

## **Multi-ethnicity and the challenges of developing indigenous psychological intervention tools in Nigeria**

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### **Abstract**

*The purpose of this paper was to identify and analyze perceived challenges of developing indigenous psychological tests in a multiethnic society like Nigeria. A holistic picture of the trajectory of socio-cultural issues, language barrier, politics of ethnicity, discrimination and how they may confound the exercise is discussed. Scientifically, development of indigenous psychological tests for clinical assessment must absolutely recognize the cultural background of the people which is rooted in their beliefs, values and practices related to manifestation of psychopathology. In view of this it is expedient that we should embark on modifying, and re-standardizing the Nigerian and Western psychological tests to fit the Nigerians multicultural background and knowledge of content of the items of the test. They should also engage in the exercise of translating the tests developed by Nigerian and Western Psychologists in major languages or forms with sustainable internal and external validity. This hopefully will enhance the process of psychological assessment, diagnosis and treatment of mental illness with fewer impediments.*

**Keywords:** Multi-ethnicity, psychological tools, culture, language, discrimination

## **INTRODUCTION**

Traditionally, in the practice of clinical psychology, the use of psychological test is foremost being it in assessment, therapy and research. Psychological test is a major working implement that is characteristically overt and covert such as interview, behaviour observation, communication skills, patience empathy clinical psychologist to used (Korchin, 1986) in clinical assessment. Although the field of clinical psychology has witnessed a giant shift from the confinement of psychologists as professional assessors to practice of psychotherapy, research, education and programme development. Yet clinical assessment remains the primary scientific method in any process of psychological intervention.

Assessment helps clinicians to gain insight into the patient's difficulties for purpose of making informed decision about the patient's problem and plan for psychotherapy. This process is an inevitable part of clinical process, whether or not special procedures are involved. In clinical practice, the effect of psychological test has been positively recorded among clinicians. The psychological test significantly helps to confirm a diagnosis conceived from clinical interview and observation on which appropriate treatment choice is made or research hypotheses are answered. Conceptually, a psychological test is an objective and standardized measure of a sample of behaviour (Anastasi, 1976).

Psychological tests are developed to facilitate an appropriate description of the psychological qualities of individuals group and families as psychological whole (Anastasi, 1976; Loveland, Singer & Wynne, 1962). Psychological tests are used extensively in research, but most were developed to serve a practical purpose outside of the laboratory. That is for psychological disorders; tests are widely used in clinical setting for in-patients and outpatients clinics, public or private practice consulting rooms and other institutions such as organizations and other places where behaviour is of interest.

As part of clinical assessment, test findings are integrated with interview, observation, and other assessment data to form the basis for clinical planning, diagnosis and evaluation and by which different patients can be compared. Skillfully applied test information can increase the effectiveness of clinical intervention. Further, research of clinical relevance requires test measures which allow quantitative comparison. For example, the effectiveness of a particularly therapeutic approach (Korchin, 1986) and research can utilize existing standard tests or require the development of new ones, but in either case, knowledge of testing principles is essential.

Therefore, the purposes of clinical practice, research, and training, psychological tests are basic tools to use in investigating presenting complaints of patients

irrespective of his or her race, culture, educational, and religious background etc. Nevertheless, it is fundamental that the value of psychological test developed can be optimized in clinical intervention when a psychological test is commonly applied to persons with psychological disorders in different socio-cultural environment. Otherwise, the goal of its application for diagnosis and choice of psychotherapy may not be adequately achieved. This is to say that psychological tests should not have contents that will discriminate against any ethnic group.

