Cross Cultural Psychology PSY515

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INTRODUCTION TO CROSS CULTURAL PSYCHOLOGY

Cross-cultural psychology is the scientific study of human behavior and mental process, including both their variability and invariance, under diverse cultural conditions." (Ho & Wu, 2001, p. 4). Through expanding research methodologies to recognize cultural variance in behavior, language and meaning, it seeks to extend, develop and transform psychology. Central themes, such as affect, cognition, conceptions of the self, and issues such as psychopathology, anxiety, and depression, are all re-examined in cross-cultural psychology in an attempt to examine the universality of these concepts. Critics have pointed to methodological flaws in cross-cultural psychological research and claim that serious shortcomings in the theoretical and methodological basis used impede rather than help this scientific search for universality. Cross-cultural psychology is differentiated from Cultural Psychology. The latter is the branch of psychology that holds that human behavior is determined by unique individual cultures that can be compared with each other only to a very limited extent. In contrast, Cross-Cultural psychology includes a search for possible universals in behavior and mental processes. Various definitions of the field are given in Berry, Poortinga, Segall, and Dasen (1992), including: "the scientific study of human behavior and its transmission, taking into account the ways in which behaviors are shaped and influenced by social and cultural forces" (Segall, Dasen, Berry, & Poortinga, 1990) (cited in Berry, Poortinga, Segall, and Dasen, 1992, p. 1); "the empirical study of members of various cultural groups who have had different experiences that lead to predictable and significant differences in behaviors" (Brislin, Lonner, & Thorndike, 1973; cited in Berry, Poortinga, Segall, and Dasen, 1992, p. 1). These authors define [culture] as "the shared way of life of a group of people" (Berry, Poortinga, Segall, and Dasen, 1992, p. 1). Early work in cross-cultural psychology was suggested in Lazarus and Steinthal's journal *Zeitschrift fur Völkerpsychologie und Sprachwissenschaft* [Journal of Folk Psychology and Language Science] which began to be published in 1860. More empirically oriented research was subsequently conducted by Williams H. R. Rivers (1864-1922) who attempted to measure the intelligence and sensory acuity of indigenous people residing in the Torres Straits area, located between Australia and New Guinea (Jahoda, 1993).

Two possible approaches of cross cultural psychology:
It is quite common for cross-cultural psychologists to take one of two possible approaches:

Etic approach: emphasizes similarities of cultures.

Emic approach: emphasizes differences between cultures (Smith & Bond, 1982). Generally speaking, it is received wisdom that traditional agriculture-based societies have more collectivist cultures than modern "information societies." Various factors on which cultures have been compared are discussed by Berry et al., including:

1.Child rearing. Berry et al. refer to evidence that a number of different dimensions have been found in cross-cultural comparisons of child-rearing practices, including differences on the dimensions of obedience training, nurturance training (the degree to which a sibling will care for other siblings or for older people), achievement training, responsibility training, self-reliance and autonomy;

2. Differences in personality variables such as locus of control:
Williams and Best (1990) have looked at different societies in terms of prevailing gender stereotypes, gender-linked self-perceptions and gender roles. They both find universal similarities as well as differences between and within more than 30 nations. The rise of cross-cultural psychology reflects a more general process of globalization in the social sciences that seeks to purify specific areas of research have western biases. In this way, cross-cultural psychology together with international psychology aims to make psychology less ethnocentric in character. Cross-cultural psychology is now taught at numerous universities located around the world, both as a specific content area as well as a methodological approach designed to broaden the field of psychology.

Before study cross cultural psychology we should know what culture is.

CULTURE
Some definitions:
Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.
Culture is the systems of knowledge shared by a relatively large group of people.
Culture is communication, communication is culture.
Culture in its broadest sense is cultivated behavior; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behavior through social learning.
A culture is a way of life of a group of people the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
Culture is symbolic communication. Some of its symbols include a group's skills, knowledge, attitudes, values, and motives. The meanings of the symbols are learned and deliberately perpetuated in a society through its institutions.
Culture is the sum of total of the learned behavior of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation.
Culture is a collective programming of the mind that distinguishes the members of one group or category of people from another.

Theory of cultural determinism
The position that the ideas, meanings, beliefs and values people learn as members of society determines human nature. People are what they learn. Optimistic version of cultural determinism places no limits on the abilities of human beings to do or to be whatever they want. Some anthropologists suggest that there is no universal "right way" of being human. "Right way" is almost always "our way"; that "our way" in one society almost never corresponds to "our way" in any other society. Proper attitude of an informed human being could only be that of tolerance.
The optimistic version of this theory postulates that human nature being infinitely malleable; human being can choose the ways of life they prefer.
The pessimistic version maintains that people are what they are conditioned to be; this is something over which they have no control. Human beings are passive creatures and do whatever their culture tells them to do. This explanation leads to behaviorism that locates the causes of human behavior in a realm that is totally beyond human control.

Cultural relativism
Different cultural groups think, feel, and act differently. There are no scientific standards for considering one group as intrinsically superior or inferior to another. Studying differences in culture among groups and societies presupposes a position of cultural relativism. It does not imply normalcy for oneself, nor for one's society. It, however, calls for judgment when dealing with groups or societies different from one's own. Information about the nature of cultural differences between societies, their roots, and their consequences should precede judgment and action. Negotiation is more likely to succeed when the parties concerned understand the reasons for the differences in viewpoints.

Manifestations of culture
Cultural differences manifest themselves in different ways and differing levels of depth. Symbols represent the most superficial and value the deepest manifestations of culture, with heroes and rituals in between.
Symbols are words, gestures, pictures, or objects that carry a particular meaning which is only recognized by those who share a particular culture. New symbols easily develop, old ones disappear. Symbols from one particular group are regularly copied by others. This is why symbols represent the outermost layer of a culture.
Heroes are persons, past or present, real or fictitious, who possess characteristics that are highly prized in a culture. They also serve as models for behavior.

Rituals are collective activities, sometimes superfluous in reaching desired objectives, but are considered as socially essential. They are therefore carried out most of the times for their own sake (ways of greetings, paying respect to others, religious and social ceremonies, etc.).

The core of a culture is formed by values. They are broad tendencies for preferences of certain state of affairs to others (good-evil, right-wrong, natural-unnatural). Many values remain unconscious to those who hold them. Therefore they often cannot be discussed, nor they can be directly observed by others. Values can only be inferred from the way people act under different circumstances.

Symbols, heroes, and rituals are the tangible or visual aspects of the practices of a culture. The true cultural meaning of the practices is intangible; this is revealed only when the practices are interpreted by the insiders.
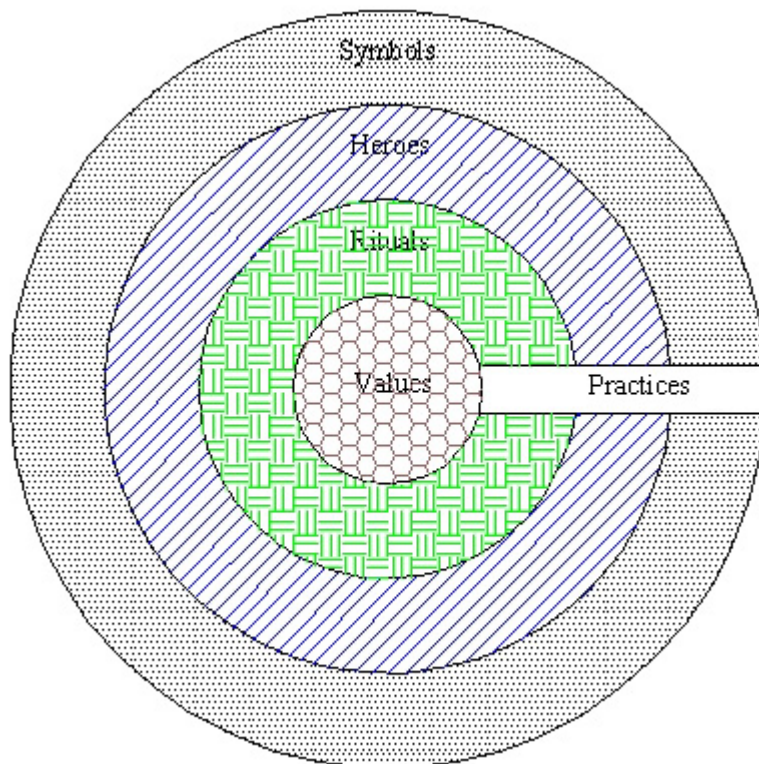

Figure 1. Manifestation of Culture at Different Levels of Depth

Layers of culture
People even within the same culture carry several layers of mental programming within themselves. Different layers of culture exist at the following levels:

The national level: Associated with the nation as a whole.
The regional level: Associated with ethnic, linguistic, or religious differences that exist within a nation.
The gender level: Associated with gender differences (female vs. male)
The generation level: Associated with the differences between grandparents and parents, parents and children.
The social class level: Associated with educational opportunities and differences in occupation.
The corporate level: Associated with the particular culture of an organization. Applicable to those who are employed.

The concepts of culture, ethnicity, diversity, and the misused term "race" (Segall, 1999) have been part of psychology's vocabulary for many years-even going back to Wilhelm Wundt and his interest in Folk Psychology and the 11 volumes he published under that title. But it wasn't until about the mid-1960s that a convergence of independent events and efforts led to what has been called the "modern movement" in cross-cultural psychology. This confluence of activities and initiatives led to the creation, in 1972, of the International Association of Cross-Cultural Psychology (IACCP), an organization consisting of approximately 800 psychologists from some 70 countries. These individuals strongly identify with IACCP and its basic mission of extending psychology's horizons beyond the traditional Euro-American sphere that has dominated the

discipline for many years. IACCP holds both international and regional meetings, and is central to organizational and professional matters. The 25th anniversary conference was held at Western Washington University in 1998.

What are the important reasons, behind the development of cross cultural psychology.

Most cross-cultural psychologists share the opinion that the only way psychology can reach the highest level of scientific achievement and influence, on par with sciences such as chemistry and physics, is to extend its investigations to all corners of the world. Indeed, if generalizability is a necessary ingredient of what defines a "true" science, then one may ask if psychology falls somewhat short when compared with the so-called "hard" sciences.

Another important point for is, a large number of questions may be asked in the search for commonalities or universals. For example, are laws of learning, memory, perception, and other basic processes as applicable in Afghanistan, Benin, Chile, Egypt, and indeed anywhere else on the planet as they are in Anaheim, Chattanooga, or Bellingham, Washington, where I live? If not, what accounts for variations? Is conformity the same everywhere? Is depression to be understood in exactly the same way in all corners of the world? Open an introductory psychology text to four or five pages at random (perhaps excluding statistics and basic physiological processes--but don't close the book on how culture may influence those, either) and ask yourself if the topics on those pages are culturally invariant. And if you are convinced that they are, what is your evidence?

Why Many Psychologists Ignore or Resist the Challenge of Incorporating Culture in Their Work

There are many reasons why psychologists may not want to get involved with other cultures. Formidable methodological problems (see below) may inhibit many scholars, and difficulties in acquiring adequate funding for research is another reason that may result in researchers deciding to stay home to enjoy the comfortable and familiar trappings of their own laboratories, language, customs, and values. Another inhibiting factor has been a tendency for many people to compartmentalize disciplines, which carries with it the argument that the study of culture should be left to the anthropologists and sociologists. Moreover, many instructors may shy away from cultural topics either because they don't have time in their already jam-packed syllabi or feel ill-prepared to deal with the complexities of culture. Who wants to appear ill-informed in front of admiring students?

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What Do Cross-Cultural Psychologists Do, and Why?

Cross-cultural psychologists would hardly disagree with the definition of psychology and the listing of its goals as found; for instance; in standard introductory psychology texts (e.g., psychology is the systematic study of human thought and behavior). In a very real sense cross-cultural psychology is not a separate, fractionated "field" unto itself but a methodological approach, on par with the experimental, physiological, quantitative, and clinical approaches. The special nature of cross-cultural psychology requires, as noted earlier, that the challenges of rather trenchant methodological problems be met. For example, problems of equivalence (conceptual, linguistic, and metric) must be solved. Also, various problems associated with sampling require creative solutions. In a sophisticated research design, one must ask important questions: Which cultures are to be studied, and why? Which communities and individuals should be selected, and why? And precisely which behaviors should receive detailed attention? These are difficult matters to confront effectively and convincingly. However, there are excellent overviews of how to define and approach methodological problems (e.g., Berry et al., 1997, and van de Vijver & Leung, 1997).

The breadth of what cross-cultural psychologists study is astonishing, and it reflects the heterogeneity of mainstream psychology. Thus we see how emotions are regulated differently in various cultures, how anxiety is manifested and controlled as a function of family type, how culture shapes conceptions of the self, and whether writing Chinese characters affect performance on various Piagetian tasks. Cross-cultural psychologists study the consequences of rapid relocation, they try to determine if Gypsy children develop intellectually like other

children, and they attempt to assess if and how cultural beliefs affect recovery from radical surgery. They frequently attempt to determine if human personality is structured in basically the same way everywhere, and if age-related declines in cognition are pancultural. It is clear that any psychological topic or concept can be extended to other cultures and tested to determine how safe it may be to generalize.

Cultural psychology is a field of psychology which assumes the idea that culture and mind are inseparable, thus there are no universal laws for how the mind works and that psychological theories grounded in one culture are likely to be limited in applicability when applied to a different culture. As Richard Shweder, one of the major proponents of the field, writes, "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" (1991, p. 72).

Cultural psychology has its roots in the 1960s and 1970s but became more prominent in the 1980s and 1990s. Some of the classic texts promoting cultural psychology include Shweder and Levine (1984), Triandis (1989), Bruner (1990) Shweder (1991), Markus and Kitayama (1991), Cole (1996), Nisbett & Cohen (1996), Shore (1996), Fiske, et al. (1998), Nisbett, et al. (2001) and Nisbett (2003). Cultural psychologists generally use either ethnographic or experimental methods (or a combination of both) for collecting data

Cultural psychology is distinct from cross cultural psychology in that the cross-cultural psychologists generally use culture as a means of testing the universality of psychological processes rather than determining how local cultural practices shape psychological processes. So whereas a cross-cultural psychologist might ask whether Piaget's stages of development are universal across a variety of cultures, a cultural psychologist would be interested in how the social practices of a particular set of cultures shape the development of cognitive processes in different ways.

Cultural psychology research informs several fields within psychology, including social psychology, developmental psychology and cognitive psychology. However, the relativist perspective of cultural psychology tends to clash with the universalist perspectives common in most fields in psychology.

One of the most significant themes in recent years has been cultural differences between East Asians and North Americans in attention (Masuda & Nisbett, 2001) perception (Kitayama, et al., 2003), cognition (Nisbett, et al. 2001) and social psychological phenomena such as the self (Markus & Kitayama, 1991). Some (Turiel) have argued that this research is based on cultural stereotyping and faulty methodology (Matsumoto). However, proponents of cultural psychology have countered these critics with evidence suggesting that such criticisms are based on an over-emphasis of cross-cultural comparisons of self-reported attitudes and values, which are relatively unstable and ultimately misleading (Heine, Lehman, Peng, & Greenholtz, 2002; Peng, Nisbett, & Wong, 1997). Instead, relying on experimental and ethnographic evidence of deeper level mental processes, which are relatively more stable and more reflective of tacit cultural and historical influences, has been what cultural psychology is about (Kitayama, 2002, Nisbett, 2003).

According to Richard Swheder (1991), the main finding of a universalistic approach to cross-cultural psychology has been the repeated failure to replicate Western laboratory findings in non-Western settings. Therefore, a major goal of cultural psychology is to have divergent cultures inform basic psychological theories in order to refine and/or expand these theories so that they become more relevant to the predictions, descriptions, and explanations of ALL human behaviors, not just Western ones (Markus & Kitayama, 2003).

Traditional culture: The term used to describe cultures based largely on beliefs, rules, symbols, and principles established

- predominantly in the past
- confined in local or regional boundaries
- restricting
- mostly intolerant to social innovations
-

Non-Traditional culture: The term used to describe cultures based largely on modern beliefs, rules, symbols, and principles

- relatively open to other cultures
- absorbing and dynamic

- science-based and technology-driven
- relatively tolerant to social innovations

Comparisons between traditional and
Non-traditional cultures

Traditional cultures	Non-traditional cultures
Most social roles are prescribed to individuals.	Most social roles are achieved by individuals.
In evaluations of individual behavior, the emphasis is placed on custom and routine.	In evaluations of individual behavior, the emphasis is placed on individual choice.
There is a clear distinction between good and evil in human behavior.	The distinction between good and evil in human behavior is relative.
Truth is not debatable; it is established and does not change.	Truth is revealed through the competition of ideas.
Individuals' choices are restricted to the boundaries of social prescriptions. Example: Premarital, extramarital, and homosexual behaviors are restricted.	Individuals' choices are not strongly restricted to the boundaries of social prescriptions. Example: Premarital, extramarital, and homosexual behaviors are generally tolerated.

Culture:
A set of attitudes, behaviors, and symbols shared by a group of people and usually communicated from one generation to the next.

Ethnicity:
A cultural heritage shared by a category of people who also share a common ancestral origin and language.

Nation:
A large group of people who constitute a legitimate, independent state, and share a common geographical origin, history, and frequently language.

Race:
A large group of people distinguished by certain similar and genetically transmitted physical characteristics.

METHODOLOGY OF CROSS CULTURAL RESEARCH

Introduction to Cross Cultural psychology:
Cross-cultural psychology is the critical and comparative study of cultural effects on human psychology. As a comparative field, cross-cultural psychology draws its conclusions from at least two samples that represent at least two cultural groups. The act of comparison requires a particular set of critical thinking skills. Cross-cultural psychology examines psychological diversity and the underlying reasons for such diversity. Using a comparative approach, cross-cultural psychology examines the links between cultural norms and behavior and the ways in which particular human activities are influenced by various cultural forces. Cross-cultural psychology establishes psychological universals, that is, phenomena common for people in several, many, or perhaps all cultures. Cultural psychology seeks to discover meaningful links between culture and psychology of individuals living in this culture. At least four types of knowledge about psychology can be recognized: scientific, popular (folk), ideological (value-based), and legal. It is critical for cross-cultural psychologists to treat all types of knowledge with sensitivity, understanding, and respect. No society is culturally homogeneous. There are no cultures that are either entirely similar or completely different. Within the same cultural cluster there can be significant variations, inconsistencies, and dissimilarities. Cross-cultural psychologists establish and conceptualize the main culture's features in terms of cultural dichotomies. Among such dichotomies are high-versus low-power distance, high- versus low-uncertainly avoidance, masculinity versus femininity, and collectivism versus individualism. Sociobiology is a theoretical model that explores the ways in which biological factors affect human behavior and thus lay a natural foundation for human culture. The sociological approach focuses on broad social structures that influence society as a whole, and subsequently its individuals. There are particular social forces that shape the behavior of large social groups, and human beings develop and adjust their individual responses in accordance to the demands and pressures of larger social groups and institutions. According to an ecocultural approach to cross-cultural psychology, the individual cannot be separated from his or her environmental context. People constantly exchange messages with the environment, thus transforming it and themselves. According to a "culture mixtures" approach, researchers should switch their attention from traditional views on culture to new cultural mixtures, contact zones, interconnected systems, and multiple cultural identities. An "integrative" approach to cross-cultural psychology emphasizes human activity, a process of the individual's goal-directed interaction with the environment. Human motivation, emotion, thought, and reactions cannot be separated from human activity, which is (1) determined by individual, socioeconomic, environmental, political, and cultural conditions, and also (2) changes these conditions. Two factors, presence of and access to resources, largely determine type, scope, and direction of human activities. Indigenous theories are characterized by the use of conceptions and methodologies associated exclusively with the cultural group under investigation. Indigenous psychology is the scientific study of human behavior or the mind, and is designed for a people and native, not transported from other regions. Ethnocentrism is the view that supports judgment about other ethnic, national, and cultural groups and events from the observer's own ethnic, national, or cultural group's outlook. Multiculturalism is a view that encourages recognition of equality for all cultural and national groups and promotes the idea that various cultural groups have the right to follow their own unique paths of development and have their own unique activities, values, and norms.

Methodology of Cross-Cultural Research
There are four basic goals of research in cross-cultural psychology: description, interpretation, prediction, and management. After identifying the goals, the researcher has to choose a methodological approach that is most appropriate for the implementation of these goals. In general, research methodology in cross-cultural psychology can be divided into two categories: quantitative and qualitative.
Quantitative research in cross-cultural psychology involves the measurement of certain aspects of human activity from a comparative perspective. The variables chosen for examination have to be studied empirically, primarily through observation, as opposed to other forms of reflection, such as intuition, beliefs, or superstitions. The most common data are measures of central tendency: the mode, the median, and the mean. There are four types of measurement scales: nominal, ordinal, interval, and ratio.

Nominal Scale: A nominal scale is really a list of categories to which objects can be classified. For example, people who receive a mail order offer might be classified as "no response," "purchase and pay," "purchase but return the product," and "purchase and neither pay nor return." The data so classified are termed categorical data.

