

Culture and Psychology

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*How People Shape and are Shaped by
Culture*

*L D WORTHY, TRISHA LAVIGNE,
AND FERNANDO ROMERO*

MMOER
PHOENIX, AZ



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PART I

CULTURE AND PSYCHOLOGY



Culture goes beyond the way people dress and the food they eat. It also stipulates morality, identity, and social roles.

When you think about different cultures, you probably picture their most visible features, such as differences in the way people dress, or in the architectural styles of their buildings.

You might consider different types of food, or how people in some cultures eat with chopsticks while people in others use forks. There are differences in body language, religious practices, and wedding rituals. While these are all obvious examples of cultural differences, many distinctions are harder to see because they are psychological in nature.

Introduction to Psychology

Before we begin talking about culture and psychology, it is important to have a basic understanding of the field of psychology. Broadly speaking, **psychology** is the science of behavior and mind, including conscious and unconscious phenomena, as well as feeling and thought. Psychologists, practitioners or researchers in the field, explore the role that cognitive processes (thinking) has on individual and social behavior. Psychologists also explore the physiological and biological processes (e.g., neurotransmitters, brain, and nervous system) that underlie the thinking and behavior of individuals.

There are four main goals of psychology:

Describe

Psychologists describe the behavior of humans and other animals in order improve our understanding of the behavior and get a sense of what can be considered normal and abnormal. Psychological researchers use many different methods to help describe behavior including naturalistic observation, case studies, and surveys. After describing behavior, it is easier for psychologists to understand and explain the behavior.

Explain

This goal involves determining the causes of behavior.

Psychologists try to understand why a person acts or reacts in a certain way and then they try to identify if there are other factors that may produce the behavior (e.g., something that happens before or after a behavior). Using experimental designs, psychologists establish theories which will help explain the same behavior in different situations and contexts.

Predict

The third goal of psychology is to predict what behavior will come next, how a person will behave or when will the behavior happen in the future. Predicting behavior is hard, unless the behavior has already been studied which is why describing and explaining behavior must happen first. A psychologist may be able to predict a behavior by looking for a pattern using past instances or examples of that behavior. Predicting behaviors is essential for psychologists if they want to change or modify harmful or dysfunctional behaviors or to promote or encourage positive or prosocial behaviors among individuals.

Control

Finally, and perhaps most importantly, psychology strives to change, influence, or control behavior to make positive and lasting changes in people's lives. It is important to note that if a psychologist tries to influence, shape, modify or control someone's behavior without asking permission or getting consent it is considered unethical. As noted earlier, the ultimate goal of psychology is to benefit individuals and society but we do this by respecting the rights of others.

Psychology has been described as a "hub science" which means that medicine tends to draw upon psychological research mainly through the fields of neurology and psychiatry.

Social sciences commonly draw directly from sub-disciplines within psychology like social psychology and developmental psychology. The field of psychology is about understanding and solving problems in several areas of human activity and as a discipline psychology ultimately aims to benefit society.

Cultural WEIRDos

Despite its ultimate aim to benefit society, the psychological aspects of culture have historically been overlooked because many elements of culture cannot be observed. For example, the way that gender roles are learned is a cultural process, as is the way that people think about their own sense of duty toward their family members. Also, there has been an overrepresentation of research conducted using human subjects from **Western, educated, industrialized, rich and democratic nations (WEIRD)**. Findings from psychology research utilizing primarily W.E.I.R.D. populations are often labeled as universal theories that explain psychological phenomena but are inaccurately, and inappropriately, applied to other cultures.

Recent research findings revealing that cultures differ in many areas, such as logical reasoning and social values has become increasingly difficult to ignore. For example, many studies have shown that Americans, Canadians and western Europeans rely on analytical reasoning strategies, which separate objects from their contexts to explain and predict behavior. Social psychologists refer to the **fundamental attribution error** or the tendency to explain people's behavior in terms of internal, inherent personality traits rather than external, situational considerations (e.g. attributing an instance of angry behavior to an angry personality). Outside W.E.I.R.D. cultures, however, this phenomenon is less prominent, as many non-W.E.I.R.D. populations tend to pay more attention to the context in which behavior occurs. Asians tend to reason holistically, for example by considering people's behavior in terms of their situation; someone's anger might be viewed as simply a result of an irritating day (Jones, 2010; Nisbet et al.,

2005). Yet many long-standing theories of how humans think rely on the prominence of analytical thought (Heinrich, 2010).

By studying only W.E.I.R.D. populations, psychologists fail to account for a substantial amount of diversity of the global population. Applying the findings from W.E.I.R.D. populations to other populations can lead to a miscalculation of psychological theories and may hinder psychologists' abilities to isolate fundamental cultural characteristics.

A major goal of cultural psychology is to have many and varied cultures contribute to basic psychological theories in order to correct these theories so that they become more relevant to the predictions, descriptions, and explanations of all human behaviors, not just Western ones (Shweder & Levine, 1984).

Introduction to Cultural Psychology

Cultural psychology is an interdisciplinary study of how culture reflect and shape the mind and behavior of its members (Heine, 2011). The main position of cultural psychology is that mind and culture are inseparable, meaning that people are shaped by their culture and their culture is also shaped by them (Fiske, Kitayama, Markus, & Nisbett, 1998). Shweder (1991) expanded, "Cultural psychology is the study of the way cultural traditions and social practices regulate, express, and transform the human psyche, resulting less in psychic unity for humankind than in ethnic divergences in mind, self, and emotion." Incorporating a cultural perspective in psychological research helps to ensure that the knowledge we learn is more accurate and descriptive of all people.

The four goals of psychology can also be effectively applied to study cultural psychology by describing, explaining, predicting, and controlling (influencing) behavior across cultures. Cultural psychology research informs several fields within psychology, including social psychology, developmental psychology, and cognitive psychology.

Cultural psychology is often confused with cross-cultural psychology but they are not the same thing. **Cross-cultural psychology** uses culture to test the universality of psychological processes rather than for determining how cultural practices shape psychological processes. For example, a cross-cultural psychologist would ask whether Jean Piaget's stages of development (e.g., sensorimotor, preoperational, concrete operational, and formal operational) are **universal** (the same) across all cultures. A cultural psychologist would ask how the social practices of a particular set of cultures shape the

development of cognitive processes in different ways (Markus & Kitayama, 2003).

Despite its contributions to the field of psychology, there have been criticisms of cultural psychology including cultural stereotyping and methodological issues. There has been an abundance of research that explores the cultural differences between East Asians and North American in areas cognitive psychology (e.g., attention, perception, cognition) and social psychology (e.g., self and identity). Some psychologists have argued that this research is based on cultural stereotyping (Turiel, 2002) and minimizes the role of the individual (McNulty, 2004).

Additionally, self-report data is one of the easiest, least expensive and most accessible methods for mass data collection, especially when conducting research in cultural psychology (Kitayama, et al., 2002; Masuda & Nisbett, 2001). Relying on self-report data for cross-cultural comparisons of attitudes and values can lead to relatively unstable and ultimately misleading data and interpretations. We discuss this in greater detail in Chapter 3.

Defining Culture

We have spent a lot of time talking about culture without really defining it and to complicate matters more, there are many definitions of culture and it is used in different ways by different people. When someone says, “My company has a competitive culture,” does it mean the same thing as when another person says, “I’m taking my children to the museum so they can get some culture”? For purposes of this module we are going to define **culture** as patterns of learned and shared behavior that are cumulative and transmitted across generations.

Patterns: There are systematic and predictable ways of behavior or thinking across members of a culture. Patterns emerge from adapting, sharing, and storing cultural information. Patterns can be both similar and different across cultures. For example, in both Canada and India it is considered polite to bring a small gift to a host’s home. In Canada, it is more common to bring a bottle of wine and for the gift to be opened right away. In India, by contrast, it is more common to bring sweets, and often the gift is set aside to be opened later.

Sharing: Culture is the product of people sharing with one another. Humans cooperate and share knowledge and skills with other members of their networks. The ways they share, and the content of what they share, helps make up culture. Older adults, for instance, remember a time when long-distance friendships were maintained through letters that arrived in the mail every few months. Contemporary youth culture accomplishes the same goal through the use of instant text messages on smartphones.

Learned: Behaviors, values, norms are acquired through a process known as **enculturation** that begins with parents and caregivers, because they are the primary influence on young children. Caregivers teach kids, both directly and by example,

about how to behave and how the world works. They encourage children to be polite, reminding them, for instance, to say “Thank you.” They teach kids how to dress in a way that is appropriate for the culture.

Culture teaches us what behaviors and emotions are appropriate or expected in different situations. In some societies, it is considered appropriate to conceal anger. Instead of expressing their feelings outright, people purse their lips, furrow their brows, and say little. In other cultures, however, it is appropriate to express anger. In these places, people are more likely to bare their teeth, furrow their brows, point or gesture, and yell (Matsumoto, Yoo, & Chung, 2010).

Members of a culture also engage in rituals which are used to teach people what is important. For example, young people who are interested in becoming Buddhist monks often have to endure rituals that help them shed feelings of specialness or superiority—feelings that run counter to Buddhist doctrine. To do this, they might be required to wash their teacher’s feet, scrub toilets, or perform other menial tasks. Similarly, many Jewish adolescents go through the process of *bar* and *bat mitzvah*. This is a ceremonial reading from scripture that requires the study of Hebrew and, when completed, signals that the youth is ready for full participation in public worship. These examples help to illustrate the concept of enculturation.

Cumulative: Cultural knowledge is information that is “stored” and then the learning grows across generations. We understand more about the world today than we did 200 years ago, but that doesn’t mean the culture from long ago has been erased. For instance, members of the Haida culture, a First Nations people in British Columbia, Canada are able to profit from both ancient and modern experiences. They might employ traditional fishing practices and wisdom stories while also using modern technologies and services.

Transmission: Passing of new knowledge and traditions of culture from one generation to the next, as well as across other

cultures is cultural transmission. In everyday life, the most common way cultural norms are transmitted is within each individuals' home life. Each family has its own, distinct culture under the big picture of each given society and/or nation. With every family, there are traditions that are kept alive. The way each family acts and communicates with others and an overall view of life are passed down. Parents teach their kids every day how to behave and act by their actions alone. Outside of the family, culture can be transmitted at various social institutions like places of worship, schools, even shopping centers are places where enculturation happens and is transmitted.

Understanding culture as a learned pattern of thoughts and behaviors is interesting for several reasons. First, it highlights the ways groups can come into conflict with one another. Members of different cultures simply learn different ways of behaving. Teenagers today interact with technologies, like a smartphone, using a different set of rules than people who are in their 40s, 50s, or 60s. Older adults might find texting in the middle of a face-to-face conversation rude while younger people often do not.

These differences can sometimes become politicized and a source of tension between groups. One example of this is Muslim women who wear a *hijab*, or headscarf. Non-Muslims do not follow this practice, so occasional misunderstandings arise about the appropriateness of the tradition. Second, understanding that culture is learned is important because it means that people can adopt an appreciation of patterns of behavior that are different than their own. Finally, understanding that culture is learned can be helpful in developing self-awareness. For instance, people from the United States might not even be aware of the fact that their attitudes about public nudity are influenced by their cultural learning. While women often go topless on beaches in Europe and women living a traditional tribal existence in places like the

South Pacific also go topless, it is illegal for women in some of the United States to do so.

These cultural norms for modesty that are reflected in government laws and policies also enter the discourse on social issues such as the appropriateness of breastfeeding in public. Understanding that your preferences are, in many cases, the products of cultural learning might empower you to revise them if doing so will lead to a better life for you or others.

Humans use culture to adapt and transform the world they live in and you should think of the word culture as a conceptual tool rather than as a uniform, static definition. Culture changes through interactions with individuals, media, and technology, just to name a few. Culture generally changes for one of two reasons: selective transmission or to meet changing needs. This means that when a village or culture is met with new challenges, for example, a loss of a food source, they must change the way they live. It could also include forced relocation from ancestral domains due to external or internal forces. For example, in the United States tens of thousands Native Americans were forced to migrate from their ancestral lands to reservations established by the United States government so it could acquire lands rich with natural resources. The forced migration resulted in death, disease and many cultural changes for the Native Americans as they adjusted to new ecology and way of life.

Two Views of Culture

An **etic perspective** refers to a psychological construct or process that is universal, or true across all cultures. An etic perspective is closely associated with cross-cultural psychology. Remember our earlier example of child development and Piaget, an etic perspective seeks to compare development stages across cultures for similarities.

Cultural universals are psychological processes that exist in every human culture and includes attributes such as values and modes of behavior. These are often the areas of focus and study in psychology. Some examples of cultural universals in psychology are:

- Language and cognition
- Group membership
- Ritual
- Emotions

The idea that specific aspects of culture are common to all human cultures is contrary to the **emic perspective** which focuses on cultural differences and culturally specific processes that shape thinking and behavior. Research using an emic perspective is often considered to be an 'insider's' perspective but can be biased if the participant or researcher is a member of the culture they are studying. A participant-researcher may fail to consider how the culture and cultural practices might be perceived by others and valuable information might be left out.

Products of Culture

In cultural psychology, **material culture** refers to the objects or belongings of a group including food, fashion, architecture or physical structures. These objects reflect the historical, geographic, and social conditions of the culture. For instance, the clothes that you are wearing right now might tell researchers of the future about the fashions of today.

Nonmaterial culture (*subjective*), by contrast, consists of the ideas, attitudes, and beliefs of a society.

Norms are things that are considered normal, appropriate, or ordinary for a particular group of people and guide members on how they should behave in a given context. In Western cultures wearing dark clothing and appearing solemn are normative behaviors at a funeral. In certain cultures, they reflect the values of respect and support of friends and family.

Values are related to the norms of a culture, but they are more global and abstract than norms. Norms are rules for behavior in specific situations, while values identify what should be judged as good or evil. Flying the national flag on a holiday is a *norm*, but it exhibits patriotism, which is a *value*.

Beliefs are the way people think the universe operates. Beliefs can be religious or secular, and they can refer to any aspect of life. For instance, many people in the United States believe that hard work is the key to success, while in other countries your success is determined by fate.

Norms, values, and beliefs are all deeply interconnected. Together, they provide a way to understand culture.

Hofstede's Cultural Dimensions

Hofstede's cultural values provide a framework that describes the effects of culture on the values of its members, and how these values relate to behavior. Hofstede's work is a major resource in fields like cross-cultural psychology, international management, and cross-cultural communication.

Hofstede conducted a large survey (1967-1973) that examined value differences across the divisions of IBM, a multinational corporation. Data were collected from 117,000 employees from 50 countries across 3 regions. Using factor analysis, a statistical method, Hofstede initially identified four value dimensions (Individualist/Collectivist, Power Distance, Uncertainty Avoidance, and Masculinity/Femininity). Additional research that used a Chinese developed tool identified a fifth dimension: Long Term/Short Term orientation (Bond, 1991) and a replication, conducted across 93 separate countries, confirmed the existence of the five dimensions and identified a sixth known as Indulgence/Restraint (Minkov, 2010). The five values are discussed in detail below.

Masculinity and Femininity (task orientation/person orientation) refers to the distribution of emotional roles between the genders. Masculine cultures value competitiveness, assertiveness, material success, ambition, and power. Female cultures place more value on relationships, quality of life and greater concern for marginalized groups (e.g., homeless, persons with disabilities, refugees). In masculine cultures differences in gender roles are very dramatic and much less fluid than those in feminine cultures where women and men have the same values that emphasize modesty and caring. Masculine cultures are also more likely to have strong

opinions about what constitutes men's work versus women's work, while societies low in masculinity permit much greater overlap in social and work roles of men and women.

Uncertainty Avoidance (UA) addresses a society's tolerance for uncertainty and ambiguity. It reflects the extent to which members of a society attempt to cope with anxiety by minimizing uncertainty. Another, more simplified, way to think about UA is how threatening change is to a culture. People in cultures with high UA tend to be more emotional, try to minimize the unknown and unusual circumstances and proceed with carefully planned steps and rules, laws and regulations. Low UA cultures accept and feel comfortable in unstructured situations or changeable environments and try to have as few rules as possible. People in these cultures tend to be more tolerant of change. Students from countries with low uncertainty avoidance don't mind it when a teacher says, "I don't know."

Power Distance (strength of social hierarchy) refers to the extent to which the less powerful members of organizations and institutions (like a family) accept and expect that power is distributed unequally. There is a certain degree of inequality in all societies, notes Hofstede; however, there is relatively more equality in some societies than in others. Individuals in societies that exhibit a high degree of power distance accept hierarchies to which everyone has a place without the need for justification. Societies with low power distance seek to have an equal distribution of power. Cultures that endorse low power distance expect and accept relations that are more consultative or democratic -- we call this egalitarian.

Countries with lower PDI values tend to be more egalitarian. For instance, there is more equality between parents and children with parents more likely to accept it if children argue with them, or "talk back" to use a common expression. In the workplace, bosses are more likely to ask employees for input, and in fact, subordinates expect to be consulted. On the other

hand, in countries with high power distance, parents expect children to obey without questioning. People of higher status may expect obvious displays of respect from subordinates. In the workplace, superiors and subordinates are not likely to see each other as equals, and it is assumed that bosses will make decisions without consulting employees. In general, status is more important in high power distance countries.

Individualist and Collectivism refers to the degree to which individuals are integrated into groups. Individualistic societies stress personal achievement and individual rights, focus on personal needs and those of immediate family. In individualistic societies, people choose their own affiliations and groups and move between different groups. On the other hand, collectivistic societies put more emphasis on the importance of relationships and loyalty. Individuals in collectivist societies belong to fewer groups and they are defined more by their membership in particular groups. Communication is more direct in individualistic societies but more indirect in collectivistic societies.

Long Term (LT) and Short Term (ST) describes a society's time horizon; the degree to which cultures encourage delaying gratification or material, social, emotional needs of the members: LT places more importance on the future, pragmatic values, oriented toward rewards like persistence, thrift, saving, and capacity for adaptation. Short term values are related to the past and the present (not future) with emphasis on immediate needs, quick results, and unrestrained spending often in response to social or ecological pressure.

The cultural value dimensions identified by Hofstede are useful ways to think about culture and to study cultural psychology; however, Hofstede's theory has also been seriously questioned. Most of the criticism has been directed at the methodology of the study beginning with the original instrument. The questionnaire was not originally designed to measure culture but rather workplace satisfaction (Orr &

Hauser, 2008) and many of the conclusions are based on a small number of responses (McSweeney, 2002). Although 117,000 questionnaires were administered, the results from 40 countries were used and only six countries had more than 1000 respondents. Critics also question the representativeness of the original sample.

The study was conducted using employees of a multinational corporation (IBM) who were highly educated, mostly male, who performed what we call 'white collar' work (McSweeney, 2002). Hofstede's theory has also been criticized for promoting a largely static view of culture (Hamden-Turner & Trompenaars, 1997; Orr and Hauser, 2008) that does not respond to changes or influences of other cultures. It is hard to deny that the world has changed in dramatic ways since Hofstede's research began.

Material and nonmaterial aspects of culture can vary subtly from region to region. As people travel, moving from different regions to entirely different parts of the world, certain material and nonmaterial aspects of culture become dramatically unfamiliar. As we interact with cultures other than our own, we become more aware of our own culture, which might otherwise be invisible to us, and to the differences and commonalities between our culture and others.

Ethnocentrism and Cultural Relativism

Ethnocentrism is the tendency to look at the world primarily from the perspective of one's own culture. Part of ethnocentrism is the belief that one's own race, ethnic or cultural group is the most important or that some or all aspects of its culture are superior to those of other groups. Some people will simply call it cultural ignorance.

Ethnocentrism often leads to incorrect assumptions about others' behavior based on your own norms, values, and beliefs. In extreme cases, a group of individuals may see another culture as wrong or immoral and because of this may try to convert, sometimes forcibly, the group to their own ways of living. War and genocide could be the devastating result if a group is unwilling to change their ways of living or cultural practices.

Ethnocentrism may not, in some circumstances, be avoidable. We often have involuntary reactions toward another person or culture's practices or beliefs but these reactions do not have to result in horrible events such as genocide or war. In order to avoid conflict over culture practices and beliefs, we must all try to be more culturally relative.

Cultural relativism is the principle of regarding and valuing the practices of a culture from the point of view of that culture and to avoid making hasty judgments. Cultural relativism tries to counter ethnocentrism by promoting the understanding of cultural practices that are unfamiliar to other cultures such as eating insects, genocides or genital cutting. Take for example, the common practice of same-sex friends in India walking in public while holding hands. This is a common behavior and a sign of connectedness between two people. In England, by

contrast, holding hands is largely limited to romantically involved couples, and often suggests a sexual relationship. These are simply two different ways of understanding the meaning of holding hands. Someone who does not take a *relativistic* view might be tempted to see their own understanding of this behavior as superior and, perhaps, the foreign practice as being immoral.

Despite the fact that cultural relativism promotes the appreciation for cultural differences, it can also be problematic. At its most extreme, cultural relativism leaves no room for criticism of other cultures, even if certain cultural practices are horrific or harmful. Many practices have drawn criticism over the years. In Madagascar, for example, the *famahidana* funeral tradition includes bringing bodies out from tombs once every seven years, wrapping them in cloth, and dancing with them. Some people view this practice disrespectful to the body of the deceased person. Today, a debate rages about the ritual cutting of genitals of girls in several Middle Eastern and African cultures. To a lesser extent, this same debate arises around the circumcision of baby boys in Western hospitals. When considering harmful cultural traditions, it can be patronizing to use cultural relativism as an excuse for avoiding debate. To assume that people from other cultures are neither mature enough nor responsible enough to consider criticism from the outside is demeaning.

The concept of **cross-cultural relationship** is the idea that people from different cultures can have relationships that acknowledge, respect and begin to understand each other's diverse lives. People with different backgrounds can help each other see possibilities that they never thought were there because of limitations, or cultural proscriptions, posed by their own traditions. Becoming aware of these new possibilities will ultimately change the people who are exposed to the new ideas. This cross-cultural relationship provides hope that new opportunities will be discovered, but at the same time it is

threatening. The threat is that once the relationship occurs, one can no longer claim that any single culture is the absolute truth.

1. Summary

Culture refers to patterns of learned and shared behavior that are cumulative and transmitted across generations. Historically, the role of culture has been overlooked in the field of psychology and a majority of psychological research has focused on Western, Educated, Industrial, Rich and Democratic (WEIRD) cultures. Cultural psychology has emerged as a specialty within the field of psychology to increase awareness of culture in shaping thinking and behavior. Etic and emic are cultural perspectives through which we can view psychological phenomena that include non-material culture like values, attitudes and beliefs. Stereotyping and ethnocentric bias can occur when we view other cultures from our own perspective which often results in a misunderstanding or disparagement of unfamiliar cultures.

Vocabulary

Culture is defined as patterns of learned behavior that are shared, cumulative and transmitted across generations and groups.

Cultural psychology is an interdisciplinary study of how cultures reflect and shape the thoughts, attitudes and behaviors of its members.

Cross-cultural psychology uses culture to test whether some psychological processes are universal rather than determining how cultural practices shape psychological processes.

Cultural relativism is the principle of regarding and valuing the practices of a culture from the point of view of that culture and to avoid making hasty judgments

Cultural universals are psychological processes that exist in every human culture and includes attributes such as values and modes of behavior.

Emic perspective which focuses on cultural differences and culturally specific processes that shape thinking and behavior

Ethnocentrism is the tendency to look at the world primarily from the perspective of one's own culture.

Etic perspective refers to a psychological construct or process that is universal, or true across all cultures

Goals of psychology

- **Description** is the first goal of psychology intended to identify “what” is happening when a behavior takes place including context, frequency, intensity, and duration.
- **Explanation** is the second goal of psychology intended to address “why” a behavior is taking place. The association between related factors and the behavior is exploratory not correlational or causal.
- **Prediction** is the third goal of psychology intended to

assess the likelihood (i.e., correlational probability) that a behavior will take place again or not.

- **Control** is the fourth goal of psychology intended to address how behavior can be changed. This goal includes a cause-effect association between an intervention and a behavioral change.

Hofstede's cultural values provide a framework that describes the effects of culture on the values of its members, and how these values relate to behavior.

- **Masculinity and Femininity** refers to the distribution of emotional roles between the genders.
- **Uncertainty Avoidance** refers to a society's tolerance for uncertainty and ambiguity.
- **Power Distance** is the extent to which the less powerful members of organizations and institutions (like a family) accept and expect their power is distributed unequally
- **Individualistic and Collectivist** refers to the degree to which individuals are integrated into groups and their community.
- **Long Term and Short Term** describes a society's time horizon; the degree to which cultures encourage delaying gratification or material, social, emotional needs of the members.

Material culture refers to the objects or belongings of a group including food, fashion, architecture or physical structures

Nonmaterial culture (*subjective*) consists of the ideas, attitudes, and beliefs of a society.

Psychology is the scientific study of behavior and mental processes.

WEIRD is an acronym that stands for demographic factors that represent the population that has been traditionally included in research and development of psychological theory.

This population has the following characteristics: Western, Educated, Industrialized, Rich, and Democratic cultures.

PART II

CULTURAL LEARNING



Young elephants learn in a social context and from others (social learning) which, plays a crucial role in their development

Culture commonly refers to patterns of learned and shared behavior that are cumulative and transmitted across generations. Humans use culture to adapt and transform the world we live in but many scientists have provided examples of animals who learn, share and transmit adaptations across generations. This raises important questions about whether human culture.

Animal Culture

Aristotle was the first to provide evidence of social learning in bird songs and Charles Darwin was the first to suggest what became known as **social learning** in explaining the transmission of an adaptive behavior pattern seen in a population of honey bees. Social learning happens when behaviors are acquired through observation or are taught by other members of a social group (e.g., caregivers, siblings) or social institutions (e.g., schools, places of worship). Social learning among humans is important because it means that we can avoid costly and time-consuming trial and error and at the same time multiply the power of individual learning (Boyd & Richardson, 2005). Our collective brain power makes it possible for certain behaviors to become more adaptive and spread among groups.

The actual phrase animal culture was first proposed by Japanese primatologists who discovered socially transmitted food behaviors on Koshima Island in the 1940s among Japanese monkeys. The scientists observed a female monkey dunk a piece of potato in the ocean.

Whale songs. Male humpback whales produce various songs over their lifetime, which are learned from other males in the population. Males in a population conform to produce the same mating song, consisting of a highly stereotyped vocal display involved in mate attraction. Researchers were able to record a series of songs and identified the cultural transmission of these songs across geographic distances (Western and Central South Pacific Ocean) over 11 years (Garland et al., 2013; Garland, Rendell, Lamoni, Poole and Noad, 2017).

Dolphin Sponges. A community of bottlenose dolphins in Western Australia use conical sponges as tools to find food (foraging). During “sponging,” dolphins break off a sponge and

wear it over the rostrum (snout) while foraging on the seafloor (Smolker, et al., 1997; Mann et al., 2008). Scientists think that the dolphins use the sponges for protection while foraging. Researchers, using genetic analyses, found that all 'spongers' are descendants of a single matriline (mother to daughter) which suggests cultural transmission of the use of sponges, as tools, within a specific population (Mann and Sargeant, 2003).

Chimpanzee Tools. Chimpanzees also use tools for foraging but different types of tools are associated with specific populations. This means that not all chimpanzees make or use the same tools for the same purpose (see Whiten articles for summary). For example, one troop of chimpanzees plunges sticks into termite nests to gather food and another troupe uses bark or leaves as a kind of scoop to forage for termites. There is a documented instance of chimpanzees in the Democratic Republic of Congo creating a tool that is like a paint brush or bottle washer that results in more successful foraging.

Uniquely Human

Although we humans are not the only species to exhibit culture, we depend on it in a way that no other species does and no other species demonstrates the cultural virtuosity and flexibility of human beings. In the animal world, transmitting innovations (combining of two or more separate elements into entirely new tools or practices) among peers and between generations of the same group occurs frequently but not necessarily between separate groups of the same species. Moreover, cultural innovation does not seem to occur among non-human species but it is a hallmark of human cultural development.

The first thing to emphasize is that humans are not born with culture like we are born with brown eyes, black hair or freckles. We are born into culture, and we learn it by living in human social groups. In this way culture is something that is transmitted from one generation to the next. This is how we become 'enculturated. Using archaeological data, it has been estimated that the human capacity for **cultural learning** emerged somewhere between 500, 000 – 170 000 years ago (Lind et al., 2003) , although some researchers have argued that the predisposition for social cognition, which facilitates social learning, extends farther back in time when we split from an ancient ancestor (Heinrich, 2016; Tomasello, 1999). Other scientists argue that convincing evidence for human culture only appears within the last 100, 000 years (Tattersall, 2015).

Regardless of the time period or mechanism, most researchers, across disciplines, accept that changes, namely in the area of cognition and cooperation led to **cultural adaptations** and cultural learning among humans.

Describing and explaining which elements of culture are uniquely human is complex, cross-disciplinary and

controversial. As this is an introductory text we will limit our discussion to three areas where there is broad agreement on the uniqueness of human culture as it relates to psychology: cognition, cooperation and cumulative learning.

Cognition

It has been argued that cognitive abilities like learning, attending and memory underlie human and cultural evolution (Heine, 2016; Henrich, 2016, Tomasello, 1999) because these abilities make humans better at social learning which, as an adaptation, led to cultural learning. Social learning is best described as learning that occurs in the presence of another person and there are two main forms of social learning: emulative and imitative learning (Heine, 2016; Tomasello & Rakoczy, 2003). **Emulative learning** focuses on the environment, process and outcomes related to a specific event that is observed. It is an individual style of learning even though there is another person who has modelled the behavior. Humans and nonhuman primates engage in emulative learning. **Imitative learning** is considered to be uniquely human (Tomasello & Rakoczy, 2003) and occurs through the process of modeling and demonstrating behavior with an understanding of the goal of the behavior. Imitative learning includes intention and reflection of the behaviors, as well as an understanding of the perspective of the person who is performing the behavior. Humans also imitate behavior to fit in and not just to learn, which has not been observed in other nonhuman primates (Tomasello & Carpenter, 2007).

To illustrate the difference between these two types of social learning, Nagell, Olguin and Tomasello (1993) designed an experiment that required toddlers and chimpanzees to use a tool (rake) to retrieve an object that they really wanted (a toy for the children and food for the chimpanzees) that was

out of their reach. Each group was shown how to use the tool to retrieve the object – but there was a slight variation to the experiment. One group was shown how to use the rake teeth down which was effective but not efficient. The other group was shown how to use the rake teeth up which was both effective and efficient. The toddlers used imitative learning and copied the behavior they had observed, either teeth up or teeth down. The chimpanzees used the teeth up situation, regardless of what they observed and were more successful in reaching the food. The chimpanzees used emulative learning which was the most effective and efficient way to learn and solve problems. Additional cognitive research has confirmed that on some measures of thinking, apes were smarter than human adults (Martin, Bhui, Bossarts, Matsuzawa, & Camerer, 2014) and children (Herrmann et al., 2007).

In a series of cognitive experiments chimpanzees, orangutans and 2-year old toddlers were compared on measures of physical problem solving and social problem solving. Toddlers were used in the experiment because human adults would have performed significantly better than the apes across all cognitive measures (we call this the ceiling effect). Results revealed that on measures of physical problem solving, apes and toddlers performed about the same.

On social problem-solving tasks that required the participants to engage in social learning, toddlers outperformed the apes. There was really no competition. Results from comparative studies like these suggest that humans are not intellectually superior (at least when compared to apes) except in the area of social learning that included elements of imitative learning. Attending to events, modeling the behaviors of others, learning from others and storing the knowledge for later use and problem solving is central to imitative learning and essential for cultural learning and cumulative culture.

Much of the research examined so far has compared human

toddlers to nonhuman primates; however, there is a growing body of developmental literature that confirms the importance of social learning. Cross-cultural research in the area of developmental psychology has demonstrated that human infants selectively attend to several important cues like prestige (who does it best), sex and ethnicity (sound and look like me) and familiarity (similarity in background). The research has also demonstrated that learning these cues seems to happen at about the same time in human development and in about the same order across cultures. Cues and social learning are not just for infants. Researchers examined undergraduate student performance and cues related to sex and ethnicity. After controlling for other variables, results showed students who receive instruction from faculty of the same sex, ethnicity or race were less likely to drop out and had better grades (Hoffman & Oreopoulous, 2009; Fairlie, Hoffman & Oreopoulous, 2011). These studies suggest that interpretation, motivation and understanding cues appears to have significant implications for early childhood development, as well as later adoption of adult roles.

Relatively recent autism research has provided an opportunity to explore the role of cues and attending even further. Autism research suggests that children with autism who miss out on these stages of attending have significant difficulty with social cues (Tomasello, Kruger, & Ratner, 1993). Additionally, children with autism have great difficulty sharing emotional states or understanding the intentions of others (Tomasello et al., 2004). By sharing intentions humans are able to experience events and perspectives together at a level not seen among our closest animal relatives (Tomasello, et al., 2004). **Shared intentionality**, is a cognitive process by which we see others as intentional agents. Shared intentionality encompasses interactions, commitment to a goal, and cooperation with others to achieve the goal, which are

necessary elements for cultural learning and cultural adaptations (Heine, 2016; Tomasello et al., 2004).

Cooperation

The ability to work together toward common goals is required for the survival of any group. There is strong evidence that nonhuman primates (our genetic cousins) cooperate but that it is limited to kin or partners with few documented cases of cooperation with intergroup members (e.g., strangers) (Melis and Semmann, 2010). Cooperating with strangers to complete complex goals appears to be a uniquely human behavior and there are several explanations for these phenomena, including cognitive skills, protection from conflict and the development of social norms.

Cognition

As discussed earlier in the previous section that humans have a unique ability to engage in social learning (Boyd, Richerson & Henrich, 2011; Hermann et al., 2007; Tomasello, 1999), as well as other psychological advantages including memory which helps us to track who helped us and who we have helped (Hauser et al., 2009; Melis and Semmann, 2010). Perhaps most importantly, we are able to transfer all this information to others in our group, which means that as an individual you might gain a reputation for being a helper or gain a reputation for being a loafer (more about this in Chapter 11).

Protection

Cooperation may also have emerged as a result of external

pressures (e.g., intergroup conflict, climate change, competition) which facilitated the formation of large groups. Bowles and colleagues (2013) suggest that competition with other groups brought about social changes and groups who were better at cooperating were more likely to survive. Additionally, our ancient ancestors were more likely to be prey than predator and being part of a large group offered some protection from predators (Hart & Sussman, 2009; Henrich, 2016). Dunbar (1993) has proposed that because early humans began living in large communities, language (a cognitive product) was developed. He suggests that humans required the use of complex communication to maintain social cohesion and unity among group members.

Norms

As groups became larger, humans established social rules or norms (Richerson & Boyd, 2008). Henrich (2016) argues that social norms within groups emerged because of our unique cognitive abilities for social learning (e.g., to learn from someone else). By observing a model of appropriate behavior, humans learn what behavior is unacceptable and those individuals who do not follow these social rules are often sanctioned (punished). Cooperation has spread across populations because of social norms that sanction intergroup conflict and promote fair treatment of group members. Research with infants less than a year old appear to support this argument.

Hamlin and colleagues used a puppet morality play in an experiment with infants and toddlers that found children preferred people who help others reach a goal (prosocial behaviors) and avoided people who were harmful, or who get in the way of others reaching a goal. As early as 3 months age, humans are evaluating the behaviors of others and assigning

a positive value to helpful, cooperative behaviors (Hamlin et al., 2007; Hamlin & Wynn, 2011) and negative values to harmful or selfish behaviors.

Prosocial behaviors and social norms that reward cooperation and helping become automatic overtime and are reflected in everyday choices that we make as adults. For example, Rand and colleagues used the Public Goods Game, an economic experiment, to examine cooperation and competition (Rand, 2016). In the game, participants decide how much to contribute to the public good and if all participants contribute then the payoff is greater for the entire group.

Early findings revealed that participants who made their contributions faster gave more to the public good (greater cooperation). These results were consistent in several replications (Cone & Rand 2014); when forced to make a quick decision, participants cooperated more than when asked to reflect on their decision. It seems that under certain circumstances, social contexts and social norms, 'going with your gut' leads to increased cooperation (Henrich, 2016).

Cumulative Learning

We read earlier in the chapter that animals have cultural transmissions but only humans seem to have the ability for cumulative cultural changes that result in behaviors that no one single person could have learned individually through a lifetime of trial and error. We call this **cumulative cultural learning** which refers to human collective brain power (Tomasello & Moll, 2010) or a set of sophisticated skills that we possess (Henrich, 2016) which allow us to create practices, behaviors, norms, artifacts (things) and institutions that are retained by group members and transmitted across generations and to other groups.

Humans can use this collective brain power for novel

problem solving in order to adapt to changing environments and social conditions. Boyd, Richerson and Henrich (2011a) go even farther and suggest that culture is part of our human biology because our brains and our bodies have been shaped and influenced across thousands of years in ways that promote the accumulation and transmission of knowledge.

Many researchers suggest that cumulative cultural evolution results from a **ratchet effect** that began when humans developed the cognitive infrastructure and processes to understand that others have intentions so people can engage in coordinated efforts to achieve complex and specialized tasks (Tennie, Call, & Tomasello 2009). The ratchet effect suggests that cultural adaptations and innovations are accumulated (become part of a larger library of knowledge) and then are expanded upon and refined across generations.

There are historical examples of cultures who have lost accumulated culture. Henrich (2004) details the experiences of Tasmanian islanders and explains using a mathematical model how cultural learning can be lost. History and social context are important here – humans arrived on Tasmania, from Australia (conceivably), about 34,000 years ago by crossing a land bridge that was later covered by rising ocean levels. Using archeological evidence, it seems that the early Tasmanians (roughly 70,000 inhabitants) had a sophisticated toolkit with hundreds of tools and a set of skills for hunting different animals. When eighteenth century explorers arrived in Tasmania the population had declined, the toolkit had only 24 tools and the diet had significantly less variety than the early Tasmanians. Henrich argues that the loss of knowledge happened because Tasmanians did not attend to the best models or teachers (or there were fewer skilled people) and the products that were created were imperfect. Over time, skills were lost and knowledge was lost which resulted in a loss of accumulated knowledge. There are examples of cultural loss in North America among native populations; however, these

examples are not the result of natural selection or ecological pressures. In most cases, cultural loss was brought about through external forces including colonization, subjugation and the enforcement of policies to limit transmission of cultural values, practices, rituals and language (UNESCO) of most native populations.

It is generally accepted that innovations and the accumulation of cultural learning occurs at a faster rate with larger groups that have greater interconnection. These ideas were tested in a laboratory experiment that used college students and a computer game (Dere, Beugin, Godelle & Raymond, 2013). Students were shown a complicated fishing net and then asked to design the same net using a computer. Students were assigned to groups that range from 2 to 16 members and each player had 15 attempts to design the net. Students earned points based on the quality of their work. To mimic social learning, students were able to select a model created by other group members. Researchers found that members of a larger group were more likely to complete the fishing net accurately with fewer trials. The researchers assert in larger groups there were more models to learn from. This lab experiment along scientific observations reveal that in a large group it is more likely that someone will come up with a great idea that can be maintained and improved by the group (Heine, 2016) and the learning process moves quicker.

Summary

Comparative animal studies and developmental research are generally seen as support that human brains come preprogrammed with a host of cognitive abilities that have helped us to adapt and survive (Henrich, 2016). Some researchers also believe that human cognitive ability evolved genetically so that we would become better learners,

individually, as well as better at learning from others by figuring out what people (e.g., teacher, expert or model example) want us to do or know (Henrich, 2016). This has important implications or consequences for our interactions with others, including cooperative behaviors. Prosocial behaviors are learned through the cognitive processes we discussed earlier, like attending, imitating, as well as through social learning. Social norms that reward cooperation and helping become automatic overtime and contribute to large group cohesion and unity. Large groups with high interconnection are less likely to experience loss of accumulated knowledge and more likely to innovate and adapt to ecological stress and other selective pressures.

Ecological and Geographic Cultural Variation

Modern humans are genetically very similar (genotype) but exhibit very different physical characteristics (phenotype). It is generally accepted that genetic and cultural diversity is geographically and ecologically structured, which means that people from particular regions resemble each other more than they resemble people from other regions. As modern humans migrated to geographic and climatic regions that differed from the lands of their ancestors, they met new environmental challenges. Group variation arose because different groups encountered different environments and conditions (Boyd and Richerson, 2011b). These new environments led to genetic changes that enhanced survival for group members, which were then transmitted to offspring across generations. Moreover, these new, often harsh environments forced humans to create new ways of coping, learning, living and raising their offspring that also enhanced survival.

