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CHAPTER SUMMARY
CHAPTER TWELVE

CHAPTER PREVIEW

Most psychologists would agree that our attitudes and beliefs affect the way we make judgments. When we draw a conclusion about somebody’s behavior, our judgments may reflect us as much as the people we observe. That is, we see others in a particular way because of who we are. If we share the same culture as those we study, we may be able to gain insights into why they act as they do. On the other hand, when we observe behaviors of those in other cultures, we may not understand what motivates them.

Understanding the effects of culture on behavior requires detailed knowledge of the person being observed as well as that person’s culture, which is not easy. The issues we have to consider are complex. For instance, how do culture, ethnicity, and race affect behavior? The answer is certainly complex. Even though most people firmly believe that there are several easily definable races of people, many scientists have come to the conclusion that the concept of race is a social construction, not a biological fact. According to a great number of anthropologists, sociologists, psychologists, biologists, and geneticists, race is not a particularly useful biological concept. Yet many people believe that it exists.

Even though a concept like race may be scientifically invalid, we can still identify behaviors associated with culture or ethnicity, although we need to take care in the ways we classify people. Research participants are often assigned to categories in simplistic and contradictory ways from one study to another. Fortunately, more researchers are coming to the realization that we need to have good cross-cultural knowledge if we are going to understand people.

Finally, studying differences between women and men poses problems in research. Sometimes, investigators find ways to reinforce pre-existing beliefs by failing to acknowledge what might be considered cultural differences between the sexes. The researchers may believe in myths that are not true, so their research may be flawed.

Throughout this chapter, your beliefs will be challenged, and you will have to deal with controversies that, ultimately, may make you view people differently and change the way you think about studying them.

DIFFERENT CULTURAL PERSPECTIVES

It would be a mistake to assume that all people think as we do. As a result, we should be cautious in interpreting why people act as they do when these people come from a culture that is different from ours.
For example, Stiles, Gibbons, and Schnellman (1990) asked Mexican and American adolescents to characterize members of the opposite sex. Mexican adolescents relied on stereotypes and talked about internal characteristics. American adolescents were more likely to use physical and sexual descriptors. In addition, the girls who participated in the study tended to make different drawings, depending on their culture. Mexican girls depicted men helping them more than American girls did. If we wanted to study attitudes of Mexican and of American adolescents, we might have a hard time comparing their responses because they would be using different worldviews to generate their responses.

Cohen and Gunz (2002) have documented that people born in Western and Eastern countries have quite different memories of events in their lives. Those from Asia tended to remember events in the first person (e.g., “I did this”) when the memories did not involve their being at the center of attention; when they were the center of attention, their memories were in the third person (e.g., “he did this”). People born in the Western world showed memories that were just the opposite, with the center of attention being associated with the first person. The researchers concluded that the differential perspectives on the world actually dictated the way information is processed and the form of subsequent memory.

If the investigators are correct, we can expect people from different cultures to think about things very differently, so if we give them the same task to complete, they may be engaged in quite different mental processes. As such, comparisons about performance may be difficult.

What Is Culture?

Sometimes we think that we understand a concept, but when we try to express our ideas in words, it is very difficult. Culture is one such concept. We all know people who act differently than we do because of cultural differences. If somebody asked you to identify differences between your culture and that of another person, you would probably discuss differences in religious beliefs, eating habits, clothing, etc. This is typically what we mean by “culture” (Matsumoto, 1994). At the same time, we have only identified some of the signs associated with cultural differences; we haven’t defined culture itself.

Throughout this chapter it will become apparent that our concepts of culture, ethnicity, and race are quite vague and subjective. Unfortunately, the research literature is at times just as confusing. Different investigators use the same term but define it differently.

**Culture.** We can identify two distinct components of culture. Physical culture relates to objects like tools and buildings. Subjective culture, which is of interest to psychologists, refers to such things as familial patterns, language habits, attire, and a wide range of other characteristics that pass from one generation to the next (Betancourt & López, 1993; Matsumoto, 1994).

Other psychologists have defined culture somewhat differently from Matsumoto (1994), involving the notion that culture is not something “out there,” but rather that it is a cognitive response a person makes on the basis of his or her interactions with others (Segall, Lonner, & Berry, 1998). For example, it seems unlikely that Americans are overtly conscious of being Americans on a daily basis; this categorization makes sense only
when they want to make some contrast. In their communities, they are simply who they are. Similarly, think about Mexican citizens. People living in Mexico City feel no need to identify themselves as Mexicans or as Hispanics because on a daily basis, it is not a relevant consideration. On the other hand, when people live in a country different from that of their birth, they would likely describe themselves according to place of birth because that information might be relevant to understanding their behavior and because it draws a contrast between them and others.

Race and Ethnicity. Race and ethnicity are also difficult concepts. When discussing race, researchers (and people in general) often think of biological characteristics. People who make distinctions this way hope to use an objective, biological means to categorize people.

On the other hand, ethnicity is often thought of as a more subjective concept. A person’s ethnicity is associated with affiliation. That is, to what group do people think they belong or what group has affected the way an individual thinks and acts?

It doesn’t help researchers that the concept of ethnicity itself is somewhat unclear. For instance, Phinney (1996) noted that “ethnicity is most often thought of as culture....To understand the psychological implications of ethnicity, it is essential to identify the specific cultural characteristics associated with an ethnic group and with the outcomes of interest such as educational achievement or mental health” (p. 920). She pointed out that the cultural characteristics (e.g., attitudes and behaviors) are often used to explain ethnic differences.

Matsumoto (1993) depicted ethnicity differently, suggesting that ethnicity “is defined most often by biological determinants; culture, however, must be defined by sociopsychological factors. . . . Defined in this way, the parameters of culture are ‘soft,’ and perhaps more difficult to distinguish, than the parameters of ethnicity, which are set in biology and morphological differences” (p. 120).

As Betancourt and López (1993) stated, in research, people often use culture interchangeably with race, ethnicity, and nationality. On surveys, people often must indicate race by selecting categories that really encompass ethnicity or nationality, not race. Latinos, for instance, can be White, Black, Asian, American Indian, or any combination thereof.

**DISCUSSION QUESTIONS**

1. Give an example of a difference between your own culture and some other culture that you know about with respect to subjective culture.
2. The concepts of race, culture, and ethnicity are not well defined, even in research. What other concepts that may be more readily defined can you think of that might do a better job of predicting people’s attitudes and behaviors?

**DEFINING AN INDIVIDUAL’S CULTURE, ETHNICITY, AND RACE**

Scientific designations should be based on valid, objective, and stable scientific criteria. The categories researchers use often reflect social and political conditions. For exam-
ple, in record keeping, the Census Bureau is not trying to be scientific; it is trying to
describe the population of the United States. Still, scientific research relies on Census
Bureau categories. Berreby (2000) has pointed out that the utility of racial classifica-
tions depends in part on how well people define the categories they use.

