Tripartite Cultural Personality and Ethclass Assessment

Ken Huang
St. Cloud State University

Recommended Citation

Tripartite Cultural Personality
and Ethclass Assessment

KEN HUANG

St. Cloud State University

This article assumes of the necessity of a theory of "tripartite person-ality" and utility of ethclass assessment in cross-cultural therapeutic interventions. It includes, (1) determinants of human behavior; (2) eth-nocentrism and effects on groups and individuals, both majority and minority; (3) strategies of conventional intervention and its cultural encapsulation; (4) the proposed tripartite cultural personality, and psy-chocultural intervention; (5) the ethclass assessment and how it can be incorporated into the DSM-III-R (now, DSM-IV) Multiaxial Diagnos-tic System.

For most of us brought up in an ecological "like us" milieu, intercultural sensitivity is atypical. According to Milton J. Ben-nett (1986:27), history abounds with "bloodshed, oppression, or genocide," when cross-cultural contacts occur. The world today is increasingly interdependent, and issues tend to be global and international. The failure to exercise intercultural sensitivity is not simply bad business or bad morality—it is self-negation, or even self-destruction.

Why should mental health professionals who include so-cial workers be concerned with crosscultural issues? James W. Green and Collin R. Tong (1978:2–4) gave the following answers: (1) avoidance in dealing with ethnic and minority clients is im-practical and impossible; (2) a survey conducted among social workers like the one in Alaska (Jones, 1976) revealed grievous instances of "cultural insensitivity" and "blatant expressions of racism"; (3) "the profession has never adequately conceptual-ized what its relations to these groups ought to be." Added to the list should include: (4) the gross neglect if not outright vio-lation to our code of ethics in the treatment of linguistic and/or cultural variant minorities; and (5) the issue of "fitness" between

our service paradigms and unmet needs as evidenced by high dropout and underutilization rates of ethnic minority clients.

The gist of this article is derived from years of the author's clinical practice with Native Americans, Blacks, Whites, and Asians in North America, teaching and research both in the U.S.A. and Asia. More specifically, the theoretical presuppositions were formulated in conjunction with a three-month doctoral field study at a psychiatric inpatient service unit targeted at Asian clientele and further tested with the same ethnic group at a child/family guidance service.

The article is intended to rectify some of the pitfalls of monocultural therapy involving ethnoculturally dissimilar populations, especially those at the lower rung of socioeconomic status. It is grounded on the assumption of the necessity of a theory of "tripartite personality" and utility of ethclass assessment in cross-ethnic, cross-cultural therapeutic interventions.

The content of the article is structured under several headings: (1) determinants of behavior; (2) ethnocentrism and effects on groups and individuals; (3) conventional intervention and its cultural encapsulation; (4) tripartite cultural personality, and rationale for psychocultural intervention; and (5) ethclass assessment and its incorporation into the DSM-IV Multiaxial Diagnostic System (American Psychiatric Association, 1994). We turn to a review of how human behavior is determined.
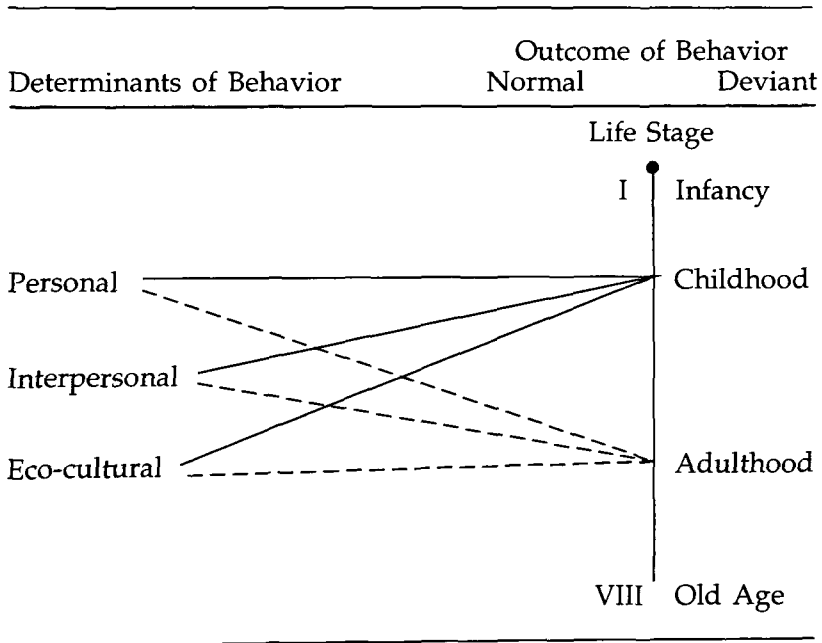
Determinants of Behavior

