Personality Assessment and Native Americans

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Personality assessment services for Native Americans have been culturally inappropriate and historically underutilized as a consequence. A framework for personality assessment is presented including components of relevant cultural knowledge, assessment techniques, assessor characteristics, and relationship style. Emic and etic approaches are described as serving different assessment functions. Acculturation measures and awareness of acculturation effects on different instruments provide temporary palliatives. A biopsychosocial model for service-delivery with linkages to family, tribal, county, state, and federal resources would be desirable and potentially effective. Ameliorations in techniques and service-delivery cannot substitute for genuine professional commitment to recruitment and training of indigenous assessment service-providers.

Native Americans from nearly 300 tribal groups now include about 1.8 million persons residing evenly in reservation and urban centers. As a minority group they often live in poverty, are dependent on government commodities, and experience the highest rates of unemployment, physical illness, alcohol abuse, trauma, and accident. Human services designed for whites and/or middle-class persons are underutilized because of distrust of service providers, disbelief in the efficacy of services, and strong emotional reactions to impersonal or culturally inappropriate styles of service delivery.

Native Americans who are assessed by white examiners face potential bias, particularly from inappropriate test content, measurement of different constructs in different populations, inappropriate standardization samples, differential predictive validity, and bias introduced by language differences and social consequences due to labeling and prejudice (Kaufman & Reynolds, 1983). Although many of these considerations affect self-report tests in general, especially measures of intelligence (Dana, 1984a), the administration and interpretation of projective techniques may also be biased (Dana, 1983, 1984b). Projective techniques are sensitive to assessor knowledge of Native American cultures and
awareness of an appropriate social etiquette for administration. Recognition of culture-specific responses as well as a tribe-specific frame-of-reference for interpretation can reduce bias (Dana, 1985a).

A FRAMEWORK FOR CROSS-CULTURAL ASSESSMENT

Knowledge

Knowledge of Native Americans implies more than simply a general awareness of history. General knowledge is available from historical sources and includes cross-cultural contact with whites and intertribal relations. Native Americans of all tribes do share some similar values and behaviors, but their tribal differences are even more important for assessment. In addition, assessors require general knowledge of the contemporary culture as evidenced in reservation life and/or urban settings, the extent of traditional language usage and effects upon thought processes, values and beliefs with regard to self-presentation, cooperation, authority, healing, and religion.

Tribe-specific knowledge includes the history of the particular tribe, especially with regard to cross-cultural contacts. The quality of these contacts effects the intensity of a belief in genocidal intentions of whites. There are ethnographies to provide descriptions of contemporary living conditions and intactness of the original culture. Different tribes have experienced differential acculturation to white society depending on the extent of original cultural differences in lifestyles, treatment by whites, and the total length of time involved in cultural contact. All of these tribe-specific components are interrelated and impact directly on the assessment process. Assessors should be aware that sufficient information with regard to any one tribe, or family of tribes, constitutes a huge commitment because knowledge per se without sustained experience with tribal members on their own turf may be insufficient.

Technique

Most white assessors trained in Boulder Model programs have an elitist attitude with regard to their adequacy as scientists, which can impinge upon their usage of power in professional settings (Dana, 1986). They believe in the sanctity of their psychometric knowledge and in their ability to evaluate the efficacy of particular objective tests. Advocates of objective tests will generally know that their norms are inappropriate, but have recourse to statistical studies to rationalize this knowledge and permit them to use their tests on a less questioning basis. Those who have been trained in projective assessment are often imbued with a psychoanalytic framework for interpretation and make the tacit assumption that both their theory and their techniques are appropriate for cross-cultural assess-
ment. As a direct result of the adequacy and thoroughness of graduate training, it is paradoxically more difficult to assess persons from other cultures with fairness and objectivity.