Further, Rodriguez (2000) pointed out that the concept of race or ethnicity may
not help us understand behavior because an individual may fall into different cate-
gories, depending on who is doing the assessment. For instance, when the U.S.
government collects data on an individual, the Bureau of the Census does not regard
Hispanics as constituting a race, whereas federal agencies that deal with civic rights is-
issues do have a separate racial category for Hispanics. Suppose you wanted to carry out
a research project to see if people in different racial categories achieve different educa-
tional levels. Would your data include a racial category for Hispanics? With govern-
mental categories, you could argue either way, if you consider that the government has
sanctioned both approaches.

Another concern in categorizing research participants is that a researcher may
use terms that are clear in the context of an investigation but that might be unclear to
others. For instance, Selten et al. (2001) examined psychotic disorders among Turkish,
Moroccan, and Hindustani people who had migrated to The Netherlands. But Bhui
and Bhugra (2001) pointed out that the terms Turkish and Moroccan reflect place of
birth, whereas Hindustani refers to religion. Such a mixture of categories can cause
confusion in cross-cultural comparisons. Suppose a Turk was a Hindu. Into what cate-
gory would he or she fall?

Further, the degree to which a person identifies with a given ethnic group often
changes over the course of the person’s life. As a result, studying the effect of ethnicity
is very difficult: It is hard to define ethnicity precisely and an individual’s commitment
to a given ethnic group will vary according to the present circumstances. Further, asking
people to place themselves into categories will often lead to different results, de-
pending on what categories are available.

**Criteria for Inclusion in a Group**

The criteria for inclusion in a group change over time. For instance, over the years the
United States census has classified people into ethnic groups on the basis of what lan-
guage they spoke, then their last name, then their place of origin, and now, through
self-identification.

In some cases, people classify themselves differently depending on what is at stake.
Phinney (1996) cited research in which 259 university students self-identified as Amer-
ican Indian or Alaska Native. Only 52 could provide confirmation that they belonged in
those categories. If tuition aid depends on ethnic status, people might classify them-
selves differently. Research often relies on data resulting from these self-classifications.

In addition, as Phinney (1996) pointed out, when we try to categorize people ac-
cording to ethnicity, the labels we create are not particularly useful when people come
from mixed backgrounds. Beyond that, Phinney noted that “a common practice is to in-
terpret empirical results or clinical observations in terms of cultural characteristics that
are assumed to exist but that are not directly assessed” (p. 921). That is, researchers make
assumptions about behaviors of the groups they are studying, but the researchers often
do not check to make sure that their assumptions are valid. According to Phinney, when investigators have taken the time to look at supposedly relevant cultural characteristics, the results have often shown that researchers’ assumptions are misguided.

As an example of a difficulty in categorization, consider the Chinese, a group that has recently been studied extensively in cross-cultural psychology. Chang (2000) noted that the Chinese are not easy to characterize because being Chinese can mean an enormous number of things. For one thing, there is no single “race” because of the genetic and anthropological variability among the Chinese, who can count over 50 ethnic minorities encompassed under the overarching term “Chinese.” In addition, the diversity in language is so great that you could find two languages labeled “Chinese” that are as different from one another as German is from French. Another consideration is that people from urban and rural areas can have very different cultures, as can people who are either literate or illiterate.

Researchers studying Chinese people living outside China sometimes use the family name as an indicator of being Chinese. This is a problematic strategy. Chang pointed out that the name Lee can be Chinese and has been used to signify Chinese ethnicity even though Lee is also a Korean and a Vietnamese name. Lee can also be a Western name—there is no evidence that the Confederate General Robert E. Lee was Chinese. Further, the most common Chinese surname, Chang, is also a Korean name.

Sometimes, researchers are even broader in their categorization schemes. Cohen and Gunz (2002), in studying the difference between Eastern and Western thought, simply included a participant in the Eastern category if he or she had been born in Asia. The range of ethnicity in such a strategy is vast. Participants in the Asian group were probably as different from one another as they were from the participants who grew up in North America. In other research, Kim, Atkinson, and Yang (1999) put into one category Asian Indians, Cambodians, Filipinos, Hmong, Japanese, Koreans, and others. This represents a stereotype that all people from Eastern cultures share significant attitudes and behaviors and that they all differ from people in the West.

To add to the confusion, Kim, Atkinson, and Yang (1999) have suggested that as people from Asian countries become acculturated to the United States, their behaviors change more quickly than their attitudes, which may not change even across generations. So, in one sense, they are attitudinally still members of an ethnic group but behaviorally they are not. When we describe people within some arbitrarily determined category, we may be talking about very different types of people as though they were the same, and we may incorrectly decide that a single person is more consistently ethnic than he or she really is.

### Social Issues and Cultural Research

The way we categorize people has implications for the way we think of social issues. As you can see in Figure 12.1, the National Center for Educational Statistics reported that high school dropout rates for Hispanics are very high (Kaufman, Kwon, Klein, & Chapman, 2000). What should we conclude from the fact that Hispanics are nearly 7
times as likely to drop out of high school than Americans of Asian descent? This question is too simplistic because dropout rates for Hispanics drop by two thirds for families who have been in the United States for two generations or more. As such, ethnic categories are less important than degree of acculturation.

Rather than concentrating on ethnicity, it might make more sense to talk about other variables, like the number of years people have lived in a given culture, socioeconomic status, fluency in English, nature of one’s peers, and so forth (Watkins, Mortazavi, & Trofimova, 2000).

Yee, Fairchild, Weizmann, and Wyatt (1993) summarized the problems nicely: They noted that psychologists themselves use common stereotypes and rely on self-identification. The use of stereotypes suffers from four notable problems: It (a) neglects important differences among people in the same group, (b) assumes with no proof that behaviors that differ across groups are based on racial or cultural differences, (c) inappropriately depicts race and other variables as being related, and (d) relies on ideas for which there is no scientific consensus.

DISCUSSION QUESTIONS

1. What problems can arise when investigators doing cultural research use data collected by the government to study people in different racial and cultural categories? Why is it important for researchers to consider the idea that people within any given group are really very heterogeneous?

2. Why is it reasonable to suppose that degree of acculturation is a better predictor of behavior than ethnic background? Give some examples of behaviors and attitudes associated with degree of acculturation.
CROSS-CULTURAL CONCEPTS IN PSYCHOLOGY

Historically, psychologists have not concerned themselves with cultural differences. From the first decades of the 1900s and into the 1960s, most psychologists were behaviorists who thought that organisms were similarly affected by reinforcement contingencies—how often they were rewarded or punished. As a result, it didn’t make much difference to psychologists whether they studied rats, pigeons, or people from any background. The causes of behavior were seen as the same universally.

Are Psychological Constructs Universal?

Early cross-cultural researchers imposed their own cultural viewpoints on the behaviors of the people they studied, which meant that they failed to understand the subtleties of other cultures. Such an approach could probably be forgiven because the researchers were opening up a new field of study and knew much less than they thought they did or needed to know for complete understanding of the people they researched. Still, after a while, it became clear that things were not as simple as people had hoped.

