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## **EMIC APPROACH TO CAPTURING DIFFERING VIEWS OF MENTAL HEALTH IN MALAYSIA**

### **1. Introduction**

Cross-cultural research often classified Asian and Western cultures into groups with opposing cultural values<sup>1</sup> or focused on Asian cultural values and beliefs such as collectivism, conformity to norms, deference to authority, emotional self-control, family recognition through achievement, filial piety, humility, hierarchical relationships, and avoidance of shame<sup>2</sup>.

Recently, within the United States, the positive psychology movement has promoted a focus on mental health rather than mental illness<sup>3</sup> and has identified specific psychological strengths<sup>4</sup> that could be considered factors in mental health. And there has been an attempt to define mental health in a variety of ways by many different theorists. Yet there have been few studies examining the common person's conception of mental health and even fewer studies researching multiethnic conceptions of mental health.

One multicultural society that has a variety of religious and ethnic groups is Malaysia. There have been several recent studies using both emic and etic strategies<sup>5</sup> focusing on similarities and differences in personality factors and in cultural values among the multicultural Malaysians. Mastor, Jin and Cooper<sup>6</sup> found that Islamic Malays do not oppose the absoluteness of values written in the Quran; think before they speak so as to not say anything that may hurt other's feelings; value being helpful, polite and considerate; are not straightforward in verbal expression; and avoid open conflict. Hamzah<sup>7</sup> found that Islamic Malays were higher than Chinese and Indian Malays on Divine-Fulfillment (regarding movement toward spiritual loftiness as opposed to the embellishment of self-dignity) and higher on Caring (valuing sensitivity toward others) while the Chinese and Indian Malays were higher on Achievement (being persistent toward excellent performance). However, each factor contained only two questions.

Concepts of mental illness and health in Malaysia were described by Haque using passages from religious texts<sup>8</sup>. She points out that the strong influence of religion in the Malay culture results in the general concept that mental disorders are an outcome of abandoning or neglecting of Islamic values and that the Quran states that ongoing purification of thought and deeds brings a person closer to God and keeps a person mentally healthy. Chinese literature states that excessive, unbalanced or undisciplined emotions are primarily the reason for any kind of illness. Emotion is an integral aspect of the body's basic functions and is regulated by the circulation of ch'i. Primary allegiance is to the parents or the family where one is born and self-worth is measured by the material achievement one brings to the family in terms of education, occupation and monetary gain. The Buddhist literature states that what is necessary for good mental health are the qualities of right understanding, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right action. Finally, according to Christian literature true mental health is not possible without the right relationship with God.

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<sup>1</sup> Bochner 1994.

<sup>2</sup> Kim, Atkinson, D. R., and Yang, P. H. 1999.

<sup>3</sup> Sheldon and King 2001.

<sup>4</sup> Peterson and Seligman 2001.

<sup>5</sup> Berry, 1989.

<sup>6</sup> Mastor, Jin, and Cooper 2000.

<sup>7</sup> Hamzah 2000.

<sup>8</sup> Haque 2005.

No studies, however, have examined the Malaysian concept of a mentally healthy person by interviewing Malays. Thus, this study examines the “voices” constructing a view of the mentally healthy self within various social contexts in Malaysia.

## 2. Method

This research asked 129 Malaysian students in a lower-division psychology course at a Malaysian public university on the island of Borneo to “Write five characteristics of psychological well-being”. This question was asked in the Malay language and students responded by writing in Malay.

Next it was determined which religious and ethnic group each respondent self-identified with: Islamic, Christian, or Buddhist and Malay, Chinese, or Tribal,. The demographic categories were not homogenous because the Chinese and Tribal identified with two different religions and the Tribal was composed of 11 different tribes. Of the 95 female and 34 male respondents, 55 identified themselves as Islamic, 41 as Christian, and 33 as Buddhist. Ethnic identification was 35 Malay, 45 Chinese, and 45 Tribal, for a total of 125 in the ethnicity analysis. An analysis of the responses by gender could not be performed because the data was too skewed towards female.

The responses in Malay were translated into English and then back-translated into Malay. Any English translations that did not successfully back-translate were changed and then the back-translation was checked again. Selected students were interviewed to determine the various meanings of words such as (berfikiran rasional – rational), (berfikiran terbuka- open-minded), and (berpandangan jauh—far-sighted).

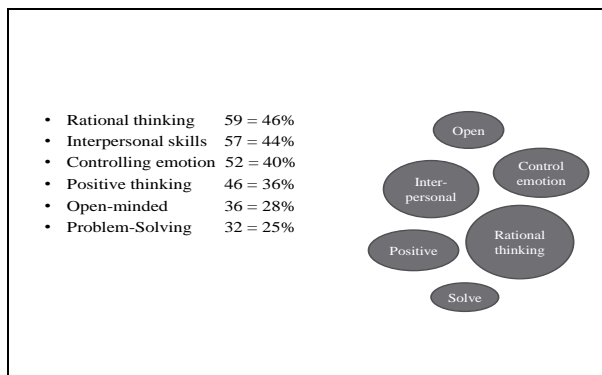
Employing an emic strategy, content analysis was used to identify indigenous concepts of mental health. The initial categorical analysis was modified by comparing one narrative to another to develop a dynamic whole—in a hermeneutic circle. The categories were created by first looking at the most frequently used concepts among the entire sample. Selected students were then interviewed to determine whether some categories related to the same thing (eg. calm, patient, self-control all relate to controlling one’s emotions and communicating well, courteous, helpful, polite all relate to interpersonal skills). Some categories were collapsed as a result of the interviews. The responses were then coded by two coders and discrepancies were rectified by agreement. In addition, all five responses given by each respondent were summed, rather than assigning rank orders.