Unfortunately, research has shown that ethnocentric tendency has clearly influenced the introduction of bias in development of psychological test decades ago. Conceptually, ethnicity is a term used to explain the identity of a group belonging to a particular race. According to the Oxford dictionary (2010) ethnic affiliation is characterized by language, culture and religion that is distinct and peculiar to a group of people. The ethnic ideology maybe traced to the biblical account of the eventual evolution of confusion that led to the disunity among of the early men at the tower of Babel. In consequence, the breakdown of human oneness at time caused the emergence of variation in language, behaviour and practices of people existing today (Genesis 11, 5:7). In fact, man been what he is may have taken advantage of this development to popularized ethnicity as a global framework to enforce (e.g.

ethnocentrism, racism, prejudice in socio-cultural, religion political, and economic distribution of resources). By virtue of ethnogenesis, it is virtually rare to find countries exist without a conglomeratic of people with different culture and behaviour. Although, the ethnic population is disproportionately distributed between countries and another like Nigeria which has more 250 different ethnic groups obviously more than any African nation. Notwithstanding, conflict of interest and the struggles for majority status, power and dominance prevail.

Nigeria and her people are not different from other society that have accepted ethnicity and institutionalize it as weapon of discrimination and marginalization has culturally defined themselves in terms of their ethnic affinities. Lewis and Bratton (2000) cited in Pogoson (2010) stated that ethnicity is demonstrably the most conspicuous group identity in Nigeria.

Nigeria as a nation is a multi-ethnic society. Within this multi-ethnic geographic entity, there are more than 250 different ethnic groups thereby translating to diverse cultures, language, belief, values, tradition, attitudes, behavioural patterns, symbols, perception and interpretation of occurring phenomenon within their environment. The implication is that Nigerians perception of represent their cultural affinity to ethnic group that they come from in all aspects of national life. Culturally, these transmissible

characteristics define the people's behaviour and the meaning they attached to the things that happen to them. Hence, (Igbo,2003) stated that this aspect of culture differs from one society to another and each society has experienced very peculiar challenges and problems in its environment and has had to adopt markedly different set of solutions in solving the problems.

For example, the Idoma people's cultural belief and tradition has restrained parents from witnessing the burial of their children. Likewise the demand for the return of the remains (corpse) of their daughter married to a non-tribe and even among themselves. However, this is not the belief among the Tiv people as it does not matter whether the parents are alive and the child dies, they are involved physically in the burial of the child no matter how he or she died. In the same vein the wife is regarded as the property of the husband and he has the right to bury his wife not to return the corpse to the in-laws except where a bride price was not paid. Yet, mutual agreement between the in-laws may precede the tenets of culture.

It is unarguably that as cultural behaviour and beliefs varies among people in Nigeria, socio-cultural factors are also to the causes of mental illness (Ofovwe, 2013; Olley, 2012). The concept of mental disorder is premised on the knowledge that when an individual's behaviour is pervasive and distressful to self and to others at different times and periods through life course, it is

unendurably pathological. Actually, in the practice of mental health care, professional intervention is an occasion for bringing relief as well as to avert reoccurrence of patients' mental health challenges. It is in view of this that clinical psychologists have evolved the scientific method of assessment which include test to be used as an objective approach to diagnosis and treatment of psychopathology. Yet, the use of psychological test often fails to validate the assessment of psychopathology in people from different cultures.

#### **Development of Tests in Nigeria**

The primary orientation of clinical psychologists is to understand and help particular people with mental illnesses to alleviate their distress. Their training involves psychological testing and testing construction to enhance assessment. As mental testers, psychologists contributed test findings to interpretation and use by physicians for diagnostic purposes (Korchin, 1986). The impact of clinical psychologists in field of psychology for test development and administration is enormous in mental health care across the globe including Nigeria. In Nigeria the development of psychological test began in the late part of 1970s, 1980s and more came in the 1990s.

