

Addressing Cultural Factors in Generalizing the Minnesota Multiphasic Personality Inventory in Malaysian Context

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ABSTRAK

Kertas ini membincangkan aspek sosial-budaya terhadap Multiphasic Personality Inventory, 2nd Edition (MMPI-2) dalam konteks Malaysia. Variabel sosial seperti bahasa, nilai budaya, agama, norma umur, dan jantina turut diambil kira untuk menafsirkan keputusan MMPI-2 dalam kajian yang melibatkan penduduk Malaysia. Beberapa tindakan dan adaptasi perlu diadakan untuk mengelakkan pengenaan nilai barat dan patologi yang berlebihan terhadap peserta tempatan yang mengambil ujian. Justeru, pelaksanaan MMPI-2 menjadi sah dan boleh dipercayai dalam konteks silang budaya, seperti di Malaysia. Kertas ini juga mencadangkan bahawa tindakan untuk masa depan akan mengambilkira kepelbagaian di Malaysia untuk membuat pengubahsuaian dan membina norma yang sesuai.

INTRODUCTION

The Minnesota Multiphasic Personality Inventory (MMPI) is one of the most popular personality testing inventories in use by professionals around the world today. It is used frequently by trained clinical psychologists to identify personality structure and also in psychopathology, in order to clarify diagnosis and narrow down treatment plans. The original MMPI was developed empirically in 1939 by faculties of University of Minnesota (Hathaway & McKinley, 1940). This means that the clinical scales were derived by selecting items that were endorsed by patients who were known to have been diagnosed with certain pathologies. The MMPI-2 was the first revision of MMPI (after 50 years of its establishment), and was standardized on a new national sample of adults in the United States (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989). The current MMPI-2 has 567 items, using the all true-or-false format, and it usually takes between one to two hours to complete. However, this also depends on each reader's English language proficiency level. Its targeted population is mainly for adults of age 18 and over. In the case of adolescents, a special version of MMPI-A was developed (Butcher, Williams, Graham, Archer, Tellegen, Ben-Porath, & Kaemmer, 1992).

Originally developed in America, the MMPI-2 had been adapted for use in many countries including Japan, Thailand and the Philippines (Butcher, Cheung & Lim, 2003). Numerous studies have found significant reliability and validity in the MMPI scale within America and in other countries that have

adopted it. However, there is limited publication of articles that documents the generalizability of MMPI-2 in Malaysian context. While the testing itself is valuable for Malaysian psychologists to adopt the MMPI-2 and apply it to local settings, ethically responsible psychologists would face a dilemma in using such a test without an appropriate norm for the Malaysian setting (APA Ethical Principles of Psychologists and Code of Conduct, 2002). Hence, this paper aims to raise awareness among academicians and clinicians by addressing several cultural factors which would impact on the generalizability of MMPI-2 in Malaysian context. These are language, culture values, religious influence, age norms and gender.

Language

One major limitation of the MMPI is the language in which it is presented. The inventory was originally designed using a population made up almost purely of White Caucasian Americans, and as such, was made up of items written in the American-English language. At this point, there is no Malay language translation of MMPI-2 or Malaysian-normed MMPI-2. Whilst there are methods to ensure that the translation of said items into the mother tongue of the adopted country (for example, backward translation and inter-rater reliability), it is often difficult to translate more colloquial terms and phrases (Kwon, 2000). For example, the item "I am sure I get a raw deal from life" suggests that one is often at the receiving end of negative events in life. However, the literary equivalence of such a term may be lost when translated, resulting in an item whose meaning bears no resemblance to the original item (Butcher, Cheung & Lim, 2003).

Further to this, Tsai and Pike (2000) found that English proficiency does not overcome the cultural barrier. In their study, although Asian immigrants to America were proficient in the English language, their lack of acculturation of American culture resulted in the misinterpretation or misunderstanding of the meanings of the items in the MMPI-2. Even though a Malaysian test-taker is able to understand English language vocabulary at high school level, it is harder to gauge the meaning of the words combined in a sentence, while the syntax and latent semantic of the language is often cultural bound.

Cultural Norms

It is found that even if items were perfectly translated, the psychological relevance might be diluted or lost completely when the test-takers were not from Euro-American cultures (Butcher, Cheung & Lim, 2003). This concern reflects one of the key criticisms of the MMPI regarding the effects of culture. Brislin, Lonner and Thorndike (1973) suggest that the idea of "normal or adaptive" varies from one culture to another. While some psychopathologies are universal, many personality categories are constructed by its societal norm. The MMPI is not free from this blind spot (Dana, 1988). Thus, the items, whilst developed to measure one psychological concern, could very well end up measuring another construct in Malaysian context.