Environmental variance refers to differences among groups because the environment is different. Stressors can be abiotic (e.g., climate, UV radiation or high altitude), biotic (e.g., disease), or social (e.g., war and psychological stress). Evidence is growing that environmental stressors (or pressures) can cause genetic variations (i.e., changes in genes). You are probably familiar with at least a couple of genetic adaptations brought about by environmental pressures.

Population migration to high altitude has altered red blood cells to accommodate the reduced oxygen levels at high altitude (Beall, 2004). Malaria is a biotic example of an

environmental variant. Malaria is a disease carried by mosquitoes and affects thousands of people each year. A change in red blood cell shape (sickle or semicircle) is a genetic adaptation present in tropical climates to protect individuals from malaria but in other environments the adaptation can be quite harmful to a person. Sickle cell anemia is a disease that has emerged because the once advantageous adaptation causes joint inflammation and pain in people when expressed in other environments.

As mentioned earlier, groups living in new environments invented new tools and new ways of doing things to adapt to ecological conditions and pressures. **Cultural variance** refers to different behaviors among groups as a result of different learning, coping and living. Cultural adaptations can occur at any time and may be as simple as putting on a coat when it is cold or as complicated as engineering, building, and installing a heating system in a building. Consider contemporary hunter-gatherer societies in the Arctic and Kalahari. These groups inhabit hostile environments that are separated by thousands of miles but they have not developed massive distinct genetic adaptations to these environments. They are successful because of cultural adaptations to their unique habitations.

In addition to environmental variations and ecological pressures, cultural adaptations may be shaped by access to arable land, sustainable strategies (e.g., fishing, hunting, agriculture) and sources of food. In other words, resources available to the population. For example, the people of India revere cows and believe that eating a cow is a terrible act, which might seem strange to people in other countries. Cows in India are considered sacred. Cows are viewed as more than just an animal because they provide milk which is a precious resource. In order to ensure the milk is always available cows must be kept alive and well cared for. The cow is a food source, even if not in the way that, say, an American or European would view it. The sacredness of the cow was a cultural adaptive

measure by the Indian people to keep an important, renewable resource protected.

Another example of a cultural adaptation, and the use of local resources, is building a shelter or a home. In the southwest United States, before air conditioning (and even with air conditioning) homes were built to survive the hot, dry climate. The bricks were made from abundant dirt and used few windows, which kept heat in during the winter and out during the summer. The flat roof construction catches the rainfall that is precious and scarce in the southwest. To those in other parts of the world it is just a structure, but to the people of the southwest it meant survival.

Adaptations may be environmental or cultural and are likely the result of differences in ecology, resources and people (Crezana, Kolodny, & Feldman, 2017). Van de Vliert (2011) examined these components and their impact on ingroup favoritism (preferences for people who are similar to us that results in disproportionate shares of resources). Using data from almost 180 countries, ingroup favoritism was highest in cultures with the lowest income and harshest, most demanding climates (e.g., extreme heat or cold) and lowest in cultures with high national income and demanding climates. Ecological stress and scarce resources created social norms that favor some people over others. By examining ecology, national wealth and behaviors collectively, we can see the relationship between these factors and cultural adaptations.

Cultural similarities can be explained by adaptations of different groups to similar environmental conditions and cultural variations can also be explained by changing environmental conditions. Since environmental changes were not predictable, cultures changed in many different directions. Cultures that were once similar could become dissimilar with selective pressures and ecological distress and the opposite could also happen, cultures that were once different could become similar. The continual development of culturally

transmitted knowledge and skills enables people to thrive in new environments.

Cultural Transmission

Environmental pressure, things like natural disasters, flooding, limited land to farm, is only one of many potential ways that can lead to cultural adaptations. Others include technological innovation (e.g., printing press, electricity) and contact with other cultures (immigration or colonization), which may promote or inhibit changes in cultural practices. Through cultural transmission, goods and services may be exchanged by two cultures, as well as values, languages, and behavior patterns. This section will review three main methods for cultural transmission.

Innovation

Earlier in the chapter we learned that large groups with a high degree of interconnectivity are more innovative and less likely to lose knowledge. Innovation includes combining existing information to create something new. In a large group or population, it is highly likely that one person will make a new discovery that will be adopted or shared with the group but only if the innovation is useful (Heine, 2016). Consider the transitions from foraging to agriculture or more recent transitions from email to text messages – innovations that have been adopted, shared and transmitted across the globe.

Diffusion

Diffusion is the spread of material and nonmaterial culture and relates to the integration between cultures and within cultures. We learned earlier that material culture refers to tangible

objects or belongings of group. For example, Middle-class Americans can fly overseas and return with a new appreciation of Thai noodles or Italian gelato. The diffusion of nonmaterial culture (norms, values and beliefs) has accelerated as access to television and the Internet has brought the lifestyles and values portrayed in sitcoms into homes around the globe. Twitter feeds from public demonstrations in one nation have encouraged political protesters in other countries. When this kind of diffusion occurs, material objects and ideas from one culture are introduced into another. Ideas that are easy to communicate are more likely to spread and emotional messages will spread more quickly. If an idea or a message challenges our assumptions or expectations but seems reasonable it is also more likely to be shared and communicated (known as the minimally counterintuitive idea).

Acculturation

Acculturation is the process of social, psychological, and cultural change that happens when cultures come into contact with one another and blend. Acculturation can be experienced at the level of a group (e.g., war, political domination, colonization) and at the level of the individual (e.g., dating after divorce). The process of acculturation may very distressing or only mildly uncomfortable but it is a normal part of our adaptation to things that are new to us. Some of the most noticeable effects of acculturation often include changes in food, clothing, and language. We discuss acculturation and culture shock more fully in Chapter 13.

Summary

Humans have a unique set of skills that enable us to more readily innovate, adopt, adapt and improve. Underlying these skills seems to be a cognitive infrastructure that promotes learning, teaching and perspective taking. These cognitive abilities seem to predispose humans to sociality, cooperation and collaboration with individuals who are outside of our kin network. A trait that makes us very unique among other animals and separates us from our nearest genetic cousins the non-human primates.

Vocabulary

Acculturation is the process of social, psychological, and cultural change that happens when cultures blend.

Adaptation refers to a feature or a behavior that helps a living thing survive and function better in its environment and a genetic adaptation refers to changes physiological processes and genetics as a result of environmental or cultural variance.

Cooperation is the ability to work together toward common goals; animals cooperate with kin or other group members, but humans appear to be the only species that cooperates with strangers.

Cultural learning requires elements of social learning and encompasses other unique cognitive abilities like shared intentionality and perspective taking; collective learning of a culture that facilitate innovation, improvements and transmission across groups.

Cultural variance refers to different behaviors among groups as a result of different learning.

Cumulative learning refers to human collective brain power or a set of sophisticated skills that allows humans to create practices, behaviors, norms, artifacts (things) and institutions that are retained by group members and transmitted across generations and to other groups.

Diffusion is the spread of material and nonmaterial culture and relates to the integration between cultures and within cultures.

Emulative learning focuses on the environment, process and outcomes related to a specific event that is observed.

Environmental variance refers to differences among groups because the environment is different.

Imitative learning occurs through the process of modeling

and demonstrating behavior with an understanding of the goal of the behavior.

Innovation is a new idea, method, behavior or tool

Ratchet effect suggests that cultural adaptations and innovations are accumulated (become part of a larger library of knowledge) and then expanded upon and refined across generations.

Social learning occurs when behaviors are acquired through observation or are taught by other members of a social group (e.g., caregivers, siblings) or social institutions (e.g., schools, places of worship).

Shared intentionality is a cognitive process by which we see others as intentional agents; encompasses interactions, commitment to a goal, and cooperation with others to achieve the goal.

PART III

RESEARCH METHODS AND CULTURE



Margaret Mead focused her indigenous studies in Samoa on problems of child rearing, personality, and culture. Though her work is controversial and has been criticized she was an early pioneer in indigenous cultural research.

Psychologists are interested in the ways that cultural forces influence psychological processes. They study culture as a means of better understanding the ways it affects our emotions, identity, relationships, and decisions. Psychologists generally ask different types of questions and use different methods than do anthropologists. Anthropologists are more likely to conduct **indigenous (ethnographic) studies**. In this type of research, the scientist spends time observing a culture and conducting interviews. In this way, anthropologists often attempt to understand and appreciate culture from the point of view of the people within it. Psychologists who adopt this

approach are often thought to be studying **cultural psychology**. They are likely to use interviews as a primary research methodology.

Cultural psychology is distinct from **cross-cultural psychology**, and this can be confusing. Cross-cultural studies are those that use *standard forms* of measurement, such as Likert scales, to compare people from different cultures and identify their differences. Cross-cultural studies serve as backbone of cross-cultural research in psychology but methodological issues can have an impact on research quality.

Advantages and Disadvantages

Both cultural and cross-cultural studies have their own advantages and disadvantages. Interestingly, researchers can learn a lot from **cultural similarities** and **cultural differences**; both require comparisons across cultures. For example, Diener and Oishi (2000) were interested in exploring the relationship between money and happiness. They were specifically interested in cross-cultural differences in levels of life satisfaction between people from different cultures. To examine this question, they used international surveys that asked all participants the exact same question, such as “All things considered, how satisfied are you with your life as a whole these days?” and used a **standard scale** for answers; in this case one that asked people to use a 1-10 scale to respond. They also collected data on average income levels in each nation, and adjusted these for local differences in how many goods and services that money can buy.

The Diener research team (2000) discovered that, across more than 40 nations, there was a tendency for money to be associated with higher life satisfaction. People from richer countries such as Denmark, Switzerland and Canada had relatively high satisfaction while their counterparts from poorer countries such as India and Belarus had lower levels. There were some interesting exceptions, however. People from Japan—a wealthy nation—reported lower satisfaction than did their peers in nations with similar wealth. In addition, people from Brazil—a poorer nation—had unusually high scores compared to their income counterparts. The researchers tried to explain these differences and one proposed explanation was culture.

Cross-cultural (method) validation is another type of cross-cultural study that establishes whether assessments (e.g., surveys, tests, standard scales) are valid and reliable when used across cultures. Cross-cultural validation studies evaluate the equivalence of psychological measures across cultures. Instruments used across cultures should be equivalent. Measurement **equivalence** refers to similarity in conceptual meaning and empirical method between cultures. **Bias** on the other hand refers to differences that do not have exactly the same meaning within and across cultures.

Two essential features of any instrument or standard scale are validity and reliability.

- **Validity** of an instrument is another way of saying accuracy. Validity asks whether the instrument (or test) measures what it is supposed to measure
- **Reliability** of an instrument is another way of saying consistency of the results or consistency of the instrument.

Often instruments, surveys and interview questionnaires that are created in the United States, show strong reliability and validity when tested in the United States (i.e., have been validated) but often these measures do not perform well in other cultures. Common validation issues include problems with language (i.e., translation issues) and assumptions that the topic area is the same across cultures (i.e., is anxiety the same everywhere?).

Research Issues in Cultural Psychology

Research methods are the elements used in a psychological investigation (experiment) to describe and explain psychological phenomena and constructs. Research methods can also be used to predict and control for issues through the use of objective and systematic analysis. Information, sometimes called data, for psychological research can be collected from different sources like human participants (e.g., surveys, interviews), animal studies (e.g., learning and behavior) and archival sources (e.g, tweets, and social media posts). Research is done with the help of an experiment, through observation, analysis and comparison.

When conducting research within a culture (indigenous study) or across cultures (cross-cultural study) many things can go wrong that will make conducting, analyzing and interpreting data difficult. This section will review four common methodological issues in cultural research (He, 2010).

- Sampling Bias
- Procedural Bias
- Instrument Bias
- Interpretation Issues

Sampling Bias

In the United States, and other Western countries, it is common to recruit university undergraduate students to participate in psychological research studies. Using **samples of convenience** from this very thin slice of humanity presents a problem when trying to generalize to the larger public and across cultures. Aside from being an over-representation of young, middle-class Caucasians, college students may also be more compliant and more susceptible to attitude change, have less stable personality traits and interpersonal relationships, and possess stronger cognitive skills than samples reflecting a wider range of age and experience (Peterson & Merunka, 2014; Visser, Krosnick, & Lavrakas, 2000).

Put simply, these traditional samples (college students) may not be sufficiently representative of the broader population. Furthermore, considering that 96% of participants in psychology studies come from western, educated, industrialized, rich, and democratic countries (so-called WEIRD cultures; Henrich, Heine, & Norenzayan, 2010), and that the majority of these *are also psychology students*, the question of non-representativeness becomes even more serious.

When studying a basic cognitive process (e.g., working memory) or an aspect of social behavior that appears to be fairly universal (e.g., cooperation), a non-representative sample may not be a big deal but over time research has repeatedly demonstrated the important role that individual differences (e.g., personality traits and cognitive abilities) and culture (e.g., individualism vs. collectivism) play in shaping social behavior.

For instance, even if we only consider a tiny sample of research on aggression, we know that narcissists are more likely to respond to criticism with aggression (Bushman & Baumeister, 1998); conservatives, who have a low tolerance for

uncertainty, are more likely to prefer aggressive actions against those considered to be “outsiders” (de Zavala et al., 2010); countries where men hold the bulk of power in society have higher rates of physical aggression directed against female partners (Archer, 2006); and males from the southern part of the United States are more likely to react with aggression following an insult (Cohen et al., 1996).

When conducting research across cultures it is important to ensure that there is equivalence across samples from other cultures to maintain the internal consistency (validity) of the research study (Harzing, et al., 2013; Matsumoto and Juang, 2013). Asking middle-school students in the United States about their online shopping experiences may not be a representative sample for middle school students in Kenya, Africa. Even when trying to control for demographic differences there are some experiences that cannot be separated from culture (Matsumoto and Luang, 2013). For example, being Catholic in the United States does not have the same meaning as being Catholic in Japan or Brazil. Researchers must consider the experiences of the sample in addition to basic demographic information.

Procedural Bias

Another type of methodological bias is procedural bias, which is sometimes referred to as administration bias. This type of bias is related to the study conditions including the setting and how the instruments are administered across cultures (He, 2010). The interaction between the research participant and interviewer is another type of procedural bias that can interfere with cultural comparisons.

Setting

Where the study is conducted can have a major influence on how the data is collected, analyzed and later interpreted. Settings can be small (e.g., home or community center) or settings can be large (e.g., countries or regions) and can influence how a survey is administered or how participants might respond. In a large cross-cultural health study Steels and colleagues (2014) found that the postal system in Vietnam was unreliable and demanded a major, and unexpected, change in survey methodology. The researchers were forced to use more participants from urban areas than rural areas as a result of these challenges. Harzing and Reiche (2013) found that their online survey was blocked in China due to internet censoring practices of the Chinese government but with minor changes it was later made available for administering.

Instrument Administration

In addition to the setting, how the data is collected (e.g., paper-and-pencil mode versus online survey) may influence different

levels of social desirability and response rates. Dwight and Feigelson (2000) completed a meta-analysis of computerized testing on socially desirable responding and found that impression management (one dimension of social desirability) was lower in online assessment. The impact was small but it does have broad implications for how results are interpreted and compared across cultural groups when testing occurs online.

Harzing and Reiche (2013) found that paper/pencil surveys were overwhelmingly preferred by their participants, a sample of international human resource managers, and had much higher response rates when compared to the online survey. It is important to note that online survey response rates were likely higher in Japan and Korea largely because of difficulties in photocopying and mailing paper versions of the survey.

Interviewer and Interviewee Issues

The **interviewer effect** can easily occur when there are communication problems between interviewers and interviewees, especially, when they have different first languages and cultural backgrounds (van de Vijver and Tanzer, 2003). Interviewers, not familiar with cultural norms and values may unintentionally offend participants or colleagues or compromise the integrity of the study.

An example of the interviewer effect was summarized by Davis and Silver (2003). The researchers found that when answering questions regarding political knowledge, African American respondents got fewer answers right when interviewed by a European American interviewer than by an African American interviewer. Administration conditions that can lead to bias should be taken into consideration before beginning the research and researchers should exercise caution when interpreting and generalizing results.

Using a translator is not a guarantee that interviewer bias will be reduced. Translators may unintentionally change the intent of a question or item by omitting, revising or reducing content. These language changes can alter the intent or nuance of a survey item (Berman, 2011), which will alter the answer provided by the participant.

Instrument Bias

A final type of *method bias* is called instrument bias but it does not have anything to do with the instrument, survey or test but rather refers to the experience and familiarity of the participant with test taking. There are two main types of instrument bias discussed in cross-cultural research (He, 2012), familiarity with the type of test (e.g., cognitive versus educational) and familiarity with response methods (e.g., multiple choice or rating scales).

Demetriou and colleagues describe an example of familiarity with test type (2005) when they compared Chinese and Greek children on visual-spatial tasks. The researchers found that Chinese children outperformed Greek children on the task but not because of cultural differences in visual spatial performance but because writing Chinese is a visual spatial task. Chinese children performed better because learning to write (in all cultures) requires practice and writing in Chinese language is a highly visual spatial task.

An example of how instrument bias can be reduced comes from a study that included Zambian and British children (Serpell, 1979). The children were asked to reproduce a pattern using several different types of response method including paper-and-pencil, plasticine, configurations of hand positions, and iron wire. The British children scored significantly higher on the paper-and-pencil method while the Zambians scored higher when iron wires were utilized (Serpell, 1979). These results make sense within cultural contexts. Paper pencil testing is a common experience in formal, Western education systems and making models with iron wire was a popular pastime among Zambian children. By using different response methods (i.e., paper/pencil, iron wire) the researchers were able

to separate performance from bias related to response methods.

Another issue related to instrument bias is **response bias**, which is the systematic tendency to respond in certain way to items or questions. There are many things that may lead to response bias including how survey questions are phrased, the demeanor of the researcher, or the desire of the participant to be a good participant and provide “the right’ answers. There are three common types of response bias:

Socially desirable responding (SDR) is the tendency to respond in a way that make you look good. Studies that examine sensitive topics (e.g., sexuality, sexual behaviors, and mental health) or behaviors that violate social norms (e.g., fetishes, binge drinking, smoking and drug use) are particularly susceptible to SDR.

Acquiescence bias is the tendency to agree rather than disagree with items on a questionnaire. It can also mean agreeing with statements when you are unsure or in doubt. Studies have consistently shown that acquiescence response bias occurs more frequently among participants from low socioeconomic status and from collectivistic cultures (Harzing, 2006; Smith & Fischer, 2008). Additionally, work by Ross and Mirowsky (1984) found that Mexicans were more likely to engage in acquiescence and socially desirable responding than European Americans on a survey about mental health.

Extreme response bias is the tendency to use the ends of the scale (all high or all low values) regardless of what the items is asking or measuring. A demonstration of extreme response bias can be found in the work of Hui and Triandis (1989). These authors found that Hispanics tended to choose extremes on a five-point rating scale more often than did European Americans although no significant cross-cultural differences were found for 10-point scales.

Interpretation Bias

One problem with cross-cultural studies is that they are vulnerable to **ethnocentric bias**. This means that the researcher who designs the study might be influenced by personal biases that could affect research outcomes, without even being aware of it. For example, a study on happiness across cultures might investigate the ways that personal freedom is associated with feeling a sense of purpose in life. The researcher might assume that when people are free to choose their own work and leisure, they are more likely to pick options they care deeply about. Unfortunately, this researcher might overlook the fact that in much of the world it is considered important to sacrifice some personal freedom in order to fulfill one's duty to the group (Triandis, 1995). Because of the danger of this type of bias, cultural psychologists must continue to improve their methodology.

Another problem with cross-cultural studies is that they are susceptible to **cultural attribution fallacy**. This happens when the researcher concludes that there are real cultural differences between groups without any actual support for this conclusion. Yoo (2013) explains that, if a researcher concludes that two countries are different based on a psychological construct because one country is an individualistic (I) culture and the other is a collectivistic (C) culture, without connecting differences to IC, then the researcher has made a cultural attribution fallacy.

Summary

As an immensely social species, we affect and influence each other in many ways, particularly through our interactions and cultural expectations, both conscious and unconscious. The study of cultural psychology examines our thoughts, feelings, and behaviors we are unaware or ashamed of across cultures and within cultures. The desire to carefully and precisely study these topics, together with advances in technology, has led to the development of many creative techniques that allow researchers to explore the mechanics of how we relate to one another.

Ethics in Cultural Psychological Research

Research, whether indigenous or cross-cultural, must be conducted ethically. The American Psychological Association (APA) has created a set of common ethical principles and shared standards to guide the professional and scientific responsibilities of psychologists. A major goal of the principles and code of conduct is to educate professionals in psychology, students, colleagues, patients and members of the public about the ethical standards of the field. The ethical principles include:

- Beneficence and non-maleficence
- Fidelity & responsibility
- Integrity
- Justice
- Respect for people's

Psychological researchers agree that good research is ethical and is guided by a basic respect for human dignity and safety. Unfortunately, this has not always been the case. One notable example of unethical research in the United States was the Tuskegee syphilis study conducted by the US Public Health Service from 1932 to 1972 (Reverby, 2009).

The participants in this study were poor African American men in the vicinity of Tuskegee, Alabama, who were told that they were being treated for "bad blood." Although they were given some free medical care, they were not told they had syphilis and were not treated for the disease. Instead, they were observed to see how the disease would develop and progress in untreated patients. Even after the use of penicillin became

the standard treatment for syphilis in the 1940s, these men continued to be denied treatment and were not given an opportunity to leave the study. It was eventually discontinued after details were shared with the general public but negative consequences of the study persist. Shaver et al (2000) found that African-Americans had less trust in researchers and were less likely to participate in research as a result of the Tuskegee experiment.

Today, any experiment that involves human subjects is governed by extensive, strict guidelines designed to ensure that the experiment does not result in harm to the participants. Any research institution in the United States that receives federal support for research involving human participants must have access to an **institutional review board** (IRB). The IRB is a committee of individuals often made up of members of the institution's administration, scientists, and community members.

The purpose of the IRB is to review research proposals that involves human participants. Psychologists must receive prior approval from an institutional research board (IRB) before beginning any experiment. Among the most important principles protecting human subjects are:

Informed consent states that people should know when they are involved in research, and understand what will happen to them during the study (at least in general terms that do not give away the hypothesis). Researchers conducting cultural or cross-cultural research should consider the possibility that informed consent may not be custom of the culture and the concept may not be understood by the participants.

Voluntary participation is the choice to participate, along with the freedom to withdraw from the study at any time. Certain kinds of methods—such as naturalistic observation in public spaces, or archival research based on public records—do not require obtaining informed consent. Some cultures may not recognize individual and autonomous choice to participate

and involvement may be mandatory. Researchers should be aware of how participation, voluntary or mandatory, may influence participant self-disclosure and responding.

Privacy encompasses two broad concepts, anonymity and confidentiality. Researchers also may not identify individual participants in their research reports. Typically, psychologists and researchers report only group means and other statistics. With online data collection becoming increasingly popular, researchers also have to be mindful that they follow local data privacy laws, collect only the data that they really need (e.g., avoiding including unnecessary questions in surveys), strictly restrict access to the raw data, and have a plan to securely destroy the data after it is no longer needed. Researchers should not assume that the same protections of data privacy extend across cultures.

Risks and Benefits are key elements of ethics in research and people who agree to participate in psychological studies should be exposed to risk only if they fully understand the risks and only if the likely benefits clearly outweigh those risks. Researchers wishing to investigate implicit prejudice using the IAT, need to be considerate of the consequences of providing feedback to participants about their unconscious biases. Similarly, any manipulations that could potentially provoke serious emotional reactions (culture of honor study described earlier) or relatively permanent changes in people's beliefs or behaviors (e.g., attitudes towards vaccination) need to be carefully reviewed by the IRB.

Deception refers to the need of some research to deceive participants (e.g., using a cover story) to prevent participants from modifying their behavior in unnatural ways, especially in laboratory or field experiments. In these instances, researchers may hide the true nature of the study.

For example, when Asch recruited participants for his experiments on conformity, he described it as being a study of visual spatial skills. Deception is typically only permitted (a)

when the benefits of the study outweigh the risks, (b) participants are not reasonably expected to be harmed, (c) the research question cannot be answered without the use of deception, and (d) participants are informed about the deception as soon as possible, usually through debriefing. Deception studies may be approved in one culture or country but researchers should not assume that deception studies are permissible or will be approved in all cultures.

Debriefing is the process of informing research participants as soon as possible of the purpose of the study, revealing any deceptions, and correcting any misconceptions they might have as a result of participating. Debriefing also involves minimizing harm that might have occurred. For example, an experiment examining the effects of sad moods on charitable behavior might involve inducing a sad mood in participants by having them think sad thoughts, watch a sad video, or listen to sad music. Debriefing would therefore be the time to return participants' moods to normal by having them think happy thoughts, watch a happy video, or listen to happy music.

Other Issues in Research

There are many psychological processes that are considered sensitive topics within specific cultural, social and political contexts. Sensitive topics are anything considered private, stigmatizing or sacred to the participants or culture (McCosker, Barnard and Gerber, 2001). Western cultures tend to be more open about discussing sensitive areas and researchers should be aware of potential methodological issues and possible consequences for participants who agree to the study.

Sex, sexuality, sexual orientation and HIV/AIDS status are topics that may limit participation but more importantly participants may face imprisonment, sanctions (formal and informal) for acknowledging thoughts or behaviors that run contrary to cultural norms. Researchers must be aware of the cultural, social and political contexts of the cultures under study to maintain the safety of participants all the while maintaining ethical research practices. Additionally, researchers should not assume that data privacy and data protections extend to all individuals across all cultures.

Vocabulary

Acquiescence bias is the tendency to agree rather than disagree with items on a questionnaire. It can also mean agreeing with statements when you are unsure or in doubt

Bias on the other hand refers to differences that do not have exactly the same meaning within and across cultures

Cross-cultural studies are those that use *standard forms* of measurement, such as Likert scales, to compare people from different cultures and identify their differences

Cross-cultural (method) validation is another type of cross-cultural study that establishes whether assessments (e.g., surveys, tests, standard scales) are valid and reliable when used across cultures.

Cultural attribution fallacy. This happens when the researcher concludes that there are real cultural differences between groups without any actual support for this conclusion.

Debriefing is the process of informing research participants as soon as possible of the purpose of the study

Deception refers to the need of some research to deceive participants (e.g., using a cover story) to prevent participants from modifying their behavior in unnatural ways

Equivalence refers to similarity in conceptual meaning and empirical method between cultures

Extreme response bias is the tendency to use the ends of the scale (all high or all low values) regardless of what the items is asking or measuring.

Indigenous (ethnographic) studies are those in which the scientist spends time observing a culture and conducting interviews.

Informed consent states that people should know when they are involved in research, and understand what will happen to them during the study

Validity of an instrument is another way of saying accuracy. Validity asks whether the instrument (or test) measures what it is supposed to measure

Reliability of an instrument is another way of saying consistency of the results or consistency of the instrument.

Socially desirable responding (SDR) is the tendency to respond in a way that make you look good

Voluntary participation is the choice to participate, along with the freedom to withdraw from the study at any time.

PART IV
CULTURE AND
DEVELOPMENT



Children's games can be opportunities for researchers to learn about how children think, feel, and behave

A group of children were playing hide-and-seek in the yard. Pilar (age 3) raced to her hiding spot as her six-year-old cousin, Lucas, loudly counted, "... six, seven, eight, nine, ten! Ready or not, here I come!" Pilar let out a small giggle as Lucas ran over to find her – in the exact location where he had found his sister a short time before. At first glance, this behavior is puzzling: why would Pilar hide in exactly the same location where someone else was just found? Older children and adults realize that it is best to hide in locations that have not been searched before but young children do not have the same cognitive sophistication. But why not... and when do these abilities first develop?

We have learned in previous chapters what it means to study both psychology and culture. Lifespan development examines the factors that influence growth and change over the course of an individual's life, from conception to death. Human development is the interaction between our biology (nature) and our environment (nurture). For this chapter, we will add to previously discussed concepts to examine the role that enculturation plays in developing the human mind and fostering a unique sense of self.

Defining Enculturation

Enculturation

It is important to understand that culture is learned. People aren't born using chopsticks or being good at soccer simply because they have a genetic predisposition for it. They learn to excel at these activities because they are born in countries like Argentina, where playing soccer is an important part of daily life, or in countries like Taiwan, where chopsticks are the primary eating utensils.

So, how are such cultural behaviors learned? It turns out that cultural skills and knowledge are learned in much the same way a person might learn to do algebra or knit. They are acquired through a combination of explicit teaching and implicit learning—by observing and copying.

Cultural teaching can take many forms. As discussed in Chapter 2, social learning occurs when behavior is taught or modeled to another. In child development, cultural shaping begins with caretakers and their young. Caregivers teach kids, both directly and by example, about how to behave and how the world works. They encourage children to be polite, reminding them, for instance, to say “Thank you.” They teach kids how to dress in a way that is appropriate for the culture. They introduce children to religious beliefs and the rituals that go with them. They even teach children how to think and feel! This uniquely human form of learning, where the cultural tools for success are passed from one generation to another, is what is known as **enculturation**.

Enculturation and the Brain

The topic of genetic influences versus environmental influences on human development is often referred to as the, “nature-nurture debate.” It would be satisfying to be able to say that nature–nurture studies have given us conclusive and complete evidence about where traits come from, with some traits clearly resulting from genetics and others almost entirely from environmental factors, such as childrearing practices and personal will; but that is not the case. Instead, everything has turned out to have some footing in genetics. The message is clear: You can’t leave genes out of the equation. Keep in mind that no behavioral traits are completely inherited, so you can’t leave the environment out altogether.

Cultural neuroscience is a field of research that focuses on the interrelation between a human’s cultural environment and neurobiological systems. Our brain works to interact and, in essence, learn from our environment beginning from the moment of conception. Neural patterns form, are shaped and reshaped, continually through a process of feedback and interaction with our world. Each person has periods of brain development (typically in early childhood) where this neurological wiring is acquired smoother and faster than at any other point of time in development.

Research by Kitayama and Uskul (2011), along with others, has found evidence to support that windows for pathway wiring in the brain also occur for enculturation. In other words, cultural neuroscience investigates the way our brain is wired for cultural practices, values, and traditions through our early childhood experiences. These pathways form naturally in the brain and are then reinforced through feedback and repetition. Kitayama and Salvador (2017) write that, “culture is embrained.”

2. Enculturation Agents

Think back to an emotional event you experienced as a child. How did your parents react to you? Did your parents get frustrated or criticize you? Did they act patiently and provide support and guidance? Did your parents provide lots of rules for you or let you make decisions on your own? Why do you think your parents behaved the way they did? **Enculturation agents** are individuals and institutions that serve a role in shaping individual adaptations to a specific culture to better ensure growth and effectiveness.

Parents and caretakers are a primary enculturation agent for their young. Psychologists have attempted to answer questions about the influences on parents and understand why parents behave the way they do. Because parents are critical to a child's development, a great deal of research has been focused on the impact that parents have on children. Parenting is a complex process in which parents and children influence one another. There are many reasons that parents behave the way they do.

The multiple influences on parenting are still being explored. Both caretakers and their children bring unique personality traits, characteristics, and habits to the parent-child dynamic that ultimately impacts the child's development. Culture also influences parenting behaviors in fundamental ways. Although promoting the development of skills necessary to function effectively in one's community is a universal goal of parenting, the specific skills necessary vary widely from culture to culture. Parents have different goals for their children that partially depend on their culture (Tamis-LeMonda et al., 2008).

Differences in caretaking reflect differences in parenting goals, values, resources, and experiences. As previously stated, culture is learned. Regardless of the specific choices parents

make, it can be said that caretakers play a pivotal role in exposing a child to early cultural learning. In fact, many researchers believe that parents/caretakers serve as the single, most important **enculturation agent** in any child's life.

While some parenting priorities are culturally universal (parents are expected to play a role in nurturing and raising their young), many more childrearing values and habits are culture-specific. Culture-specific influences on caretaking choices can be subtle or overt, and promote a narrative of what parents “ought” to do in order to successfully raise their children. For example, American parents are encouraged to enculturate a sense of independence and assertiveness in children, while Japanese parents prioritize self-control, emotional maturity, and interdependence (Bornstein, 2012). Undoubtedly, every society places expectations on caretakers as enculturation agents to raise their young in ways that promote culture-specific goals and expectations. This chapter will focus on four areas of child development:

- Temperament
- Attachment
- Parenting Styles
- Cognition

Temperament

In psychology, **temperament** broadly refers to consistent individual differences in behavior that are biologically based and are relatively independent of learning, system of values and attitudes. Thomas, Chess, Birch, Hertzog and Korn began the classic New York Longitudinal study in the early 1950s regarding infant temperament (Thomas, Chess & Birch, 1968). The study focused on how temperamental qualities influence adjustment throughout life. Behaviors for each one of these traits are on a continuum. If a child leans towards the high or low end of the scale, it could be a cause for concern. The specific behaviors are: activity level, regularity of sleeping and eating patterns, initial reaction, adaptability, intensity of emotion, mood, distractibility, persistence and attention span, and sensory sensitivity.

Redundancies between the categories have been found and a reduced list is normally used by psychologists today. Thomas, Chess, Birch, Hertzog and Korn (Thomas & Chess 1977) found that many babies could be categorized into one of three groups:

- Easy
- Difficult
- Slow-to-warm-up

Their research showed that **easy** babies readily adapt to new experiences, generally display positive moods and emotions and also have normal eating and sleeping patterns. **Difficult** babies tend to be very emotional, irritable and fussy, and cry a lot. They also tend to have irregular eating and sleeping patterns. **Slow-to-warm-up** babies have a low activity level, and tend to withdraw from new situations and people. They are

slow to adapt to new experiences, but accept them after repeated exposure.

Not all children can be placed in one of these groups. Approximately 65% of children fit one of the patterns. Of the 65%, 40% fit the easy pattern, 10% fell into the difficult pattern, and 15% were slow to warm up. Each category has its own strength and weakness and one is not superior to another. An important aspect of the research of Thomas & Chess (1977) relates to the interaction of child temperament with caretaker personality and parenting style. They proposed that a “match” between the needs of child temperament with parental care would enhance healthy development of self-regulation and the child’s sense of self. This important balance is known as, **goodness-of-fit**.

Temperament and Culture

Thomas, Chess, Birch, Hertzog and Korn found that these broad patterns of temperamental qualities are remarkably stable through childhood. These traits are also found in children across all cultures. Thomas and Chess also studied temperament and environment. One sample consisted of white middle-class families with high educational status and the other was of Puerto Rican working-class families. They found several differences. Parents of middle-class children were more likely to report behavior problems before the age of nine and the children had sleep problems. This may be because children start preschool between the ages of three and four.

De Vries (1974) followed Masai (tribe in East Africa) infants and mothers for a number of years during a period of famine. The researcher found that Masai infants who were more demanding were more likely to survive during periods of ecological stress than infants who were more docile. The

researcher suggested that infants who were more aggressive and demanding – or in temperament terms more difficult – were more likely to be fed and to have their needs met than docile infants who might have been easier to ignore. The findings from these cross-cultural studies of temperament demonstrate the interaction between ecology, temperament and culture can impact an individual.

Attachment

Some of the most rewarding experiences in people's lives involve the development and maintenance of close relationships. **Attachment** refers to a deep and enduring emotional bond that connects one person to another across time and space. For example, some of the greatest sources of joy involve falling in love, starting a family, being reunited with distant loved ones, and sharing experiences with close others. Not surprisingly, some of the most painful experiences in people's lives involve the disruption of important social bonds, such as separation from a spouse, losing a parent, or being abandoned by a loved one. Why do close relationships play such a profound role in human experience? Attachment theory is one approach to understanding the nature of close relationships.

Attachment theory was originally developed in the 1940s by John Bowlby, a British psychoanalyst who was attempting to understand the intense distress experienced by infants who had been separated from their parents. Bowlby (1969) observed that infants would go to extraordinary lengths to prevent separation from their parents or to reestablish proximity to a missing parent. For example, he noted that children who had been separated from their parents would often cry, call for their parents, refuse to eat or play, and stand at the door in desperate anticipation of their parents' return. Drawing on evolutionary theory, Bowlby (1969) argued that these behaviors are adaptive responses to separation from a primary **attachment figure**—a caregiver who provides support, protection, and care.

It was not until his colleague, Mary Ainsworth, began to systematically study infant–parent separations that a formal understanding of these individual differences emerged.

Ainsworth and her students developed a technique called **the strange situation**, a laboratory task for studying infant, parent attachment (Ainsworth, Blehar, Waters, & Wall, 1978). In the strange situation, 12-month-old infants and their parents are brought to the laboratory and, over a period of approximately 20 minutes, were systematically separated from and reunited with one another. In the strange situation, most children (about 60%) behave in the way implied by Bowlby's theory. Specifically, they become upset when the parent leaves the room, but, when he or she returns, they actively seek the parent and are easily comforted by him or her. Children who exhibit this pattern of behavior are often called **secure**.

Other children (about 20% or less) are ill at ease initially and, upon separation, become extremely distressed. Importantly, when reunited with their parents, these children have a difficult time being soothed and often exhibit conflicting behaviors that suggest they want to be comforted, but that they also want to "punish" the parent for leaving. These children are often called **anxious-resistant**. The third pattern of attachment that Ainsworth and her colleagues documented is often labeled **avoidant**. Avoidant children (about 20%) do not consistently behave as if they are stressed by the separation but, upon reunion, actively avoid seeking contact with their parent, sometimes turning their attention to play objects on the laboratory floor.

Ainsworth's work was important for at least three reasons. First, she provided one of the first empirical demonstrations of how attachment behavior is organized in unfamiliar contexts. Second, she provided the first empirical taxonomy of individual differences in infant attachment patterns. According to her research, at least three types of children exist: those who are secure in their relationship with their parents, those who are anxious-resistant, and those who are anxious-avoidant. Finally, she demonstrated that these individual differences were correlated with infant-parent interactions in the home during

the first year of life. Children who appear secure in the strange situation, for example, tend to have parents who are responsive to their needs. Children who appear insecure in the strange situation (i.e., anxious-resistant or avoidant) often have parents who are insensitive to their needs, or inconsistent or rejecting in the care they provide.

Attachment and Culture

In the years that have followed Ainsworth's ground-breaking research, researchers have investigated a variety of factors that may help determine whether children develop secure or insecure relationships with their primary attachment figures. As mentioned above, one of the key determinants of attachment patterns is the history of sensitive and responsive interactions between the caregiver and the child. In short, when the child is uncertain or stressed, the ability of the caregiver to provide support to the child is critical for his or her psychological development. It is assumed that such supportive interactions help the child learn to regulate his or her emotions, give the child the confidence to explore the environment, and provide the child with a safe haven during stressful circumstances.

A number of longitudinal studies are emerging that demonstrate prospective associations between early attachment experiences and adult attachment styles and/or interpersonal functioning in adulthood. For example, Fraley, Roisman, Booth-LaForce, Owen, and Holland (2013) found in a sample of more than 700 individuals studied from infancy to adulthood that maternal sensitivity across development prospectively predicted security at age 18.

Simpson, Collins, Tran, and Haydon (2007) found that attachment security, assessed in infancy in the strange situation, predicted peer competence in grades 1 to 3, which,

in turn, predicted the quality of friendship relationships at age 16, which, in turn, predicted the expression of positive and negative emotions in their adult romantic relationships at ages 20 to 23.

It is easy to come away from such findings with the mistaken assumption that early experiences “determine” later outcomes. To be clear, attachment theorists assume that the relationship between early experiences and subsequent outcomes is probabilistic, not deterministic. What this means is that having supportive and responsive experiences with caregivers early in life may set the stage for positive social development, but that doesn’t mean that attachment patterns are set in stone. Even if an individual has far from optimal caretaker experiences in early life, attachment theory suggests that it is possible for that individual to develop well-functioning adult relationships through a number of corrective experiences, including relationships with siblings, other family members, teachers, and close friends.

Security is best viewed as a culmination of a person’s attachment history rather than a reflection of his or her early experiences alone. Those early experiences are considered important not because they determine a person’s fate, but because they provide the foundation for later experiences.

It is essential to note that the attachment theory work of Bowlby and Ainsworth focused on Westernized caretaking ideals in their determination of healthy, secure attachment. As previously discussed, what is considered “ideal” in Westernized culture is not necessarily prioritized in other cultures. Sensitivity and caution is required in determining if observed attachment patterns are adaptive within the context of the child’s environment.

Parenting Styles

As children mature, parent-child relationships naturally change. Preschool and grade-school children are more capable, have their own preferences, and sometimes refuse or seek to compromise with parental expectations. This can lead to greater parent-child conflict, and how conflict is managed by parents further shapes the quality of parent-child relationships. So, what can parents do to nurture a healthy self-concept?

