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Interpreting Differences in Questionnaire Scores in the Context of Cultural Location: A Country Case Study of Symptom Check List -90- Revised Data from Albania, Germany and the USA

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Abstract

This paper explores inter-cultural differences using new SCL-90-R data from Albania and referential data from the USA and Germany. The considerable mean score differences are interpreted in terms of historical, cultural, and political factors in Albania may affect psychometric measures creating large intercultural score differences. The SCL-90-R was administered to a representative population sample in Tirana (N = 501). Global, subscale, and item score values from the Albanian sample were compared, where possible, to those from existing American and German samples. The Albanian data showed markedly higher means on the global scale and all subscales than the American and German values and differences at the item level from the German data (item data were not available for the USA). Differences were most marked on subscales of paranoid thinking, anxiety, and hostility. These findings are interpreted in terms of the cultural context of the country. Considerations are given to implications for therapists working with culturally diverse communities. Current mental health and psychotherapy practices do not sufficiently reflect research indicating complex relations between culture and psychopathology. Studies across cultures in new, concurrently collected data using psychometric methods to explore measurement invariance and its violations, are often not feasible. Simpler methods can be used with historical data to show marked differences and enhance intercultural psychotherapy research.

Keywords: intercultural comparison, SCL-90-R, culture, history, symptom, Albania

1. Introduction

This paper is perhaps a little unusual in the psychotherapy and psychology literature in that the case study is of a country. This would not be particularly unusual in economic, political, or sociological research (e.g. Beňo et al., 2024; Ghani et al., 2024; Radcliffe & Diamond, 2007) but of course, the case study is very familiar in psychotherapy (e.g. Avdi & Evans, 2020). Vandenbroucke (1999) argues for the value of clinical case reports in the "hierarchy of evidence". We use the particular geopolitical case of Albania, and one of the broad coverage self-report problem measures most used in psychotherapy research, the Symptom Check List (SCL-90-R; Derogatis, 1994) to explore differences in general population scores in Albania versus the USA and Germany. Though a particular case study, the methods illustrate how possible socio-political factors may affect scores on "standardized" self-report measures when used across cultures. In this introduction, we review briefly literature on the neglect of cultural issues in therapy research and give details about Albania which may not be well known.

The development, psychometric exploration and use of psychological measures in psychotherapy research has been dominated by the idea that underlying latent variables are largely or entirely biologically determined and culturally invariant despite decades of evidence from crosscultural psychology, sociology and anthropology that psychological distress is biopsychosocial and massively affected by social, cultural and political factors (Alarcón, 2009; Lewis-Fernández & Aggarwal, 2013). This approach is a result of a monocultural understanding of mental health which is affected by Western Psychiatry and has led the development of mental health care tools and systems across the world (Fernando, 2014; Gopalkrishnan, 2018). Recent work (e.g. Horton, 2023; Olusanya, 2021; Sikuade, 2021) has illustrated the problems with the domination of world health research by the "global north". From the therapy research world (Lampropoulos et al., 2002) introduced the useful term "empirical imperialism" to refer to the way that certain models of research, particularly certain quantitative methods come to dominate and alienate clinicians and exclude substantively important insights from outside the dominant canons.

2. Context of the Study: Albania

Since the fall of communist regimes in Europe, mental health care in post-communist countries had to reform and move away from misuse of psychiatry and psychology for political ends and from institutionalization and other outdated practices (Dlouhy, 2014; Petrea & Haggenburg, 2014; Tomov et al., 2008). With similarities across countries, changes included deinstitutionalization of services, creation of multidisciplinary teams, improved training of mental health professionals and introduction of contemporary practices of treatment and assessment.

A new interest in self-report tools prioritizing the voice of the client rather than judgements of professionals is congruent with this humanization and fits with global developments in the last four decades in which self-report outcome measures are adding value to treatment planning and management (Braho et al., 2015; Paz, Mascialino et al., 2020). However, the development of appropriate instruments needs resources which are significantly limited outside wealthy countries (de la Parra, 2013).