**Emic/etic.** Anthropologists have expressed that cultures must be understood in their own terms (Malinowski, 1923). Pike (1966), a linguist, coined the terms emic and etic to refer to understanding that is culture-specific or universal, and Berry (1969) elaborated these general distinctions as follows. An emic approach examines only one culture and studies behavior from within the system in order to discover structure using criteria relative to the internal characteristics of that culture. An etic approach examines and compares many cultures from a position outside of the system. Structure is created by the analyst and criteria are considered to be absolute or universal. Imposed etics assume that a construct originating in one culture is universal whereas derived etics require that constructs be shared by several cultures as a basis for new constructs that would have cross-cultural equivalence. The formulation of precise meaning for etics or universals is difficult (Van de Vijver & Poortinga, 1982). Lonner (1981) reminded us that psychological constructs may not be synonymous with locally derived criteria, establishment of equivalence (functional, conceptual, linguistic, metric) is arduous, nonverbal stimuli are not necessarily culture-fair, norms may be used only in culture of origin, response sets vary across cultures, test-score differences may not reflect behavioral differences, and most psychological tests emerge in sophisticated and test-wise Western societies. Although the emic may be elusive as well, it can always be found by painstaking immersion in the particular culture. Existing instruments will continue to be used with careful disregard for normative data while emic norms are developed and contextual examination of traditional instruments is encouraged (Trimble, Lonner, & Boucher, 1983). In addition, Trimble, Lonner, and Boucher found substantial merit in idiographic informant-generated materials as substitutes for statistically-derived etic constructs.

**Acculturation.** Acculturation refers to changes in the original patterns of cultural groups that have continuous, first-hand contact with one another (Redfield, Linton, & Herskovitz, 1936). Siegel (1955) provided an early annotated bibliography that included 74 studies on Native American acculturation and Hoffman (1983a) updated this compilation with an additional 92 studies. Olmedo (1979) reported that ethnic identity has been increasingly emphasized in recent literature, especially cognitive measures. He recommended identifying the relevant cultural antecedents of behavior and indicated that the factor structure in some ethnic populations consistently identifies language, attitudes, values, and socioeconomic status. Hoffman (1983b) also concluded from a review of 28 studies providing some form of measured acculturation that the concept was
multidimensional and confirmed the three major components identified by Olmedo.

Valid indicators of the level of acculturation are identity and attitude toward one’s traditional culture (Berry, 1980a, 1980b). A variety of acculturation scales have been developed for Native Americans to provide general and tribe-specific indexes. Elizabeth Howe Chief (1940) developed a 40-item “assimilation” scale that sampled attitudes, participation in organized social activities, occupation, marriage, education, language, names, and material culture in the home. This scale has adequate test-retest reliability and differentiates between groups of girls in Indian and white high schools matched for blood quantum. However, scale items are not available, standardization has not occurred, and sociocultural indexes of acculturation (i.e., education, occupational status, mobility, degree of urbanization, family size) are omitted. McShane and Plas (1982) developed a brief Traditional Experience Scale that emphasizes fluency in the native language and attendance at ceremonies. Uecker, Boutilier, and Richardson (1980) also used a brief multiple-choice Indian Acculturation Test that taps closeness to customs.

Tribe-specific measures have been developed for Blackfeet, Chippewa, and Sioux. McFee (1968) constructed a Sociocultural Field Schedule relating to Blackfoot and white orientation. Gillin and Rainy (1940) provided three 5-point scales for Lac du Flambeau Chippewa that included self-concept (Indian vs. white), religion (Midewiwin vs. Christian), and occupation (regular wage earner vs. hunter/fisherman). Traditionally, or cultural identity, among the Sioux has been measured by Tiospaye, the extent to which a community way of life is shared. Tiospaye suggests lack of acculturation to white society, a rural subsistence agricultural economy, spiritual practices, and rules for interpersonal life (Mohatt & Red Bird, undated). Hornby and Dana developed the Rosebud Personal Opinion Survey (Dana, Hornby, & Hoffmann, 1984) that included five dimensions: (a) social behavior, social membership, and activities; (b) value orientation and cultural attitudes; (c) blood quantum; (d) language preference and usage; (e) educational and occupational status.

Acculturation is a moderator variable that affects assessment instruments whenever applied to persons who are culturally different from the population for which the instrument has been developed and used. The data and/or interpretation of existing etic instruments may be modified or qualified by the extent of acculturation. However, applications of independent acculturation scales to self-report tests have been rare indeed (e.g., Hoffmann, Dana, & Bolton, 1985; Montgomery & Orozco, 1985; Uecker et al., 1980). Even the more widely recognized F scale for blacks (Gynther, Lachar, & Dahlstrom, 1978) is not routinely applied in MMPI practice perhaps due to confounding of cultural and socioeconomic variance (Bertelson, Marks, & May, 1982).

The Hoffmann et al. (1985) study indicated that acculturation subscales were
differentially related to elevations on L, F, 2, 4, 7, 9, and 0 of the MMPI-168. F scale items were examined for cultural content by an anthropologist specializing in Native Americans and the 11 items providing deviant responses by 20% or more of Sioux respondents were tabularized in order to provide additional information on the impact of culture. Development of a Sioux F scale has not been attempted from Hoffmann's data.