Diana Baumrind (1971, 1991) thinks parenting style may be a factor. The way we parent is an important factor in a child's socioemotional growth. Baumrind developed and refined a theory describing parenting styles based on two aspects of parenting that are found to be extremely important:

- **Parental responsiveness**, which refers to the degree the parent responds to the child's needs.
- **Parental demandingness**, is the extent to which the parent expects more mature and responsible behavior from a child.

Using these two dimensions, she recognized three different parenting styles:

Authoritarian (Too Hard): the authoritarian parenting style is characterized by high demandingness with low responsiveness. The authoritarian parent is rigid, harsh, and demanding. Abusive parents usually fall in this category (although Baumrind is careful to emphasize that not all authoritarian parents are abusive).

Permissive (Too Soft): this parenting style is characterized by low demandingness with high responsiveness. The permissive parent is overly responsive to the child's demands, seldom

enforcing consistent rules. The “spoiled” child often has permissive parents.

Authoritative (Just Right): this parenting style is characterized by high demandingness with huge responsiveness. The authoritative parent is firm but not rigid, willing to make an exception when the situation warrants. The authoritative parent is responsive to the child’s needs but not indulgent. Baumrind makes it clear that she favors the authoritative style.

Parenting Styles and Culture

Of the four parenting styles, the authoritative style is the one that is most encouraged in modern American society. American children raised by authoritative parents tend to have high self-esteem and social skills; however, effective parenting styles vary as a function of culture and, as Small (1999) points out, the authoritative style is not necessarily preferred or appropriate in all cultures. In contrast to the authoritative style, authoritarian parents probably would not relax bedtime rules during a vacation because they consider the rules to be set, and they expect obedience. This style can create anxious, withdrawn, and unhappy kids. It is important to point out that authoritarian parenting is as beneficial as the authoritative style in some ethnic groups (Russell, Crockett, & Chao, 2010). For instance, first-generation Chinese American children raised by authoritarian parents did just as well in school as their peers who were raised by authoritative parents (Russell et al., 2010). Not surprisingly, children raised by permissive parents tend to lack self-discipline, and the permissive parenting style is negatively associated with grades (Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987).

The permissive style may also contribute to other risky behaviors such as alcohol abuse (Bahr & Hoffman, 2010), risky

sexual behavior especially among female children (Donenberg, Wilson, Emerson, & Bryant, 2002), and increased display of disruptive behaviors by male children (Parent et al., 2011). There are some positive outcomes associated with children raised by permissive parents. They tend to have higher self-esteem, better social skills, and report lower levels of depression (Darling, 1999).

Cognitive Development

By the time you reach adulthood you have learned a few things about how the world works. You know, for instance, that you can't walk through walls or leap into the tops of trees. You know that although you cannot see your car keys they've got to be around here someplace. What's more, you know that if you want to communicate complex ideas like ordering a triple-shot soy vanilla latte with chocolate sprinkles it's better to use words with meanings attached to them rather than simply gesturing and grunting. People accumulate all this useful knowledge through the process of **cognitive development**, which involves a multitude of factors, both inherent and learned.

Stage theories of development, such as Piaget's stage theory, focus on whether children progress through qualitatively different stages of development. Sociocultural theories, such as that of Lev Vygotsky, emphasize how other people and the attitudes, values, and beliefs of the surrounding culture, influence children's development.

Swiss psychologist Jean Piaget proposed that children's thinking progresses through a series of four discrete stages. By stages he meant periods during which children reasoned in the same way about many superficially different problems, with the stages occurring in a fixed order and the thinking within different stages differing in fundamental ways. The four stages that Piaget hypothesized were the sensorimotor stage (birth to 2 years), the preoperational reasoning stage (2 to 6 or 7 years), the concrete operational reasoning stage (6 or 7 to 11 or 12 years), and the formal operational reasoning stage (11 or 12 years and throughout the rest of life).

During the **sensorimotor** stage, children's thinking is largely

realized through their perceptions of the world and their physical interactions with it. Their mental representations are very limited. Consider Piaget's object permanence task, which is one of his most famous problems. If an infant younger than 9 months of age is playing with a favorite toy, and another person removes the toy from view, for example by putting it under an opaque cover and not letting the infant immediately reach for it, the infant is very likely to make no effort to retrieve it and to show no emotional distress (Piaget, 1954). This is not due to their being uninterested in the toy or unable to reach for it; if the same toy is put under a clear cover, infants below 9 months readily retrieve it (Munakata, McClelland, Johnson, & Siegler, 1997). Instead, Piaget claimed that infants less than 9 months do not understand that objects continue to exist. This is called object permanence.

During the **preoperational** stage, according to Piaget, children can solve not only this simple problem (which they actually can solve after 9 months) but show a wide variety of other symbolic-representation capabilities, such as those involved in drawing and using language. However, such 2- to 7-year-olds tend to focus on a single dimension, even when solving problems would require them to consider multiple dimensions. This is evident in Piaget's (1952) conservation problems. For example, if a glass of water is poured into a taller, thinner glass, children below age 7 generally say that there now is more water than before. Similarly, if a clay ball is reshaped into a long, thin sausage, they claim that there is now more clay, and if a row of coins is spread out, they claim that there are now more coins. In all cases, the children are focusing on one dimension, while ignoring the changes in other dimensions (for example, the greater width of the glass and the clay ball).

Children overcome this tendency to focus on a single dimension during the **concrete operations** stage, and think logically in most situations. However, according to Piaget, they

still cannot think in systematic scientific ways, even when such thinking would be useful. Thus, if asked to find out which variables influence the period that a pendulum takes to complete its arc, and given weights that they can attach to strings in order to do experiments with the pendulum to find out, most children younger than age 12, perform biased experiments from which no conclusion can be drawn, and then conclude that whatever they originally believed is correct. For example, if a boy believed that weight was the only variable that mattered, he might put the heaviest weight on the shortest string and push it the hardest, and then conclude that just as he thought, weight is the only variable that matters (Inhelder & Piaget, 1958).

Finally, in the **formal operations** period, children attain the reasoning power of mature adults, which allows them to solve the pendulum problem and a wide range of other problems. The formal operations stage tends not to occur without exposure to formal education in scientific reasoning, and appears to be largely or completely absent from some societies that do not provide this type of education.

Cognitive Development and Culture

Although Piaget's theory has been very influential, it has not gone unchallenged. Recent research indicates that cognitive development is considerably more continuous than Piaget claimed. For example, Diamond (1985) found that on the object permanence task described above, infants show earlier knowledge if the waiting period is shorter. At age 6 months, they retrieve the hidden object if the wait is no longer than 2 seconds; at 7 months, they retrieve it if the wait is no longer than 4 seconds; and so on. Even earlier, at 3 or 4 months, infants show surprise in the form of longer looking times if objects

suddenly appear to vanish with no obvious cause (Baillargeon, 1987).

Similarly, children's specific experiences can greatly influence when developmental changes occur. Children of pottery makers in Mexican villages, for example, know that reshaping clay does not change the amount of clay at much younger ages than children who do not have similar experiences (Price-Williams, Gordon, & Ramirez, 1969). In a study of tribal children (Inuit of Canada, Baoul of Africa and Aranda of Australia) researchers found differences in the ages at which children reached certain stages and acquired certain skills (Dasen, 1975). About 50% of the Inuit children solved a visual spatial test by the age of 7, 50% of the Aranda children solved the same task by the age of 9; however the Baoul children did not solve the task until the age of 12. On a conservation task the ages of skill acquisition reversed. The differences seem related to the living environment of the children – the Baoul children lived in permanent settlements while the Inuit and Aranda tribes are nomadic. Demands of daily life shape the cognitive development and different societies' value and reward different skills and behaviors.

A main figure whose ideas contradicted Piaget's ideas was the Russian psychologist Lev Vygotsky. Vygotsky stressed the importance of a child's cultural background as an effect to the stages of development. Because different cultures stress different social interactions, this challenged Piaget's theory that the hierarchy of learning development had to develop in succession. Vygotsky introduced the term **Zone of Proximal Development** as an overall task a child would have to develop that would be too difficult to develop alone.

Overall, Piaget's theories are widely recognized as making key contributions to the field of child development and helped pave the way for further empirical study. Cross-cultural testing has challenged many of his ideas, but the overall hierarchy of stages and sub-stages in cognitive development appears to

be universal. Timing, ages, and capabilities during each stage appear to vary according to cultural context and enculturation patterns.

Other Enculturation Agents

Ecological Systems Theory

Contextual characteristics, such as the neighborhood, school, and social networks, also affect enculturation, even though these settings don't always include both the child and the parent (Bronfenbrenner, 1989). For example, Latina mothers who perceived the neighborhood as more dangerous showed less warmth with their children, perhaps because of the greater stress associated with living a threatening environment (Gonzales et al., 2011). Urie Bronfenbrenner was a Russian-born American developmental psychologist who is known for his **ecological systems theory** of child development. His scientific work and his assistance to the United States government helped in the formation of the Head Start program in 1965.

Bronfenbrenner's research and his theory was key in changing the perspective of developmental psychology by calling attention to the large number of environmental and societal influences on child development. Bronfenbrenner saw the process of human development as being shaped by the interaction between an individual and his or her environment. The specific path of development was a result of the influences of a person's surroundings, such as their parents, friends, school, work, culture, and so on.

According to Melvin L. Kohn, a sociologist from Johns Hopkins University, Bronfenbrenner was critical in making social scientists realize that, "...interpersonal relationships, even [at] the smallest level of the parent-child relationship, did not

exist in a social vacuum but were embedded in the larger social structures of community, society, economics and politics.”

Peer and Sibling Relationships

Parent-child relationships are not the only significant relationships in a child's life. Peer relationships are also important. Social interaction with another child who is similar in age, skills, and knowledge provokes the development of many social skills that are valuable for the rest of life (Bukowski, Buhrmester, & Underwood, 2011). In peer relationships, children learn how to initiate and maintain social interactions with other children. They learn skills for managing conflict, such as turn-taking, compromise, and bargaining. Play also involves the mutual, sometimes complex, coordination of goals, actions, and understanding. For example, as infants, children get their first encounter with sharing (of each other's toys); during pretend play as preschoolers they create narratives together, choose roles, and collaborate to act out their stories; and in primary school, they may join a sports team, learning to work together and support each other emotionally and strategically toward a common goal. Through these experiences, children develop friendships that provide additional sources of security and support to those provided by their parents.

Peer relationships can be challenging as well as supportive (Rubin, Coplan, Chen, Bowker, & McDonald, 2011). Being accepted by other children is an important source of affirmation and self-esteem, but peer rejection can foreshadow later behavior problems (especially when children are rejected due to aggressive behavior). With increasing age, children confront the challenges of bullying, peer victimization, and managing conformity pressures. Social comparison with peers is an important means by which children evaluate their skills, knowledge, and personal qualities, but it may cause them to

feel that they do not measure up well against others. Also, with the approach of adolescence, peer relationships become focused on psychological intimacy, involving personal disclosure, vulnerability, and loyalty (or its betrayal)—which significantly affects a child's outlook on the world. Each of these aspects of peer relationships requires developing very different social and emotional skills than those that emerge in parent- child relationships. They also illustrate the many ways that peer relationships influence the growth of personality and self-concept.

Education

As previously stated, caretakers serve the role of being primary enculturation agents of their young in any given society. If parents serve as the #1 enculturation agent, education would likely be the second most important source of enculturation for any child.

Education is the process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits. Educational methods include storytelling, discussion, teaching, training, and directed research. Education frequently takes place under the guidance of educators, but learners may also educate themselves. Education can take place in formal or informal settings and any experience that has a formative effect on the way one thinks, feels, or acts may be considered educational.

Culture, education, and society are all interconnected concepts that work to enculturate a child. Education models are based on the ideals and principals of society, and then its educated citizens go on to become influencers of that society's culture. Researchers Markus and Kitayama (2010) refer to the systemic influence of culture and self as **mutual constitution**, and point out that individuals are simultaneously being shaped

by culture while also influencing it. Regardless of the method of education, schooling serves as both a reflection of the priorities and values of that society, while also enculturating it's young to contribute to that culture. For example, core American values of competition, choice, and independence can be seen in the way we structure our formal education system. Parents and students often expect to play a role in choosing curriculum, classes and competition for academic and athletic status is expected within schools. Similarly, in the United States the government dictates larger educational goals and resources, while state and local districts pass mandates based on the democratic wishes of larger society. In contrast to Westernized systems of education, many East Asian education models are based on uniform standards of academic rigor, student conformity, and respect for authority.

Summary

The process of human development and enculturation is complex. Our caretakers and method of schooling serve as two of the most important enculturation agents during childhood. Differences in childrearing choices, traditions, and expectations reflect differences in values and priorities. Developmental factors of goodness-of-fit, attachment, parenting styles, and cognition work to shape a child's physical and psychological health in culturally diverse ways. There are universal and biological factors (temperament and intelligence), as well as culturally-specific factors that influence our relationships in adulthood. Many of the theories discussed in the chapter are rooted in a Western paradigm of what is 'best' and 'appropriate.' It is important to identify situations and contexts where we might react in ethnocentric ways to parenting choices and styles.

Vocabulary

Attachment refers to a deep and enduring emotional bond that connects one person to another across time and space.

Authoritarian parenting style is characterized by high demandingness with low responsiveness

Authoritative parenting style is characterized by high demandingness with huge responsiveness

Concrete operations stage children overcome tendency to focus on a single dimension and think logically in most situations but cannot think in systematic scientific ways

Cultural neuroscience is a field of research that focuses on the interrelation between a human's cultural environment and neurobiological systems

Enculturation describes the uniquely human form of learning that is taught by one generation to another.

Enculturation agents are individuals and institutions that serve a role in shaping individual adaptations to a specific culture to better ensure growth and effectiveness

Formal operations period, children attain the reasoning power of mature adults

Goodness-of-fit refers to the interaction of child temperament with caretaker personality and parenting style

Neuroplasticity is the ability of the brain to change throughout an individual's life.

Parental responsiveness, which refers to the degree the parent responds to the child's needs.

Parental demandingness, is the extent to which the parent expects more mature and responsible behavior from a child.

Permissive parenting style is characterized by low demandingness with high responsiveness.

Preoperational stage children can solve not only this simple problem (which they actually can solve after 9 months) but

show a wide variety of other symbolic-representation capabilities

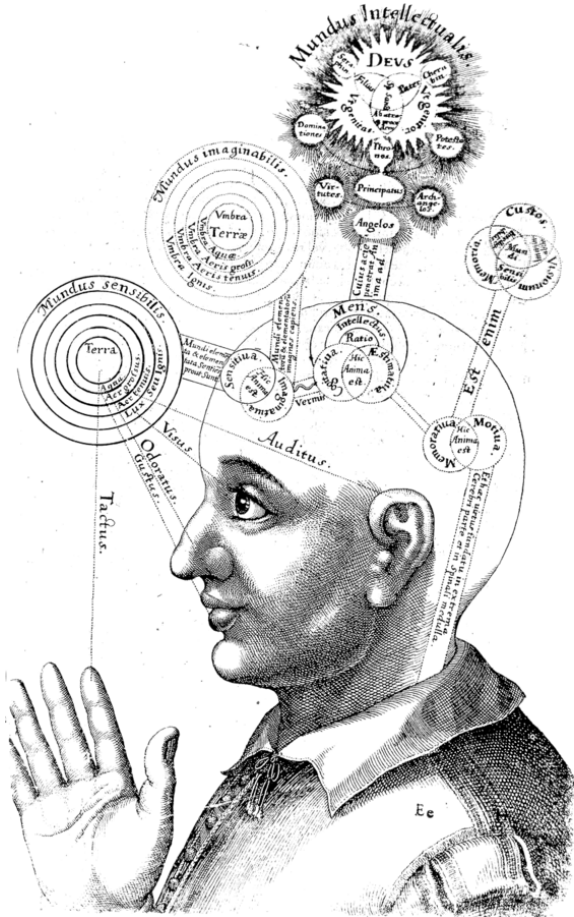
Sensitive Period of Development describes a window of opportunity where experiences have a greater impact on certain areas of brain development.

Sensorimotor stage children's thinking is largely realized through their perceptions of the world and their physical interactions with it

Strange situation, a laboratory task for studying infant, parent attachment

Temperament broadly refers to consistent individual differences in behavior that are biologically based and are relatively independent of learning

PART V
CULTURE AND
COGNITION



Our representation of the world relies on subjective and imperfect processes including sensation, perception, attention, memory, thinking, judging and problem solving.

We **represent** the world using cognitive processes. The key word *re-presentation* implies that the world is first **presented** to us, and we then organize the information into new or already existing **representations** or **schemas**. We never experience the world that exists outside of our brain in a perfect, objective, or pure way. Instead, our representation of the world relies on subjective and imperfect processes including sensation, perception, attention, memory, thinking, judging and problem solving. We will cover many of these concepts in the chapter.

Sensation and Perception

Before we can understand how the brain reconstructs our world using mental schemas it's critical to learn how information from the world is first sensed and perceived.

Sensation

The *physical* process during which our sensory organs (e.g., eyes, ears, nose among others) respond to external stimuli is called **sensation**. Sensation happens when you eat noodles or feel the wind on your face or hear a car horn honking in the distance. During sensation, our sense organs are engaging in **transduction**, the conversion of one form of energy into another. For example, physical energy such as light or a sound wave is converted into a form of electrical energy that the brain can understand.

Perception

After our brain receives the electrical signals we make sense of all this stimulation and begin to appreciate the complex world around us. This *psychological* process, making sense of the stimuli, is called **perception**. It is during this process that you are able to identify a gas leak in your home, recognize the color orange, or connect a song that reminds you of a specific afternoon spent with friends. Perception is the process of

interpreting and organizing the information that we received from our senses.

Our experience influences how our brain processes information. You have tasted food that you like and food that you don't like. There are some bands you enjoy and others you can't stand. When eat something new or hear a new band, you process those stimuli using **bottom-up processing**. This is when we build up to perception from the individual pieces.

Sometimes stimuli we've experienced in our past will influence how we process new ones. This is called **top-down processing**. The best way to illustrate these two concepts is with our ability to read.

Read the following quote out loud:



Notice anything odd while you were reading the text in the triangle? Did you notice the second "the"? If not, it's likely

because you were reading this from a top-down approach. Having a second “the” doesn’t make sense. We know this and our brain knows this and doesn’t expect there to be a second one, so we tend to skip right over it. In other words, your past experience has changed the way you perceive the writing in the triangle. Someone who is just learning to read is using a bottom-up approach by carefully attending to each piece and would be less likely to make this error.

Attention

Attention is the behavioral and cognitive process of selectively concentrating on one thing in our environment while ignoring other distractions. Attention is a limited resource. This means that your brain can only devote attention to a limited number of stimuli (things in the environment). Despite what you may believe, we are terrible multi-taskers. Research shows that when multitasking, people make more mistakes or perform their tasks more slowly. Each task increases cognitive load (the amount of information our brain has to process) and our attention must be divided among all of the tasks to perform them. This is why it takes more time to finish something when we are multitasking.

Many aspects of attention have been studied in the field of psychology. In some respects, we define different types of attention by the nature of the task used to study it. For example, a crucial issue in World War II was how long an individual could remain highly alert and accurate while watching a radar screen for enemy planes, and this problem led psychologists to study how attention works under such conditions. Research results found that when watching for a rare event, it is easy to allow concentration to lag. This continues to be a challenge today for TSA agents, charged with looking at images of the contents of your carry-on luggage in search of knives, guns, or shampoo bottles larger than 3 oz.

Culture can also influence and shape how we attend to the world around us. Masuda and Nisbett (2001) asked American and Japanese students to describe what they saw in images like the one shown below. They found that while both groups talked about the most salient objects (the fish, which were brightly colored and swimming around), the Japanese students also tended to talk and remember more about the

images in the background (they remembered the frog and the plants as well as the fish).

North Americans and Western Europeans in these types of studies were more likely to pay attention to salient and central parts of the pictures, while Japanese, Chinese, and South Koreans were more likely to consider the context as a whole. The researchers described this as holistic perception and analytic perception.

Holistic Perception: A pattern of perception characterized by processing information as a whole. This pattern makes it more likely to pay attention to relationships among all elements. Holistic perception promotes holistic cognition: a tendency to understand the gist, the big idea, or the general meaning. Eastern medicine is traditionally holistic; it emphasizes health in general terms as the result of the connection and balance between mind, body, and spirit.

Analytic Perception: A pattern of perception characterized by processing information as a sum of the parts. Analytic perception promotes analytic thinking: a tendency to understand the parts and details of a system. This pattern makes it more likely to pay attention and remember salient, central, and individual elements. Western medicine is traditionally analytic; it emphasizes specialized subdisciplines and it focuses on individual symptoms and body parts.

How we attend and perceive our world has implications for how we evaluate and explain the world around us, including the actions of others. We will talk more about this concept, known as attributions, later in the chapter.

Social Cognitions

The culture that we live in has a significant impact on the way we think about and perceive our social worlds, so it is not surprising that people in different cultures would think about people and things somewhat differently. Social cognitions are the way we think about others, pay attention to social information, and use the information in our lives (consciously or unconsciously). In this section we will review several types of social cognitions including schemas, attributions, confirmation bias and the fundamental attribution error. We will also revisit analytic perception and holistic perception that we learned earlier in this chapter.

Schema

Through the process of cognitive development, we accumulate a lot of knowledge and this knowledge is stored in the form of **schemas**, which are knowledge representations that include information about a person, group, or situation. Because they represent our past experience, and because past experience is useful for prediction, our schemas influence our expectations about future events and people.

When a schema is activated it brings to mind other related information. This process is usually unconscious, or happens outside of our awareness. Through schema activation, judgments are formed based on internal assumptions (bias) in addition to information actually available in the environment. When a schema is more accessible it can be activated more quickly and used in a particular situation. For example, if there is one female in a group of seven males, female gender schemas may be more accessible and influence the group's thinking and behavior toward the female group member. Watching a scary movie late at night might increase the accessibility of frightening schemas, increasing the likelihood that a person will perceive shadows and background noises as potential threats.

Once they have developed, schemas influence our subsequent learning, such that the new people and situations we encounter are interpreted and understood in terms of our existing knowledge (Piaget & Inhelder, 1962; Taylor & Crocker, 1981). When existing schemas change on the basis of new information, we call the process **accommodation**. In other cases, however, we engage in **assimilation**, a process in which our existing knowledge influences new conflicting information to better fit with our existing knowledge, thus reduces the likelihood of schema change. You may remember these

concepts from Chapter 4 when we learned about Piaget's theory of cognitive development.

Psychologists have become increasingly interested in the influence of culture on social cognition and schemas. Although people of all cultures use schemas to understand the world, the content of our schemas has been found to differ for individuals based on their cultural upbringing. For example, one study interviewed a Scottish settler and a Bantu herdsman from Swaziland and compared their schemas about cattle. Because cattle are essential to the lifestyle of the Bantu people, the Bantu herdsman's schemas for cattle were far more extensive than the schemas of the Scottish settler. The Bantu herdsman was able to distinguish his cattle from dozens of others, while the Scottish settler was not.

One outcome of assimilation that shapes our schema is **confirmation bias**, the tendency for people to seek out and favor information that confirms their expectations and beliefs, which in turn can further help to explain the often, self-fulfilling nature of our schemas. The confirmation bias has been shown to occur in many contexts and groups, although there is some evidence of cultural differences in its extent and prevalence. Kastenmuller and colleagues (2010), for instance, found that the bias was stronger among people with individualist (e.g., the United States, Canada, and Australia) versus collectivist (e.g., Japan, China, Taiwan, Korea, India among others) cultural backgrounds. The researchers argued that this partly stemmed from collectivist cultures putting greater importance in being self-critical, which is less compatible with seeking out confirming as opposed to disconfirming evidence.

Attributions

Psychologists who study social cognition believe that behavior is the product of the situation (e.g., role, culture, other people around) and the person (e.g., temperament, personality, health, motivation). **Attributions** are beliefs that a person develops to explain human behaviors, characteristics and situations. This means that we try to explain or make conclusions about the causes of our own behavior and others' behavior. Internal attributions are **dispositional** (e.g., traits, abilities, feelings), and external attributions are **situational** (e.g., things in the environment). Our attributions are frequently biased. One way that our attributions may be biased is that we are often too quick to attribute the behavior of other people to something personal about them rather than to something about their situation. This is a classic example of the general human tendency of underestimating how important the social situation really is in determining behavior. **Fundamental attribution error (FAE)** is the tendency to overestimate the degree to which the characteristics of an individual are the cause of an event, and to underestimate the involvement of situational factors. FAE is considered to be universal but that cultural differences may explain how and when FAE occurs.

Attributions and Culture

On average, people from individualistic cultures tend to focus their internal attributions more on the individual person, whereas, people from collectivistic cultures tend to focus more on the situation (Ji, Peng, & Nisbett, 2000; Lewis, Goto, & Kong, 2008; Maddux & Yuki, 2006). Miller (1984) asked children and adults in both India (a collectivistic culture) and the United

States (an individualist culture) to indicate the causes of negative actions by other people. Although the younger children (ages 8 and 11) did not differ, the older children (age 15) and the adults did. Americans made more dispositional attributions, whereas Indians made more situational attributions for the same behavior.

Morris and his colleagues (Hong, Morris, Chiu, & Benet-Martínez, 2000) investigated the role of culture on person perception in a different way, by focusing on people who are bicultural (i.e., who have knowledge about two different cultures). In their research, they used high school students living in Hong Kong. Although traditional Chinese values are emphasized in Hong Kong, because Hong Kong was a British-administrated territory for more than a century, the students there are also enculturated with Western social beliefs and values.

Morris and his colleagues first randomly assigned the students to one of three priming conditions. Participants in the *American culture* priming condition saw pictures of American icons (such as the U.S. Capitol building and the American flag) and then wrote 10 sentences about American culture. Participants in the *Chinese culture* priming condition saw eight Chinese icons (such as a Chinese dragon and the Great Wall of China) and then wrote 10 sentences about Chinese culture. Finally, participants in the *control condition* saw pictures of natural landscapes and wrote 10 sentences about the landscapes.

Then participants in all conditions read a story about an overweight boy who was advised by a physician not to eat food with high sugar content. One day, he and his friends went to a buffet dinner where a delicious-looking cake was offered. Despite its high sugar content, he ate it. After reading the story, the participants were asked to indicate the extent to which the boy's weight problem was caused by his personality (personal attribution) or by the situation (situational attribution). The

students who had been primed with symbols about American culture gave relatively less weight to situational (rather than personal) factors in comparison with students who had been primed with symbols of Chinese culture.

In still another test of cultural differences in person perception, Kim and Markus (1999) analyzed the statements made by athletes and by the news media regarding the winners of medals in the 2000 and 2002 Olympic Games. They found that athletes in China described themselves more in terms of the situation (they talked about the importance of their coaches, their managers, and the spectators in helping them to do well), whereas American athletes (can you guess?) focused on themselves, emphasizing their own strength, determination, and focus.

Most people tend to use the same basic perception processes, but given the cultural differences in group interconnectedness (individualistic versus collectivist), as well as differences in attending (analytic versus holistic), it should come as no surprise that people who live in collectivistic cultures tend to show the fundamental attribution error less often than those from individualistic cultures, particularly when the situational causes of behavior are made salient (Choi, Nisbett, & Norenzayan, 1999). Bias attributions can lead to negative stereotyping and discrimination but being more aware of these cross-cultural differences in attribution may reduce cultural misunderstandings and misinterpreting behavior.

Memory

Memory is a single term that reflects a number of different abilities: holding information briefly while working with it (working memory), remembering episodes of one's life and our general knowledge of facts of the world among other types. Memory involves three processes:

- Encoding information – attending to information and relating it to past learning
- Storing – maintaining information over time
- Retrieving – accessing the information when you need it

The information processing model of memory is a useful way to represent how information from the world is integrated with the knowledge networks of information that already exist in our minds.

Sensory Memory is the part of the memory system in which information is translated from physical energy into neural signals. This is part of the *encoding process*. We receive information from our environment and we must perceive it and attend to it before it can move to our working memory.

Short-Term Memory (working memory) is the part of the memory system in which information can be temporarily stored in the present state of awareness. This type of memory is limited to 7 items of capacity and 7 to 30 seconds of duration on average.

Long-Term Memory is the part of the memory system in which information can be permanently stored for an extended period of time. It has a large to unlimited capacity and a duration that may last from minutes to a lifetime.

Semantic Memory is the type of long-term memory about

general facts, ideas, or concepts that are not associated to emotions and personal experience.

Episodic Memory is a type of long-term memory about events taking place at a specific time and place in a person's life. This memory is contextualized (i.e., where, who, when, why) in relation to events and what they mean emotionally to an individual.

Memory failures can occur at any stage, leading to forgetting or to having false memories. The key to improving one's memory is to improve processes of encoding and to use techniques that guarantee effective retrieval. Good encoding techniques include relating new information to what one already knows, forming mental images, and creating associations among information that needs to be remembered. The key to good retrieval is developing effective cues that will lead the person back to the encoded information. Classic mnemonic systems can greatly improve one's memory abilities.

Memory and Culture

It should be obvious, after learning about episodic memory that many of our memories are personal and unique to us but cultural psychologists and researchers have found that the average age of first memories varies up to two years between different cultures. Researchers believe that enculturation and cultural values influences childhood memories. For example, the way parents and other adults discuss, or don't discuss, the events in children's lives influences the way the children will later remember those events.

Mullen (1994) found that Asian and Asian-American undergraduates' memories, on average, happened six months later than the Caucasian students' memories. These results were repeated in a sample of native Korean participants, only

this time the differences were even larger. The difference between Caucasian participants and native Korean participants was almost 16 months. Hayne (2000) also found that Asian adults' first memories were later than Caucasians' but Maori adults' (native population from New Zealand) memories reached even further back to around age three. These results do not mean that Caucasians or Maoris have better memories than Asians but rather people have the types of memories that they need to get along well in the world they inhabit – memories exist within cultural context. For example, Maori culture is focused on personal history and stories to a greater degree than the American culture and Asian culture. Differences in memory could also be explained by the values of individualistic and collectivist cultures. Individualistic cultures tend to be independently oriented with an emphasis on standing out and being unique. Interpersonal harmony and making the group work is the emphasis of collectivist cultures and the way in which people connect to each other is less often through sharing memories of personal events. In some cultures, personal memory isn't nearly as important as it is to people from individualistic cultures.

Thinking and Intelligence

The way we represent the world influences the degree of success we experience in our lives. For example, if we represent yellow traffic lights as the time to hit the accelerator, then the world might give us tickets, scares, or accidents. If we represent our diet as a way to maximize refined sugar intake, then we might wind up experiencing heart disease. Mental representations and intelligence go hand in hand. Some mental representations are more intelligent, because they are more adaptive and support outcomes such as well-being, safety, and success. In this section we are going to cover other elements of thinking like categorization, memory, and intelligence and how culture shapes these processes.

Categories and Concepts

The information we sense and perceive is continuously organized and reorganized into **concepts** that belong to **categories**. Most concepts cannot be strictly defined but are organized around the best examples or **prototypes**, which have the properties most common in the category or might be considered the ideal example of a category.

Concepts are at the core of intelligent behavior. We expect people to be able to know what to do in new situations and when confronting new objects. If you go into a new classroom and see chairs, a blackboard, a projector, and a screen, you know what these things are and how they will be used. You'll sit on one of the chairs and expect the instructor to write on the blackboard or project something onto the screen. You'll do this even if you have never seen any of these particular objects before, because you have concepts of classrooms, chairs, projectors, and so forth that tell you what they are and what you're supposed to do with them.

Objects fall into many different categories, but there is usually a hierarchy to help us organize our mental representations.

- A concept at the **superordinate** level of categories is at the top of a taxonomy and it has a high degree of generality (e.g., animal, fruit).
- A concept at the **basic** level categories is found at the generic level which contains the most salient differences (e.g., dog, apple).
- A concept at the **subordinate** level of categories is specific degree and has little generality (e.g., Labrador retriever,

Gala).

Brown (1958) noted that children use basic level categories when first learning language and superordinates are especially difficult for children to fully acquire. People are faster at identifying objects as members of basic-level categories (Rosch et al., 1976). Recent research suggests that there are different ways to learn and represent concepts and that they are accomplished by different neural systems. Using our earlier example of classroom, if someone tells you a new fact about the projector, like it uses a halogen bulb, you are likely to extend this fact to other projectors you encounter. In short, concepts allow you to extend what you have learned about a limited number of objects to a potentially infinite set of events and possibilities.

Categorization and Culture

There are some universal categories like emotions, facial expressions, shape and color but culture can shape how we organize information. Chiu (1972) was the first to examine cultural differences in categorization using Chinese and American children. Participants were presented with three pictures (e.g., a tire, a car, and a bus), and were asked to group the two pictures they thought best belonged together. Participants were also asked to explain their choices (e.g., "Because they are both large"). Results showed that the Chinese children have a greater tendency to categorize by identifying relationships among the pictures but American children were more likely to categorize by identifying similarities among pictures.

Later research reported no cultural differences in categorization between Western and East Asian participants; however, among similarity categorizations the East Asian

participants were more likely to make decisions on holistic aspects of the images and Western participants were more likely to make decisions based on individual components of the images (Norenzayan, Smith, Jun Kim, and Nisbett, 2002). Cultural differences in categorizing were also found by Unworth, Sears and Pexman (2005) across three experiments however, when the experiment task was timed there were differences in category selection. These results suggest that the nature (timed or untimed) of the categorization task determines the extent to which cultural differences are observed.

The results of these categorization studies seem to support the differences in thinking between individualist and collectivist cultures. Western cultures are more individualist and engage in more analytic thinking and East Asian cultures engage in more holistic thinking (Choi, Nisbett, & Smith, 1997; Masuda & Nisbett, 2001; Nisbett et al., 2001; Peng & Nisbett, 1999). You might remember from the earlier section that holistic thought is characterized by a focus on context and environmental factors so categorizing by relationships can be explained with referencing how objects relate to their environment. Analytic thought is characterized by the separation of an object from its context so categorizing by similarity means that objects can be separated into different groups. A major limitation with these studies is the emphasis on East Asian, specifically the use of Chinese participants and Western cultures. There have been no within culture replications using participants from other non-Asian collectivist cultures.

Intelligence

Psychologists have long debated how to best conceptualize and measure intelligence (Sternberg, 2003). These questions include how many types of intelligence there are, the role of nature versus nurture in intelligence, how intelligence is represented in the brain, and the meaning of group differences in intelligence. The concept of intelligence relates to abstract thinking and that includes our abilities to acquire knowledge, to reason abstractly, to adapt to novel situations, and to benefit from instruction and experience (Gottfredson, 1997; Sternberg, 2003). The brain processes underlying intelligence are not completely understood, but current research has focused on four potential factors:

- Brain size
- Sensory ability
- Speed and efficiency of neural transmission
- Working memory capacity

There is some truth to the idea that smarter people have bigger brains. Studies that have measured brain volume using neuroimaging techniques find that larger brain size is correlated with intelligence (McDaniel, 2005), and intelligence has also been found to be correlated with the number of neurons in the brain and with the thickness of the cortex (Haier, 2004; Shaw et al., 2006). It is important to remember that these correlational findings do not mean that having more brain volume causes higher intelligence. It is possible that growing up in a stimulating environment that rewards thinking and learning may lead to greater brain growth (Garlick, 2003), and it is also possible that a third variable, such as better nutrition, causes both brain volume and intelligence.

There is some evidence that brains of more intelligent people operate more efficiently than the brains of people with less intelligence. Haier, Siegel, Tang, and Abel (1992) analyzed data showing that people who were more intelligent showed less brain activity than those with lower intelligence when they worked on a task. Researchers suggested that more intelligent brains need to use less capacity. Brains of more intelligent people also seem to operate faster than the brains of those who are less intelligent. Research has found that the speed with which people can perform simple tasks, like determining which of two lines is longer or quickly pressing one of eight buttons that is lighted, was predictive of intelligence (Deary, Der, & Ford, 2001). Intelligence scores also correlate at about $r = .5$ with measures of working memory (Ackerman, Beier, & Boyle, 2005), and working memory is now used as a measure of intelligence on many tests.

Research using twin and adoption studies found that intelligence has both genetic and environmental causes (Neisser et al., 1996; Plomin, DeFries, Craig, & McGuffin, 2003). It appears that 40% – 80% of the variability (difference) in intelligence is due to genetics (Plomin & Spinath, 2004). The intelligence of identical twins correlates very highly at $r = .86$, which is much higher than the scores of fraternal twins who are less genetically similar ($r = .60$). Correlations between the intelligence of parents and their biological children ($r = .42$) is significantly higher than the correlation between parents and adopted children ($r = .19$). The intelligence of very young children (less than 3 years old) does not predict adult intelligence but by age 7 intelligence scores (as measured by a standard test) remain very stable in adulthood (Deary, Whiteman, Starr, Whalley, & Fox, 2004).

There is also strong evidence for the role of nurture, which indicates that individuals are not born with fixed, unchangeable levels of intelligence. Twins raised together in the same home have more similar intelligence scores than do

twins who are raised in different homes, and fraternal twins have more similar intelligence scores than do non-twin siblings, which is likely due to the fact that they are treated more similarly than are siblings. Additionally, intelligence becomes more stable as we get older which provides evidence that early environmental experiences matter more than later ones.

Environmental factors also explain a greater proportion of the variance in intelligence and social and economic deprivation can adversely affect intelligence. Children from households in poverty have lower intelligence scores than children from households with more resources even when other factors such as education, race, and parenting are controlled (Brooks-Gunn & Duncan, 1997). Poverty may contribute to diets that under nourish the brain or lack appropriate vitamins. Poor children are more likely to be exposed to toxins such as lead in drinking water, dust, or paint chips (Bellinger & Needleman, 2003). Both of these factors can slow brain development and reduce intelligence.

Intelligence is improved by education and the number of years a person has spent in school correlates about $r = .6$ with intelligence (Ceci, 1991). There is a word of caution when interpreting this result. The correlation may be due to the fact that people with higher intelligence scores enjoy taking classes more than people with low intelligence scores, and may be more likely to stay in school. Children's intelligence scores tend to drop significantly during summer vacations (Huttenlocher, Levine, & Vevea, 1998) a finding that suggests a causal effect of intelligence and education. A longer school year, as is used in Europe and East Asia, may be beneficial for maintaining intelligence scores for school-aged children.

One or Many

As learned earlier, intelligence is associated with the brain, includes abstract thinking, adapting to new situations, ability to benefit from instruction and experience (Gottfredson, 1997; Sternberg, 2003) and is largely determined by genetics. Psychologist Charles Spearman (1863–1945) hypothesized that there must be a single underlying construct that links these concepts, abilities and skills together. He called this construct the general intelligence factor (g) and there is strong empirical support for a single dimension to intelligence. Others psychologists believe that instead of a single factor, intelligence is a collection of distinct abilities. Raymond Cattell proposed a theory of intelligence that divided general intelligence into two components: crystallized intelligence and fluid intelligence (Cattell, 1963).

Crystallized intelligence is characterized as acquired knowledge and the ability to retrieve it. When you learn, remember, and recall information, you are using crystallized intelligence. You use crystallized intelligence all the time in your coursework by demonstrating that you have mastered the information covered in the course.

Fluid intelligence encompasses the ability to see complex relationships and solve problems. Navigating your way home after being detoured onto an unfamiliar route because of road construction would draw upon your fluid intelligence. Fluid intelligence helps you tackle complex, abstract challenges in your daily life, whereas crystallized intelligence helps you overcome concrete, straightforward problems (Cattell, 1963).

Robert Sternberg developed another theory of intelligence, which he titled the **triarchic theory of intelligence** because he proposed that intelligence is comprised of three parts

(Sternberg, 1988): creative, analytical, and practical intelligence. (CAP).

- **Creative intelligence** is marked by inventing or imagining a solution to a problem or situation. Creativity in this realm can include finding a novel solution to an unexpected problem or producing a beautiful work of art or a well-developed short story.
- **Analytical intelligence** is closely aligned with academic problem solving and computations. Sternberg says that analytical intelligence is demonstrated by an ability to analyze, evaluate, judge, compare, and contrast. For example, in a science course such as anatomy, you must study the processes by which the body uses various minerals in different human systems. In developing an understanding of this topic, you are using analytical intelligence.
- **Practical intelligence** is sometimes compared to “street smarts.” Being practical means you find solutions that work in your everyday life by applying knowledge based on your experiences.

Multiple Intelligences Theory was developed by Howard Gardner and asserts that everybody possesses at least eight distinct types of intelligence. Among these eight intelligences, a person typically excels in some and falters in others (Gardner, 1983). Gardner’s theory is relatively new and needs additional research to establish empirical support. At the same time, his ideas challenge the traditional idea of intelligence to include a wider variety of abilities but creating a test to measure all of Gardner’s intelligences has been extremely difficult (Furnham, 2009; Gardner & Moran, 2006; Klein, 1997).