Human behaviors are never static. A dynamic conceptualization of behavior determinants should be viewed from the interaction of two dimensions: the vertical individual stage of development and the current impacts of bio-psychocultural factors. From figure A, the vertical axis reflects movements and stages of life and family cycle which are cumulative and evolving. It encompasses the temporal dimensions of past, present and future, such as one's life goal, resources, determination or lack of determination. In the Western culture, it is generally viewed along the continuum of Erickson's seminal eight ages of man (1950; 1959). Erickson, Freud, Paiget, Kolberg all postulate that each stage of life presents both crises and opportunities, and hence, tasks—sexual, cognitive, moral, and psychosocial—to

be mastered. Developmental stagnation or fixation is plausible if sequential developmental crises are unresolved. Since the late 1970s, the Ericksonian theory of individual life cycle has been expanded into a proposition of family life cycle (Rhodes, 1977; Duvall; 1977, 1988). Devore and Schlesinger (1991) condensed Duvall's 8-stage formulation into a more generalized 5-stage family life cycle: (1) joining together, (2) families with young children, (3) families with adolescents, (4) families as launching centers, and (5) together again in later adulthood. The model could be easily modified or expanded to apply to single-parent, or reconstructed families.

Figure A

Dynamic Interactions of Determinants & Behavioral Outcome

	Outcome of Behavior	
Determinants of Behavior	Normal	Deviant

Life Stage

I — Infancy

Personal

Interpersonal

Eco-cultural

Childhood

Adulthood

VIII — Old Age

When encountering those of non-Western cultures or ethnocultural groups, the applicability of the Ericksonian developmental theory and the family life cycle and its derivatives may be subject to question.

The horizontal axis represents the convergence of three levels of impact:

1. Personal or Micro Level. which includes genetic-biological, attitudinal-behavioral factors that can be conscious and/or unconscious.

2. Interpersonal or Mezzo Level, that is both intrafamilial and extrafamilial.

3. Ecological or Macro Level, which encompasses both physical environment and societal-cultural milieu.

Due to the dynamic interaction of various concurrent forces interfacing with one's life and family stage development, outcome of behavior could be categorized as normal, deviant, borderline, or a vacillation between two. Behavioral traits that make up each human being are both complex and unique, and culturally determined as to the demarcation between acceptability and aberration. For a disenfranchised oppressed people, not to have some degree of paranoia toward others, is as abnormal as mice unafraid of cats. For this reason, close scrutiny is needed if cultural meaning of behavior or personality is to be deciphered.

Next let us discuss the possible consequences when people of diverse cultures are in contact with each other.

Ethnocentrism and Effects On Minority Groups

Cultural contacts can be inviting or unwelcome, peaceful or bloody, accommodative, or exploitative and even genocidal. Ethnocentrism, according to Milton J. Bennett, is defined as "assuming that the world-view of one's own culture is central to all reality" (1986:33). It parallels "egocentrism" on the individual level. An ethnocentric person disparages peoples or cultures that are dissimilar (Porter and Samovar, 1983), giving rise to the derivative consequence of racism. Ethnocentrism is pervasive in many parts of the world. The names American Indians gave themselves, usually mean "The People," or "Human Being," implying others are not. The "Eskimos"—contemptuous name, meaning "eaters or raw meat," attributed to them by outsiders—call themselves, "inuit, or Inupik," translated as "The Real

People." The Chinese, no less, for millennia, have viewed themselves as "People of the Middle Kingdom," and the rest, barbarians on the peripheries, befitted to pay tribute and kowtow to the Son of Heaven. Citizens of USA refer to themselves as "Americans" while obliterating consideration of all other inhabitants of the two continents with the same entitlement (Farb, 1978: 284). Racism such as "White supremacy" is "a most virulent form of ethnocentrism" (Axelson, 1985:134). Since racism is a fact of life, it is better for our country and people to acknowledge it than to deny it. By conscious exposure, at least, we could have a better chance of dealing with it.

The ramifications of cultural contacts are many. The most ostentatious is the division between in-group, out-group, and between groups (Figure B).

The dividing line between what J. Galtung calls "top dogs" and the "underdogs" or the dominant/majority group and the minority group is not so much one of numbers as it one of power and control. The less than 1% of British in colonial Hong Kong, and the domination of the 15% white Afrikaners in South Africa are such examples. In the United States, the white power structure coincides with its majority in number. To safeguard the prerogative and privileges of the Anglo Americans, the alternatives for the minority group as evidenced by historical development are: assimilation, accommodation, and segregation.

1. *Assimilation* as viewed from the dominant majority, is the expected treatment accorded to ethnocultural groups, based on the "like us" perception, and, therefore, part of the in-group. Assimilation, like acculturation, relies on a trait-list categorical explanation of racial or ethnic groups and that "diversity of groups is expected to recede over time as each group adopts traits from the other and submerges its own distinctiveness" (Green & Tong, 1978: 29). Unlike the latter, assimilation suggests the possibility of racial merging, while acculturation may or may not. Historically, assimilation in the United States was reserved primarily for immigrants of Northwest European stock. The color-blind distortion was probably related to the exaltation of the "melting pot" cultural myth, which discounted the "unmeltable ethnics" (Novak, 1971). People of color, despite a high degree of acculturation, and even the helping hands of