One of the distinctions that resulted from critical analysis of the research was between an etic and an emic. An etic refers to findings that result from studies across cultures and that may hold true cross-culturally. Thus, many people might regard the taboo against incest or cannibalism as an etic. On the other hand, an emic refers to a finding that is particular to a single culture that is being studied and understood in local terms. Although these two terms are gaining wider recognition in psychology, they are still controversial because the distinction between etic and emic perspectives are not always clear (Lonner, 1999).

In the study of different cultures, Berry, Poortinga, Segall, and Dasen (1992, cited in Segall et al., 1998) identified three orientations in cross-cultural psychology, absolutism, relativism, and universalism.

The first orientation, absolutism assumes that behavioral phenomena are basically the same, regardless of cultures. In this view, depression will be depression; it does not differ from one locale to another. Should we believe this? Price and Crapo (1999) illustrate the difficulty with accepting the concept of depression as a single, unvarying construct across cultures. For example, the Hopi do not have a single category that corresponds to the Western view of depression; they have five different categories. For them depression as most of us view it would be too broad a label to be therapeutically useful. Further, the hopelessness of major depression would be accepted by some Buddhists as simply being “a good Buddhist” (p. 126). In a Buddhist culture, it would make no sense to describe symptoms of depression (as we know them) as a pathological condition because Buddhists believe that hopelessness is part of the world and that salvation arises, in part, in recognition of this hopelessness.

A second orientation is relativism. A relativistic approach stands in contrast to absolutism in that relativists make no attempts to relate psy-
chological constructs across cultures. A researcher with this orientation would undertake only emic research, believing that the phenomena of any culture stands independently from those in any other. According to Segall et al. (1998), few psychologists favor either the extreme of absolutism or of relativism. Most fall between these two poles.

The final orientation is universalism. This approach strikes a balance between absolutism and relativism, accepting the idea that there may be universal psychological processes, but that they manifest differently, depending on the particular culture. For example, Segall, Campbell, and Herskovits (1966) found that susceptibility to perceptual illusions was widespread and suggested universal, underlying cognitive processes. At the same time, reactions differed depending on a person’s life experience.

According to the absolutist viewpoint, if perceptual illusions are caused by universal sensory processes, we should all experience illusions the same way. But that usually doesn’t happen. According to the relativist viewpoint, there could be little or no similarity in perceptions across cultures because perception in this orientation arises only from experience. That, too, doesn’t seem very common. According to the universalist perspective, the same internal processes take place but lead to different interpretations because of experience. The truth is likely to fall somewhere between the extreme viewpoints.

Although scientists hope for psychological constructs that are valid across cultures, careful examination of behaviors so far leads us to be careful to avoid falling prey to our own cultural biases. In Controversy Box 12.1, we see that something as objective as medical diagnosis is susceptible to cultural influences. The case study provided by Klawans (2000) provides an illustration of cultural problems in diagnosing brain damage. The patient and the physician came from different backgrounds and had radically different points of view, which could pose challenges for adequate diagnosis and treatment.

Issues in Cross-Cultural Research

When researchers pursue cross-cultural research, they can fall prey to certain problems in interpreting their data. Van de Vijver and Leung (2000) have identified four major concerns in research on people from different cultural groups.

- First, although some behavioral differences across cultures reflect important cross-cultural differences in thought and behavior, some differences in behavior are quite superficial and do not relate to important, underlying psychological processes.
- Second, sometimes psychological tests legitimately generate different patterns of scores across cultures. There is often a tendency to treat them as artifacts of measurement error, that is, to see the test as deficient rather than as identifying true differences between groups. In other words, when we indeed find cultural differences, it might be tempting to ignore them rather than share unpopular results.
- Third, researchers are prone to overgeneralization from their results. That is, differences due to small sample biases or poor measurement instruments may lead researchers to make more of their data than they should.
Fourth, differences across groups may reflect lack of equivalence across samples. The differences could occur because the samples contain different types of people who differ in critical ways, not because the cultures differ.

CONTROVERSY BOX 12.1
CONTROVERSY: Does Culture Make a Difference in Neurological Diagnosis?

Diagnosing a medical or psychiatric condition resembles the formal research process quite closely. Physicians initially ask enough questions to allow them to form hypotheses about a problem. They then make observations and draw conclusions. If they still don’t have enough information to identify the source of a patient's problems, they generate more hypotheses and ask more questions. Finally, the physician comes to a conclusion and treats the patient. In many cases, the ultimate diagnoses are correct, but sometimes they are wrong. This is exactly what happens in research. With luck, we are right most of the time, but research and diagnosing are complicated enough that sometimes we are wrong.

The neurologist Harold Klawans (2000) described a case from the 1970s in which a patient with neurological problems was initially misdiagnosed because of cultural factors. The patient, who had suffered repeated blackouts due to carbon monoxide poisoning in the workplace, was brought to a Chicago hospital.

As part of the diagnostic process, an attending neurologist asked the patient who the mayor of Chicago was. He responded correctly, but was unable to identify any other, previous mayors, asking if there ever had been any other mayors. He was also unable to name the current president or any previous presidents. The patient did not know that President John Kennedy had been assassinated, and had no knowledge of the Vietnam war, which was a very controversial aspect of American culture at the time. This patient was an American who had lived through all of these events, so it was very strange for him not to know such fundamental cultural knowledge.

The neurologist finally asked the patient to identify which of four objects was different from the others: hammer, wood, chisel, wrench. The patient replied that none of them was different; they were all the same. At that point, the doctor concluded that the patient had suffered severe brain damage.

As Klawans discovered through further questioning, though, the patient's memory for some things (like baseball) going back forty years was very acute. The trouble with the initial diagnosis was that the first doctor had not taken culture into account. The patient, who had grown up in Mississippi in the 1930s, had gone to school for two years and had never learned to read. As a result, the patient's memories rested on what he had experienced directly. He didn't watch the news on television, so it is no surprise that he didn't know about the president, about Vietnam, about politics. None of these things had ever entered his world.

Klawans stated that people who don’t read don’t classify objects the way that literate people do. The task of categorizing the hammer, wood, chisel, and wrench is a foreign concept to them. It is only relevant to those of us who use written words to designate objects. The ability to read brings a set of skills that we take for granted, like classifying, but that ability is very closely bound to literacy.

If the patient hadn’t experienced it himself, he didn’t have a memory for an event. Imagine for yourself how much you would know about world events if you didn’t read about them or see them on the news. His concept of the world was very different from that of the first doctor. In the end, it was clear that the patient’s mental faculties were as sharp as anyone else’s. Had Klawans not been attuned to this cultural difference, the patient might have been diagnosed with severe brain damage.
These difficulties imply what van de Vijver and Leung (2000) call the **interpretation paradox** of cross-cultural research. Large differences between very diverse cultures are easy to obtain but hard to interpret because the reasons for the differences may be caused by any of a number of multiple factors. On the other hand, small differences between people of similar cultures may be hard to spot, but when observed, are easy to interpret because the groups being assessed share many features, so the reasons for differences stand out and are easy to identify.