Intelligence and Culture

Intelligence can also have different meanings and values in different cultures. If you live on a small island, where most people get their food by fishing from boats, it would be important to know how to fish and how to repair a boat. If you were an exceptional angler, your peers would probably consider you intelligent. If you were also skilled at repairing boats, your intelligence might be known across the whole island. In Irish families, hospitality and telling an entertaining story are marks of the culture. If you are a skilled storyteller, other members of Irish culture are likely to consider you intelligent. Some cultures place a high value on working together as a collective. In these cultures, the importance of the group supersedes the importance of individual achievement. When you visit such a culture, how well you relate to the values of that culture exemplifies your **cultural intelligence**, sometimes referred to as cultural competence.

Intelligence Tests

Reliable intelligence testing began in the early 1900s with researchers named Alfred Binet and Henri Simon. They were instructed by the French government to develop an intelligence test to use on children in order to determine which ones might have difficulty in school. The test included many verbally based tasks. American researchers soon realized the value of such testing and Louis (Lewis) Terman, a Stanford professor, modified Binet's work by standardizing the administration of the test, which was standardized by testing thousands of different-aged children in the United States to establish an average score for each age group. The Stanford-Binet, is a measure of general intelligence made up of a wide variety of tasks including vocabulary, memory for pictures, and naming of familiar objects and is primarily used with children.

Later, David Wechsler created an adult intelligence test named the Wechsler Adult intelligence Scale (WAIS), which is the most widely used intelligence test for adults (Watkins, Campbell, Nieberding, & Hallmark, 1995). The current version of the WAIS, consists of 15 different tasks including working memory, arithmetic ability, spatial ability, and general knowledge about the world. These 15 tasks measure a dimension of intelligence and provide psychologists with four domains scores: verbal, perceptual, working memory, and processing speed. The WAIS is highly correlated with the Stanford-Binet, as well as with criteria of academic and life success, including college grades, measures of work performance, and occupational level. It also shows significant correlations with measures of everyday functioning among individuals with intellectual disabilities.

Summary

We learned earlier in the chapter that the brain is central to sensing and perceiving our world but culture is at the heart of thinking. Culture shapes how we perceive information, evaluate the information and use the information in our daily life.

We organize the world into networks of information that are stored and used to interpret new experiences. This knowledge can be represented into hierarchical concepts with superordinate, basic, and subordinate categories. We hold information in short-term memory and process it using networks of information in long term memory; some from episodic experiences and some from more formal semantic knowledge. Intelligence is among the oldest and longest studied topics in all of psychology. The development of assessments to measure this concept is at the core of the development of psychological science itself. The way we perceive, remember, and think about the world we live in is influenced by our culture.

Vocabulary

Accommodation is a cognitive adaptation that occurs when schemas must change when new information is presented

Analytic Perception: A pattern of perception characterized by processing information as a sum of the parts. Analytic perception promotes analytic thinking.

Assimilation is a cognitive process that occurs when we change information in order to make it fit within our schema; with this conflict schema is less likely to change

Attention is the process of filtering information from sensation into perception and cognition.

Basic level categories is found at the generic level which contains the most salient differences (e.g., dog, apple).

Bottom-up perception occurs when we build up to perception from the individual pieces.

Categories are formed when concepts are ranked as subordinate, basic and superordinate levels

Concepts refer to information that is later organized and categorized

Confirmation bias is the tendency to seek out information that favors or confirms existing beliefs and expectations; outcome of assimilation

Crystallized intelligence is characterized as acquired knowledge and the ability to retrieve it.

Culture-Fair Test is an approach to measure intelligence that, in theory, intends to test intelligence in an equally fair way across all cultural groups. Fairness indicates a lack of bias in the assessment, interpretation, and use of data obtained from these measurements.

Dispositional attribution is an explanation of people's behavior as a result of internal factors that reside within.

Encoding input of information into the memory system

Episodic memory is a type of long-term memory about events taking place at a specific time and place in a person's life.

Fluid intelligence encompasses the ability to see complex relationships and solve problems.

Fundamental Attribution Error (FAE) is a bias that makes individuals incorrectly label others. Their behavior is attributed to set negative personal flaws. This error makes individuals underestimate the role of external factors

G-Factor is the notion that intelligence is a singular underlying cognitive aptitude or intellectual ability that is representative of a person's general intellectual potential.

Holistic Perception: A pattern or perception characterized by processing information as a whole. This pattern makes it more likely to pay attention to relationships among all elements.

Intelligence Quotient (IQ) is a total score that is derived from a standardized test of intelligence. Historically, an IQ score is calculated by dividing a person's mental age (MA) by the person's chronological age (CA) and multiplying by 100 to avoid decimals. Thus, the formula: $IQ = (MA/CA) \times 100$.

Long-Term memory is the part of the memory system in which information can be permanently stored for an extended period of time. It has a large to unlimited capacity and a duration that may last from minutes to a lifetime.

Memory is a system or process that stores what we learn for future use and refers to lots of different abilities

Multiple intelligences is the notion that there is not a singular underlying general intelligence. According to this theory all people vary in terms of levels of strength across a diverse group of specific domains that expand beyond cognitive domains

Perception is the process of organizing or interpreting sensory information into awareness.

Perceptual Illusions is a subjective misinterpretation of sensory stimuli from its objective nature.

Schema are knowledge representations that include information about people, groups or situations; when activated schemas are useful for making predictions and decisions.

Semantic memory is the type of long-term memory about general facts, ideas, or concepts that are not associated to emotions and personal experience.

Sensation is the process that allows energy from the world to be translated as neural signals through the five senses: vision, hearing, taste, smell, and touch.

Sensory memory storage of brief sensory events, such as sights, sounds, and tastes

Short-Term memory is the part of the memory system in which information can be temporarily stored in the present state of awareness. This type of memory is limited to 7 items of capacity and 7 to 30 seconds of duration on average.

Storage is the creation of a permanent record of information

Superordinate level of categories is at the top of a taxonomy and it has a high degree of generality (e.g., animal, fruit).

Subordinate level of categories is specific degree and has little generality (e.g., Labrador retriever, Gala).

Top-down processing occurs when something that we've experienced in our past influences how we process new experiences.

PART VI
CULTURE AND
SEXUALITY



Following her victory at the 2009 World Championships, it was announced that Caster Semenya was subjected to gender testing.

In 2009, the 18-year old South African athlete, Caster Semenya, won the women's 800-meter world championship in Track and Field. She significantly improved her time and scored a personal best. The improvement caused officials from the International Association of Athletics Federation (IAAF) to question whether her win was legitimate. The allegations and eventual testing were based on allegations that Caster Semenya, no matter her gender identity, was biologically a male.

You may be thinking that testing would be a simple matter of DNA, hormone testing or a physical examination but as we will learn it is not that simple. There are chromosomal variations and both biologically males and biologically females produce a certain amount of testosterone. Different laboratories have different testing methods, which makes it difficult to set a specific standard for male hormones produced by a female that renders her sex male. The International Olympic Committee (IOC) criteria for determining eligibility for sex-specific events are not intended to determine biological sex. To provide further context, during the 1996 Atlanta Olympics, eight female athletes with XY chromosomes underwent testing and were ultimately confirmed as eligible to compete as women (Maugh, 2009). To date, no males have undergone this sort of testing. This raises interesting issues – women who perform better than expected are “too masculine,” but when men perform well they are simply superior athletes. Do you think this level of biological scrutiny would happen to a male based solely on his appearance and athletic ability?

We live in an era when sex, gender, and sexual orientation are controversial religious and political issues. Some nations have laws against homosexuality, while others have laws protecting same-sex marriages. At a time when there seems to be little agreement among religious and political groups, it makes sense to wonder about what is considered normal and who decides.

The international scientific and medical communities (e.g., American Psychological Association, World Health Organization, World Medical Association, World Psychiatric Association, and the Association for Psychological Science) view variations of sex, gender, and sexual orientation as normal. Furthermore, variations of sex, gender, and sexual orientation occur naturally throughout the animal kingdom. More than 500 animal species have homosexual or bisexual orientations (Lehrer, 2006).

Sex and Gender

Sex refers to biological, physical and physiological differences between males and females, including both primary sex characteristics (the reproductive system) and secondary characteristics such as height and muscularity, as well as genetic differences (e.g., chromosomes). Male sexual and reproductive organs include the penis and testes. Female sexual and reproductive organs include clitoris, vagina and ovaries. Biological males have XY chromosome and biological females have XX chromosome but biological sex is not as easily defined or determined as you might expect. For example, does the presence of more than one X mean that the XXY person is female or does the presence of a Y mean that the XXY person is male? The existence of sex variations fundamentally challenges the notion of a binary biological sex.

In humans, intersex individuals make up about two percent, more than 150 million people, of the world's population (Blackless et al., 2000). Intersex describes variation in sex characteristics, such as chromosomes, gonads (testes and ovaries), sex hormones, or genitals (penis, clitoris, vulva). The term is misleading because it suggests that people have complete sets male or female reproductive systems but this is not always the case. There are dozens of intersex conditions, such as Androgen Insensitivity Syndrome and Turner's syndrome (Lee et al., 2006).

In our example, having one Y and more than one X chromosome is called Klinefelter Syndrome. Some people have genitalia considered ambiguous, meaning that they cannot easily be identified as either male (penis) or female (clitoris). Fausto-Sterling (2000) argues that the decision to label someone male or female is a social decision and that a biological sex is too complex to fit within a binary sex system.

Nevertheless, because assigning a sex identity is a fundamental cultural priority, doctors will typically decide, with respect to intersex babies, within 24 hours of a birth. Sometimes this decision involves surgery, which can have long term psychological consequences (Fausto-Sterling, 2000).

Gender

Gender is a term that refers to social or cultural distinctions and roles associated with being male or female. Gender is not determined by biology in any simple way. At an early age, we begin learning cultural norms for what is considered masculine (trait of a male) and feminine (trait of a female). Gender is conveyed and signaled to others through clothing and hairstyle, or mannerisms like tone of voice, physical bearing, and facial expression. For example, children in the United States may associate long hair, fingernail polish or dresses with femininity. Later in life, as adults, we often conform to these norms by behaving in gender specific ways: men build houses and women bake cookies (Marshall, 1989; Money et al., 1955; Weinraub et al., 1984). It is important to remember that behaviors and traits associated with masculinity and femininity are culturally defined. For example, in American culture, it is considered feminine to wear a dress or skirt; however, in many Middle Eastern, Asian, and African cultures, dresses or skirts (often referred to as sarongs, robes, or gowns) are worn by males and are considered masculine. The kilt worn by a Scottish male does not make him appear feminine in his culture.

Our understanding of gender begins very early in life – often before we are born. Western cultures, expecting parents are asked whether they are having a girl or a boy and immediately judgments are made about the child. Boys will be active and presents will be blue while girls will be delicate and presents

will be pink. In some Asian and Muslim cultures a male child is valued more favorably than a female child (Matsumoto & Juang, 2013) and female fetuses may be aborted or female infants abandoned.

Children, by their first birthday, already distinguish faces by gender and between 3 and 6 years of age, children develop strong and rigid gender stereotypes. **Gender stereotyping** involves overgeneralizing about the attitudes, traits, or behavior patterns of women or men. Stereotypes can refer to play (e.g., boys play with trucks, and girls play with dolls), traits (e.g., boys are strong, and girls like to cry), and occupations (e.g., men are doctors and women are nurses). These stereotypes stay rigid until children reach about age 8 or 9. Then they develop cognitive abilities that allow them to be more flexible in their thinking about others.

Stereotypes and Gender Roles

Many of our gender stereotypes are strong because we emphasize gender so much in culture (Bigler & Liben, 2007). For example, children learn at a young age that there are distinct expectations for boys and girls. **Gender roles** refer to the role or behaviors learned by a person as appropriate to their gender and are determined by the dominant cultural norms. Cross-cultural studies reveal that children are aware of gender roles by age two or three and can label others' gender and sort objects into gender categories. At four or five, most children are firmly entrenched in culturally appropriate gender roles (Kane, 1996). When children do not conform to the appropriate gender role for their culture, they may face negative sanctions such as being criticized, bullied, marginalized or rejected by their peers. A girl who wishes to take karate class instead of dance lessons may be called a “tomboy” and face difficulty gaining acceptance from both male and female peer groups (Ready, 2001). Boys, especially, are subject to intense ridicule for gender nonconformity (Coltrane and Adams, 2008; Kimmel, 2000)

By the time we are adults, our gender roles are a stable part of our personalities, and we usually hold many gender stereotypes. Men tend to outnumber women in professions such as law enforcement, the military, and politics. Women tend to outnumber men in care-related occupations such as child care, health care, and social work. These occupational roles are examples of typical Western male and female behavior, derived from our culture's traditions. Adherence to these occupational gender roles demonstrates fulfillment of

social expectations but may not necessarily reflect personal preference (Diamond, 2002).

Gender stereotypes are not unique to American culture. Williams and Best (1982) conducted several cross-cultural explorations of gender stereotypes using data collected from 30 cultures. There was a high degree of agreement on stereotypes across all cultures which led the researchers to conclude that gender stereotypes may be universal. Additional research found that males tend to be associated with stronger and more active characteristics than females (Best, 2001); however recent research argues that culture shapes how some gender stereotypes are perceived. Researchers found that across cultures, individualistic traits were viewed as more masculine; however, collectivist cultures rated masculine traits as collectivist and not individualist (Cuddy et al., 2015). These findings provide support that gender stereotypes may be moderated by cultural values.

There are two major psychological theories that partially explain how children form their own gender roles after they learn to differentiate based on gender. **Gender schema theory** argues that children are active learners who essentially socialize themselves and actively organize others' behavior, activities, and attributes into gender categories, which are known as **schemas**. These schemas then affect what children notice and remember later. People of all ages are more likely to remember schema-consistent behaviors and attributes than schema-inconsistent behaviors and attributes. So, people are more likely to remember men, and forget women, who are firefighters. They also misremember schema-inconsistent information. If research participants are shown pictures of someone standing at the stove, they are more likely to remember the person to be cooking if depicted as a woman, and the person to be repairing the stove if depicted as a man. By only remembering schema-consistent information, gender schemas strengthen more and more over time.

A second theory that attempts to explain the formation of gender roles in children is **social learning theory** which argues that gender roles are learned through reinforcement, punishment, and modeling. Children are rewarded and reinforced for behaving in concordance with gender roles and punished for breaking gender roles. In addition, social learning theory argues that children learn many of their gender roles by modeling the behavior of adults and older children and, in doing so, develop ideas about what behaviors are appropriate for each gender. Social learning theory has less support than gender schema theory but research shows that parents do reinforce gender-appropriate play and often reinforce cultural gender norms.

Gender Enculturation Agents

Regardless of theory, observing, organization and learning about gender occurs through four major agents of socialization: family, education, peers and media. Each agent reinforces gender roles by creating and maintaining normative expectations for gender-specific behavior. Exposure also occurs through secondary agents such as religion and the workplace.

Family

Family is the first agent of socialization and enculturation. There is considerable evidence that parents socialize sons and daughters differently. A meta-analysis of research from the United States and Canada found that parents most frequently treated sons and daughters differently by encouraging gender-stereotypical activities (Lytton & Romney, 1991). Fathers, more than mothers, are particularly likely to encourage gender-stereotypical play, especially in sons. Parents also talk to their children differently based on stereotypes. For example, parents talk about numbers and counting twice as often with sons than daughters (Chang, Sandhofer, & Brown, 2011) and talk to sons in more detail about science than with daughters. Parents are also much more likely to discuss emotions with their daughters than their sons.

Girls may be asked to fold laundry, cook meals or perform duties that require neatness and care. It has been found that fathers are firmer in their expectations for gender conformity than are mothers, and their expectations are stronger for sons

than they are for daughters (Kimmel, 2000). This is true in many types of activities, including preference of toys, play styles, discipline, chores, and personal achievements. As a result, boys tend to be particularly attuned to their father's disapproval when engaging in an activity that might be considered feminine, like dancing or singing (Coltrane and Adams, 2008).

It should be noted that parental socialization and normative expectations vary along lines of social class, race, and ethnicity. Research in the United States has shown that African American families, for instance, are more likely than Caucasians to model an egalitarian role structure for their children (Staples and Boulin Johnson, 2004). Even when parents set gender equality as a goal, there may be underlying indications of inequality. For example, when dividing up household chores, boys may be asked to take out the garbage, take care of the yard or perform other tasks that require strength or toughness.

Peers

As noted earlier, peer socializations can also serve to reinforce gender norms of a culture. Children learn at a very young age that there are different expectations for boys and girls. When children do not conform to the appropriate gender role, they may experience negative consequences like criticism, bullying or rejection by their peers. Boys and young men are more likely to experience intense, negative peer responses when they do not follow traditional gender norms (Coltrane and Adams, 2008; Kimmel, 2000).

Education

The reinforcement of gender roles and stereotypes continues once a child reaches school age. Studies suggest that gender

socialization still occurs in schools today, perhaps in less obvious forms (Lips, 2004). Teachers may not even realize that they are acting in ways that reproduce gender-differentiated behavior patterns but any time students are asked to arrange their seats or line up according to gender, teachers are reinforcing that boys and girls should be treated differently (Thorne, 1993). Even in levels as low as kindergarten, schools subtly convey messages to girls indicating that they are less intelligent or less important than boys.

For example, in a study involving teacher responses to male and female students, data indicated that teachers praised male students far more than they praised female students. Additionally, teachers interrupted girls more and provided boys with more opportunities to expand on their ideas (Sadker & Sadker, 1994). Schools often reinforce the polarization of gender by positioning girls and boys in competitive arrangements – like a “battle of the sexes” competition.

Media

In television and movies, women tend to have less significant roles and are often portrayed as wives or mothers. When women are given a lead role, they are often one of two extremes: a wholesome, saint-like figure or a malevolent, hypersexual figure (Etaugh and Bridges, 2003). Weisbuch and Ambady (2009) demonstrated that nonverbal behavior on television can communicate culturally shared attitudes and bias about women and ideal body images. Television commercials and other forms of advertising also reinforce inequality and gender-based stereotypes. Women are almost exclusively present in ads promoting cooking, cleaning, or child care-related products (Davis, 1993). Think about the last time you saw a man star in a dishwasher or laundry detergent commercial. In general, women are underrepresented in roles

that involve leadership, intelligence, or emotional stability. In mainstream advertising, however, themes intermingling violence and sexuality are quite common (Kilbourne, 2000).

Gender inequality is pervasive in children's movies (Smith, 2008). Research indicates that of the 101 top-grossing, children's movies released between 1990 and 2005, three out of four (75%) characters were male, only seven (7%) were near being gender balanced.

Gender Differences

Differences between males and females can be based on (a) actual gender differences (i.e., men and women are actually different in some abilities), (b) gender roles (i.e., differences in how men and women are supposed to act), or (c) gender stereotypes (i.e., differences in how we *think* men and women are). Sometimes gender stereotypes and gender roles reflect actual gender differences, but sometimes they do not.

In terms of language and language skills, girls develop language skills earlier and know more words than boys; however this does not translate into long-term differences. Girls are also more likely than boys to offer praise, to agree with the person they're talking to, and to elaborate on the other person's comments. Boys, in contrast, are more likely than girls to assert their opinion and offer criticisms (Leaper & Smith, 2004). In terms of temperament, boys are slightly less able to suppress inappropriate responses and slightly more likely to blurt things out than girls (Else-Quest, Hyde, Goldsmith, & Van Hulle, 2006).

With respect to aggression, boys exhibit higher rates of unprovoked physical aggression than girls, but no difference in provoked aggression (Hyde, 2005). Some of the biggest differences involve the play styles of children. Boys frequently play organized rough-and-tumble games in large groups, while girls often play fewer physical activities in much smaller groups (Maccoby, 1998). There are also differences in the rates of depression, with girls much more likely than boys to be depressed after puberty. After puberty, girls are also more likely to be unhappy with their bodies than boys.

There is considerable variability between individual males and females. Also, even when there are average group differences, the actual size of most of these differences is quite

small. This means, knowing someone's gender does not help much in predicting his or her actual traits.

Gender Roles and Culture

Hofstede's (2001) research revealed that on the Masculinity and Femininity dimension (MAS), cultures with high masculinity reported distinct gender roles, moralistic views of sexuality and encouraged passive roles for women. Additionally, these cultures discourage premarital sex for women but have no such restrictions for men. The cultures with the highest masculinity scores were: Japan, Italy, Austria and Venezuela. Cultures low in masculinity (high femininity) had gender roles that were more likely to overlap and encouraged more active roles for women. Sex before marriage was seen as acceptable for both women and men in these cultures. Four countries scoring lowest in masculinity were Norway, Denmark, Netherlands and Sweden. The United States is slightly more masculine than feminine on this dimension; however, these aspects of high masculinity are balanced by a need for individuality.

Gender Identity

Generally, our psychological sense of being male and female, **gender identity** corresponds to our biological sex. This is known as **cisgender**. This is not true for everyone. **Transgender** individuals' gender identities do not correspond with their birth sexes. Transgendered males assigned the sex female at birth have a strong emotional and psychological connection to the forms of masculinity in their society that they identify their gender as male. A parallel connection to femininity exists for transgendered females.

A binary or dichotomous view of gender (masculine or feminine) is specific to some cultures, like the United States, but it is not universal. In some cultures there are additional gender variations resulting in more than two gender categories. For example, Samoan culture accepts what they refer to as a third gender. *Fa'afafine*, which translates as "the way of the woman," is a term used to describe individuals who are born biologically male but embody both masculine and feminine traits. Fa'afafines are considered an important part of Samoan culture. In Thailand, you can be male, female, or *kathoey* (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2010) and in Pakistan, India, Nepal, and Bangladesh transgender females are referred to as *hijras*, recognized by their governments as a third gender (Pasquesoone, 2014).

Because gender is so deeply ingrained culturally, it is difficult to determine the prevalence of transgenderism in society. Rates of transgender individuals vary widely around the world (see Table 1) and are shaped by social norms and cultural values. Transgendered individuals, who wish to alter their bodies through medical interventions such as surgery and hormonal therapy, so that their physical being is better aligned with their gender identity, are called transsexuals. Not all

transgendered individuals choose to alter their bodies. Many will maintain their original anatomy but may present themselves to society as the opposite gender.

There is no single, conclusive explanation for why people are transgendered. Some hypotheses suggest biological factors such as genetics, or prenatal hormone levels, as well as social and cultural factors, such as childhood and adulthood experiences. Most experts believe that all of these factors contribute to a person's gender identity (American Psychological Association, 2008). Unfortunately, transgendered and transsexual individuals frequently experience discrimination based on their gender identity and are twice as likely to experience assault or discrimination as non-transgendered individuals. Transgendered individuals are also one and a half times more likely to experience intimidation (National Coalition of Anti-Violence Programs, 2010) and be the victim of violent crime.

Sexuality and Sexual Orientation

Sex and gender are important aspects of a person's identity; however, they do not tell us about a person's sexual orientation or sexuality (Rule & Ambady, 2008). **Sexuality** refers to the way people experience and express sexual feelings. Sexual attraction is part of human sexuality and **sexual orientation** refers to enduring patterns of sexual attraction and is typically divided into four categories:

- Heterosexuality is the attraction to individuals of the opposite sex;
- Homosexuality is the attraction to individuals of one's own sex;
- Bisexuality is the attraction to individuals of either sex; and
- Asexuality is no attraction to either sex.

Heterosexuals and homosexuals are informally referred to as "straight" and "gay," respectively. North America is a heteronormative society, meaning it supports heterosexuality as the norm. While the majority of people identify as heterosexual, there is a sizable population of people North America who identify as either homosexual or bisexual. Research suggests that somewhere between 3% and 10% of the population identifies as homosexual (Kinsey, Pomeroy, & Martin, 1948; LeVay, 1996; Pillard & Bailey, 1995) and has determined that sexual orientation is not a choice, but rather it is a relatively stable characteristic of a person that cannot be changed.

Research has consistently demonstrated that there are no differences in the family backgrounds and experiences of

heterosexuals and homosexuals (Bell, Weinberg, & Hammersmith, 1981; Ross & Arrindell, 1988). Genetic and biological mechanisms have also been proposed, and the balance of evidence suggests that sexual orientation has an underlying biological component. Over the past 25 years, research has identified genetics (Bailey & Pillard, 1991; Hamer, Hu, Magnuson, Hu, & Pattatucci, 1993; Rodriguez-Larralde & Paradisi, 2009) and brain structure and function (Allen & Gorski, 1992; Byne et al., 2001; Hu et al., 2008; LeVay, 1991; Ponseti et al., 2006; Rahman & Wilson, 2003a; Swaab & Hofman, 1990) as biological explanations for sexual orientation.

According to current scientific understanding, individuals are usually aware of their sexual orientation between middle childhood and early adolescence (American Psychological Association, 2008). They do not have to participate in sexual activity to be aware of these emotional, romantic, and physical attractions; people can be celibate and still recognize their sexual orientation. Alfred Kinsey was among the first to conceptualize sexuality as a continuum rather than a strict dichotomy of gay or straight. To classify this continuum of heterosexuality and homosexuality, Kinsey created a six-point rating scale that ranges from exclusively heterosexual to exclusively homosexual.

Sexuality and Culture

There are three major cultural and social factors that influence views on gender and sexuality: laws, religion and social norms.

Laws

In the United States and other Western countries cisgender women have greater legal protections than in other parts of the world. Globally, inequality is still enforced through laws in many parts of the world. For example, laws and policies prohibit women from equal access and ownership to land, property, and housing. Economic and social discrimination results in fewer life choices for women, rendering them vulnerable to poverty and human trafficking. Gender-based violence affects at least 30% of women globally. Some women who are victims of violence often have few legal protections or have limited legal recourse (United Nations Office of High Commissioner, 2018). For example, in some cultures, a woman may not be able to have her attacker arrested or prosecuted.

Within the United States there has been greater acceptance of homosexuality and gender questioning that has resulted in a rapid push for legal change. Laws such as “Don’t Ask, Don’t Tell” and the Defense of Marriage Act (DOMA), both of which were enacted in the 1990s, have been met severe resistance and legal challenges on the grounds of being discriminatory toward sexual minority groups. Globally, a significant number of governments have recognized and legalized same-sex marriages. As of 2017, over 24 countries have enacted national laws allowing gays and lesbians to marry. These laws have mostly be enacted and enforced in Europe and the North

America. In Mexico, some jurisdictions allow same-sex couples to wed, while others do not (Pew, 2013).

Religion

Most religions have addressed the role for sexuality in human interactions. Different religions have different views of sexual morality. Most religions regulate sexual activity or assign normative values to certain sexual behaviors or thoughts through moral codes of conduct. Some religions distinguish between sexual activities that are practiced for biological reproduction (only allowed between males and females who are married) as moral and other activities practiced for sexual pleasure, as immoral. Sexual restriction is a universal of culture and typically defines incest and sex with animals as taboo or unacceptable behavior.

Female genital mutilation (FGM) includes procedures that involve partial or total removal of the external female genitalia for non-medical reasons. According to the World Health Organization (2018), FGM is recognized internationally as a violation of the human rights of girls and women and reflects strongly held beliefs about inequality between the sexes. Female genital mutilation has no health benefits for girls or women. The practice predates religion and there are no religious texts that prescribe the practice; however, there are some religious leaders who believe the practice has religious support and encourage its continued practice.

Female genital mutilation is mostly concentrated in Africa, the Middle East and Asia, as well as locations with migrants from these areas including the United States. Female Genital Mutilation and is almost exclusively conducted on minors and is used as a way to regulate female sexuality and promote chastity. In cultures where FGM is practiced, a female who does not conform or submit to the procedure may be rejected by her

community or find it difficult to find a mate and marry. Despite long held tradition and cultural norms ideas and beliefs about FGM are changing.

Norms

Cross-national research on sexual attitudes in industrialized nations reveals that normative standards differ across the world. For example, several studies have shown that Scandinavian students are more tolerant of premarital sex than are North American students (Grose, 2007). A study of 37 countries reported that non-Western societies like China, Iran, and India valued chastity highly in a potential mate, while Western European countries such as France, the Netherlands, and Sweden placed little value on prior sexual experiences (Buss, 1989).

For cultures that score high on Hofstede's Masculinity/Femininity dimension there exists a sexual **double standard** which prohibits premarital sexual intercourse for women but promotes it for men (Hofstede, 2001; Reiss, 1960). This standard has evolved into allowing women to engage in premarital sex only within committed love relationships, but allowing men to engage in sexual relationships with as many partners as they wish without condition (Milhausen and Herold, 1999). As a result, a woman is likely to have fewer sexual partners in her lifetime than a man. According to the Centers for Disease Control and Prevention (CDC) the average 35-year-old woman has had three opposite-sex sexual partners while the average 35-year-old man has had twice as many (Centers for Disease Control, 2011).

Attitudes about sexuality can differ widely, even among Western cultures. For example, according to a 33,590-person survey across 24 countries, 89% of Swedes responded that there is nothing wrong with premarital sex, while only 42% of

Irish responded this way. From the same study, 93% of Filipinos responded that sex before age 16 is always wrong or almost always wrong, while only 75% of Russians responded this way (Widmer, Treas, and Newcomb, 1998). Sexual attitudes can also vary within a country. For instance, 45% of Spaniards responded that homosexuality is always wrong, while 42% responded that it is never wrong; only 13% responded somewhere in the middle (Widmer, Treas, and Newcomb, 1998).

Of industrialized nations, Sweden is thought to be the most liberal when it comes to attitudes about sex, including sexual practices and sexual openness. The country has very few regulations on sexual images in the media, and sex education, which starts around age six and is a compulsory part of Swedish school curricula. Sweden's permissive approach to sex has helped the country avoid some of the major social problems associated with sex. For example, rates of teen pregnancy and sexually transmitted disease are among the world's lowest (Grose, 2007). It would appear that Sweden, a culture low on the masculinity dimension, may be a model for the benefits of sexual freedom and frankness. However, implementing Swedish ideals and policies regarding sexuality in other, more politically conservative, nations would likely be met with resistance.

While in most Western, industrialized cultures like the United States exclusive heterosexuality is viewed as the sexual norm, there are cultures with different attitudes regarding homosexual behavior. In some instances, periods of exclusively homosexual behavior are socially prescribed as a part of normal development and maturation. For example, in parts of New Guinea, young boys are expected to engage in sexual behavior with other boys for a given period of time because it is believed that doing so is necessary for these boys to become men (Baldwin & Baldwin, 1989).

Kosofsky Sedgwick (1985) described nonsexual same-sex

relationships along a continuum which she termed homosocial. Women enjoy more fluidity along the continuum than males in Western cultures, specifically North America. For example, females can express homosocial feelings through hugging, hand-holding, and physical closeness. In contrast, males refrain from these behaviors since they violate heterosexual norms for males. Women have more flexibility and can express more behavior variations along the heterosocial-homosocial spectrum but male behavior is subject to strong social sanction if it veers into what is considered homosocial.

Discrimination

Gender stereotypes and cultural norms maintain gender and sexual inequalities in society. Differential treatment on the basis of gender is also referred to **gender discrimination or sexism** and is an inevitable consequence of gender stereotypes. Sexism varies in its level of severity. In parts of the world where women are strongly undervalued, young girls may not be given the same access to nutrition, health care, and education as boys. Further, they will grow up believing that they deserve to be treated differently from boys (Thorne, 1993; UNICEF, 2007). Gender stereotypes typically maintain gender inequalities in society. The concept of ambivalent sexism recognizes the complex nature of gender attitudes, in which women are often associated with positive and negative qualities (Glick & Fiske, 2001). It has two components. First, hostile sexism refers to the negative attitudes of women as inferior and incompetent relative to men. Second, benevolent sexism refers to the perception that women need to be protected, supported, and adored by men. There has been considerable empirical support for benevolent sexism, possibly because it is seen as more socially acceptable than hostile sexism.

With regard to sexuality, there is a substantial body of evidence showing that homosexuals and bisexuals are treated differently than heterosexuals in schools, the workplace, and the military. Much of this discrimination is based on stereotypes, misinformation, and **homophobia** — an extreme or irrational aversion to homosexuals. In the United States, major policies to prevent discrimination based on sexual orientation have not been enacted until recently and are largely the result of local changes rather than national or federal policy.

Reducing Gender Bias and Inequality

Gender inequality based on gender bias is found in varying degrees in most societies around the world, and the United States is no exception. As an individualist culture, North Americans believe that people should be free to pursue whatever family and career responsibilities they desire but enculturation and stereotyping combine to limit the ability of girls and boys and women and men alike to imagine less traditional possibilities.

As we learned in earlier chapters, biased attributions lead to negative stereotyping and discrimination but being aware of your personal biases, as well as situations or contexts where you experience bias helps reduce cultural. It is important to remember that biases are not permanent and can be shaped and changed to limit their impact on our thoughts and behaviors (Dasgupta, 2013). In addition to self-awareness, demonstrating empathy (understanding and sharing the feelings of someone else) and taking a culturally relativist perspective is another way to reduce gender bias. When we consider the experiences of people who are different from us, we are less likely to make negative and hasty judgments. Challenging and correcting gender stereotypes in everyday activities is another way that we can reduce gender bias as individuals.

To further reduce gender inequality at a systemic or global level cultures should work to reduce infant and mother mortality, close gaps in health care and education among girls and increase employment opportunities and living wages for men and women (World Economic Forum, 2019). Increased enforcement of existing laws against gender-based

employment discrimination and against sexual harassment will also reduce gender and sexuality-based inequality in the workplace. Globalization and cultural transmission has facilitated improvements in gender inequality but more can be done to challenge traditional possibilities and increase the opportunities for both females and males.

Summary

Gender roles are well-established social constructions that may change from culture to culture and over time. For example, there has been an increase in children's toys attempting to cater to both genders (such as Legos marketed to girls), rather than catering to traditional stereotypes. As society's gender roles and gender restrictions continue to fluctuate, the legal system and the structure of American society, as well as other cultures, will continue to change and adjust.

We often make assumptions about how others should think and behave based on external appearance that represent biological characteristic but the process of defining gender and sexuality is complex and includes variations. There are some cultural universals but also culturally specific ways of defining masculinity, femininity, and sexuality. Furthermore, variations of sex, gender, and sexual orientation occur naturally throughout the animal kingdom. More than 500 animal species have homosexual or bisexual orientations (Lehrer, 2006). Gender inequality and discrimination are reinforced across cultures and within cultures through stereotypes and misunderstandings, as well as social norms and legal statutes. The traditional binary ways of understanding human differences are insufficient for understanding the complexities of human culture. As gender roles fluctuate, societies will continue to change and adjust.

Vocabulary

Ambivalent sexism is the concept of gender stereotypical attitudes that encompasses both positive and negative qualities.

Benevolent sexism is the “positive” element of ambivalent sexism, which recognizes that women are perceived as needing to be protected, supported, and adored by men

Cisgender is a term for when a person’s birth sex corresponds with his/her gender identity and gender role

Gender refers to the cultural, social, and psychological meanings that are associated with masculinity and femininity.

Gender constancy refers to the awareness that gender is constant and does not change simply by changing external attributes; develops between 3 and 6 years of age

Gender discrimination or sexism refers to differential treatment on the basis of gender

Gender identity is a person’s psychological sense of being male or female.

Gender roles are the behaviors, attitudes, and personality traits that are designated as either masculine or feminine in a given culture.

Gender schema theory is a theory of how children form their own gender roles argues that children actively organize others’ behavior, activities, and attributes into gender categories or schemas.

Gender stereotypes are the beliefs and expectations people hold about the typical characteristics, preferences, and behaviors of men and women.

Hostile sexism refers to the negative element of ambivalent sexism, which includes the attitudes that women are inferior and incompetent relative to men.

Sex refers to the biological category of male or female as

defined by physical differences in genetic composition and in reproductive anatomy and function.

Sexual orientation refers to the direction of emotional and erotic attraction toward members of the opposite sex, the same sex, or both sexes.

Heterosexual refers to opposite-sex attraction.

Homosexual refers to same-sex attraction.

Intersex is a term for an individual born with either an absence or some combination of male and female reproductive organs, sex hormones, or sex chromosomes.

Transgender is a term for a person whose gender identity or gender role does not correspond with his/her birth sex.

PART VII

CULTURE AND EMOTION



Emotions help us navigate the complex social landscape of our lives.

It is impossible to imagine life without emotion. We treasure our feelings—the joy at a soccer game, the pleasure of the touch of a loved one, or the fun with friends on a night out. Even negative emotions are important, such as the sadness

when a loved one dies, the anger when violated, fear that overcomes us in a scary or unknown situation, or the guilt or shame when our mistakes are made public. Emotions color life experiences and give those experiences meaning and flavor. In order to communicate and function effectively as employees, students, parents and citizens in a global community, we must understand the function of emotions and the ways culture shapes our emotions.

The words emotion and mood are sometimes used interchangeably, but psychologists use these words to refer to two different things. An emotion refers to a transient, automatic, neurophysiological event that is relatively intense and that occurs in response to something we experience. Mood refers to a prolonged, less intense, affective state that does not occur in response to something we experience. Mood states do not carry the intentionality that is associated with emotion (Beedie, Terry, Lane, & Devonport, 2011). There are three components associated with emotion:

- Physiological arousal (involuntary)
- Behavioral
- Cognitive

Components of Emotions

Emotions are rapid information-processing systems that help us act with minimal thinking (Tooby & Cosmides, 2008). Problems associated with birth, battle, death, and seduction have occurred throughout evolutionary history and emotions evolved to aid humans in adapting to those problems rapidly and with minimal conscious cognitive intervention. If we did not have emotions, we could not make rapid decisions concerning whether to attack, defend, flee, care for others, reject food, or approach something useful, all of which were functionally adaptive in our evolutionary history and helped us to survive. For instance, drinking spoiled milk or eating rotten eggs has negative consequences for our welfare. The emotion of disgust, however, helps us immediately act by not ingesting them in the first place or by vomiting them out. This response is adaptive because it aids, ultimately, in our survival and allows us to act immediately without much thinking. In some instances, taking the time to sit and rationally think about what to do, calculating cost-benefit ratios in one's mind, is a luxury that might cost one one's life. Emotions evolved so that we can act without that depth of thinking.

Physiological Component of Emotion

Emotions prepare the body for action by simultaneously activating certain systems and deactivating others in order to prevent the chaos of competing systems operating at the same time, allowing for coordinated responses to environmental stimuli (Levenson, 1999). For instance, when we

are afraid, our bodies shut down temporarily unneeded digestive processes, resulting in saliva reduction (a dry mouth); blood flows disproportionately to the lower half of the body; the visual field expands; and air is breathed in, all preparing the body to flee. One common misunderstanding many people have when thinking about emotions, however, is the belief that emotions must always directly produce action. This is not true. Emotion certainly *prepares* the body for action; but whether people actually engage in action is dependent on many factors, such as the context within which the emotion has occurred, the perceived consequences of one's actions and previous experiences (Baumeister, Vohs, DeWall, & Zhang, 2007; Matsumoto & Wilson, 2008).

Behavioral Component of Emotion

Emotions prepare us for behavior and they are important motivators of future behavior. Many of us strive to experience the feelings of satisfaction, joy, pride, or triumph in our accomplishments and achievements. At the same time, we also work very hard to avoid strong negative feelings. For example, once we have felt the emotion of disgust when drinking the spoiled milk, we generally work very hard to avoid having those feelings again (e.g., checking the expiration date on the label before buying the milk, smelling the milk before drinking it, watching if the milk curdles in one's coffee before drinking it). Emotions, therefore, not only influence immediate actions but also serve as an important motivational basis for future behaviors.

Emotions are expressed both verbally through words and nonverbally through facial expressions, voices, gestures, body postures, and movements. Research suggests that we are quite sensitive to the emotional information communicated through body language, even if we're not consciously aware of it (de

Gelder, 2006; Tamietto et al., 2009). The fact is that humans are constantly expressing emotions when interacting with others. Emotions and their expressions communicate information to others about our feelings and intentions.

Cognitive Component of Emotion

Emotions are also connected to thoughts and memories. Cognitive processes (thinking) play an important role in interpreting the events that triggered the emotional response in the first place. Imagine you are walking down a trail and you think you see a snake. Chances are physiological responses are happening automatically (rapid heartbeat and breathing, sweating, muscle tension) as your body prepares for action. Suddenly, you realize that it is not a snake on the trail but just a piece of climbing rope left behind. Your appraisal of the situation as non-threatening signals to your body that it can deactivate the arousal system. These appraisals are informed by our experiences, backgrounds, and culture. This means that different people may have different emotional experiences even when faced with similar circumstances.