Figure B

Cultural Contacts and Effects on Groups and Individuals

Cultural Grouping	Treatment of Minority Group	Effects on Individuals Dominant Culture (DC): Minority Culture (MC)	
In-Group	Assimilation: Appreciated	DC:	Cultural superiority validated
		MC:	Rejection of home culture; acceptance of second culture as superior
Between-Group	Acculturation: Accomodated	DC:	Cultural pluralism acknowledged
		MC:	Selective acceptance/rejection of both home and host cultures
Out-Group	Segregation/ Subjugation: Depreciated	DC:	Pervasive racism: oppression & exploitation
		MC:	Traditionalism—clinging to home culture for security & identity
			Marginalism—identifying neither with home nor the host culture
			Defeatism—resigned to the fate of subjugation
			Radicalism—revolting by means of force

recent civil rights and affirmative action, have yet to transcend the hurdles of social barriers, and worse, the biological bulwark of interracial marriage. Contemporary America has witnessed some easement of such a racist stance. Mixed marriages, an index of racial acceptance, for Japanese and Chinese Americans, especially among the third generations, have reached or come close to the 50–50 mark at least in certain Western cities.

(Kikumura, & Kitano, 1973). The expected assimilation of a minority group, conveys the message that it is appreciated, the "they" can be "we." For members of the dominant culture, this amalgamation process helps to affirm the superiority of their heritage and group. Members of the assimilated group trade their allegiance to the second culture which is deemed superior with the price of rejecting their first.

2. *Acculturation* is the second preferred treatment between majority and minority groups when fusion or assimilation are impractical or impossible. Traditionally, it is both a process and the end state of Americanization, denoting one's ease and ability to assume the expected norms and life style of "mainstream America," meaning White, Anglo-Saxon, and Protestant (WASP). Acculturation defined by *The American Heritage Dictionary* (1985, denotes "the modification of the culture of a group or individual as a result of contact with a different culture." In this sense, it need not and should not be a one-way street of WASP-conformity. it implies mutual accommodation of variant groups, regardless of race, ethnicity, religion, and national origin. The right of diverse groups to coexist and the respect for differences is known as pluralism and is acknowledged by the dominant group. In the incipient heterogeneousness, unity in diversity appears to be a pragmatic destiny for our society to strive toward. So "the salad bowl" analogy, a sort of "distinct but equal," is gaining ground replacing the mythical "melting pot" scenario of the past. When we apply the transactional jargon to intergroup relations, it is the "adult" to "adult" relationship, not parent-child, superior-inferior, conquerer-coquered, or master-slave relationship. Under the canopy of pluralistic ideology, members of the nonmainstream group, may act as "the Americans" do, but this does not necessarily confer fusion, nor imply abandoning of one's roots, identity, and distinctiveness as a subculture. Their prerogative to choose the right mix of accepting or rejecting both ones' home or host, dominant or minority way of life is retained. For them one can postulate that each culture, like each person, is unique, merits and demerits-are inclusive. Difference is normal. It should by no means be conferred as undesirable, inferior, deviant or pathological.

Recent literature on intercultural interaction takes issue with the earlier view, exonerating the notion of "marginality" and conferring on it a positive tint. Adherence to this perspective, the freedom from the binding and blinding of a specific culture is highlighted. This constructive version accounts for the rising variable, designating the culturally expanded individuals as being: "bicultural,—or multicultural person," (Adler, 1977), the "mediating person" (Bochner, 1981), or the "150% person," (McFee, 1968; Saltzman, 1986). Capitalizing on the vantage point of "inbetweenness," such an individual comes close to what Milton J. Bennett refers to as having undergone "a paradigmatic shift"—from "reliance on absolute principles" of ethnocentrism to some sort of "non-absolute relativity" of ethno-relativism (Paign, 1986: 5). Although bicultural or multicultural persons can also emerge among either the assimiliated or the segregated groups, more likely, their ranks are largely drawn from the acculturated group.

3. *Segregation* of people by race, color, creed, or social class is an unmistaken indicator that minorities are the out-group who are systematically debased and categorically depreciated. Members of the dominant group are prone to be what Robert Merton (1976: 189–216) referred to as bigots, be they "all-weather," or "timid." The more differences are pigeonholed, albeit superficial and selective, the more similarities are disavowed. Denigrating others, the mainstreamers often interact by aggrandizing themselves. Members of the subordinate class are looked down upon as stupid, inferior, or even subhuman and stereotyped as gooks, "Jim-Crows," infidels, or savages. Distorted, half-true stereotypes, especially the negative, are promulgated to justify the exploitation, subjugation, extermination, and the pervasive "chocolate city, vanilla suburbs" (quoted in Schaefer, 1989: 39) form of segregating the culturally variant. Not infrequently, the ethnic minority itself may be splintered into different reactive ideological camps: traditionalism, marginalism, defeatism, and radicalism.