**DISCUSSION QUESTIONS**

1. Can you think of a behavior that would correspond to an emic (i.e., relevant only within a given culture) to an etic (i.e., holding true across cultures) if you considered students with different majors as representing different cultures?
2. Describe how a psychologist would discuss the concept of happiness from absolutist, relativist, and universalist points of view.

**IS THERE A BIOLOGICAL BASIS FOR RACE?**

Psychologists in the United States have studied one particular ethnic group to a great extent, blacks or African Americans. Very often, the research does not appear to center around culture or ethnicity. Rather, investigators cast their studies in terms of race.

You probably imagine a person’s race as something that is clearly defined; many people do. The problem lies in the process we use to classify a person. In the United States, we have had a tradition of calling a person “Black” or African American if the person has any African ancestry, no matter how remote or how little. This pattern is known colloquially as the **one-drop rule**, also known as **hypodescent**. A person is black if he or she has “one drop of black blood.” In Brazil, a person with any Caucasoid features is regarded as “White” (Zuckerman, 1990). The validity of such racial categorization is suspect if a person’s race changes simply because he or she enters a different country.

**The Criteria for Race**

Race is clearly a strange concept scientifically. Why does a single ancestor determine race when there are so many ancestors who are ignored? And why does a single Black ancestor make a person Black, when a single White ancestor does not make a person white? The concept of race in scientific research is troublesome; race-determining characteristics fall on a continuum, but people create all-or-none categories. Whenever you have a continuum, but you try to make discrete categories, you have to make a decision as to where to put the cutoff for inclusion into different categories. Such decisions are arbitrary, and another person could make a different decision that has as much validity (or lack thereof) as yours.

The use of the concept of race, even among the educated, has sometimes been very loose. For instance, *The Mother’s Encyclopedia* (1942) discussed rheumatic fever,
asserting that “some races who live in New York are especially prone to it, particularly Italians and Jewish people” (p. 1028). Further, in the United States, there used to be a greater belief in the nature of the continuum regarding Black and White, even if there was no real scientific basis for it. Historically, an individual with one Black grandparent was classified as a quadroon; a person with one Black great-grandparent was listed as an octoroon. These “races” were considered as real as any others.

A great many scientists have concurred that race is a social construction, not a natural phenomenon. Anthropologists and some biologists seem to have caught on to this idea some time ago, but some social and behavioral scientists have been slower to adopt this conclusion.

The problem with race as a construct that might help us understand behavior is that individual differences within races overwhelm the biological differences between races. In other words, if you look at the variability between any two people in the same culture, they show much more variability in genetic makeup than do two “average” people with ancestors on different continents.

At the phenotypical level, race is often defined in terms of features like skin color, but also hair type, eye color, and facial features. These turn out to be unreliable markers for race; in fact, they are not correlated with one another, meaning that just because a person shows one “racial” characteristic, it doesn’t mean that he or she will show the others (Zuckerman, 1990). In addition, there are people in the so-called Negroid groups who are lighter in skin color than others in the so-called Caucasoid groups.

As you will see in Controversy Box 12.2, scientists have identified a number of different problems associated with the use of racial categories in scientific research. There will undoubtedly be continued debate about the topic of race because of its importance as a social concept.

**Current Biological Insights Regarding Race**

Scientists working on the Human Genome Project, which is an attempt to identify the genetic makeup of human beings, has brought attention to this issue. According to Harold Freeman of North General Hospital in Manhattan, the percentage of genes that reflect differences in external appearances associated with race is about 0.01 percent (Angier, 2000).

Since the emergence of humans in present form, there have been about 7,000 generations. This is not a sufficiently large number to lead to clear differentiation of one group from another, according to geneticists. Further, there has always been mixing of genes of various groups when they come in contact with one another, intermarry, and reproduce. Biological variables may differentiate groups in a general way, but these variables are not, in and of themselves, markers for race because a person from any group could show them. “For instance, Afro-Americans are at a higher risk [for essential hypertension] than Anglo-Americans. From our perspective, what is of scientific interest is not the race of these individuals, but the relationship between the identified biological factors . . . and hypertension” (Betancourt & López, 1993, p. 631). The biological factors contribute causally to the hypertension; race is a correlational variable.

Still, some psychologists argue that real racial differences exist. They cite the notion that brain sizes, on average, are largest in Asians, middle-sized in Whites, and
How many races are there? Many people in the United States would list White, Black, Hispanic, Native American, and Asian, believing that these categories are valid, discrete groupings. That is, you are White or you are not; you are Black or you are not; etc. Everybody falls into one and only one category.

The truth is not so simple. In reality, there do not seem to be biologically based markers that separate people conveniently and reliably. For example, skin color, which many people use to define inclusion in a racial category, is inconsistent. There are Black people who are lighter than White people. Similarly, people of Asian descent span many different skin colors. The same is true for Native Americans and Hispanics. Skin lightness or darkness may be the most obvious trait that people rely on, but any characteristic you select has the same weaknesses.

People are very hard to classify precisely and objectively. One reason is that the differences among people are usually on a continuum. One person has more or less of this or that trait. When you have such continua, any point on the continuum that you use to create categories is going to be arbitrary; another person can justify using a different point.

Once scientists decided that racial differences were interesting, there were always problems defining race. In the 1920s, scientists agreed that there were three European races; in the 1930s, they changed it to ten European races. At the same time, there was a single African-based racial category. Africa is a big continent (over 11 million square miles); Europe is a small continent (about 4 million square miles). Not surprisingly, Africans show much greater genetic diversity than Europeans do. Why then was there only one African race? The categorization process was based on socially derived beliefs, not scientific measurement.

In addition, if you look at a map, it is not clear where Europe ends and Asia begins. The boundary is arbitrary. Further, if you look at a map, you will see that the line that divides Asia and Africa is also arbitrary. So is the distinction between Asian and African people. By the same token, why should we have any faith that the distinction between Europeans and Asians is real? It is too easy to form stereotypes and consider them to be objective, reliable, and valid. But assigning people to different racial categories based on an arbitrary boundary is questionable. In some ways, it would be similar to identifying people from Ohio and Michigan as being from different races based on an arbitrary politically drawn line.

In terms of psychological research, we see again and again that behaviors and characteristics attributed to race generally have their causes in social or environmental factors. When researchers account for these factors, the effect of “race” generally diminishes or vanishes.

If a fine analysis eliminates effects of “race” on behavior in most of situations that have been studied, a critical thinker might conclude that the remaining differences could well be due to factors that researchers have not yet identified.

Nobody has yet identified scientifically reliable and valid definitions of race based on biology or genetics. As Yee et al. (1994) and others have pointed out, even in scientific research, depictions of race are generally made from a layperson’s point of view, with no real scientific backing. Finally, it seems reasonable to believe that when one argument after another falls, it becomes more parsimonious to believe that racial factors per se are irrelevant and that social and economic factors create differences between groups.
Historical Error

Unfortunately, from the beginning, research that investigated brain size and intelligence suffered from fatal flaws (Gould, 1996). In the 1840s, Samuel George Morton found that Whites had the largest brains, Indians were in the middle, and Blacks were on the bottom. As it turns out, his sample of skulls was egregiously poor. He specifically included a large number of Peruvian Inca skulls; these people were small of stature. He had very few Iroquois Indians, whose skulls were large. As a result, the mean skull size of Indians was artificially low.