In these years, Student Problem Inventory(SPI), Study Habit Inventory (SHI), Vocational Interest Inventory (VII), Motivation for Occupation Preference

Scale (MOPS) many others were developed (Bakare, 1977). Further, to the realization that there is the need to develop more test to nurture certain culture disturbance (Ebigbo & Ihezue, 1981; Ebigbo, 1982,) brought to birth Enugu Somatization Scale (ESS), Awaritefe Psychological Index (API), Oshodi Sentence completion Index (OSCI), Adolescent Personal Data Inventory (APDI), General Self-esteem Scale (GSS) and several others not mentioned (Awaritefe, 1982; Ebigbo, 1982; Oshodi, 1996; Oyesejo, 1990) dubbed from Oladimeji (2005). Eventually, giving to the scientific progress made by these famous psychologists and psychiatrists, there was a growing desire for effective clinical intervention to alleviate patients' psychological disorders presented in the clinic. Hence, restandardization and validation of large quantity of foreign psychological tests such as School Readiness Scale, Draw-a-Person Tests and Weschler Adult Intelligent Test (Tiv version) Minnesota Multi-phasic personality Inventory (MMPI) Yoruba version etc. were produced to supplement clinical assessment in Nigeria.

In spite of the scientific advancement much is left to desire. This is because the psychological tests developed and restandardized by Nigeria psychologists and Psychiatrists retained the western culture test features in content and language. They did not take much into account the educational and socio-cultural

background of the target population for which these tests are designed. These shortcomings have not only caused the ineffective use of psychological tests in practice, but has also left many people with mental and behavioural problems in different culture at disadvantaged because of language barrier.

It should be understood that Nigeria is a multi-cultural society and this has accounted for the ethnocentric perception ingrained in their cultural belief, values, tradition etc. Extrapolating from the historical composition of Nigeria as multi-ethnic society, the challenges of developing indigenous psychological tools can be overwhelmed by many factors such as language barrier, cultural and religious diversity, politics of ethnicity, discrimination, inadequate training etc.

#### **Language Barrier**

Nigeria is a nation with more than 250 ethnic groups. The people from these tribes speak a different language which is not understood by everyone in the country. The differences in language singularly hamper the process of assessment involving interview, test administration and objective psychodiagnosis. The reasons are; the high level of illiteracy affects the communication between the clinician and patients presenting with problems in the clinic. Moreover, it is always difficult to translate the psychological tests contents which are developed in non-cultural terms,

related objects and situations unknown to these patients and even the clinician (personal observation).

Practically, this situation makes assessment tedious because the patient cannot only speak the clinician's language and when the clinician attempts to translate the test to help the patient understand for improved communication, to gather information the exact meaning of the question or test item is altered. Moreover, in Nigeria the English language is the official language for communication among people. Notwithstanding, the high level of illiteracy among the people in different ethnic groups makes it difficult for them to understand or speak it. This often affects clinical intervention process.

On the other hand, attempt to translate these instruments into indigenous languages for easy understanding by the patients from different tribes in Nigeria is another problem in its own domain. The reason is that in-as-much-as there is at least one university in each state of the federation (Nigeria), how many people do we have from any of these tribes as graduates of psychology, not to mention having department of psychology in these Universities. This situation reflects a fundamental imbalance that lives some ethnic groups at the disadvantage of benefiting from psychological interventions where tests are indispensable. Furthermore, our contemporary graduates

in psychology and clinicians practicing in various institutions scattered all over the country are more of "English-Nigerians".

This description is suitable to illustrate that the graduates and clinicians from these ethnic groups like Tiv, Igbo, Yoruba, Idoma, etc tend to speak English more than their dialect, know and understand the western culture more than theirs. This can apparently make things difficult and a major challenge to developing indigenous psychological tools relevant to the various ethnic languages. It is becoming clear that the old generation of psychologists and psychiatrists like rybusiness of psychometrics and test construction in Nigeria are dying or on the path of exit from teaching and practice of these profession. How are we preparing to step into their shoes in order to lead the way to the realization of this scientific assignment?

### **The issue of Culture and Religious Diversity**

The wide variation of cultures in Nigeria is the genesis of the differences in the social and psychological behaviour and attitudes of the people in these separate ethnic-regions. Psychologically, the behavioural characteristics of people vary greatly among the groups that make up Nigeria. These apparent differences are an important factor to be considered in the course of developing indigenous psychological tools for assessment of patients with psychological disorders. This is because

their cultural backgrounds provide an insight into the why and how the people from each ethnic group feel, think, and act by seeking help in accordance with the stimulus that triggers a problem in their cultural milieu.