Ordinal Scale: An ordinal scale is a measurement scale that assigns values to objects based on their ranking with respect to one another. For example, a doctor might use a scale of 0-10 to indicate degree of improvement in some condition, from 0 (no improvement) to 10 (disappearance of the condition). While you know that a 4 is better than a 2, there is no implication that a 4 is twice as good as a 2. Nor is the improvement from 2 to 4 necessarily the same "amount" of improvement as the improvement from 6 to 8. All we know is that there are 11 categories, with 1 being better than 0, 2 being better than 1, etc.

Interval Scale: An interval scale is a measurement scale in which a certain distance along the scale means the same thing no matter where on the scale you are, but where "0" on the scale does not represent the absence of the thing being measured. Fahrenheit and Celsius temperature scales are examples.

Ratio Scale: A ratio scale is a measurement scale in which a certain distance along the scale means the same thing no matter where on the scale you are, and where "0" on the scale represents the absence of the thing being measured. Thus a "4" on such a scale implies twice as much of the thing being measured as a "2."
Another important step is sampling.

Definition of sampling:
In research methods and statistics, a number of individuals selected from a population to test hypothesis about the population or to derive estimates of its parameters.

Types of samples
The best sampling is probability sampling, because it increases the likelihood of obtaining samples that are representative of the population.

Probability sampling (Representative samples)
Probability samples are selected in such a way as to be representative of the population. They provide the most valid or credible results because they reflect the characteristics of the population from which they are selected (e.g., residents of a particular community, students at an elementary school, etc.). There are two types of probability samples: random and stratified.
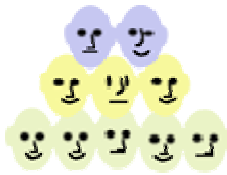
Random sample
The term random has a very precise meaning. Each individual in the population of interest has an equal likelihood of selection. This is a very strict meaning -- you can't just collect responses on the street and have a random sample.
The assumption of an equal chance of selection means that sources such as a telephone book or voter registration lists are not adequate for providing a random sample of a community. In both these cases there will be a number of residents whose names are not listed. Telephone surveys get around this problem by random-digit dialing -- but that assumes that everyone in the population has a telephone. The key to random selection is that there is no bias involved in the selection of the sample. Any variation between the sample characteristics and the population characteristics is only a matter of chance.

Stratified sample
A stratified sample is a mini-reproduction of the population. Before sampling, the population is divided into characteristics of importance for the research. For example, by gender, social class, education level, religion, etc. Then the population is randomly sampled within each category or stratum. If 38% of the population is college-educated, then 38% of the sample is randomly selected from the college-educated population.

Stratified samples are as good as or better than random samples, but they require fairly detailed advance knowledge of the population characteristics, and therefore are more difficult to construct.

Non probability samples (Non-representative samples)
As they are not truly representative, non-probability samples are less desirable than probability samples. However, a researcher may not be able to obtain a random or stratified sample, or it may be too expensive. A researcher may not care about generalizing to a larger population. The validity of non-probability samples can be increased by trying to approximate random selection, and by eliminating as many sources of bias as possible.

Quota sample
The defining characteristic of a quota sample is that the researcher deliberately sets the proportions of levels or strata within the sample. This is generally done to insure the inclusion of a particular segment of the population. The proportions may or may not differ dramatically from the actual proportion in the population. The researcher sets a **quota**, independent of population characteristics.

Two of each species

Example: A researcher is interested in the attitudes of members of different religions towards the death penalty. In Iowa a random sample might miss Muslims (because there are not many in that state). To be sure of their inclusion, a researcher could set a quota of 3% Muslim for the sample. However, the sample will no longer be representative of the actual proportions in the population. This may limit generalizing to the state population. But the quota will guarantee that the views of Muslims are represented in the survey.

Purposive sample
A purposive sample is a non-representative subset of some larger population, and is constructed to serve a very specific need or purpose. A researcher may have a specific group in mind, such as high level business executives. It may not be possible to specify the population -- they would not all be known, and access will be difficult. The researcher will attempt to zero in on the target group, interviewing whoever is available.
A subset of a purposive sample is a snowball sample -- so named because one picks up the sample along the way, analogous to a snowball accumulating snow. A snowball sample is achieved by asking a participant to suggest someone else who might be willing or appropriate for the study. Snowball samples are particularly useful in hard-to-track populations, such as truants, drug users, etc.

Convenience sample
A convenience sample is a matter of taking what you can get. It is an accidental sample. Although selection may be unguided, it probably is not random, using the correct definition of everyone in the population having an equal chance of being selected. Volunteers would constitute a convenience sample.
Non-probability samples are limited with regard to generalization. Because they do not truly represent a population, we cannot make valid inferences about the larger group from which they are drawn. Validity can be increased by approximating random selection as much as possible, and making every attempt to avoid introducing bias into sample selection.
One strategy is availability or convenience sampling. Another type of sampling, called systematic, involves the psychologist selecting national or ethnic samples according to a theory or some theoretical assumption. A third sampling strategy is random sampling. In this case, a large sample of countries or groups is randomly chosen, that is, any country or group has an equal chance of being selected in the research sample.

Research methods in psychology

Scientific method in psychology
The scientific method is an approach that practitioners of psychology are interested in for assessing, measuring, and predicting behavior. It is the process of appropriately framing and properly answering questions. It is used by psychologists and those engaged in other scientific disciplines, to come to an understanding about the world.

Scientific Nature of Psychology
Psychology is a science
Science: An approach using the scientific method for the observation, description, understanding, and prediction of any phenomenon.
Scientific method: The procedure employing a systematic, pre defined, series of steps for attaining optimal efficiency, accuracy, and objectivity in investigating the problem of interest
Systematic: it follows a specified system, an organized ways of collecting and tabulating information.
Pre defined series of steps: certain steps following a specific sequence that is not to be altered; disruption of the sequence will ruin the essence of the approach
Objectivity: It is unbiased; the researcher's likes and dislikes do not interfere with the study or its findings
Steps of Scientific Method
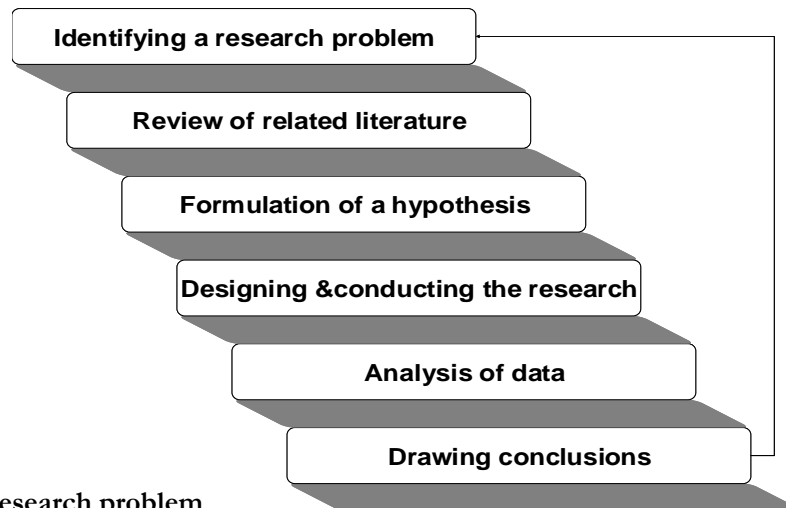
Identifying the research problem
The most important step while conducting research is identify and specify the area of interest in which one is going to conduct a research. The research problem can be identified in many ways, including personal interest, brainstorming, scientific developments, knowledge etc.

Review of the related literature
Searching the research findings in relation with the research one is going to conduct, in order to see how others approached the same or similar issues. Also, it can give some idea as to what would be the probable outcome of one's research.

Formulation of hypotheses
A hypothesis is a speculative statement about the relationship between two or more variables. By reviewing the related literature, one is able to formulate the hypotheses pertaining to the variables of interest. Reviewing the related research articles helps one formulate various hypotheses.

Designing and conducting the research
After reviewing the related literature and making hypotheses,
The research is conducted by using different strategies such as Questionnaires, mail interviews, telephonic interviews, face to face

Interviews, etc. A variety of research designs is available to the
Researchers can choose the one that best suits their study.

Analysis of data
After collecting information, the data will be tabulated with the help of statistical methods and computation in order to see whether the finding prove or disprove the hypotheses.

Drawing conclusions
Conclusions are drawn after the statistical analysis of data. On the basis of this, a decision is made about the rejection or acceptance of the hypothesis.

Identifying a Research Problem
Research problems can be identified in a number of ways:

Personal interest& observation

Brainstorming

Review of Related Literature

Technological Advancement

Request from Concerned quarters

Research Methods in Psychology

Non-manipulative/ Descriptive Methods   **Manipulative/ experimental Methods**
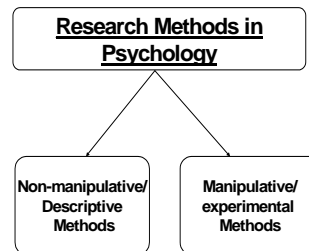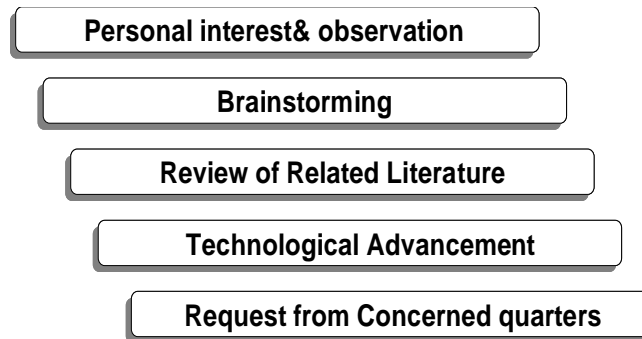
Non manipulative/descriptive Methods
The methods in which the phenomenon of interest is studied the way it exists in nature. The researcher does not interfere with the events, and acts as a passive recorder.

Manipulative/Experimental Methods
The methods that is responsible for the scientific nature of psychology. In these methods the researcher exercises control over the variables and events. He may introduce variables of interest, or may withhold them. These methods are used for determining cause and effect relationships.

Descriptive Research Methods

Observation

Correlational Research

Surveys

Unobtrusive Methods

Case Studies

Focus groups, Meta analysis
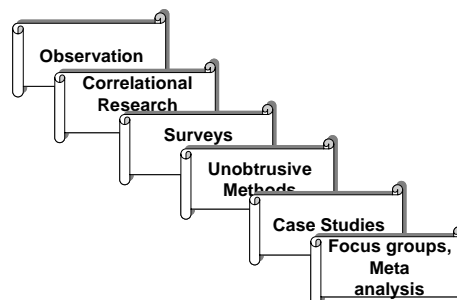
Observation
Systematic observation is used; one of the methods most frequently employed by anthropologists, sociologists and ethnologists.
Phenomenon of interest is observed, studied, and the observations are recorded.
The recorded observations are analyzed.
Conclusions are drawn on the basis of analysis.

Types of observation
1. Observation without Intervention
2. Observation with Intervention

Observation without Intervention
Naturalistic Observation
Type of observation in which the phenomenon of interest is studied/observed in the natural setting without any interference by the observer; The observer may make narrative records, take field notes, use audio or video equipment, or may use a combination of some or all strategies.

Observation with Intervention
The observer intervenes, and manipulates the situation, events and/or variables in order to
- Create a situation which does not occur frequently
- Test the impact of variables on behavior
- Gain access to a situation that is otherwise not accessible or open to observation
- Types of "Observation with Intervention"
- Participant Observation
- Structured Observation
- Field experiments

Participant Observation
The observer becomes a part of the situation and plays an active and significant role in the situation, event, or context under study. It can be of two types:
Disguised Participant Observation
Undisguised Participant Observation

Structured Observation
Employed when the researcher intends to study a situation, which occurs infrequently or is inaccessible otherwise.
The observer may "create" a situation or initiate it.
The control exercised by the observer is less than that in many other techniques.
Mostly employed by clinical and developmental psychologists.

Field Experiments
Experiments in the natural setting; the degree of control is far less than that in laboratory experiments.
One or more independent variables are manipulated in the natural setting in order to see their impact on behavior.
Confederate: the researcher is assisted by one or more confederates who behave in a pre-planned manner so as to initiate an experimental condition.

Correlation Research
A method used for identifying predictive relationships among naturally occurring variables
Correlation Can be said to exist when two different measures of the same individuals, objects, or events vary together e.g. Relationship between I.Q. score & academic achievement or entry test marks & academic achievement. Correlation is a statistical concept.

Nature of Correlation
Positive Correlation
Negative Correlation
Zero Correlation

Measures in Correlation Research
Questionnaires: can be used in- person, can be mailed, or used via Internet.
Interviews: can be personal and face-to-face, or telephonic.
Official Record: Official statistics, raw data, crime records etc.
Remember!!! Correlation is not causation

Surveys
Most frequently used method for obtaining information quickly and evaluating people's interest, liking, disliking and opinions without indulging in long- term procedures and techniques. It is also easily used because it is a cheap method and information is gathered without much difficulty.
Surveys consist of presenting a series of questions or statements to the participants, and asking them to respond.
Surveys are used when quick information is required in limited time e.g. opinion polls, product preference.
Also useful when information is required from a large number of people e.g. population census
More suitable when the goal of the study is to find out about public opinion, attitudes, preferences, like and dislikes etc

Sources of data/information in Surveys:
Questionnaires: in person, mailed, internet
Interviews: personal, telephonic
Newspaper Surveys
Steps involve in conducting the research: There are mainly five steps, which are essential while conducting surveys i.e.

Conceiving the problem:
The purpose of the study must be carefully thought out and precisely defined. How is the information to be used? From whom it is obtained? What kind of information to be gathered etc.

Designing the instrument:
There are numerous ways by which information can be gathered form the general public such as mailed questionnaires, telephonic interviews, through internet etc. It must be carefully thought that which procedure is most effective in obtaining the needed information.

Sampling the population:
The problem of obtaining a representative sample of the population is one of the most difficult as well as significant in the field of measuring popular reactions. The sample to be studied must be drawn in such a manner the each individual has an equal chance of being selected, and that the drawing of one does not influence the chances of any other being drawn. With this procedure, each age, sex, income, religious and ethnic group in the population will be proportionately represented in the sample. Off course there are a number of ways of properly drawing a sample.

Conducting interviews: Even when the questions are carefully worded and carefully designed, a poor interviewer can bias the results. Experiments have shown that females are the best interviewers: at least 21 years of age, who like people, who are unbiased, who are good listeners, who have some college education, and who are fairly familiar with the section they are working in.

Interpreting the results:

Even when all the findings are carried out properly, there is always a chance of misinterpreting the results. Errors in questionnaires, statistical methods, and investigator's own subjectivity can easily bias the results

Unobtrusive Measures of Behavior
Indirect ways of data collection: The person /s that is the focus of interest may not be present at the time of investigation
It may be used for supplementing information collected through observation. It may be used as a replacement of observation. In situations where direct observation is not possible

Unobtrusive measures of behavior include:
Archival data
Physical Traces

Archival data
Already existing records, documents, different forms of literature, newspaper items, photographs, movies, documentaries, biographies, autobiographies etc are used as evidence/ information e.g. using newspaper records to study the rate of crime during the past 20 years. May be used to supplement data gathered through other sources

Physical Traces
Remains, remnants, fragments, objects and products of past behavior are used as evidence; usually employed to supplement data from other sources.
Physical traces can be of two types
Use traces
Products

Use traces
Cues to the use or nonuse of objects and items provide significant evidence e.g. wall chalking, graffiti on walls of public places, milk cartons or tissue boxes in the garbage bags

Products
Study of products, tools, weapons, sculpture etc used less frequently than physical traces.

Content Analysis
Part of archival research: An approach for systematically categorizing and analyzing the content of the behavior or its related aspects/ variables being studied.
The analysis may cover contents of live human behavior, books, journals, magazines, poetry, drama, movies, folktales, TV programs, school textbooks and curricula, advertisements etc.
Inferences are made and conclusions are drawn after objective identification of specific characteristics of contents. Content analysis is done keeping specific goals, objectives, themes and constructs in mind.
Example: Content analysis of textbooks with reference to gender equity and equality; analysis of TV programs with reference to portrayal of women.

Focus Groups
A variety of interviews conducted in a group setting. The researcher talks to the participants in order to learn about their opinions, attitudes, preferences, and likes/dislikes and tries to find out their reasons/cause. Used as a source of data collection in surveys but also used otherwise as well.

Meta Analysis
A statistics based method. A way of reviewing existing research literature in the same field, about the same phenomena The analysis covers the results of several independent experiments within the same field
Computer aided statistical analysis yields overall conclusions

Experimental Research
Experimental method: the use of experimentation for studying a phenomenon.
Experimental design: the plan/structure/lay out of an experiment.
Experiment: the variable of interest (independent variable) is manipulated/ altered and the effect of this manipulation is studied.
Why experiments are conducted?
For testing hypotheses
To test the impact of a treatment or a program on behavior
The main feature of experimentation is CONTROL; keeping all those variables and conditions under control, that can have an impact on the findings of the study i.e., variables that can interfere with the impact of the independent variable.

Variables
Independent Variable b
Dependent Variable
Control Variable
Independent Variable (IV): The variable whose impact is being studied; that is manipulated…in terms of kind or level
Dependent Variable (DV): The measure of behavior on which the impact of independent variable is being studied
Control variable (CV): A potential independent variable that can have an impact upon dependent variable; it has to be controlled
Groups in a Typical Experiment
Experimental Group: This is treated with the independent variable.
Control Group; the no-treatment group that is kept under controlled conditions.

Classical Experiment Design

Standard format: Example of impact of music on stress:

Ex. group measured on DV	Ex. group treated by IV & then measured on DV
Cont. group measured on DV	Control. group measured on DV

Ex. group measured on Stress level(DV)	Ex. group treated by soft music (IV) & then measured on DV
Cont. group measured on Stress level (DV)	Control. group measured on DV

Experimental Designs:
Within- Subjects Design
Between- Subjects Design
Within Subject Design
The experimental design in which the subjects' performance is compared with their own performance i.e., only one group of subjects is used.
Before-After No Control Group Design:

A: DV	B: IV	A: IV	B: DV

Varieties of Before-after no control group designs:
ABABA and ABABABBA designs

A: DV	B: IV	A: DV	B: IV	A: DV

B: IV	B: IV	A: DV

Between Subjects Experimental Design
The experimental design in which two or more groups of subjects are used and their performance is compared with each other:
Classical Experimental Design
After- Only Experimental Design

Problems associated with experimental research:
Artificiality of behavior is a possibility
Subjects may be under stress or pressure
Time consuming and expensive
Ethical issues: can we tell all about the nature of experiment to the subjects???

BUT…the very element of control gives edge to this approach, as this is what makes psychology a science
Among the most important statistical methods used in cross-cultural psychology are co relational methods that establish relationships between two variables and the t-test for independent samples, which aims to estimate whether the difference between two samples occurred by chance.
Qualitative research is conducted primarily in the natural setting, where the research participants carry out their daily activities in a non research atmosphere. Qualitative studies are also conducted when there are difficulties in measuring variables, in situations when the subjects cannot read or use answer scales, or when there are no standardized measurement instruments available. Qualitative research is also useful in situations in which variables are not completely conceptualized or operationally defined. The qualitative method can be useful when the experiences and priorities of the research participants heavily influence the research.
Choosing an application-oriented strategy, researchers attempt to establish the applicability of research findings obtained in one country or culture to other countries or cultures. The comparativist strategy, on the contrary, focuses primarily on similarities and differences in certain statistical measures in a sample of cultures.

Analysis of data:
There are at least two approaches to the analysis of cross-cultural data. Psychologists supporting the absolutist approach argue that psychological phenomena are basically the same across cultures. However, the occurrences of certain processes and behaviors may vary from culture to culture. The relativist approach implies that human behavior in its full complexity can be understood only within the context of the culture in which it occurs.
Cross-cultural psychologists should see similarities in different phenomena; likewise, similarities should not overshadow potential differences between samples. The specialist should be aware that to contrast a phenomenon with its polar opposite is to give definition to both terms. All polar opposites are dependent on each other for their very conceptual existence.
Cross-cultural psychologists should avoid biases of generalization. At the same time, it should be understood that cross-cultural psychology requires a great deal of imagination and abstraction. Concrete human activities take place in diverse and unique contexts with a huge variety of underlying factors. To understand and compare psychological phenomena the researcher should assume that the number of such factors is relatively limited.

The Contributions of Cross-Cultural Research to Psychology
According to Matsumoto, culture is very important in understanding human behavior. Matsumoto realize that culture played a basic and important role in understanding and contributing to human behavior as did any other influence on our lives, and to gradually understand its pervasive and profound influence on psychological processes in all areas of functioning.
There are at least three major areas of contributions that cross-cultural research has made to psychology:

1. Contributions to knowledge
2. Contributions to the critical thinking process,
3. The identification of the psychological factors underlying inter- and intercultural adjustment.
4.

Knowledge

Findings from cross-cultural research have clearly impacted all areas of psychology. It has informed us of cultural similarities and differences in attachment, child rearing, and development; in self-concepts and personality; in thinking, perceiving, reasoning, and problem solving; in emotion, motivation, and morality; in social and organizational behavior. Indeed, cross-cultural research has contributed to knowledge in just about every other major area of psychological inquiry (Matsumoto, 2001).