Memories are not just facts that are encoded in our brains, they are colored with the emotions felt at those times the facts occurred (Wang & Ross, 2007). In this way emotions serve as the neural glue that connects those disparate facts in our minds. That is why it is easier to remember happy thoughts when happy, and angry times when angry. Emotions serve as the affective basis of many attitudes, values, and beliefs that we have about the world and the people around us. Without emotions those attitudes, values, and beliefs would be just statements without meaning, and emotions give those statements meaning. Emotions influence our thinking processes, sometimes in constructive ways, sometimes in unconstructive ways. It is difficult to think critically and clearly

when we feel intense emotions, but easier when we are not overwhelmed with emotions (Matsumoto, Hirayama, & LeRoux, 2006).

Emotions and Culture

As you might expect (after reading about the components of emotion), people tend to respond similarly in terms of physiological (or bodily) expression. Also, our ability to recognize and produce facial expressions of emotion appears to be universal. Research conducted with individuals born blind at birth found that the same facial expression of emotions were produced (smiling when happy, frowning when sad), despite these individuals never having the opportunity to observe these facial displays of emotion in other people. This suggests that facial muscles movements involved in generating emotional expressions is universal and not the result of learned behavior. Charles Darwin's book *The Expression of Emotions in Man and Animals* (1872) very similar morphology in the facial expressions of non-human primates like chimpanzees and orangutans to human facial expressions. In fact, there is substantial evidence for seven universal emotions that are each associated with distinct facial expressions. These include: happiness, surprise, sadness, fright, disgust, contempt, and anger (Ekman & Keltner, 1997).

Ekman and Friesen (1972) conducted one of the first scientific studies of emotion which raised important questions about the role of culture in shaping universal components of emotion. Ekman and Friesen then took photos of people posing with these different expressions (Figure 1). With the help of colleagues at different universities around the world, Ekman and Friesen showed these pictures to members of vastly different cultures, gave them a list of emotion words (translated into the relevant languages) and asked them to match the facial expressions in the photos with their corresponding emotion words on the list (Ekman & Friesen, 1971; Ekman et al., 1987).

Across cultures, participants matched each picture to the same emotion word at levels greater than chance. This led Ekman and his colleagues to conclude that there are universally recognized emotional facial expressions.

- Happiness
- Surprise
- Sadness
- Fright
- Disgust
- Contempt
- Anger (Ekman & Keltner, 1997).

At the same time, Ekman and Friesen found considerable variability across cultures in recognition rates. For instance, 95% of participants in the United States associated a smile with happiness, only 69% of Sumatran participants made the same association. Similarly, 86% of participants in the United States associated wrinkling of the nose with disgust, but only 60% of Japanese made the same association with a wrinkled nose (Ekman et al., 1987). Ekman and colleagues interpreted this variation as demonstrating cultural differences in the way that people show or display emotion (Ekman, 1972).

Cultural display rules are a collection of culturally specific standards that govern the type and frequency of emotional displays that are socially acceptable (Malatesta & Haviland, 1982). In the United States we are taught that “big boys don’t cry” or we laugh at our boss’s jokes even though we don’t think they are funny.

A more recent study simultaneously studied physiological responses and facial expressions and found that regardless of culture, people tend to respond similarly in terms of physiological (or bodily) expression. European American and Hmong (pronounced “muhng”) American participants were asked to relive various emotional episodes in their lives (e.g.,

when they lost something or someone they loved; when something good happened) (Tsai, Chentsova-Dutton, Freire-Bebeau, & Przymus, 2002). At the level of physiological arousal (e.g., heart rate), there were no differences in how the participants responded but their facial expressive behavior told a different story.

When reliving events that elicited happiness, pride, and love, European Americans smiled more frequently and more intensely than did their Hmong counterparts—though all participants reported feeling happy, proud, and in love at similar levels of intensity. And similar patterns have emerged in studies comparing European Americans with Chinese Americans during different emotion-eliciting tasks (Tsai et al., 2002; Tsai, Levenson, & McCoy, 2006; Tsai, Levenson, & Carstensen, 2000). While the physiological aspects of emotional responses appear to be similar across cultures, their accompanying facial expressions are more culturally distinctive.

By affecting how individuals express their emotions, culture also influences how people experience them as well. In the United States it is acceptable to express negative emotions like fear, anger, and disgust both alone and in the presence of others, while Japanese individuals only do so while alone (Matsumoto, 1990). Matsumoto, Yoo and Nakagawa (2008) found that individuals from collectivist cultures were more likely to engage in suppression of emotional reaction so they can evaluate which response is most appropriate in a given context (Matsumoto, Yoo, & Nakagawa, 2008).

Increasing research has demonstrated cultural differences not only in display rules, but also the degree to which people focus on the face rather than other aspects of the social context (Masuda, Ellsworth, Mesquita, Leu, Tanida, & Van de Veerdonk, 2008), and on different features of the face (Yuki, Maddux, & Matsuda, 2007) when perceiving others' emotions. For example, people from the United States tend to focus on the

mouth when interpreting others' emotions, whereas people from Japan tend to focus on the eyes. Cultural differences exist when evaluating and interpreting emotional experiences that underlie facial expressions of emotion but there is a distinct in-group advantage. Individuals from the same culture will recognize the emotions of others of the same culture somewhat better than those from a different culture.

Our culturally moderated emotions can help us engage in socially appropriate behaviors, as defined by our cultures, and avoid cultural miscommunication. Matsumoto argues (2018) that without display rules it would be very difficult for groups and societies to function effectively, and even for humans to survive as a species, if emotions were not regulated in culturally defined ways for the common, social good.

Motivation

Motivation describes the wants or needs that direct behavior toward a goal. Motivations can be intrinsic (arising from internal factors) or extrinsic (arising from external factors). Intrinsically motivated behaviors are performed because of the sense of personal satisfaction that they bring, while extrinsically motivated behaviors are performed in order to receive something from others.

Think about why you are currently in college. Are you here because you enjoy learning and want to pursue an education to make yourself a more well-rounded individual? If so, then you are intrinsically motivated. However, if you are here because you want to get a college degree to make yourself more marketable for a high-paying career or to satisfy the demands of your parents, then your motivation is more extrinsic in nature. In reality, our motivations are often a mix of both intrinsic and extrinsic factors, but the nature of the mix of these factors might change over time (often in ways that seem counter-intuitive). Physical reinforcement (such as money) and verbal reinforcement (such as praise) may affect an individual in very different ways. Tangible rewards (i.e., money) tend to have more negative effects on intrinsic motivation than do intangible rewards (i.e., praise). The expectation of the extrinsic motivator by an individual is crucial: If the person expects to receive an extrinsic reward (money) then intrinsic motivation for the task tends to be reduced. If there is no such expectation (no money), and then extrinsic motivation is presented as a surprise, then intrinsic motivation (personal desire) for the task tends to persist (Deci et al., 1999).

Our thoughts, behaviors and motivations are strongly influenced by affective experiences known as drive states. These drive states motivate us to fulfill goals that are beneficial

to our survival and reproduction. Drive states differ from other affective or emotional states in terms of the biological functions they accomplish. All affective states are positive or negative and serve to motivate approach or avoidance behaviors (Zajonc, 1998) but drive states are unique. Drive states generate behaviors that result in specific benefits for the body. For example, hunger directs individuals to eat foods that increase blood sugar levels in the body, while thirst causes individuals to drink fluids that increase water levels in the body. Sleep and sexual arousal are also drive states that generally function to promote our survival and reproduction.

According to the drive theory of motivation, deviations from our stable state creates physiological needs. These needs result in psychological drive states that direct behavior to meet the need and, ultimately, bring the system back to homeostasis – back to balance. For example, if it's been a while since you ate, your blood sugar levels will drop below normal. This low blood sugar will induce a physiological need and a corresponding drive state (i.e., hunger) that will direct you to seek out and consume food. Many homeostatic mechanisms, such as blood circulation and immune responses, are automatic and nonconscious. Some may require direction action.

Different drive states have different triggers. Most drive states respond to both internal and external cues, but the combinations of internal and external cues, and the specific types of cues, differ between drives. Hunger, for example, depends on internal, visceral signals as well as sensory signals, such as the sight or smell of tasty food. Once we have engaged in a behavior that successfully reduces a drive, we are more likely to engage in that behavior whenever faced with that drive in the future (Graham & Weiner, 1996). Drive states affect many psychological processes, such as perception, attention, emotion, and motivation, and influences the behaviors that these processes generate.

Summary

Recognizing cultural similarities and differences in emotion may provide insights into other psychological health and well-being, as well as preventing potentially harmful miscommunication. Although misunderstandings are unintentional, they can result in negative consequences including pervasive prejudice, stereotyping and discrimination. Future research examining other cultural contexts is needed. Because more and more people are being raised within multiple cultural contexts (e.g., for many Chinese Americans, a Chinese immigrant culture at home and mainstream American culture at school), more research is needed to examine how people negotiate and integrate these different cultures in their emotional lives (for examples, see De Leersnyder, Mesquita, & Kim, 2011; Perunovic, Heller, & Rafaeli, 2007).

Vocabulary

Emotions are rapid information-processing systems that help us act with minimal thinking

Extrinsic motivation arises from external factors, things outside the person

Intrinsic motivation arises from internal factors; things within the person

Moods are subjective states of being that occur over long periods of time

Motivation describes the wants or needs that direct behavior toward a goal

PART VIII

CULTURE OF SELF AND PERSONALITY

You have probably noticed that some people are very social and outgoing while others are very quiet and reserved. Some people seem to worry a lot while others never seem to get anxious. Each time we use words like *social*, *outgoing*, *reserved* or *anxious* to describe people around us, we are talking about a person's personality. Personality is one of the things that make us unique from one another. Our personalities are thought to be long term, stable, and not easily changed (Caspi, Roberts, & Shiner, 2005) leading some psychologists argue that personality is heritable and biological.

Introduction to Personality

You have probably noticed that some people are very social and outgoing while others are very quiet and reserved. Some people seem to worry a lot while others never seem to get anxious. Each time we use words like *social*, *outgoing*, *reserved* or *anxious* to describe people around us, we are talking about a person's personality. Personality is one of the things that make us unique from one another. Our personalities are thought to be long term, stable, and not easily changed (Caspi, Roberts, & Shiner, 2005) leading some psychologists argue that personality is heritable and biological.

Personality is not the same thing as character, which refers to qualities that a culture considers good and bad. Temperament, as we learned earlier, is hereditary and includes sensitivity, moods, irritability, and distractibility. In this way, temperament can be seen as part of our personality and offers support for biological and universal aspects of personality.

Once we understand someone's personality, we can predict how that person will behave in a variety of situations. Think about what it takes to be successful in college. You might say that intelligence is factor in college success and you would be correct but personality researchers have also found that traits like Conscientiousness play an important role in college success. Highly conscientious individuals study hard, get their work done on time, and are less distracted by nonessential activities that take time away from school work. Over the long term, this consistent pattern of behaviors can add up to meaningful differences in academic and professional development. Personality traits are not just a useful way to describe people; they actually help psychologists predict if

someone is going to be a good worker, how long he or she will live, and the types of jobs and activities the person will enjoy.

There are many psychological perspectives that try to explain personality including behaviorist, humanist and sociocultural perspectives. This chapter will focus solely on the trait theory of personality and how combinations of traits create unique personality profiles. This chapter will also review how personality traits are identified and measured across cultures.

Trait Theory

Personality traits reflect people's characteristic patterns of thoughts, feelings, and behaviors. Trait theory in psychology rests on the idea that people differ from one another based on the strength and intensity of basic trait dimensions. There are three criteria that characterize personality traits: (1) consistency, (2) stability, and (3) individual differences.

- Individuals must be somewhat consistent across situations in their behaviors related to the trait. For example, if they are talkative at home, they tend also to be talkative at work.
- A trait must also be somewhat stable over time as demonstrated behaviors related to the trait. For example, at age 30 if someone is talkative they will also tend to be talkative at age 40.
- People differ from one another on behaviors related to the trait. People differ on how frequently they talk and so personality traits such as talkative exist.

A major challenge for trait theorists was how to identify traits. They started by generating a list of English adjectives (after reading about bias in Chapter 3 I bet you can see a problem here). Early trait theorists Allport and Odbert identified about 18, 000 words in the English language that could describe people (Allport & Odbert, 1936). The list was later reduced to 4,500 by Allport but even this was far too many traits. In an effort to make the list of traits more manageable, Raymond Cattell (1946, 1957) narrowed the list to 16 factors and developed a personality assessment called the 16PF. Later, psychologists Hans and Sybil Eysenck focused on **temperament** (Eysenck, 1990, 1992; Eysenck and Eysenck, 1963) and hypothesized two

specific personality dimensions: extroversion/introversion and neuroticism/stability.

While Cattell's 16 factors may be too broad, the 2-factor system proposed by the Eysenck's has been criticized for being too narrow. Another personality theory, called the **Five Factor Model (FFM)**, effectively hits a middle ground. The five factors are commonly referred to as the Big Five personality traits (McCrae & Costa, 1987). It is the most popular theory in personality psychology today and the most accurate approximation of the basic trait dimensions (Funder, 2010). Traits are scored along a continuum, from high to low rather than present or absent (all or none). This means that when psychologists talk about Introverts (e.g., quiet, withdrawn, reserved) and Extroverts (e.g., outgoing, social, talkative), they are not really talking about two distinct types of people but rather they are talking about people who score relatively low or relatively high along a continuous dimension.

The five traits are openness to experience, conscientiousness, extroversion, agreeableness, and neuroticism. A helpful way to remember the traits is by using the mnemonic OCEAN.

Scores on the Big Five traits are mostly independent which means that a person's position on the continuum for one trait tells very little about their standing on the other traits. For example, a person can be extremely high in Extraversion and be either high or low on Neuroticism. Similarly, a person can be low in Agreeableness and be either high or low in Conscientiousness. In the FFM you need five scores to describe most of an individual's personality.

Five Factor Model and Cross-Cultural Research

We have learned that culture is transmitted to people through language, as well as through social norms which establish acceptable and unacceptable behaviors which are then rewarded or punished (Henrich, 2016; Triandis & Suh, 2002). With an increased understanding of cultural learning, psychologists have become interested in the role of culture in understanding personality.

The idea that personality can be described and explained by five traits has important implications, as does the fact that most personality tests were constructed and initially tested in Western countries (e.g., method validation from Chapter 3). Western ideas about personality may not apply to other cultures (Benet-Martinez & Oishi, 2008).

There are two main cultural approaches for researching personality.

- **Etic traits** are considered universal constructs that are evident across cultures and represent a biological bases of human personality. If the Big Five are universal then they should appear across all cultures (McCrae and Allik, 2002).
- **Emic traits** are constructs unique to each culture and are determined by local customs, thoughts, beliefs, and characteristics. If personality traits are unique to individual cultures then different traits should appear in different cultures.

Cross cultural research of personality uses an etic framework

and researchers must ensure equivalence of the personality test through validation testing. The instrument must include equivalence in meaning, as well as demonstrate validity and reliability (Matsumoto & Luang, 2013). For example, the phrase *feeling blue* is used to describe sadness in Westernized cultures but does not translate to other languages. Differences in personality across cultures could be due to real cultural differences, but they could also be consequences of poor translations, biased sampling, or differences in response styles across cultures (Schmitt, Allik, McCrae, & Benet-Martínez, 2007).

Most of the cross-cultural research on FFM and Big Five has been done using the NEO-PI (and its subsequent revisions) which has demonstrated equivalence, reliability and validity across several cross-cultural studies (Costa & McCrae, 1987; McCrae, Costa & Martin, 2005). Research using the NEO-PI found support for the entire Five-Factor Model in Chinese, Dutch, Italian, Hungarian, German, Australian, South African, Canadian, Finnish, Polish, Portuguese, Israeli, Korean, Japanese, and Filipino samples, in addition to other samples (McCrae, Costa, Del Pilar, Rolland, & Parker, 1998).

Rentfrow, Kosinski, Stillwell, Gosling, Jokela and Potter (2013) identified regional personality differences within the United States using the Big Five personality dimensions. The researchers analyzed responses from over 1.5 million individuals found that there are three distinct regional personality clusters

Cluster 1 is in the Upper Midwest and Deep South and is dominated by people who fall into the *friendly and conventional* personality which is defined by moderately high levels of Extraversion, Agreeableness, and Conscientiousness, moderately low Neuroticism, and very low Openness. The cluster has predominantly White residents with comparatively low levels of education, wealth, economic innovation, and social tolerance but are civically engaged in their communities.

Cluster 2 includes the West and is dominated by people who

are more relaxed, emotionally stable, calm, and creative which is defined as low Extraversion and Agreeableness, very low Neuroticism, and very high Openness. There are disproportionate numbers of non-White residents in this region, in addition to people who are wealthy, educated, and economically innovative.

Cluster 3 includes the Northeast which has more people who are stressed, irritable, and depressed. The personality profile shows low Extraversion, very low Agreeableness and Conscientiousness, very high Neuroticism, and moderately high Openness. There are disproportionate numbers of older adults and women in this region, in addition to affluent and college-educated individuals.

One explanation for the regional differences is selective migration (Rentfrow et al., 2013). Selective migration is the concept that people choose to move to places that are compatible with their personalities and needs. For example, a person high on the agreeable scale would likely want to live near family and friends, and would choose to settle or remain in such an area. In contrast, someone high on openness would prefer to settle in a place that is recognized as diverse and innovative (such as California).

Personality tests rely on self-report which is susceptible to response bias like socially desirability responding. To evaluate this possibility, McCrae and colleagues (2005) recruited students from 50 cultural groups and modified the NEO-PI to be in the third person (i.e., he, she, his, her). The research participants were asked to complete the form on someone else that they knew very well (McCrae et al., 2005). The same five factors emerged in this study. These results provided empirical support for the FFM and for the use of self-report instruments when conducting cross-cultural personality research. Think about it – there was no reason for the students to respond in a desirable way because they were answering questions about someone else.

Big Five as Universals

Finding similar factors across many cultures has provided support for the universality of the FFM personality trait structure. The five dimensions (Big Five) also seem to emerge in similar developmental stages (McCrae & Costa, 1997; McCrae et al., 1999) which provides additional support for universal traits. Longitudinal studies have found consistency in personality changes that occur across the lifetime, in both adults and adolescents (McCrae, et al., 1999; McCrae et al., 2000). Big Five research conducted with American and Flemish teens showed similar changes in personality from ages 12 to 18 (McCrae, et al., 2000) In addition, the period from young adulthood to middle adulthood is associated with increases in Conscientiousness and Agreeableness (Donnellan & Lucas, 2008) and decreases in Neuroticism, Openness, and Extraversion in several countries, including the United States, Germany, Italy, Portugal, Croatia, and South Korea (McCrae, et al., 1999; Terracciano, McCrae, Brant, & Costa, 2005).

Big Five or More

Although support for the Big Five across cultures is strong, it is unclear whether or not the Big Five personality traits are the best possible measure of personality for all cultures. Some researchers suggest that important aspects of some cultures are not captured by the Five Factor Model (Funder, 2010; Ashton, et al., 2004; Ashton & Lee, 2007). Results from several European and Asian studies have found overlapping dimensions with the Five Factor Model, as well as additional, culturally unique dimensions (Church, 2002). Several cross-cultural studies have identified other dimensions of personality

not captured by the Big Five including traits unique to China, Denmark, Bolivia and the Philippines.

Chinese psychologists created an indigenous personality test named the Chinese Personality Assessment Inventory (CPAI) which identified several traits that were not part of the Big Five that have been labelled Interpersonal Relatedness (Cheung, Leung, Fan, Song, Zhang, & Zhang, 1996; Cheung, et al., 2001). Support for this model was originally developed in studies conducted in mainland China and Hong Kong, China, but the existence of the Interpersonal Relatedness dimension of personality has also been found in samples from Singapore, Hawaii, and the Midwestern United States.

A distinct Filipino personality structure was also identified when an indigenous personality test was used in conjunction with a Western developed personality test. Church and colleagues (1998, 2002) used indigenous Filipino personality scales and the revised NEO-PI and found that there was overlap between the Filipino scales and the Five Factor Model. Researchers also found several unique indigenous factors such as *Pagkamadaldal* (Social Curiosity) and *Pagkamapagsapalaran* (Risk-Taking) that had predictive power greater than the Five Factor Model alone (Katigbak, Church, Guanzon-Lapeña, Carlota, & del Pilar, 2002). These new indigenous factors are highly predictive of smoking, gambling, praying and tolerance of behaviors outside of social norms (Matsumoto & Luang, 2013).

Studies conducted in Denmark and the Netherlands found an authoritarian personality structure. Hofstede and colleagues (1993) analyzed data from 1,300 Danes and found a sixth dimension not related to the five-factor model which they labelled Authoritarianism. This is an interesting finding because dominance and authoritarianism is connected to animal studies and animal personality (Hofstede, Bond & Luk, 1993).

Tsimane, a horticultural group living in the Bolivian Amazon

were administered a modified version of the FFM and there was little support for the five factors – two factors emerged that were not part of the Big Five. This is an example of research that used a non-industrial, non- WEIRDO sample and raises questions about whether FFM can generalize to non-industrial cultures (Gurven et al., 2013).

Ashton and Lee (2007) identified Honesty-Humility as a sixth dimension of personality when using English and Asian based adjectives to describe traits. People high in this trait are sincere, fair, and modest; whereas those low in the trait are manipulative, narcissistic, and self-centered. The HEXACO model is often used when traits of agreeableness or emotions are of particular interest in research. It should be clear that although there is strong support for the Big Five across cultures, some research suggests the existence of other traits besides simply the Big Five, which may ultimately improve our understanding of personality across different cultures.

Cultural Considerations and Personality

When measuring personality, we need to remember that when comparing traits across cultures we are using group averages. There are certainly differences in personality traits between cultural groups but there is still a lot of variability that exists within a specific culture (McCrae et al., 2005). Individualist cultures and collectivist cultures place emphasis on different basic values. People who live in individualist cultures tend to believe that independence, competition, and personal achievement are important. Individuals in Western nations such as the United States, England, and Australia score high on individualism (Oyserman, Coon, & Klemmelmier, 2002). People who live in collectivist cultures value social harmony, respectfulness, and group needs over individual needs. Individuals who live in countries in Asia, Africa, and South America score high on collectivism (Hofstede, 2001; Triandis, 1995). These values influence personality. For example, Yang (2006) found that people in individualist cultures displayed more personally oriented personality traits, whereas people in collectivist cultures displayed more socially oriented personality traits.

We also need to remember that people do not act consistently from one situation to the next and people are influenced by situational forces and culture. For example, individuals who score high on the Extraversion scale are likely to be outgoing and enjoy socializing but where, when and how they socialize will be influenced by culture (McCrae et al., 1998).

Indigenous Personality

Much of this chapter has been dedicated to the etic approach for understanding personality which posits that personality is innate, biological and universal but still acknowledges that culture plays an important role in shaping personality by way of geography (environment), resources, and social supports.

Indigenous Personality is a perspective that suggests personality can only be understood and interpreted within the context of the culture. In this way personality is considered emic, meaning that it is culturally specific and can only be understood within the culture from which it originates. This means that personality is not something that can be measured by a universal test.

The indigenous approach came about in reaction to the dominance of Western approaches to the study of personality in non-Western settings (Cheung et al., 2011). Because Western-based personality assessments cannot fully capture the personality constructs of other cultures, the indigenous model has led to the development of personality assessment instruments that are based on constructs relevant to the culture being studied (Cheung et al., 2011). Although there is debate within the indigenous psychology movement about whether indigenous psychology represents a more universalistic or a more relativistic approach (Chakkarath, 2012), most of these 10 characteristics are advocated by the majority of those in the indigenous psychology movement.

Self and Culture

At the foundation of all human behavior is the self—*our sense of personal identity and of who we are as individuals*. Because an understanding of the self is so important, it has been studied for many years by psychologists (James, 1890; Mead, 1934) and is still one of the most important and most researched topics in psychology (Dweck & Grant, 2008; Taylor & Sherman, 2008).

Identity

Identity refers to the way individuals understand themselves as part of a social group. It is a universal construct and depends on how we view ourselves and how we are recognized by others. Identity may be acquired indirectly from parents, peers, and other community members or more directly through enculturation. A person may hold multiple identities such as teacher, father, or friend. Each position has its own meanings and expectations that are internalized as identity. In this way, the specific content of any individual's or group's identity is culturally determined. Also, forming a connection with your identity is influenced by your culture. For example, in the United States it is common to link identity with a particular ethnic or racial group (e.g., Hispanic, African American, Asian American, and Jewish American among others) but we should remember that these categories are products of immigration and history. The history is unique to the United States so individuals from other cultures do not identify with the same cultural groups (Matsumoto & Luang, 2013).

We should also think of identity as dynamic and fluid. It can change depending on the context and the culture. Think about

it – when someone asks you where you are from, if you are in a foreign country you might say the United States. In a different situation you might say that you are from California even though you were actually born in Kansas and in a very small state like Hawaii you might identify by your high school (Matsumoto & Luang, 2013).

Our personal identity is the way that we understand ourselves and is closely related to our concept of self. Social identity reflects our understanding that we are part of social groups. Our sense of self is linked to how we see the world around us and how we see our relationships.

Self

Some nonhuman animals, including chimpanzees, orangutans, and perhaps dolphins, have at least a primitive sense of self (Boysen & Himes, 1999). We know this because of some interesting experiments that have been done with animals. In one study (Gallup, 1970), researchers painted a red dot on the forehead of anesthetized chimpanzees and then placed the animals in a cage with a mirror. When the chimps woke up and looked in the mirror, they touched the dot on their faces, not the dot on the faces in the mirror. This action suggests that the chimps understood that they were looking at themselves and not at other animals, and thus we can assume that they are able to realize that they exist as individuals. Most other animals, including dogs, cats, and monkeys, never realize that it is themselves they see in a mirror.

Infants who have similar red dots painted on their foreheads recognize themselves in a mirror in the same way that chimps do, and they do this by about 18 months of age (Asendorpf, Warkentin, & Baudonnière, 1996; Povinelli, Landau, & Perilloux, 1996). The child's knowledge about the self continues to develop as the child grows. By two years of age, the infant

becomes aware of his or her gender as a boy or a girl. At age four, the child's self-descriptions are likely to be based on physical features, such as hair color, and by about age six, the child is able to understand basic emotions and the concepts of traits, being able to make statements such as "I am a nice person" (Harter, 1998).

By the time children are in grade school, they have learned that they are unique individuals, and they can think about and analyze their own behavior. They also begin to show awareness of the social situation—they understand that other people are looking at and judging them the same way that they are looking at and judging others (Doherty, 2009).

Characteristics of the Self-Concept

Part of what is developing in children as they grow is the fundamental cognitive part of the self, known as the self-concept. The self-concept is *a knowledge representation that contains knowledge about us, including our beliefs about our personality traits, physical characteristics, abilities, values, goals, and roles, as well as the knowledge that we exist as individuals.*

The specific content of our self-concept powerfully affects the way that we process information relating to ourselves. But how can we measure that specific content? One way is by using self-report tests. One of these is a deceptively simple fill-in-the-blank measure that has been widely used by many scientists to get a picture of the self-concept (Rees & Nicholson, 1994). All of the 20 items in the measure are exactly the same, but the person is asked to fill in a different response for each statement. This self-report measure, known as the Twenty Statements Test (TST), can reveal a lot about a person because it is designed to measure the most accessible—and thus the most important—parts of a person’s self-concept.

Twenty Statements Test

Try it for yourself (at least 5 times)

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

I am (fill in the blank) _____

Although each person has a unique self-concept, we can identify some characteristics that are common across the responses given by different people on the measure.

- Physical characteristics
- Personality
- Social identity

Physical characteristics are an important component of the self-concept, and they are mentioned by many people when they describe themselves. If you've been concerned lately that you've been gaining weight, you might write, "I am *overweight*." If you think you're particularly good looking ("I am *attractive*"), or if you think you're too short ("I am *too short*"). Those things might have been reflected in your responses. Our physical characteristics are important to our self-concept because we realize that other people use them to judge us. People often list the physical characteristics that make them different from others in either positive or negative ways ("I am *blond*," "I am *short*"), in part because they understand that these characteristics are salient and thus likely to be used by others when judging them (McGuire, McGuire, Child, & Fujioka, 1978).

A second aspect of the self-concept relating to personal characteristics is made up of personality traits—the *specific*

and stable personality characteristics that describe an individual (“I am friendly,” “I am shy,” “I am persistent”). These individual differences are important determinants of behavior, and this aspect of the self-concept varies among people.

The remainder of the self-concept reflects its more external, social components; for example, memberships in the social groups that we belong to and care about. Common responses for this component may include “I am *an artist*,” “I am *Jewish*,” and “I am *a mother, sister, daughter*.” As we will see later in this chapter, group memberships form an important part of the self-concept because they provide us with our social identity —*the sense of our self that involves our memberships in social groups*.

Self and Culture

Although we all define ourselves in relation to these three broad categories of characteristics—physical, personality, and social – some interesting cultural differences in the relative importance of these categories have been shown in people’s responses to the TST. For example, Ip and Bond (1995) found that the responses from Asian participants included significantly more references to themselves as occupants of social roles (e.g., “I am Joyce’s friend”) or social groups (e.g., “I am a member of the Cheng family”) than those of American participants. Similarly, Markus and Kitayama (1991) reported that Asian participants were more than twice as likely to include references about other people in their self-concept as did their Western counterparts. This greater emphasis on either external or social aspects of the self-concept reflects the relative importance that collectivistic and individualistic cultures place on an interdependence versus independence (Nisbett, 2003).

Interestingly, bicultural individuals who report acculturation to both collectivist and individualist cultures show shifts in their self-concept depending on which culture they are primed to think about when completing the TST. For example, Ross, Xun, and Wilson (2002) found that students born in China but living in Canada reported more interdependent aspects of themselves on the TST when asked to write their responses in Chinese, as opposed to English. These culturally different responses to the TST are also related to a broader distinction in self-concept, with people from individualistic cultures often describing themselves using internal characteristics that emphasize their uniqueness, compared with those from collectivistic backgrounds who tend to stress shared social

group memberships and roles. In turn, this distinction can lead to important differences in social behavior.

One simple yet powerful demonstration of cultural differences in self-concept affecting social behavior is shown in a study that was conducted by Kim and Markus (1999). In this study, participants were contacted in the waiting area of the San Francisco airport and asked to fill out a short questionnaire for the researcher. The participants were selected according to their cultural background: about one-half of them indicated they were European Americans whose parents were born in the United States, and the other half indicated they were Asian Americans whose parents were born in China and who spoke Chinese at home.

After completing the questionnaires (which were not used in the data analysis except to determine the cultural backgrounds), participants were asked if they would like to take a pen with them as a token of appreciation. The experimenter extended his or her hand, which contained five pens. The pens offered to the participants were either three or four of one color and one or two of another color (the ink in the pens was always black). As shown in Figure 1 and consistent with the hypothesized preference for uniqueness in Western, but not Eastern cultures, the European Americans preferred to take a pen with the more unusual color, whereas the Asian American participants preferred one with the more common color.

Through these and other experiments two dimensions of self-concept emerged, the independent construal (concept) and the interdependent concept. Western, or more individualist cultures, view the self as separate and focus on self, independence, autonomy and self-expression are reinforced through social and cultural norms. This is the independent self-concept. Non-western or collectivistic cultures view the self as interdependent and inseparable from social context and individuals socialized to value

interconnectedness consider the thoughts and behaviors of others. Fitting in is valued over standing out.

Results from the TST studies described earlier provide additional support for the role of culture in shaping self-concept. Different demands that cultures place on individual members means that individuals integrate, synthesize, and coordinate worlds differently, producing differences in self-concept. Variations in self-concepts occur because different cultures have different rules of living and exist within different environments (natural habitat).

Intra-cultural Differences in Self-Concept

Cultural differences in self-concept have even been found in people's self-descriptions on social networking sites. DeAndrea, Shaw, and Levine (2010) examined individuals' free-text self-descriptions in the About Me section in their Facebook profiles. Consistent with the researchers' hypothesis, and with previous research using the TST, African American participants had the most the most independently (internally) described self-concepts, and Asian Americans had the most interdependent (external) self-descriptions, with European Americans in the middle.

As well as indications of cultural diversity in the content of the self-concept, there is also evidence of parallel gender diversity between males and females from various cultures, with females, on average, giving more external and social responses to the TST than males (Kashima et al., 1995). Interestingly, these gender differences have been found to be more apparent in individualistic nations than in collectivistic nations (Watkins et al., 1998).

Neural Basis for Self

There is neuro-cultural evidence supporting the two definitions of self-construals first proposed by Markus and Kitayama (e.g., independent and interdependent, 1991). Neuro-cultural research of self uses neuroscience and imaging techniques to describe and understand the biological processes that underlie our understanding of self (Chiao, Harada, Komeda, Li, Mano, Saito...2009; Zhu, Zhang, Fan, & Hana, 2007). One of the more common methods of determining brain areas that pertain to different cognitive processes is by using Functional Magnetic Resonance Imaging (fMRI) which measures blood flow in the brain. Areas with higher blood flow on fMRI scans are said to be activated. Chiao, et al., (2009) using fMRI results identified individualistic and collectivistic views of self in samples of Japanese and American students.

Chiao and colleagues (2009) found that participants who viewed themselves collectivistically showed greater fMRI activation in the medial prefrontal cortex (MPFC) than those who viewed themselves individualistically. The reverse is true when people describe themselves individualistically but these results were not clearly associated with specific cultures (e.g., Japan and United States). As described by the researchers, “cultural values and not necessarily their cultural affiliation” modulated the neural responses in their brains.

Beyond East and West Differences

The work by Markus and Kitayama (1991) has had a major effect on social, personality and developmental psychology and raised awareness for cultural considerations in psychology. Despite the positive impact, there has been limited empirical support for independent and interdependent self-construals (Matsumoto, 1999) with some studies reporting contradictory findings. Recent research conducted by 71 researchers, across 33 countries and encompassing 55 cultural groups challenged the dichotomous view first proposed by Markus and Kitayama. The researchers conducted a series of studies (Vignoles... 2016) that examined a single dimension of Independent/Interdependent, Western cultures as wholly independent, the relationship between individualist and collectivist cultures and Independent/Interdependent self-construals, as well as the role of religious heritage and socioeconomic development of cultures. Using data from over 7,000 adults, the authors identified seven dimensions that encompass both independent and interdependent self-construals:

- Difference
- Connection
- Self-Direction
- Self-Reliance
- Consistency
- Self-Expression
- Self-Interest

At the level of the individual these seven dimensions represent the different ways that we see ourselves and our relationships

with other people. The dimensions can also represent cultural norms about self that are reinforced and maintained by cultural practices and social structures.

When the researchers tested the 7-dimension model, their results contradicted many long-held beliefs about independent, individualistic, interdependent and collectivist cultures. First, Western cultures scored above average on five of the dimensions but were below average on the dimensions self-reliance and consistency. Thus, the common view that Western cultures are wholly independent was not supported.

Latin American cultures had scores very similar to Western cultures on the difference and self-expression dimensions but scored higher on consistency and self-interest which also challenged the common view of Latin America as wholly interdependent. The economically poorest samples in the study scored highest on self-interest and were negatively associated with individualism, whereas Western cultures scored high on commitment to others which challenges the view that rich Western cultures are selfish.

Religious heritage was also an important variable in the study. Muslim and Catholic samples had very distinct dimension profiles that showed high scores for consistency. This may be related to the tenets of both faiths that salvation is related to behaviors so behaving consistently – across different situations and settings would be important.

The results of Vignoles and colleagues demonstrated that self, whether measured at the individual level or cultural level, is not binary. Independence and interdependence is a complex interaction of heritage, socioeconomic development, settlement patterns, and ecological contexts. By moving away from a dichotomous view of self, psychologists have an opportunity to expand our understanding of self and its relationship to culture.

Self-Enhancement and Self-Effacement

Related to self-concept is **self-enhancement**, the processes that we use to bolster self-esteem. Early research linked enhancement with individualistic cultures (Kitayama et al., 1999; Heine et al., 1999) however evidence for the culturally specific model has been mixed. The more commonly accepted view, pancultural perspective, argues that all cultures engage in enhancement but how, when and to what extent differs by culture (Brown, 2010; Becker et al., 2014; Sedikides et al., 2015). Cai and colleagues (2016) explored a pancultural theory of self-enhancement in Western (US) and Eastern (China) samples. Results revealed that participants endorsed more positive traits when describing themselves and also endorsed more negative traits as non-self-descriptive. The degree of this effect was higher in the Western than Eastern sample confirming that self-enhancement is positive in both cultures but it is higher among the Western sample.

Imagine you are the lead on a major work project and have been asked to provide a status update on the project to the executive board. You and your team spend hours preparing the presentation. At the end of the presentation, one of the board members congratulates you on the project and the presentation. In reply you say, "I am dedicated to this project and work really hard to meet the

expectations.” This could be considered an example of self-enhancement because you emphasize your dedication and role to the project.

Self-effacement is the tendency to downplay one’s virtues or characteristic. In general Asians tend to be more self-effacing (although most studies only use samples from Japan and China) (Kurman, 2003). Under normal conditions, self-effacement is a facet of modesty and is not a lack of confidence or of self-esteem. Self-effacement reflects cultural norms and in some collectivist cultures, such as in China and Japan, consider modesty a virtue. Self-effacing tactics are used to reduce the social risk of offending others so in this way self-effacement is not linked to self-esteem.

Let’s consider our earlier scenario and the congratulations offered by a board member. If this time you say, “It had nothing to do with me, it is my team.” This could be considered an example of self-effacement because you understate your role and emphasize the team members.

Most of the research in this area has focused on cross-cultural research between Western and Eastern cultures. Suzuki and colleagues (2008) examined the role of self-enhancement and self-effacement and reactions to criticism among multicultural, female youth in the United States. Results revealed that European American and African American youth had more self-enhancing reactions to praise. Asian American and Hispanic youth were less self-enhancing and more self-effacing than the other two groups. The differences in reactions to praise were explained by differences in generational histories in the United States and cultural exposure. The youth with the

highest self-enhancing reactions (European Americans and African Americans) were all born in the United States with greater exposure to individualist norms.

Asian American and Hispanic study participants reported that at least one person in their household were born abroad in less individualist and more collectivist cultures. These differences explain why the Asian American and Hispanic youths might have had more self-effacing reactions.

Better than average effect (BTAE; Wylie, 1979) is considered a form of bias or inaccuracy in self-assessment because while most people are average, only a minority of people recognize this reality. Research using the direct method asks participants to evaluate themselves in comparison to an average person on a single test (scale). Using the indirect method participants rate themselves and the average person on separate scales and average evaluation is subtracted from the ratings. Research on the BTAE that in the United States adults typically consider themselves to be more intelligent and more attractive than average and this effect was stronger for male than females. Early studies found that BTAE was associated with individualistic and not collectivist cultures; one researcher even asserted that it was not found in Japan but this research was not conclusive. It is possible that BTAE is correlated with age. Zell (2016) found that older adults rated themselves worse than average on some age-related measures. One study that examined prisoners and BTAE found that a significant number considered themselves to be more prosocial than other prisoners (Sedikides, Meek, Alicke & Taylor, 2013).

Summary

Personality traits are not just a useful way to describe people; they actually help psychologists predict if someone is going to be a good worker, how long he or she will live, and the types of jobs and activities the person will enjoy. The culture in which you live is one of the most important factors that shapes your personality and Western ideas about personality may not be applicable to other cultures. In fact, there is evidence that the strength of personality traits varies across cultures. It may be most productive to think of the Five Factor Model as a framework for beginning to explore systematically individual differences in behavior within a particular culture.

Identity and self are linked concepts that encompasses what we think and feel about ourselves, as well as our relationships with others. Neuro-cultural research confirms self as a universal but culture contexts define the conditions that self will be expressed. For example, certain values are emphasized or sanctioned within culture (e.g., modesty, independence, cooperation, empathy). Independent and interdependent self-concepts coexist simultaneously within individuals and culture provides the framework for self-expression

Vocabulary

Better than average effect (BTAE) is considered a form of bias or inaccuracy in self-assessment because while most people are average, only a minority of people recognize this reality

Characteristic refers to qualities of culture and what is considered good and bad within a specific culture.

Cultural identity (sometimes called collective identity) is similar to social identity and refers to our group members and the recognition that we are members of a group.