Therefore development of indigenous psychological tool is a process that must take into cognizance fundamental psychological attributes of the people's cultural behaviour, beliefs, values, attitudes, and knowledge to ensure that information needed to be obtained has captured correctly what will help to construct a working image for diagnosis or model for treatment of the patients. However, it is foreseen that in a multi-ethnic nation like Nigeria, the diversity in culture may significantly impede this ambitious psychological project of developing indigenous tools. For example, the beliefs and values of Tiv people are overtly different from that of the Idoma or Igede even as they are together in Benue state and this is similar with other tribes elsewhere. As a result of then socio-cultural diversity it will be unrealistic that we will be able to understand and integrate the various characteristics into a unique test content that will serve the purpose for all ethnic groups in mental care.

On the pedestal of religion, three major religions are recognized in Nigeria (Christianity, Islam and traditional). Each of this has its own belief, thinking,

teachings and so on. How shall these be harmonized to invent a tool? Invariably, collective efforts are required to work in collaboration with the religious leaders to sensitize the congregation in the Christian and Muslim community to the awareness of psychopathology and the professional intervention process available.

### **Politics of Ethnicity**

For decades the issue of ethnic marginalization has featured prominently in Nigeria's socio-political debate and national dialogue. The trait of marginalization has conspicuously appeared in the curriculum for learning in the educational system making claim for three major languages that should be taught in schools against the knowledge that we have about 250 different languages in Nigeria. The seeming deliberate manipulation and the already entrenched ethnocentric policy itself is a great challenge to development of indigenous psychological intervention tools. The argument here is that how many psychologists can speak and write in Tiv, Effik, Gwari, Igbo, and Fulani for the purpose of translating and restandardizing psychological scales such as Becks Depression Inventory, Awaritefe Psychological Index accurately for clinical use? If at all success may be achieved in the three acclaimed major languages, are people from the ethnic minorities in Nigeria immune to depression and anxiety? With what scale should their disorder be

measured to elicit information for an appropriate psychological diagnosis?

This challenge reflects the debate that has been over the years on the effectiveness of therapy for ethnic minority patients. According to researchers, ethnic minority patients who are treated by especially white therapists achieve little success in overcoming their problems (Goldstein, 1973; Hollingshead & Redlich, 1958; Jones, 1974). It does appear that many psychological tests and therapeutic techniques were designed particularly for the white population. Too few criteria may have taken into account the cultural background and conditions of non-western patients. Alluding from the facts emerging from these findings it is obvious that in a multi-ethnic society like Nigeria the situation may not be different. In the midst of these ethnic dynamics, there may be a conspicuous absence of representation of the minority interest. How then shall the problems of the patients from minority be mitigated if there is no common psychological model that will be used for clinical intervention across ethnic boundaries? The answer is in the agreement on suggestion that greater rapport and self-exploration must occur when both therapist and patient are of the same tribe.

### **Issue of Discrimination**

The evolution of ethnocentrism has brought an unprecedented increase in the tendency of people in our society to by omission or

commission discriminate against one another without remorse. Even in the field of psychology and practice, there are reports which express concern on the knowledge that some tests were designed to have contents that discriminate against patients from the minority groups. For example, the original version of the Stanford-Binet test contained no African-American samples. Since then tests that are published with built-in contents of racial unbiased samples are questioned (Korchin, 1986) based on the discovery that most psychological tests are really designed for the white population and that other groups are not suitable candidates to be tested with psychological that is inappropriate for them. The intelligence test is a typical example for the Nigeria population.