These contributions are extremely important because they help create a universal psychology that is inclusive of many people of diverse backgrounds, not just people from a single culture or two who traditionally comprised the subject pools from which research participants were recruited. As cross-cultural research has flourished and new findings have gained recognition, more theories are increasingly incorporating culture. While many classic findings still remain classics to this day, such as findings on the universality of facial expressions, the relationship between language and thought, and some developmental processes, many other traditional notions of psychological processes have been modified to include culture. Thus, we know that conceptions of self are culturally bound as are the concrete manifestations of many psychopathological states. These developments are incredibly vital to psychology, and cross-cultural research has played an immensely important role in facilitating them.

Critical Thinking/Scientific Philosophy

A second contribution that cross-cultural research has made to psychology is in the area of critical thinking and scientific philosophy. To me, cross-cultural research itself is an example of critical thinking because it asks the all-important question "is what I know to be true for one cultural group also true for another?" By asking this question and conducting studies to test it, cross-cultural research in and of itself naturally facilitates the constant challenging of and skepticism toward one's truths and knowledge. By engaging in cross-cultural research one is always engaging in critical thinking about the state of the field.

The implication of cross-cultural research to critical thinking is related to the concept of scientific philosophy, that is, the logic underlying our science. Cross-cultural research involves a simple method change in one parameter of a study - the cultural composition of one's samples. By changing it, cross-cultural researchers recognize that knowledge, which is based on research findings, is limited to the methodologies of the studies that created them in the first place. Therefore changes to those parameters, such as in the cultural composition of the participants in the research, have the potential to change the findings and thus knowledge. Every finding that serves as the backbone to greater knowledge in psychology is bound in a strict sense to the methodological parameters of the studies that produced it. Because methodologies themselves are bound by culture every finding is culture-bound until it is formally tested in as wide and diverse an arena as possible. In fact, conducting research is itself a culture-bound enterprise, and not every culture in the world subscribes to this particular method of knowledge creation. Engaging with these issues every day is one of the ultimate examples of critical thinking.

Identification of the "Psychological Engine" of Adjustment

The third major contribution of the cross-cultural approach is in elucidating the process of adjustment both between and within cultures. Cross-cultural psychologists have studied this topic for years and many important findings have emerged (Berry, Kim, & Boski, 1988; Ward, 2001; Ward & Kennedy, 1993, 1996; Ward & Kennedy, 1999; Ward & Rana-Deuba, 2000). Over the last six years Matsumoto and his colleagues study the factors that can predict intercultural adjustment success and the potential for that success. Using a scale called the ICAPS (Intercultural Adjustment Potential Scale) .We have been able to predict the intercultural adjustment of Japanese students, businesspersons, and housewives; Americans; Swedes; Central and South Americans; and Indians using a variety of outcome measures including self-reports of subjective adjustment, peer ratings, interviewer ratings, and behavioral assessments (Matsumoto, LeRoux, Iwamoto et al., 2001; Matsumoto, LeRoux, Ratzlaff et al., 2001). The ICAPS can predict adjustment and adjustment-related behaviors above and

beyond that already predicted by personality and by emotion recognition, one of the most stable components of emotional intelligence (Matsumoto, LeRoux, Bernhard, & Gray, 2001).

Most importantly, his research has allowed us to identify the "psychological engine" of adjustment. These are the psychological skills necessary to live and succeed in a diverse, multicultural environment. Factor analyses of normative data on the ICAPS involving over 2,500 individuals have given us insight concerning what those skills are:

1. Emotion regulation
2. Openness
3. Flexibility
4. Creativity
5. Critical thinking
6. Autonomy

The most important is emotion regulation (ER). Empirically, ER is always the most consistent and strongest predictor of all adjustment indices measured in all of our studies. Theoretically, individuals need to be able to regulate their emotions, especially negative ones that arise because of inevitable intercultural conflict, so as to allow them to engage in creative and critical thinking about alternative ways of understanding the world. ER also allows for the incorporation of new cognitive schemas that are produced based on one's ability to accommodate to cultural differences. And most importantly, the fact that ER has been empirically shown to be the best predictor of adjustment in a wide variety of cultural samples suggests that its importance is universal.

Research Questions:
According to Robin Goodwin and his colleagues deal with issues of translating questions and ensuring the appropriateness of questions asked. They found social representations theory useful as it permits us to combine "standard" questionnaire procedures with more open-ended questionnaires, media analyses and focus group methods; but of course a range of other broad theoretical perspectives are available, offering additional methods (Fielding and Fielding, 1986

One particular dilemma arises when dealing with highly sensitive questions that might appear to threaten existing religious, cultural or political beliefs or interests. Unfortunately, such questions are frequently the very questions of greatest interest to the applied cross-cultural research. Questions concerning ethnic identity can be seen to threaten landowners and powerful corporate groups; items about the prevalence of sexual disease can upset religious authorities and tourist agencies; questions investigating democratic beliefs can affront significant politicians and interior ministries, and so on. For any cross-cultural research, on any topic, the greatest resource the researcher owns is their research contacts in the country (ies) they are exploring. The researcher asking delicate questions is likely to need a great deal of guile and sensitivity, several "strategic alliances" within a society, and a certain honesty and humility in appreciating that the answers obtained may at best be "filtered" by interested individuals and agencies.

If one questionnaire is used in another culture then the translated version should be same as the original ones.

ETHICAL ISSUES
Ethical Principles for conducting Research with Human Participants

Introduction to the revised principles
The Standing Committee on Ethics in Research with Human Participants has now completed its revision of the Ethical Principles for Research with Human Subjects (British Psychological Society, 1978).The new 'Ethical Principles for Conducting Research with Human Participants' (q.v.) have been approved by the Council.

The Standing Committee wishes to highlight some of the issues that concerned it during the drawing up of the Principles published below. In the forefront of its considerations was the recognition that psychologists owe a debt to those who agree to take part in their studies and that people who are willing to give up their time, even for remuneration, should be able to expect to be treated with the highest standards of consideration and respect. This is reflected in the change from the term 'subjects' to 'participants'. To psychologists brought up on the jargon of their profession the term 'subject' is not derogatory. However, to someone who has not had that experience of psychological research it is a term which can seem impersonal.

Deception
The issue of deception caused the Committee considerable problems. To many outside the psychology profession, and to some within it, the idea of deceiving the participants in one's research is seen as quite inappropriate. At best, the experience of deception in psychological research can make the recipients cynical about the activities and attitudes of psychologists. However, since there are very many psychological processes that are modifiable by individuals if they are aware that they are being studied, the statement of the research hypothesis in advance of the collection of data would make much psychological research impossible. The Committee noted that there is a distinction between withholding some of the details of the hypothesis under test and deliberately falsely informing the participants of the purpose of the research, especially if the information given implied a more benign topic of study than was in fact the case. While the Committee wishes to urge all psychologists to seek to supply as full information as possible to those taking part in their research, it concluded that the central principle was the reaction of participants when deception was revealed. If this led to discomfort, anger or objections from the participants then the deception was inappropriate. The Committee hopes that such a principle protects the dignity of the participants while allowing valuable psychological research to be conducted.

Debriefing
Following the research, especially where any deception or withholding of information had taken place, the Committee wished to emphasize the importance of appropriate debriefing. In some circumstances, the verbal description of the nature of the investigation would not be sufficient to eliminate all possibility of harmful after-effects. For example, an experiment in which negative mood was induced requires the induction of a happy mood state before the participant leaves the experimental setting.

Risk
Another area of concern for the Committee was the protection of participants from undue risk in psychological research. Since this was an area in which the Principles might be looked to during an investigation following a complaint against a researcher, the Committee was concerned to seek a definition that protected the participants in the research without making important research impossible. Risks attend us every moment in life, and to say that research should involve no risks would be inappropriate. However, the important principle seemed to be that when participants entered upon a psychological investigation they should not, in so doing, be increasing the probability that they would come to any form of harm. Thus, the definition of undue risk was based upon the risks that individuals run in their normal lifestyle. This definition makes possible research upon individuals who lead a risk-taking or risk-seeking life (e.g. mountaineers, cave divers), so long as the individuals are not induced to take risks that are greater than those that they would normally encounter in their life outside the research.

Implementation
The Council of the Society approved the Principles at its meeting in February 1990. There followed a two-year period during which the new Principles were provisionally in operation. In spring 1992 the Council reviewed the Principles, in the light of experience of their operation. During this period researchers were unable to identify problems in the working of the Principles. Following minor amendment the Principles were formally adopted in October 1992.
The Council urges all research psychologists to ensure that they abide by these Principles, which supplement the Society's Code of Conduct (q.v.) and thus violation of them could form the basis of disciplinary action. It is essential that all members of the psychological profession abide by the Principles if psychologists are to continue to retain the privilege of testing human participants in their research. Psychologists have legal as well as moral responsibilities for those who help them in their study, and the long-term reputation of the discipline depends largely upon the experience of those who encounter it first-hand during psychological investigations.

The Principles
1. **Introduction**

The principles given below are intended to apply to research with human participants. Principles of conduct in professional practice are to be found in the Society's Code of Conduct and in the advisory documents prepared by the Divisions, Sections and Special Groups of the Society.

Participants in psychological research should have confidence in the investigators. Good psychological research is possible only if there is mutual respect and confidence between investigators and participants. Psychological investigators are potentially interested in all aspects of human behaviour and conscious experience. However, for ethical reasons, some areas of human experience and behaviour may be beyond the reach of experiment, observation or other form of psychological investigation. Ethical guidelines are necessary to clarify the conditions under which psychological research is acceptable.

The principles given below supplement for researchers with human participants the general ethical principles of members of the Society as stated in The British Psychological Society's Code of Conduct (q.v.). Members of The British Psychological Society are expected to abide by both the Code of Conduct and the fuller principles expressed here. Members should also draw the principles to the attention of research colleagues who are not members of the Society. Members should encourage colleagues to adopt them and ensure that they are followed by all researchers whom they supervise (e.g. research assistants, postgraduate, undergraduate, A-Level and GCSE students).

In recent years, there has been an increase in legal actions by members of the general public against professionals for alleged misconduct. Researchers must recognise the possibility of such legal action if they infringe the rights and dignity of participants in their research.

2. General

In all circumstances, investigators must consider the ethical implications and psychological consequences for the participants in their research.The essential principle is that the investigation should be considered from the standpoint of all participants; foreseeable threats to their psychological well-being, health, values or dignity should be eliminated. Investigators should recognise that, in our multi-cultural and multi-ethnic society and where investigations involve individuals of different ages, gender and social background, the investigators may not have sufficient knowledge of the implications of any investigation for the participants. It should be borne in mind that the best judge of whether an investigation will cause offence may be members of the population from which the participants in the research are to be drawn.

3. Consent

Whenever possible, the investigator should inform all participants of the objectives of the investigation. The investigator should inform the participants of all aspects of the research or intervention that might reasonably be expected to influence willingness to participate. The investigator should, normally, explain all other aspects of the research or intervention about which the participants enquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the participants. Research with children or with participants who have impairments that will limit understanding and/or communication such that they are unable to give their real consent requires special safe-guarding procedures.

Where possible, the real consent of children and of adults with impairments in understanding or communication should be obtained. In addition, where research involves any persons less than 16 years of age, consent should be obtained from parents or from those in loco parentis. If the nature of the research precludes consent being obtained from parents or permission being obtained from teachers, before proceeding with the research, the investigator must obtain approval from an Ethics Committee.

Where real consent cannot be obtained from adults with impairments in understanding or communication, wherever possible the investigator should consult a person well-placed to appreciate the participant's reaction, such as a member of the person's family, and must obtain the disinterested approval of the research from independent advisors.

When research is being conducted with detained persons, particular care should be taken over informed consent, paying attention to the special circumstances which may affect the person's ability to give free informed consent.

Investigators should realize that they are often in a position of authority or influence over participants who may be their students, employees or clients. This relationship must not be allowed to pressurize the participants to take part in, or remain in, an investigation.

The payment of participants must not be used to induce them to risk harm beyond that which they risk without payment in their normal lifestyle.

If harm, unusual discomfort, or other negative consequences for the individual's future life might occur, the investigator must obtain the disinterested approval of independent advisors, inform the participants, and obtain informed, real consent from each of them.

In longitudinal research, consent may need to be obtained on more than one occasion.

4. Deception

The withholding of information or the misleading of participants is unacceptable if the participants are typically likely to object or show unease once debriefed. Where this is in any doubt, appropriate consultation must precede the investigation. Consultation is best carried out with individuals who share the social and cultural background of the participants in the research, but the advice of ethics committees or experienced and disinterested colleagues may be sufficient.

Intentional deception of the participants over the purpose and general nature of the investigation should be avoided whenever possible. Participants should never be deliberately misled without extremely strong scientific or medical justification. Even then there should be strict controls and the disinterested approval of independent advisors.

It may be impossible to study some psychological processes without withholding information about the true object of the study or deliberately misleading the participants. Before conducting such a study, the investigator has a special responsibility to

(a) Determine that alternative procedures avoiding concealment or deception are not available;

(b) Ensure that the participants are provided with sufficient information at the earliest stage; and

(c) Consult appropriately upon the way that the withholding of information or deliberate deception will be received.

5. Debriefing

In studies where the participants are aware that they have taken part in an investigation, when the data have been collected, the investigator should provide the participants with any necessary information to complete their understanding of the nature of the research. The investigator should discuss with the participants their experience of the research in order to monitor any unforeseen negative effects or misconceptions.

Debriefing does not provide a justification for unethical aspects of any investigation.

Some effects which may be produced by an experiment will not be negated by a verbal description following the research. Investigators have a responsibility to ensure that participants receive any necessary debriefing in the form of active intervention before they leave the research setting.

6. Withdrawal from the investigation

At the onset of the investigation investigators should make plain to participants their right to withdraw from the research at any time, irrespective of whether or not payment or other inducement has been offered. It is recognized that this may be difficult in certain observational or organizational settings, but nevertheless the investigator must attempt to ensure that participants (including children) know of their right to withdraw. When testing children, avoidance of the testing situation may be taken as evidence of failure to consent to the procedure and should be acknowledged.

In the light of experience of the investigation, or as a result of debriefing, the participant has the right to withdraw retrospectively any consent given, and to require that their own data, including recordings, be destroyed.

7. Confidentiality

Subject to the requirements of legislation, including the Data Protection Act, information obtained about a participant during an investigation is confidential unless otherwise agreed in advance. Investigators who are put under pressure to disclose confidential information should draw this point to the attention of those exerting such pressure. Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs. In the event that confidentiality

and/or anonymity cannot be guaranteed, the participant must be warned of this in advance of agreeing to participate.

8. Protection of participants

Investigators have a primary responsibility to protect participants from physical and mental harm during the investigation. Normally, the risk of harm must be no greater than in ordinary life, i.e. participants should not be exposed to risks greater than or additional to those encountered in their normal lifestyles. Participants should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concern arise despite the precautions required by the Principles. Where research procedures might result in undesirable consequences for participants, the investigator has the responsibility to detect and remove or correct these consequences.

Where research may involve behavior or experiences that participants may regard as personal and private the participants must be protected from stress by all appropriate measures, including the assurance that answers to personal questions need not be given. There should be no concealment or deception when seeking information that might encroach on privacy.

In research involving children, great caution should be exercised when discussing the results with parents, teachers or others acting in loco parentis, since evaluative statements may carry unintended weight.

9. Observational research

Studies based upon observation must respect the privacy and psychological well-being of the individuals studied. Unless those observed give their consent to being observed, observational research is only acceptable in situations where those observed would expect to be observed by strangers. Additionally, particular account should be taken of local cultural values and of the possibility of intruding upon the privacy of individuals who, even while in a normally public space, may believe they are unobserved.

10. Giving advice

During research, an investigator may obtain evidence of psychological or physical problems of which a participant is, apparently, unaware. In such a case, the investigator has a responsibility to inform the participant if the investigator believes that by not doing so the participant's future well-being may be endangered.

If, in the normal course of psychological research, or as a result of problems detected as In some kinds of investigation the giving of advice is appropriate if this forms an intrinsic part of the research and has been agreed in advance.

11. Colleagues

Investigators share responsibility for the ethical treatment of research participants with their collaborators, assistants, students and employees. A psychologist who believes that another psychologist or investigator may be conducting research that is not in accordance with the principles above should encourage that investigator to re-evaluate the research.

RESEARCHES BASED ON CROSS CULTURAL PSYCHOLOGY

Culture of Gender

In modern societies men and women live in the same physical and cultural environment and therefore, it is only metaphorically possible to say that they represent two different cultures. For this very reason men and women are seldom considered as a source of variation in inter-cultural studies. On the contrary, many idols of the mass media have succeeded in exploiting the metaphor of "male and female culture." Quite recently, for example, Deborah Tannen (1999) has tried to persuade not only lay-readers but also scholars that men and women communicate in very different ways. In her book, *The Argument Culture*, which rapidly topped best-seller lists, she claims that the differences in communication between men and women can be explained by "different cultures hypothesis:" men are nurtured in a world in which a conversation is often a contest, best described by a metaphor of war. For instance, the best way to begin an essay is to attack someone or the best sign of you being a thinking person is to criticize somebody in a crude manner. Women, on the other hand, are socialized into a more peaceful world where understanding and tolerance are norms rather than exceptions. Another

example of the success of this metaphor is the John Gray's book *Men Are from Mars, Women Are from Venus* (1992) which has had a phenomenal success all over the world. It has been sold more than 15 million copies in the United States only to say nothing about translations into more than 40 different languages throughout the world! It is interesting that in its extreme the "different culture hypothesis" is hardly separable from a "different nature hypothesis:" men are different from women not only by their physiology but also by their psychological make-up.Are men and women of the same culture really different? Are these differences caused by two subcultures, one for men and another for women?

Male-Female Differences in Selecting Mates: Of course, men and women are different. In many traditional cultures it is not a mere metaphor that they represent two different cultures. Women cannot visit houses where men live, they do not participate in rituals in which only men are actors, and they do not know songs that are passed from fathers to their sons. In these cases indeed we can talk about separate cultures of men and women. Nevertheless, even in modern societies there are many values, attitudes and norms in which men and women differ from each other. One interesting example is the preference for mates. What are the qualities we rely on when we are looking for a mate? Are these qualities same for men and women? With a help of international collaborators, Buss and colleagues (1990) conducted a study of 37 cultures for mate preferences. They found that in all studied cultures female preferences for mates are governed by the need for protection and economic stability whereas male preferences for mates are dominated by health (beauty) and age issues. Across all preferable mate characteristics, culture accounted at least 14% of the total variance. At the same time, the sex of respondents accounted only for 2.4% of the total variance in mate preference. For example, the average Spearman Rank correlation (Rho) between the male and female ratings was .87, indicating that both men and women ordered the preferable mate characteristics in a rather similar way. Sexual dimorphism, however, varies considerably across cultures. In general, Asian and African cultures showed the most and the Western European samples showed the least of sexual dimorphism with North and South American cultures being intermediate in terms of male-female differences. It is instructive to notice that the study of Buss and his collaborators is usually presented as a convincing example of the transcultural universality of sexual selection patterns. Indeed, in general women look for status and men for beauty in almost every known culture, but this regularity, as mentioned above, is observed on the background of intercultural variation that exceeds many times the variation caused by sex.

Gender Differences in Personality: There is no doubt that men and women are guided by different values, attitudes and habits when important choices need to be made, including the choice of a romantic partner. This discrepancy, however, cannot mask the truth that in many cases the differences between men and women are only small variations of the same general rule or pattern. Up to date, there are no credible scientific evidence demonstrating very deep differences in the psychological make-up of men and women. Personality psychologists have reached a common understanding that the Big Five personality traits-Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness-appear to be the best summary of broad personality traits. Although many instruments have been developed to measure the five traits, the most comprehensive and popular among the researchers is the Revised NEO Personality Inventory, developed by Costa and McCrae (1992). This popular personality instrument has been translated into more than 30 languages and as a consequence, personality profiles for many cultures are today available. This intensive multicultural research provides an interesting challenge. As we all know, the position of women as regards to men and their role in society is rather different in the different parts of the world. In that sense, Dutch women in the egalitarian and modern Netherlands obviously differ, for example, from Telugu-speaking women living in India. One way to test the influence of these differences on personality is to compare personality profiles of men and women in different cultures. McCrae (2001) studied personality profiles of men and women collected in 26 different cultures and found them very similar. Men and women of the same age and culture have clearly similar profiles. However, even small differences between personality profiles demonstrate a regular pattern with sex differences being the smallest in Asia and black Africa and the largest among European cultures (Costa, Terracciano & McCrae, 2001). This is a rather surprising result as one would expect that personality of women differs from men more in traditional societies where sex roles are more segregated and differences between them emphasized. On the contrary, the largest differences in personality (if any at all) can be observed in modern Western societies.