The traditionlists of the ethnic minority under an oppressive circumstance are obliged to double their efforts, clinging to the vestiges of their cultural legacy as a defensive measure and a source of pride and security. The earlier involuntary

insulation of Chinatown as an ethnic enclave is illustrative (Yuan, 1963). In the above paragraph, we have already alluded to the constructive force of marginality. The negative connotation is traced to Robert E. Park's (1928) itemization of vulnerabilities and strains faced by those under such circumstances. Under the weight of our racist society, some members of the people of color are eager to pass for white. Despite alterations of outward appearances, and even physical features, they unwittingly turn to racial self-hatred, distancing themselves from their own cultural affiliation without being accepted by the mainstreamists. They are those straddling two cultural boats, part of but apart from neither. More often than not they are despised by their own kind as "cultural traitors." Such individuals for blacks are derogatorily labeled, "oreo cookies," (black outside and white inside), for Asians, as "bananas" (yellow peel wrapping the white stuff), and for Native Americans, "apples" (red skin with a white core). Then there are defeatistis, who resign themselves to the assigned fate of powerlessness and helplessness. Many, through their self-degradative, self-destructive behavior, ironically fulfill the depreciative racial/ethnic stereotypes, which, in turn, refuel he spiral of prejudice, discrimination, oppression and exploitation. The last subcategory are the militants, unyielding to the fate they have been ascribed, they rebel, and if necessary, by means of bloodshed.

Cultural Myopia and the Paradox of Intervention

Practitioners in the field of mental health deal with individuals whose psychosocial problems range from normal exigencies of day-to-day living to maladaptive behavior that is within the realm of mental disorder. Our approaches to behavioral intervention could be subsumed under one of a combination of three non-discreet levels: (1) micro level which implies social work or therapy with the individual or family concerned; (2) mezzo level which includes others in the form of group process, or alignment with the community support network; and (3) macro level which encompasses activities such as community education and organization, advocacy, and social action, working with or on behalf of our constituents on various levels of jurisdiction.

Few would quarrel with the conceptualization of these interventive modalities. The trouble is often in the process of implementation when the converging impact of "minority status, ethnicity, and class" as well as the language gap is attenuated or ignored, and when the "negative, dysfunctional aspects of the ethnic reality" is exaggerated (Devore and Schlesinger, 1991: 127). Our so-called practice principles and techniques, interview skills, and theoretical assumptions of human behavior and personality development are both culture-bound (Singer, 1976; Sue, 1981) and class-bound (Hollingshead and Redlich, 19587). For many years, diagnostic assessment schemes, typified by the *Diagnositc and Statistical Manual* (DSM-III-R, 1987) were conspicuously devoid of the cultural inclusion, resulting in unresponsiveness of our ethnocultural communities and courting potential disasters.[2]

A case in point entails Dock Kim Huey, a 71-year-old Chinese man, found in Camarillo State Hospital, California, in 1971, after 36 years of psychiatric confinement. He was discharged when a new state law made annual review mandatory ("Mysterious . . . ," 1971). Huey told Wellman Jue, a restaurant owner and interpreter, that he was "the first person" who ever conversed with him in his native tongue.

"Questions begging for answers did not cease at the closure of the hearing . . . Could Huey's first psychiatric encounter, perhaps by default, have sentenced him to a mental hospital? Could Huey's mental illness be real, or a myth created by a cultural and language gap which condemned him to a 'de facto' life imprisonment?" (Huang, 1977: 36). Huey's case was a tragic injustice inflicted on an individual whereas the most rudimentary cultural and linguistic service requirements were obliviated in cross-cultural psychiatric care.

A more recent illustration involved a Cambodian man in San Jose, accused of child abuse, based on many purple and scarlet marks discovered on the face, neck and body of his child. The man being publicly disgraced and vitiated as a responsible parent, committed suicide in desperation. It was another example of outrageous violation of cultural sensitivity on the part of child protective authorities who were ignorant, confusing what is culturally condoned, pinching or coin rubbing folk healing

practices with a deviant case of child abuse. These healing arts are prevalent in South China and several countries in Southeast Asia. Our uninformed child protection workers/agency involved in this care, contrary to what they purport to do, have rendered themselves, through their naivete, into the first degree "family abusers." Not only have they cost the tragic loss of a human life, but also deprived the putative "abused" child and the family of a father. All because of our cultural myopia, we are unable to discern what is termed "abusive" behavior from legitimate behavior in an ethno-subculture. If ethnocultural folk healing is indeed harmful, what we need is public education and individual counseling not indiscriminate, punitive action.

To safeguard against the system's abuse and tragic episodes quoted above, we need a tripartite cultural personality scheme to rectify our cultural lacunas in our theoretical foundation, which, in turn, undergirds our psychotherapeutic procedures and practice principles. Equally compelling is our need to acknowledge the imperative for a psychocultural assessment and put it on the front burner in our diagnostic routine, when service involves culturally variant clients.

