The first journal publication on the Multiphasic Schedule (Hathaway and McKinley, 1940) established the empirical scale development approach in constructing personality scales and began a program of research that evolved for more than 70 years and spanned many languages and countries. (For a discussion of the MMPI’s role in contemporary assessment psychology see: Butcher, 2010). The following highlights describe special contributions that were made to adapt the instrument to international populations or cultural use. Major research studies are highlighted and their findings/implications noted here. A number of widely influential test translations are cited. In a number of places, the contributions of several MMPI developers over time are cited to show the sequence of relevant events and the continuity of development. It is not possible to cite all of the existing translations, however, some references are provided at the end of this document to give further information about additional sources.

1948 Shortly after the end of the Second World War mental health professionals began to translate the MMPI items and use the test for assessments in other countries. One of the first translations of the test was conducted by Reda who translated the MMPI into Italian and initiated a number of research projects to assess the generalizability of the test in Italy. (For a historical perspective and research on the MMPI and MMPI-2 in Italy see Butcher 2011).

1951 The Cuban Spanish language translation of the MMPI was undertaken by Idelfonso Bernal del Riesgo from Cuba in collaboration with Starke Hathaway. The inventory was released for use in 1951 (see Quevado & Butcher, 2005 for a discussion of the development of the MMPI in Cuba).

Important factors in test translation were established in Sundberg’s development of the German translation of the MMPI.

Gunvor Rand translated the MMPI into Norwegian and Anne von der Lippe revised this translation in 1976. This translation came to be widely used in Norway until it was replaced by the MMPI-2 translation. In 1993, Havik and his colleagues conducted extensive research on the MMPI-2 in Norway. He translated and adapted the MMPI-2 for use with Norwegian clients. (see discussion by Ellertsen, Havik & Skavhellen, 1996).

Nencini & Banissoni published the official version of the translated MMPI along with norms for use of the test in Italy.

One of the earliest translations of the MMPI in Asia was conducted by Abe in Japan. His early research on the MMPI prompted great interest in personality assessment and objective interpretation methods in Japan.

The French translation of the MMPI was initiated in 1959 by Pichot, Gorceix and Perse (1960) and the manual was published in 1966 by Perse.

Rosen and Rizzo conducted a study providing norms for the standardization of the MMPI in Italy. Their research and case example provided great impetus for research and clinical application of the MMPI in Italy, one of the most active countries for international MMPI use (see discussion by Butcher, 2011).

Chung, Lee and Chin translated and developed the original version of the MMPI for use in Korea and published a manual detailing its use.

Raphael Nunez developed the Mexican translation of the MMPI using a Puerto Rican translation of items that was adapted for the Mexican population. The booklet for the test was published in 1988 and the US norms for the original MMPI was the basis for interpretation. This version of the test was widely used in Mexico and other Latin American countries until the publication of the Mexican version of the MMPI-2 in 1996 (for a discussion of the Mexican MMPI see Nunez, 1979). The Mexican form of the MMPI-2 developed by Lucio and Reyes-Lagunes (1996) has come to be widely used in Mexico and other Latin American countries.

First International Symposium on Recent Developments in the MMPI (Mexico) highlighting international use of the MMPI. This meeting (developed by J. Butcher, Rafael Nunez and Miren Garcia Barcena) brought together MMPI researchers from many countries and promoted extensive international research collaboration.
1970  Savasir and Turgay developed a translation of the MMPI into Turkish. This translation was revised by Savasir and Erol in 1978. The MMPI was widely used in Turkey for clinical and personality assessment until it was revised in 1996 after the MMPI-2 was published (Savasir & Chulha, 1996).

1972  Pancheri and Morgana developed a computer-based MMPI interpretation system for the Italian version of the MMPI. This approach to test interpretation came to be widely accepted in Italy.

1972  Gottesman & Shields’ MMPI study on the genetics of schizophrenia and personality in England contributed to the establishment of the MMPI in personality research.

1974  Raya Gur, in collaboration with J. N. Butcher, translated and conducted validation research on the MMPI in Israel (see Butcher & Gur, 1974). Almagor and Nevo (1996) developed and normed the Hebrew version of the MMPI-2 for use in Israel.

1974  The first translation of the MMPI in Persian for use in Iran was completed by Okhovat (1974). The MMPI was widely used for a number of applications. After the redevelopment of the MMPI in the 1980’s and publication of MMPI-2, Nezami and Zamani (1996) translated and developed the MMPI-2 for Iran.

1976  Although during the late 1960s several MMPI scales were translated into Urdu at the Government College in Lahore, Pakistan for Master’s theses, the complete translation of the test was accomplished by Laeeq Mirza (see discussion by Mirza in Butcher & Pancheri, 1976). Mirza provided an excellent discussion of the translation process undertaken to provide an equivalent test translation.

