communities, especially of the radically different ones. These indigenous social assistance systems include both the informal assistance (NSS) and the culturally-recognized formal expert practices.

The following are fundamental questions: Is the concept of social work prevalent across cultures? How do people across cultures assist and help people in distress, resolve family conflicts and problems, care for the sick, and heal the mentally and physically ill? What is the nature of the help they provide and what are the infrastructures for it? Who are qual-

ified to provide this help, and what is the nature of their expertise? In short form, do these practices exist in diaspora?

This line of investigation may throw a greater light on the causes of under-utilization of mainstream services by a larger segment of 'ethno-cultural' populations.

Obstacles Inherent in Mainstream Social Services

It is beyond the scope of this article to evaluate the social work profession with regards to its ultimate goal of rendering human services to the public. It is quite symptomatic that we increasingly speak of social intervention rather than human services to describe the role of this profession. Without venturing into an analysis of the trials and errors of the profession in general, it will be appropriate to point out certain features of social work which actually present potential barriers between mainstream services and the 'ethnocultural' populations.

Professionalism

Some references have already been made earlier to some of the norms and values of this professional culture. The social work profession has evolved from its days of volunteer charity work to its present-day professional status. Along the way, it has developed scientific skills based on casework, diagnostic methodologies and clinical approaches, as well as a code of ethics and beliefs. With professionalization came affective neutrality as the fundamental ethical value, along with the development of specialized language and the need for

standardized services and bureaucratic structures which follow the model of an industrial complex. The belief in professionalism, i.e. in uniform services, in the application of standardized techniques of service delivery and in bureaucratic procedures, represents the greatest obstacle for reaching culturally diverse groups. Moreover, J. W. Green finds it troublesome that "... too often the professional value assumptions and behavioral expectations of social workers are taken as the only standards that need govern the ethnic client-worker encounter". (16)

Regulatory Role

The regulatory role is one of the most practiced models of social intervention in social work profession. By virtue of ever increasing involvement of the State, both the value orientation of the worker and the behavior of the client are corrected and controlled by legislative means.

This particular model of intervention is one of the major barriers to establishing a relationship of trust between the workers, the agencies and the clients from culturally different communities. The Youth Protection Act is an appropriate example: in a family crisis situation concerning a child or an adolescent, the role of the worker is not just to counsel the parents, but to modify their behavior, their role as parents and their family patterns.

"... as the State's mission expanded, the enlarged terrain now covered by statutory obligations for intervention came increasingly to encompass even greater spheres of our personal and working lives

which brought previously latent contradictions in social work to the fore. Thus, long-standing stress in social work between such concerns as 'care' versus 'control' functions were now located within the public institutions' mandate to regulate these transactions of 'individual' and 'society'." (17)

It is this regulatory function of the social worker which re-creates a relationship of 'dominating/dominated' between the worker and culturally different clients. Since, from the perspective of the mainstream culture, immigrants' cultures (particularly those which are radically different) are perceived as not conforming to the normative cultural patterns of the host society, this regulatory model empowers the social worker to modify and 'normalize' the cultures and cultural practices of this clientele. The effects of this kind of intervention merit in-depth analysis, which is impossible to accomplish in this article. It will be sufficient to say that regulatory intervention is perceived as an efficient instrument of forced assimilation to the dominant culture at best, and as 'oppression' at worst. Many members of the various 'ethnocultural' communities may even suspect that assimilation to the dominant culture and renunciation of one's cultural identity are the 'hidden agenda' of social work intervention.

CONCLUSION : SOME PROPOSITIONS FOR THE FUTURE

The purpose of this essay was to bring to the surface some of the latent issues concerning social work and cultural pluralism, and to provide a few new guidelines for future research. It was demonstrated here that the barriers that exist between mainstream social services and ethnocultural communities are more than linguistic and psychosocial. The barriers are social, ideological, political and attitudinal. These issues have only been raised in order to invite all those concerned (researchers, activists, decision makers, etc.) to engage in a research-action with more rigorous reflection and appropriate action plans. The intention of this essay is to provide certain orientations, rather than a systematic analysis, which, it is hoped, will be pursued in the future.