As noted above, one essential tradition of using psychometric measures in mental health has been to treat "standardized measures" as culturally invariant diagnostic tools. Ironically, this has been congruent with both political (Western and formerly, USSR) and professional (psychiatric) colonialism (Raikhel & Bemme, 2016). This has side-lined cultural and relational factors imping on all psychological measures (Alarcón, 2009) and ensured that cultural research findings have been largely ignored (Koç & Kafa, 2019; Lewis-Fernández, 2009).

Culturally sensitive science and practice involves awareness of social, cultural and historical issues when adapting measures and being mindful that psychopathology is always culturally shaped, as acknowledged in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric

Association, 2013). Research has shown that culture affects the perception of care and compliance with treatment (Lewis-Fernández et al., 2013), and patients of different cultural backgrounds emphasize within-session interpersonal factors, particularly the professional's sensitivity on cultural diversity (Valibhoy et al., 2016). Culturally sensitive interviews such as the Cultural Formulation Interview for DSM-V (CIF) (Lewis-Fernández et al., 2014), or Brief Cultural Interview (BCI) (Groen et al., 2017) have been developed to support cultural formulations and culture-sensitive methods and practices have emerged. It is more difficult to develop questionnaire measures of cultural sensitivity as the fixed response format makes it much harder to have the discursive exploration that interviews allow.

However, partly because of the extreme financial constraints on mental health care services in even wealthy countries, most rely heavily for evaluation on standardized self-report measures (Jacobs & Moran, 2010) with limited or no focus on the cultural background of the respondent (Gilbert, 2019).

Political history and consequent economic and social regimes have particular impacts on people's thinking and feeling. They influence levels of experienced distress and ways of manifesting, understanding and interpreting it (Glassner, 1999) and induce pathological attitudes, norms, values defence mechanisms and labels (Clarke & Hoggett, 2004; McNally, 2008; Thomas, 2011). They also determine the delivery and practice of mental health care *and* its research frameworks (Raikhel & Bemme, 2016). Authors have argued that societies under totalitarian regimes of all political types, being exposed to systematic political terror, have experienced collective victimization (Pick, 1999), collective trauma (Ajdukovic, 2004), dissolved individual identity (Horowitz, 1993) and developed denial and related social and psychological coping mechanisms (Thomas, 2011). All post-communist societies seem to share similarly elevated vulnerability to poor health, stress (Rosenberg, Kozlov, & Ibman, 2018; Salavecz et al., 2010), depression (Pikhart et al., 2004), other mental health problems (Pinquart & Silbereisen, 2004), and common patterns of social problems such as public and domestic violence (Ajdukovic, 2004; Raikhel & Bemme, 2016).

3.   Understanding the Socio-Political and Cultural Background of Albania

In this paper we take the example of Albania in the "extreme case on the independent variable" design (Seawright, 2016) to illustrate how simple exploration of scores on "standardized" self-report measures reveals variation across cultures. Albania is a country of about 2.9M people, with an estimated diaspora population of a further 1.25M across the globe (Organization for Economic Cooperation and Development [OECD], 2020), in south-eastern Europe distinguished, even by the standards of the region and period, by a particularly challenging and turbulent history. Over the last millennium, and particularly the last 100 years, Albania has experienced dramatic shifts of political and socio-economic systems. Starting in 1912, with independence from the Ottoman Empire, which had ruled it since 1385, Albania underwent efforts to establish an independent state. Immediately after independence Albania experienced World War I, then a few years as a republic, a few years of a monarchy and then World War II (WW-II). From WW-II Albania emerged as a Socialist State and plunged into 45 years of arguably the most repressive communist regime in Europe (O'Brennan & Gassie, 2009) lasting until 1991 when the collapse of the Hoxha regime finally led it into a fragile democracy.

As anywhere, political history shaped Albanian social life and culture but, this critically unstable and dramatic history impinged particularly markedly (e.g. Nixon, 2009), with each post-Ottoman system deliberately seeking to shape the individual and social psyche (Amy & Gjermeni, 2013). Presocialist Albanian society was collectivistic (Malcolm, 1999), with strong patriarchal (Kaser, 2000) and honour-related cultural values (Tirta, 2003; Doll, 2010), clan-based family structure (Doll, 2010) and was shaped by largely unwritten laws relating to clan membership (Bardhoshi, 2012; Littlewood, 2002; Tirta, 2003; Young, 2000). These laws often had power over religion and state regulations (de Waal, 2005) and impressed immense social pressure on individuals and families (Malcolm, 1999; Sherer & Senechal, 1997).