Accordingly, Tsai and Pike (2000) found that the MMPI scores of immigrants who were more highly acculturated would have scores more similar to White American, as when compared to lowly acculturated immigrants. They suggest that the degree of acculturation to western culture created this bias in the scores of the MMPI. In addition, Tsai and Pike (2000) also looked into the individual scales of the MMPI-2 to determine if any variations in the scores occurred as a result of the test-taker's culture. Results from the study found that Asian immigrants were more inclined towards the maladaptive or traditionally less favourable end of the personality continuum assessed by the MMPI-2. For example, Asian immigrants scored higher on the hypochondriasis clinical scale which assesses one's propensity for somatisation and paranoid concerns for one's health. Traditionally, this would suggest that an Asian individual exhibits paranoid concerns for minor or non-existing medical symptoms. Looking from an Asian perspective however, physical pains or so-called "somatisation" are looked upon more favourably than psychological or emotion pains (Kleinman, 1977). Hence we could infer that similar result would probably shown in Malaysian test-takers, where majority of our culture endorse physical expression of psychological discomfort. An elevation of any clinical scales in MMPI-2 therefore needs to be interpreted with cultural sensitivity and caution.

Religion

Religion is generally presumed to be required for the good ordering of society. When psychology started to emerge as a distinct discipline in mid-19th century, and split its ties with philosophy, there was a general reconsideration of religion and its relation to human welfare. This process continued into the twentieth century with a number of the founding fathers of the fledging field of psychology essentially rejecting religion outright (for example, S. Freud, J. B. Watson and B. F. Skinner), and viewing it as unsophisticated and superstitious. When MMPI was first developed, items with religious content were included because religious phrases were heard from clients and were associated with clients' disorders. Over time, with many debates regarding the mixed effects of religion on mental health led to the removal of religious-related items from MMPI-2.

Despite having religious-related items removed from MMPI-2, it cannot be denied that the influence of religion as sub-cultures does have an impact in influencing a person's responses to MMPI-2 items. In the case of multi-racial and multi-religious countries (including Malaysia), the influence of religious teaching in the formation of an individual's personality needs to be considered. Though MMPI-2 has not removed the negative bias towards high religiosity or morality, there is still a lack of consideration of the positive impact of personal religiosity or spirituality.

In the west, many studies have attempted to evaluate whether the MMPI-2 validity profile could be affected by sub-cultural differences, since many religious test-takers tend to score higher on the Lie scale than non religious test-takers. Traditionally, an elevation on Lie score reflects a naive tendency to lie (O'Donovan, 1969). The interpretation would be that the religious respondents tended to rely more on naive, idealized self-

misrepresentation regarding presentation to others. Similarly, other studies suggested that high Lie score tended to be linked to having a lack of insight (Crookes & Buckley, 1976) or as more socially conforming (Finlayson, 1972). All these classical approaches to MMPI-2's Lie scale would create such an unfair bias towards religious test-takers.

As experts of MMPI-2, Hathaway and McKinley (1989) argued that elevated scores on the L scale might not be suggestive of a markedly defensive approach to the test but could also reflect an individual's "strongly moralistic outlook and virtuous self-constraints", which would function as moral norms of a particular sub-culture. Another possibility of a high Lie scale score is suggested to reflect religious sub-culture's special norms regarding honesty and sincerity (O'Hagan & Edmunds, 1982). It is possible that high Lie scores for religious test-takers might imply that religiosity actually do stop them from committing the deceitful behaviours which were deemed "normal" by the general population (Pearson & Francis, 1989).

To further investigate into this matter, Duris, Bjork and Gorsuch (2007) found that Christian sub-culture did interpret some MMPI-2 Lie scale items differently from others. This reflects that some MMPI-2 items are likely to relate more to religiously motivated behaviours. Therefore, it seems plausible to suggest that Christians' responses were not due to having lied more, but rather because their sub-culture perceives these items differently. This approach of interpretation is corresponding to the finding that individual's religiousness relates positively to their adaptive functioning (Fiala, Bjork & Gorsuch, 2002).