From the above discussion, the following hypotheses should be retained:

- a) It cannot be expected that the standard services will be utilized by *all* cultural groups. The degree of cultural distance experienced by these groups is a determining factor.
- b) It would be unrealistic to suppose that mainstream institutions will reach and serve *all* segments of a given community. The factors of acculturation and assimilation to the dominant culture will determine the possible clientele from these communities.
- c) The question of culture and cultural identity is very complex, and identity cannot be changed by the authority of the State or any of its institutions. It is an experiential

process, with variable time factors.

d) The policy of integration, which pervades social and health care services, is basically an ideological issue that shifts our attention from helping and giving appropriate care, to the arena of power struggle.

e) There is a need for recognition of the indigenous resources within each community, in terms of both the natural support system and the more formal help-giving practices (family crisis and conflict resolution, health care, etc.).

These hypotheses obviously bring into focus the perennial dilemmas of the social work and health care professions, such as care versus control, commitment to professionalism or to human service, and loyalty to the legal obligations or to the well-being of the client. These questions and issues are being discussed time and again among the different people involved. Besides these dilemmas, there is a more serious problem inherent to these professions, i.e. the problem of creating dependency. The individual, family and community are gradually brought to depend on the services of professionals, whose *raison d'être* depends, in turn, on the dependency of their clientele.

This last point could be of particular importance to our discussion, especially in regard to policy and orientation, in order to give adequate and appropriate services to culturally different groups. There seems to be considerable resistance to recognizing the role and competence of 'ethnic organizations'. For example, Gilles Bibeau, in his report *A la fois d'ici et d'ailleurs*, strongly defends 'scientific professionalism', and equally strongly questions the 'pro-

THE COMMUNITIES *

	as Consumers	as Advisors	as Partners	
Decision makers	Experts: academics, government officials, professionals	Experts: 'ethnic' professionals recognized by the institutions and government	Practitioners of indigenous social and health-care systems and 'ethnic' professionals recognized by their communities to represent the knowledge, practices and perspective of their cultures.	Horizontal and mutual
Direction in decision making	Unidirectional and hierarchical	Unidirectional and hierarchical	Horizontal and mutual	Partners: share the responsibility of serving the communities
Role of the community	Consumers	Advisors: Ad Hoc Committees, consumers	Partners: share the responsibility of serving the communities	Appropriateness and well-being of culturally different clients
Major concern in decision making	Efficiency: Maintenance of power and control	Legitimization of decisions		

* This is an adaptation of the models for curriculum development in Social Studies. "Multiculturalism in Education". *Whose Culture Whose Heritage?* by Werner, Connors, Aoki and Dahlie. University of British Columbia, 1977.

professional' competence of 'ethnic organizations'. Somehow it seems the question of dependency is operative in his position. Although he favors a 'cultural approach' to social work, he seems to deem it useful for comprehending the culturally different client and understanding his/her problem-construct. But Bibeau reserves the right of service delivery for mainstream professionals, and argues for the superiority and universality of the scientific approach, i.e. the rationality and objectivity which represent the key values and norms of these professional cultures. This 'professional encapsulation' (Pederson, 1974) is one of the major obstacles to rendering appropriate services to culturally different clients.

There are other signs of resistance to the idea of 'self-sufficiency' for 'ethnocultural' communities that generally stem from emotional responses aimed at defending the ethnicity of the majority group, i.e. the maintenance of its normative role. In more than one cross-cultural training workshop, social workers expressed the sentiment that "it is hard to accept the fact that the Italians or any other group do not need our services, although we can see that they can probably better serve their own people!"

The above-mentioned dilemmas and sentiments of the professionals and of the majority in general are very real, and so are the sentiments and concerns of the non-majority groups. We all need to face this predicament together - not as adversaries but as partners, bearing in mind the interests and well-being of those we intend to serve.