These characteristics of pre-socialist Albanian society were a target for disruption by the communist state (Kovaci, 2014) with interventions attacking cultural norms and memory (Doja, 2010), family (Kaser, 2000), religion (Littlewood, 2002), private property (Bardhoshi, 2012) and removing basic values such as trust and group belongingness (Lubonja, 2001) and personal and social self-regulation practices (Musaraj, 2012). These interventions aimed at dissolving individuality, diminishing inter-group antagonism, inducing cultural homogeneity (Musaraj, 2012; Verdery, 1996) and sought to reduce drastically the powers of groups and individuals to think about or control their lives. Everything was regulated and mediated by the Socialist State, from distribution of income (Kaser, 2000), university study rights (Musaraj, 2012), job allocation (Lubonja, 2001) through to regulation of private family life by practices that induced collective familial shame (Nixon, 2009).

These pressures resulted in alienated social and family relations, distorted image of self, (Doll, 2010; Lubonja, 2001; Nixon, 2009), paranoid and dichotomous thinking (Lubonja, 2001) and jeopardized collective sources of social resilience (Littlewood, 2002). Damage to personal and social self-regulation has been documented for trust and privacy (Lubonja, 2001; Musaraj, 2012) and basic social-, time- and work-related values (Kaser, 2000). Literary reflections on Albanian cultural, political and psychological history to that point are very readably clear in the novels of Ismail Kadare (e.g. Kadare 1981).

The fall of the communist regime (1990/1991) exposed Albanian society and families to further challenges, as drastic and traumatic as those of the earlier ones (de Waal, 2005; Kovaci, 2014). Dramatic liberalization of life and economy (Kaser, 2000) created a radical shift from a socially overcontrolling state to a neglecting state. In the name of freedom the state resigned most regulatory functions leaving the population to the self-regulation of migration and emigration (de Waal, 2005; Kaser, 2000), justice (Bardhoshi, 2012; Voell, 2012) and the economy (Muço, 1998; Pettifer, 1996; Schmidt, 1998). Such processes produced huge demographic, economic (National Institute of Statistics [Instat], 2011) and social imbalances (Morozzo della Rocca, 1998) and were followed by sharp economic, social, and psychological problems.

4. Socio-Political Structures from the Psychotherapeutic Perspective

These problems weren't caused by some non-psychological coupling from politics to social problems but through psychological impacts. Collective trauma from the communist period involved internalized expectations of punishment and victimhood found in attitudes, mechanisms and coping strategies characteristic of people and communities under communism (Ajdukovic, 2004; Pick, 1999). The particularly severe and repeated changes have hindered Albanian social reconstruction and limited the ability to build social institutions, social values and relationship patterns necessary for the new context and needs of the community (Ajdukovic, 2004). The emerging post-communist Albanian political leadership inherited many core authoritarian features of the previous communist leadership (Amy & Gjermeni, 2013; Kalemaj, 2016), inducing in the population similar mistrust, paranoid thinking, hostility, frustration and submissive attitudes to those of the previous regime. According to Fletcher and Weinstein (2002), social reconstruction of traumatized societies is possible when justice, reconciliation, democracy and economic progress are all present. Unfortunately, this is not yet the case for Albania.

Recognising these processes, and their psychological legacies, we believe Albania is a key case study to explore whether these issues affect scores on mainstream psychotherapy research selfreport measures. Resources for therapy research in Albania are extremely constrained with relative national poverty exacerbated by the history described above. The CIA world factbook (CIA, 2021) gives the per capital GDP of Albania as just under $14k in 2019, versus e.g. $62.5k for the USA, $49k for Canada and $46k for the UK. This relative poverty compounded by historical and cultural turmoil and stress is not unique to Albania and means that researchers in similar situations have to find methods that will still give useful findings despite very limited resources. This situation made this paper not just a substantive exploration of findings but a pathfinder illustrating that simple statistical methods can

provide clear findings when well-powered, sophisticated, contemporaneous surveys with modern psychometric methods, e.g. measurement invariance testing, are completely impossible.