CULTURAL FACTORS IN COMPLEX DECISION MAKING

Introduction:

Small Decisions and Big Decisions
Making decisions is a universal process. Human beings in all ages and cultures constantly find themselves in a position where they have a choice between two or more alternatives. Whether you try to attack the mammoth from the left or the right side, whether you order pizza or pasta at a restaurant, or whether you continue to read this chapter or not mean making a decision. Cognitive psychology has developed quite complicated models to describe human decision making. Although these models do differ in many respects, they are often variations of the "expectation-times-value - principle". This means that humans usually select the one alternative that has both a high subjective value and a high likelihood of success. For instance, you are only supposed to continue reading this chapter if you value the topic and if you expect a fair chance that you understand the text. If one of both conditions is not met, you should by now be thinking of doing something else.

However, different observers have remarked that many of the more important decisions in real do not fit such simple models. For instance, there might be no common "yardstick" against which to measure different alternatives (there is, for instance, no common value involved in spending the same amount of time with a textbook or in a movie). Furthermore, real life decision making is usually more like a series of decisions than a single "one-shot-decision". If you, for instance, decide to make your room more comfortable, you usually don't develop three or four alternatives and then decide among these according to some rational criterion. Rather, you may start by deciding to move your desk from one wall to another. Looking around, you feel that the cupboard also needs a new place, then the bed and so on until you room looks in a way that is well beyond what you imagined when you moved the desk. And finally, the likelihood of success is often not known to the decision maker. If one, for instance, is wondering whether to enroll in Psychology or Medicine, the estimate of one's own liking of and success in these subjects is at best vague. Moreover, other important aspects like job prospects may also be quite unclear.

Therefore, making decisions on issues of importance and with far-reaching consequences is much more difficult than doing simple multiplications of values and likelihood of outcomes. This probably is one of the reasons why many of the "big decisions" are regulated by cultural norms. In many cultures decisions on how to view the world, which gods to believe in, which profession to learn, where to live and whom to marry are, in fact, more influenced by the social and cultural context than by individual decisions. Certainly, this limits individual freedom. On the other side, this also alleviates the burden of constantly making decisions whose consequences can barely be overseen.

Within cognitive psychology, the last two decades have witnessed an increasing interest in studying these "big" decisions. This has to do with the enormous consequences of many technological, ecological and economic decisions. It is generally felt that never before in the history of mankind were decisions made by individuals so potentially harmful (or beneficial) to so many other individuals (the reader may think of, for instance, nuclear power, carbo-monoxide emissions, international trade regulations, or bio-technology). It is quite natural that there is an increasing interest in the nature of these decisions, the psychological mechanisms that regulate them and typical errors that are committed in making them (see Frensch & Funke, 1995; Klein, 1997).

This reading, then, attempts to introduce more formally the concept of "complex decision making", to look at cultural factors that might be important in influencing this form of decisions, and to discuss the results of some empirical studies that have investigated this topic cross-culturally. This is done in the context of observing participants from India and Germany.

A Primer on Complex Decision Making (CDD)
Most "big" decisions share some features that distinguish them from other, more easily tractable problems. These features include:
a) Complexity. In our context, "complexity" means (a) that the decision making situation consists of a large number of variables (or factors) that need to be taken into account and (b) that these variables are highly interrelated. The factors influence each other; they cannot be dealt with independently but form a tight network.

b) Multiple goals. The decision maker(s) usually has (have) not one, well-defined goal. Often there exists only a vague dissatisfaction with the present situation. Sometimes the degree of improvement is open, sometimes possible goals contradict each other.

c) Dynamics. The decision making situation does not remain constant, it does not "wait" for the decision maker to finally come up with something. Rather, it develops independently of the actions of the decision maker. The different variables that make up the situation are subject to trends which, unfortunately, tend to deteriorate rather than improve.

d) Opaqueness. The decision making situation is not obvious. Some of the important variables may be not known, mutual influences may be unclear or hidden, and the current situation of some of these variables may be difficult to assert.

Of course, these features of complex decision making situations have psychological consequences for the decision maker. He or she will usually experience a fair degree of time pressure and there are multiple uncertainties. Knowledge is insufficient and it can be quite unclear what to do at all. Well known solutions may not work and decisions do not only have the intended main effect but also (often detrimental) long-term- and side-effects. The following example may help to further clarify this notion of complex decision making:

In many countries colleges and universities have student bodies that participate (to a larger or smaller extent) in organizing and managing the university. Imagine that at your university the group of people that represents the student population is highly ineffective and even acts against clearly voiced student interests. You, being a politically aware person, are extremely dissatisfied with the situation. You feel that the student representatives only promote their own interests and that important issues get procrastinated or torpedoed.

For you, this situation has all the features of a complex decision-making problem. There are numerous "variables" involved, the variables here being the foul student representatives, the other students, the faculty, the administration. All these "players" are not independent from each other. Any action on the side of one group of players influences the position of other players; there may be factions, temporary coalitions, and animosities. Then, you are dissatisfied with the present situation, but what is your goal? Do you want to influence the present representative's political position? Do you want to "straighten" them? Do you yourself want to become a representative? Are you interested in improving campus policies or do you aim at personal power or do you want to impress parents or friends or do you actually want to compensate for poor academic achievements? While reflecting on this question of multiple goals, you probably don't have too much time. There might be other, equally dissatisfied students that could leave you sidelined. The present representatives might get hunches that you plan something and could take some quick action against you. But the situation not only develops dynamically, it will also be, in some important aspects, opaque to you. You may have a rough idea of who the important players are. But you will not know in sufficient detail what their individual goals are, what their relationships look like and how they really think about issues that are important to you. As has been mentioned before, making decisions in such complex and dynamic situations requires a mixture of different cognitive and behavioral activities such as:

*Clarification of goals, setting priorities, resolving conflicts between incompatible sub-goals;

* Collection of information and acquisition of knowledge about the variables involved, their interrelations and current status;

* Analysis of developmental trends of critical variables;

* Deciding on a general strategy or "game plan";

* Development of possible measures to influence the situation, analysis of their probable main-, long-term-, and side-effects;

* Planning and actually implementing a sequence of steps;

* Effect control, monitoring of results of one's actions;

* If necessary, revision of one's goals and general strategy, acquisition of additional knowledge, and improving on further plans.

And, what is more, these different processes need to be organized in a way that fits the features of the situation at hand.

If we now change the perspective and look at CDD from a more descriptive angle, we find that humans appear not to be very well equipped to meet all these demands. Case studies as well as laboratory experiments have repeatedly pointed to several typical error tendencies (see D"rner, 1996; Reason, 1990; for more details). To

mention just a few: CDD requires strategic flexibility, that is, the constant adaptation of the organization of thought. Humans often lack this flexibility, they, instead, resort to "methodism". They tend to establish methods quickly for arriving at decisions and transport these to new situations without checking their applicability. This error tendency is related to another potential error, lack of exploration. Exploration means gaining a broad overview over the variables involved. Instead, decision makers tend towards what has been called "central reduction" - the tendency to pick just one factor, use it as basis for decision making and forget about the rest of them.

"Central reduction", of course, implies ignoring the long-term consequences and side-effects of decisions, which is probably one of the major reasons for so many faulty decisions in the area of ecology, politics, and economy. In general, when planning for a sequence of decisions, humans are usually preoccupied with the dominant motive. They make decisions with the aim of removing the most prominent shortcomings, regardless of whether the prominent ones are also the important ones, or not. On the strategic level, this often causes an insufficient adaptation of decisions to changing circumstances and it also gives rise to a typical feedback-orientation: Decision makers react to what the situation appears to demand from them and do not, by themselves, attempt to change the situation in a direction that satisfies their intentions.

Complex Decision Making in the Cultural Context

It is now about time to turn to the question of cultural influences on CDD. In what way would cultural factors influence the process of complex decision making? Would it be possible to distinguish different ways of CDD that are related to cultural differences? Would it even be possible to extend the cross-cultural research program others have successfully completed for the notion of "cognitive styles" (Berry, 1976) to something like "styles of complex decision making"? - As usual, ongoing research is far away from being able to answer these questions conclusively. There are, however, some culture-theoretical as well as some empirical results available that allow for some preliminary insights. On the culture-theoretical side three factors need to be discussed (see also Badke-Schaub & Strohschneider, 1998; Strohschneider & G ss, 1999).

1. Predictability and "planabilty" of the environment. It is well known that cultures differ in the extent to which public life, economic affairs, and the private and social life of people are predictable. This predictability of different spheres of the environment should influence the development of problem solving styles: If an environment is completely predictable, there is not much complex decision making required because there will be routinized solutions available for all kinds of choices. Only when there is development (and therefore limited predictability), CDD becomes necessary. However, the dynamics of change should influence the strategies used. Slow rates of change may allow for knowledge based, analytic and long term oriented strategies to develop whereas an environment in a constant state of flux (like in situations of social unrest or rapid economical change) requires ad hoc and short term oriented strategies.

2. Exposure, that is, the degree to which a culture requires and promotes experiences in different areas of problem solving. Exposure may be related to the accountability of the environment but it may also be a function of dominant value systems or the availability of resources necessary to promote exposure. For instance, highly individualist cultures promote independence and self-reliance. Therefore, children, juveniles and adolescents will be likely to be confronted with different kinds of decision problems, they will be expected to make these decisions on their own and have to bear the consequences. In growing up they will collect experiences with different types of decisions, different strategic approaches and with the consequences of poor decisions. They are likely to develop at least some kind of expertise in this area of decision making. In highly collectivist cultures, on the other hand, the value system promotes obedience and conformity to the norms of the in-group. In situations of choice, individuals will be given advice on what to do or there will be role models to follow. Therefore, exposure to and individual experience with this type of decision making will be limited.

Differences in individualism and collectivism are likely to also influence the style of decision making. It has often been described how individualistic cultures reinforce risk taking and confrontational approaches aimed at increasing personal benefits even at the cost of others (e.g., Ohbuchi, Fukushima, & Tedeschi, 1999). In collectivist cultures personal benefits are less valued if other members of the group suffer or if group oriented values (like harmony) are endangered. Therefore, in collectivist cultures decision makers should proceed more carefully and should pay greater attention to the social implications of decisions.

With respect to exposure, the amount of schooling could also be an important factor. However, the ways of teaching are critical. If learning at school is equated to digestion and repetition of prefabricated solutions there will be only limited development of problem solving expertise (see Rogoff, 1981; Gauvain, 2000).

3. Power distance and social hierarchy. These well known cultural dimensions could also be influential in shaping the ways of decision making. Attempts to solve a problem only make sense when one is given sufficient leeway not only to make a series of decisions but also to bring them to work. The notion of "control span" captures this idea. High power distance cultures are more likely to limit the control span of individuals not on top of the hierarchy and thus hamper individual decision making rather than promoting it. This is not to mean that high power distance necessarily results in poor decision making, however, the strategies will be different. Decision makers will pay greater attention to possibly adverse social implications of decisions and will therefore be rather conservative, or risk avoidant (see Sinha, 1997). Under conditions of low power distance assertive and control-oriented strategies are more likely to be functional. It is not the purpose of this discussion to develop a fully evolved model of cultural influences on complex decision making. It attempts to argue that decision making, being universally required, is nevertheless likely to vary cross-culturally. Psychological theories on decision making should acknowledge this possibility and pay attention to cultural influences on and cultural variation in decision making.

DECISION MAKING IN INDIVIDUALISTIC AND COLLECTIVISTIC CULTURES
How do cultural values influence individuals' decision making? One would expect answers to this question either from cognitive psychology or from cross-cultural psychology. Cognitive theories on decision making, however, rarely consider the factor of culture, and research in cross-cultural psychology deals only to a small extent with decision making. Therefore the study of culture and decision making is a relatively new and unexplored field. In this paper normative and descriptive approaches to decision making are discussed and three cross-cultural studies on decision making in individualistic and collectivist cultures using different methodologies are described. The results are integrated into a model that can be helpful to derive specific hypotheses for further studies in this field.

Introduction:
Decision Making According to Normative Models and Descriptive Models
Decision making is the selection between several options. We make many decisions a day (e.g., when we go to the grocery store and choose a bottle of milk, when we select a TV channel, when we decide what to prepare and eat for breakfast, whether we buy a new DVD-player or save the money for our next holiday trip). Most of our decisions might occur unconsciously, but often we have to consciously decide among several options.
Imagine a student, called John, who finishes high school. John has to decide whether to study psychology, accounting or art. In Figure 1, psychology is choice 1, accounting is choice 2 and art is choice 3. Which subject will the student choose?
Figure 1: Abstract schema of a simple decision task.
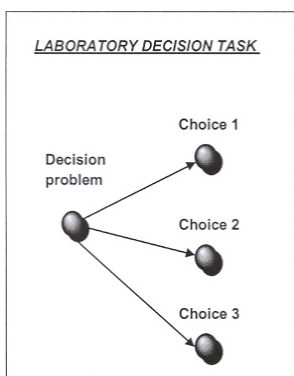
Using normative models of decision making, we try to explain which is the best choice from among several choices. In effort to explain the decision making process, von Neumann and Morgenstern (1944) utilized a normative model that they called the expected utility model. According to this model, John will make the decision that maximizes an expected utility. The expected utility of an alternative is the sum of the product of its probabilities of success and its utilities as demonstrated in the following formula:

Expected utility = (probability of a given outcome) x (utility of the outcome)

Although this formula may look difficult, it is easy to understand with a concrete, simplified example. According to the formula, the student evaluates each option: psychology, accounting, and art. John estimates the probability of success in each subject. Perhaps John thinks that the success rate is highest in art (art .80, psychology .70, and accounting .50). Then the personal value of success (i.e., the utility) will be evaluated. Let's assume John's favorite subject is psychology, followed by art and then accounting (psychology 20, art 15, and accounting 10). Finally, John would choose the alternative with the highest expected utility, in our case psychology (psychology 14, accounting 5, and art 12).

Does John really make a decision following the rational of expected utility theory? First of all, the decision problem is more complex. As Figure 2 shows, the number of courses is not limited to two or three, but a lot more (e.g., languages, law, medicine, education, computer science, business administration, communication). First, decision making involves not only the choice of one alternative, but is related to the generation of possibly relevant alternatives.

Figure 2: Abstract schema of a complex life decision problem.
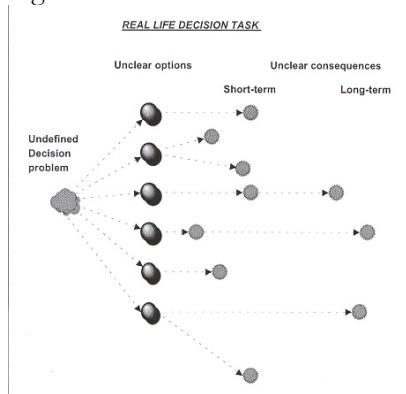
Second, what is the success criterion? Is the success criterion only to get a good degree? Isn't the reputation of the university also important? Is a bad degree from Harvard better than a good degree from a not so known university? Another success criterion might be the chance to get a well-paid job after finishing college.

Third, how does John assign numeric values to the probabilities and utilities of each alternative? Why does the utility of psychology get a value of 20 and not of 17 or 23? If psychology would get the value 17 then the expected utility would be .70 * 17 = 11.9. Then art would have the higher expected utility with 12 and would be the best choice. It does not seem easy to assign a specific value for each probability and utility. The artificiality of such reasoning is clear in the example described above. Real-life is more complex since it is never possible to evaluate every option much less to evaluate it exhaustively. Furthermore, possible short-term and long-term consequences are hard to predict, making it difficult to assign such numeric values.

Fourth in real life, choices with the highest expected value often are not taken. Other aspects might lead John to choose a specific course: "Are my friends also studying the same course? What does my best friend suggest? I know one teacher who is great, so I will study what he teaches."

A fifth criticism of normative models is that they explain which of several given alternatives the best choice is, but they do not deal with the process of decision. Descriptive theories of decision making deal with this topic and describe the process of decision making. John would probably not sit down and say: "Now I will choose what I want to study." He might think about this problem for several months, searching for information that might be helpful for the decision (e.g., talking with people). Thus, many descriptive decision making models (see Lipshitz, 1993) describe the decision-making process not as a single act but as a process that is embedded in other cognitive processes. John first has to recognize that choosing a subject is a problem. If he does not worry about it, then he will not deal with this problem. If John views the selection of a subject as a problem, he

will think about possible effects such as "If I study art, I might have fun, but it will be difficult for me to earn money and I do not want always to worry about my finances." Suppose that John already thought about his goals -- earning money and having fun. He prioritized the goals and mentioned that earning money is more important to him. John might ask his parents and friends about their experiences at college and at work to get a broader view and a better understanding of the problem. Step-by-step he will develop a mental model of possible courses, advantages, disadvantages, consequences, etc. With this knowledge, he will develop some plans about what to study. He will evaluate the different alternatives, compare them with each other, reject bad alternatives, and finally make a decision about what to study -- probably even up to the day he has to register for his first class. After some weeks John hopefully thinks: "Yes, that is the right choice!" All these steps of decision making are summarized in the following list:

1. Recognize that a decision problem exists
2. Investigate the causes and possible effects of the problem
3. Define and prioritize goals
4. Gather relevant and necessary information
5. Evaluate and organize the information into a mental model
6. Plan alternative solutions
7. Anticipate consequences of possible decisions
8. Select a reference alternative (preliminary choice) as an anchor to compare the other alternatives with
9. Select and reject bad alternatives
10. Select the best solution and make a decision
11. Inform others of decision and rationale
12. Evaluate outcome

**Culture: Individualism-Collectivism and Power-Distance**
Imagine that John lives in the United States, Roberto lives in Venezuela, Frida in Germany and Sheena in India. Imagine all are about the age of 16 or 17 and all have a financial background in which they can afford college. All have to decide what course to take. Do you think that their decision making will be similar or do you think it will be different because of their cultural background?

The cultural background of John, Roberto, Frida and Sheena is different in many ways: their plans for their future; their experiences; their values; their family size; the role and influence of mother, father, siblings and friends on their decision etc.; Culture is a very heterogeneous term and a generally accepted definition does not exist. Depending on the specific area of interest of the researcher he or she focuses on a specific aspect of culture. In this paper, the focus will lie on value orientations in different cultures and their relation to decision making. When you hear the word value you might think of the example: "Do not kill! Or: Make a lot of money!" A value can be either terminal (Rokeach, 1973), saying what we have to do. In this case it is similar to a goal: "Do not kill!" A value can be also instrumental telling how we should do something, for example: "Think a lot before you make a decision! Or: Talk to others before you decide!"

In cross-cultural psychology, the most popular and widely analyzed dimension of cultural values is individualism and collectivism (e.g., Hofstede, 2000; Kim, Triandis, Kagitcibasi, Choi, & Yoon, 1994). Individualistic cultures are defined by detachment from relationships and community. The individual views himself or herself as relatively independent from others. In contrast, collectivist cultures stress the importance of relationships, roles and status within the social system. Individualism-collectivism is a very broad dimension used to differentiate cultures. In recent years, different aspects of individualism and collectivism have been treated more specifically (Singelis, Triandis, Bhawuk, & Gelfand, 1995; Triandis, Chen, & Chan, 1998).

Individualistic values and collectivist values influence individuals' decision making in three ways. These values can influence the perception of the problem, the generation of strategies and alternatives, and the selection of one alternative (see Figure 3).

Figure 3: Cultural influences on decision making.
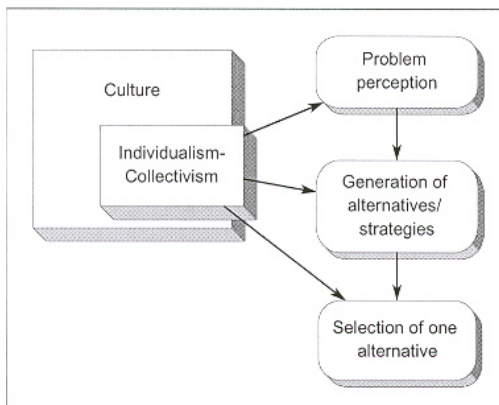
The decision maker perceives and assesses critical aspects of a problem. Cultural expectations and values are represented in the individual's mind and may act as guiding principles for the selection of specific dynamic decision-making strategies. Values tell us what broad decision-making strategy we should follow, and why we should follow it.

According to several cross-cultural studies on individualism and collectivism, the United States and Germany are countries with more individualistic value orientations and Venezuela and India are countries with predominantly collectivist value orientations. Thus using an oversimplified explanation, John and Frida (who live in the United States and Germany) will focus on the task itself and Roberto and Sheena (who live in Venezuela and India) will rely strongly on the opinions of their family and friends. Cultural values will also influence the generation and selection of specific goals and decision-making strategies to solve the problem. Roberto and Sheena might think: "Deal with the social aspects of the problem! Proceed carefully and involve others." John and Frida, on the other hand, might think: "Focus on the task! Quickly find a good solution!"

The success of their decision making depends on what is appropriate and expected in their cultural environments. These expectations might be quite different. If Sheena does not talk to her parents about the problem and she tells her father, that she wants to study art, her father will be very surprised and he might get angry with her. If John does the same thing, his parent might not find this strange at all. Culture-specific expectations and values are transmitted from generation to generation and indicate which decision-making strategies are good or effective and which are not appropriate.