As we all may know, the Wechsler intelligence test kit consists of items, objects and of course its procedure of response which is invariably alien to the knowledge and orientation of a typical child and adult in Nigeria. Korchin (1986) confirmed that test materials are embedded in racial unfair context. Take the Thematic Apperception Test (TAT) for instance; the cards clearly depict the western population characters. Likewise is the intelligent test which does not represent the African orientation and concept of measuring ones intelligence. The implication is that these tests are not favourable for Nigerians. It is therefore perceived that a similar ethnic chauvinism will resurface in the



psychological test development project to predetermine the content of indigenous tools in Nigeria. If this is doubted, then in multi-ethnic society like ours how and in what context and content a psychological test in Nigeria will be described as indigenous and can be culture free? Is our indigenization of psychological tool concept premise on the test being produced by a Nigerian psychologist(s) or is it something that will be constructed in Tiv, Ijaw, Yoruba, Igbo and Hausa language and a demand made for its use with patients from other tribes? Is the development of indigenous psychological tools going to be based on the realization that the psychological disorders affecting Nigerians are different to that which affects people in other parts of the world? Of course, its unarguable that there are cultural bound syndrome. Are we recognizing it as the basis for developing indigenous tools?

Beyond the challenges of multi-ethnicity, other factors include inadequate training of graduates' students of psychology in Nigeria in the art of testing and test construction. This factor is accountable to the failure of encouraging students to develop research instruments to measure the variables in some particular research topic in our environment. We tend to rely on foreign tools which are not even modified to suit the sample for the study. The students are needed to be coached to acquire not only the theory of psychometrics and test construction but to be assisted in

developing psychological test through pilot studies. This will herald the process of developing indigenous intervention tools in the near future.

Next is the problem of funding the project. Practically, conducting research is an expensive task. Lack of or inadequate funds for professional endeavour of this nature are a primary challenge of professionals in different fields of practice in Nigeria.

Absolutely, Nigeria has people with great intellectual capacity to provide solutions through research to solve human and environmental problems affecting the nation. However the fundamental factors militating against our inability to engage effectively in research to make discoveries, offer solution as well as produce what we desire to achieve certain things is lack of finances. Scholars who are interested in finding solutions to some particular problems emerging from different areas of human life and investment find it difficult to raise money independently either due to poor remuneration and even its erratic payment system from the employers of labour (Labe, Levi-Iortyom, Shimakaa, Kudzah & Atsehe, 2014).

Besides, individual scholar in our country are not themselves financially buoyant to feed their own families and also make sacrifice from their income to sponsor research projects consecutively within a given period of time. Worst of all, our

government is reluctant to provide research grants. In fact, the stinginess of corporate organizations in our country to assist researchers with finances to undertake research cannot be overemphasized.

### **Conclusion**

Research provides a body of evidence to guide clinical practice including empirically validated methods to assess people and their presenting problems. Psychological tests are part and parcel of this approach in clinical psychology.

Therefore to help patients overcome their psychosocial difficulties; some tools developed to be used to enhance clinical assessment have well established psychometrics that has consistent internal and external validity coefficients across cultural boundaries. In the same vein, the conceived idea for development of indigenous psychological intervention tools in Nigeria should not be an exception.

Hence, ours has been a test oriented profession and practice. Whether the question concerns personnel selection, personality and other psychological disorders and intellectual assessment, or measuring the real me, many people turn to test. Therefore, let us come together to think out and adopt the best practice principles to develop tests that will be acceptable for application in all conditions and to every Nigerian with different cultural background.

### **Recommendations**

- i. Psychologists from various ethnic groups should be encouraged to engage themselves in the exercise of modifying, translating, and restandardizing already existing Nigerian and foreign tests in their languages or at best in forms that the clients will understand the content of the tests and respond with ease.
- ii. Developing indigenous psychological tools in Nigeria should always involve the use of multiple sample of male and female with different cultural background. This will be the only scientific procedure that will help to enhance the internal and external validity of the tests attributes to be culturally free.
- iii. Psychologists in the academics should endeavor to teach or train and assist students of psychology how to design psychological tools for both research and clinical purposes through pilot studies.

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