To sum, our therapeutic intervention, such as psychotherapy and casework counseling workable with intracultural white middle class Americans, is woefully inadequate for the bulk of our constituents who are of lower socio-economic class and culturally different (Sue, 1981; Axelson, 1985).
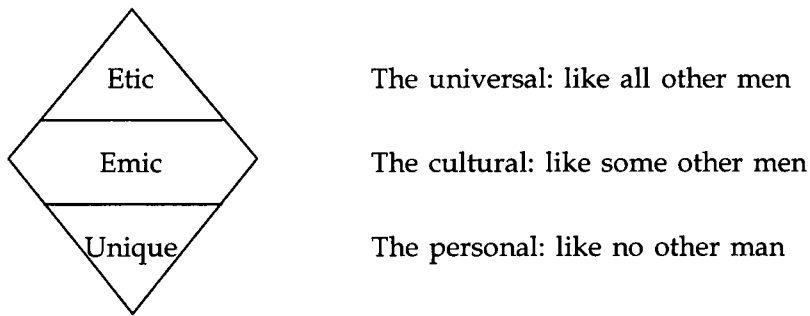
Personality and Psychocultural Intervention

Neither Freudian id-ego-superego psychic structure, nor Bernian transactional child-adult-parent formulation, nor the neurotic patterns of Karen Horney's "moving toward, moving away, and moving against people" are adequate in explaining human behavior in cross-cultural contacts. Compatible to transcultural service requirements, a different conceptualization of the personality structure is needed. the tripartite cultural personality as proposed consists of: (1) etic, the biopsychological universal attributes that all human being share; (2) emic, the culturally specific parts which are relative to each culture; and (3) unique, the components that distinguish each one of us

(Figure C). Its formulation is derived from the apt hypothesis by Kluckhohn and Murray (1948, 1953) that every man is in certain respects like all other men, like some other men, and like no other man.

Figure C

The Tripartite Cultural Personality

Etic   The universal: like all other men

Emic   The cultural: like some other men

Unique   The personal: like no other man

Mental health professionals in America today have, by and large, not been trained in the theory and practice of cultural personality. Our training, modes of service intervention are basically monocultural (Figure D). Our principles of human behavior are viewed as universal when in fact they are Western. In service delivery, the etic part is implicitly dealt with mainly through our biomedial treatment. The emic part is either confused with the former or conspicuously ignored. As a consequence, the uniqueness of the individual looms large for our psychosocial intervention. In short, the issue of cultural differences and diversity failed to claim the attention of counseling and psychotherapuetic literature, professional training and practices until recent years.

In contrast, psychocultural therapeutic intervention would not permit the emic part of the cultural personality to be swept under the rug. It is explicitly designed to help the culturally different, particularly immigrants and refugees, to deal with the unavoidable survival issues, uprootedness, acculturation process and attendant issues of social change, Post Traumatic

Figure D

Monocultural Therapeutic Intervention

Cultural Personality Involved	Modes and Content of Intervention		
	Biomedical Treatment	Ethnocultural Intervention	Psychotherapy
American	Etic	(none or little)	Unique

Stress Syndrome, culture shock, their new enemy—the English language, role change and identity confusion, intra- and inter-familial adjustments, intergenerational conflicts, racial oppression, and prevailing feelings of bewilderment, hopelessness, and helplessness.

Figure D

Psychocultural Terapeutic Intervention

Cultural Personality Involved	Modes and Content of Intervention		
	Biomedical Treatment	Ethnocultural Intervention	Psychotherapy
Minority:	Etic	Emic	Unique
Majority (WASP):	Etic	Emic	Unique

Psychocultural or bicultural therapeutic interaction requires two levels of comprehension, behavioral norms of the dominant culture and those of the minority experience and subculture to which our client belongs. For the Third World client, even if the therapist also belongs to the same ethnocultural group, he/she is dealing with more than one cultural personality. The reason is that while the minority therapist's subcultural orientation is non-white, the knowledge and techniques he or she has acquired are not. So is the ecology under which both the therapist and the client share and operate. For instance, I am a Chinese American working with a client of the same

ethnic descent. Lurking behind our common ethnic identity—
Chineseness—there is a shadowy but powerful "American cul-
tural personality" that we have to contend with, if the treat-
ment goal is to help the client adapt more effectively in the
American society. Ultimately, the aim is neither to make the
client "totally American," which is neither feasible nor even
desirable. Nor should one encourage ethnocultural clients to
rigidly cling to their original culture without modification. The
monocultural frame is usurped by being uprooted and has
now become anachronisitc and maladaptive. The intermediate
position—biculturalism—seems pragmatic and reasonable. Our
aims of psychocultural intervention should be helping our client
to synthesize the two cultural norms, which befit the individual
concerned and his/her sociocultural habitat. The issue remain-
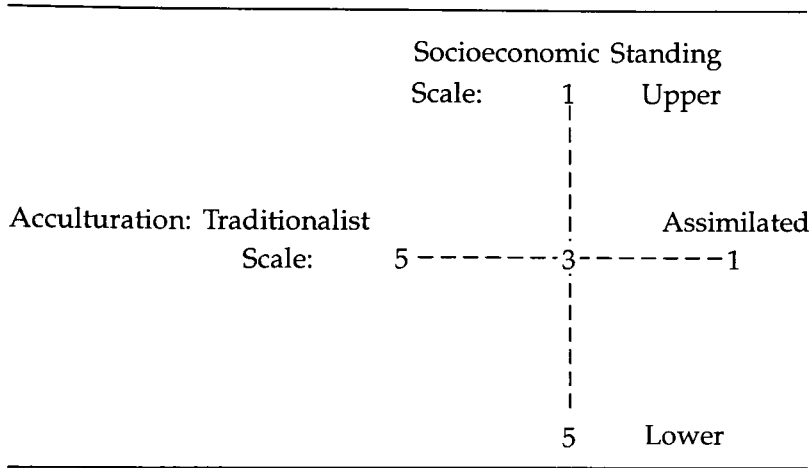ing is how, and at what pace, and with what price.

