Indigenous personality correlates from the CPAI-2 profiles of Chinese psychiatric patients

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Abstract This paper reports on the clinical validity of the Chinese Personality Assessment Inventory (CPAI-2) based on a large-scale research project involving different diagnostic categories of psychiatric patients in Mainland China and Hong Kong. CPAI has been developed as a culturally-relevant instrument to assess Chinese personality. This report focuses particularly on culture-related personality correlates of psychiatric disorders that have not been covered in Western personality measures.

Key words: personality, assessment, indigenous, Chinese, psychiatric patients, CPAI.

INTRODUCTION Assessment forms an important part of the role of clinical psychologists. In clinical settings, psychologists perform personality assessment to aid diagnostic and treatment decisions. In Chinese societies, most of the personality tests used by psychologists are translated versions of imported tests. While the use of these tests can benefit from the research database that informs the interpretation of test scores, cross-cultural equivalence of the translated version is a major concern. Even for imported tests that are well translated and standardized with adequate local norms, there remains a basic question of cultural relevance: Are there personality characteristics that are important to the understanding of personality in the local culture that have been left out in Western measures? (Cheung et al., 2003)

In studies of Chinese personality, cross-cultural psychologists have argued for the use of indigenously derived measures. The Chinese Personality Assessment Inventory (CPAI; Cheung et al., 1996) was developed to address this need. The CPAI includes universal (etic) personality characteristics as well as those that are specific (emic) to the Chinese culture. The CPAI-2 (Cheung et al., 2001; Cheung et al., 2004a) was re-standardized using a representative adult sample of 1,911 respondents from China and Hong Kong SAR. There are 28 personality scales, 12 clinical scales, and three validity scales in the CPAI-2. In addition to etic personality scales, the CPAI-2 includes indigenously derived personality scales that are sensitive to the Chinese culture, such as Face, Family Orientation, Ah-Q Mentality, and Harmony.

This paper reports the clinical validity of the CPAI-2 based on a large-scale research project involving different diagnostic categories of psychiatric patients in Mainland China and Hong Kong. In particular, we highlight the culture-related personality correlates of psychiatric disorders that have not been covered in Western personality measures.
PERSONALITY CORRELATES OF THE CPAI-2 IN CHINESE PSYCHIATRIC PATIENTS

METHOD We recruited the participation of 10 psychiatric hospitals in China and two psychiatric hospitals/clinics in Hong Kong in this large-scale clinical validation study. The Mainland Chinese hospitals were selected to cover different geographical locations over China. Five categories of psychiatric disorders were targeted in this project: schizophrenic disorders, bipolar disorders, depressive disorders, anxiety and other neurotic disorders, and substance-related disorders. These categories constitute the most common types of psychiatric patients found in hospitals in China and Hong Kong. In Mainland China, the diagnoses were made according to the Chinese Classification of Mental Disorder set (CCMD-2) set by the Neuropsychiatry Branch of the Chinese Medical Association and the Chinese Journal of Nervous and Mental Disease Editorial Committee. The total valid clinical sample of psychiatric patients was around 1,750. The doctor in charge of the project at each hospital/clinic attended a training session on the research method and supervised the screening of all psychiatric patients for the designated diagnostic categories. The screening doctor completed a diagnostic form indicating the primary and secondary diagnoses of the patients, as well as the severity of the symptoms. The patients completed the CPAI-2 at the clinic or hospital individually or in small groups, with two short breaks in between sessions to ensure that they maintained their concentration. The patients’ CPAI-2 scores were converted to standardized scores using the national norms, with a T-score of 50 being the mean and 10 being one standard deviation. We compute the mean T scores on the CPAI-2 scales for each of the diagnostic groups, and compare the patients’ mean scores with those of the normative sample using logistic regression.

RESULTS

Clinical scales
The CPAI-2 clinical scales are able to discriminate the patient groups from the normative sample. In particular, for schizophrenic patients, the clinical scales that significantly discriminated the patient group from the normative sample are Distortion of Reality, Paranoia, Depression, Antisocial Behavior, and Somatization.

Scales that differentiated patients with bipolar disorders in their manic episode from the normative sample are Hypomania, Need for Attention, Pathological Dependence, and Anxiety. For the bipolar patients in their depressive episodes, the predictors are Depression, Need for Attention, Inferiority, and Distortion of Reality.

Scales that differentiated male patients with severe major depression from the normative sample are Depression, Physical Symptoms, Antisocial Behavior, and Distortion of Reality; for the female patients, the significant predictors are Depression, Physical Symptoms, Distortion of Reality, Inferiority, and Pathological Dependence.

The neurotic disorder group in our sample consisted of patients with general anxiety disorders, obsessive-compulsive disorders, panic disorders, phobia, PTSD, neurasthenia, and somatization disorders. The discriminating scales for the neurotic patients were Anxiety, Depression, and Physical Symptoms, with Need for Attention, Somatization and Distortion of Reality being significant predictors for the male patients only.