Morton also decided to eliminate some Caucasian skulls, of Hindus who were small, thereby raising the average of Caucasians. There is no evidence that Morton thought he was doing anything inappropriate, because he kept meticulous records that others could investigate. If he had tried to cheat, he would not have kept such good records or made them public. He assumed that white Europeans had greater intelligence than others; the use of skull and brain size was simply meant to quantify what “everybody knew to be true.” So he had little reason to doubt his methodology or his conclusions.

Current Controversies

Modern psychologists (e.g., Cernovsky, 2000) have countered the argument about brain size and intelligence with the fact that mean brain size of groups living near the equator is less than that of groups nearer the poles, so that brain size is correlated with geography of one’s ancestors and not much else. Besides, women’s brains are smaller than men’s, even after body size is taken into consideration. There is no evidence that women are less intelligent than men.

Another problem arises when we equate a score on a standardized test with intelligence. An IQ score is just that, a test score. It relates to behaviors that the test makers regard as important, like how well you do in school. It is true that your grades in school will correlate pretty well with your IQ score, but much of that may be due to the fact that IQ scores are based, to a degree, on tasks that are valued in educational settings. Thus, it is no surprise that people who score low on intelligence tests do not do well in school.

Flynn (1999) has refuted a number of arguments that relate IQ and race, concluding that environmental differences explain differences in scores on IQ tests and that genetic (i.e., racial) interpretations, when investigated empirically, lead to conclusions that simply do not make sense. The controversy will undoubtedly persist for a long time because the issues remain socially controversial and complex and the arguments multifaceted.

DISCUSSION QUESTIONS

1. Could historical mistakes concerning the relationship between race and the measurement of IQ recur today? How?
2. What difficulties arise in using the concept of genetic differences as the source of supposed racial differences?
3. How have society’s ideas affected how we have defined race?

PRACTICAL ISSUES IN CULTURAL RESEARCH

Sue (1999) has pointed out some of the major issues in carrying out cross-cultural research. One of them is that many researchers may have difficulty finding participants
from different cultural groups. Just like students who have little time for anything other than home life, school work, and extracurricular activities, researchers have limited amounts of time.

The result is that when they plan their own research, they make use of student participants because of availability; it doesn’t hurt that the students are also willing, bright, and motivated. The people who volunteer for research are different from people in general and in many colleges may not show much cultural diversity. The truth is that it would take a considerable amount of time, money, and energy to find the diverse samples that are desirable. Given the practical considerations, researchers generally feel that they have to live with the samples they can access, even if it limits how well their results apply to different groups.

**Lack of Appropriate Training among Researchers**

In addition to having access to fairly homogeneous samples, researchers may simply not have the knowledge or training needed to conduct high quality, cross-cultural research. Fortunately, the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests has developed guidelines published by the American Psychological Association for research with ethnic minority communities (Council of National Associations, 2000). Some of their major points appear in Table 12.1.

**TABLE 12.1 Important considerations regarding research with people of ethnic groups (Council of National Psychological Associations, 1999).**

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
<th>Research Considerations</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop awareness of the culture of the group you study</td>
<td>Recognize cultural assumptions and biases in creating methods and materials</td>
<td>Interpret results within the appropriate cultural context</td>
</tr>
<tr>
<td>Become aware of the effects of the culture and oppression and discrimination</td>
<td>Make sure all measurement instruments make sense from the cultural viewpoint of the group you study</td>
<td>Consider alternate explanations</td>
</tr>
<tr>
<td>Recognize multiple linguistic and communication styles</td>
<td>Use measurement instruments that are appropriately normed and that have established reliability and validity</td>
<td>Remember that difference does not mean deviance</td>
</tr>
<tr>
<td>Recognize the heterogeneity that exists within any simple ethnic label</td>
<td>Determine if the research is culturally relevant to the group you study</td>
<td>Request help from community members in interpreting your research results</td>
</tr>
<tr>
<td>Identify the degree to which an individual is acculturated</td>
<td>Establish appropriate comparison (control) groups</td>
<td>Increase mainstream outlets for minority research</td>
</tr>
<tr>
<td>Recognize cultural assumptions and biases in creating methods and materials</td>
<td>Use adequately translated materials to maximize effectiveness of communication</td>
<td>Recognize the existence of confounding variables like educational level and socioeconomic status</td>
</tr>
</tbody>
</table>
These considerations are important in any research project. They just happen to be particularly relevant to research with ethnic minorities. If you keep these points in mind, any research with any population will be better.

**DISCUSSION QUESTION**

1. Why is it useful to include people from cultural groups you are studying when you plan your study and when you interpret your results?

**WHY THE CONCEPTS OF CULTURE AND ETHNICITY ARE ESSENTIAL IN RESEARCH**

After the long discussion about the controversial concepts of race and ethnicity, you may wonder why we should consider it in our research. The reason is that various groups of people differ from one another in many ways. These groups just don’t differ in the simplistic ways we normally think. We need to identify what differences occur across groups, as well as what differences occur within groups. We also need to identify factors that cause those differences because group affiliation alone may not be the only, or the most important, reason.

**Differences Due to Language and Thought Processes**

One research project that revealed the importance of culture on psychological processes involved asking people to rate the intensity of emotions on the faces of people in photographs. Matsumoto and Assar (1992) showed a series of photos of people displaying the so-called universal emotions of anger, fear, happiness, sadness, or surprise. Research participants rated the apparent emotion displayed in each picture. Participants were students in India who were bilingual in English and in Hindi.

The most interesting manipulation here was that in one testing session, the research took place entirely in English; in another session, everything was in Hindi. The results showed that the students recognized emotions more accurately when they used English than Hindi. According to Matsumoto and Assar, people who speak English come from cultures in which people are used to talking openly about emotions. This cultural effect may lead English speakers to greater recognition and accurate judgment of emotions. Further support for the importance of language in thought came from research by Marian and Neisser (2000), who demonstrated that bilingual people have easier access to memories when they try to recall those memories using the language they would have used when they initially experienced the event.

Language involves more than different word use. In fact, Ball, Giles, and Hewstone (1984) suggested that in order to learn a second language, you must also learn the culture of that language. You won’t understand the language completely unless you know its context. Matsumoto and Assar’s results on emotions suggest that culture may affect the way people think about or express their ideas. If you were conducting research that involved only speakers of English (which is true for the vast majority of psy-
chological research), your conclusions about how people respond to the world around them will be very limited.

Language may also influence thought in other ways. Hedden, Park, Nisbett, Ji, Jing, and Jiao (2002) noted that Chinese speakers have an advantage over English speakers in some numerical tasks because the Chinese words representing numbers are shorter, thus easier to remember. They found no such advantage on a visuo-spatial task involving completing visual patterns. Thus, language may affect not only what you think but also how you think. Cross-cultural research needs to take such differences into account.