Ethclass Assessment and Its Utility for DSM-IV[3]

Ethclass, a hybrid term coined by Gordon (1964; 1978) de-
notes the intersect between ethnicity and social class which
generate "identifiable dispositons and behaviors and beliefs."
Devore and Schlesinger characterized these as the "ethnic
reality" (1991:20). Ethnic reality arises out of the group's (1)
cultural values and legacies, (2) shared experience of racial op-
pression, and (3) nurturing system of kin network and sustenta-
tive system of ethnic community (Chestang, 1976). Research has
shown that the correlation between the two indices—ethnicity
and class-seems high, (Hollingshead & Redlich, 1958). Partly be-
cause of this, the plausibility of predicting behavioral norms and
situational circumstances should be more reliable than using ei-
ther indicators of social class or ethnicity alone. The interface
between the ratings of socioeconomic standing and the degree
of one's acculturation is demonstrated by Figure F:

Besides knowledge of the ethnic reality, to be ethnic compe-
tent in therapeutic interaction with minority subcultures, vari-
ables significant for individual cultural assessment include: (1)
pre-migration socioeconomic and geocultural background; (2)
age of immigration and history of migration; (3) educational
level and school location; (4) proficiency with the English lan-

Figure F

Ethclass: Interaction between Social Class and Acculturation

```
                          Socioeconomic Standing
                      Scale:        1      Upper
                                    |
                                    |
                                    |
                                    |
Acculturation: Traditionalist       |          Assimilated
           Scale:        5 -------3--------1
                                    |
                                    |
                                    |
                                    |
                                    |
                                    5      Lower
```

guage, and (5) nature of occupation and career development; (6) characteristics of the client's neighborhood (Lee, 1982, Ho, 1987). The crucial question is how to integrate these data into our diagnostic and treatment procedures.

The Ethclass Rating Scale proposed by the author (Figure G) is intended to complement the Diagnostic and Statistical Manual (see 1987, 1994) Multiaxial Diagnostic System which offers limited if any provision as to how ethclass variables are to be assessed when psychosocial stressors are considered. The scale consists of six variables, and each is rated from a scale of 1–5, with "O" indicating lack of sufficient information. Scale 1, assessment of client (or significant others) in terms of the degree of Americanization, which ranges from being assimilated ("1" or no deficiency) to indigenous ("5" or native culture such as Hmong). Scale 2, degree of English proficiency, ranging from fluency to usage of alien language only (for instance, client speaks only Hmong and Teochiu). Scale 3, the level of education acquired ranging from postgraduate in the U.S. to illiteracy. Scale 4, occupational level ranging from licensed professinal to unskilled labor. Scale 5, social network ranging from

Figure G

Ethclass Rating Scale
(as Addendum to Axis IV, DSM-III-R)

			Level of Sufficiency				
	1 None	2 Mild	3 Moderate	4 Deficient	5 Severe	0 No Data	
Americanization Assimilated							Alien (native culture)
English Proficiency Fluent							Foreign Language Only (specify)
Education Post graduate, USA (specify)							Illiterate
Occupation Lic. professional							Unskilled/ Unemployed
Social Network White middle class							Ethnic Subculture
Income 2 x median income							Below Welfare Standard

Mean Ethclass Scale Rating: _ _ _ _ _.

---

association with white middle class versus association only with ethnic subculture. Scale 6, income level ranging from twice the median income to below welfare standard. The mean score of the five variables implies an estimation of one's ethclass grading. Low composite score indicates possession of sufficient resources, high level of communication and coping skills, and one can infer relatively low level of conflicts and stressors associated with the culture/environment. For the reverse, with lack of essential resources and multiple deficiency in adaptive skills in the American society, one would suspect high stressors in one's psychocultural adaptational process. For the said individual and/or family, the need for assistance in external resources and in skill acquisition is warranted.

The Ethclass Rating Scales are easy to administer. Figure H, illustrates such an assessment for 39-year-old Wee, an ethnic Chinese and a new immigrant from the People's Republic of

China, who was diagnosed at the time of his hospitalization as "For Axis I. 1, Psychotic Disorder NOS, Chronic; 2, homicidal potential toward the mother cannot be ruled out." The following can be valuable as addenda to Axis IV, or Psychosocial Stressor.