Individualism-Collectivism and Decision Making: Some Empirical Results
In the following part, three exemplary studies on decision making in individualistic and collectivist cultures are presented. These studies highlight different methodologies that can be used to study culture and decision making.

Dealing with Conflicts (Ohbuchi, Fukushima, & Tedeschi, 1999)
Ohbuchi, Fukushima, and Tedeschi (1999) studied the influence of cultural values on how people make decisions. They asked American (more individualistic) and Japanese (more collectivist) students to recall a conflict experience and to describe it. You might want to take a minute to think of a possible conflict that you faced recently. When recalling this situation, remember what you did and what you wanted to achieve. This is what the participants did in this study. Participants rated the episode on several scales measuring for example goals and tactics. The authors differentiate four major tactics, each one consisting of several sub-tactics: conciliation, assertion, third-party intervention, and avoidance. A conciliation-tactic is defined as the consolidation of one's and the other's goals or to indirectly communicate one's expectations. Assertion is defined as the act of strongly asserting one's request. Third-party intervention is defined as an attempt to seek help or advice and avoidance is seen as a passive tactic in order to avoid confrontation. Conciliation and assertion are direct tactics to deal with conflicts. Third-party intervention and avoidance are indirect strategies.

Before we discuss the results, think back to your conflict: Which tactic best describes your procedure? What was your goal in this situation?

Results show that students in the individualistic Western countries were more confident of their decision-making ability than students in the collectivist eastern Asian countries. Asian students score higher on the last

three dimensions (buck-passing, avoiding, and hyper vigilance) than Western students. An interesting result of this study was not the difference but the similarity in the ratings of participants in all six countries. Interestingly, no cross-cultural differences were found in vigilance. In addition, in all countries the relationship between decision-making self-esteem was negatively correlated with maladaptive coping patterns (buck-passing, avoiding, and hypervigilance) and positively related to vigilance. This means that if you think you are a bad decision-maker, you are more likely to follow maladaptive coping patterns.

A strength of this study is that it measures decision-making in six different cultures and that it shows the relationship between culture, self-esteem and decision-making strategies. However, in reading the items, someone might be tempted to say, "It depends. I follow different strategies in different situations, for example when I go shopping or when I plan my holidays. When I go shopping, I don't compare the prices of ten possible products before I buy one. I make more impulsive and non-vigilant decisions. But when I plan my holiday, I follow more vigilant strategies."

Another critical point might be social desirability, as the authors mention. In many Asian cultures, it is not common to brag about oneself or one's decision-making. A third critique refers to the measure of decision making. The data reflect how one thinks about his or her decision- making. Often self-descriptions of psychological phenomena do not correspond with the actual behavior. Brehmer (1999) notes that decision-making research has diverted psychologists' attention away from what is important (i.e., studying what people really do when confronted with decision problems).

Manufacturing Cloths, Leading a Business Company and Making Decisions (G̈ss, Strohschneider, & Halcour, 2000)

The third study analyzes what people do when they are confronted with a dynamic situation. Students of business administration in India (more collectivist) and Germany (more individualistic) participated in this study. They had to imagine that they were the director of a company that produces textiles in Kuala Lumpur, Malaysia (an equally unknown place for most of the Indian and German students). Take a minute and imagine this situation: You have a distant uncle in Kuala Lumpur who passed away. According to his last will, the whole company shall be given to you. You have the chance to go there and manage this company. Isn't this a fascinating adventure? What would you do? What would you like to know? What would be your goals?

This company, called Manutex, with its departments was simulated on the computer. Such computer simulations, also called microworlds, are dynamic tasks that require a series of interdependent decisions by the decision-maker (Brehmer & D"rner, 1993). They allow a rigorous experimental approach simulating decision problems that have similar characteristics to complex life problems (Putz-Osterloh, 1993). The data allow the comparison not only of the outcome of the decision but also of the process of dynamic decision-making. In this Manutex study, decision-making behavior, errors, and success are measured (D"rner, & Schaub, 1994). Examples for general decision-making behavior are how long the participant takes to complete the first three months, the number of decisions and questions and the intensity of marketing and production decisions. For example, does the participant produce 50 or 500 trousers and spend $10.000 or $50.000 for the advertisement? Tactical errors are incoherent information collection or lack of effect control. Incoherent information collection means that participants collect the same piece of information repeatedly in a short amount of time; lack of effect control means that participants plan actions implement them, but do not check the effects. Successful decision-making results in high total property, high salaries, and in a small number of alarm messages. The program shows an alarm message if, for example, the machines in the production area can not work because of lack of diesel. A low number of alarms indicates good decision making.

Table 1 shows differences in the means and the standard deviations in the German and the Indian group. A high standard deviation indicated that the members of the group behave quite differently. A low standard deviation indicated a more homogeneous behavior in the group. The German group showed more heterogeneous behaviors, but this point is not discussed in this paper. In the Manutex game, no differences were found in the strategic and tactical errors committed by the Indian and German students (Table 1, 2a-c). Also in the general decision-making behavior (Table 1, 1a-e), we did not find significant differences (exemption: number of questions). These results were surprising, but could be due to the fact that participants in both countries were students of business administration at modern institutions who were quite familiar with this kind of economic-management problem. However, an important cross-cultural difference was found: The German participants were more successful -- they had more total property after the 20 years (Table 1, 3a).

Table 1. Means and Standard Deviations of Decision Making Variables in Indian Sample (N=25) and German sample (N=25).

Dependent variable:	Indian M	Sample SD	German M	sample SD
Absolute frequencies:				
1a: Time in minutes, months 1-3	35.10	17.05	41.79	19.40
1b: Number of decisions	136.00	52.79	173.28	60.67
1c: Number of questions *	149.76	38.77	244.64	89.79
1d: Intensity Marketing	18.559,45	16.287,61	22.794,99	26.393,68
1e: Intensity Production	31.008,76	24.429,12	50.200,61	71.939,45
2a: Incoherent information collection +	9.20	5.77	27.44	22.74
2b: Insufficient analysis of dependencies	2.28	1.28	1.84	1.46
2c: Lack of effect control	6.84	5.74	6.60	5.94
3a: Total property (month 18) in 1000 M$ *	1.582.0	1.144.3	2591.0	1.930.8
3b: Number of employees (month 18)	37.60	8.98	49.54	30.70
3c: Average salary (month 18) in M$	2.428,49	275.85	2.506,55	605.49
3d: Number of alarm messages	8.56	5.14	7,00	5,82

** p < .01; * p < .05; + p < .10.

As German and Indian participants show no differences in decision-making errors, the difference in success can not be explained by committing fewer or more errors. Why were the German participants more successful? Figure 4 sheds light on this question. German participants produced and sold more products than the Indian participants. But Figure 4 also shows that Indian participants slightly increased production numbers and managed better to coordinate production numbers and sales than the German participants. The German decision-making strategy could be described as expansive-risky, whereas the Indian strategy was a defensive-incremental one. This difference in approach between Indian and German students could be explained by the different markets in both countries. In a relatively unstable market, such as that in India, one must always be prepared for minor frictions. Therefore, it makes sense to proceed more carefully in India compared to dealing with a more stable and transparent market such as that in Germany.

Figure 4: Development of the production and sales figures: Mean values of 24 months.
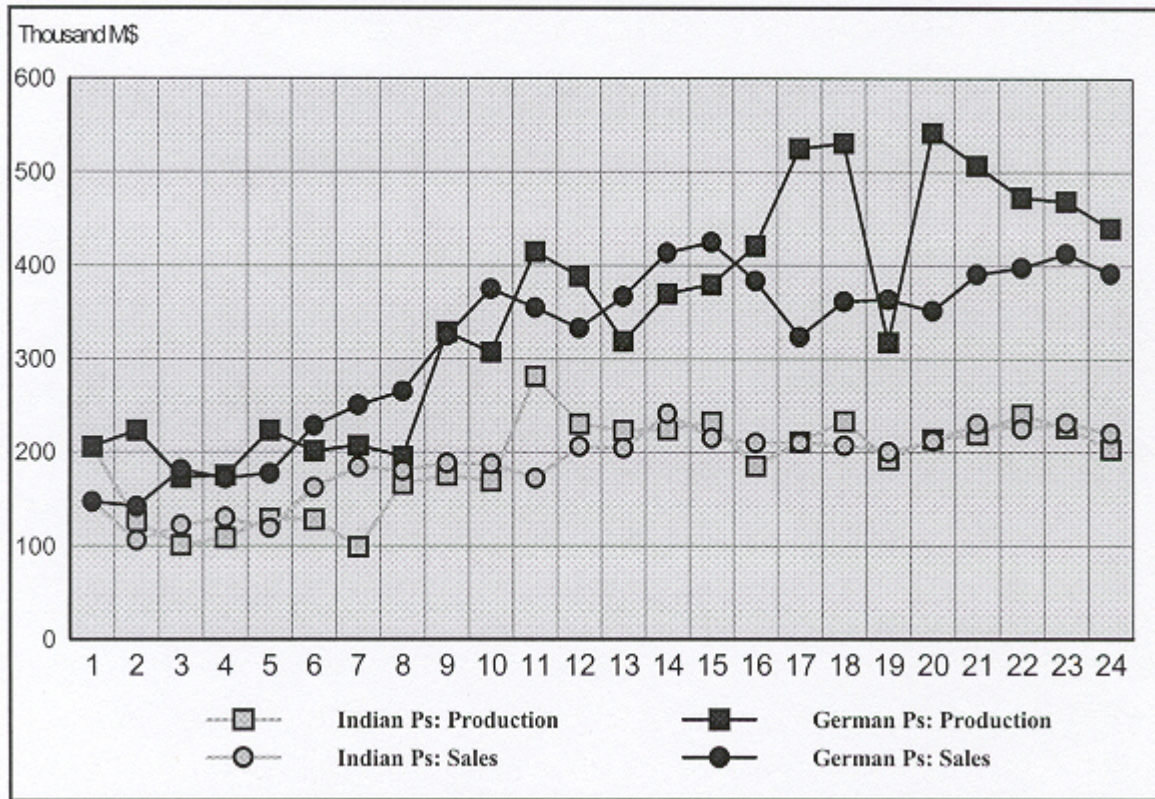
Another interesting question in decision making is related to the adaptivity of decisions. Do people adjust their decision making to the different demands of situations? Do we find decision-making styles that show the same decision-making pattern in different situations or do we find flexible, situation dependent decision making? Of course this study can not answer this question thoroughly, but some data show interesting differences between Indian and German students. The numbers of questions and the numbers of decisions of the participants in certain periods of the game were compared. A high correlation of decisions and questions would indicate a similar decision-making procedure, a low correlation would show a change in the decision-making behavior.
Table 2: Stability of Number of Questions and Number of Decisions over Time: Autocorrelations for Six Parts of the Simulation Process (Indian Sample: N=25; German Sample: N=25)

Variable	Participants	Month 1-3 / Month 4-6	Month 7-9 / Month 10-12	Month 13-15 / Month 16-18	Month 1-3 / Month 4-6	Month 1-3 / Month 4-6
Number of decisions:	Indian part.	+.491 *	+.620 **	+.266	-.113	+.067
	German part.	+.306	+.435 *	+.587 **	+.579 **	+.536 **
Number of questions:	Indian part.	+.059	+.266	-.127	+.251	+.346 +
	German part.	+.621 **	+.658 **	+.697 **	+.614 **	+.659 **

** $p < .01$; * $p < .05$; + $p < .10$

As shown in Table 2, overall high correlations were found in the German group. This indicates a relatively stable decision-making behavior. In the Indian group, however, the correlations were mostly not significant, indicating a flexible decision-making approach. This result can be attributed to the collectivist and individualistic background of the participants. Persons with individualistic values view themselves as relatively independent and responsible for their decisions. Persons with collectivist values see themselves as a part of a group and are more sensitive to social consequences of their decisions. Therefore, it is more likely that they want to take decisions in congruence with the expectations of the others and that they follow a more cautious approach always adjusting to the current demands of the situation.

The advantage of studying decision making with computer simulations is that people have to really make decisions. They do not describe what they would do, but they actually do something. Furthermore, they see the results of their decisions and take further decisions. Thus decision making is seen as a process and not as a static one-time activity. However, this study was only conducted in India and Germany. Other countries should be included into such a comparison. Second, India is not a "typical" collectivist country. It is often described as both an individualistic and collectivist culture (Sinha, & Tripathi, 1994).Three studies were discussed using different methodologies to study decision-making in individualistic and collectivist cultures. In the first study, American and Japanese students were asked to think of a conflict situation and to give ratings to certain questions on tactics and goals (Ohbuchi, Fukushima, & Tedeschi, 1999). In the second study students from six countries answered a questionnaire on their decision-making style and confidence (Mann, Radford, Burnett, Ford, Bond, Leung, Nakamura, Vaughan, & Yang, 1998). In the third study, German and Indian students were dealing with a computer simulated game and took the role of a business director. Each study shows interesting differences between decision-makers in individualistic and collectivist cultures. To summarize, these and many other studies show that individualistic values are related to active, and assertive decisions-making strategies, whereas collectivist values are related to and more passive, cautious, collaborative, and avoiding strategies.

THE PSYCHOLOGY OF MORALITY

Questions of human morality have been among the most vexing in all of psychology. The moral sense is so ubiquitous that its lack is regarded as a pathological condition, but its bewildering complexity and variability across persons, situations, and cultures has thwarted efforts to construct a comprehensive psychological theory of morality.

Definitions: There is no single agreed-upon definition for the term "moral" in the psychological literature. However, as a practical point of departure, let us make use of an adapted version of a dictionary definition: morality consists of the rules of conduct based on conscience or the sense of right and wrong. This definition immediately presents us with a number of psychological (and sociological) questions.

1. What kind of "sense" is the moral sense? What does it consist of?
2. How do we know right and wrong? Where does conscience come from? That is, where do we get our knowledge of the rules and our feelings about them?
3. Does our moral sense change over time? If so, how and why?
4. Do all people have the same "sense" of right and wrong? If not, how does it differ, both across individuals and across cultures? What accounts for the variation?
5. To what extent do individuals behave according to their sense of morality?

It is in the attempt to answer these and related questions that psychological theories of morality have been formulated. In general, four approaches have dominated the field of morality:

(1) Freud's psychoanalytic theory
(2) Learning theories, including social learning theory;
(3) Cognitive-developmental theory
(4) Evolutionary psychology.

Aspects of morality: Asking what kind of "sense" the moral sense is leads directly to further questions, such as, is it knowledge of the rules, or feelings about right and wrong actions, or use of the rules to guide actual behavior? The fact that each of these questions appears to require an affirmative answer implies a complex structure for conscience, a structure comprising (at least) cognitive aspects such as knowledge and reasoning, moral feelings, and action or behavior. While all the major theories of morality try to address all these aspects to some extent, each of them takes a different aspect as seemingly the most basic. The psychoanalytic theory of the superego focuses to a large extent on the moral feelings of anxiety, shame, and guilt, generally ignoring cognitive and behavioral aspects (Freud, 1924a, 1924b). Social learning and behaviorist approaches place greatest emphasis on behavior, its consequences (direct or vicarious), and its stimulus conditions, to the relative exclusion of thinking and feeling (e.g., Bandura, 1977). Cognitive developmental theory is concerned mainly with moral reasoning, to the relative neglect of feeling and action (e.g., Piaget, 1932; Kohlberg, 1969). Evolutionary hypotheses, to the extent that they take into account subjective states of the person, focus on feelings as cues to action; however, this approach has so far concentrated on the selective value of prosocial action and the possible mechanisms by which both prosocial tendencies and social control tendencies may have been selected through evolution (e.g., Trivers, 1971).

An important exception to the tendency to focus on a single aspect is the work of Hoffman (2000), whose theory ties multiple aspects of morality together using the concept of empathy, and is not easily classifiable into any of the other approaches.

In some ways, the psychoanalytic approach has been a cornerstone for other types of research, in that the capacity for moral feeling, particularly guilt, has been regarded as a crucial indicator of the existence of conscience. However, the theoretical basis of conscience in the working out of the Oedipal conflict has left the theory open to attack by anthropologists who question the universality of the Oedipal conflict (e.g., Malinowski,1961); by learning theorists who see no need to posit unconscious motivational processes as the basis of moral learning; and by feminist theorists who reject Freud's assertion that males develop a stronger conscience than females because of differences in the way they experience castration anxiety. On the other hand, by grounding conscience in a specifically sexual conflict, psychoanalytic theory is closer than other psychological theories to popular conceptions that focus especially on sexual morality.

Social learning theorists have demonstrated convincingly that children imitate social models' prosocial and

aggressive behaviors, and there is abundant evidence for the conditioning of anxiety. However, the learning approach has had difficulty in accounting for other moral feelings (shame and guilt) or for age-related changes in moral reasoning and judgment. On the other hand, learning theory postulates no essential content for moral rules, and is thus comfortable with the extreme diversity of rules encountered across cultures.

Cognitive developmental theories, particularly those of Piaget (1932) and Kohlberg (1969), have shown that moral reasoning, based on the concepts of equality and reciprocity, changes in predictable ways across the years of childhood and youth. Considerable cross-cultural research indicates that the sequence of stages proposed by Kohlberg is invariant, although the existence of all his stages in all cultures is highly questionable (Snarey, 1985). This theory, however, has difficulty explaining moral feelings, and evidence for a relationship between stages of moral development and actual moral behavior is weak.

Evolutionary psychologists can point to evidence from a variety of sources, from ethological studies (e.g., de Waal, 1996) to computer simulations (Axelrod, 1984), that reciprocity in prosocial behavior confers selective advantages in a group-living species, particularly when combined with a tendency to punish defections. Since evolutionary psychology posits that feelings are the primary means of inducing adaptive behavior (Johnston, 1999), it is open to explanations involving moral emotion and motivation, although to date a full account has not been offered. The modular theory of mind espoused by many evolutionary psychologists is also potentially compatible with some of the ideas of cognitive-developmental theory, but once again, an explicit connection between these approaches has yet to be drawn.

As noted above, Hoffman's (2000) approach accords relatively equal weights to aspects of feeling, cognition and behavior, and may be regarded as an attempt to integrate the most important insights of the four theoretical approaches. Hoffman's key concept of empathy, which he regards as having an evolutionary basis, provides a basis for both moral feelings and moral reasoning when combined with cognitive elements supplied by social experience, particularly inductive disciplinary encounters.

2. The Source of Morality. Theorists of several persuasions unite in asserting that conscience originates outside the individual, in societal influences. Psychoanalysis pictures the origin of the superego as a process of incorporation, almost literally a "swallowing" of the parent's morality by the child. Although the child's motivation for adopting adult morality is seen to lie in the internal conflicts of the oedipal stage, the moral sense itself is thought to be imported from the outside.

Learning-based approaches likewise posit environmental pressures, in the form of models, reinforcements, and punishments, as elements that govern the acquisition of conscience. Both of these theories share the term "internalization" as a description of the origin of conscience, and both contrast internalized conscience with control of behavior by outside agencies, such as parents or police. To a large extent this model of internalization is also shared by most sociologists and anthropologists, whose concept of socialization includes the acquisition of morality under the tutelage or pressure of socializing agents such as parents, teachers, and religious leaders. Even social constructionist theorists, who emphasize the uniqueness of cultural meanings, implicitly assume that the individual's morality stems from the culture.

Cognitive-developmental theory takes exception to this dominant model, arguing that the child essentially creates his or her own conscience on the basis of experience with relationships and role-taking opportunities. This approach maintains that, just as the child's thinking and use of logic develop through several stages, so moral reasoning moves through stages that are progressively more complex and inclusive in scope. For cognitive-developmental theory, the child does not simply take in or internalize an external morality, but rather produces his/her own moral understanding by constructing and re-constructing concepts of reciprocity and equality. Thus, in contrast to the internalization theorists, Kohlberg is able to posit a post-conventional or principled morality in some individuals which may transcend the conventional morality presented to them by their social surrounding.

Evolutionary psychologists see morality as an inherited facultative trait - or, more likely, a set of such traits - activated by particular kinds of social conditions and experiences. In this sense they are close to the cognitive-developmental position but in even more distinct opposition to the internalization model. Their assertion that morality is part of the evolutionarily selected nature of humans has occasioned a great deal of excitement among researchers, but as of this writing much remains to be clarified in terms of specifying what sorts of conditions can be expected to lead to which outcomes, and why.

Hoffman's model appears to be eclectic in respect to the question of the origin of conscience. In his account of

moralization, he makes use of both internal cognitive and emotional dynamics in the child as well as inductive reasoning and other disciplinary techniques applied by parents, and although he makes frequent use of the concept of internalization, he also credits the child's inherent and developing capacities for empathy and reasoning as important factors.

Development of the Moral Sense: All of the approaches under discussion here agree that conscience develops over time; but, as is true in other domains of development, one of the most persistent debates is over the question of whether morality develops in an incremental, additive fashion or in a series of distinct and incommensurable stages.