### Differences in Simple and Complex Behaviors

Even simple responses may differ as a function of culture. When Chinese and American students indicated how often they engaged in certain behaviors, the Chinese participants may have had better memories than American students did because, as members of a collectivist society, the Chinese are expected to monitor their own behaviors closely (Ji, Schwarz, & Nisbett, 2000). The Americans, on the other hand, did not seem to have as reliable a memory for their behaviors and had to estimate them. Thus, even a simple memory task may lead to fundamentally different ways of responding, depending on your culture.

Not surprisingly, differences in behaviors also occur in more complex situations. For instance, people in China seem to have a different approach to problem solving than people in the Western world. Peng and Nisbett (1999) studied Chinese students and American students in several experiments to see how they responded to contradictory statements in decision making. Chinese students were generally more comfortable accepting two contradictory statements as involving partial truths; American students were more likely to look for a single, logical truth.

These differences reflect fundamentally different views of the world. If you look at the psychological literature in problem solving, you find that there is remarkably little non-Western thought. In problem solving, the emphasis in most research is on logic and rationality that arrives at a single, logically coherent response. Before we claim that such approaches are a good general characterization of problem solving, we should remember that perhaps a billion people (or more) in this world would disagree with our representation of thought and decision making.

It is important to remember that the modes of thought favored in the East and in the West are both useful and valid, but both are incomplete. As Peng and Nisbett pointed out, the world is complex and contradictory. Thus, we may have to accommodate our thoughts to accept potential contradictions and incomplete knowledge. At the same time, a non-dialectical or Western approach is useful for identifying when a particular argument is better supported by data and for generating useful counterarguments to rebut a possibly flawed argument.

If we want to generate a complete description of the way people think and solve problems, we cannot ignore the fact that our approach to problem solving reflects ways that we are comfortable with, but they are not the only ways that are valid. Knowing
about culture helps us know about thought. Ignoring the effects of culture will mean that we have incomplete knowledge about thought and behavior.

Is Culture-Free Theory Really Free of Culture?

The importance of understanding cultural effects on behavior emerges when we look at the studies of how babies attach themselves to parents. Rothbaum, Weisz, Pott, Kiyake, and Morelli (2000) described the general tenets of attachment theory and assessed whether the theory is more culturally relevant in the Western hemisphere than elsewhere. This is an important discussion because many psychologists view attachment theory as evolutionarily based, thus free of cultural biases.

Three of the important tenets of attachment are as follows: First, there is a connection between maternal sensitivity and security of attachment. Second, secure children are more socially and emotionally competent than insecure children. Third, infants who show higher levels of adaptation are more likely to explore when they feel secure. These notions seem pretty straightforward. The research on attachment has typically involved middle-class American children. If attachment were strictly a part of evolutionary development, this would not be a problem. However, cultural differences may be important.

As Rothbaum et al. (2000) note, when parents or teachers identify potentially problematic behavior, the Japanese may identify one set of behaviors as appropriate and a different set as troublesome. The Americans could reverse the pattern. Rothbaum et al. maintain that in order to understand the nature of children's attachment, we have to understand the culture because attachment theory is not as culture-free as psychologists have traditionally believed.

These researchers may raise valid points, but not all psychologists agree. For instance, Chao (2001) suggested that Rothbaum didn’t define the term culture adequately, equating it with nations. Van Ijzendoorn and Sagi (2001) and Chao also argued that there is too much variability within Japanese and within American cultures for easy generalizations about Japanese people and American people. The disagreements aren’t reconciled easily because of the difficulties associated with cultural research.

Similarities and Differences within the Same Culture

People who grow up in the same culture share attitudes, values, and behaviors, but such people are not merely clones of one another. Part of the problem is that people in a group may show similarities on one dimension but not on another. Matsumoto (1993) investigated differences in emotion among Americans of various ethnic groups.

He asked his research participants to identify the emotion displayed in facial photographs and rate its intensity. They also indicated how appropriate a display of the emotion was. He discovered that some differences existed among Asian Americans, Blacks, Hispanics, and Whites, but the differences were inconsistent. Sometimes the different groups rated emotions in the pictures the same, but sometimes not. For example, Americans of Asian ancestry looked at a given picture and saw less anger than an American of African ancestry. But the Asian Americans saw an equal amount of sad-
ness as African Americans. In addition, African Americans saw more intense emotions generally in pictures of White people than did Asian, Hispanic, or White Americans. This pattern of findings suggests that if we are studying emotions, we could sometimes treat all Americans as more or less similar (e.g., for happiness and sadness), but not all the time (e.g., for fear). Simple research like this can reflect the complexity of cross-cultural studies.

DISCUSSION QUESTIONS
1. How can culture affect our memories and our perspectives on emotion?
2. Why would the results of a problem-solving study differ if the researcher recruited Chinese versus American participants? For what kinds of problems would the Chinese show an advantage? the Americans?
3. Use Matsumoto’s (1993) research on facial expressions to argue that different groups sometimes show similarities, but sometimes they don’t.

CULTURAL FACTORS IN MENTAL HEALTH RESEARCH

Psychologists continue to make progress in mental health research, documenting the effectiveness of various therapies for different problems and identifying variables associated with normal and abnormal behavior. As we have recognized the diversified culture in the United States, we have begun to pay attention to the different needs of people of varying backgrounds, although we still know much less than we need to know.

One type of research that clinical psychologists conduct involves assessing the validity of psychological tests across cultural boundaries. If we cannot translate tests into different languages to convey the same ideas as they do in English, we cannot be confident that test results signify the same psychological processes. A poorly translated test will not assess the same thing in both languages. Problems also occur when clinicians try to use a test with minority or immigrant populations when that test is created for and standardized on a White population born in the United States and raised to speak English. In either case, the scores might mean different things.

Content Validity

The process of ensuring that psychological tests serve diverse populations is difficult (Rogler, 1999). Diagnostic and research instruments need to make sense from the viewpoint of those who use them; that is, the tests must show, among other things, content validity. The questions should, in expert judgment, relate to what the test assesses. When psychologists create tests, they have to decide what questions to ask. This is where their expert judgment comes in. The problem is that potential patients or clients may not share the same culture as the psychologist, so the patient or client may be answering a different question than the clinician is asking.
Rogler (1999) illustrated this point through a particular question on the Diagnostic Interview Schedule (DIS), which he noted is the most influential test in psychiatric epidemiology. The question asks, “Do you often worry a lot about having clean clothes?” This question might be useful in identifying whether people are overly distressed about unreasonable things. The problem with this question is that it assumes that the person answering it has access to running water. If you have all the water you need, then worrying about clean clothes might be a sign of psychological distress. On the other hand, if you do not have access to running water, laundry facilities, and so forth, such a worry becomes a reasonable preoccupation.

As it turns out, many Plains Indians in the United States do not have access to running water. As such, to respond that they do not worry about clean clothes would probably be more indicative of a problem than if they replied that they do worry. From this point of view, we can see that what might be an appropriate question on the DIS for many of us would be entirely inappropriate for others of us.