Figure H

Ethclass Assessment for Wee

Axis IV			PS stressor: estrangement from family members; No English language and/or marketable skills as a new immigrant from China.
			Severity Rating: 4 Severe
			Ethclass Rating: 5 Severe deficiency
.1	Ethnicity:	5	Traditional Chinese
.2	Language:	5	Monolingual: Toy San Chinese
.3	Social Class:	5	Lowest SES
.4	Education:	4.5	Semi-illiterate
.5	Occuptaion:	5	Unskilled, unemployed
.6	Income:	5	None

As we can see Wee's mean rating score is about 5, the most severe deficiency level. His survival is at stake. Obviously, no one can work effectively with him and his widowed mother (whose ethclass means scale is 4.5) unless one is both bilingual and bicultural.

These scales, the validity of which are yet to be tested, constitute a beginning step in making our ethclass appraisal explicit and thus minimize the haphazard guesswork. Conceivably, it is useful in the matching of clients with therapist in terms of language and cultural stipulations, decisions as to whether or not to call for an interpreter. The ratings of these scales permit visualization of variant acculturation rates among family members, that may augur intrafamilial and intergenerational strife. Needless to say, the tailoring of one's treatment style and strategy can then be purposefully articulated.

The interaction between ethnicity and social class is never static. War, famine, social change, uprootedness and migration often trigger class mobility. As viewed from the human service arena, experience reveals that most of the adults migrating from the Asia Pacific region who have not been educated in the English-speaking West encounter a downward shift in their career ladder in America. For this reason, working with a client who was formerly an illiterate mountain tribesman is not the same as with an urban, unemployed French-speaking, multilingual middle-aged M.D. whose proficiency in English is less than desired. Without such an ethclass appraisal, I would be amiss to decide if I should treat my client like an American, like a Vietnamese, or like an Asian American who is in the middle range, with a varying degree of acculturation.

Ethclass assessment does not purport to address the issue of mental health or disorder of specific behavior, relative to cross-cultural perspective. Ethclass assessment is only part and parcel of psychocultural appraisal, which should, especially for refugees and immigrants, supersede conventional psychiatric diagnosis, if confusing culturally appropriate behavior is not to be mistaken as mental disorder. How to do it is another matter. Until then, no known short-cut is at hand other than cultural self-awareness and a well-grounded knowledge of the client's subculture, beyond our conventional psychiatric wisdom. The materials added in DSM-IV (1994) are helpful. Limited attention is paid to social class features.

Conclusion

This article begins with a review of determinants of human behavior, discussion of constructs such as ethnocentrism and effects on both majority and minority groups and individuals. Next, the strategies of conventional therapy along with its underpinning conceptualization of personality and human development were examined. Since existing theories of personality ill-prepare us to understand people of variant cultural backgrounds, our emic biased psychotherapeutic principles and techniques seem impotent when applied to people of color, immigrants and refugees in particular. Therefore, a tripartite cul-

tural personality is proposed. Stemming from this theoretical presupposition, the author suggests that psychocultural assessment should be attempted and precede psychodiagnosis when service entails intercultural intervention. Working toward this direction, the inclusion of an "Ethclass Rating Scale to the Multiaxial Diagnostic Scheme is proposed. Ethclass Assessment does not address the issue of normality or abnormality, mental health or mental disorder, but is explicit in crucial data like level of education, the type of occupation, proficiency of language, degree of literacy, level of income and extent of Americanization. The scales are quantifiable and a composite score can be easily calculated. This assessment renders haphazard guesswork unnecessary, facilitates consistency and continuity in teamwork or interagency communication and collaboration. It aids decision-making in terms of certain interventive strategies, the most obvious of which is the extent of language and cultural requirements, and whether or not the client should be treated like an indigenous alien, like an American, or like one in the continuum of the two polarities. Its potential and utility depends on further testing, research, and refinement.

References

Adler, Peter S. "Beyond Cultural Identity: Reflections upon Cultural and Multicultural Man." In R.W. Brislin (Ed.). *Culture Learning Concepts, Application and Research*. Honolulu: University of Hawaii Press. 1977.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*. 1987.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. 1994.

Axelson, John A. *Counseling and Development in a Multicultural Society*, Belmont, CA: Wadsworth, Inc. 1985.

Bennett, Milton J. "Toward Ethno-relativism: A Developmental Model of Intercultural Sensitivity." In R. Michael Paige (Ed.). *Cross-Cultural Orientation: New Conceptualizations and Applications*. Lanham, M.D.: University Press of America, Inc. 1986.

Bochner, S. (Ed.). *The Mediating Person: Bridges between Cultures*. Cambridge, MA: Schenkman. 1981.

Caplan, Gerald. *Preventive Psychiatry*. New York: Free Press. 1967.

Devore, Wynetta and Schlesinger, Elfriede G. *Ethnic-Sensitive Social Work Practice* (3rd. ed.) N.Y.: Macmillan Publishing Co. 1991.

Diagnostic and Statistical Manual of Mental Disorders: DSM-IV, 4th ed. 1994. Washington D.C. American Psychiatric Association.

Duvall, E.M. "Family Development's First Forty Years." *Family Relations.* 37(2), 127–133.