1976  Butcher and Pancheri conducted a multinational study of the use of the MMPI in clinical assessment and developed a rigorous methodology for developing and evaluating MMPI translations (Butcher & Pancheri, 1976).

1976  An abbreviated (377 item) form of the MMPI was published in the former Soviet Union by Berezin, Miroshnikov, and Rozhanets. This test was used for both clinical assessment and personnel screening such as cosmonaut selection.

1977  The MMPI was used at the University of Athens in Greece (see Kokkevi, Typaldou, et al. 1981) for clinical assessment. A different Greek translation was also used in Thessaloniki, Greece (see Manos and Butcher, 1982). These translations were both widely used in clinical and personnel screening programs until the MMPI was revised in 1989. A revised version of the Greek translation was conducted by Kokkevi and colleagues after MMPI-2 was published (see Kokkevi, 1996).
1978 Rissetti and colleagues translated and adapted the MMPI for Chile. These investigators conducted substantial normative data and validation research on the instrument over several years (see also Rissetti, et al. 1985; Rissetti et al. 1996).

1979 A conference was held in Japan in 1979 to explore the MMPI research developments and to develop a consolidated version of the MMPI in Japan (the 6th International Conference in personality assessment, organized by H. Hama and J. Butcher and sponsored by Doshisha University). There were 15 existing translations of varying quality in use at the time. Lee Anna Clark served as coordinator and developer of the consolidated version of the Japanese MMPI (Clark, 1979).

1979 Nicolas Seisdedos developed a translation and norms for the MMPI in Spain that were revised in 1986 (see Seisdedos & Roig, 1986).

1979 La Or Pongpanich (with the assistance of J. Butcher) translated and developed the MMPI for use in Thailand. This translation has been widely used for assessing both patients and military personnel. The Thai MMPI was updated and replaced by Pongpanich after the MMPI-2 was published (see Pongpanich, 1996).

1979 Cheung developed a Chinese translation of the MMPI for Hong Kong and conducted research on validation of the test in Hong Kong (see also Cheung, 1985). In 1985, Song Wei Zhen and Fanny Cheung published the initial Chinese norms for Mainland China following the administration of the Chinese MMPI to a sample of normal Chinese subjects.

1985 Boey conducted a study comparing English speaking versus Chinese speaking people from Singapore. The two versions of the MMPI were found to be comparable in assessment of personality characteristics.

1991 Cheung and colleagues conducted an empirical study indicating the need for developing a specific Infrequency (F) scale for Chinese clients based upon the differences in item endorsements of Chinese and US normals.

1992 Strassberg, Tilley, Bristone and Oei conducted a cross-cultural evaluation of the MMPI-2 in assessing chronic pain in Australia and the US. They found that the performance of chronic pain patients in Australia on Hs, Hy and D scales corresponded closely to findings in the United States. The behavioral correlates for scores on these scales matched those found in the US.

1993 The Flemish/Dutch version of the MMPI-2 was published by Pen Test Publisher (see Derksen, De Mey, Sloore, and Hellenbosch). This instrument has come to be one of the most widely used tests in Holland and Belgium. (for further discussion see Sloore, Derksen, de Mey, and Hellenbosch, 1996).
Deinard and colleagues developed a Hmong translation of the MMPI-2 as a means of assessing refugees in need of mental health services (Deinard et al. 1994, 1998). In addition to the booklet version of the test, a tape-recorded Hmong version was also developed because the Hmong language is largely a spoken language (Deinard et al. 1996).

Avila-Espada & Jimenez-Gomez developed the MMPI-2 in Spain (Castilian version) by translating the new items that were added to MMPI and collected new norms for the test in Spain.

After the MMPI was revised in 1989 researchers in France participated in redevelopment of the test. Gillet, Simon, and colleagues (1996) translated and normed the French language MMPI-2 and conducted research on its equivalence.

Kyunhee Han translated the MMPI-2 items into Korean and developed normative samples for the standardization of the Korean version of the MMPI-2.

Koscheyev and Leon collaborated on an extensive project to translate the MMPI-2 into Russian. This version of the MMPI-2 has been widely used in both clinical and personnel contexts.

Shiota, Krauss and Clark adapted and developed the Japanese version of the MMPI-2.

Pancheri, Sirigatti and Biondi translated and normed the MMPI-2 in Italy. These investigators developed national norms and also conducted research on the MMPI-2 with psychiatric patients.

Abdalla Soliman, an Egyptian psychologist who was originally trained at Minnesota, translated and adapted the MMPI-2 into Arabic. This translation has also been used in other Arabic speaking countries such as Iraq, Kuwait and Syria.