We could envisage three possible models for developing policy and structuring service delivery in the context of cultural pluralism. First, the consumers model, where the intercultural communities are consumers and where the maintenance of power and control is the major concern. Secondly, the advisors model, where the communities serve as advisors through ad hoc committees and legitimize the decisions of the experts. Thirdly, the partners model, where the 'ethnic' professionals and indigenous resources (both informal and formal) of the communities gain full recognition and share the responsibility of assuring appropriate services to this population. (See chart on page 50)

We can clearly observe at present in Quebec that the movement for accessibility of social services for the 'ethnocultural' groups oscillates between the first and the second models. There is an increasing awareness of the problematic, and many sincere efforts are being made, which were discussed at the beginning of this essay. It would require a separate article to examine the arguments for and against these models. Nonetheless, having reflected on the question, I personally consider that the third model of partnership holds the most promise for relevant and appropriate services to the clientele in question. I would like to conclude by inviting all concerned to join in a concerted effort to work out a collaborative framework between the three main partners in this venture: the mainstream services, the 'ethnic' professionals and organizations, and the indigenous resources of the communities. Defining the nature and form of this collaborative framework, its logistics and implications, and the roles of each of these partners, would then constitute the subject of our future investigation.

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NOTES

- 1) The terms ethnocultural and ethnic without quotation marks have been used in this essay to signify all cultural communities, including the majority group. Since, however, these terms are commonly used to designate exclusively the non-majority groups, I have also used sometimes these two terms in that sense, but in quotation marks.
- 2) André Jacob, "L'accessibilité des services sociaux aux communautés ethniques", *Intervention, revue de la Corporation professionnelle des travailleurs sociaux du Québec*, no. 74, May 1986.
- 3) Johanne Lenneville, "Le ministre de la Santé souhaite être plus accessible aux communautés culturelles", *La Presse*, Dec. 15, 1987. (free translation)
- 4) Gilles Bibeau, "A la fois d'ici et d'ailleurs : les communautés culturelles du Québec dans leurs rapports aux services sociaux et aux services de santé : synthèse critique". Commission d'enquête Rochon, 1987, p. 200-209.
- 5) *Ibid.*, p. 192. (free translation)
- 6) Carole Christensen, "Chinese Residents' Perceptions and Expectations of Mainstream Social Services : Clues to Service Underuse", *Intervention, revue de la Corporation professionnelle des travailleurs sociaux du Québec*, no. 74, May 1986.
- 7) W. Werner, B. Connors, T. Aski, J. Dahlic, *Whose Culture? Whose Heritage? Ethnicity Within Canadian Social Studies Curricula*, chapter "Color Me Ethnic", p. 18.
- 8) C. E. Vontress, "Cultural Barriers in the Counseling Relationship", in *Readings in Intercultural Communication*, Paul Pedersen, ed., vol. IV, 1974.
- 9) Harold R. Isaacs, "Basic Group Identity : The Idols of the Tribe", in *Ethnicity : Theory and Experience*, N. Glazer and D. P. Moynihan, eds., Cambridge, Mass., Harvard University Press, 1975.
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- 11) M. Cohen-Emerique, "French Social Workers and Their Migrant Clients : Recognizing Cultural and Class Roles in Social Work", *Occasional Papers in Intercultural Learning*, The AFS Center for the Study of Intercultural Learning, Jan. 1988.
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- 13) D. W. Sue, *Counseling the Culturally Different : Theory and Practice*, John Wiley and Sons, 1981, p. 28.
- 14) Richard E. Pearson, "The Recognition and Use of Natural Support Systems in Cross-Cultural Counseling", in *Handbook of Cross-Cultural Counseling and*

Therapy, Paul Pedersen, ed., Conn., Greenwood Press, 1985.

- 15) The Montreal Children's Hospital's Multiculturalism Bureau consulted me on the matter in 1986.
- 16) James W. Green, *ibid.*, p. 26.
- 17) J. Dankwort, N. Gagnon, "Regulating Social Workers : The Subordination of the Profession to Its Industrial Relations Systems", *Intervention, revue de la Corporation professionnelle des travailleurs sociaux du Québec*, no. 69, July 1984.

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