The entire sample’s description of psychological well-being was created from looking at the most frequently used concepts. Next, the descriptions were analyzed by self-identified religious and ethnic groups. The descriptions developed from the emic strategies were then analyzed to find commonalities and discrepancies among the descriptions and related to Asian and Western literature in a search for derived etics.

## 3. Results

A qualitative analysis of the responses is best illustrated by the use of diagrams demonstrating the relative values of one category relating to another (see Figure 1).

Figure 1  
Total Sample Description of Psychological Well-being ( n= 129)



When percentages are used as the mode of comparison, the totals do not equal 100% because respondents were asked to write five characteristics, which were summed, and some respondents wrote fewer than five characteristics.

Among all respondents, the most often noted characteristics of mental health were: rational thinking (46%), interpersonal skills (44%), controlling emotions (40%), positive thinking (36%), being open-minded (28%), and being able to solve problems (25%). Other responses that were fewer than 20% were far-sighted, spiritual (devout), self-confident, patient, physically healthy, honest, responsible, innovative.

All religious groups were about equal in identifying relational thinking but Buddhist respondents identified interpersonal skills more often than did Christian and Islamic respondents (see table 1). Islamic and Buddhist respondents identified controlling emotion more often than did Christian respondents. Finally, Islamic respondents identified positive thinking and being open-minded more often than the other two groups.

Table 1  
Psychological well-being by religion: (n = 129)

	Chinese Buddhist (n=33)	Chinese & Tribal Christian(n=41)	Malay Islamic (n=55)
Rational thinking	33%	34%	31%
Interpersonal skills	52%	44%	38%
Controlling emotion	39%	22%	42%
Positive thinking	30%	22%	40%
Open-minded	30%	24%	38%
Problem-Solving	24%	22%	27%

When the responses were analyzed by self-identified ethnicity, a different pattern emerged (see table 2). Malay respondents endorsed rational thinking less than Chinese and Tribal respondents. Chinese respondents endorsed interpersonal skills more than the other two groups and Malay respondents endorsed positive thinking more than the other two groups.

Table 2  
Psychological well-being by Ethnicity (n = 125)

	Chinese (n=45)	Tribal (n=45)	Malay (n=35)
Rational thinking	56%	51%	37%
Interpersonal skills	76%	58%	63%
Controlling emotion	29%	33%	34%
Positive thinking	31%	24%	40%
Open-minded	24%	31%	37%
Problem-Solving	29%	29%	23%

#### 4. Discussion

Some of the results of this study need to be interpreted within the larger religious context. For example, open-mindedness for Islamic students means being open to religious teachings and viewing those who negate religious opinion as closed-minded<sup>9</sup>. This use of the term, open-mindedness, then, is clearly different from its use by Buddhist and Christian students, which is to value the relativity of viewpoints. Other results need to be interpreted not only in terms of religious orientation, but also in terms of ethnicity. For example, the interpersonal characteristic of being humble (in some ways, inimical to being confident) could be a traditional Asian value not endorsed by the indigenous tribal people of Borneo.

Another caution in interpreting the results of this study is the level of acculturation into Western concepts and values among the various respondents. Even before widespread use of the internet, Western values were often imposed upon traditional societies<sup>10</sup>. Thus, the results may reflect a combination of Western and traditional Asian/Malaysian views, with some respondents identifying themselves as Western-identified, some as Asian-identified, and some as bi-cultural in terms of acculturation. In addition, quantitative research tends to emphasize differences among groups and, as one study done in the United States demonstrated, Asian American and European American values are not polar opposites<sup>11</sup>.

The NEO-PI-R's five factors of neuroticism, extraversion, openness to experience, agreeableness and conscientiousness relate somewhat to the characteristics noted in this study. Mastor, Jin, and Cooper used a translation of the Revised NEO Personality Inventory and plotted Islamic Malaysian students' responses when asked to describe themselves against United States students' norms.<sup>12</sup> Islamic Malay students scored in the low range on Extraversion and Openness. They scored in the high range in Agreeableness and in the Self-Consciousness, Compliance, Tender-Mindedness, Order, and Deliberation facets.

Positive psychology<sup>13</sup> has identified the strengths of optimism and self-control, which are similar to the optimism and controlling of emotions cited in this study. Inclusion of some of the other characteristics of mental health mentioned in this study such as being confident, rational, being open-minded and being able to solve problems, might also inform a broader, more multiethnic conception of strengths.

Further cautions must be made in interpreting the results of this study. The group sizes were relatively small, so a difference in even two respondents in a group could mean a change in up to seven percentage points. Also, it cannot be assumed that the groups are homogeneous.

The results of this study have two major implications. Awareness of differing views can help health care professionals individualize treatment. In addition, health care professionals need to inquire about individuals' differing meanings attached to similar words.

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<sup>9</sup> Mastor, Jin, and Cooper 2000.

<sup>10</sup> Alagaratnam 1989.

<sup>11</sup> Kawahara 2000.

<sup>12</sup> Master, Jin, and Cooper 2000.

<sup>13</sup> Peterson & Seligman 2001.

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