5. Methods and Materials

5.1 Aim

We aimed to create the first translation of the SCL-90-R into Albanian and the first representative population sample of responses and then to compare, at either item or scale level, these scores with publicly accessible findings from countries with markedly different cultures and histories.

5.2 Design of the Albanian data collection

5.2.1 Translations

The Albanian SCL-90-R data came from a study (Bodinaku et al., 2014) that included other measures. As will be the case for many countries in poverty and emerging from socio-political trauma, there were no translations of recognised measures when the work started. Hence, a translating team adapted five psychometric measures into Albanian with the scope of contrasting measures to each other after being administered on the same sample. Four measures were quantitative questionnaire instruments SCL-90-R (Derogatis, 1994), CORE-OM (Evans et al., 2002), BDI-II (Beck et al., 1996) and CES-D (Radloff, 1977). The translation (and back translation) of the SCL-90-R was performed carefully to the Research Translation License Agreement of Pearson Inc.

5.2.2 Instruments

The SCL-90-R is a multidimensional self-report questionnaire assessing the status of an individual.

Its 90 items are allocated to nine named subscales: Somatization (SOM, 12 items), ObsessionCompulsion (O-C, 10), Interpersonal Sensitivity (I-S, 9), Depression (DEP, 13), Anxiety (ANX, 10), Hostility (HOS, 6), Phobic Anxiety (PHOB, 7), Paranoid Ideation (PAR, 6), Psychoticism (PSY, 10) and the remaining seven items are termed Complementary Items (COM, 7). All items contribute to the Global Symptom Index (GSI). Each of the SCL-90-R items is rated on a five point scale indicating the intensity of the symptoms experienced during the last week.

Scopus (31/7/21) showed 2,175 non-retracted, non-conference papers with "SCL-90-R" in the title, abstract or keywords (on). The publications were dated between 1982 and 2021 with a peak of 107 in 2017 and a slight fall since; authors came from 32 different countries not including Albania.

There does not appear to have been a review of the psychometrics of the measure since (Cyr et al., 1985) but the later studies suggest that the SCL-90-R has a strong first component/factor and that this is a good measure of general psychological distress/dysfunction. No analyses, perhaps unsurprisingly, show a clean fit to an oblique nine-factor structure, however, most suggest that up to nine oblique factors, corresponding to the scales, do have distinct variance, distinct from each other and from the general factor. This has also been suggested in a bifactor model analysis. These findings were taken to support analyses in this paper of the scale scores as well as the GSI.

The psychometric properties of the Albanian version (internal consistency, test-retest reliability, corrected item-scale correlations, factor analysis, convergent and clinical validity) were analysed in the new data to see whether they were acceptable for the purpose of the study: i.e. to detect and estimate the strengths of mean score differences between countries. They showed very similar values to those of the original and other translations of these instruments. Cronbach alpha for the SCL-90-R in the Albanian sample (*n* = 501) was α = .97 for the global scale (GSI) and in the range .70 to .87 for the nine subscales.

5.2.3 *Sampling procedures and participants*

The sample (*N* = 501) was selected by Hamilton sampling (Tannenbaum, 2010) to ensure the sample was representative of Tirana (the capital of Albania) in terms of gender, age and locality. This was achieved by stratifying the participants in this study by gender, by three age cohorts (18-29, 3049, 50+ years) and by the 16 administrative units of Tirana. The sample comprised 249 women (49.7%) and 252 men (50.3%). Age varied from 18 to 76 years (*M* = 40.2, *SD* = 15.1). Twelve volunteer interviewers met participants in their homes from April 4th to May 5th, 2011. Interviewers were psychology students at the University of Tirana supervised by two experienced psychology researchers.