The concept of stage-wise development is embraced by a majority of the theoretical approaches. Psychoanalytic theory sees the formation of the superego as a watershed event in the development of personality, so that the child is a fundamentally different entity after the superego develops. Thus a different set of stages (pre- and post-superego)

is superimposed on and partially coincides with the psychosexual stages that are thought to lay the basis for adult personality. Cognitive-developmental theory proposes a set of stages in the development of moral reasoning, ranging from the "premoral" through the "conventional" and possibly through "post conventional." Hoffman offers a set of stages for the development of empathy and also refers to internalization in stage-like terms.

Each of these stage theories, however, has a unique view of what the stages consist of, how they are different from one another, and at what ages they emerge. Freud's superego development is seen as occurring in early childhood, certainly by the age of seven, and the change consists essentially in the child's internalizing the rules of morality, so that what had previously been a conflict between the individual and society - the conflict between gratification of the individual's selfish desires and the needs of social order becomes a conflict within the individual.

Kohlberg extended this early formulation to include adolescence and early adulthood, and maintained that each stage consisted of a unique conceptualization of the requisites of social interaction, with each successive stage exhibiting greater cognitive complexity and a greater range of perspectives taken into account.

Accounts of moral development based on learning theory do not make use of the stage concept, but on the contrary, see the learning of morality as essentially similar to an other type of learning. That is, the incremental accumulation of incidents of social modeling, reward, punishment, and classical conditioning of anxiety eventually add up to the acquisition of morality. From this point of view, there is no necessary direction of learning other than a progressively closer approximation to the demands of the social surrounding. Although in practice changes in morality might not be expected in adults, theoretically speaking, changes in moral learning could take place at any time in life in response to new contingencies of reinforcement.

Evolutionary psychology has not yet taken a stand on the question of whether moral development occurs in stages or incrementally.

Differences in the Moral Sense: The problem of differences in the moral sense is actually several different problems - individual differences, gender differences, and cultural differences, to name only the most frequently discussed. Not every theoretical approach tries to account for all of these types of difference, but each of them is the subject of lively debate.

Individual differences have been conceptualized in terms of severity of conscience (Freud), degree of internalization (Hoffman), and stage attainment (Kohlberg).

Freud's somewhat paradoxical proposal was that severity of conscience is inversely related to the severity of punishment experienced by the child, explaining this phenomenon on the basis of greater motivation to incorporate the rules represented by a more loving, less punishing parent. Much later, cognitive dissonance theorists took up this theme, suggesting that "insufficient external justification" for obeying the rules leads the child to produce his/her own internal justification, i.e., a belief in the rightness of the rules and his/her obedience (see, e.g., Aronson, 1999).

Learning theory approaches have no need of a special explanation for individual differences in morality: each person has a unique learning history, which in turn will produce variation across individuals in terms of morality.

Hoffman's approach ties most individual differences in moral internalization and capacity for guilt to in

differences disciplinary style of the parents (and to some extent other socialization agents). In particular, he sees a power-assertive, punitive style as inimical and an inductive style of discipline as conducive to moral development. When using inductive discipline, the parent calls the child's attention to the negative consequences for others of the child's bad behavior, mobilizing both empathy for others and recognition of responsibility for his/her own actions. This in turn facilitates the child's development of guilt and self-regulation.

Cognitive-developmental theory attributes most individual differences in morality to differences in stage attainment. Such differences could be due to age or to the (lack of) role-taking opportunities that have been encountered by the individual.

Since evolutionary psychology conceptualizes morality as a set of facultative traits, differences across individuals would be explained as primarily a result of differences in the environmental circumstances encountered, possibly in a cumulative fashion. Ironically, this view leads the two most opposite theories, evolutionary and learning psychology, to take very similar positions on this question, at least on a superficial level, although evolutionary psychology does posit some constraints on the possible forms that moral rules may take.

Gender differences are clearly predicted only by Freud's psychoanalytic theory, which maintains that the greater intensity of castration anxiety experienced by males leads them to develop a stricter conscience and greater capacity for guilt. However, this prediction has not fared well in empirical research. Using criteria such as obedience, confession of transgression, apparent guilt, and atonement for transgression, observations of young children have typically produced the opposite result: young girls show more signs of internalization of conscience than young boys

Another debate over gender differences in morality was sparked by findings from some studies using Kohlberg's moral reasoning interviews with adolescents and adults that males tended to be placed in higher stages than females. Gilligan (1982) asserted that this tendency actually reflected female use of what she called a care perspective, in contrast to the justice perspective embodied in Kohlberg's theory and measurements. Later research has shown that both males and females make use of both perspectives, depending on the circumstances. Also, surveys of the literature have shown that males and females do not generally have different placements on Kohlberg's stages; if anything, there is a tendency for females to have higher scores on some measures of moral reasoning (see, e.g., Moon, 1986). However, the identification of the care perspective has added a new dimension to psychological concepts of moral reasoning, and it has been important in some of the cross-cultural debates.

Cultural differences in the rules of morality are so large and pervasive that cross-cultural psychologists debate whether they are differences of degree or of kind. Shweder and his colleagues (see, e.g. Shweder, Mahapatra & Miller, 1990) have denounced Kohlberg's cognitive-developmental theory as applying only to Western societies with individualistic social forms and liberal values. Along with other researchers, they have demonstrated that some of the criteria for moral judgment employed in some collectivistic cultures outside of western cultural traditions are not anticipated in Kohlberg's scoring system and may, they contend, erroneously lead to artificially lower placements for respondents who use them (see also Snarey, 1985). These criteria bear a close resemblance in some cases to the "care" ethic proposed by Gilligan.

The critique offered by social constructionists is, however, more fundamental than simply a criticism of a particular theory; its main point is that each culture is unique, with its own meanings and moral system, so that comparison is in a real sense impossible. They stand alone on this point, however. All other theories of morality have at least some universalistic elements.

Psychoanalytic theory posits little in the way of universal moral content, other than a prohibition on incest. However, the mechanism of internalization, rooted in the fundamental conflict between the desires of the individual and the requirements of social life, is seen as universal. As noted above, this assumption has been challenged by ethnographers.

Social learning theory also posits no particular moral content, but the processes of internalization (learning) are regarded as essentially the same in all humans. Cognitive developmental theory, in contrast, implies that both the processes of moralization and the bases of moral judgment, as they reflect basic and universal psychological processes, should be similar in all cultures. The wide cultural differences that are empirically observed are explained either on the basis of a distinction between morality and convention (Turiel, 1983) or on the basis of restricted role-taking opportunities in isolated cultural groups (Kohlberg, 1969).

Evolutionary psychology also predicts underlying patterns of cross-cultural similarity, such as the norm of reciprocity which is found universally (Gouldner, 1960). In addition, this approach makes a number of predictions about the possible forms of rules governing sexual behavior, in this respect bringing it closer to psychoanalytic theory than to the other approaches. The modular model of mental processes allows the evolutionary approach to deal with multiple aspects of morality, including fairness or justice, care, and sexual behavior within a single theory. This affords it an inclusiveness not found in any other approach. Although the recent identification of some aspects of moral judgment and self-regulation in terms of moral values with specific brain areas (e.g., Damasio, 1994) is indirect evidence in favor of this approach, a "grammar" of morality still remains to be articulated. Ridley (1996) and Haslam (1997) have addressed possible directions that the evolutionary theory of morality is likely to take in the near future.

5. Behavior and conscience. Evidence on this question comes more from social psychology than from work inspired by any of the theories of morality. An early study by Hartshorne and May (1929) showed clearly that preadolescent children are in full command of moral knowledge - that is, they know the rules of morality quite well – but that their adherence to the rules depends heavily on the circumstances, in terms of incentives, anonymity, personal goals, and the like. Work done within the cognitive- developmental framework also shows only weak connections between moral reasoning and behavior (with the possible exception of persons at Kohlberg's highest stage; see Kohlberg, 1969 and Haan, Smith & Block, 1969).

Social institutions, including families, appear to share some of the assumptions of learning theory, such as that good example, rewards for good behavior, and punishment for bad behavior will serve to increase compliance to the rules of morality. There is some laboratory evidence for these assumptions, particularly with regard to prosocial behavior and aggressive behavior. On the other hand, the persistence of naughtiness in children despite punishment, of crime despite prisons, or even capital punishment, and religiously defined sin despite social ostracism or expectations of eternal damnation suggest that other contingencies also need to be taken into account. Perhaps chief among these is the very definition of temptation: the direct or indirect reward value of the non-compliant behavior in comparison to the reward value of compliance.

Cognitive dissonance theorists have shown that self-regulated compliance with rules is associated with "insufficient" external justification. Batson and his colleagues (see Batson, 1991) and Hoffman (summarized in Hoffman, 2000) have shown that performance of prosocial acts, or refraining from harmful acts, is facilitated by activation of empathy for the other party. Zimbardo (1970) and others have shown that anonymity or deindividuation sharply reduces the person's adherence to social or moral rules that are ordinarily followed under other circumstances. Self-awareness theory has shown that moral rules are more likely to be followed to the extent that they are made salient, even in indirect fashion by making the person more self-aware in general (e.g., Duval & Wicklund, 1972). Several of these findings are congruent with the more general conclusion of social cognitive theorists that consistency between behavior and attitudes or values depends to a large extent on accessibility of the attitude, whether it is due to priming, frequent use, centrality, or some other factor.

In summary, knowledge of moral rules, or even ability to reason about moral action, appears to have less predictive value for behavior than situational factors such as immediate reinforcement contingencies, the social situation (including the social visibility of the act and the behavior and expectations of others), feelings such as empathy, guilt, and self esteem, and the cognitive salience of moral values.

BILINGUALISM ACROSS CULTURES

Bilingualism, or the knowledge of more than one language, is quite prevalent throughout the world. However, much of the cognitive literature that exists on language processing and memory retrieval has included participants who are monolingual speakers.

Introduction:

Many researchers in language and culture would agree that most individuals in the world are bilingual or multilingual (cf. Bialystok, 2001; Schreuder & Weltens, 1993). Indeed, one could argue that cognitive processing is influenced by the interaction between culture and language, and that researchers in cognitive psychology should actually be investigating issues regarding memory, knowledge representation, perception and the like, by exploring the behavior of multilingual vs. monolinguals. In addition, certain applications of bilingual research and theory in practical domains will be explored with reference to working with individuals who consider themselves multicultural.

Basic Definitions

There are likely a greater number of people in the world who consider themselves bilingual or multilingual as opposed to monolingual. The complexity, however, with defining oneself as bilingual comes from the fact that language proficiency might vary from having some conversational ability and no reading ability in a second language to being fully versed in both reading, writing and speaking in two languages. There may be different degrees of bilingualism depending upon the language modality one considers. Researchers have sometimes described bilinguals in terms of the amount of knowledge they possess in a particular language. The term functional might be used to describe a bilingual's language abilities in one or the other language if they have sufficient proficiency within a specific knowledge domain such as their job or career (Baetens- Beardsmore, 1986). Some researchers consider the age at which an individual acquired each language or the context within which the languages are learned (e.g., structured training and instruction vs. informal instruction at home) as the primary determinants of the definition of bilingualism (Hamers & Blanc, 2000; Hoffmann, 1991). Other definitions exist that focus on how a bilingual's languages were learned. Those who learn one language exclusively for the first part of their life and later learn a second language, typically in a different context or location than the first, are often called coordinate bilinguals (Ervin, 1961; Ervin & Osgood, 1954; Grosjean, 1982). In other situations, bilinguals may learn both of their languages simultaneously within the same context and timeframe. These individuals are often referred to as compound bilinguals. In this case, people are often more likely to code experiences in two languages and learn to label their thoughts and emotions by the use of two language systems, at the same time. For compound bilinguals, it is possible that certain past experiences can be recounted easily in two languages. However, interestingly, for coordinate bilinguals, it might be the case that certain experiences, such as the first time certain emotions are experienced and labeled, occur only in one language-the native language. The idea then that emotions might be coded differently in two languages emerges as a function of when an individual learns emotion concepts and the specific language that is used when they are first expressed (Altarriba, in press, 2002).

Bilingualism and Memory

How are past events linguistically coded for bilingual speakers? Javier, Barroso, and Muñoz (1993) investigated memory for personal events in a group of Spanish-English bilingual speakers. They claimed that prior bilingual memory research reflected the encoding, storage, and retrieval of information of a non-personal nature and therefore the results could not be transferred to memory for autobiographical events. Javier and colleagues noted that language can serve as a powerful retrieval tool, a cue, to the events that were experienced in the past. Language serves as a feature with which to organize events that have been stored in memory. They stated, "Thus, a word, for instance, may function as a schema of experience which includes symbolic representation as well as the more sensory and perceptual components of the experience under consideration" (p. 321).

Javier et al. (1993) had bilingual participants describe an event in their personal histories for approximately five minutes. Individuals were asked to select an interesting or dramatic personal life experience. These same bilingual speakers were later asked to discuss the same experience, in the alternate language. The experimenters analyzed their recall protocols in terms of numbers of ideas or idea units expressed and the organizational structure of the ideas that were recalled. Across languages, differences were observed in the quantity and quality (affectively) of the idea units that were recalled. As predicted, the nature and quality of the reports given in the more dominant.

While the work of Javier et al. (1993) was important in many ways, not the least of which was to serve as a beginning to this area of investigation, their work is not without concerns. Perhaps including control conditions in which more neutral experiences were   also discussed would aid in discerning whether non-emotion experiences would also benefit from dominant language recall. In addition, it is clear that there would be variation in terms of the event that is selected by individuals. Perhaps having individuals describe an equally emotional event that was more public or known, such as the death of a president, a major news item, etc., would aid in equating the type of experience that is described. The use of "flashbulb memory" (see e.g., Brown & Kulik, 1977) experiences such as these are yet to be explored among bilingual speakers. Further, an important issue to uncover is whether or not bilingual speakers express emotion differently in their two languages as a function of differential socialization practices in those languages. It is likely that one's reaction to emotions has a learned component-a component that arises through the acquisition of the values, beliefs, attitudes, and behaviors that are demonstrated within a specific culture regarding the various ways of expressing

emotion.

It may then be the case that emotions are more often or more easily expressed with regards to personal events, if the native language is used; but that more public events that may be experienced later in life are more easily discussed or expressed in the second language, or the language acquired later in life. The influence of all these variables on the encoding, storage, and retrieval of memories throughout the lifespan are yet to be examined.

Language, Culture, and Emotion

Researchers have noted that emotions are often shaped by the social or cultural context in which they are experienced rather than being the result solely of biological determinants (see e.g., Campos, Campos, & Barrett, 1989; Lutz, 1988). Kitayama and Markus (1994) noted that cultural processes work to organize and structure emotional experiences and

that descriptions of emotions may vary greatly cross-culturally. In fact, anthropologists have specified a category of emotion called indigenous emotions-those that are non- Western and have no clear counterparts in the West (Doi, 1986, 1990). In a therapeutic setting, for example, emotions are most commonly expressed using language and language labels. Therefore, emotion and culture are closely intertwined and can likely best be examined through the use of the language in which they are expressed. The following sections review the literature on how emotion is coded and used in therapeutic sessions, how descriptions of emotions are tied to the language in which they were experienced, and the implications of switching between languages when discussing emotionally- charged experiences.

Verbal expressions of emotion:

Benefits exist due to the access that bilinguals have to two languages. For instance, they can be more expressive since they are not limited to just one language. The client has a choice as to which language to use and thereby has the ability to select the word that most clearly captures the essence of what they are trying to communicate. Bilinguals can also use their second language to serve a distancing function when discussing troubling events (Pérez-Foster, 1998; Pitta, Marcos, & Alpert, 1978). Likewise, studies have shown that words themselves elicit different emotions when spoken in one's native language as compared to the second language.

Gonzalez-Reigosa (1976) found taboo words to be associated with greater anxiety when presented in the native language instead of the second language. Bond and Lai's (1986) study took this idea a step further by looking at how easily embarrassing topics were discussed in a native language (Cantonese) and a second language (English). A group of female undergraduate students at the University of Hong Kong conducted interviews with each other in both the first and second languages. The topics of the interviews were either embarrassing or neutral. The two embarrassing topics called for a description of a recently experienced embarrassing event that they had personally experienced, as well as a discussion of sexual attitudes prevalent in Chinese and Western culture. Based on the length of time that the interviewee spoke, this study demonstrated how code switching into one's second-language made it easier for the interviewee to speak about the embarrassing topic for a greater length of time. This finding seems to suggest a distancing function inherent in a bilingual's second language.

Marcos (1976) named the emotional detachment that bilinguals often have in their second language as the detachment effect. In his theory, he described the second language as serving an intellectual function and being relatively devoid of emotion; whereas the native language clearly expressed the emotional content. Marcos (1976) believed that this split could be maximized or minimized depending upon what was trying to be achieved in therapy. For instance, if the patient were describing a particularly upsetting event to the therapist, the second language could be used to prevent the client from becoming too overcome with grief to continue. The therapist could serve as a guide to the patient with regard to what language is used. If the patient seemed ready to deal with the emotions, the therapist could encourage the patient to use their native language. Depending on whether or not the therapist was also bilingual, the patient would then be asked to fully translate what they had said, or a trained interpreter would be asked to translate. Ideally, the therapist would be able to understand the native tongue and continue the conversation in the language that the patient wished to continue speaking in (Altarriba & Santiago- Rivera, 1994; Santiago-Rivera & Altarriba, 2002).

Finally, it is important to note that within the United States, most counselors or interviewers are typically not bilingual. Therefore, clients might often find themselves communicating in their second or sometimes third language-English. As noted earlier, one of the goals of discussing issues related to mental health is often to uncover memories of details or events that have been repressed, generally because they are painful or otherwise

traumatic. Even though an interviewer or counselor does not speak the native language of the interviewee, benefits might accrue to that individual by discussing the event in the native or first language. This way, the individual may recount the instance with a fuller degree of emotional intensity regardless of whether or not the content of the discussion is fully understood by the interviewer. The interviewee might then translate the information in some way, in order to relate the information to the interviewer. Nonetheless, the use of both languages in these situations is apt to result in a richer report of past memories and past experiences.

Nonverbal expressions of emotion:
Likewise, there are other cross-cultural differences in how facial expressions of emotion are interpreted that might often result in miscommunication or misinterpretation of a message. For example, individuals often attribute happiness or joy to the use of a smile. However, for individuals who are Japanese, this facial expression might convey feelings of discomfort or even apprehension. Within this culture, restraint of strong feelings is seen as an admirable and mature behavior characteristic. Therefore, it is often the case that outward expressions of emotion are discouraged as children are socialized within certain cultures (Yamamoto & Kubota, 1983). With regards to eye-to-eye contact, emotions such as rudeness, aggressiveness, or extreme shyness might be attributed to the avoidance of eye contact particularly in Mexican-American and Japanese cultures. In fact, within these groups, the lack of direct eye contact is encouraged as a sign of deference, respect, and reverence for authority (Knapp, 1972).
In summary, cross-cultural differences in the expression of emotion exist not only in verbal communication but in nonverbal communication as well. These factors are important in attempting to understand the origin and mental representation of different concepts that underlie emotional expression.

Conclusions
Whether an individual is fully proficient at using his or her two languages or has an unbalanced knowledge of two languages, it is clear that a bilingual possesses two sets of ideas or concepts that may be culture- and language specific. Whereas the native or more dominant language might encode issues regarding culture, socialization practices, or childhood memories, the second language might function as a tool for tapping non-emotional topics or memories from adulthood. The richness and variety of information represented in bilingual memory may be accessible through the use of language nuances and variables that structure communication differentially in two languages. Therefore, when bilinguals engaged in processes that require language encoding, storage and retrieval, it appears that the use of both languages might reveal more information and more varied information than the use of just one. Future research directions should provide for theoretical frameworks within which to examine other cognitive domains that involve language and how different languages can affect the process of knowledge representation and knowledge access.

SUBJECTIVE WELL-BEING ACROSS CULTURES

Introduction:
All individuals strive to be happy. How they pursue this ultimate human goal, however, seems to vary in interesting ways across cultures. Have you ever thought about how happy you are with your life? "Of course!" might be the immediate reaction of people who have lived most of their lives in highly individualist Western cultures. In fact, the more inquisitive ones might wonder why anyone would even bother to ask such an obvious question. They have a point. Most Western cultural members are highly familiar, if not obsessed, with the notion of happiness. In the West, happiness is a common topic of conversation, the promise of commercial advertisements, and the ultimate goal of many people's lives. The idea that happiness is the most fulfilling and meaningful goal of human existence is more or less taken for granted in Western cultures, a belief that traces back as far as to the Greek philosophers.

Although the general statement that all human beings strive to be happy is true, intriguing findings emerge when researchers scrutinize happiness in more detail across cultures. Ed Diener and colleagues, for instance, have asked Chinese college students the same question mentioned above (how often do you think about happiness?). Quite interestingly, roughly 1 out of 10 of these highly educated Chinese respondents said that they have "never" thought about how happy they are about their lives. American college students, on the other hand, typically reply that they think about happiness several times a week. Even though happiness is a universally cherished goal, the degree to which it is imprinted in a person's mind seems to vary across cultures. There is much more to the story. In this chapter, some of the latest findings from the rapidly growing field of culture and subjective well-being are introduced. Additional sources on this topic can be found in Diener and Suh (1999, 2000) and Diener, Oishi, and Lucas (in press).