Shores & Carstairs studied the accuracy of MMPI-2 assessment in an international context. They found that computer-based assessment of clients using the MMPI-2 validity measures was highly accurate in classification in Australia.

Hayama, Oguchi and Shinkai published a cross-validation study of the MMPI-2 in assessing chronic schizophrenics in Japan. Patients with schizophrenic disorders in Japan appeared to be highly similar to schizophrenic patients in the United States in terms of scale elevations and code type configurations.

Sirigatti and Giannini provided a cross validation of MMPI-2 indices of faking good. The S scale was found to operate in a highly similar manner in detecting superlative self presentation in Italy as in the United States.
Scott & Pampa conducted a cross-cultural study of the MMPI-2. MMPI-2 Hispanic Version was administered under standardized conditions to participants with a wide range of age, educational, occupational, and socioeconomic levels. The Peruvian sample was compared with the MMPI-2 normative sample. There was a high degree of similarity across most basic and supplementary scales.

Miach and colleagues conducted an evaluation of MMPI-2-based personality factors associated with gender dysphoria disorder in Australia.

Vendrig, in the Netherlands, provided a valuable model for using the MMPI-2 in assessing chronic pain particularly through examining the existence of psychological problems that are comorbid with the chronic pain. Such problems may then merit clinical attention in their own right. Chronic pain treatments are brief and of a fixed length. It is very important that patients benefit to some extent from treatment as failed treatment experiences can lead to further demoralization. For this reason, the clinician should be aware of any comorbid psychopathology prior to the initiation of treatment. When a severely depressed patient is, for example, given antidepressant medication in the preprogram stage, the accessibility of the patient may change and thereby the chances of successful treatment enhanced. The MMPI-2 may be extremely useful for this purpose as other measures of pain-related psychological functioning lack the framework for assessment of general psychopathology/personality. Vendrig’s model also includes the application of the MMPI-2 to reassess patients as treatment proceeds.

Dong and Church conducted a cross-cultural equivalence and validation study of the Vietnamese translation of the MMPI–2. They examined a sample of 1st-generation Vietnamese refugees in the United States. Respondents completed the Vietnamese MMPI–2, the Harvard Trauma Questionnaire, a measure of acculturation, and a demographic questionnaire. An inspection of MMPI–2 mean profiles and items showing extreme endorsement rates suggested that certain symptom tendencies and cultural values may be reflected in responses to some MMPI–2 items. Older age, lower acculturation, greater experienced premigration–postmigration traumas, and military veteran status were all associated with elevated MMPI–2 profiles, suggesting that the MMPI–2 functions in a reasonably equivalent and valid way in this population.

Blajer and colleagues compared the validity and clinical scale scores of a sample of Romanian police applicants to those of male policemen from the United States. Statistical and clinical differences were found for some measures although the Romanian applicants were free of pathology. Romanian police applicants showed some personality differences such as being more introverted than American officers. These results are discussed in terms of differences in age and experience between Romanian and American policemen, differences between Romanian and American police forces and their roles, and differences between Romanian and American society and culture.
2003 Cheung, Zhang and Song conducted an extensive normative study on the Chinese MMPI-2 and published the Manual of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Chinese ed.).

2007 Butcher, Cabiya, Lucio and Garrido provided an integrated psychological assessment strategy for Hispanic clients including the use of the test with Spanish language clients in other countries.

2007 In a cross-cultural validity study, Woo and Oei evaluated personality similarity and differences among patients from the countries of Singapore and Australia. Participants were recruited from psychiatric outpatient clinics from Singapore and Australia. The overall findings indicate that MMPI-2 profile comparisons are comparable between Australian and Singaporean subjects, with considerably more similarities than differences. However, there are significant differences on specific MMPI-2 subscales including the L, Hypochondriasis, Addiction Potential Scale, Overcontrolled Hostility, Fears, Health Concerns and Negative Treatment Indicators. It is suggested that the differences could reflect cultural and ethnic distinctions specific to each country, whereas the commonalities between the two nations indicate comparable overall profiles.

2009 Zapata and colleagues provided further evidence in the appropriateness of assessing Spanish language clients using the MMPI-2. The MMPI-2 symptom scores for Spanish speaking employees are generally similar to the scores for Anglo employees and do not require adjustments in interpretive strategies.

2018 Leone, C., Iannella, and colleagues conducted a study of how the MMPI-2 and MMPI-2-RF compare in evaluating clients in Italy. Their results showed that the Restructured scales on the MMPI-2-RF do not measure the constructs contained in the MMPI-2 clinical scales. They also found that the non-gendered scales that the MMPI-2-RF employs in comparisons introduce assessment bias in that males and females respond differently on the non-gendered norms.

References

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General References on MMPI/MMPI-2 translations