Identity is a psychological term used to explain the way individuals understand themselves as part of a social group and are recognized by others as members of the social group

Independent self refers to a sense of self that views the self as a bounded entity (separate) from others that are seen as important

Interdependent self refers to a sense of self that views the self as integrated, flexible and depends on the context or the situation; fundamental connectedness to others

Personal identity is the way that we understand ourselves (e.g., personality, traits, and preferences) and is closely related to our concept of self.

Personality is one of the things that make us unique from one another and are long term, stable, and not easily changed. Considered heritable and biological.

Personality traits reflect patterns of thoughts, feelings, and behaviors that are relatively consistent and stable but are influenced by situational determinants

Social identity reflects our understanding that we are members of groups.

Self is a psychological construct that unconsciously and automatically influences our thoughts, actions, and feelings.

Self-concept refers to cognitive representations of one's own

self or images one has about oneself; our sense of self is linked to how we see the world around us and is also linked to how we see our relationships.

Self-effacement is the tendency to downplay one's virtues or characteristics

Self-enhancement is the name given to psychological processes that we use to bolster self-esteem

Temperament is a hereditary aspect of personality, including sensitivity, moods, irritability, and distractibility. Temperament can be seen as part of our personality.

PART IX

CULTURE AND PHYSICAL HEALTH



Algerian college students receive stress counselling.

As a student, you probably work to maintain good grades, have an active social life, and to stay healthy but there is a popular joke about what it's like to be in college -You can only pick two of these things. The busy life of a college student doesn't always allow you to maintain and balance all three areas of your life, especially around midterm and finals. Researchers found that students taking exams were more stressed, smoked more, drank more caffeine, had less physical activity, and had worse sleep habits (Oaten & Chang, 2005), all of which could have

detrimental effects on their health. Positive health practices are especially important during times of stress, but how have habits you have been enculturated into shaped those practices? What are the similarities and differences in staying healthy as a college student in the United States compared to other countries?

Globally, human beings are living longer than ever but living a longer life does not necessarily mean we are living healthier. Researchers in the field of health want to improve our understanding of how social and technological advances in medicine and lifestyle are being undermined by increasing rates of obesity, unhealthy behaviors and widening gaps in access to health care. For centuries of human history, life expectancy has slowly and steadily risen for each generation; however, current unhealthy habits (smoking, substance abuse, obesity) may potentially threaten this trend. The *New England Journal of Medicine* reported that the average youth of today may live less healthy, and even shorter, lives than their parents (Olshansky, et. al., 2005). If that is the case, today's youth would be the first generation in modern, recorded history to NOT automatically be expected to outlive the generation that raised them.

What Does it Mean to be Healthy?

The meaning of health has evolved over time but early definitions of health focused on the theme of the body's ability to function. Originally health was seen as a state of normal function that could be disrupted from time to time by disease. **Disease** is a broad reference to any condition that impairs normal functioning of the body. Most Western countries focus on the physical processes – pathology, biochemistry and physiology of a disease – as primary contributors to health. This is known as the biomedical model. According to the **biomedical model**, health means freedom from disease, pain, or defect but does not consider the role of social factors or individual subjectivity. There is a contrasting model of health that takes a more holistic approach, often referred to as traditional medicine.

The World Health Organization (WHO) defines **traditional medicine** as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures” (WHO, 2019). In 1977, American psychiatrist George Engel developed an interdisciplinary model that looked at the interconnection between biology, psychology, and socio-environmental factors. With his biopsychosocial approach, Engel strived for a more holistic approach to health by recognizing that each patient has his or her own thoughts, feelings, and history.

Engel's **biopsychosocial model** views the development of illness through the complex interaction of biological factors (genetic, biochemical), psychological factors (mood, personality, behavior) and social factors (cultural, familial, socioeconomic, medical). For example, a person may have a

genetic predisposition for depression, but he or she may have social factors such as extreme stress at work and family life, and psychological factors such as a perfectionistic tendency, which when combined can trigger this genetic code for depression.

Global Definition of Health

Health, as defined by the World Health Organization (WHO), is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2019). This definition has been subject to controversy, as it may have limited value for implementation. Generally, the context in which we live our lives is critical for our health and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through intelligent lifestyle choices and efforts of the individual, as well as larger society.

According to the World Health Organization the main determinants of health include:

- Social environment
- Economic environment
- Physical environment
- Individual characteristics and behavior
- Global Indicators of Health

Health indicators are quantifiable characteristics of a population which researchers use for describing the health of a population. Adopting a standard system with reliable measures for defining health is important for global monitoring of changes in health (see Chapter 3 for more about reliability). Researchers using data collected from around the world look for patterns in identifying, preventing, and treating disease. There are three common global health indicators identified by The World Health Organization (WHO) that directly and indirectly measure and monitor global health:

1. Life expectancy
2. Infant mortality
3. Subjective well-being

These three indicators serve as standard measures to assist health professionals working in both developed and developing countries. Each indicator is discussed in greater detail.

Life Expectancy

Life expectancy (LE) is a statistical measure of the average time an organism (in our case human) is expected to live, based on the year of its birth, its current age and other demographic factors including gender. There are great variations in life expectancy between different parts of the world, mostly caused by differences in public health, medical care, and diet. Comparing life expectancies from birth across countries can be problematic. There are differing definitions of live birth versus stillbirth even among more developed countries, and less developed countries often have poor reporting.

Worldwide, the average life expectancy at birth was 71.5 years, 68.4 years for males and 72.8 years for females over the period 2010–2015 according to United Nations World Population Prospects (UN Population Prospects, Revised 2015).

In the United States, African-American people have shorter life expectancies than their European-American counterparts. For example, white Americans born in 2010 are expected to live until age 78.9, but black Americans only until age 75.1. In contrast, Asian-American women live the longest of all ethnic groups in the United States, with a life expectancy of 85.8 years. The life expectancy of Hispanic Americans is 81.2 years (Center for Disease Control, CDC, 2019).

Overall, the United States ranks 49 globally in LE. The highest life expectancy is found in Monaco (Europe) and the lowest life expectancy is found in Angola (Africa) (“Life Expectancy”, 2019). Ranking 49 in the world in life expectancy doesn’t sound so bad when you consider over 200 countries contribute data but it is problematic and concerning given the comparative abundance of resources of the United States. Some argue that the United States, with access to health sciences, technology,

and supported innovation should be a global leader in life expectancy rates with a much higher global ranking.

Health in American Culture

Given that the United States spends more on health care than most (if not all) industrialized nations in the world, one could reasonably expect the American people to be some of the healthiest citizens in the world. How is it then that modern Americans are significantly *less* healthy than other societies and, may even be expected to live shorter lives than previous generations? In previous chapters, westernized ideals of control, choice, short-term time orientation, and capitalism were explored as influencing how young people are enculturated in the United States.

In this chapter, aspects of western culture will be viewed through the lens of their impact on our physical health including our perceptions of health, desire to be health and access to health education and resources. In this chapter we will explore the impact of American culture on four aspects of health in United States society:

- American diet
- Sleep hygiene
- Socio-economic status
- Ethnic and racial disparity

Diet

The history of United States Department of Agriculture (USDA) nutrition guides includes over 100 years of American nutrition advice. The guides have been updated over time to adopt new scientific findings and new public health marketing techniques. The current guidelines are the Dietary Guidelines for Americans 2015 – 2020. What the government promotes as a healthy diet has not only changed over the course of generations but is often heavily influenced by societal values at that time.

These guidelines have been criticized over time as not accurately representing scientific information about optimal nutrition, and as being overly influenced by profit, personal interest, and the agricultural industries the USDA promotes. The introduction of the USDA's food guide pyramid in 1992 attempted to express the recommended servings of each food group into the American diet.

MyPlate is the current nutrition guide published by the United States Department of Agriculture, consisting of a diagram of a plate and glass divided into five food groups. It replaced the USDA's MyPyramid diagram in 2011, ending 19 years of food pyramid iconography (USDA, 2019).

Diet is the sum of food consumed by an organism or group, and should not be confused with **dieting**, which refers to food restriction with the goal of weight control. Numerous studies have attempted to identify contributing factors for poor health habits in the United States that have contributed to rising rates of obesity and diseases related to obesity. These studies have resulted in numerous hypotheses as to what those key factors are. A common theme is that of too much food, too little exercise, and a sedentary schedule; however, these themes are increasingly viewed as overly simplistic and lacking in

awareness to the complex approaches that are needed to improve healthy living for all Americans. For example, while dieting, people tend to consume more low-fat or fat-free products, even though those items can be just as damaging to the body as the items with fat. Currently, less than 20% of all Americans meet the recommended minimum dietary guidelines for optimal health (“Health Diet”, n.d).

Other factors not directly related to caloric intake and activity levels are also believed to contribute to lowered physical fitness and higher body-mass index (BMI) rates. These include careers that involve long hours of sitting, decreased ability to delay gratification, and heavy marketing to promote unhealthy foods. Genetics are also believed to be a factor that contributes to higher BMI. In a 2018 study, researchers stated that the presence of the human gene APOA2 could result in a higher BMI in individuals. Also, the probability of obesity can even start before birth due to things that the mother does such as smoking and gaining a lot of weight.

Among the complex factors impacting eating habits in American culture are two key enculturated trends:

- Consumer culture
- Mixed media messaging

Consumer culture focuses on the spending of the customer’s money on material goods to attain a lifestyle in a capitalist economy. Over the years, people of different age groups are employed by marketing companies to help understand the beliefs, attitudes, values, and past behaviors of the targeted consumers. As consumers grow increasingly removed from food production, the role of product creation, advertising, and publicity become the primary vehicles for information about food. With processed food as the dominant category, marketers have almost infinite possibilities in developing their products for mass appeal.

Today's American citizens are inundated with marketed messages that food choices should be fast, bring us pleasure, and meet our emotional needs over physiological needs. Of the food advertised to children on television, 73% is fast or convenience foods ("Consumer Culture", 2019). Additionally, Americans are often enculturated to pursue personal satisfaction while also adhering to unrealistic standards of fitness and attractiveness. Our consumer culture promotes these conflicting standards with mixed messaging in various media formats.

Mixed messaging can refer to any communication that is contradictory, inconsistent, or unclear, especially in its motive or intent. Media advertisements, athletic and entertainer role-models, and character storylines are often embedded (subtly, or at times, overtly) with the message that Americans "deserve" to feel good but must also look good in the process.

With 1 out of 3 adults and 1 out of 6 children in the United States categorized as excessively overweight by the Centers for Disease Control (CDC) it is imperative to examine the factors affecting this damaging trend (Obesity, 2019). We will talk in Chapter 10 about the cultural relationship Americans have with diet and appearance, which contributes to the formation of eating disorders, further damaging overall health and well-being.

Sleep Hygiene

Sleep hygiene is the recommended behavioral and environmental practice that is intended to promote better quality sleep. Sleep hygiene recommendations include establishing a regular sleep schedule, using naps (with care), avoiding physical or mental exercise too close to bedtime, limiting worry, limiting exposure to light in the hours before sleep, getting out of bed if sleep does not come, not using bed for anything but sleep and sex, avoiding alcohol, nicotine, caffeine, and other stimulants in the hours before bedtime, and having a peaceful, comfortable and dark sleep environment.

One set of recommendations relates to the timing of sleep. For adults, getting less than 7–8 hours of sleep is associated with a number of physical and mental health deficits. A top sleep hygiene recommendation is allowing enough time for sleep. There is also focus on the importance of waking up each around the same time every morning and generally having a regular sleep schedule

Human sleep needs vary by age and among individuals. Sleep is considered to be adequate when there is no daytime sleepiness or dysfunction. Researchers have found that sleeping 7–8 hours each night correlates with longevity and cardiac health in humans, though many underlying factors may be involved in the causality behind this relationship.

Research also suggests that sleep patterns vary significantly across cultures (“Sleep”, 2019). **Sleep deprivation**, also known as **insufficient sleep** or sleeplessness, is the condition of not having enough sleep. According to the Centers for Disease Control and Prevention (CDC), 79% of Americans are currently getting less than the recommended 7-hour minimum of quality sleep per night. The United States experiences some of the highest rates of sleep deprivation and sleep disorder rates

in the industrialized world; it is worth examining aspects of American culture that contribute to this trend.

Researchers examining health trends in the United States have highlighted our time-sensitive culture, emphasis on technology, and general attitudes toward sleep as contributing factors to our sleep hygiene. In 2000, the average American worked 1,978 hours per year, 500 hours more than the average German but 100 hours less than the average Czechoslovakian (“Sleep”, 2019). Overall the United States labor force is one of the most productive in the world, largely due to its workers working more than those in any other post-industrial country (excluding South Korea). Americans generally hold working and being productive in high regard. Being busy and working extensively is a source of pride for many and, as they say in America, “time is money.” Additionally, while there is little dispute that technology has enhanced our daily lives, studies show it is also negatively impacting our sleep habits. The increased stimulation of our devices can make it more difficult to unwind at the end of the night, while the unique light put off by these devices also block key sleep hormones. According to the National Sleep Foundation (2019), children (ages 6-17) who slept in the same room as an electronic device reduced the amount of quality sleep by one-hour each night.

Overall health is correlated with the quantity and quality of our sleep. Studies have shown that those who engaged in protective habits (e.g., getting 7–8 hours of sleep regularly, not smoking or drinking excessively, exercising) had fewer illnesses, felt better, and were less likely to die over a 9–12-year follow-up period (Belloc & Breslow 1972; Breslow & Enstrom 1980). For college students, health behaviors can even influence academic performance. Poor sleep quality and quantity are related to weaker learning capacity and academic performance (Curcio, Ferrara, & De Gennaro, 2006). Overall, people with sleep less are more likely to be obese, report higher levels of stress, and/or report symptoms of a mood disorder

than those who obtain optimal levels of sleep each night (CDC, 2014).

Socioeconomic Status (SES)

Socioeconomic status (SES) is an economic and social combined total measure of a person's economic and social position in relation to others, based on income, education, and occupation; however, SES is more commonly used to depict an economic difference in society as a whole. Socioeconomic status is typically broken into three levels (high, middle, and low) to describe the three places a family or an individual may fall in relation to others. Recently, there has been increasing interest from researchers on the subject of economic inequality and its relation to the health of populations.

Socioeconomic status is an important source of health inequity, as there is a very robust positive correlation between socioeconomic status and health. Socioeconomic status in the United States is related to health outcomes. Individuals higher in the social hierarchy, typically, enjoy better health than do those lower in the hierarchy. Low income and education levels have been shown to be strong predictors of a range of physical and mental health problems. These health problems may be due to environmental conditions in living and workspaces, increased levels of stress, lack of access to healthcare, food scarcity or poor nutrition. This correlation suggests that it is not only the poor who tend to be sick when everyone else is healthy, but that there is a continual gradient, from the top to the bottom of the socio-economic ladder, relating status to health.

Education in higher socioeconomic families is typically stressed as more important, both within the household, as well as the local community. In poorer areas, where food, shelter and safety are priority, education often takes a backseat –

becomes less of a priority. American youth are particularly at risk for many health and social problems in the United States. Overall, lower socioeconomic status has been linked to chronic stress, heart disease, ulcers, type 2 diabetes, rheumatoid arthritis, certain types of cancer, and premature aging.

Social class in the United States is a controversial issue, having many competing definitions, models, and even disagreements over its very existence. Many Americans believe that in the country there are just three classes: the American rich; the American middle class; the American poor. Most definitions of the social classes in the United States entirely ignore the existence of parallel Black, Hispanic and minorities communities. SES differences in health have long been associated by many Americans as related to poor impulse control, unhealthy habits, and an overall lack of motivation (Braveman, et al, 2010). One difficulty with this oversimplification is that these attitudes reduce poverty (and related problems associated with lower SES) as a problem with the individual rather than a reflection of complex societal components that contribute to poor health and lower life expectancy. The assumption that individual choices and internal control are enough to overcome the impact of poverty further adds to the difficulty impoverished people have in overcoming economic hardships. Educational, economic, and health care inequity within lower SES groups have each been shown to correlate with poor health must be addressed in order to create meaningful change in the health of Americans (Braveman, et al, 2010). Given the ranking of the United States across global indicators, we might do well to address poor health of Americans as a social problem and not a personal problem.

Race and Ethnicity

The United States is a racially diverse country. Race and ethnicity in the United States is a complex topic both because the United States has a racially and ethnically diverse population and because of a history of racism involving slavery and segregation that persists to present day. At the federal level, race and ethnicity have been categorized separately. **Race** refers to a classification of humans into groups based on physical traits, ancestry, genetics or social relations, while **ethnicity** refers to a category of people who identify with each other based on similarities such as common ancestry, language, history, society, culture or nation. **Race and health** refers to how being identified with a specific race influences health.

Race and ethnicity often remain undifferentiated in health research. Differences in health status, health outcomes, life expectancy, and many other indicators of health in different racial and ethnic groups are well documented. Some individuals in certain racial groups receive less care, have less access to resources, and live shorter lives in general. Epidemiological data indicates that racial groups are unequally affected by diseases, in terms of morbidity and mortality. These health differences between racial groups create racial health disparities.

Health disparities are defined as preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Health disparities are intrinsically related to the historical and current unequal distribution of social, political, economic and environmental resources (“Health Equity”, 2019). The relation between race and health has been studied from a multidisciplinary perspective, paying

attention to how racism influences health disparities and how environmental factors and physiological factors respond to each other and to genetics.

Current evidence supports the notion that these racially centered disparities continue to exist and are a significant social health issue. A current report from the Centers for Disease Control (CDC, 2019) found that 700 women died from preventable complications of pregnancy in the United States, a rate higher than any other developed country, but the rate of death was higher for Black and Native American women. The death rate for Black mothers was over 3 times higher than for white mothers and the rate for Native American mothers was over 2 times higher than for white mothers. A majority of these deaths are largely preventable and some relate to implicit racial bias that is unrelated to social status, income or education.

Minority populations have increased exposure to environmental hazards that include lack of neighborhood resources, structural and community factors as well as residential segregation that result in a cycle of disease and stress (Gee, 2004). Racial segregation is another environmental factor that occurs through the discriminatory action of those organizations and working individuals within the real estate industry, whether in the housing markets or rentals. Even though residential segregation is noted in all minority groups, blacks tend to be segregated regardless of income level when compared to Latinos and Asians. Thus, segregation results in minorities clustering in poor neighborhoods that have limited employment, medical care, and educational resources, which is associated with high rates of criminal behavior (Williams, 2005). In addition, segregation affects the health of individual residents because the environment is not conducive to physical exercise due to unsafe neighborhoods that lack recreational facilities and have nonexistent recreational space.

Racial and ethnic discrimination adds an additional element to the environment that individuals have to interact with daily.

Individuals that report discrimination have been shown to have an increased risk of hypertension in addition to other physiological stress-related affects (Mujahid, 2011). The high magnitude of environmental, structural, socioeconomic stressors leads to further compromise on the psychological and physical being, which leads to poor health and disease (Gee, 2004).

Global Health Cross-Cultural Comparisons

Many of the factors explored in American health also relate to global health such as:

- Access to health education and care
- Socioeconomic and racial disparities
- Food or housing scarcity

Health disparities are also due in part to cultural factors that involve practices based not only on sex, but also gender status. For example, in China, health disparities have distinguished medical treatment for men and women due to the cultural phenomenon of preference for male children. Additionally, a girl's chances of survival are impacted by the presence of a male sibling. Girls do have the same chance of survival as boys if they are the oldest girl – they have a higher probability of being aborted or dying young if they have an older sister.

In India, SES and gender-based health inequities are apparent in early childhood. Many families provide better nutrition for boys in the interest of maximizing future productivity given that boys are generally seen as breadwinners. In addition, boys receive better care than girls and are hospitalized at a greater rate. The magnitude of these disparities increases with the severity of poverty in a given population.

Additionally, the cultural practice of female genital mutilation (FGM) is known to impact women's health, though is difficult to know the worldwide extent of this practice.

Female genital mutilation (FGM), also known as female genital cutting and **female circumcision**, is the ritual cutting or removal of some or all of the external female genitalia. While generally thought of as a Sub-Saharan African practice, it may have roots in the Middle East as well. The estimated 3 million girls who are subjected to FGM each year potentially suffer both immediate and lifelong negative effects. Long-term consequences include urinary tract infections, bacterial vaginosis, pain during intercourse, and difficulties in childbirth that include prolonged labor, vaginal tears, and excessive bleeding (“Female Genital Mutilation”, 2019).

Globally, the poorest countries in the world remain the least healthy (CDC, 2018). In 2015, the World Health Organization (WHO) identified the need for multiple countries to unify in targeting health disparity and basic rights/needs. The **Sustainable Development Goals** (SDGs) are a collection of 17 global goals set by the United Nations (UN) General Assembly in 2015 for the year 2030. According to the United Nations, the long-term target is to reach the communities farthest behind and most in need.

There are 169 targets for the 17 goals. Each target has between 1 and 3 indicators used to measure progress toward reaching the targets. There are many obstacles to realizing this global call to end human suffering, improve the environment, and ensure access to basic needs. Critics of SDG’s highlight the high cost of achieving even the initial target goals and suggest the plan is overly complex. Currently, world leaders continue to work with the United Nations in pursuit of global peace and prosperity to improve human health and well-being.

Summary

There is considerable cultural variation in what it means to be healthy. The World Health Organization (WHO) has developed a widely adopted definition of health to include a biopsychosocial approach to well-being. For many, the identification of health versus illness often depends on subjective labeling of how a person feels in the moment, but in reality, overall health is determined by a complex set of variables. There is a great deal of intracultural variability in the United States when it comes to health and well-being. In particular, disparity exists in groups based on socioeconomic status and race/ethnicity when it comes to access to health resources and care. Additionally, enculturated experiences, perceptions, and values further influence American health in regard to diet and sleep hygiene. The future of health in the United States and globally will be shaped by the ability of future generations to tackle the complex challenges faced within each culture.

Infant Mortality

Infant mortality is the death of young children under the age of 1 and **infant mortality rate (IMR)** is the number of deaths of children under one year of age per 1000 live births. Infant mortality rate is used to standardize infant deaths for global comparisons (WHO, 2019). Premature birth is the largest contributor to the IMR. Other leading causes of infant mortality are birth asphyxia, pneumonia, congenital malformations, diseases and malnutrition. Many factors contribute to infant mortality, such as the mother's level of education, environmental conditions, and political and medical infrastructure. Improving sanitation, access to clean drinking water, immunization against infectious diseases, and other public health measures can help reduce high rates of infant mortality.

The reported IMR provides one statistic which reflects the standard of living in each nation. However, the method of calculating IMR often varies widely between countries, based on how they define a live birth and how many premature infants are born in the country. For these reasons, reporting infant mortality rate can be inconsistent and may be *understated*. Of the 27 most developed countries, the United States has the highest IMR, despite spending much more on health care per capita. In particular, IMR varies greatly by race and socio-economic status ("Infant Mortality", 2019). These numbers are disconcerting given the resources available and technological advances available for health care in the United States. The relatively high IMR raises questions about culture and the impact this racial and socio-economic disparity has on infant health.

Subjective Well-Being

Subjective well-being (SWB) is the scientific term for happiness and life satisfaction—thinking and feeling that your life is going well, rather than badly. Levels of subjective well-being are influenced by both internal factors, such as personality and outlook, and external factors, such as the society in which they live. Some of the major determinants of SWB are a person's inborn temperament, the quality of their social relationships, the societies they live in, and their ability to meet their basic needs. Although there are additional forms of SWB, the three in the table below have been studied extensively. The table also shows that the causes of the different types of happiness can be somewhat different.

There are different causes of happiness, and that these causes are not identical for the various types of SWB and high SWB is achieved by combining several different important elements (Diener & Biswas-Diener, 2008). People who promise to know *the* key to happiness are oversimplifying.

Some people experience all three elements of happiness and are very satisfied, enjoy life, and have only a few worries or other unpleasant emotions. Other unfortunate people are missing all three. For example, imagine an elderly person who is completely satisfied with her life—she has done most everything she ever wanted—but is not currently enjoying life that much because of the infirmities of age. There are others who show a different pattern who are having fun, but who are dissatisfied and believe they are wasting their lives.

Importantly, researchers have also studied the outcomes of SWB and have found that people you report being happier are more likely to be healthier and live longer, to have better social relationships, and to be more productive at work (Diener & Tay, 2012; Lyubomirsky, King, & Diener, 2005). In other words, people

high in SWB seem to be healthier and function more effectively compared to people who are chronically stressed, depressed, or angry. Happiness does not just feel good in the moment, but it is good for people over time and for those around them.

Money and Happiness

A certain level of income is needed to meet our needs, and very poor people are frequently dissatisfied with life (Diener & Seligman, 2004); however, having more and more money has diminishing returns. This means that higher and higher incomes make less and less difference to happiness. Wealthy nations tend to have higher average life satisfaction than poor nations, but the United States has not experienced a rise in life satisfaction over the past decades, even as income has doubled. The goal is to find a level of income that you can live with and earn.

You should not let your aspirations continue to rise so that you always feel poor, no matter how much money you have. Research shows that materialistic people often tend to be less happy, and putting your emphasis on relationships and other areas of life besides just money is a wise strategy. Money can help life satisfaction, but when too many other valuable things are sacrificed to earn a lot of money—such as relationships or taking a less enjoyable job—the pursuit of money can harm happiness.

Self – Examination

Although it is beneficial generally to be happy and satisfied, this does not mean that people should be in a constant state of euphoria. In fact, it is appropriate and helpful sometimes to be sad or to worry. At times a bit of worry mixed with positive

feelings makes people more creative. Most successful people in the workplace seem to be those who are mostly positive but sometimes a bit negative. You do not need to be happiness superstar in order to be a superstar in life. What is not helpful is to be chronically unhappy. If you feel mostly positive and satisfied, and yet occasionally worry and feel stressed, this is probably fine as long as you feel comfortable with this level of happiness. If you are a person who is chronically unhappy much of the time, changes are needed, which may include some professional support.

Vocabulary

Biopsychosocial model views human health as the result of reciprocal influences of bodily, psychological, interpersonal, and cultural influences over time and situations.

Diet is the sum of food consumed by an organism or group.

Disparity results when there is a difference, imbalance, or inconsistency where one should not otherwise exist.

Drive States are affective experiences that motivate us to fulfill goals that benefit our survival.

Food scarcity is the result of having limited access to adequate food and nutrition due to cost, proximity and/or other resources.

Disease is a broad reference to any condition that impairs normal functioning of the body.

Illness refers to the individual's own experience with his/her disease.

Infant mortality is the death of young children under the age of 1.

Life expectancy (LE) is a statistical measure of the average time an organism is expected to live, based on the year of its birth, its current age and other demographic factors including gender.

Subjective well-being (SWB) is a self-reported measure of overall health and wellness. It encompasses general and subjective areas of one's own life.

Sleep hygiene is a variety of different practices and habits that are necessary to have good nighttime sleep quality and full daytime alertness.

Social determinants are complex social structures and economic systems that can drive most health inequalities such as access to health care or education.

Socioeconomic status (SES) is an economic and social

combined total measure of a person's economic and social position in relation to others, based on income, education, and occupation.

PART X

CULTURE AND MENTAL HEALTH



A wreath is laid in memoriam to victims of the Washington Navy Yard shooting.

On Monday, September 16, 2013, a gunman killed 12 people as the workday began at the Washington Navy Yard in Washington, DC. Aaron Alexis, 34, had a troubled history: he thought that he was being controlled by radio waves. He called the police to complain about voices in his head and being under surveillance by “shadowy forces” (Thomas, Levine, Date, & Cloherty, 2013). While Alexis’s actions cannot be excused, it is clear that he had some form of mental illness. Mental illness is not necessarily a cause of violence, in fact it is far more likely that individuals with mental illness will be victims rather than perpetrators of violence (Stuart, 2003). If, however, Alexis had received the help he needed, this tragedy might have been averted.

When we hear about violent events it is common to ask yourself whether YOU are currently in “good” health? What are you thinking of to make that determination? Research shows that many (if not most) Americans automatically consider physical symptoms or the absence of illness to answer this question. Although many Americans acknowledge the importance of stress management and mental wellness to being productive and healthy, there remains to a tendency to highlight the physical in well-being and avoid acknowledging mental distress. In this chapter we will explore common conditions of mental illness and discuss the influence of culture in making a diagnosis and dispelling common misconceptions.

What is Mental Illness?

A **psychological disorder** is a condition characterized by abnormal thoughts, feelings, and behaviors. **Psychopathology** is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment. The term psychopathology can also refer to the manifestation of a psychological disorder. Although consensus can be difficult, it is extremely important for mental health professionals to agree on what kinds of thoughts, feelings, and behaviors are truly abnormal in the sense that they genuinely indicate the presence of psychopathology. Certain patterns of behavior and inner experience can easily be labeled as abnormal and clearly signify some kind of psychological disturbance. The person who washes his hands 40 times per day and the person who claims to hear the voices of demons exhibit behaviors and inner experiences that most would regard as abnormal. Abnormal refers to beliefs and behaviors that suggest the existence of a psychological disorder.

On the other hand, consider the nervousness a young man feels when talking to attractive women or the loneliness and longing for home a freshman experiences during her first semester of college—these feelings may not be regularly present, but they fall in the range of normal. So, what kinds of thoughts, feelings, and behaviors represent a true psychological disorder? Psychologists work to distinguish psychological disorders from inner experiences and behaviors that are merely situational, idiosyncratic, or unconventional.

Progress in the treatment of mental illness necessarily implies improvements in the diagnosis of mental illness. A standardized diagnostic classification system with agreed-upon definitions of psychological disorders creates a shared language among mental health providers and aids in clinical

research. While disorders have been recognized as far back as the ancient Greeks, it was not until 1883 that German psychiatrist Emil Kräpelin (1856–1926) published a comprehensive system of psychological disorders that centered on a pattern of symptoms (i.e., syndrome) suggestive of an underlying physiological cause. Other clinicians also suggested classification systems that became popular but the need for a single, shared system paved the way for the American Psychiatric Association’s 1952 publication of the first Diagnostic and Statistical Manual (DSM). The most recent version is the DSM-5 (2013). Each revision reflects an attempt to help clinicians streamline diagnosis and work better with other diagnostic systems such as health diagnoses outlined by the World Health Organization (WHO).

Summary

Psychological disorders are conditions characterized by abnormal thoughts, feelings, and behaviors. Although challenging, it is essential for psychologists and mental health professionals to agree on what kinds of inner experiences and behaviors constitute the presence of a psychological disorder. Inner experiences and behaviors that are atypical or violate social norms could signify the presence of a disorder; however, each of these criteria alone is inadequate. Harmful dysfunction describes the view that psychological disorders result from the inability of an internal mechanism to perform its natural function. Many of the features of harmful dysfunction conceptualization have been incorporated in the American Psychological Association (APA) formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signaled by significant disturbances in thoughts, feelings, and behaviors; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

Making a Diagnosis (The 3 D's)

While the concept of mental or psychological disorders is difficult to define, and no definition will ever be perfect, it is recognized as an extremely important concept and therefore psychological disorders (aka mental disorders) have been defined as a psychological dysfunction which causes distress or impaired functioning and deviates from typical or expected behavior according to societal or cultural standards. This definition includes three components (3 Ds)

- Dysfunction
- Distress
- Deviance

Dysfunction includes disturbances in a person's thinking, emotional regulation, or behavior that reflects significant dysfunction in psychological, biological, or developmental processes underlying mental functioning. In other words, dysfunction refers to a breakdown in cognition, emotion, and/or behavior. For instance, an individual experiencing the delusion that he is an omnipotent deity has a breakdown in cognition because his thought processes are not consistent with reality. An individual who is unable to experience pleasure has a breakdown in emotion. Finally, an individual who is unable to leave her home and attend work due to fear of having a panic attack is exhibiting a breakdown in behavior.

Distress can take the form of psychological or physical pain, or both at the same time. Simply put, distress refers to suffering. Alone though, distress is not sufficient enough to describe behavior as abnormal. Think about it – the loss of

a loved one causes even the most “normally” functioning individual pain and suffering. An athlete who experiences a career ending injury would display distress as well. Suffering is part of life and cannot be avoided. **Impairment** refers to when the person experiences a disabling condition that limits the ability to engage in activities of daily living (e.g., can no longer maintain minimum standards of hygiene, pay bills) or participate in social events (e.g., attending social events), work or school. Impairment can also interfere with the ability to perform important life roles (e.g., student, caregiver or parent).

A closer examination of the word abnormal shows that it indicates a move away from what is normal, typical, or average. **Deviance** refers to behavior that violates social norms or cultural expectations because culture determines what is normal. When a person is said to be deviant when he or she fails to follow the stated and unstated rules of society, called **social norms**. As you might expect there is a lot of cultural variation in acceptable behavior.

Earlier we learned about **cultural relativism** and that is considered normal by a culture can change over time due to shifts in accepted values and expectations. For instance, just a few decades ago homosexuality was considered taboo in the United States and it was included as a mental disorder in the first edition of the DSM; but today, it is generally accepted. Likewise, public displays of affection, do not cause a second look by most people unlike the past when these outward expressions of love were restricted to the privacy of one’s own house or bedroom. In the United States, crying is generally seen as a weakness for males but if the behavior occurs in the context of a tragedy then it is appropriate and understandable. Finally, consider that statistically deviant behavior is not necessarily negative. Cognitive genius is an example of behavior that is not the norm. Abnormality alone is not an indication of a disorder or problem.

Though not part of the DSM -5 conceptualization of what

abnormal behavior is, many clinicians add a fourth D – dangerousness to this list. **Dangerousness** refers to when behavior represents a threat to the safety of the person or the safety of others. Individuals expressing suicidal intent, those experiencing acute paranoid ideation combined with aggressive impulses (e.g., wanting to harm people who are perceived as being out to get them), and many individuals with antisocial personality disorder may be considered dangerous. Mental health professionals (and many other professionals including researchers) have a duty to report to law enforcement when an individual expresses an intent to harm themselves or others. Individuals with depression, anxiety, and obsessive-compulsive disorder are typically no more a threat to others than individuals without these disorders. It is very important to remember that having a mental disorder does not automatically mean that a person is dangerous and most dangerous individuals are not mentally ill.

History of Mental Illness

References to mental illness can be found throughout history. The evolution of mental illness, however, has not been linear or progressive but rather cyclical. Whether a behavior is considered normal or abnormal depends on the context surrounding the behavior and thus changes as a function of a particular time and culture. In the past, uncommon behavior or behavior that deviated from the sociocultural norms and expectations of a specific culture and period has been used as a way to silence or control certain individuals or groups.

As a result, a less cultural relativist view of abnormal behavior has focused on whether behavior poses a threat to oneself or others or causes so much distress that it interferes with one's responsibilities or relationships with family and friends.

Historical Explanations

Throughout history there have been three general theories of the etiology (causes) of mental illness: supernatural, somatogenic, and psychogenic.

- **Supernatural** theories attribute mental illness to possession by evil or demonic spirits, displeasure of gods, eclipses, planetary gravitation, curses, and sin.
- **Somatogenic** theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance.
- **Psychogenic** theories focus on traumatic or stressful experiences, maladaptive learned associations and

cognitions, or distorted perceptions.

Etiological theories of mental illness determine the care and treatment mentally ill individuals receive. Modern treatments of mental illness are mostly associated with the establishment of hospitals and asylums, beginning in the sixteenth century, to house and confine the poor, homeless, unemployed, criminals and those with mental illness. While inhumane by today's standards, the view of insanity at the time likened individuals with mental illness to animals (i.e., animalism) who did not have the capacity to reason, could not control themselves, were capable of violence without provocation, did not have the same physical sensitivity to pain or temperature, and could live in miserable conditions without complaint.

Etiological theories coexist today in what the psychological discipline holds as the **biopsychosocial model** of explaining human behavior. While individuals may be born with a genetic predisposition for a certain disorder, certain psychological stressors need to be present for the development of the disorder. Sociocultural factors such as sociopolitical or economic unrest, poor living conditions, trauma or problematic interpersonal relationships are also viewed as contributing factors. As much as we want to believe that in present day we are above the historical treatments now considered inhumane, or that the present is always the most enlightened time, we should not forget that our thinking today continues to reflect the same underlying somatogenic and psychogenic theories of mental illness discussed throughout this superficial and brief history of mental illness.

Culture-Bound Disorders

In medicine and medical anthropology, a **culture-bound syndrome**, culture-specific syndrome, or folk illness is a combination of psychiatric (brain) and somatic (body) symptoms that are considered to be a recognizable disease only within a specific society or culture. There are no objective biochemical or structural alterations of body organs or functions and the disease is not recognized in other cultures. The term culture-bound syndrome was included in the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) which also includes a list of the most common culture-bound conditions.

Within the ICD-10 (Chapter V) framework culture-specific disorders are characterized by:

- Categorization as a disease in the culture.
- Widespread familiarity in the culture.
- Complete lack of familiarity or misunderstanding of the condition to people in other cultures.
- No objectively demonstrable biochemical or tissue abnormalities.
- The condition is usually recognized and treated by the folk medicine of the culture.

Some culture-specific syndromes involve somatic symptoms (pain or disturbed function of a body part), while others are purely behavioral. Some culture-bound syndromes appear with similar features in several cultures, but with locally specific traits. The term culture-bound syndrome is controversial since it reflects the different opinions of anthropologists and

psychiatrists. Some examples of culture-bound syndromes currently identified in the global community include *Dhat* syndrome, *Zar*, and *Susto*.

- **Dhat syndrome** is a condition found in the cultures of the Indian subcontinent in which male patients report that they suffer from premature ejaculation or impotence, and believe that they are passing semen in their urine.
- **Zar** is the term for a demon or spirit assumed to possess individuals, mostly women, and to cause discomfort or illness. This condition is found in the cultures of the Horn of Africa and adjacent regions of the Middle East.
- **Susto** is a cultural illness primarily among Latin American cultures. It is described as a condition of being frightened and “chronic somatic suffering stemming from emotional trauma or from witnessing traumatic experiences lived by others.”

Changes to society in the last decade, including technological advancements and increased globalization, has broadened cross-cultural influences and reduced cultural isolation. Recent changes to DSM-5 (*reduced from 25 to 9 disorders*) and the ICD-11 suggest a trend toward better understanding cultural influences rather than culturally specific disorders. Some researchers (Ventriglio, Ayonrinde, and Bhugra, 2016) argue that this interconnection calls into question our perception of truly culturally specific conditions. Idioms and culture-specific descriptions of disorders often overlap with symptoms seen in another culture (just called something else). Rather than disorders being confined to specific cultures, the emphasis has changed to better recognition of the expression of symptoms and sources of distress within each culture in order to improve healthcare and treatment.

Universal Disorders

I am sure you have realized that it can be difficult to get a professional consensus on the definition of a disorder and whether it exists outside of a cultural context. **Universal disorder** refers to the incidence of a particular set of symptoms as occurring across various cultures and circumstances and includes mental illnesses. Universal disorders focus on the genetic and biological factors contributing to the condition, in addition to cultural and contextual factors.

While the debate about culturally specific versus universal conditions continues in regard to clinical diagnosis, most experts agree that viewing illness through the lens of culture is imperative when addressing symptoms, societal stigma, and treatment options. In this chapter, we will explore the symptoms and diagnostic criteria of four mental health categories seen across the globe:

- Major Depressive Disorder (MDD)
- Anxiety Disorders
- Eating Disorders
- Psychosis

Major Depressive Disorder (MDD)

Everyone experiences brief periods of sadness, irritability, or euphoria. This is different than having a mood disorder, such as MDD or Bipolar Disorder (BD), which are characterized by a constellation of symptoms that causes people significant distress or impairs their everyday functioning.

A **major depressive episode** (MDE) refers to symptoms that co-occur for at least two weeks and cause significant distress or impairment in functioning, such as interfering with work, school, or relationships. Core symptoms include feeling down or depressed or experiencing **anhedonia**—loss of interest or pleasure in things that one typically enjoys. According to the DSM-5 (APA, 2013) the criteria for an MDE require five or more of the following nine symptoms, including one or both of the first two symptoms, for most of the day:

- depressed mood
- diminished interest or pleasure in almost all activities
- significant weight loss or gain or an increase or decrease in appetite
- insomnia or hypersomnia
- psychomotor agitation or retardation
- fatigue or loss of energy
- feeling worthless or excessive or inappropriate guilt
- diminished ability to concentrate or indecisiveness
- recurrent thoughts of death, suicidal ideation, or a suicide attempt

These symptoms cannot be caused by physiological effects

of a substance or a general medical condition (e.g., hypothyroidism).

Cross-Cultural Considerations

In a nationally representative sample, lifetime prevalence rate for MDD is 16.6% (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). This means that nearly one in five Americans will meet the criteria for MDD during their lifetime.