Erikson, E.H. "Identity and the Life Cycle: Selected Papers," *Psychological Issues* (Monograph). New York: International Universities Press. 1959, I:I.

Farb, P *Humankind.* Boston: Houghton Mifflin. 1978.

Gordon, M.M. *Human Nature, Class, and Ethnicity.* New York: Oxford University Press. 1978.

Green, James W.; Tong, Collin R. *Cultural Awareness in the Human Services: Module #1 (First Draft).* Center for Social Work Research. School of Social Work, U. of Washington. April, 1978.

Ho, Man Keung. *Family Therapy with Ethnic Minorities.* Beverly Hills, CA: Sage. 1987.

Hollingshead, August B. & Frederick C. Redlich. *Social Class and Mental Illness: A Community Study.* New York: John Wiley. 1958.

Huang, Ken. "Matching Needs with Services: Shoes for the Chinese Feet." *International Journal of Social Work.* Vol. XXI, No. 4, 1979:44–54.

———. "Psychocultural Therapy and Service Underutilization: Special Reference to Asian American." Presented at Conference Envision Social Work for 1990s, 9/19/1990, University of Minnesota, St. Paul.

———. "Psychocultural Therapeutic Intervention: Cultural Personality and Ethclass Assessment." Presented at International Congress of Schools of Social Welfare. 8/19/1990. Lima, Peru.

Jones, Dorothy M. "The Mystique of Expertise in Social Services: An Alaska Example." *Journal of Sociology and Social Welfare.* III (3). January: 332–346.

Kikumura, A., & Kitarno, H.H. "Interracial Marriage: A Picture of the Japanese-American." *Journal of Social Issues.* 1973: 29. 1–9.

Kluckhohn, C., & Murray. H.A. (Eds.) *Personality in Nature, Society, and Culture.* New York: Knopf. 1948.

Lee, Evelyn. "A Social System Approach to Assessment and Treatment for Chinese American Families." In Monica McGoldrick et al. (Eds.) *Ethnicity and Family Therapy.* N.Y.: The Guilford Press. 1982. 527–551.

McFee, M "The 150% Man, A Product of Blackfeet Acculturation." *American Anthropologist.* 70 (6). 1968. 1096–1103.

Merton, Robert K. *Sociological Ambivalence and Other Essays.* New York: Free Press, 1976.

"Mysterious Mental Patient May Be Freed." *San Francisco Chronicle.* March 30, 1971.

Novak, M. *The Rise of the Unmeltable Ethnics.* New York: Macmillan. 1971.

Paige, R. Michael (Ed.). *Cross-Cultural Orientation: New Conceptualizations and Applications.* Lanham, M.D.: University Press of America, Inc., 1986.

Park, R.E. "Human Migration and the Marginal Man." *American Journal of Sociology.* May 1928. 882–891.

Porter, R.E. & Samovar, L.A. "Approaching Intercultural Communication." In
   L.A. Samovar & R.E. Porter (Eds.) *Intercultural Communication: A Reader*
   (3rd ed.). Belmont, CA: Wadworth. 1983.
Rhodes, S. "A Developmental Approach to the Life Cycle of the Family." *Social
   Casework*. May, 1977.
Saltzman, Carol. "One Hundred and Fifty Percent Persons: Guides to Ori-
   enting International Students." In R. Michael Paige (Ed.). *Cross-Cultural
   Orientation: New Conceptualizations and Applications*. Lanham, M.D.:
   University Press of America, Inc., 1986.
Schaefer, Richard T. *Racial and Ethnic Groups*. (4th. ed.). New York: Harper
   Collins Publishers, 1990.
Singer, K. "Culture and Mental Health I: Sociocultural Dynamics" (with
   Special Reference to Hong Kong). *Perspectives in Mental Health: Hong Kong
   1976*. Hong Kong: Mental Health Association of Hong Kong, 39–44.
Sue, D.W. *Counseling the Culturally Different*. New York: Wiley, 1981.
Yuan, D.Y. "A Study of New York Chinatown." *Phylon* 24 (Fall). 255–265.
   Theme classification: Psychocultural therapy, cultural personality, inter-
   cultural interaction, ethclass assessment.

Notes

1. This article was first written on the basis of the organization of DSM-III-R.
   DSM-IV was published shortly before this article was scheduled to go the
   press.
2. DSM-IV, Published in 1994, shortly before this article was ready to go to press
   makes substantial progress in this regard. Appendix I entitled "Outline for
   Cultural Formulation and Glossary fo Culture-Bound Syndrome" provides
   and outline intended to "supplement the multaxial diagnostic assessment
   and to address difficulties that may be encountered in applying DSM-IV
   criteria in a multicultural environment" (p 843). The outline suggests how to
   review the individual's cultural background, the role of the cultural context
   in symptom expression and dysfunction, and the effect of cultural factors
   on the clinician/patient relationships. In addition, the discussion of specific
   disorders supplemented by a section titled "specific culture, age and gender
   features." There is also a glossary fo culture bound syndromes.
3. Please note this paper was originally written in connection with DSM-III-R.