Rorschach and Thematic Apperception Test. Rorschach (1942) used his instrument to suggest personality and psychopathology differences in residents of two Swiss cantons. Abel (1948, 1973) believed that elucidation of culture is a primary area of Rorschach usefulness. Nonetheless, there has been disagreement regarding the desirability of cross-cultural projective assessment. Anthropologist Henry (1955) preferred face-to-face contact, or interview, to indirect observation and understanding via any interpretive mechanism. Other authors have also indicated difficulties inherent in cross-cultural application of the Rorschach (Adcock & Ritchie, 1958; Hallowell, 1941, 1945; Henry & Spiro, 1953; Kaplan, 1961; Lindzev, 1961; Mensch & Henry, 1953). Small samples of data may not be representative and the suitability of the Rorschach for cultures that differ in language, use of pictorial stimuli, and familiarity with a structured response process (including inquiry) is unknown. Administration conditions typically include a one-to-one intense focus on the assessee in a nonreciprocal relationship with performance expectations. Such conditions influence productivity, comfort, and rapport in cultures that have different achievement, equalitarian, and group values.

Anthropologists have observed that test interpretations should correspond with field observations (Henry & Spiro, 1953), but such correspondence does not always occur (Horigmann & Carrera, 1957). The procedure of using internalized hypotheses and norms derived from middle-class white American culture whenever there is agreement between test findings and field observations and ignoring these standards when there is disagreement has been criticized (Abel, 1948; Lantz, 1948). As a result, local normative criteria for interpretation and in-depth knowledge of a particular tribe constitute a required context for interpretation.

There are few published accounts of assessment techniques used in concert with sufficient knowledge, although Popham (1979) reported a clinical interview with an Algonkian woman and related these observations to psychological characteristics of Northeastern tribes (Hallowell, 1946; Leland, 1979). Even a culturally sophisticated assessor may be unable to disentangle specific cultural effects within a Rorschach protocol. Although assesses participated with evident good will, the response protocols from relatively traditional persons were meager and incomplete. Accurate and adequate Rorschach interpretation would appear to require experience with local Rorschach protocols in addition to ethnographic knowledge in order to minimize inadvertent caricature and/or distor-
tion. I recommend a collaborative process in which the report in next-to-final draft is discussed in detail with the assessee (Dana, 1982, pp. 347-353; 1985b, pp. 124-131). The entire assessment process extends in both directions temporally from the assessment setting so that it grows naturally out of prior social experience and is intemulated in a relationship that continues after the assessment process is completed.

Another issue that potentially influences Rorschach interpretation is stereotyping, which can occur as a result of belief in a modal or basic personality for a particular tribal group. Modal personality has been described by using pooled individual Rorschach scores in a combined psychogram or synthetic pattern (Kaplan, 1961). In order to construct this group profile, a large sample (N = 100+) is required, a measure of central tendency, standard deviation, and knowledge of the form of the distribution. However, adding scores across persons introduces distortion because records contain different numbers of responses. A group profile provides further and unknown distortion because interactions among scores are ignored when they are treated independently (Cronbach, 1949). Moreover, Rorschach scores do not have invariant meanings, and similar response patterns do not necessarily result in similar overt behaviors.

These statistical problems notwithstanding some investigators have fabricated model personalities for specific tribes. For example, Wallace (1952) computed modal scores for 21 Rorschach variables with a two sigma confidence limit to describe 37% of a Tuscarora sample. The basis for interpretation of such profiles is usually the internalized hypotheses and norms from white culture applied to frequencies of particular scores in a group profile as if it were an individual profile.

Hay (1976) has criticized the statistical criteria used for deciding what is "modal" and indicated that each record should have been interpreted first with subsequent counting of persons with similar personality characteristics. Kaplan (1961) has concurred that such tribal profiles do appear to be artifacts of method. The use of modal personality derived from the Rorschach invites confounding a legitimate use of the Rorschach with an appropriate methodology. Hay is correct in believing that there is a reversal of order in going from group data to personality conceptualization rather than from individual interpretation to group conceptualization. It would be preferable to render the report contents into concepts and then use these concepts to compile group personality profiles (for one reliable method, see Dana, Bolton, & West, 1983).