Translation Problems

If questions pose difficulties within the same language, imagine what problems arise if we try to translate the test into a different language for use by people whose cultural outlook does not match ours. Rogler (1999) provided another example from the DIS to illustrate the dilemma of creating a faithful translation of a test item into a different language.

He identified the question that reads, “I felt I could not shake off the blues even with help from my family or friends.” In trying to translate this apparently simple and straightforward item into Spanish, he encountered great difficulty. In translation, an individual tries to stay as close to the original wording as possible, but there were no suitable Spanish equivalents. One problem here is that in English, “the blues” has a particular meaning that does not survive in a translation to the Spanish word azul, the color blue. Rogler also noted that in the United States, we often think that it would be possible, by force of will, to “shake off” an unwanted mood. Is this concept shared by Spanish speakers? If so, what Spanish verb would be appropriate? He wondered whether the word sacudir would be a good translation. It means to shake off vigorously like a dog shakes water off its body. He decided that sacudir would not be appropriate.

After considerable contemplation, he translated the item by rewording the original English sentence to read “I could not get over feeling sad even with help from my family or friends.” He then found it easier to prepare a Spanish version. Normally, a translator tries not to deviate from the original form of an item, but in this case, there was probably no alternative if the translation was to be meaningful. Table 12.2 provides other examples that Rogler generated to illustrate the cultural biases of the DIS.

One useful technique for ensuring comparability of items across languages is back translation (Banville, Desrosiers, & Genet-Volet, 2000). In this process, an item is translated from one language to a second. Then a blind translator converts it back to the first language. For example, an item might start in English, be translated into Spanish, then back again into English. If the original version in the first language is equivalent in
meaning to the version that has been translated out of, then back into, English, the item
is likely to capture the same concepts in both languages.

Cross-Cultural Norms

Relatively few distress inventories have received scrutiny on a cross-cultural basis; none
have involved norms with college students (Cepeda-Benito & Gleaves, 2000). Ironically,
although college students form the typical research participant in psychology, the
clinical literature seems to underrepresent them.

When researchers have investigated cross-cultural equivalence of inventories,
they have revealed a complex picture. For instance, the complete version of the Center
for Epidemiologic Studies–Depression scale seems valid for Americans of African,
European, and Mexican descent (Aneschensel, Clark, & Frerichs, 1983), although the
short version produces differences between Americans of African and European de-

### TABLE 12.2  Examples reflecting a strong effect of culture that may cause problems
across cultures (Rogler, 1999).

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>REASON FOR THE PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>In assessing dissociation, the Dissociative Experience Scale asks about the following: “Some people have the experience of driving a car and suddenly realizing that they don’t remember what has happened during all or part of the trip.”</td>
<td>The question assumes that the person taking the test takes long car trips. This kind of factual assumption is a problem because people living in the inner city rarely, if ever, drive in places that do not have heavy traffic. As such, an answer to the question will not provide useful information.</td>
</tr>
<tr>
<td>Translation of the Clinical Analysis Questionnaire into Spanish.</td>
<td>Thirty-six percent of test items contained grammatical errors and involved direct translation of colloquialisms that made no sense in Spanish. With these translation problems, we could conclude that the questions in the different languages did not have the same meaning.</td>
</tr>
<tr>
<td>How does schizophrenia affect decision-making among married couples in San Juan, Puerto Rico?</td>
<td>Among the people studied, decision making was not a critical aspect of familial interactions, as it is in the United States. In Puerto Rico, the corresponding dimension was how “men’s work” and “women’s work” was divided. Knowing about decision making would not help in understanding problems or devising treatments.</td>
</tr>
<tr>
<td>Description of symptoms of bipolar disorder in the Amish.</td>
<td>The typical examples that clinicians look for include buying sprees, sexual promiscuity, and reckless driving, which are not applicable to the Amish. Instead, relevant symptoms involve behaviors like excessive use of public telephones, treating livestock too roughly, or giving gifts during the wrong season of the year.</td>
</tr>
</tbody>
</table>
In one study, Cepeda-Benito and Gleaves (2000) investigated the generalizability of the Hopkins Symptom Checklist-21 (HSCL-21) across Blacks, Hispanics, and Whites. This test is a short, 21-item version of a longer, 57-item inventory designed to measure distress. The HSCL-21 shows validity across a wide array of cultural groups, including Italian, Vietnamese, Latino, and European Americans. Cepeda-Benito and Gleaves investigated whether college students of differing backgrounds responded uniquely to it.

They discovered that the HSCL-21 would be an appropriate test of Black, Hispanic, and White college students. Given that other research revealed good construct validity of the inventory, one might have a degree of confidence that a clinician might use this test appropriately with students of many ethnic groups.

Cepeda-Benito and Gleaves (2000) were appropriately cautious in stating that their participants may not be representative of other ethnic college populations. Also, it is true that not every American ethnic group was represented in the research, but its generality across the three disparate groups tested provided cautious optimism. Unfortunately, the number of psychological tests that have been normed for varied groups is still uncomfortably small.

Cross-Cultural Diagnoses

One consequence of the lack of information on the validity of psychological tests for minority populations is that the tests might lead to diagnoses that are based more on ethnicity than on problematic behavior. As Iwamasa, Larrabee, and Merritt (2000) have shown, people may be predisposed to classify individuals of different ethnic groups in predetermined ways.

Iwamasa et al. (2000) identified the criteria for personality disorders listed in the Diagnostic and Statistical Manual (DSM; American Psychiatric Association, 1987). In clinical work, mental health workers observe an individual and make note of behaviors that occur. If a person shows a certain, well-specified group of behaviors, he or she may be diagnosed with a particular personality disorder as a result. In Iwamasa et al.’s study, the researchers asked their participants to sort these diagnostic criteria in three different ways: according to their presence in men versus women, by ethnicity, and by self (i.e., is this characteristic of you?). Some of the statements that the participants rated appear in Table 12.3. The participants did not know that they were dealing with clinical diagnostic criteria. Rather, they simply identified their stereotypes of the “normal” behaviors of people of different types.

The results suggest that strong cultural effects could occur in diagnosing personality disorders. The college students’ beliefs about normal characteristics of Blacks are the same as the criteria used by psychologists and psychiatrists to diagnose antisocial and paranoid personality disorders. Similarly, the students’ depiction of the typical behavior of Asian Americans reflects what clinicians look for in people who are schizoid. According to the research results, people of European descent showed a wide range of behaviors associated with different pathologies.

These results suggested that when people think of the behavior of Blacks, Whites, Asian Americans, and Native Americans, those behaviors are the same ones used by
TABLE 12.3  Examples of descriptions from DSM-III-R that participants rated as typical in men versus women, in different ethnic groups, and of the participants themselves.