Male patients with substance abuse disorders differed from the normative sample on Pathological Dependence and Depression, whereas female patients were significantly predicted by Pathological Dependence, Antisocial Behavior, Physical Symptoms, and Distortion of Reality.

Personality scales
Using the CPAI-2 normal personality scales, we examined the personality characteristics that characterize patients with psychiatric disorders. Since the pattern of personality correlates among the various diagnostic groups is basically similar, except for variation in degree, we highlight these personality dimensions for the psychiatric group as a whole. The 28 CPAI-2 normal personality
scales load on four factors: Factor 1 Social Potency, Factor 2 Dependability, Factor 3 Accommodation, and Factor 4 Interpersonal Relatedness. Scales that the psychiatric patients scored significantly higher or lower than the normative sample are mostly related to Factors 2, 3 and 4. On the Dependability factor, patients scored higher on Emotionality, Inferiority and Face, and lower on Practical-mindedness, Optimism and Family Orientation. On the Accommodation factor, patients scored higher on Ah-Q Mentality and Self vs. Social Orientation, and lower on Interpersonal Tolerance, Graciousness and Veraciousness. On the Interpersonal Relatedness factor, patients scored lower on Renqing and Harmony. Many of these personality scales are derived indigenously to tap the interpersonal and social relationships that are central to psychological adjustment in the Chinese cultural context. These patterns of personality correlates are even more pronounced when we examined the profiles of patients who are diagnosed with Axis 2 personality disorders (Cluster A, Cluster B and Cluster C).

DISCUSSION The CPAI-2 is the first indigenously derived personality test with national norms that covers normal and clinical aspects of personality assessment. The clinical scales are useful in differentiating psychiatric patients from normal adults. Cheung, Cheung and Zhang (2004b) showed that the CPAI clinical scales demonstrated convergent validity with the clinical and content scales of the Chinese MMPI-2. The present large-scale validation study with Chinese psychiatric patients provides further evidence of the external validity of the CPAI-2 clinical scales in predicting manifestations of psychopathology. The profiles of the clinical scales are even more elevated among patients classified on the basis of Axis 2 personality disorders. It is reasonable to expect that personality assessment would be more pertinent to patients with personality disorders.

In addition to the clinical scales, the CPAI-2 normal personality scales can be used to explore the personality dynamics that underlie the psychopathology and inform treatment approaches. While there are variations in the strength of personality features associated with specific diagnostic groups, these psychiatric patients are generally characterized by emotionality, low self-esteem, and pessimism. These personality correlates are commonly found in other Western studies. In addition, the indigenously derived scales on the CPAI-2 illustrate the difficulty that these patients experience in their social adjustment. Their high scores on Face and Ah-Q Mentality reflect their heightened sensitivity to social acceptance and face-saving, and their strong tendency to rationalize or externalize their problems with maladaptive defense mechanisms. Their high score on Self vs. Social Orientation and low scores on Interpersonal Tolerance and Graciousness vs. Meanness suggest that they are more self-centered, tend to be cynical and suspicious, and are more critical and harsh on other people. Their difficulties in associating with other people and in communal living are confirmed by their low scores on Family Orientation and Harmony. These patients tend to be confrontational, resulting in poor family relationships and frequent conflicts with other people. Harmony is emphasized in Chinese societies. The CPAI-2 Family Orientation scale measures the extent to which individuals have a strong sense of family solidarity and loving relationship with their family members. The CPAI-2 Harmony scale measures one’s inner peace of mind, contentment, as well as interpersonal harmony. The avoidance of conflict and maintenance of the equilibrium are considered virtues in the Chinese culture. In this cultural context, deficits in family support and interpersonal relationships highlight an important feature in psychopathology. The importance of family support and interpersonal harmony is confirmed in another recent study using the Adolescent Form of the CPAI (CPAI-A) to predict students’ life satisfaction (Cheung, 2006). In that study, Family Orientation and Harmony scales were able to explain additional variance beyond those of the universal personality scales commonly found in Western studies, such as scales related to extraversion and neuroticism. On the CPAI-A, high scores on Extraversion, Internal Locus of Control, and Optimism, and low scores on Emotionality and
Inferiority predicted 20% of the variance on a global index of life satisfaction for the adolescents. Inclusion of the two indigenous scales significantly increased the variance explained by another 11%. The utility of the indigenous derived personality scales on the CPAI-2 highlights the importance of culturally sensitive measures in psychological assessment. These emic measures not only provide valid assessment of personality in the Chinese culture, but also enrich the test-user’s interpretation of the personality dynamics underlying psychopathology as well as provide relevant cultural perspectives to guide the therapist’s treatment.

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