5.2.4 *Data analysis*

Our statistical approach is exploratory/descriptive though using null hypothesis testing as an indicator of the presence of systematic differences with our main interest in the strength of differences and their possible precision of estimation reflected by 95% confidence intervals. This statistical method is consistent with our epistemological position, i.e. that the evidential value of the data and analyses is asserted in relation to the use of the SCL-90-R here as a general population descriptor of mental health and wellbeing with potential implications for use in therapies. As individual participant scores are only available for the Albanian data, parametric tests and confidence intervals (CIs) using means and standard deviations (SDs) are reported on the planned explorations (summarised below). The highly conservative Bonferroni correction was used to minimise the otherwise inevitable high rate of designating differences statistically significant even under the null model given the high number of tests.

The Albanian data were compared with referential data from original validation studies of the SCL-90-R in the USA (Derogatis, 1994) and in Germany (Franke, 2002). Scores were compared, where the data was available, at three levels of granularity, as follows:

1. Overall scores: GSI and subscale scores from Albania were compared with those from Germany and from the USA using two-sided group t-tests. Bonferroni correction for 10 tests, 1 GSI and 9 subscale scores, was applied.
2. Item level comparisons are a further potential source for understanding the nature of sample differences (see e.g. Pokorny et al., 2012). However, item data were not available for the US sample and for the German sample only item means, not standard deviations were available, so the Albanian data were compared with the German item means using one-sample t-tests. Bonferroni correction for 90 tests (all the items) was applied though results are reported for items from the three subscales, O-C, PAR & PSY, considered most likely to show psychological impacts of the Albanian history.

6. Results

The results showed striking differences of scores in the Albanian sample (*N* = 501) compared to both German (*N* = 2141) and USA samples (*N* = 974) for all ten scores (see Table 1 and Figure 1 which shows the parametric 95% confidence intervals around the observed means).

Table 1: Raw score scales of SCL-90-R in the Albanian, German and USA populations

GSI: global severity index	**.97**	**.38**	**.31**	**28.10**	**29.62**	**4.94**	**A>G>U**
	.55	.39	.31	1.39	1.63	.19	
				<.00001	<.00001	<.00001	
A somatization	1.02	.47	.36	20.72	21.72	6.26	A>G>U
	.74	.47	.42	1.03	1.19	.24	
				<.00001	<.00001	<.00001	

GSI: global severity index	**.97**	**.38**	**.31**	**28.10**	29.62	**4.94**	A>G>U
B obsessive-compulsive	1.32	.45	.39	33.82	31.21	3.35	A>G>U
	.68	.47	.45	1.68	1.72	.13	
				<.00001	<.00001	.00083	
C interpersonal sensitivity	1.03	.41	.29	23.78	27.38	6.73	A>G>U
	.64	.49	.39	1.18	1.51	.26	
				<.00001	<.00001	<.00001	
D depression	.97	.44	.36	20.06	21.69	4.23	A>G>U
	.64	.51	.44	1.00	1.19	.16	
				<.00001	<.00001	.00002	
E anxiety	.85	.34	.30	20.52	20.01	2.43	A>G, A>U
	.69	.45	.37	1.02	1.10	.09	
				<.00001	<.00001	.01532	
F hostility	.99	.35	.30	23.98	22.84	2.88	A>G>U
	.76	.47	.40	1.19	1.26	.11	
G phobic anxiety	.60	.22	.13	17.71	19.73	6.48	A>G>U
	.60	.38	.31	.88	1.08	.25	
				<.00001	<.00001	<.00001	
H paranoid ideation	1.27	.45	.34	28.12	29.80	5.57	A>G>U
	.76	.54	.44	1.40	1.64	.22	
				<.00001	<.00001	<.00001	
I psychoticism	.64	.22	.14	20.84	23.60	6.28	A>G>U
	.56	.36	.25	1.03	1.30	.24	
				<.00001	<.00001	<.00001	

M_A, M_G, M_U, SD_A, SD_G, SD_U … means and standard deviations in Albanian, German and USA population t_{AG}, t_{AU}, t_{GU}, d_{AG}, d_{AU}, d_{GU} … *t*-statistics and effect sizes for the comparison of two populations p_{AG}, p_{AU}, p_{GU} … significance of the two-group *t*-test; **bold** … $p \leq .005$, Bonferroni corrected threshold for 10 simultaneous tests

6.1 Albanian Versus German Sample

The mean level of complaints expressed by GSI in the Albanian sample (*M* = .97; *SD* = .55) was markedly higher than in the German sample (*M* = .38; *SD* = .39) with effect size *d* = 1.39, significant at the Bonferroni corrected level .005 (see Table 1). Differences on all nine subscales were significant, with effect sizes for mean differences ranging from 0.88 to 1.68. The highest effect sizes were on the obsessive-compulsive (O-C) and paranoid ideation (PAR) subscales.