There has been debate over the relative merits of Rorschach and Thematic Apperception Test (TAT), the Murray TAT cards (e.g., Bigart, 1971; Caudill, 1949), and a variety of modified and/or redrawn pictures have been used to elicit content in specific areas of personality. Spain (1972) reviewed the early literature on TAT usage with Native Americans within a context of cross-cultural projective assessment and provided a bibliography and a checklist of design, administration, and analysis problems.
The most ambitious use of the TAT occurred under the auspices of the University of Chicago Committee on Human Development, which cooperated with a government agency to sponsor the Research on Indian Education project. Approximately 1,000 children in Hopi, Navaho, Papago, Sioux, Zia, and Zuni communities participated in longitudinal research on personality and child-rearing. Life history, psychometric, Rorschach, free drawing, ideology, moral values, and fear/anxiety measures were used in addition to a TAT. The use of these instruments has been reported separately for Hopi (Thompson & Joseph, 1944), Navaho (Leighton & Kluckhohn, 1947) and Sioux (MacGregor, 1946).

One outstanding TAT result of this project (Henry, 1947) provides a documented example with special cards and a detailed outline for individual case analysis. Twelve TAT cards were designed for this project on the basis of ambiguity and card-pull for the full range of emotions and solutions to basic interpersonal problems in everyday scenes, illogical or bizarre arrangements of card cues, and special scenes (Henry, 1951). These criteria for card selection, including picture cues and characteristics of an entire set, have been described in detail by Sherwood (1957) to provide background for development of tribe-specific sets of TAT cards (e.g., Dana, 1984c). Other sets of modified TAT cards are available and have been used to explore values (Goldschmidt & Edgerton, 1961), selected attitudes (Parker, 1964), acculturation (Spindler & Spindler, 1965), and children's perceptions (Alexander & Anderson, 1957). A careful demonstration of the potential effects of cards designed to emphasize shared cultural symbols is available for Card 12F (Hunt & Smith, 1966).

Henry's (1951) monumental effort to provide a culture-specific interpretive format for the TAT has been largely ignored by assessors. Monopoli (1984) synthesized major TAT interpretive systems to develop tentative guidelines for interpretation. Using existing Hopi and Zuni protocols, six recurring themes were identified. These themes were compared in stories of acculturated and nonacculturated persons. This pilot work suggests that TAT interpretation is feasible, especially with tribe-specific cards, although the standard TAT cards may be used with acculturated assesees. It should be possible to develop and validate a set of TAT cards for Native Americans by careful examination and extrapolation from the model for Hispanic children (Malgady, Constantino, & Rogler, 1984).

Other tests. The majority of studies using self-report tests have accepted findings as literal indicators of the personality/psychopathology status of the Native American population (Dana, 1983). However, there has been some appropriate test usage (Table 1). Table 1 suggests the range of instruments and relevant findings, but omits those studies on the MMPI, self-concept, sentence completions, and values measures that are discussed in greater detail.

Pollack and Shore (1980) examined available literature and 142 MMPI profiles of psychiatric patients from Northwest Coast, Plateau, and Plains tribes. Regardless of psychiatric diagnosis, these MMPI profiles were similar with marked eleva-
TABLE 1
Selected Test-Oriented Research on Native American Personality