<table>
<thead>
<tr>
<th>EXAMPLES OF DESCRIPTION</th>
<th>PERSONALITY DISORDER WITH WHICH THE DESCRIPTION IS ASSOCIATED</th>
<th>GROUP IN WHICH THE “SYMPTOMS” ARE CONSIDERED TYPICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has no regard for the truth</td>
<td>Antisocial</td>
<td>African American</td>
</tr>
<tr>
<td>Has never sustained a totally monogamous relationship for more than one year</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Is easily hurt by criticism or disapproval</td>
<td>Avoidant</td>
<td>European American</td>
</tr>
<tr>
<td>Fears being embarrassed by blushing, crying, or showing signs of anxiety in front of other people</td>
<td>Borderline</td>
<td>American</td>
</tr>
<tr>
<td>Inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Chronic feelings of emptiness or boredom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feels devastated or helpless when close relationships end</td>
<td>Dependent</td>
<td>European American</td>
</tr>
<tr>
<td>Allows others to make most of his or her important decisions, e.g., where to live, what job to take</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Is overly concerned with physical attractiveness</td>
<td>Histrionic</td>
<td>European American</td>
</tr>
<tr>
<td>Is uncomfortable in situations in which he or she is not the center of attention</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Reacts to criticism with feelings of rage, shame, or humiliation (even if not expressed)</td>
<td>Narcissistic</td>
<td>European American</td>
</tr>
<tr>
<td>Believes that his or her problems are unique and can be understood only by other special people</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Perfectionism that interferes with task completion, e.g., inability to complete a project because own overly strict standards are not met</td>
<td>Obsessive-Compulsive</td>
<td>European</td>
</tr>
<tr>
<td>Inability to discard worn-out or worthless objects even when they have no sentimental value</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Expects, without sufficient basis, to be exploited or harmed by others</td>
<td>Paranoid</td>
<td>African American</td>
</tr>
<tr>
<td>Bears grudges or is unforgiving of insults or slights</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Neither desires nor enjoys close relationships, including being part of a family</td>
<td>Schizoid</td>
<td>Asian</td>
</tr>
<tr>
<td>Is indifferent to the praise and criticism of others</td>
<td></td>
<td>American</td>
</tr>
<tr>
<td>Odd or eccentric behavior or appearance</td>
<td>Schizotypal</td>
<td>Native</td>
</tr>
<tr>
<td>Inappropriate or constricted affect, e.g., silly, aloof, rarely reciprocates gestures or facial expressions, such as smiles or nods</td>
<td></td>
<td>American</td>
</tr>
</tbody>
</table>

mental health practitioners to diagnose psychological disorders. The problem is not with Americans of various heritages. The problem is with people's biases and assumptions. If a psychiatrist or clinical psychologist used implicit stereotypes in dealing with different types of patients or clients, it could lead to differential diagnoses for what might be normal behavior.

Iwamasa et al. studied undergraduate volunteers, not clinicians. In addition, the undergraduates did not assign the diagnostic criteria in the same way that clinicians do. Would the results generalize to clinical psychologists and psychiatrists? Given that mental health workers are members of society, with the same biases, we might suspect so, although we don't know. Only when research takes place in a clinical setting will we know how cultural biases affect the ways that practitioners diagnose people. Until this research is conducted, we need to be skeptical that the best decisions are being made.

**DISCUSSION QUESTIONS**

1. How does culture affect diagnosis of psychological or psychiatric problems? What effect do biases and assumptions have?
2. Why would it be a problem for diagnosing psychological problems if a clinician simply translated questions on a psychological test on the spot? What could you do if a client or patient was not fluent enough to answer the questions in English?

**SEX AND GENDER: DO MEN AND WOMEN COME FROM DIFFERENT CULTURES?**

Much has been made of the behavioral differences between men and women. Is it really true that *Men Are from Mars and Women Are from Venus* (Gray, 1992)?

If we regard culture the way that Matsumoto (1994) defined it, as “the set of attitudes, values, beliefs, and behaviors, shared by a group of people, communicated from one generation to the next via language or some other means of communication” (p. 4), we might very well argue that men and women are culturally different in some important ways. In addition, people stereotype men and women differently, just as people stereotype Whites and Blacks differently.

Iwamasa et al.'s (2000) research on the perception of stereotypically female or male behaviors also shed light on the fact that people have certain expectations about behaviors across the sexes. The investigators found that normal but stereotypically female behavior was associated with certain disorders (e.g., avoidant personality, paranoia) and normal but stereotypically male behavior with others (antisocial personality, schizoid personality).

In the realm of everyday behavior, people often make a big issue of the differences between women and men in math test scores, which are small when they exist at all. Although we don't understand all the factors associated with any differences, there are enough ambiguities that we should be skeptical of biological explanations. Some important issues about gender differences appear in Controversy Box 12.3.

**Stereotypes and Gender-Related Performance**

Could stereotypes of women negatively affect their performance in the same way that stereotypes affect the performance of African Americans and Asian Americans (Cheryan
& Bodenhausen, 2000; Steele & Aronson, 1995)? According to Inzlicht and Ben-Zeev (2000), when women attempt to solve difficult math problems in the presence of men, they are less successful than when they are in the presence of other women only.
These researchers suggest that, in the presence of men, women act out the stereotype of poorer female performance in mathematics, just as members of minority groups fulfill stereotypes.

Moving back to the question of possible cultural differences between men and women, it seems that some psychologists might be comfortable with the idea. Women see themselves as different from men in some respects; men see themselves as different from women in some respects. Knowing what you do about our culture, do you think that these perceived differences revolve around attitudes, beliefs, and behaviors that are passed from one generation to another? If so, they fit generally accepted definitions of cultural differences.

**DISCUSSION QUESTIONS**

1. In what aspects of life could you argue that men and women come from different cultures? In what aspects could you argue that they come from the same culture?

2. What stereotypes can you think of that are associated with people of a culture other than yours? How could these stereotypes play out in these people’s lives? What stereotypes might Europeans have of people from the United States that would cause Americans to act differently?

3. Is there any evidence to suggest that stereotypes have an effect on the people who are the victims of those stereotypes? How could you investigate ways to reduce the effects of stereotype threat?

**CHAPTER SUMMARY**

In order to understand why people act as they do, we need to understand the cultural context in which those behaviors occur. The effects of culture, race, and ethnicity all surface in our behaviors. The problem that researchers face in considering these contextual questions is that the terms people use every day and even in scientific research are often quite vague. One researcher may refer to ethnicity in describing a behavior whereas a different researcher may refer to culture in describing the same thing. Because of the problems with definitions, the conclusions that people draw about causes of behavior are sometimes suspect.

One persistent controversy in this area involves the questionable concept of race. There are quite a number of supposed racial categories. The problem is that these categories aren’t scientifically defensible. The recent work in genetics indicates that genes are not going to be a useful way of defining races. Still, some scientists maintain that racial categories are useful in their research, even if they cannot define the concept very well.

Because of the complexities of culture, race, and ethnicity, scientific researchers have to work hard to understand the relationship between these constructs and people’s behaviors. Research across cultures can be difficult because cultural factors may cause people to understand even simple situations differently. Judgments made by two people from the same cultural background may differ greatly; judgments across cultural boundaries may be nearly impossible to understand without research into those factors. Within the United States, differences between men and women have provided a good deal of controversy, with many questions yet unanswered.