Although the onset of MDD can occur at any time throughout the lifespan, the average age of onset is mid-20s, with the age of onset decreasing with people born more recently (APA, 2000). Prevalence of MDD among older adults is much lower than it is for younger cohorts (Kessler, Birnbaum, Bromet, Hwang, Sampson, & Shahly, 2010). The duration of MDEs varies widely but MDD tends to be a recurrent disorder with about 40%–50% of those who experience one MDE experiencing a second MDE (Monroe & Harkness, 2011). An earlier age of onset predicts a worse course.

Women experience two to three times higher rates of MDD than do men (Nolen-Hoeksema & Hilt, 2009). This gender difference emerges during puberty (Conley & Rudolph, 2009). Before puberty, boys exhibit similar or higher prevalence rates of MDD than do girls (Twenge & Nolen-Hoeksema, 2002). Major Depressive Disorder (MDD) is inversely correlated with socioeconomic status (SES), a person's economic and social position based on income, education, and occupation. Higher prevalence rates of MDD are associated with lower SES (Lorant, Deliege, Eaton, Robert, Philippot, & Anseau, 2003), particularly for adults over 65 years old (Kessler et al., 2010). Independent of SES, results from a nationally representative sample found that European Americans had a higher prevalence rate of MDD than did African Americans and Hispanic Americans, whose rates were similar (Breslau, Aguilar-Gaxiola, Kendler, Su,

Williams, & Kessler, 2006). The course of MDD for African Americans is often more severe and less often treated than it is for European Americans, however (Williams et al., 2007) Native Americans have a higher prevalence rate than do European Americans, African Americans, or Hispanic Americans (Hasin, Goodwin, Stinson & Grant, 2005). Depression is not limited to industrialized or western cultures; it is found in all countries that have been examined, although the symptom presentation as well as prevalence rates vary across cultures (Chentsova-Dutton & Tsai, 2009).

Suicide

Suicide is the act of intentionally causing one's own death. While not everyone who is clinically depressed has suicidal ideation, it is important to recognize that depression, bipolar disorder, schizophrenia, personality disorders, and substance abuse — including alcoholism and the use of benzodiazepines — are risk factors for suicide. Those who have previously attempted suicide are at a higher risk for future attempts. There are a number of treatments that may reduce the risk of suicide for individuals struggling with mental illness.

Resources are also commonly in place at local colleges. Consider searching your school website and/or talking with a trusted faculty/staff member to learn more about resources available to students.

Anxiety Disorders

Anxiety is a natural part of life and, at normal levels, helps us to function at our best. For people with anxiety disorders, anxiety is overwhelming and hard to control. Anxiety disorders develop out of a blend of biological (genetic) and psychological factors that, when combined with stress, may lead to the development of impairment. Primary anxiety-related diagnoses include generalized anxiety disorder, panic disorder, specific phobia, social anxiety disorder (social phobia), post-traumatic stress disorder, and obsessive-compulsive disorder. **Anxiety** can be defined as a negative mood state that is accompanied by bodily symptoms such as increased heart rate, muscle tension, a sense of unease, and apprehension about the future (APA, 2013; Barlow, 2002).

While many individuals experience some levels of worry throughout the day, individuals with anxiety disorders experience symptoms of a greater intensity and for longer periods of times than the average person. Additionally, they are often unable to control their worry, tension, and/or predictive dread through various coping strategies, which directly interferes with their ability to engage in daily social and occupational tasks.

Characteristic symptoms of anxiety:

- Negative mood state characterized by unease, worry, tension, and/or dread.
- Frequent doubts regarding self-worth and/or ability to handle problems.
- Future-based, “predicative” fears for events.
- Difficulty with cognitive rumination, racing thoughts, and inability to calm the mind.
- Physiological cues (racing heart, sweat, bodily tension,

among others) often accompanying cognitive symptoms, resulting in changing sleep/eating patterns.

Anxiety disorders often occur along with other mental disorders, in particular depression, which may occur in as many as 60% of people with anxiety disorders. The fact that there is considerable overlap between symptoms of anxiety and depression and that the same environmental triggers can provoke symptoms in either condition. These factors may help to explain this high rate of **comorbidity**.

Cross-Cultural Considerations

About 12% of people are affected by an anxiety disorder in a given year, and between 5% and 30% are affected at some point in their life. They occur about twice as often in females as males and generally begin before the age of 25. The most common are specific phobia which affects nearly 12% and social anxiety disorder which affects 10% of individuals at some point in their life. Rates of anxiety appear to be higher in the United States and Europe than other parts of the world.

Eating Disorders

While nearly two out of three adults in the United States struggle with issues related to being overweight, a smaller, but significant, portion of the population has eating disorders that typically result in being normal weight or underweight.

Anorexia Nervosa

Anorexia nervosa is an eating disorder characterized by the maintenance of a body weight well below average through starvation and/or excessive exercise. Individuals suffering from anorexia nervosa often have a distorted body image. A distorted body image is referred to as **body dysmorphia** in the research literature and it means that people with anorexia nervosa view themselves as overweight even though they are not. Anorexia nervosa is associated with a number of significant negative health outcomes including bone loss, heart failure, kidney failure, amenorrhea (cessation of the menstrual period), reduced function of the gonads, and in extreme cases, death. Furthermore, there is an increased risk for a number of psychological problems, which include anxiety disorders, mood disorders, and substance abuse (Mayo Clinic, 2012a).

Estimates of the prevalence of anorexia nervosa vary from study to study but generally range from less than 1% to just over 4% in women. Generally, prevalence rates are considerably lower for men (Smink et al., 2012).

Bulimia Nervosa

People with **bulimia nervosa** engage in binge eating behavior (consuming large amounts of food) that is followed by an attempt to compensate for the large amount of food consumed. Purging the food by inducing vomiting or through the use of laxatives are two common **compensatory behaviors**. Some affected individuals engage in excessive amounts of exercise to compensate for their binges. Bulimia is associated with many adverse health consequences that can include kidney failure, heart failure, and tooth decay. In addition, these individuals often suffer from anxiety and depression, and they are at an increased risk for substance abuse (Mayo Clinic, 2012b). The lifetime prevalence rate for bulimia nervosa is estimated at around 1% for women and less than 0.5% for men (Smink, van Hoeken, & Hoek, 2012).

Eating Disorders and Cross-Cultural Considerations

While both anorexia and bulimia nervosa occur in men and women of many different cultures, Caucasian females from Western societies tend to be the most at-risk population. Recent research indicates that females between the ages of 15 and 19 are most at risk, and it has long been suspected that these eating disorders are culturally-bound phenomena that are related to messages of a thin ideal often portrayed in popular media and the fashion world (Smink et al., 2012). While social factors play an important role in the development of eating disorders, there is also evidence that genetic factors may predispose people to these disorders (Collier & Treasure, 2004)..

Psychosis

Most of you have probably had the experience of walking down the street in a city and seeing a person you thought was acting oddly. They may have been dressed in an unusual way, perhaps disheveled or wearing an unusual collection of clothes, makeup, or jewelry that did not seem to fit any particular group or subculture. They may have been talking to themselves or yelling at someone you could not see. If you tried to speak to them, they may have been difficult to follow or understand, or they may have acted paranoid or started telling a bizarre story about the people who were plotting against them. If so, chances are that you have encountered an individual with schizophrenia or another type of psychotic disorder.

Schizophrenia is a devastating psychological disorder that is characterized by major disturbances in thought, perception, emotion, and behavior. About 1% of the population experiences schizophrenia in their lifetime, and usually the disorder is first diagnosed during early adulthood (early to mid-20s). Schizophrenia and the other psychotic disorders are some of the most impairing forms of psychopathology, frequently associated with a profound negative effect on the individual's educational, occupational, and social function. Sadly, these disorders often manifest right at time of the transition from adolescence to adulthood, just as young people should be evolving into independent young adults.

The spectrum of psychotic disorders includes schizophrenia, schizoaffective disorder, delusional disorder, schizotypal personality disorder, schizophreniform disorder, brief psychotic disorder, as well as psychosis associated with substance use or medical conditions. Even when they receive the best treatments available, many with schizophrenia will continue to experience serious social and occupational impairment

throughout their lives. In the United States, the cost of schizophrenia, including direct costs (e.g., outpatient, inpatient, drugs, and long-term care) and non-health care costs (e.g., law enforcement, reduced workplace productivity, and unemployment) was estimated to be \$62.7 billion in 2002.

The main symptoms of schizophrenia include hallucinations, delusions, disorganized thinking, disorganized or abnormal motor behavior, and negative symptoms (APA, 2013). A **hallucination** is a perceptual experience that occurs in the absence of external stimulation. Auditory hallucinations (hearing voices) occur in roughly two-thirds of patients with schizophrenia and are by far the most common form of hallucination (Andreasen, 1987). The voices may be familiar or unfamiliar, they may have a conversation or argue, or the voices may provide a running commentary on the person's behavior (Tsuang, Farone, & Green, 1999).

Delusions are false beliefs that are often fixed, hard to change even when the person is presented with conflicting information, and are often culturally influenced in their content (e.g., delusions involving Jesus in Judeo-Christian cultures, delusions involving Allah in Muslim cultures). They can be terrifying for the person, who may remain convinced that they are true even when loved ones and friends present them with clear information that they cannot be true. There are many different types or themes to delusions.

Positive Symptoms

Talking to someone with schizophrenia is sometimes difficult, as their speech may be difficult to follow, either because their answers do not clearly flow from your questions, or because one sentence does not logically follow from another. This is referred to as **disorganized speech**, and it can be present even when the person is writing. **Disorganized behavior** can include

odd dress, odd makeup (e.g., lipstick outlining a mouth for 1 inch), or unusual rituals (e.g., repetitive hand gestures).

Negative Symptoms

Some of the most debilitating symptoms of schizophrenia are difficult for others to see. These include what people refer to as **negative symptoms** or the absence of certain things we typically expect most people to have. For example, **anhedonia** or **amotivation** reflect a lack of apparent interest in or drive to engage in social or recreational activities. These symptoms can manifest as a great amount of time spent in physical immobility. Importantly, anhedonia and amotivation do not seem to reflect a lack of enjoyment in pleasurable activities or events (Cohen & Minor, 2010; Kring & Moran, 2008; Llerena, Strauss, & Cohen, 2012) but rather a reduced drive or ability to take the steps necessary to obtain the potentially positive outcomes (Barch & Dowd, 2010). **Flat affect** and reduced speech (**alogia**) reflect a lack of showing emotions through facial expressions, gestures, and speech intonation, as well as a reduced amount of speech and increased pause frequency and duration.

Cross-Cultural Considerations

It is clear that there are important genetic contributions to the likelihood that someone will develop schizophrenia, with consistent evidence from family, twin, and adoption studies. (Sullivan, Kendler, & Neale, 2003) but there is no such thing as the schizophrenia gene. It is more likely that the genetic risk for schizophrenia reflects the summation of many different genes that each contribute something to the likelihood of developing psychosis (Gottesman & Shields, 1967; Owen, Craddock, &

O'Donovan, 2010). Further, schizophrenia is a very heterogeneous disorder, which means that two different people with schizophrenia may each have very different symptoms (e.g., one has hallucinations and delusions, the other has disorganized speech and negative symptoms).

About 0.3% to 0.7% of people are affected by schizophrenia during their lifetimes. In 2013 there were an estimated 23.6 million cases globally. Males are more often affected, and on average experience more severe symptoms. About 20% of people eventually do well and a few recover completely, while about 50% have lifelong impairment. Social problems, such as long-term unemployment, poverty and homelessness, are common. The average life expectancy of people with the disorder is ten to twenty-five years less than for the general population. This is the result of increased physical health problems and a higher suicide rate (about 5%). In 2015 an estimated 17,000 people worldwide died from behavior related to, or caused by, schizophrenia. There is also a higher than average suicide rate associated with schizophrenia.

The term for schizophrenia in Japan was changed from “mind-split disease” to “integration disorder,” to reduce stigma. The new name was inspired by the biopsychosocial model and as a result the percentage of people who were informed of the diagnosis increased from 37 to 70% over three years. A similar change was made in South Korea in 2012. A professor of psychiatry, Jim van Os, has proposed changing the English term to “psychosis spectrum syndrome”.

Individuals with severe mental illness, including schizophrenia, are at a significantly greater risk of being **victims of both violent and non-violent** crime. Schizophrenia has been associated with a higher rate of violent acts, but most appear to be related to substance abuse. Media coverage relating to violent acts by individuals with schizophrenia reinforces public perception of an association between schizophrenia and violence.

Barriers to Treatment

Mental disorders are common, affecting tens of millions of people each year. Worldwide, more than one in three people in most countries report sufficient criteria for at least one at some point in their life. In the United States, 46% qualify for a mental illness within their lifetime, with less than 1 out of 5 receiving a diagnosis. An ongoing survey indicates that anxiety disorders are the most common in all but one country, followed by mood disorders in all but two countries, while substance disorders and impulse-control disorders were consistently less prevalent. Estimates suggest that less than half of people with mental illnesses in industrialized societies will receive treatment.

Mental Illness and the Cost to Society

This leads us to consider the cost of mental illness to society. The National Alliance on Mental Illness (NAMI) indicates that depression is

the number one cause of disability across the world “and is a major contributor to the global burden of disease.” Serious mental illness costs the United States an estimated \$193 billion in lost earnings each year. They also point out that suicide is the tenth leading cause of death in the United States and 90% of those who die from suicide have an underlying mental illness.

Approximately, 37% of students with a mental disorder age 14 and older drop out of school which is the highest dropout rate of any disability group, and 70% of youth in state and local juvenile justice systems have at least one mental disorder. In

The World Health Organization (WHO, 2004) stated that “Prevention of these disorders is obviously one of the most effective ways to reduce the [disease] burden.”

terms of worldwide impact, the costs for mental illness are greater than the combined costs of cancer, diabetes, and respiratory disorders (Whiteford et al., 2013).

Reducing Stigma around Mental Illness

Negative societal responses to people with mental illnesses may be the single greatest barrier to the development of mental health programs worldwide. Stigma happens when a person with mental illness is viewed in a negative way because of their symptoms or behaviors associated with the condition. Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.

Stigma can lead to discrimination, which can be experienced on a personal level (e.g., social isolation, exclusion or bullying) or it may be experienced at a structural or system level (e.g., employment, education, and housing). The stigma associated with mental illness makes most people reluctant to talk about their experiences of having strange thoughts or deep sadness. As a result of stigma, individuals are less likely to seek help or treatment for their mental illness. Discrimination may be obvious and direct, such as someone making a negative remark about a person with mental illness or someone getting treatment. Or it may be unintentional or subtle, such as someone avoiding a person with mental illness because they think people with mental illness unstable, violent or dangerous.

Several national and international organizations (National Alliance on Mental Health, World Health Organization, and European Commission) have provided several recommendations for reducing stigma surrounding mental illness:

- Know the facts about mental illness
- Educate others by challenging and correcting myths about mental illness

- Recognize personal biases
- Be conscious of language and power of words to perpetuate negative attitudes
- Support people with mental illness by offering encouragement

Summary

Psychological disorders are conditions characterized by abnormal thoughts, feelings, and behaviors. Although challenging, it is essential for psychologists and mental health professionals to agree on what kinds of inner experiences and behaviors constitute the presence of a psychological disorder. Inner experiences and behaviors that are atypical or violate social norms could signify the presence of a disorder; however, each of these criteria alone is inadequate. Harmful dysfunction describes the view that psychological disorders result from the inability of an internal mechanism to perform its natural function. Many of the features of harmful dysfunction conceptualization have been incorporated in the American Psychological Association (APA) formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signaled by significant disturbances in thoughts, feelings, and behaviors; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

Vocabulary

Biopsychosocial Model is a perspective that attributes disturbance(s) to the complex interaction of bodily, psychological, and sociocultural factors

Cultural relativism is the idea that cultural norms and values of a society can only be understood on their own terms or in their own context.

Maladaptive is a term referring to behaviors that cause people who have them physical or emotional harm, prevent them from functioning in daily life, and/or indicate that they have lost touch with reality and/or cannot control their thoughts and behavior (also called dysfunctional).

Mental Illness is a behavioral or mental pattern that causes significant distress or impairment of personal functioning.

Psychogenic refers to a disorder effect that originates from the brain instead of other physical organs (i.e. the cause is psychological rather than physiological).

Somatogenic refers to a disorder developing from physical/ bodily origins

Stigma happens when a personal with mental illness is viewed in a negative way because of their symptoms or behaviors associated with the condition

Universal disorder refers to the incidence of a particular set of symptoms that occur across various cultures and circumstances.

PART XI

CULTURE AND SOCIAL BEHAVIOR



Humans have a desire to make friends, start families and spend time together.

Each of us is an individual with our own goals and desires but we are also members of groups and these groups guide us, support us, sustain us and when necessary constrain us. By joining a group we satisfy our need to belong, gain information through social comparison, define our sense of self, and achieve goals that we couldn't if we worked alone. We often turn to groups when important decisions must be made, and this choice is reasonable and justified as long as we avoid issues like inhumanization, negative stereotypes and discrimination.

Group Interactions

Group Membership

Psychologists study groups because nearly all human activities (e.g., working, learning, worshipping, relaxing, playing, and even sleeping) occur in groups and these groups have a profound impact on our thoughts, feelings, and behaviors. Some researchers believe that groups may be humans' most useful innovation that facilitated social norms and language development (Boyd & Richerson, 2005; Henrich, 2016; Aiello & Dunbar, 1993). Groups provide us with the means to reach goals that we otherwise wouldn't if we remained alone. The advantages of group life may be so great that humans are biologically prepared to seek membership and avoid isolation.

Need to Belong

Humans have a powerful *need to belong*. Baumeister and Leary (1995) describe this need as “a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and impactful interpersonal relationships (p. 497)” and most of us satisfy this need by joining groups. It doesn't matter if a person is from Israel, Mexico, or the Philippines, we all have a strong need to make friends, start families, and spend time together. Across individuals, societies, and generations, we consistently seek inclusion over exclusion, membership over isolation, and acceptance over rejection. People who are accepted members of a group tend to feel happier and more satisfied.

When people are deliberately excluded from groups the experience is highly stressful leading to depression, confused

thinking, and even aggression (Williams, 2007). When researchers used an fMRI (Functional Magnetic Resonance Imaging) scanner to track neural responses to exclusion, they found that people who were left out of a group activity displayed heightened cortical activity in two specific areas of the brain, the dorsal anterior cingulate cortex and the anterior insula. These areas were associated with the experience of physical pain sensations (Eisenberger, Lieberman, & Williams, 2003). It hurts literally, to be left out of a group.

Identity and Membership

Groups not only satisfy the need to belong, they also provide members with a sense of **identity**, the universal construct that is shaped by our view of ourselves and how we are recognized by others (Chapter 8). Demographic qualities such as sex or age can influence us if we categorize ourselves based on these qualities. **Social identity theory** asserts that we categorize ourselves and form a **social identity** based on the degree to which we identify as a member of a particular social group (e.g., man, woman, Anglo, elderly, or college student) (Tajfel & Turner, 1979/1986). We don't just classify ourselves, we also categorize *other* people into social categories. Social identity theory explains our tendency to favor an **in-group** (people we perceive to be like us) over an **out-group** (people we perceive to be different from us).

When we strongly identify with an in-group, our own well-being becomes bound to the welfare of that group which increases our willingness to make personal sacrifices for its benefit. We see this with sports fans who heavily identify with a favorite team. These fans become elated when the team wins and sad when the team loses. Heavily committed fans often make personal sacrifices to support their team, such as braving

terrible weather, paying high prices for tickets, and standing and chanting during games.

People also take credit for the successes of other in-group members, remember more positive than negative information about in-groups, are more critical of the performance of out-group than of in-group members, and believe that their own groups are less prejudiced than are out-groups (Shelton & Richeson, 2005). Attitudes and beliefs about out-groups are often associated with **infrahumanization** which is the tendency to see out-groups as less human, or as having less humanity than in-groups (Vaes, Paladino, Castelli, Leyens, & Giovanazzi, 2004). We have seen this in history as a justification for genocide or ethnic cleansing (Castano & Giner-Sorolla, 2006). Though a strong group identity can bind individuals together, it can also drive divisions between different groups, reducing overall trust and cooperation on a larger scale. People are generally less likely to cooperate with members of an out-group (Allport, 1954; Van Vugt, Biel, Snyder, & Tyler, 2000).

Group Interactions and Culture

Triandis and colleagues (1988) found that in/out-group relationships were highly correlated with individualistic and collectivistic values of cultures. Members of individualistic cultures belong to multiple in-groups and move easily from in-group to in-group. People from individualistic cultures were not attached to any one single in-group because they belong to many different groups. Additionally, members were more likely to treat out-group persons more equally, with less distinction between in-groups and out-group. Individuals from collectivistic cultures tended to belong to fewer in-groups than individualistic cultures but had much greater commitment to the groups they belong to.

Consider, if a group leader (e.g., politician, chief, religious figure) has to decide between providing financial support for one program or another. She may be more likely to give resources to the group that more closely represents her own in-group. This psychological process, of being more comfortable with people like yourself, can have important and lasting consequences for the out-group members. In-group favoritism (preferences for the in-group) is found for many different types of social groups, in many different settings, on many different dimensions, and in many different cultures (Bennett et al., 2004; Pinter & Greenwald, 2011). In-group favoritism also occurs on trait ratings, such that in-group members are rated as having more positive characteristics than are out-group members (Hewstone, 1990).

Van de Vliert (2011) examined in-group favoritism using three major components that shape culture: ecology, resources and people (Chapter 2). Using data from almost 180 countries, in-

group favoritism was highest in cultures with the lowest income and harshest most demanding climates (e.g., extreme heat or cold) and lowest in cultures with high national income and demanding climates. By examining ecology, national wealth and group preferences collectively, rather than individually, a picture begins to emerge that suggests in-group favoritism likely co-evolved with culture, as groups adapted to survive ecological challenges with limited resources.

Cooperation

Cooperation refers to the ability of humans to work together toward common goals and is required for survival. Groups with better member cooperation were more likely to survive (Bowles et al., 2012). As we learned earlier (see Chapter 2) cooperation occurs in non-human primates (e.g., chimpanzees, bonobos) but it is almost exclusively limited to kin and is almost never extended to strangers (Melis & Semmann, 2010). Some psychologists believe that complex cooperation among humans is related to psychological processes like empathy, trust, group identity, memory, shared intentionality and culture (Matsumoto & Juang, 2013; Moskowitz & Piff, 2018).

Our ability to understand someone's emotional experience, **empathy**, occurs when we take on perspective of the person and try to understand his or her point of view. When empathizing with a person in distress, the natural desire to help is often expressed as a desire to cooperate. Trust is the belief that another person's actions will be beneficial to one's own interests (Kramer, 1999) which enables us to work together as a single unit. When it comes to cooperation, trust is necessary and critical (Pruitt & Kimmel, 1977; Parks, Henager, & Scamahorn, 1996; Chaudhuri, Sopher, & Strand, 2002); however, our willingness to trust others depends on their actions and reputation. One common example of the difficulties in trusting others that you might be familiar with is a group project for a class. Many students dislike group projects because they worry about **social loafing**, the way that one person expends less effort but still benefits from the efforts of the group.

Over time, individuals develop a reputation for helping or for loafing. Willingness to cooperate with others depends on their prior actions and reputation and our memory of the events. Nowak and Sigmund (1998) demonstrated with a

mathematical model that a person with a reputation for helping gets help later on, regardless of whether they provided help to you directly in the past. In a study that used an economic game, found that as the game progressed donations (help) were more frequently given to individuals who had been generous in earlier rounds of the game (Wedekind & Milinski, 2000). Individuals who were perceived as cooperative gained a reputational advantage, earning them more partners willing to cooperate and a larger overall monetary reward.

There are cultural differences in the belief about the goodness of people, which can be seen as a measure of trust. High trust refers to positive expectations about the behaviors of others (returning a lost wallet) and low trust refers to negative expectations about the behaviors of others (keeping a lost wallet). High trust societies are more likely to cooperate without sanctions (punishment); however, there is a lot of variation in cooperation across cultures (Gatcher et al., 2010) and willingness to sanction group members is moderated by factors like social norms, country gross domestic product (GDP) and individual reputation (whether someone has helped in the past) (Balliet & Van Lange, 2013).

Economists and psychologists often use the Prisoner's Dilemma to examine cooperation and competition experimental studies. In the prisoner's dilemma, the participants are shown a *payoff matrix* in which numbers are used to express the potential outcomes for the each of the players in the game, given the decisions made by each player. The payoffs are chosen beforehand by the experimenter in order to create a situation that is similar to a real-world outcome and are normally arranged so that each individual is better off acting in his or her immediate self-interest. If all individuals act according to their self-interest, then everyone will be worse off. Yamagishi (1986, 1988) categorized Japanese and American participants into low trust and high trust categories and then asked them to take part in an experiment

where they could give other participants money (a variation of the prisoner's dilemma). High trusters provided more cooperation without the presence of sanctions and low trusters provided more cooperation with sanctions. Culture variation in levels of trust (high/low) is present within and across cultures. It appears that across cultures punishment promotes cooperation of social loafers in societies with high trust more than low trust societies (Balliet & Van Lange, 2013). High trust cultures are more willing to punish social loafers. Low trust cultures may not share the social norm of 'no free rides' so punishment isn't going to work in those situations.

Group identification can strongly influence cooperation and people are generally reluctant to cooperate with members of an out-group, or those outside the boundaries of one's own social group (Allport, 1954). Matsumoto and Hwang (2011) used the Prisoner's Dilemma to examine whether cultural differences were related to intercultural (between cultures) competition and cooperation. Researchers used the prisoner's dilemma to test their hypothesis. Students were paired as same-sex and same ethnicity or same sex but different ethnicity. The pairs with different ethnicities had fewer cooperative behaviors and more competitive behaviors.

Using a variation of the Prisoner's Dilemma among small-scale subsistence societies revealed that the interdependence of a group (i.e., relying on one another for survival) predicted the likelihood of cooperation. For example, among the people of the Lamelara in Indonesia, who survive by hunting whales in groups of a dozen or more individuals, donations in the ultimatum game were extremely high, approximately 58% of the total sum. In contrast, the Machiguenga people of Peru, who are generally economically independent at the family level, donated much less on average, about 26% of the total sum. The interdependence of people for survival, therefore, seems to be a key component of why people decide to cooperate with others (Henrich et al., 2001).

Cooperation is an important part of our everyday lives and even though cooperation can sometimes be difficult to achieve, certain practices, such as emphasizing shared goals and engaging in open communication, can promote teamwork and even break down rivalries. Though choosing not to cooperate can sometimes achieve a larger reward for an individual in the short term, cooperation is often necessary to ensure that the group as a whole is successful.

Stereotypes, Prejudice and Discrimination

As discussed earlier, the social groups we belong to, help form our identities (Tajfel, 1974) and people are often biased against others outside of their own social group (out-groups), showing prejudice (emotional bias), stereotypes (cognitive bias), and discrimination (behavioral bias). These three aspects of bias are related, but they each can occur separately from the others (Dovidio & Gaertner, 2010; Fiske, 1998).

Stereotypes

A **stereotype** is a specific belief or assumption (thoughts) about individuals based solely on their membership in a group, regardless of their individual characteristics. Stereotypes can be positive or negative and when overgeneralized are applied to all members of a group. For example, the **model minority** stereotype of Asian Americans as highly intelligent, diligent and good at math can be damaging professionally, academically (Trytten et al., 2012). These beliefs are overgeneralized to all members of the group, even though many of the individual group members may in fact be struggle academically and professionally.

Another example of a well-known stereotype involves beliefs about racial differences among athletes. As Hodge, Burden, Robinson, and Bennett (2008) point out, black male athletes are often believed to be more athletic, yet less intelligent, than their white male counterparts. These beliefs persist despite a number of high profile examples to the contrary. Sadly, such beliefs often influence how these athletes are treated by others

and how they view themselves and their own capabilities. Stereotypes are universal. Whether or not you agree with a stereotype the content of stereotypes is generally well-known within in a given culture (Devine, 1989).

Prejudice

Prejudice is a negative attitude and feeling toward an individual based solely on one's membership in a particular social group (Allport, 1954; Brown, 2010). Prejudice is common against people who are members of an unfamiliar cultural group. An example of prejudice is having a negative attitude toward people who are not born in the United States. Although people holding this prejudiced attitude do not know all people who were not born in the United States, they dislike them due to their status as foreigners.

Explicit prejudice, negative feelings about an out-group that are openly admitted, is very difficult to measure because this is generally not socially acceptable. This means that tests and instruments measuring prejudice may be susceptible to socially desirable responding (Chapter 2). To address this research bias, psychologists have developed several ways to measure **implicit prejudice**, which is the relatively automatic and unconscious in-group preference. The most famous instrument used is the Implicit Association Test (IAT; Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellott, 2002; Greenwald, McGhee, & Schwartz, 1998). The IAT is done on the computer and measures how quickly you can sort words or pictures into different categories. People may explicitly deny prejudice but when they're given this computer task to categorize people from these out-groups that automatic or unconscious hesitation (a result of having mixed evaluations about the out-group) will show up in the test. Numerous studies have revealed, people tend to be faster at pairing their own group

with good categories as compared to pairing others' groups. In fact, this finding generally holds regardless if one's group is measured according race, age, religion, nationality, and even temporary, insignificant memberships. Automatic associations and unconscious responses are often driven by society's stereotypes and can result in discrimination like allocating fewer resources to disliked out-groups (Rudman & Ashmore, 2009).

Discrimination

When someone acts on prejudiced attitudes toward a group of people this is known as discrimination. **Discrimination** is negative action toward an individual as a result of one's membership in a particular group (Allport, 1954; Dovidio & Gaertner, 2004). As a result of holding negative beliefs (stereotypes) and negative attitudes (prejudice) about a particular group, people often treat the target of prejudice poorly. Discrimination can extend to institutions or social and political systems.

Institutional discrimination refers to practices (at the social level) which serve to reinforce social norms for preference, privilege and limited access to services and resources. In the United States, African Americans have lower life expectancy, experience higher risk for a cardiac events and higher rates of anxiety and depression than others racial and ethnic groups in the United States (Williams, 1999; Williams & Mohammed, 2009). Native American populations experience higher rates of injury than other ethnic and racial groups (Williams, 1999). These disparities are not simply the result of lifestyle choices but represent systemic practices in healthcare that treat racial and ethnic minorities differently, as well as the effect of chronic prejudice and racism (Gee & Ford, 2011; Williams, 1999; Williams & Mohammed, 2009).

Suicide rates among lesbians and gays are substantially higher than rates for the general population, and it has been argued that this in part due to the negative outcomes of prejudice, including negative attitudes and social isolation (Halpert, 2002). Stigmatized individuals who report experiencing more exposure to discrimination or other forms of unfair treatment also report more depression, anger, and anxiety and lower levels of life satisfaction and happiness (Swim, Hyers, Cohen, & Ferguson, 2001). Exposure to chronic and persistent discrimination is harmful to our health.

Conformity

You have probably noticed that we often adopt the preferences, actions and attitudes of the people around us like fashion, music, foods, and entertainment. Our views on political issues, religious questions, and lifestyles also reflect, to some degree, the attitudes of the people we interact with. Decisions about risk-taking behaviors such as smoking and drinking are also influenced by whether the people we spend time with engage in these activities. Psychologists refer to this tendency to act and think like the people around us as **conformity**. Consider a classic study conducted many years ago by Solomon Asch (1956). Male college students gave wrong answers to a simple visual judgment task rather than go against the group (Asch, 1956). Variations of Asch's procedures have been conducted numerous times across many cultures (Bond, 2005; Bond & Smith, 1996) and conformity appears to be a universal construct. Bond and Smith (1996) analyzed the results of 133 studies that used Asch's line-judging task in 17 different countries that were categorized as collectivist or individualist in orientation. Results were significant, conformity was greater in more collectivist countries than in individualistic countries. Compared with individualistic cultures, people who live in collectivist cultures place a higher value on the goals of the group than on individual preferences. They also are more motivated to maintain harmony in their interpersonal relations.

Conformity and Culture

Kim and Markus (1999) examined conformity using advertisements from popular magazines in the United States and in Korea to see if they emphasized conformity and

uniqueness differently. As you can see Figure 1, the researchers found that while magazines ad from the United States tended to focus on uniqueness (e.g., “Choose your own view!”; “Individualize”) Korean ads tended to focus more on themes of conformity (e.g., “Seven out of 10 people use this product”; “Our company is working toward building a harmonious society”).

Although the effects of individual differences on conformity tend to be smaller than those of the social context, they do matter. And gender and cultural differences can also be important. Conformity, like most other psychological processes represents an interaction between culture and the individual.

Obedience

Although we may be influenced by the people around us more than we recognize, whether we conform to the norm is up to us but sometimes decisions about how to act are not so easy. Sometimes we are directed by a more powerful person to do things we may not want to do. Psychologists who study **obedience** are interested in how people react when given an order or command from someone perceived to be in a position of authority. In many situations, obedience is a good thing like obeying parents, teachers, and police officers but there is a dark side to obedience. When “following orders” or “just doing my job,” people can violate ethical principles, break laws or harm other people. It was this unsettling side of obedience that led to some of the most famous and most controversial research in the history of psychology.

Milgram (1963, 1965, 1974) wanted to know why so many otherwise decent German citizens went along with the brutality of the Nazi leaders during the Holocaust so he conducted a series of laboratory investigations. In his now famous deception study, Milgram found that 65% of research participants were willing to administer, what they believed were, 330-volt electric shocks to a fellow research participant despite hearing cries and protests. No one was hurt or injured during this study, the research participant receiving the electric shocks was a confederate – part of the study – but the actual research participants did not know this. They were willing to administer electric shocks because the experimenter told them to continue. These were not cruel people but they followed the experimenter’s instructions to administer what they believed to be excruciating if not dangerous electric shocks to an innocent person.

Obedience and Culture

The initial research was conducted using male participants but Milgram found that women participants followed the experimenter's instructions at exactly the same rate that the men had. Some people have argued that today we are more aware of the dangers of blind obedience than we were when the research was conducted in the 1960s; however, findings from partial and modified replications of Milgram's procedures recently conducted suggest that people respond to the situation today much like they did a half a century ago (Burger, 2009). Cross cultural studies of obedience found rates of obedience similar to those of Milgram. The United States had an obedience rate of 61% and the mean across other cultures was about 66%. Some countries had much lower rates of obedience (India reported 42% and Spain reported about 50%) while some countries had much higher rates of obedience (Germany and Austria reported about 80%) (Blass, 2011). Culture and social norms shape perspectives of authority, obedience and interact with individual decision making.

Decades of research on social influence, including conformity and obedience make it clear that we live in a social world and that, for better or worse, much of what we do reflects the people we encounter and the groups we belong to. Disturbing implications from the research are that, under the right circumstances, each of us may be capable of acting in some very uncharacteristic and perhaps some very unsettling ways.

Summary

For humans, group membership promotes survival, motivation, and a sense of self.

Through the process of enculturation, we learn who belongs in our group (in-group) and who does not belong (out-group). Commitment to our groups can be positive and enriching or destructive which results in inhumanization, negative stereotypes and discrimination. We are individuals, with unique personalities, motivations and desires but culture influences our group membership and our social identity.

Vocabulary

Collectivist cultures are those in which the primary unit of measurement is the group; likely to emphasize duty and obligation over personal aspirations

Compliance occurs when there is a direct request to change your behavior or attitude and you agree.

Conformity occurs when you change your attitude or behavior to match a perceived social norm; this can be voluntary or involuntary (unconscious). There is not a direct request to change.

Cooperation or the coordination of multiple individuals toward a goal that benefits the entire group, is a fundamental feature of human social life.

Discrimination is behavior that advantages or disadvantages people based only on their group membership; this refers to behaviors

Empathy is the ability to understand someone's emotional experience; we take on that person's perspective and try to understand his or her point of view,

Entitativity is the process that shifts a group of individuals who might be gathered at the same place to suddenly coalesce as a group with goals and intent Social identity theory notes that people categorize each other into groups, favoring their own group.

Explicit prejudice occurs at the conscious level, is deliberately formed and is easy to self-report

Favoritism is the preferential treatment for ingroup members

Implicit prejudice occurs at the unconscious level, is involuntarily formed and unknown to us

Individualist cultures are those in which the primary unit of measurement is the individual. Individualists are likely to

emphasize uniqueness and personal aspirations over social duty.

Infrahumanization is a perception of the outgroup, the belief that others are less human – more animal like; we have seen this in history as a reason for genocide of a group

In group refers to people who belong to the same social group as you; are generally viewed more favorably than members of an out group

Out group refers to people who belong to different social groups than you; generally viewed less favorably than members of an in group

Obedience occurs when one responds to an order or command from a person in a position of authority or by a person that is perceived to be in authority.

Prejudice is an evaluation (judgement) or emotion toward people merely based on their group membership; this can occur consciously or unconsciously.

Stereotypes are beliefs that characterizes people based merely on their group membership.

PART XII

CULTURE AND MORALITY

Jensen eats so much candy that is he is full but he still wants more candy so he makes himself throw up in the bathroom and then eats more candy. Nobody sees him do this and it does not make him feel bad (adapted from Hadit et al., 1993).

Jasmine wants to play on a swing in school but there is already another little girl playing on it. Jill pushes the little girl off the swing so that she can play instead. The little girl starts to cry. Nobody sees Jasmine do this (adapted from Turiel, 1979).



Which of these stories would you consider moral or immoral? Why? How do we learn right and wrong? These are just two of the many questions that psychologists consider when exploring the concept of morality.

As humans, our behaviors are guided in part by a set of social norms about morality that forms a basic and important part of our culture. **Morality** refers to a system of beliefs about what is right and good compared to what is wrong or bad. Morals vary dramatically across time, place and across cultures. There is a great deal of cultural variation in morality, and social norms relate to a wide variety of behaviors. Some cultures approve of polygamy and homosexuality, whereas others do not. In some cultures, it is appropriate for men and women to be held to different standards, whereas in other cultures, this is seen as wrong. Even things that seem completely normal to us in the West, such as dancing, eating beef, and allowing men to cook meals for women, are seen in some other cultures as immoral. Morals are held and agreed to by all members of the culture. In most cases, morals are upheld through rules, laws, and other types of sanctions for their transgression. We give rewards to people who express our preferred morality, for instance, in the form of prizes, honors, and awards, and we punish those who violate our moral standards. We generally attribute positive evaluations to people we consider moral (e.g., trustworthy, empathetic, friendly) and negative evaluations of people we consider to be immoral (Bastian, Laham, Wilson, Haslam, & Koval, 2010).

Universal Morality

Some of the most important and fundamental moral principles seem to be universally held by all people in all cultures and do not change over time. It has been found that starting at about age 10, children in most cultures come to a belief about harm-based morality—that harming others, either physically or by violating their rights, is wrong (Helwig & Turiel, 2002). Some research suggests that morality development begins much earlier in human development. Hamlin and colleagues used a puppet morality play in an experiment with infants and toddlers that found children preferred people who help others reach a goal (prosocial behaviors) and avoided people who were harmful, or who get in the way of others reaching a goal. As early as 3 months age, humans are evaluating the behaviors of others and assigning a positive value to helpful, cooperative behaviors (Hamlin et al., 2007; Hamlin & Wynn, 2011) and negative values to harmful or selfish behaviors. These fundamental and universal principles of morality include individual rights, freedom, equality, autonomy and cooperation.

The theory that has the most cross-cultural empirical support is Kohlberg's Stages of Moral Development, a cognitive development theory inspired by the work of Piaget. Moral development refers to the changes in moral beliefs as a person grows older and gains maturity.

According to Kohlberg's theory, morality is based on the concept of equality and reciprocity of helping that can be predicted at certain ages. To develop this theory, Kohlberg posed moral dilemmas to people of all ages; however, they were all White, males from the United States. One of Kohlberg's best-known moral dilemmas is commonly known as the Heinz

dilemma and participants were asked to decide what Heinz should do.

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctor's thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost to make. He paid \$200 for the radium and charged \$2000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$1000, which is half of what it cost. He told the druggist that his wife was dying and asked him to see it cheaper or let him pay later. The druggist said, "No, I discovered the drug and I'm going to make money from it." So, Heinz got desperate and broke into the man's store to steal the drug for his wife. Should the husband have done that? (Kohlberg, 1969, p. 379).

After presenting this and other moral dilemmas, Kohlberg reviewed people's responses. Kohlberg was not interested in whether participants answered yes or no to the dilemma but rather he was interested in the reasoning behind their answer. Depending on the rationale, Kohlberg placed people into different stages of moral reasoning. Kohlberg identified three main levels of moral reasoning:

- Pre-conventional

- Conventional
- Post-conventional

Each level is associated with increasingly complex stages of moral and cognitive development. According to Kohlberg, an individual progresses from the capacity for pre-conventional morality (before age 9) to the capacity for conventional morality (early adolescence), and toward attaining post-conventional morality (once formal operational thought is attained), which only a few fully achieve. Kohlberg placed responses that reflected the reasoning that Heinz should steal the drug because his wife's life is more important than the pharmacist making money in the highest stage. The value of a human life overrides the pharmacist's greed. It is important to realize that even those people who have the most sophisticated, post-conventional reasons for some choices may make other choices to avoid getting into trouble (e.g., pre-conventional reasons).