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Study</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Bender-Gestalt (Koppitz scoring)</td>
<td>Gonzales, 1982</td>
<td>Changes in significant items for 5 southwestern groups, including Native Americans. Local norms based on large sample size.</td>
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<tr>
<td>California Psychological Inventory</td>
<td>Trimble, 1969</td>
<td>Employed Native American sample differs from unemployed on eight scales, but does not differ from norms. Well being, tolerance, and socialization lower for unemployed.</td>
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<tr>
<td>Children's Embedded Figures</td>
<td>Bowd, 1976</td>
<td>Similar levels of item difficulty.</td>
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<tr>
<td>Draw-a-Person</td>
<td>Honigmann &amp; Carrera, 1957</td>
<td>Poor drawing skills of Eskimo and Cree. No correspondence with field observations.</td>
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<tr>
<td>Field Dependence</td>
<td>Pine, 1984</td>
<td>Field dependence and obesity are related for Caucasians but not for Native Americans.</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>Trimble &amp; Richardson, 1982</td>
<td>Underlying dimensions of scales differ for Native Americans.</td>
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<tr>
<td>Self-Directed Search</td>
<td>Gade, Fuque, &amp; Hurlburt, 1984</td>
<td>Vocational interests for personality type patterns not only differ between tribes but between Native American high school students and normative groups.</td>
</tr>
<tr>
<td>Social Readjustment Rating Scale</td>
<td>Liberman &amp; Frank, 1980</td>
<td>Different stressors than urban or rural white samples.</td>
</tr>
<tr>
<td>Social Readjustment Rating Scale</td>
<td>Brandenburg, 1978</td>
<td>Twenty-two additional life events for Native Americans added to scale.</td>
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tions of F, 4, and 8, and Plains Indians were found to have the highest F and Scale 3 scores. When these findings are compared with Hoffmann et al. (1985) and Montgomery and Orozco (1985) a consistent association is found between MMPI psychopathology and lack of acculturation to mainstream American society for Mexican-Americans. Because the MMPI is a criteria-based test, an imposed etic has been inappropriately placed on responses of Native Americans. Only the compilation of local norms can help to clarify and equalize responses (e.g., Butcher, Braswell, & Raney, 1983; Hoffmann et al., 1985; Page & Bozlee, 1982; Uecker et al., 1980).
There has been a long history of psychometric and projective technique findings indicating less than normal or even pathological self-images among Native Americas (Trimble, 1981a, 1981b). Although some recent studies have not described negative self-images (e.g., Fuchs & Havighurst, 1972), especially when comparisons were made with white control groups (Dreyer, 1970; Martig & DeBlasi, 1973), most studies reflect the prevailing public presentation of Native Americans. In order to clarify these studies, Trimble (1981b) developed questionnaire content from Native American informants and resource documents for 11 categories relevant to self-image. Indigenous interviewers at five sample sites administered the survey schedule to 791 Native Americans representing 114 tribes or tribal combinations. A self-scale was used to assess esteem, acceptance-of-self, acceptance-of-others, and stability-of-self and a generalized interaction scale was used for alienation and related subdivisions of general alienation, alienation via rejection, political alienation, powerlessness, social isolation, normlessness, and resentment. Responses to these scales were highly similar across sample sites and these samples all had positive self-perceptions and did not present themselves as alienated. Because this study avoids sources of bias in design and administration of the scales, the instrument has application for personality assessment.

The Value Orientation Inventory (Kluckhohn & Strodbeck, 1961) was constructed for assessment of five Southwestern Pueblos and tribes. This interview provided the basis for construction of the Value Orientations Questionnaire (Green & Haymes, 1973) to measure orientations to time (past, present, future), human nature (good, bad, mix), relations (individualism, collaterality, linearity), activity (spontaneous, integrated self, accomplishment by external standards), and man-nature (subjugation by nature, control by man, harmony). Items were selected for a Sioux version on the basis of clarity and appropriateness and local norms were developed (Dana et al., 1984).

Trimble (1981b) has described an alternative methodology for development of a sentence completion test to assess value preferences. Using a previously developed item set for Mexican youth, he compared the completions of Native American high school students from five tribes with their non-Indian peers and 31 of 40 items discriminated significantly between groups. The non-Indian students were found to be similar in completions to previous normative data while the Native American data yielded the same factor dimensions as the normative data. Although these stems are not available, the methodology used has permitted the development of an instrument that could be applied with Oklahoma tribes.

Assessor

For some years I have provided students with workshop experience in self-assessment for goodness-of-fit with the range of human service tasks as specified by the Southern Regional Education Board (Dana, 1980). This process encour-
ages self-exploration for relative contributions of implicit ethical beliefs concerning personal or social locus of responsibility, openness and comfort with individuals and/or groups, empathy, dependency reflected in autonomy, self-confidence and emotional reliance, interpersonal behaviors as seen by self and others, clarity of self-perception regarding what is important, and time management capability. We cannot assume that assessors will have experiences nourished by proficiency in languages and residence or sojourn in other cultural settings. Formal structures for alleviation of potential bias as a result of encapsulation—professional or cultural—become program responsibilities as is training for adequate professional response to situations involving power or sexuality (Gallessich, Gilbert, & Holahan, 1980). Some of the human mechanisms for delivery of assessment services are being explored in the University of Arkansas by Vargo and Warren and a rationale for this research has been developed (Dana, 1985c), although the relevance of these procedures and styles of interaction for Native Americans has to be established. More assessment-specific training is necessary. Sundberg (1981) suggested use of a biographical inventory and tests of knowledge to measure intercultural abilities as has been done for teacher trainees (Giles & Sherman, 1982) and teachers of Native American children in several tribes (Hornby & Dana, 1980).