6.2 Albanian versus US sample

Even larger differences were found when comparing the Albanian and US samples. The US GSI mean and standard deviation were both lower than the German values and the effect size for the Albanian *versus* US comparison was *d* = 1.63. Again, the difference was significant for the GSI and all the subscales and subscale effect sizes ranged from 1.08 to 1.72. The highest effect sizes again were the O-C and PAR subscales.
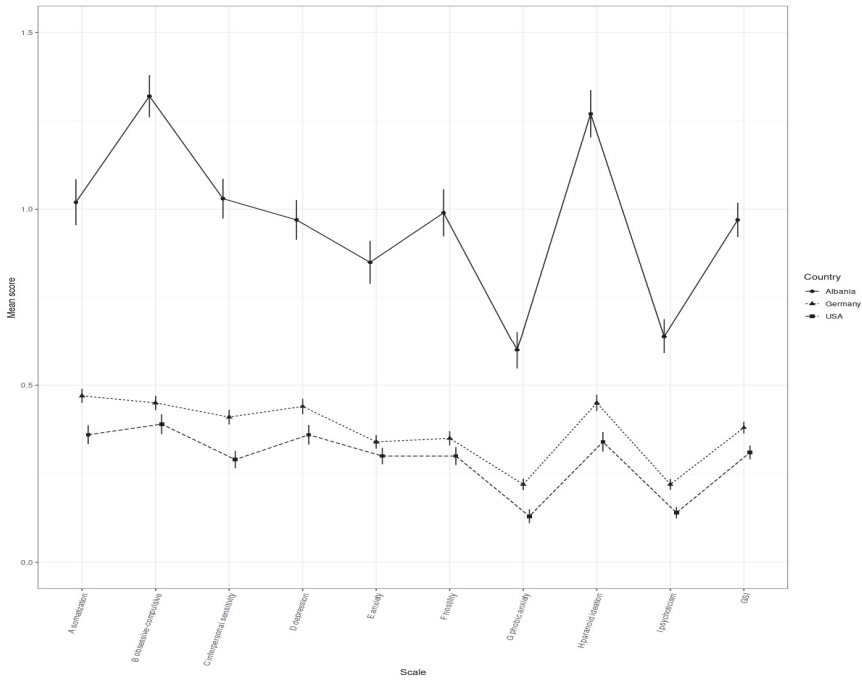
Figure 1: Comparison of means of SCL-90-R subscales for the Albanian, German and US samples

7. Comparison of Samples on the Item Level

Comparison of item means was only possible between Albanian and German samples. In Table 2, items from the three selected scales are shown, with statistically significant differences, after Bonferroni correction, shown in bold. Within each scale, items are sorted by the *t*-statistic.

Items significantly higher in the Albanian data mirror the particular nature of obsessive-compulsive behaviour experienced in the Albanian society (*acting very slowly, double-checking each step, worrying about the results*), paranoid perceiving of human relationships (*feeling that most people cannot be trusted*) and markers of psychoticism (*feeling lonely even in presence of others)*.

Items, which showed statistically significantly higher means in the German data, despite the overall mean differences on the subscale being in the opposite direction were those relating to the demands of achievement and efficiency demands and to inter-individual competition.