Based on the many interpretations made of religiosity and Lie scales, while using MMPI-2 on Muslims, Buddhists, or Christians among Malaysians, their validity scores profile should be looked into with respect to religious influence. Developing different norms based on different religious sub-culture would be most appropriate should a psychologist decide to contextualize MMPI-2 in Malaysian setting.

Age Norms

Age norms for the MMPI or MMPI-2 were never developed by Hathaway and McKinley (1942). Instead, clinical judgement was placed upon the clinician to determine if age differences would play a role in interpreting MMPI scores (Colligan & Offord, 1992). However, in response to the substantial effects of age (below 20) on the MMPI-2, the re-standardization of a different form of the MMPI for adolescents was developed (Weiner & Greene, 2008).

Yet, some researchers found clear and significant age-related changes in response patterns on the MMPI-2 (from adolescence to senescence). This concern has also raised the argument that if most older adults have elevated scores on a particular scale, then it may be incorrect to conclude that an older individual's elevated score on that scale is an indicator of pathology *per se* (Canter, Day, Imboden, & Cluff, 1962). For example, in a study conducted by the Mayo foundation on samples ranging from 18 to 99 years old, showed that L, 1(Hs), 2(D) and 0(Si) scales would increase with age while decline in scores on the scales 4(Pd), 6 (Pa), 7(Pt), 8(Sc) and 9(Ma) were also apparent (Colligan & Offord, 1992). Similarly, Calden and Hokanson (1959) found that the Hs, D

and Si scales show a significant rise as individual age increases. The interpretation that these researchers made is that people become more preoccupied with themselves both physically and mentally as they become older. This interpretation seems to correspond to the decline in physical prowess and health. Therefore, an individual's age is an important factor to evaluate adequately his/her MMPI-2 record. In addition, the study done by Calden and Hokanson (1959) also found that there was a difference of 13 points between the mean Hysteria (Hs) score for test-takers in their twenties and the mean for test-takers in their fifties. This difference suggests the need for the development of appropriate age norms for the MMPI-2 scales. As there is still a major gap within existing literature on MMPI-2 age-norm, Malaysian psychologists can nevertheless learn from this criticism when trying to build the local population norm.

Gender

When compared with other personality tests, it is reported that gender did not create general issues in MMPI-2 interpretation. This is because separate profile norms were used for men and women. Therefore, gender differences in test-takers' response to the items were removed when scores were standardised (T scores) (Weiner & Greene, 2008).

Within MMPI-2, the clinical scale 5 (Mf)--GM (Gender Masculine) scale deals primarily with interest in stereotypically masculine activities such as "reading adventure stories", whereas GF (Gender Feminine) scale described an affinity for stereotypically feminine activities such as "nursing" and "library work". Other GM items described the denial of excessive emotionality and the presentation of self as independent, decisive and self-confident. On the other hand, most of the GF items have to do with the denial of asocial or antisocial acts such as getting into trouble with the law and excessive use of alcohol or other drugs (Woo & Oei, 2008). This shows that MMPI-2 has set rules with assumptions of how males and females are expected to behave.

Traditionally, different gender roles tend to associate with certain aspect of psychological well-being. It is revealed that high masculine orientation leads to improved psychological well-being whereas more feminine traits suggest individuals who are less influential (Castlebury & Durham, 1997). An interesting finding showed that a positive relationship in psychological well-being could be attributed to masculinity. In other words, psychological well-being in MMPI-2 may be determined by the individual's level of masculine attributes, regardless of their actual gender (Whitley, 1985). This reflects the embedded negative bias towards feminine in the designed items of MMPI-2. This also calls for serious attention and needs re-examination of gender neutrality in the MMPI-2 items. As Malaysian psychologists are looking at the cultural fairness of MMPI-2, then the gender issue is definitely another cultural variable that needs to be assessed. Future studies need to be focused in comparing the response set of different genders in MMPI-2.

CONCLUSION

To date, there seems to be a lack of published research done on the test in Southeast Asia. Conversely, many studies have been conducted in the west or in other more developed or modernized countries. We can extrapolate from these studies about the applicability of the MMPI-2 in the Southeast Asian context, specifically in Malaysia. Although there are many weaknesses and criticisms in regards to the generalizability of MMPI-2 in cross-cultural settings, these do not discredit the usefulness of the inventory. The current paper hopefully is just a beginning to a long-term journey, to discuss concerns and overcome barriers of the current MMPI-2 edition. This includes giving importance to establishing appropriate cultural norms and having cultural-fair interpretation that takes into the account the diversity in Malaysian context.

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