Relationship

An assessment relationship with Native Americans has special ingredients that are both tribe-specific and relevant to the history of cross-cultural contact between the assessee's tribe and whites. These two ingredients help to shape assessee expectations for the assessment interaction and possible outcomes of assessment. Prior contact between assessor and assessee is mandatory for establishment of rapport that is tangible, consistent across the assessment interaction, and extending to contracts after the particular professional interaction. Immediately prior to assessment it is necessary to establish communality with the assessee by conversation that is unrelated to the assessment. Such conversation establishes a necessary basis in shared, mutual interests, and begins a personal relationship. Anticipatory socialization is known to have positive effects on expressive group psychotherapy with lower-class white males (Heitler, 1973) and on the IQ scores of male children (prior to assessment by male examiners) on the Wechsler Intelligence Scale for Children (Back & Dana, 1977, 1978).

We need to remind ourselves on the basis of sustained experience with minority persons—blacks, Mexican-Americans, Native Americans—that these persons do, in fact, respond differently in professional contacts than do white, middle-class Americans. Gibbs (1980, 1982) has reviewed literature on contact between service-providers and clients to catalog black-white differences in expectations, values, communication styles, attitudes toward self-disclosure and bureaucracy, status, power, and styles for establishment of mutual trust. Moreover,
she has provided a model for interpersonal orientation with relationship microstages of appraisal, investigation, involvement, commitment, and engagement. Black clients evaluate and ultimately acknowledge competence as a result of service-provider behaviors during the first four of these stages. During appraisal the genuineness or personal authenticity of the clinician is assayed. Status equalization or egalitarianism is explored during the investigation stage. Positive identification with the service provider becomes the basis for involvement and commitment. Loyalty and personal regard occur only after acceptance of the client has been demonstrated by means of empathic and supportive behaviors. Engagement, or task involvement, can then translate directly into task-oriented performances as a client. Jenkins (1986) also suggested that blacks rely on affective assessments to regulate their willingness to accept services.

I would not assert that Blacks and Native Americans are identical in their cultural requirements for acceptability of services. However, minority persons are less inclined to have accepted the prevailing egocentric metaphor of American society—the achievement of an orderly world, or coherence, by personal control—than are citizens who are more mainstream in their identifications. Native Americans seek coherence by a good fit with a person system that has "cross-cutting ties and many-sided relationships" (Sampson, 1985, p. 1208). The egocentric metaphor in American society has clear implications for training of professional psychologists in terms of which students are encouraged, the model of science, and the belief systems that undergird the communication of content and techniques (Dana, 1986).

The basis for human relationships differs across cultures. Motivation by human considerations rather than bureaucratic protocol means that structured, formal situations may be perceived as gratuitous and annoying. Time may be less important than visiting in which transactions by feeling and the impact of nonverbal communication (Vogelaar & Silverman, 1984) are salient. Moreover, the assee's world view places value and assigns priorities to social interactions within the context of a service-delivery system. Sue (1978) has described differences in locus of control and locus of responsibility between culturally different and mainstream persons. There are differences in perception of how much control one has over the contingencies which affect one's own life (or should have) and in how responsible one feels for one's personal life circumstance. It is often not feasible to provide services without a shared world view with substantial overlap of the subjective cultures, or characteristic way in which a cultural group perceives its social environment, including rules, norms, roles, expectations, and values (Triandis, 1972). The ingredients for the special human relationship, which constitutes the vehicle for services, must be placed in a context of common thoughts and beliefs.

Rapport with Native Americans is fostered not only by observance of common behaviors associated with appropriate social etiquette, but by empathy as well. Empathy constitutes active, self-conscious awareness of the consciousness of
others, including perceptions of thoughts, feelings, and muscular tensions, which results in transposition to another person (Stewart, 1981). Assessors must eschew their own emotions of sympathy and regress toward common human denominators of assumptions, values, and primordial thought patterns that exist at a latent level of communication. Such communication is difficult for assessors who may be encapsulated within a limited sense of self that is related to external standards for behavior rather than to an internal landscape that may provide, in Jungian terminology, intimations of an intuitive primordial existence. This language for describing empathy may be alien to assessors whom I have described elsewhere as Alpha persons because of adherence to an objective reality, a normative ideology, social responsibility ethics, and a positivist empiricistic world view (Dana, 1982). Beta persons who share a person-centered and subjective reality, humanistic ideology, and personal conscience ethics may experience relatedness at a gut level by being more able to override the culture-specific intellectual and social panoply of automatic evaluative and sympathetic responses to other persons. Such empathy may be potentially measurable by an instrument similar to the Affect Sensitivity Test (Campbell, Kagan, & Krathwohl, 1971) that uses filmed vignettes of real encounters between service-providers and clients.