Table 2: Adjusted items from SCL subscales O-C, PAR, and PSY with means significantly higher resp. lower in the Albanian sample (n=501) than in German sample (n=2141)

Albania (A) and Germany (G) characteristic items	Ma	MG	T500	*p*
O-C obsessive-compulsive				
38 having to do things very slowly to insure correctness	1.76	.99	12.90	<.000001
45 having to check and double-check what you do	1.51	.91	11.03	<.000001
65 having to repeat the same actions such as touching, counting, or washing	.92	.37	10.43	<.000001
10 worried about sloppiness or carelessness	1.52	1.02	8.92	<.000001
51 your mind going blank	1.04	.65	8.38	<.000001
09 trouble remembering things	1.28	1.17	1.77	.077341

Albania (A) and Germany (G) characteristic items	Ma	MG	T500	*p*
03 repeated unpleasant thoughts that won't leave your mind	1.85	1.85	-.12	.904532
28 feeling blocked in getting things done	1.23	1.38	-2.99	.002928
55 trouble concentrating	1.10	1.44	-6.59	<.000001
46 difficulty making decisions	1.40	1.80	-7.07	<.000001
PAR paranoid ideation				
18 feeling that most people cannot be trusted	2.24	1.57	11.32	<.000001
08 feeling others are to blame for most of your troubles	1.23	.91	5.44	<.000001
43 feeling that you are watched or talked about by others	1.18	.94	4.30	.000021
68 having ideas or beliefs that others do not share	.95	.84	2.32	.020743
76 others not giving you proper credit for your achievements	1.31	1.46	-2.85	.004553
83 feeling that people will take advantage of you if you let them	.95	1.25	-5.88	<.000001
PSY psychoticism				
90 the idea that something is wrong with your mind	.80	.39	9.02	<.000001
07 the idea that someone else can control your thoughts	.78	.50	6.16	<.000001
16 hearing voices that other people do not hear	.35	.13	5.63	<.000001
85 the idea that you should be punished for your sins	.58	.42	3.65	.000290
84 having thoughts about sex that bother you a lot	.55	.42	3.07	.002257
62 having thoughts that are not your own	.56	.44	2.96	.003222

M_A item mean in the Albanian sample, M_G item mean in the German sample,
One-sample *t*-tests comparing observed means in the Albanian sample with reported means in the German sample. **bold** = significantly higher mean, $p \leq .00055$, Bonferroni corrected level for 90 simultaneous two-sided tests. Items sorted by the decreasing absolute value of *t*-statistic.

8. Discussion

The project was necessarily conducted in a context with no previous translated or validated measures in Albanian, insufficient mental health care services and limited financial resources. This paper is part of larger research project whose main objectives were the validation and standardization of a battery of five psychometric measures for use in Albania and addressed intercultural comparability of scores. However, this paper only sought to explore differences on a general measure of psychopathology between Albania, Germany and the USA and to consider them in the context of Albanian culture, politics and history.

The findings were very clear with dramatic differences in mean scores, profile differences across subscales, and across items within subscales. We believe the findings reflect cultural and social mechanisms developed under the particular Albanian historical and contextual factors but also have general implications when comparing scores on measures across cultures.

8.1 Level of expressed symptoms

That the mean scores were markedly elevated Albanian scores are congruent with work summarised in our introduction, and with national data showing poor infrastructure of mental health services, insufficient trained professional resources, and inadequate population coverage of the services (World Health Organization [WHO], 2020).

8.2 Scale profile differences

Analysing profile differences between the Albanian and German and USA data showed that the elevations weren't simple parallel profile elevations. Compared to both the German and USA data, the Albanian data showed statistically significant higher means on the PSY and PAR subscales. The differences on these subscales are congruent with the way the communist regime implanted general social mistrust affecting social, communal and family relations (Lubonja, 2001; Nixon, 2009).

It is not surprising that scale profile differences between Albania and Germany are fewer than between Albania and the USA. Germany, like Albania, is a European country physically and closer to Albania than to the USA and arguably culturally closer too. In this regard, there are notable differences among the three populations included in this analysis. According to Hofstede's Individualism Index Values (Hofstede et al., 2010) the USA and German populations are not far apart in terms of holding individualistic values though with clear differences with the USA holding more strongly individualistic values. Post-communist European countries, with the exception of Hungary and Latvia, stand much lower than Germany in this list, with Albania standing last, notably distant from the German population and even further from the USA population.