Subjective Well-Being
In order to conduct scientific research, first, it is imperative to have a working definition of happiness. A widely used term in the field of psychology is subjective well-being (SWB; for review, see Diener, Suh, Lucas, & Smith, 1999). Subjective well-being includes three components:

1) Life satisfaction-a cognitive evaluation of one's overall life,
2) The presence of positive emotional experiences,
 3) The absence of negative emotional experiences.
Thus, a person is described as enjoying a high level of SWB if she is satisfied with her life, frequently experiences positive emotions (such as joy, affection), and seldom feels negative emotions (such as anxiety, sadness). One hallmark of SWB is that it is judged from the individual's own perspective. Thus, in SWB, a person' subjective perception about her own well-being is of paramount importance, which is shaped in complex ways by cultural factors.

Some Cultures are Happier than Others
There are substantial differences in the mean levels of SWB reported by different cultural members. A cross cultural research is conducted and the data come from a sample that consisted of more than six thousand college students from 43 nations. The mean life satisfaction ratings, on a 7-point scale, ranged from 3.3 (China) to 5.4 (Netherlands) in this sample. Nations not only differ in how much SWB they actually experience, but they also have different opinions on the ideal levels of SWB (the right columns under "Norm"). Brazilians (6.2 on a 7-point scale), for example, think it is very desirable to experience positive emotions, whereas the Chinese (4.5) show comparably less enthusiasm for the idea of feeling positive emotions. One notable finding is that, across nations, the norms for positive affect correlate significantly with the level of positive affect experienced in everyday life. For instance, students in nations that report high mean levels of positive affect (high PA experience) also tend to think it is very desirable to experience positive emotions (high PA norm). Such a relation between actual experience and norm does not exist for negative affect, although the exact reasons are unclear at present.

Why do cultural differences in SWB occur? Traditionally, many scholars have pointed out the fact that happier nations are simply wealthier. No doubt, there is a strong association between income (e.g., GNP) and SWB

level across nations. However, this "richer = happier" argument is incomplete. One thorny issue is that rich nations are not only economically better off, but they also possess various non-materialistic characteristics that contribute to SWB (e.g., more stable, democratic government, more human rights). Hence, it is not completely clear whether the link between national wealth and SWB is caused by material affluence per se, or by other positive qualities afforded by wealthy societies. Second, there are clusters of nations that challenge the income explanation. The SWB reports of relatively affluent East Asian nations are among the lowest in the world (Japan, being a prime example), whereas individuals in some Latin American nations (e.g., Puerto Rico) report SWB much higher than their economic standings suggest. Finally, but very importantly, after a certain income level, economic factors lose their predictive power. Once a nation becomes rich enough to fulfill most people's basic needs (food, shelter), further economic prosperity does not guarantee further increase of SWB. More and more countries around the globe are surpassing this "threshold" level of income (GNP of roughly $10,000), which means pure economic models will have limited success in predicting national differences in SWB in coming years.

Individualism, Collectivism, and Subjective Well-Being
Variables at the level of entire cultures have recently offered important complementary perspectives on national differences in SWB. One cultural dimension related strongly to SWB is individualism/collectivism. In highly individualist cultures (e.g., U. S., Western/Northern Europe), each individual's right, freedom, and unique feelings are emphasized over the expectations and needs of an in-group, such as family. In more collectivist societies (e.g., East Asia, Central/South America), the goals and needs of a significant in-group tend to take priority over the thoughts, values, and preferences of an individual. Theoretically, there are costs as well as benefits associated with personal freedom. In individualist cultures (high freedom), people freely choose personal goals and lifestyles, but because of the lack of strong social support, adverse life events might have severe negative consequences (such as suicide). In collectivist cultures, on the other hand, strong social support may buffer stressful events, but the drawback is that there is less freedom to pursue personally rewarding goals. Although there seems to be a tradeoff associated with personal freedom, in study after study researchers have found that individualist cultural members are happier than collectivist cultural members (Diener, Diener, & Diener, 1995). Why? Again, a popular explanation is that individualist nations are richer than collectivist nations, implying that differences in objective life conditions affecting their inhabitants account for this cultural difference. As mentioned earlier, however, there are too many affluent collectivist nations (Japan, Hong Kong) that go against this simple economic interpretation. Also, according to Diener et al., when a nation's degree of individualism is statistically controlled, income no longer predicts SWB. There clearly seem to be other reasons, besides income, that contribute to the high SWB of individualist cultures What are they?
The answer cannot be simple, but several possibilities are worth considering (see Suh, 2000). First, when it comes to happiness, it might be more critical to have a high sense of personal choice and freedom than to have a reliable social safety net during difficult times. After all, bad life events happen only occasionally, whereas personal goals constantly affect the quality of daily experience. Another possibility is that the desire to be happy might be stronger in individualist than in collectivist cultures. In individualist cultures where much personal freedom and opportunities are available, each person is highly accountable for his happiness. Being unhappy, in such a cultural context, is indirectly admitting that one has not been able to make the most out of his life opportunities, talents, and capabilities. In many collectivist East Asian cultures, on the other hand, people are believed to have only limited control over happiness. Various factors beyond personal control, such as luck or family background, are thought to play significant roles in determining the ultimate happiness of an individual. Because the responsibility to be happy is more squarely on the person's shoulder in individualist than in collectivist cultures, it is possible that people try harder to be happy in the former culture. Being more eager to be happy, individualists might organize their lives in ways that would give them the best chance to be happy. Furthermore, when making evaluations or reports about their lives, individualists may try more, both consciously and unconsciously, to put a positive spin into them.
Although quite speculative, there is also the possibility that people living in individualist cultures might find it easier to "think" they are happier than people in collectivistic cultures. Everybody has unique strengths in certain domains. For instance, John might drive a golf ball over 300 yards, whereas Chris might make an excellent pasta dish. As long as John and Chris think that athletic talent and culinary skill, respectively, is the most worthy personal quality, they will both feel good about themselves. That is, one effective way to feel

positive about the self is to base self-worth on a domain in which the person excels at. By the same token, it is easier for people to think they are happy if they are freely allowed to base their happiness on domains/experiences they feel particularly good about (e.g., "because I have a great girlfriend," "because I like my job"). The amount of flexibility exercised in the selection of happiness standards, however, seems to vary across cultures.

A defining spirit of individualism is that it greatly respects and even encourages the thoughts and opinions of each single individual. Therefore, in individualist cultures, each person's unique, self-tailored standard or reasons for happiness are highly respected by others. "If John says he is happy because of X (whatever the private reason may be), he is a happy man" is how individualist cultural members typically react to a person who declares to be happy. In collectivist cultures, however, the types of achievements that are worthy of personal happiness are more often decided by the in group or the society, rather than by each individual. For instance, many Korean teenagers believe there is only one specific achievement that would make them and others truly happy-getting an admission

to a top university. These socially established qualifications of happiness are very specific and concrete, which means many people who do not meet this condition are bound to feel dissatisfied and unhappy. Because of this restricted personal freedom in the selection of happiness standards, collectivists may find it more difficult than individualists justify their happiness.

In sum, when it comes to SWB, having a great deal of personal freedom might be very important. In individualist cultures where there is much personal freedom, people have a better chance to choose and invest their time in personally rewarding life projects, evaluate their happiness using more self-flattering standards, and try harder to view their lives in a positive angle. These ideas need to be tested rigorously with much more empirical data. Nevertheless, they offer intriguing insights and promising research directions for those who ask, "which cultures are happy and why?"

Correlates of Happiness

Cultures not only differ in mean levels of SWB, they also tend to base happiness on somewhat different experiences. In the past when SWB research was conducted primarily among North American participants, many researchers assumed that high self-esteem was the single most important ingredient of happiness. After all, what could be more important to happiness than having a positive self-view, that is, high self-esteem? Many Westerners might be surprised to learn, however, that the term self-esteem does not even exist in some cultures (for instance, in the Japanese, Chinese, or Korean language). We might wish to ask the question again: Is self-esteem equally critical for happiness across cultures? The answer is no, according to recent findings (Diener & Diener, 1995; Kwan, Bond, & Singelis, 1997). Self-esteem relates strongly with SWB in individualistic cultures, but the link becomes considerably weaker in collectivist cultures. Among female college students in India, for instance, Diener and Diener failed to find any significant association between self-esteem and SWB.

Another psychological condition traditionally viewed as very important for SWB is the possession of a consistent self-identity. All individuals think, feel, and behave somewhat differently in different social contexts (for example, when with a boyfriend versus when with a boss). Nevertheless, prominent Western psychologists have repeatedly asserted that, in order to achieve high levels of mental health, a person needs to maintain a consistent self-view across situations. This idea fits well with the dynamics of individualist cultures, where the inner self is believed to be the primary source of personal meaning and guidance. Because the self plays such a vital role in everyday life, it becomes necessary to build and maintain a self-system that is well-organized and consistent. In collectivist cultures, however, the utmost concern of everyday life is maintaining a smooth, harmonious relationship with other people. In order to achieve this goal of interpersonal harmony, the self needs to be highly sensitive to social cues, and in many cases, adjust the self according to the needs and expectations of other people. In other words, the self is required to be quite flexible across social situations in cultures where values promoting harmony (e.g., modesty, obedience) often overshadow the importance of consistency.

When recently examined the consistency of Korean and American students' self-views in relation to their SWB. As predicted, the self views of the Koreans were indeed significantly more flexible across social contexts than those of the Americans. Also, as suspected, the degree of identity consistency predicted individual's SWB level significantly better in the American than the Korean sample. The key point claimed in classic theories seems to be right-people with more consistent identity tends to enjoy higher levels of SWB. However, the classic

theories might have overestimated the intrinsic psychological importance of self-consistency. In short, maintaining a consistent self-view, similar to the case of self-esteem, does not seem to be as important to SWB as mainstream psychology theories have traditionally assumed

the U.S. has shown, for instance, that individuals who were pursuing their goals for fun and enjoyment became happier over time when they attained their goals, whereas individuals who were pursuing their goals to please others did not become happier over time, even when they attained their goals (Sheldon & Kasser, 1998; see Ryan & Deci, 2000, for a review). Interestingly, a recent study found that Asian Americans and Japanese who were pursuing their goals to make others happy became happier over time when they attained their goals, whereas those who were pursuing their goals for fun and enjoyment did not become happier over time, even when they achieved their goals (Oishi & Diener, 2001). Using an experience sampling method (i.e., participants were beeped at random moments and completed surveys multiple times per day), Asakawa and Csikszentmihalyi (1998) found that Asian-American students were happy when they were engaging in an activity that was related to important future goals (e.g., academic achievement). On the other hand, Caucasian students were happy when they were engaging in an activity that was important to them at that moment. Furthermore, Caucasian students tended to be less happy when they were engaging in an activity that was related to important future goals.

These findings suggest that (a) there are cultural variations in motivation to be happy "now" versus "in the future," and (b) pathways to happiness seem to vary across cultures, depending on socially desirable forms of motivation.

Judgment of Life Satisfaction

Another interesting pattern of cultural difference emerges when people make judgments about their life satisfaction. Evaluating whether one's life as a whole is satisfying requires much cognitive effort. Theoretically, a person might think of all relevant life domains, figure out how well each domain is going, and then mentally combine the evaluations into a numeric response. Rarely do individuals go through this exhaustive process. Rather, they take a mental shortcut. The most common shortcut is to rely on a specific cue or a piece of information that seems to best sum up one's overall life state.

How is this magic cue selected? It is usually chosen from a pool of self-defining cues that are chronically salient to the individual. Culture enters the picture here by determining the types of self-relevant information that are constantly present in the person's mind. In individualist cultures, internal attributes (e.g., emotions) are the key building blocks of the self and are thus easily brought to the person's attention. In collectivist cultures, social elements of the self (e.g., other people's evaluation, social norms) are more chronically salient to the individual. This cultural difference leads to a relatively straightforward prediction: Individualists might base their life satisfaction judgments heavily on their emotions, whereas collectivists might evaluate their lives frequently on the basis of normative information. This is precisely what Suh, Diener, Oishi, and Triandis (1998) found in two large international samples. The more individualist the nation, the more strongly were the life satisfaction judgments based on internal emotions. Basically, individualist cultural members seemed to adopt the logic that "if I am feeling good these days, it must mean my overall life is quite satisfying." Collectivists were less likely to follow such reasoning when evaluating their lives. In addition to emotions, collectivist cultural members tend to pay considerable amount of attention to social cues (e.g., whether significant others approve the way they live) during their life satisfaction judgments.

Conclusion

Ever since people acquired the ability to communicate with others, happiness is likely to have been a topic of debate and discussion. This very ancient concept has only recently begun to be studied through scientific means. Some of the major findings that have emerged from the young field of SWB and culture are: 1) people who inhabit individualistic cultures are happier than those who live in collectivistic societies, 2) psychological attributes characterizing the self (e.g., self-esteem, self-consistency) are more relevant to the happiness of Western individualists than to the happiness of collectivists, and 3) the self-evaluation of happiness is anchored on different types of cues and experiences across cultures. Although those who study SWB across cultures firmly believe that culture plays a pivotal role in shaping human happiness, uncomfortably little is known about the details of this important human experience that seems to make such a difference in the lives of people. A

challenging, but a very exciting future lies ahead.

CROSS-CULTURAL RESEARCH ON THE FIVE-FACTOR MODEL OF PERSONALITY

The Five-Factor Model (FFM) is a comprehensive taxonomy of personality traits, which are tendencies to show consistent patterns of thoughts, feelings, and actions. Although it was originally identified in the United States, the model appears to describe personality structure well in a wide variety of cultures, suggesting that personality trait structure is universal. Age changes--decreases in Neuroticism, Extraversion, and Openness and increases in Agreeableness and Conscientiousness from adolescence to adulthood—also appear to be universal, as are gender differences. Current studies comparing the mean levels of personality traits across cultures show systematic patterns, but their interpretation is uncertain. The FFM is currently in use by psychologists around the world in a variety of applications.

Introduction:
Personality Traits and the Five-Factor Model

Personality traits are defined as "dimensions of individual differences in tendencies to show consistent patterns of thoughts, feelings, and actions" (McCrae & Costa, 1990). They are familiar to laypersons, who use a huge vocabulary of trait descriptive adjectives (such as nervous, enthusiastic, original, accommodating, and careful) to describe themselves and others. Allport and Odbert (1936) identified some 4,000 trait names in the English language, and similar (although generally smaller) lists of traits have been compiled for many other languages, including Turkish and Chinese (Somer & Goldberg, 1999; Yang & Lee, 1971). It is apparent that trait concepts are important in every human language, and it would clearly be of great interest to compare traits across cultures. Are the same traits found everywhere? Are they organized in similar fashion? Do they show the same course of development and the same correlates? Or are traits products of culture that vary as dramatically as vocabularies and food preferences do?

These intriguing questions have been asked repeatedly by anthropologists and cross cultural psychologists, but until recently, research was severely hampered by the lack of an agreed-upon taxonomy of traits. It is obviously impossible to conduct cross-cultural studies of each of the 4,000 traits identified by Allport and Odbert, and without taxonomy, the selection of a subset of traits is likely to be arbitrary. Personality psychologists like Raymond Cattell and Hans Eysenck had long ago noted that traits could be organized into much smaller clusters of similar traits. For example, the terms careful, cautious, deliberate, and thorough are near-synonyms, and people who are careful are also like to be described as cautious and thorough. In short, personality traits are structured, and a comprehensive yet parsimonious structure would greatly facilitate personality research.

Disputes about which structure was best continued for decades, but toward the end of the last century it became clear to most personality psychologists that most traits could be described in terms of five factors or dimensions. The organization of many specific traits in terms of the five factors of Neuroticism (N), Extraversion (E), Openness to Experience (O), Agreeableness (A), and Conscientiousness (C) is known as the Five-Factor Model (FFM; McCrae & John, 1992). Individuals who are high in N are likely to be anxious, easily depressed, and irritable, whereas those who are low in N are calm, even-tempered,

and emotionally stable. Extraverts are lively, cheerful, and sociable; introverts are sober and taciturn. Open men and women are curious, original, and artistic; closed people are conventional and down-to-earth. Agreeableness is characterized by trust, compassion and modesty; Conscientiousness is seen in organization, punctuality, and purposefulness.

Originally, the FFM was discovered through analyses of English-language trait names (Tupes & Christal, 1961/1992), and it is possible to measure an individual's standing oneach of the five factors by asking them to rate themselves on a series of adjectives (Goldberg, 1992). But it is also possible to measure traits through the use of personality questionnaires, in which respondents indicate the extent to which they are accurately described by a series of statements about characteristic thoughts, feelings, and behaviors. A wide variety of measures of the FFM have now been developed (De Raad & Perugini, in press), of which the most widely used is the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992). The NEO-PI-R assesses 30 specific traits, six for each of the five factors, and has been shown to be a reliable and valid measure for the assessment of normal personality traits

The FFM across Cultures
Because the FFM was discovered by American researchers in American samples using instruments based on English-language trait terms, it is reasonable to ask if it is strictly an American structure, or whether it characterizes human beings everywhere. Since 1971, when Guthrie and Bennett (1971) examined the structure of personality perceptions among Philippines, there has been considerable research on this question. Lexical studies, which examine personality factors in trait adjectives from different languages, have had somewhat mixed results. E, A, and C factors almost always appear, but N and O sometimes do not (Saucier & Goldberg, 2001). It is not clear from these studies whether those factors are missing from the culture, or merely from the set of adjectives studied.

More definitive results come from studies of the NEO-PI-R. That instrument has been translated into more than 40 languages or dialects, and studies of its factor structure have been conducted in more than 30 cultures, from Zimbabwe to Peru (McCrae & Allik, 2002). Because the same instrument is used in each case, a failure to find one or more factors would most probably indicate that those factors were truly absent in that group. But in fact, in every case studied so far, a reasonable approximation to the intended structure has been found when adequate samples and appropriate statistical methods have been used.

In this sense, the FFM is a universal structure, and thus should be useful in cross-cultural research. There are two important qualifications to bear in mind, however. First, the fact that these five factors are universal does not necessarily mean that there are not also additional personality factors specific to individual cultures, as Cheung and Leung (1998) have argued. Second, even if all factors emerge when the NEO-PI-R is administered, they may not all be equally important in every culture. For example, individual differences in Openness to Experience may be of little consequence in traditional cultures where life's options are severely limited (Piedmont, Bain, McCrae, & Costa, 2002).

Age and Gender Differences in Personality
Measures of the FFM can be used to address many questions about personality and culture. To date, some of the most important findings have concerned age and gender differences.

Studies of adult personality development in the United States have suggested that there are noticeable changes in the mean level of all five factors between adolescence and about age 30 (McCrae & Costa, 1990): N, E, and O decline, whereas A and C increase. After age 30, the same trends are seen, but at a much slower pace: In terms of personality traits, 30-year-olds resemble 70-year-olds more than 20-year-olds.

These developmental patterns were seen in both cross-sectional age comparisons and longitudinal studies, in which the same participants are followed over years or decades. But their origins were not clear: Were the changes due to features of American culture, with its distinctive patterns of socialization and its role requirements at each age, or were they the result of some intrinsic pattern of maturation, akin to passage through the menopause or the graying of hair?

Cross-cultural studies might shed light here. If very different patterns of age differences were found, we might suspect that age differences are the product of life experiences in different societies with different histories. However, if we find very similar patterns everywhere, it would seem more likely that age changes are intrinsic maturational processes. Data from Germany, Italy, Portugal, Croatia, South Korea, Estonia, Russia, Japan, Spain, Britain, Turkey, and the Czech Republic showed patterns of age differences very similar to those seen in the United States. It appears that age, especially from adolescence to mid-adulthood, tends to make individuals better adjusted, more altruistic, and better organized, but also less enthusiastic and less open to new experience (McCrae et al., 2000). These changes appear to be common to people everywhere.

If age differences follow a universal pattern, what about gender differences? Costa, Terracciano, and McCrae (2001) examined that question using data from 26 cultures where the NEO-PI-R had been administered to college-age and adult samples of men and women. In the United States, women typically score somewhat higher than men on both N and A, as well as some specific facets of E and O (e.g., Warmth, Openness to Aesthetics). Men usually score higher on other facets of E and O, namely, Assertiveness and Openness to Ideas. There are few gender differences in C.

Costa and colleagues also found evidence for cultural differences in the magnitude of gender differences. One might expect that gender differences would be minimized in modern, progressive cultures (like The Netherlands) and maximized in traditional cultures (like South Korea). In fact, however, exactly the opposite

pattern was found: The differences were largest in modern European countries. There are several possible explanations for that unexpected effect, but perhaps the most likely is related to attribution. In countries where women are expected to be subservient, they attribute their low Assertiveness to their role as a woman rather than their traits. By contrast, European women who are equally low in Assertiveness identify it as a part of their own personality.

The Personality Profiles of Cultures

Americans are brash, Chinese are modest, Scots are thrifty--or so many people believe. It is not clear how these national stereotypes arise, or whether they are in any respect correct. One more scientific way to characterize the personality profile of a culture would be by measuring traits in a representative sample of the culture. Because NEO-PI-R data are available from dozens of countries, it should be simple to make these comparisons.