Client expectations in cross-cultural settings have been described by Higginbotham (1980) who provided a model of the expectation process. Cognitions in the form of anticipations and assumptions are accompanied by emotional and motivational arousal that is linked to these beliefs and results in selective attention and response utilization. Higginbotham suggested that either enhancement of the service-provider/service-delivery process or matching service-providers and clients will increase success expectations. Role induction is one method for decreasing incongruity between expectations and subsequent service-delivery events that has positive effects, even when separated from anticipatory socialization (Sloane, Cristol, Pepernik, & Staples, 1970).

The extent and kind of explanation about assessment techniques and process is a function of educational level and sophistication of the assessee. Communication has to be understood and so-called “informed consent” may be insufficient. Is the assessee familiar with the particular instruments? If not, explanations need to be provided. Has feedback been experienced with other assessors in the past? If not, then the rationale for feedback should be discussed. In addition, however, the culture differences may provide different meanings for the assessment materials. What does it mean (portend) to the assessee to provide responses to structured tests which may violate his or her sense of propriety, privacy, integrity, or time sensibilities? What does it mean to relate test responses to a known (or unknown) white (Black, Hispanic) assessor? These issues are all germane to the ensuing response process.

Are there resources in the local agency settings to permit some reasonable follow-through utilization of findings? And does the assessee believe in any likeli-
hood or efficacy of follow-up? The images of agencies providing service are relevant here. On any reservation the images of the Indian Health Service, Bureau of Indian Affairs, tribal council, and county or state social agencies may differ markedly. In an urban setting the personal history of contact with white service providers and social agencies will be relevant. The assesee usually knows the answers to these questions better than the accessor. Once these issues have been addressed in a matter-of-fact, honest, and problem-solving manner, it is feasible to proceed (or not to proceed) with the assessment process.

Issues concerning trust and perceived insincerity may contaminate any clinical interaction between a white service-provider and a Native American (LaFromboise, Dauphinais, & Lujan, 1981; LaFramboise & Dixon, 1981). Even with careful prepartions, which are accomplished with tact, sensitivity, and goodwill, at the pace of the assesee, and in an acceptable sytle, there still may be an adurbation of the history of all cross-cultural contacts—personal, tribal, and racial—on the specific assessment context. Sometimes this shadow will need to be confronted directly. More typically, however, it is silent (and sinister) and beyond the emotional or verbal resources of either participant. By placing faith in the mutual goodwill generated within the assessment setting, the accessor may overlook or misinterpret inertia, guardedness, specific cultural test content, or nuances of assesee behavior that expose an immense and abiding lacunae between them. To the extent that this shared history of cross-cultural contact (which may be perceived differently) is at issue, the assessment product will be compromised. Whenever this issue has not been addressed directly, the best palliative for the accessor is to confront his or her own feelings about the entire assessment situation in order to evaluate potential distortion/minimization of the response process.

DISCUSSION

This article has sketched some dimensions of personality assessment with Native Americans—knowledge, technique, assessor, and relationship. Ultimately, however, emic instruments developed for Native Americans should assess meaningful personality domains (e.g., acculturation, life events, self-concept, values, world view) and be constructed by persons who are known and accepted by tribal members (e.g., Dana et al., 1984; Trimble, 1981b).

Assessment instruments and services need to be linked directly to interventions. It is necessary to recognize that services to Native Americans, in contrast to mainstream services, have an essentially social function and will be embedded within the life of the community. The relationships that constitute the service-delivery structure should be informal, based on respect and understanding, and continuous over time. Such services cannot readily be performed by outsiders who lack knowledge of the history of personal ties and conflicts across the entire
tribe and awareness of the local impact of the Bureau of Indian Affairs, Indian Health Service, and county, state, and tribal service agencies.