Cultural Considerations of Kohlberg's Theory

There is cross-cultural support for Kohlberg's theory of moral development (Gibbs, et al., 2007; Snarey, 1985). It appears that people progress through the stages in the same order; however, individuals in different cultures seem to do so at different rates. Some researchers question the universality of all stages in all cultures. For example, the highest level of Kohlberg's theory posits that individual principles should override social or cultural tradition and laws. Inherent in this view is a hierarchy which is inconsistent with collectivist cultural values. Additionally, Kohlberg's theory does not consider relationships, affiliation or justice. As you might expect, his work has been criticized for using only White, males from the Midwestern United States and for his assertion that women seem to be deficient in their moral reasoning abilities when compared to men.

Carol Gilligan (1982) criticized Kohlberg's theory and instead proposed that males and females reason differently about morality. She argued that girls and women focus more on staying connected and maintaining interpersonal relationships, whereas boys and men emphasize justice and individual rights. She labelled these the Morality of Caring and the Morality of Justice. Additionally, Shaffer and colleagues (2002) argued that Kohlberg's theory neglects to consider the central role that emotion plays in morality. Given that emotions play a critical role in influencing our thoughts and motivating our actions, it seems critical that emotion be part of the model. Other models of morality have emerged to address these limitations and the most widely discussed within cultural psychology is the Three Ethic Model of Morality.

Cultural Alternatives to Moral Development

Shweder and colleagues (1984; 1987) proposed a new model of ethics that address concepts consistent with the moral belief systems of many cultures and not restricted to Western values of autonomy and individual rights. Cultural anthropologists and some cultural psychologists argue that morality is not always universal but rather unique cultural experiences shape views of fairness, morality and justice. Using fieldwork in India with adults and children of the Brahman class (sometimes referred to as the untouchables), Shweder and colleagues found that Western morality of harm avoidance and individual rights was insufficient and neglected other cultural definitions of morality and so created the Three Ethic Model of Morality:

- **Ethic of Autonomy** most closely aligns with Kohlberg's theory of morality with an emphasis on harm, rights, justice and personal autonomy. Principles of fairness emerge very early in development, prior to socialization influences (Wainryb, 2006; Sunbar, 2018). Children in diverse cultures such as the United States, India, China, Turkey, and Brazil share a pervasive view about upholding fairness and the wrongfulness of inflicting harm on others (Wainryb, 2006).
- **Ethic of Community** refers to being part of an organized community and recognizing that you have a social role within that community. This ethic encompasses relationships, social obligations, duty, hierarchy and interdependence on community members.
- **Ethic of Divinity** addresses our relationship with a higher power, divinity, the sacred, godliness and the order of the

natural world.

Cross-cultural research has found support for the Three Ethic Model of Morality and the role of culture and moral judgment across different populations (Haidt, Koller & Dias, 1993). Haidt and colleagues found that children and adults in the United States and individuals with high socioeconomic status (SES) provided responses more consistent with ethics of autonomy than community or divinity. Samples of children and adults from Brazil had broader definitions of morality that extended beyond harm and autonomy.

Intracultural research within the United States has found that political liberals and conservatives emphasize different moral foundations with regard to harm and fairness (Graham, Haidt, & Nosek, 2009). The moral foundations of the groups were the same (no real moral differences between the political groups) but the degree of endorsement for some morals was significantly different for political conservatives and liberals.

Social Fairness

An essential part of morality involves determining what is considered “right” or “fair” in social interactions. As humans, we want things to be fair, we try to be fair ourselves, and we react negatively when we see things that are unfair. There is cultural variation regarding fairness because we determine what is or is not fair by relying on another set of social norms; the beliefs about how people should be treated fairly (Tyler & Lind, 2001; Tyler & Smith, 1998).

Most of us are familiar with the concept of **equality**, which suggests that everyone is treated the same and provided the same resources to succeed. For example, a health clinic in a small village can be open to everyone, but some villagers may lack the means to get to the village, or may not be able to afford medication. In this scenario, equality of health services has created a disparity of care – is that fair?

Another example that most of you are familiar with is applying for a job online. Most organizations, regardless of size almost exclusively use online recruitment and application processes which provides one system that everyone can use to apply for a job. One system and one platform that is the same for everyone – that’s equality, right? Except that the online application process may not be compatible with screen readers for the visually impaired and blind or the hiring algorithm may exclude you because of that D you earned in math. An underlying assumption of equality is that everyone starts in the same place and equally benefits from the same supports, which may or may not be the case.

Equity means ensuring that resources are equally distributed based on needs (Omran-Khoo et al., 2013). Equity requires accounting for historical and current inequalities among groups of people who have been marginalized, excluded or

experienced institutional discrimination. In this way, the concept of fairness is then based on the social and historical context. In our example about the clinic, health care workers might provide mobile care to reach villagers who cannot come to the clinic. They might also dispense medication on a sliding scale of payment so poor patients can get the treatment they need. When applying for a job, alternative applications and formats can be available for persons with disabilities when applying for jobs. The underlying assumption of equity is that everyone starts from a different place and receives the specific support and accommodations needed to produce fairness.

Equality and equity are separate constructs and sameness does not always translate into fairness, particularly across cultures. **Justice**, refers to the legal or philosophical perspective through which fairness is administered for the distribution of wealth, opportunities for personal activity, and social privileges. Current social justice efforts emphasize removing obstacles and underlying systemic barriers so that inequity is addressed and everyone receives equal access and resources. In the online application example, employers could ensure that their online platform is compatible with screen readers, videos have closed captions, fonts, colors and contrast can be adjusted to facilitate the process for individuals of all abilities.

One type of social fairness, known as **distributive justice**, refers to our judgments and perceptions about whether and how available rewards (resources) and costs are shared by (distributed across) group members. For example, if two people work equally hard on a project, they should get the same grade on it but if one works harder than the other, then the more hardworking partner should get a better grade. Distributive fairness is based on our perceptions of equity and is shaped by cultural norms.

Berman and colleagues (1984) presented American and Indian participants with a scenario about how to distribute a company bonus to employees. Findings revealed that

American workers distributed the bonus based on equity norms (individual contributions to the company); whereas, the Indian workers distributed the bonus along need-based norms.

Recent research found that when presented with an uneven number of items, children tend to throw one item away rather than share the item unequally between two people they did not know. Paulus (2015) conducted a cross-cultural study to determine whether inequality aversion (e.g., throwing away rather than unequally sharing) is a universal concept. Results revealed that 6-7-year-old children in South Africa and the United States were more likely to throw out a resource rather than distribute it unequally. We might think of this as 'better to be fair'. Ugandan children were more likely to distribute the resource even if it was unequally distributed. We might think of this as 'wrong to waste'. These results challenge inequality aversion as a universal and suggests that there are cross-cultural differences in how children's fairness-related decision making develops.

Psychological Reactions to Unfair Behavior

Things seem fair and just when we see that balances in rewards and costs are occurring, but things seem unfair and unjust when rewards and costs are not balanced. The preference for fairness has been proposed to be a basic human impulse (Tyler & Blader, 2000), and when we perceive unfairness, we also experience negative emotional responses in brain regions associated with reward and punishment (Tabibnia, Satpute, & Lieberman, 2008). The experience of unfairness is associated with negative emotions, including anger and contempt, whereas fairness is associated with positive emotions.

Humans believe in the importance of fairness in part because if we did not, then we would be forced to accept the fact that life is unpredictable and that negative things can occur to us at any time. Believing in fairness allows us to feel better because we can believe that we get what we deserve and deserve what we get (e.g., just world hypothesis). These beliefs allow us to maintain control over our worlds. To believe that those who work hard are not rewarded and that accidents happen to good people forces us to concede that we too are vulnerable.

One way to create a “just world” is to reinterpret behaviors and outcomes so that the events seem to be fair and one way that people do this is by blaming the victim (Lerner, 1980). Blaming the victim means interpreting the negative outcomes that occur to others internally so that it seems that they deserved them. When we see that bad things have happened to other people, we tend to blame the people for them, even if they are not at fault. We may believe that poor people deserve

to be poor because they are lazy, that crime victims deserve to be victims because they were careless, and that people with AIDS deserve their illness. In fact, the more threatened we feel by an apparent unfairness, the greater is our need to protect ourselves from the dreadful implication that it could happen to us, and the more we disparage the victim.

We learned earlier about *infrahumanization*, which is the tendency to see outgroups as less human or as having less humanity. *Infrahumanization* refers to attitudes and beliefs and **dehumanization** refers to behaviors that undermine the individuality, humanness and rights of others. Denying humanity in others can lead to moral judgements and dehumanization may be a consequence, as well as a cause of harmful behavior against individuals deemed as immoral (Bastian, Laham, Wilson, Haslam, & Koval, 2010; Bastian et al., 2011). For example, someone who violates social, cultural, religious norms can be viewed as immoral, which can initiate sanctions (formal and informal) as well as violence. Once an individual or group is found less human or immoral, treating them differently is seen as justified, ethical and natural. For this reason, dehumanization is viewed as a central component to intergroup violence because frequently groups or individuals who are considered immoral are treated unfairly.

Members of a minority group or other marginalized individuals and groups (e.g., sexual orientation, gender, disability, class, heritage, race) are susceptible and vulnerable to various forms of dehumanization. The Jewish Holocaust during World War II and slavery in the United States are infamous examples of dehumanization at its extreme.

Summary

Morality is a universal construct that is tied to the essence of what it means to be human and avoiding things harmful to ourselves and to others. Our moral development is enculturated – we learn our morality – which means that morality, fairness and justice will be shaped by the unique experiences of our culture. As humans we believe in fairness and when things are not fair we must change our perception to protect ourselves from the reality that we are vulnerable and not in control of the events that happen to us. Infrahumanization can result from these changes in our thinking which can lead to making judgments about others as immoral. Dehumanization can seem justified and ethical when we fail to see the humanity in others, particularly members of marginalized and minority groups. When deciding what is right, wrong and fair, it is important that we recognize within ourselves the capacity to moralize and make judgements about others.

Across human history, our humanity has often been tied to our morals and values. Morals vary from person-to-person but cultures create codes of conduct based on shared values and expectations. Theories of morality have developed to explain the distribution of resources and justice. Equality, equity, and justice are independent constructs that are prioritized differently across cultural interpretation of what is fair. The ecology and resources of a culture shape the development of belief systems and sanctions. Dehumanization can be used by those who look to justify discrimination while preserving moral identity.

Vocabulary

Ethics are a set of concepts and principles that guide us in determining what behavior constitutes right and wrong conduct.

Ideals are the principals or values that one actively pursues as a goal.

Justice refers to the legal or philosophical theory by which fairness is administered.

Morality refers to intentions, decisions, and actions that are considered “proper” based on standards/principals.

Values are broad preferences concerning appropriate course of action or outcome. Reflects our sense of what “ought” to be.

PART XIII

LIVING IN A MULTICULTURAL WORLD



Tan Le was only four years old when she and her family took on a dangerous journey to emigrate from Vietnam to Australia. Le is the founder and president of the bioinformatics company, Emotiv Lifescience.

What does identity mean for an immigrant? Tan Le was only four years old when she and her family took a dangerous journey to emigrate from Vietnam to Australia. After time in a refugee camp they settled in a suburb of Melbourne Australia. In her 2014 TED Talk, she describes her feelings of living in a parallel existence with different identities; as an Asian student focused on her education, an immigrant from a community where many felt isolated and disenfranchised and a social activist who felt out of place without a firm understanding

of dominant cultural and social norms when she was asked to present at large venues and forums. She continued to challenge herself, completed law school and now runs a bioinformatics company. Not all immigrants will have the same level of professional success as Tan Le, but most share the experience of struggling to form a personal identity and social identity.

Acculturation

Acculturation is the process of social, psychological, and cultural change that occurs as a result of blending between cultures (see Chapter 2). Immigrants, refugees, asylum seekers, and sojourners are typically the people we think of having to adapt to a new culture (Schwartz et al., 2010) but can happen to anyone who enters a new culture and must adjust to new norms, values and systems. We learned earlier that enculturation is the process through which we first learn about a culture and we can think of acculturation as the process for learning about a second culture.

The effects of acculturation can be seen at multiple levels in both the original (native) and newly adopted (host) cultures. At the group level, acculturation often results in changes to culture, customs, religious practices, diet, healthcare, and other social institutions. Some of the most noticeable group level effects of acculturation include changes in food, clothing, and language. At the individual level, the process of acculturation refers to the socialization process by which people adopt the values, customs, norms, attitudes, and behaviors of a host culture. This process has been linked to changes in daily behavior, as well as numerous changes in psychological and physical well-being.

Culture Shock

As part of the acculturation process individuals may experience **culture shock**, which occurs when individuals move to a cultural environment which is different from their own. It can also describe the disorientation we feel when exposed to an unfamiliar way of life due to immigration to a new country, a visit to a new country, move between social environments (e.g., moving away for college), or transitioning to another type of life (e.g., dating after divorce). Common issues associated culture shock include: loss of status (e.g., provider to unemployed), unfamiliar social systems and social norms (e.g., agencies rather than extended kin networks), distance from family and friends, information overload, language barriers, generation gap, and possible technology gap. There is no way to prevent culture shock because everyone experiences and reacts to the contrasts between cultures differently.

Culture shock consists of at least one of four distinct phases:

- Honeymoon
- Negotiation
- Adjustment
- Adaptation

Honeymoon

During this period, the differences between the old and new culture are seen in a romantic light. For example, after moving to a new country, an individual might love the new food, the pace of life, and the locals' habits. During the first few weeks, most people are fascinated by the new culture. They associate with individuals who speak their language and who are polite

to the foreigners. Like most honeymoon periods, this stage eventually ends.

Negotiation

After some time (usually around three months depending on the individual), differences between the old and new culture become more apparent and may create anxiety or distress. Excitement may eventually give way to irritation, frustration and anger as one continues to experience unpleasant events that are strange and offensive to one's own cultural attitude. Language barriers, stark differences in public hygiene, traffic safety, food accessibility and quality may heighten the feelings of disconnection from the surroundings.

Living in a different environment can have a negative, although usually short term, effect on our health. While negotiating culture shock we may have insomnia because of circadian rhythm disruption, problems with digestion because of gut flora due to different bacteria levels and concentrations in food and water, and difficulty in accessing healthcare or treatment (e.g., medicines with different names or active ingredients).

During the negotiation phase, people adjusting to a new culture often feel lonely and homesick because they are not yet used to the new environment and encounter unfamiliar people, customs and norms every day. The language barrier may become a major obstacle in creating new relationships. Some individuals find that they must pay special attention to culturally specific body language (e.g., arms crossed, smiling), conversation tone, and linguistic nuances and customs (e.g, handshake, turn taking, ending a conversation). International students often feel anxious and feel more pressure while adjusting to new cultures because there is special emphasis on their reading and writing skills.

Adjustment

As more time passes (usually 6 to 12 months) individuals generally grow accustomed to the new culture and develop routines. The host country no longer feels new and life becomes “normal”. Problem-solving skills for dealing with the culture have developed and most individuals accept the new culture with a positive attitude. The culture begins to make sense, and negative reactions and responses to the culture have decreased.

Adaption

In the adaptation stage individuals are able to participate fully and comfortably in the host culture but this does not mean total conversion or assimilation. People often keep many traits from their native culture, such as accents, language and values. This stage is often referred to as the bicultural stage.

Berry's Model of Acculturation

Culture shock and the stages of culture shock are part of the acculturation process. Scholars in different disciplines have developed more than 100 different theories of acculturation (Rudiman, 2003); however contemporary research has primarily focused on different strategies and how acculturation affects individuals, as well as interventions to make the process easier (Berry, 1992).

Berry proposed a model of acculturation that categorizes *individual* adaptation strategies along two dimensions (Berry, 1992). The first dimension concerns the retention or rejection of an individual's native culture (i.e. "Is it considered to be of value to maintain one's identity and characteristics?"). The second dimension concerns the adoption or rejection of the host culture. ("Is it considered to be of value to maintain relationships with the larger society?") From these two questions four acculturation strategies emerge:

- **Assimilation** occurs when individuals adopt the cultural norms of a dominant or host culture, over their original culture.
- **Separation** occurs when individuals reject the dominant or host culture in favor of preserving their culture of origin. Separation is often facilitated by immigration to ethnic enclaves.
- **Integration** occurs when individuals are able to adopt the cultural norms of the dominant or host culture while maintaining their culture of origin. Integration leads to, and is often synonymous with biculturalism.
- **Marginalization** occurs when individuals reject both their

culture of origin and the dominant host culture.

Studies suggest that the acculturation strategy people use can differ between their private and public areas of life (Arends-Tóth, & van de Vijver, 2004). For instance, an individual may reject the values and norms of the host culture in his private life (separation) but he might adapt to the host culture in public parts of his life (i.e., integration or assimilation). Moreover, attitudes towards acculturation and the different acculturation strategies available have not been consistent over time. For example, for most of American history, policies and attitudes have been based around established ethnic hierarchies with an expectation of one-way assimilation for predominantly white European immigrants (Fredrickson, 1999).

The metaphor of the melting pot has been used to describe the immigration history of the United States but it doesn't capture the experiences of many immigrant groups (Allen, 2011). Generally, immigrant groups who were white, or light skinned, and spoke English were better able to assimilate but immigrant groups that we might think of as white today were not always considered white enough. For example, Irish and Italian immigrants were discriminated against and even portrayed as black in cartoons that appeared in newspapers and it wasn't until 1952 that Asian immigrants were allowed to become citizens of the United States (Allen, 2011).

Within the United States, separation as an acculturation strategy can still be seen today in some religious communities such as the Amish and the Hutterites. An integration strategy for acculturation can be observed within Deaf culture. Individuals who are deaf use a different language to communicate, learn about their culture and language from institutions and not their family (most deaf children have hearing parents) and are united by shared experiences as persons with disabilities. Deaf individuals in the United States live within the dominant culture and share the same cultural

values but are separated by language and disability (Maxwell-McCaw, et al., 2000). Members of the Deaf culture have created their own unique cultural and social norms for communicating, interacting and experiencing the world around them.

Some acculturation research suggests that the integrated acculturation strategy has the most favorable psychological outcomes (Nguyuen, et al., 2007; Okasaki, et al., 2009) for individuals adjusting to a host culture and marginalization has the least favorable outcomes (Berry, et al., 2006). Additionally, marginalization has been described as a maladaptive acculturation and coping strategy (Knust et al., 2013). Other researchers have argued that the four strategies have very little predictive validity because people do not always fall neatly into the four categories (Kunst et al., 2013; Schwartz et al., 2010). Situational determinants (e.g., traveling with family, familiarity with language) and environment factors also impact the availability, advantage, and selection of different acculturation strategies (Zhou, 1997).

Bilingualism and Culture

As noted in the earlier section, language can play a large role in the intensity of culture shock and an individual's adaptation to a new culture. A bilingual or multilingual person can traditionally be defined as an individual who uses (understands and produces) two (or more) languages on a regular basis (Grosjean, 2013). Globally, the majority of individuals who speak English also speak at least one other language fluently.

- 56% of Europeans speak more than one language (2018 Eurostat Yearbook)
- 20% of Americans speak more than one language (2016 US Census Report)
- 19% of Canadians speak more than one language (2018 Government of Canada)

It is not uncommon for individuals in China and Africa to speak many languages. There are 7 major languages in China and more in India and Africa when including specific regional and tribal dialects. Around the global monolingual speakers are the minority (Grosjean, 2013).

A bilingual person's initial exposure to both languages may have started in early childhood (e.g. before age 3) (Baker, 2006) but exposure may also begin later in life. It is often assumed that bilinguals must be equally proficient in their languages but proficiency typically varies by domain. For example, a bilingual person may have greater proficiency for work-related terms in one language, and family-related terms in another language (Grosjean, 2013).

Takano and Nado (1993) describe the foreign language effect

(FLE) which refers to a temporary decline in thinking by those who use a second language rather than their native language. They explain that when an individual is spoken to, in the second language, linguistic processing (not cognitive processing) is necessary for an appropriate response and to accommodate the processing thinking declines. With practice and increased proficiency, the decline diminishes (i.e., interpreters). Using German, Korean and English speakers, the researchers found that the FLE was larger when the discrepancy between the native and foreign languages was greater (e.g., German and Korean) and smaller when the differences between the native and foreign languages were smaller (e.g., German and English) (Takano & Nado, 1995).

Research examining the interaction between bilingual individuals' first language and second language has shown that both languages have an influence on one another, and on cognitive functioning outside of language. For example, research on executive functions such as working memory, perception, and attentional and inhibitory control, has suggested that bilinguals have cognitive advantages over their monolingual peers (Marian & Shook, 2012).

Psychological and cultural research has identified differences among multilingual and bilingual speakers when speaking the foreign language. For example, Ervin (1964) found that English/French bilinguals demonstrated different characteristics and emotions when telling stories (based on Thematic Apperception Test) in English versus in French. Matsumoto and colleague (2008) found that Spanish and English-speaking Mexican bilinguals were more accurate in judging emotions in English but inferred greater intensity of subjective experience in the expresser in Spanish.

Additionally, there appear to be age-related benefits for bilinguals. Speaking more than one language appears to help older adults reduce cognitive decline and some research has suggested that bilingual ability can delay the onset of

Alzheimer's disease (Marian & Shook, 2012). It should be noted that there is strong disagreement over how findings on cognitive benefits should be interpreted. Systematic reviews and meta-analyses of studies have found mixed evidence for cognitive advantages in healthy adults. Some have suggested that publication bias (only publishing studies that show positive cognitive benefits) has provided a distorted view of the evidence (Lenhonten, 2013). Though mixed, research results have found support for cognitive, psychological and cultural differences in the experiences of bilingual and multilingual individuals.

Switching

As we learned earlier, individuals who are fully immersed in more than one culture likely have a bicultural or multicultural identity, which may or may not be associated with language ability or proficiency. Bicultural individuals may experience difficulty balancing identities because of the influence of both cultures. Bicultural identity may also have positive effects on individuals, in terms of the additional knowledge they acquire from belonging to more than one culture. Using knowledge from more than one culture, individuals are able to make cognitive, behavioral and linguistic switches to negotiate different social interactions and situations. We are going to learn about two types of cultural switching:

- Cultural frame switching
- Code switching

Cultural Frame Switching

Cultural frame switching refers to the process of bicultural or multicultural individuals accessing different culture-specific mental modules or changing their perspective of the world, depending on the language that is used (Hong, Chiu, & Kung, 1997). Research with bicultural individuals has shown that the presence of culture-specific cues can elicit culture-specific attributions values and personality differences. Benet-Martinez and colleagues (2002) found that Chinese American biculturals displayed more internal attributions when primed with American icons (e.g., Superman), and more external attributions when primed with Chinese icons (e.g., Great Wall). Similarly, Hong Kong Chinese and Chinese Americans generated more collective self-descriptions when their Chinese identity was activated, than did North Americans. In a different study, North Americans and Chinese Americans generated more individual self-descriptions, when their American identity was activated, than did Hong Kong Chinese (Hong, Ip, Chiu, Morris, & Menon, 2001).

Different personality traits were activated among Spanish – English bilinguals when completing a personality questionnaire in English (Ramírez-Esparzaa, Goslinga, Benet-Martínez, Potter & Pennebaker, 2004). Spanish-English speakers scored higher on measures on Extraversion, Agreeableness and Conscientiousness when completing the questionnaire in English.

From a practical standpoint, culturally influenced differences in language and meaning can lead to some interesting encounters, ranging from awkward to informative to disastrous. Words in two different languages that may seem to

be exact translations of each other are likely to have different sets of culture-specific conceptual associations. For example, in Taiwan, Pepsi used the slogan “Come Alive with Pepsi” only to later find out that when translated it meant, “Pepsi brings your ancestors back from the dead” (Kwintessential Limited, 2012). Another example is the ‘Got Milk?’ campaign which was very successful in the United States. When this phrase was translated literally into Spanish as “Tienes (Do you have) Leche (milk)?” for use in its Hispanic media debut there were some serious problems. That particular phrase is taken literally in the Hispanic culture to mean, “Are you lactating?” This was definitely not what the advertisers had in mind but underscores the importance of cultural frame switching when engaging bicultural or multicultural individuals.

Code Switching

Code-switching involves changing from one way of speaking to another between or within interactions and includes changes in accent, dialect, language (Martin & Nakayama, 2010). Code-switching can also refer to the process of multicultural individuals using more than one language in conversation or other communicative acts (e.g., gestures, body language, and understood contexts). By using different languages at the same time the brain switches back and forth between transmitting and receiving messages. Code-switching among multicultural individuals creates a dual communication system in which people are able to maintain their identities with their in-group but can still acquire tools and gain access needed to function in larger dominant society (Yancy, 2011).

There are many reasons that people might code-switch. There has been cross-cultural research indicating that an accent can activate stereotypes and change perceptions (Bourhis, Giles & Lambert, 1975; Dixon & Mahoney, 2004). In the United States, people who have a Southern accent are perceived as being less intelligent and having a lower socioeconomic status when compared to individuals with a standard American accent (Phillips, 2010). If an individual believes that their accent is leading others to form unfavorable impressions, they can consciously change their accent with much practice and effort. Once their ability to speak without their Southern accent is honed, they may be able to switch very quickly between their native accent when speaking with friends and family and their modified accent when speaking in professional settings.

Increased outsourcing and globalization have produced heightened pressures for code-switching among call center

workers in India. Although many Indians learn English in school as a result of British colonization, their accents often activate negative stereotypes and reactions among Western customers calling for help or customer service support. Some Indian call center workers completed intense training to be able to code-switch and accommodate the speaking style of their customers (Pal, 2004) and there has been a growing trend toward accent neutralization as a response to racist verbal abuse call center workers receive from customers (Nadeem, 2012).

People who work or live in multilingual settings may code-switch many times throughout the day, or even within a single conversation. Some cultural linguists have argued that as a result of social media, the majority of Americans engage in code-switching regularly. Words like text, tweet, liked, googled and communicating with symbols (e.g., emojis) are used every day, across technological platforms and by individuals of all ages. Also, within the United States, some people of color may engage in code-switching when communicating with dominant group members because they fear they may be negatively judged and switching may minimize perceived differences. Code-switching may also signal a shift from formal interactions to more informal interactions and individuals may code-switching to reinforce their ingroup identity (Heller, 1992).

As our interactions continue to occur in more multinational contexts, the expectations for code-switching and accommodation are sure to increase. It is important for us to consider the intersection of culture and power to think critically about the ways in which expectations for code-switching may be based on cultural biases and how we can avoid ethnocentric bias and misinterpretations.

Challenges to Living in a Multicultural World

Up to this point we have largely focused on many benefits of living in a multicultural world including the cognitive and psychological benefits of bilingualism, cultural frame switching and the regular use of code-switching in the age of social media. This section will focus on many some of the challenges that persist when living in a multicultural world.

Cultural Reaffirmation

Cultural reaffirmation is a phenomenon that occurs when multicultural individuals living in multicultural societies endorse even more traditional values than persons from the native country or monoculture individuals. There have been several instances observed in Western and Eastern cultures. For example, Kosmitzki (1996) examined monocultural and bicultural Germans and Americans who rated themselves, their cultural group and adopted cultural group. The bicultural individuals endorsed even more traits and values of the native culture than the monoculture individuals. Matsumoto, Weissman, Preston, Brown and Kupperbusch (1997) compared Japanese and Japanese Americans on ratings of interpersonal interactions and found that the Japanese Americans rated themselves higher in areas of collectivism than the Japanese nationals. Cultural reaffirmation has been explained by the stresses of immigrating or becoming part of a multicultural society. In other words, the immigrant group hangs tightly to the native culture even as the native culture changes, in this way the immigrant culture begins to conform to stereotypes.

Identity Denial

Identity denial occurs when individuals are not accepted as a member of the group that they identify with. To be clear, individuals are not denying their heritage, culture or experience but others who share their identity are rejecting them. Cheryan and Monin (2005) revealed that Asian Americans experience more identity denial than other ethnic groups in the United States. As a reaction to the denial, individuals will often over identify with American culture (e.g., football, music, television).

Stereotype Threat

As we learned earlier, stereotypes are generalized thoughts that influence our beliefs about others but also beliefs about ourselves and even our own performance on important tasks. In some cases, these beliefs may be positive, and have the effect of making us feel more confident and better able to perform tasks. On the other hand, sometimes these beliefs are negative, and they have the effect of making us perform more poorly just because of our knowledge about the stereotypes.

One of the long-standing puzzles in the area of academic performance concerns why African American students in the United States perform more poorly on standardized tests, receive lower grades, and are less likely to remain in school in comparison with White students, even when other factors such as family income, parents' education, and other relevant variables are controlled. Steele and Aronson (1995) tested the hypothesis that these differences might be due to the activation of negative stereotypes. They hypothesized that African American students are aware of the inaccurate stereotype that 'African American students are intellectually inferior to White students,' and this stereotype creates a negative expectation. This negative expectation then interferes with students' performance on intellectual and academic tests through fear of confirming that stereotype.

Results confirmed that African American college students performed worse, in comparison with their prior test scores, on math questions taken from the Graduate Record Examination (GRE) when the test was described to them as a diagnostic measure of their mathematical abilities (and thus when the stereotype was relevant) but performance was not influenced when the same questions were framed as a problem-solving activity.

In another study, Steele and Aronson found that when African American students were asked to indicate their race before they took a math test (a way to activating the stereotype), they performed more poorly than they had on prior exams, whereas the scores of White students were not affected by first indicating their race. Steele and Aronson argued that thinking about negative stereotypes that are relevant to the task that you are performing creates stereotype threat, which leads to decreased performance. That is, the negative impact of race on standardized tests may be caused, at least in part, by the performance situation itself. When the threat was present, African American students were negatively influenced by it.

Research has found that the experience of stereotype threat can help explain a wide variety of performance declines among those who are targeted by negative stereotypes. For instance, when a math task is described as diagnostic of intelligence, Latinos and particularly Latinas perform more poorly than do Whites (Gonzales, Blanton, & Williams, 2002). Similarly, when stereotypes are activated, children with low socioeconomic status perform more poorly in math than do those with high socioeconomic status, and psychology students perform more poorly than do natural science students (Brown, Croizet, Bohner, Fournet, & Payne, 2003). Even groups who typically enjoy advantaged social status can be made to experience stereotype threat. White men performed more poorly on a math test when they were told that their performance would be compared with that of Asian men (Aronson, Lustina, Good, Keough, & Steele, 1999), and Whites students performed more poorly than African American students on a sport-related task when it was described to them as measuring their natural athletic ability (Stone, 2002).

Stereotype threat is created in situations that pose a significant threat to self-concern, such that our perceptions of ourselves as important, valuable, and capable individuals are

threatened. In these situations, there is a discrepancy between our positive concept of our skills and abilities and the negative stereotypes suggesting poor performance. When our stereotypes lead us to believe that we are likely to perform poorly on a task, we experience a feeling of unease and status threat. Stereotype threat is not, however, absolute and manipulations that affirm positive characteristics about oneself or one's group are successful at reducing stereotype threat (Alter, Aronson, Darley, Rodriguez, & Ruble, 2010; Greenberg et al., 2003; McIntyre, Paulson, & Lord, 2003). In fact, just knowing that stereotype threat exists may influence performance and possibly alleviate its negative impact (Johns, Schmader, & Martens, 2005).

Contact hypothesis

We learned earlier that one of the reasons that people may hold stereotypes and prejudices is that they view the members of outgroups as different from them. Sometime we fear that our interactions with people from different racial groups will be unpleasant, and these anxieties may lead us to avoid interacting with people from those groups (Mallett, Wilson, & Gilbert, 2008). This suggests that a good way to reduce prejudice is to help people create closer connections with members of different groups. People will behave more favorable toward others when they learn to see other people as more similar to them, as closer to the self, and to be more concerned about them. This idea is known as the contact hypothesis.

Pettigrew and Tropp (2006) conducted a meta-analysis in which they reviewed over 500 studies that had investigated the effects of intergroup contact on group attitudes. They found that attitudes toward groups that were in contact became more positive over time. Furthermore, positive effects of contact were found on both stereotypes and prejudice and for many different types of contacted groups. The positive effects of intergroup contact may be due in part to increases in concern for others. Galinsky and Moskowitz (2000) found that leading students to take the perspective of another group member, which increased empathy and closeness to the person, also reduced prejudice.

Student behavior on campuses demonstrates the importance of connecting with others and the dangers of not doing so. Sidanius, Van Laar, Levin, and Sinclair (2004) found that students who joined exclusive campus groups, including fraternities, sororities, and minority ethnic organizations, were more prejudiced to begin with and became even less

connected and more intolerant of members of other social groups over the time that they remained in the organizations. One explanation is that memberships in these groups focused the students on themselves and other people who were very similar to them, leading them to become less tolerant of others who were different.

One large scale intergroup contact example came about as a result of the United States (U.S.) Supreme Court case *Brown v. Board of Education* in 1954 which overturned an earlier court ruling and declared state laws establishing separate public schools for African American and White students to be unconstitutional. As a result, schools had to be integrated, which caused severe political unrest in many states, but particularly in the Southern United States. Integrating schools had a profound impact on the racial composition of classrooms, improved educational and occupational achievement of African American students and increased the desire of African American students to interact with Whites by forming cross-race friendships (Stephan, 1999). Overall, desegregating schools in the United States supports the expectation that intergroup contact, at least in the long run, can be successful in changing attitudes. There is substantial support for the effectiveness of intergroup contact in improving group attitudes in a wide variety of situations, including schools, work organizations, military forces, and public housing.

Although intergroup contact does work, it is not always a cure because the conditions necessary for it to be successful are frequently not met. Contact can be expected to work only in situations that create the appropriate opportunities for change. For one, contact will only be effective if it provides information demonstrating that the existing stereotypes held by the individuals are incorrect. When we learn more about groups that we didn't know much about before, we learn more of the truth about them, leading us to be less biased in our

beliefs; however, if our interactions with the group members do not allow us to learn new beliefs, then contact cannot work.

When we first meet someone from another category, we are likely to rely almost exclusively on our stereotypes (Brodt & Ross, 1998) but when we get to know the individual well (e.g., as a student in a classroom gets to know other students over a school year), we may get to the point where we ignore that individual's group membership almost completely, responding to him or her entirely at the individual level (Madon et al., 1998). In this way contact is effective in part because it leads us to get past our perceptions of others as group members and to see them as people.

Summary

Culture is one of the most powerful forces in the world. It shapes how we make sense of our world, how we express ourselves and how we understand and relate to others (ingroups and outgroups). Most ethnocentric bias and prejudice come from a difference in heritage, thinking and experiences. We tend to examine a situation from our own point of view and are often unable to apply principles of cultural relativism to individuals with whom we have differences. It is important to remember that we do not need to act on our biases and can override our automatic responses. By identifying our implicit and ethnocentric bias through personal reflection and cultural awareness we are more creative, better communicators, and more likely to engage in critical thinking and evaluating information. Cultural awareness does not mean that you must accept or condone behaviors; awareness is recognition that cultures and individuals within those cultures have been shaped through enculturation, ecology, resources and social norms that are appropriate, moral and just within their culture.

Multicultural Identities

Our identities make up an important part of our self-concept and as we learned earlier can be separated into three main categories: personal, social, and cultural identities (See Chapter 8). Our identities are not constant but are formed through processes that started before we were born and will continue after we are dead. In this way our identities cannot be something that we achieve and are our identities are never complete.

You might remember that personal identities include the components of self that are primarily intrapersonal and connected to our life experiences. For example, you may be outgoing, love puzzles, hip-hop music or have a beautiful singing voice. Our social identities are the components of self that are derived from involvement in social groups with which we are interpersonally committed. For example, we derive aspects of our social identity from our family, from a community of fans for a sports team or membership in a choir. While our personal identity choices express who we are, our social identities align us with particular groups. Through our social identities, we make statements about who we are and who we are not (Spreckels, & Kotthoff, 2009).

Cultural identities and multicultural identities are based on socially constructed categories that teach us a way of being and include expectations for social behavior or ways of acting (Yep, 2002). The ways of being and the social expectations for behavior within cultural identities can change over time, but what separates them from most social identities is their historical roots (Collier, 1996). For example, think of how ways of being and acting have changed for African Americans since the civil rights movement or for persons with disabilities since

the independent living movement and the Americans with Disabilities Act was passed in the United States.

Although some identities are essentially permanent, the degree to which we are aware of them, known as **salience**, can change. We learned earlier that identity is fluid and changes based on context. This means that the intensity with which we identify with an identity can be different depending on the situation. For example, an African American female may not have difficulty deciding which box to check on the demographic section of a survey but she may more intensely relate to her African American identity if she becomes the president of her college's Black Student Union. In the second context, being African American has become more salient. If she studies abroad in Africa her junior year, she may be ascribed an identity of American by African students rather than African American. For the Africans, the visitor's identity as American is probably more salient than her identity as someone of African descent.

Someone who identifies as biracial or multiracial may change their racial identification as they engage in their identity search. One intercultural communication scholar writes of his experiences as an "Asianlatinoamerican" (Yep, 2002). He notes repressing his Chinese identity as an adolescent living in Peru and then later embracing his Chinese identity and learning about his family history while in college in the United States.

Dominant cultural identities historically and currently have more resources and influence, while non-dominant identities historically and currently have fewer resources and influence. It's important to remember that these distinctions are being made at the societal level, not the individual level. There are obviously exceptions, with people from non-dominant groups obtaining more resources and power than a person in a dominant group; however, the overall trend is that differences

based on cultural group membership has been institutionalized, and exceptions do not change this fact.

As a result of this uneven distribution of resources and power, members of dominant groups are granted privileges while non-dominant groups which are at a disadvantage encounter institutionalized discrimination, including racism, sexism, heterosexism, and ableism (Chapter 11), limited access to resources, support, and social capital. As you read, think about how circumstances may be different for an individual with multiple non-dominant and/or dominant identities. Individuals with dominant identities may not validate the experiences of those in non-dominant groups because they do not experience the oppression directed at those with non-dominant identities. Further, they may find it difficult to acknowledge that not being aware of this oppression is due to privilege associated with their dominant identities. For example, a white person in the United States may notice that a person of color was elected to a prominent political office; however, he may not see the underlying reason that it is noticeable. The reason it is noticeable is because the overwhelming majority of political leaders are white in the United States.

Because the experiences of non-dominant groups often goes unexamined by members of the dominant group, there is often a lack of recognition of oppression and privilege which can manifest in culturally biased language. For example, culturally biased language can reference one or more multicultural identities, including race, gender, age, sexual orientation, and ability. Use of offensive or culturally biased language is usually not intended to hurt or to harm others but is often unintentional and the product of ignorance. Showing an awareness of and addressing cultural bias in language is not the same thing as engaging in political correctness, which takes awareness to the extreme but does not do much to address the bias aside from make people feel awkward or resentful. Using inclusive language reflects an understanding

of an individual's unique circumstances, as well as acknowledges and validates the experiences of others.

Members of dominant groups may minimize, dismiss, or question the experiences of non-dominant groups and view them as “complainers” or “whiners.” People with dominant cultural identities who fail to examine privilege may find it difficult to value cultural or social differences. Recognizing the existence of multiple cultural identities within national and regional boundaries, and adopting actions and policies to address them, are necessary to eliminate prejudice, stereotypes and conflicts, in order to ensure a healthy, inclusive community.

Vocabulary

Acculturation is the process of social, psychological, and cultural change that occurs as a result of blending between cultures

Bilingualism refers to the ability to understand and produce two or more languages on a regular basis

Contact hypothesis is a method used to reduce prejudice and help people create closer connections with members of different groups

Cultural frame switching refers to the process of bicultural or multicultural individuals accessing different culture-specific mental modules

Cultural code switching involves changing from one way of speaking to another between or within interactions and includes changes verbal and non-verbal communication

Culture shock is a common experience describing feelings of confusion, stress and disorientation that occur when entering an unfamiliar culture

Cultural reaffirmation is a phenomenon that occurs when multicultural individuals living in multicultural societies endorse even more traditional values than persons from the native country or monoculture individuals

Identity denial occurs when individuals are NOT accepted as a member of the group that he/she identifies with

Stereotype threat is a “situational threat” in which individuals are aware of others’ negative expectations, which leads to their fear that they will be judged and/or treated as inferior

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