Cultural bias

Cross-cultural psychology (C-CP) studies variability in behaviour among the various sociocultural groups around the world. As such it can also be said to identify the universals of human behaviour. Over the last century, psychology has been dominated by white, middle-class US males. As Moghaddam et al. (1993) put it, US researchers and participants:

have shared a lifestyle and value system that differs not only from that of most other people in North America, such as ethnic minorities and women, but also the vast majority of people in the rest of the world.

Yet the findings from this research — and the theories based on it — have been applied to people in general, as if culture makes no difference. Implicitly, 'human being' and 'human being from Western culture' are equated (the Anglocentric or Eurocentric bias). This represents a form of ethnocentrism — the strong tendency to use our own ethnic or cultural groups' norms and values to define what is 'natural' and 'correct' for everyone.

Cross-cultural psychologists do not make this equation: for them, cultural background is the crucial independent variable. At least in theory, C-CP helps to correct ethnocentrism. But at the same time they consider the search for universal principles of human behaviour (absolutism) as quite valid. How does this happen?

The emic-etic distinction (E-ED)

Research has to begin somewhere and, inevitably, this usually involves a research tool rooted in the researcher's own culture (Berry 1969). This can be used for studying both cross-cultural differences and universal aspects of human behaviour. The distinction between culture-specific and universal behaviour is related to what cross-cultural psychologists call the emic-etic distinction (E-ED):

- The etic looks at behaviour from outside a particular cultural system (culturally-general concepts). Etics are easier to understand because they are (supposedly) common to all cultures.
- The emic looks at behaviour from the inside (culturally-specific concepts). It's the emics of another culture that are often so difficult to understand (Brislin 1993).

The research tools that the 'visiting' psychologist brings from 'home' are an emic for the home culture. But when they are assumed to be valid in the 'alien' culture and are used in cultural comparisons, they become an imposed etic (Berry 1969). This involves the imposition of the researcher's own cultural biases and theoretical framework, which may distort the phenomena being studied. This sounds remarkably like ethnocentrism.

Criteria for defining psychological abnormality

In relation to the abnormality-as-deviation-from-the-norm criterion, Western cultures — unlike many non-Western cultures — make a sharp distinction between legal, religious and medical aspects or definitions of normality. Disease, illness and pathology (bodily and psychological) are dealt with by the medical profession: mental disorder has become medicalised. Religion and illness occupy separate 'cultural compartments': illness is an entirely secular phenomenon.

However, Eastern cultures (e.g. India) often construe human distress in religious and/or philosophical terms, such as resulting from a breakdown in harmony between the individual and his/her group. Similarly, in many African societies, the spiritual and physical worlds are not separate entities; no distinction is made between 'bodily illness' and 'mental illness' (Fernando 1991). This means that thinking about and treating psychological abnormality from a medico-biological perspective is itself a cultural phenomenon.

The cross-cultural study of mental disorder

According to Berry et al. (1992), the central issue in the cross-cultural study of psychopathology is whether phenomena such as schizophrenia are:

- absolute: found in all cultures in precisely the same form (i.e. 'culture-free')
- universal: present in some form in all cultures, but subject to cultural influence regarding what factors bring them on, how they are expressed, and so on
- culturally relative: unique to particular cultures and understandable only in terms of those cultures

Absolute phenomena

Even apparently totally biological phenomena, such as the physiological response to alcohol, are influenced by cultural factors (e.g. cultural norms regarding what, where and how much to drink).

Universality

Universality is a more likely candidate for capturing the nature of psychopathology and is supported, in particular, by studies of schizophrenia. This is the most commonly diagnosed mental disorder in the world, and a larger number of culture-general symptoms have been reported for schizophrenia than for any of the other major disorders.

While these findings constitute one of the major arguments for the biological basis of schizophrenia, the exact form taken by the symptoms can only be understood by looking at predominant cultural values (Brislin 1993). For example, in Ibadan, Nigeria, the paranoid nature of many schizophrenic patients' symptoms is an exaggeration of the widespread belief in unseen evil forces. Brislin also cites evidence for the influence of culture on both (a) the reasons for the onset of the illness and (b) the prognosis.

Cultural relativity, culture-bound syndromes and ethnocentrism

Several studies have found that, in a wide range of non-Western cultures, there are apparently unique ways of 'being mad' (Berry et al. 1992). These forms of abnormality are not documented and recognised within the classification systems of Western psychiatry (such as the DSM-IV or ICD-10), but they are clearly important in the local culture.
as DSM). Known as culture-bound syndromes (CBSs), they are usually described and interpreted in relation to the particular culture in which they are reported.

Psychology literature commonly makes a distinction between modern, scientific psychiatry and traditional ethnopsychiatry (the study of culture-relative/culture-specific disorders). The former tells us about 'genuine' illness, while the latter describes illness that is 'contaminated' or distorted by culture. Again, Western psychiatry describes 'standard' disorders, while CBSs represent anomalies (Fernando 1991).

Since CBSs occur in groups regarded as alien in primarily racial terms, the very concept of a CBS has been generated by the ideology of Western psychiatry. This represents a form of ethnocentrism and the concept of a CBS has a distinctly racist connotation (Fernando 1991).

Similarly, Littlewood and Lipsedge (1989) argue that it is wrong to look at beliefs about madness in other cultures as if they are only more or less accurate approximations to a 'scientific' (accurate, objective) description. Not only is it mistaken to regard mental disorders in Western societies as 'culture-free' (unaffected by culture), but some have suggested that anorexia nervosa and pre-menstrual syndrome may be Western CBSs.

Richard Gross taught A-level psychology for over 20 years before choosing to write full-time. His first book, Psychology: the Science of Mind and Behaviour, is now in its 6th edition. He is the author of several other major texts, including AQA (A) Psychology for AS and A2, Key Studies in Psychology (5th edn) and Themes, Issues and Debates in Psychology (3rd edn), all published by Hodder Education: www.hoddereducation.co.uk.