There is immediate need for assessment that permits referrals to indigenous paraprofessionals (e.g., those persons already being trained by the Human Services program, Sinte Gleska College Rosebud, SD), native healers, advocates, and other mobilizers of community resources for brief interventions. The role of many of these service-providers is now limited by affiliation with an inappropriate psychiatric framework used by the Indian Health Service (LaFromboise & Rowe, 1983). In addition, planning for intervention must include increased reliance on networks (Attneave, 1969; Red Horse, Lewis, Feit, & Decker, 1978). There is no clear system for relating assessment to interventions that incorporates these characteristics of appropriate referral, advocacy, extended family and tribal involvement, as well as commitment to brief therapy offered primarily by indigenous paraprofessional practitioners. LaFromboise and Rowe (1983) suggested the need for an altered "conceptual framework from which human services can be provided . . . in a respectful manner which is without the subtle culturally erosive effect . . . " (p. 590). They propose a general skills training for competence model that is preventive and made available on a consultation basis and use assertive communication as an example.

The services required by Native Americans at this time are crisis-oriented, problem-solving in focus, and typically time-limited and/or situation-specific (Hornby, 1985). They epitomize the ethic of sharing resources by freely using whatever is available in the community. As a result service-providers will often be advocates or mobilizers who need to be prepared to intervene immediately on survival issues (e.g., food, shelter, fuel, clothing, violence, illness, alcohol, or accident). Tertiary intervention services have generally constituted poor attempts at providing a quick-fix for survival dilemmas that are omnipresent because Native Americans have been treated with uncaring ambivalence as a conquered people with an implied demand for renunciation of tribal identities, values, and cultural history.

Although immediate service needs should be met, secondary intervention or prevention is a necessary step in order to foster culturally-appropriate service-delivery and emphasize training of local human service personnel and consultation. However, only primary prevention invokes awareness, involvement, and action at the legislative levels of state and federal government in concert with networking by Native American professionals, tribal councils, and other leaders. From this aegis, college education for more Native Americans, commitment to a pan-Indian activist stance, and research sponsored by such indigenous agents as the White Cloud Center provide impetus.

The issue of training for provision of services by mainstream service-providers to Native Americans has been noted earlier with the recognition that their cultural knowledge can be examined in a variety of ways. Similarly, racial attitudes and/or stereotyping, encapsulation, and extent of conventional, elitist profes-
sional and scientific socialization are amenable to measurement and some remediation applied in structured training settings. However, these efforts cannot substitute for a general willingness of programs to respond to the needs of many culturally different groups in their overall training agendas. For example, only 15% of clinical psychology programs responded to a survey by the American Psychological Association Board of Ethnic Minority Affairs (Wyatt & Parham, 1982) with the modal response that relevant materials and experiences were unavailable. Minority students continue to be grossly underrepresented in graduate psychology programs (Issac, 1985), and there are less than 100 Native American psychologists (Rayburn et al., 1984).

There have been several attempts to expose service-providers to relevant training procedures, including the Cultural Attitudes Repertory Technique (Neimeyer & Fukuyama, 1984) that identify counselor and client constructs as a basis for sharing subjective culture. The Ethnic Validity Model (Tyler, Sussewell, & Williams-McCoy, 1985) also provides a framework of understanding the service-delivery process by examining convergence, divergence, and conflict between different world views. Pedersen (1981) described another workshop format in which simulated counselor-client interviews are mediated by a second counselor—an anticounselor or procounselor—who represents client culture by translation of implicit cultural messages. Immediate videotaped feedback is provided that serves to reduce counselor defensiveness and anxiety.

A general cross-cultural training program, including seminars for intercultural awareness, knowledge, and skills, was piloted by the Institute of Behavioral Sciences in Hawaii (Pedersen, 1983). Trainees who adapted successfully to this program had interpersonal skills, motivation to learn about cross-cultural issues, high tolerance for differences among persons, and are able to engage in shared leadership. Runion and Gregory (1984) reported a grant program for training Louisiana Native Americans in four tribes to provide their own services and a service-delivery system. The model used a cultural brokerage system focused on parenting and was designed to leave structures and personnel in place after grant support was terminated. Preventive mental health programs for Navajo and other tribes have also been discussed in terms of their effects on social ecology (Dinges, Trimble, Manson, & Pasquale, 1981).

Clearly, the assessment needs of Native Americans are not for traditional instruments and a service-delivery process that coincides with conventional mental health machinery exclusively. Assessment for Native Americans should occur within a biopsychosocial framework described by Pankratz and Taplin (1982) in order to provide equal assessment attention to biological, intrapersonal, interpersonal, family, organizational, and social systems with prioritization of subsequent services for any of these domains. In this manner, assessment services can more adequately address the social responsibilities and ethics of service-providers.
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