Clearly the observed Albanian score means are not frighteningly high, the GSI of .97 is about equivalent to answering "a bit" on all items. Whatever the impacts of Albanian history, current political situation and culture on citizens' psyche, it is perhaps reassuring to see that these means are not a "clinical" profile. However, the differences from German and USA means were statistically significant, have large effect sizes and were in the directions expected, congruent with the cultural history.

One interesting question arising from these findings, in the context of a large and broad Albanian diaspora noted above, is how cultural issues can exacerbate the well-known issues for therapists working with clients not from the therapist's, the local, culture. We believe these findings may be useful to consider for therapists seeing Albanians outside of Albania.

9. Limitations

The biggest challenges to the interpretation of the findings are in the sampling. The German and USA data are from large samples treated as referential in the existing literature but no human survey data are a perfect random sample of the population of interest and those data are no exception. The Albanian data used the Hamilton method to reduce typical biases of surveys but was restricted by logistics to Tirana. Clearly capital cities are never typical of countries however, like many, Tirana has a comprehensive slice of the socio-economic distribution of Albania's population. We hope to find resources to carry out wider surveys in the future to compare these results with those from rural regions and smaller cities.

The next issue is psychometric. Just as no large population sample is perfect, no selfquestionnaires are "perfect" (Paz, Adana-Díaz, & Evans, 2020; Paz et al., 2021). The SCL-90-R was a very ambitious attempt to create a measure covering a full gamut of typical mental health problems which inevitably shows a complex factor structure and has not shown perfect measurement invariance across cultures and languages. Without access to full item datasets from the SCL-90-R in other languages it is not yet possible to conduct formal measurement invariance comparisons with data from other countries and languages. However, sample sizes equal to or exceeding that of our Tirana sample we feel certain exploration will *not* to show perfect invariance. However, the translation process was a careful one and fulfilling the SCL publisher's requirements and the internal reliabilities were more than adequate to show shared covariance between items on scales and to support group mean comparisons.

We believe that these inescapable limitations *will* have biased findings somewhat, without further studies we cannot know by how much, but it seems vanishingly unlikely that they account for the very large differences between the Albanian and the German and USA data.

10. Conclusions

These results show strong and statistically significant cultural differences in scores on a welltranslated measure from a historically, culturally and politically extreme case within European/Western societies. What are the implications for psychotherapy researchers?

- Translation, validation and standardization of psychometric instruments in economically challenged countries is feasible with sensible use of local resources and, development of psychotherapy instruments in "global South" and LMIC (Low and Middle Income Countries) is possible and should be encouraged.

- Copyright fees make zero fee measures preferable to instruments where a substantial translation fee is charged.

- In this case, the local version of an internationally recognized instrument had internal reliability comparable to its US (and German) referential data. This will not necessarily be the case (e.g. Evans et al., 1997; Paz et al., 2021) and there is no excuse for not exploring psychometric properties of measures, at minimum as APA guidelines require, internal reliability, when using measures anywhere.

- Despite broadly similar psychometric properties for translations, massive cultural differences in scores may be found, as here. Where there are multiple scales scale profile differences may throw further light on differences, complementing simple score differences.

- The differences found here fit our expectations that historical, cultural and political context affect individual results of psychometric instruments: the psychopathology of a society affects individual psychopathology profiles. Profile comparisons are useful both for intercultural research and essential for therapists working in multicultural environments.

- In the light of these findings, referential distributions and cutting points should never be assumed to transfer across cultures but must be computed for the local setting from local data. This requires commitment and funding to do surveys of non-clinical populations.

- Intercultural studies can be limited by missing information on statistical characteristics of standardization samples (all item data for the USA data, and subscale standard deviations for the German item level data here). Open access to the fully anonymised original data including each item value from each participant at each data collection point would facilitate a move towards "transparent psychometrics".

- Cultures change, not always as dramatically as in Albania, but no country or culture is ever static. Repeated surveys at decade intervals, and surveys large enough to address age cohort differences should be conducted to check for changes in score distributions.

- In addition to quantitative measurements, qualitative explorations may deepen the understanding of cultural differences and quantitative findings. Future research employing a mixed-method approach may lead to a more comprehensive understanding of such differences.

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