Other FFM Research

McCrae and Allik (2002) have edited a book on The Five-Factor Model Across Cultures. In it, 35 contributors discuss the replicability, validity, and applicability of the FFM in some 40 cultures. Among the topics covered are the relation of personality factors to emotions, the relation of traits to cultural goals among Vietnamese Americans, and cultural differences in the place of Impulsiveness in the FFM. This volume also pointed to some major questions that remain in cross-cultural research on personality: Do trait levels match national character stereotypes, and if not, why not? What are the effects of acculturation on mean levels of personality traits? Are individual differences in adult personality stable around the world, as they are in the United States? Can artifacts of self- report methods account for apparent differences in trait levels across cultures? What can we learn by using alternative methods, such as peer ratings and participant observation?

In addition to these studies in personality and culture, the FFM is also being used around the world in practical applications. Black (2000), for example, has shown that the NEO- PI-R is useful in police selection, adding incremental validity above and beyond cognitive testing. As a result, police applicants in New Zealand are now routinely screened with the instrument. Jang, McCrae, Angleitner, Riemann, and Livesley (1998) showed that patterns of heritability for personality traits were similar in Canada and Germany. Yang and colleagues (2002) have shown that NEO-PI-R scores are valid predictors of clinician ratings of personality disorders in Chinese psychiatric patients. Halim (2001) used the NEO-PI-R to study coping and quality of life in Indonesian breast cancer patients. Blickle (1996) demonstrated that personality traits predict learning style and college grades among German students. Draguns, Krylova, Oryol, Rukavishnikov, and Martin (2000) used the FFM to understand personality and adjustment among the children of Russian Arctic reindeer herders.

Researchers who favor indigenous approaches sometimes argue that imported psychological constructs are likely to be inferior to constructs derived within each culture. Ultimately, this may prove to be true. Certainly it is the case that personality traits are expressed differently in different cultures, and it is unlikely that a single set of questionnaire items would be optimal in every culture. However, the FFM and the NEO- PI-R have shown themselves to be serviceable tools in a wide variety of cultures. Their universality means that we need not start from scratch in each culture to develop a viable trait psychology. The fruits of research anywhere can now be enjoyed everywhere.

CULTURAL PERSPECTIVES ON THE INTERACTIONS BETWEEN NUTRITION, HEALTH, AND PSYCHOLOGICAL FUNCTIONING

Introduction:

Food and nutrition occupy the daily thoughts of most people, particularly the 170 million children who are malnourished because their weight is too low. While the interactive effect of malnutrition and infection is responsible for over half of child deaths in developing countries, being overweight has been declared the number one health problem in other countries. More food is therefore not necessarily better when talking about health. This reading presents information on the major nutrients important for health and psychological functioning, including energy, protein, vitamin A, iron, iodine, and zinc. It also discusses how cultures differ in their food preferences and their beliefs about the good and ill effects of certain foods. Finally, solutions for tackling the problem of impaired growth and development of children are examined.

Food and nutrition occupy the daily thoughts of most people around the world including children who are preoccupied with their next meal and scientists studying the effects of that meal on health and functioning. Because more is not necessarily better when talking about food, it is important to know what foods, in what quantities, and at what ages produce healthy and productive children and adults. Of course, most people don't have health and productivity in mind when they eat. They may be motivated by the sensory pleasures of eating, the desire for energy, the feeling of being full, or the sociability of eating with others--or they may eat simply out of habit. However, the food preferences of adolescents are very similar to their parents, indicating that family eating influences what we think and like about food. Moreover, there are commonly held beliefs in all cultures about the good and bad effects of certain foods. Consequently, there are many personal, familial, and cultural influences on the food we eat. But what is the cost of a poor diet and how easy is it to change one's diet?

Cost of a Poor Diet

The cost of a poor diet is immense. While the interactive effect of malnutrition and infection is responsible for over half of child deaths in developing countries (Pelletier, Frongillo, Schroeder, & Habicht, 1995), overweight has been declared the number one health problem in the United States. Surprisingly, the overweight problem is starting to appear among urban women in developing countries such as India and Chile that are making the transition to better economies. Obesity, whether experienced in Washington, Calcutta, Santiago or Samoa, is bad for one's health because it can lead to heart disease, diabetes, and premature death. In poor countries, many women are short because of poor diets in youth and they are anemic because their diets lacks iron; consequently many die while giving birth to a normal sized baby. However, the most pressing moral dilemma of our times is the wasted human potential in the millions of children who are malnourished either at birth or throughout their first five years. They are more likely than well- nourished children to become ill and to die. More information on these infectious diseases can be found at the World Health Organization's website (http://www.who.int/infectious-disease-report). If malnourished children survive the first five years, their quality of life will be impaired: they will be less able to learn at school, more fearful of unfamiliar people and new experiences, less persistent at solving daily problems, and less sociable. Simply increasing food intake is not a sufficient or even a wise solution--too much food eaten during pregnancy may have little or detrimental effects, too much iron may be toxic, and too much bulk destroys a child's appetite. Specific nutrients along with psychosocial stimulation may be the best mix. This will be discussed in subsequent sections.

Childhood Malnutrition

Almost 30% of children fewer than 5 years of age in the world are underweight; most live in developing countries in Africa and South Asia. Typical malnourished children are not thin or wasted looking, but are short for their age or stunted. They are usually malnourished at moderate rather than severe levels. Even mild and moderate malnutrition lead to physical health, learning and social problems. Most mothers would be surprised if they were told that their child was malnourished because there is no obvious wasting or change in behavior if the child has been this way for months. However, when the child's weight and height are compared with other well-nourished children from the same region, the discrepancy is striking. For example, if well-nourished

children of 4 years of age weigh on average 16 kg or 35.2 pounds, a child of 12.5 kg or 27.5 pounds will e considered underweight and therefore malnourished. This is based on a rough definition of moderate malnutrition as less than 80% of the expected weight, though the World

Health Organization now uses a more accurate formula based on standard deviations from the average. Likewise, if well-nourished children of 4 years of age measures 102 cm or 40 inches in height, a child of 90 cm or 35 inches will be considered moderately stunted, using a rough calculation of less than 90% of expected height. Adults can calculate their own body mass index (BMI) as the quotient of weight (kg) / height2 (m2). Somewhere between 19 and 23 is considered healthy; over 25 is overweight, 30 obese, and 17 underweight. The new standards published in 2000 by the Centers for Disease Control are available (http://www.cdc.gov/growthcharts).Close to 170 million children are malnourished if we use weight as our indicator of malnutrition. Across all developing countries, 28% of children fewer than 5 years of age are malnourished. For example, according to UNICEF (2001) who collects and publishes this information, the figures are 56% in Bangladesh, 53% in India, 47% in Ethiopia, 34% in Indonesia, 31% in Nigeria, 28% in the Philippines, and 5% in Costa Rica. Most of them were not born with low birth weight -- approximately 16% of newborns in developing countries are low birth weight (less than 2500 gm) even though they are full term (37-40 weeks). If breastfed, as most rural children are, they probably thrived in the first 6 months on breast milk alone. However, most of these children probably did not gain enough weight after that point both because of infections such as diarrhea and pneumonia and because the food offered was of insufficient quantity and quality for growth and illness recovery. As a result, their weight and height did not rise as it should, and they did not have enough reserves to cope with the next episode of diarrhea or respiratory infection. In addition to suffering poor health, underweight children suffer long-term problems in their ability to learn and solve problems, and in their emotional and social life.

The most immediate, but not the only, cause of malnutrition is the lack of calories that provide energy and protein for building body cells (Waterlow, 1992). Both are needed to put weight and height on a child. Calories are present in many foods, particularly those high in sugars, starches, and fats. These include fruits such as bananas, tubers such as potatoes, animal or vegetable oil, grains and rice. Fatty acids from oils are particularly important in forming the myelin sheath that surrounds nerves, allowing for a rapid response from the brain; researchers now realize that fatty acids are essential for maturation of the eye nerves and detection of light. Protein is found in certain foods such as meat, fish, eggs and legumes; only 15% of calories need be protein so this is not usually a problem. Recently we have come to realize that other nutrients required smaller amounts are also necessary for physical and mental health. These include vitamin A, iron, iodine, and zinc (World Health Organization, http://www.who.int/nut).

Vitamin A was only recently discovered to have wide-ranging effects in strengthening a child's resistance to illness such as diarrhea and measles, in addition to its well-known effect on vision. Children and adults who lack vitamin A first notice the effects when they walk outside at dusk--they can't see anything. Over time, the eye disease known as xerophthalmia blinds the person as the membrane over the eye becomes dry, wrinkled and eventually opaque. Three million children develop xerophthalmia each year; up to half a million become blind. Children who lack even small amounts of vitamin A have a weaker immune system and so they suffer longer and more severe bouts of diarrhea, measles, and pneumonia. Vitamin A deficiency is so widespread in countries in Africa and Asia, which up to 70% of children are considered at risk. Orange fruits and vegetables are the most common source of vitamin A.

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Iron deficiency leading to anemia curtails the oxygen-carrying capacity of hemoglobin and so prevents full vitality of the brain and its development. Both children and adults who are deficient in iron lack the energy, endurance and activity to remain actively engaged with their environment. Iron-deficient children are less

involved and interested in their surroundings, unhappier and more fearful. Work and learning therefore suffer along with mood. Consequently, anemic children show poorer language, motor, and eye- hand coordination abilities than non-anemic children (Grantham-McGregor & Ani, 2001). In developing countries, particularly in Africa and South Asia, 21.5 million children under 5 years of age, or 40% of preschoolers, are anemic. Iron deficiency is caused not only by an iron-deficient diet but also by malaria and hookworm infections. Hookworms, which are prevalent in feces-contaminated soil, enter through the sole of unshod feet and then sap blood through the intestine wall. They and other geohelminths prevent full use of food intake of school-age children who pick up worms in their travels around the community.

Iodine deficiency is thought to be the main cause of reduced brain capacity through its effect on the thymus and thyroid gland. It is simply bad fortune to live in a region where this element is not naturally found in the soil and so is lacking in plant food. Before iodine-fortified salt became available for purchase several years ago, 15% of school children 6 to 11 years of age in developing countries had an enlarged goiter, the main sign of iodine deficiency. Even today many families do not have access to iodized salt.

The most severe problems in psychological functioning are found in newborns of iodine deficient mothers because iodine is essential for early brain development.

Zinc has newly entered the list of essential nutrients for health, particularly in the early years when children are vulnerable to infections. Zinc supplements in the first year, given in syrup form, were found to reduce the duration and severity of acute and persistent diarrhea and pneumonia, especially in malnourished children. Perhaps because of the protection against infection, children on zinc supplements show better weight gains over the years.

Breast milk is universally acknowledged as the best nutrition for infants. Not only does it provide antibodies that protect the infant from early infections, but it contains all the nutrients listed above, such as fatty acids and protein, which infants may not get from commercially, sold milks. Infants given breast milk alone for the first 4-6 months grow better, are healthier, and develop more mature mental abilities than children fed other commercial or cows' milks. Making sure that mothers offer their infants breast milk is a concern in all countries of the world.

Cultural Influences on Food Choices and Nutrition

It is not surprising that children and adolescents share food preferences with their parents rather than their friends. From birth, parents make most food choices for their children. Choices may be influenced by the foods that are available and the foods are appreciated or avoided by one's cultural group. However, because there is variability within a culture, most parents have some choice between what they learned to appreciate when growing up and what is available currently. The mother's food intake during pregnancy, while important for her health, does not appear to make much difference to her unborn child; rather her long-term nutritional status from well before conceiving determines whether the baby will have a low birth weight or a mental impairment.

A number of unusual feeding practices greet the newborns at birth if they are delivered outside a clinic or hospital. For example, before giving breast milk, Ethiopian newborns might be given a spoonful of soft rancid butter or warm water with sugar to oil the pipes and sweeten the vocal cords. Even hospitals in urban settings were found to interfere with early breastfeeding by supplying commercial milk in bottles. Now, mothers delivering their babies in Nairobi, Bogata, Bangkok and other cities with baby-friendly Hospitals are receiving the message that only breast milk should be given to infants under 4 months of age. Unfortunately, many new urban mothers have the misguided belief that they do not have enough milk and their baby needs more to grow. Consequently, they regularly supplement breastfeeding with other foods and liquids such as cereal, fruit, cow's milk, and tea in the first few months; the supplements in turn impair a mother's milk flow. Others know that breast milk by itself provides everything infants need. So for these and other reasons, the number of mothers giving only breast milk in the first 3 months varies from 9% in Turkey to 50% in India and 84% in Ethiopia.

While breast milk alone suffices for the first 4-6 months, infants after this age need weaning foods, namely semi-solid foods such as fruits, vegetables, oil, cereals, and eggs in addition to breast milk. Many mothers in Africa and Asia, however, believe that one can wait until children have teeth at one year before feeding them adult food. Others believe that a special kind of traditional porridge with lots of mass but few calories will satisfy children's hunger. Both of these diets lead to malnutrition. Weaning foods therefore vary considerably

depending on whether the culture and the family support early or late solids. Beliefs about infants' appetites also play a role as some mothers are guided by their children's interests or disinterests in the food while others force-feed children who are lying down or feed children who sit on the lap facing away from their mothers. Although it is known that infants have appetites and broad taste preferences, parents may believe that infants are passive and unmotivated until programmed by their parents. Another common belief is that because children do not work, they do not need as much food as adults. Thus, children may receive only two meals a day rather than the five smaller meals that they need up to 3 years of age.

Given that malnutrition and diarrhea are so common in developing countries, it is interesting to note how mothers of young children respond to these illnesses. Both require food and fluid. However, many mothers do not recognize the malnourished state of their own children and do not attribute thinness of their own or others' children to lack of food. Illiterate mothers in particular may believe that some social behavior on their part or an animistic spirit in nature caused the children to grow thin. Likewise many mothers believe that children with diarrhea need less, not more, food and fluids. Others believe children who have diarrhea need certain foods to restore a hot-cold balance to the body. Fortunately, in some cultures, rice and bananas are cool foods--good to reduce the heat of diarrhea and good to restore nutrients. However, vegetable soups are thought to be too hot, although they would add needed water to children who are losing too much. Many writers have portrayed traditional beliefs as if they were taboos--firm rules that bring disease and death if broken. However, in most places there seems to be a sufficient mix of traditional and modern beliefs for people to consider and choose.

The most common foods missing from children's diets worldwide are fruits and vegetables, and in some cases, milk. Even in warm tropical climates where fruits and vegetables are plentiful, there is the belief that fruits and vegetables give children diarrhea. Of course, loose stools for one day are not the same as watery stools for three days straight. Furthermore, once breast feeding ceases, children in rural developing areas rarely drink cows' milk. Even in industrialized countries, children and adults eat much less than the daily 5-9 fruit and vegetable servings they should. In the U.S., the Gimme 5! school intervention program promoted consumption of 5 fruit/vegetable servings by targeting school cafeterias, family snacks, and community shops. However, it was a multi-year challenge simply to add one fruit to each child's daily diet. Children are more likely to enjoy fruits and vegetables if they have had fresh ones throughout childhood, perhaps as a result of residing close to orchards and gardens. Adolescents in industrialized countries typically eat more high-fat and high-sugar foods and less fruits, vegetables and dairy products than they need. In fact, U.S. adolescents' emphasis on taste and convenience, rather than health and family meals, has been blamed for their low "healthy eating" index: 20% had a poor diet and 74% had a diet in need of improvement.

As a result of urbanization, most industrialized countries are finding that their citizens lack a diverse diet and need to be encouraged through advertising campaigns and school cafeterias.

New Directions on Solutions
Many ideas for enhancing nutrition and health have been tried and evaluated around the world. In addition to improving agricultural yields, governments have helped hospitals promote breastfeeding and banned the use of bottles with infant formula. These have been two very successful nutrition programs. Others include fortifying foods with iodine (iodized salt) and adding vitamin A and iron to children's drinks and snacks. An alternative is to provide vitamin A drops to children every 6 months in their first year or two when they need extra protection from illness. This has been found to reduce the duration and severity of diarrhea and measles, as well as to cut childhood deaths by up to
 30%. It also reduces blindness. Likewise, anemic children given supplementary iron each day for several months show better appetites and more activity, without running the risk of getting malaria. Zinc supplementation in the first year or two not only reduces the duration and severity of diarrhea and pneumonia, but it also helps children add weight. In addition to providing nutrients to supplement children's diet, many nutritionists are working with rural people to help them develop new and convenient weaning foods and cultivate their own vegetables. Because families are the place where food selections and preferences begin, it is important to have parents develop new recipes.

Other programs are more ambitious. While simply providing supplementary food to children increases their weight and height somewhat and may, in turn, improve their intellectual and social abilities, much more needs to be added. To improve child health and nutrition in the long run, school meal programs are being implemented to provide children with two-thirds of their daily requirements of protein and energy in the form

of a biscuit containing iron, iodine, vitamin A and fat (Consultative Group on Early Childhood Care and Development, 2002; Levinger, 1996; UNICEF, 2001; World Bank, 2002). Sometimes this is combined with de-worming activities to eliminate hookworm and other geohelminths that are ingested by children. The medication can be given to all children under the assumption that most have high worm loads. This is a good short-term goal, but children are likely to become quickly re-infected if ground and water are contaminated due to low latrine use. In regions where school enrollment is low, providing a nutritious breakfast or lunch may be an incentive to send children, especially girls, to school. Positive results have been found in raising children's weights, school attendance, and arithmetic. When combined with good quality schooling, these free meal programs have the advantage of not only adding energy, alertness, positive mood and receptiveness to learning, but also the acquisition of knowledge and problem-solving skills for the future. At the same time, noninvasive techniques are available to study how the brain uses various nutrients in the early years to process information. The convergence of culture, food, and health has become a fascinating topic to scientists and practitioners from many disciplines. New ideas from around the world help contribute to our understanding of how to feed the growing world population for a better quality of life. It is not enough to know the food groups and provide the food. We need to know what the food does to our bodies and brains, and how people learn to adopt and change their food preferences and habits.

THE MUTUAL EMBEDDEDNESS OF CULTURE AND MENTAL ILLNESS

Introduction
Here we study the intricate relationship between culture and mental illness. Our central position is that there cannot be mental illness without culture. We argue and that our limited knowledge to the onset, manifestation, course and outcome of mental illness is due in part to the cross-cultural psychological conceptualization of culture, where culture is seen as an independent variable influencing mental illness, the dependent variable. This is in addition to the limitations of biomedical model in accounting for the origins of mental illness. Using depression and schizophrenia as examples, we argue for the need to see culture and mental illness as mutually embedded in each other.

Illustrative Examples
A. A man who, until recently has been normal, suddenly began to behave in a bizarre way somewhere in South East Asia. His relatives suspected that he had lost his spirit, so they took him to the house of the local shaman. Upon careful examination, the shaman declared that indeed the man's spirit had left him. Soon afterwards, the man received lots of sympathy and was exempted from his usual social duties and work. Even though his behavior was seen as bizarre, he was not sanctioned because he was seen as not been directly responsible for his strange behavior, but the departure of his spirit. After further examination involving an all- night ceremony with sacred chants where various deities were called upon to enter into the body of the shaman, the shaman identified who is responsible for the lost spirit. He offers animal sacrifice to appease the deities, and then begins "spirit-hooking" ritual in which his own spirit journeys on a magical flight to the land of the dead to track down the lost spirit. Once the lost spirit is tracked down he is brought back and deposited in various food dishes, which the man had to eat in order to regain the lost spirit. The shaman also removes poisonous harms from the man body and his household, during which time the man had to remain in the shaman's house for closer observation. Once the shaman correctly identified the whereabouts of the lost spirit and the prescribed rituals and rites conscientiously followed for a couple of months, the lost spirit returned into the man and he eventually got well again.
B. A man who, until recently has been normal, suddenly began to behave in a bizarre way somewhere in Western Europe. His relatives suspected that he was sick, so they took him to psychiatrist in the nearby hospital. Upon careful examination, the psychiatrist declared that the man indeed is sick. Soon afterwards, the man received lots of sympathy and was exempted from his usual social duties and work. Even though his behavior was seen as bizarre, he was not sanctioned because he was seen as not been directly responsible for his strange behavior, but the sickness. After further careful examination including detailed medical history, psychological test results, and interviews, the psychiatrist came up with the diagnosis, and outlined the method for his treatment. These included different forms of therapy and the use of some medications from the nearby pharmacy shop. While the man had to take the drug medication himself, the psychiatrist undertook the

psychotherapy. The man also had to make some changes in some of his daily routines (e.g., being admitted in the hospital for some few days for closer observation). Once the psychiatrist correctly diagnosed the sickness and the prescribed therapy and drugs were carefully administered for a couple of months, the sickness was eventually eliminated and the man got well again.

His relatives suspected that an evil spirit possessed him, so they took him to the shrine of the local witch doctor. Upon careful examination, the witch doctor declared that the man indeed is possessed. Soon afterwards, the man received lots of sympathy and was exempted from his usual social duties and work. Even though his behavior was seen as bizarre, he was not sanctioned because he was seen as not been directly responsible for his strange behavior, but the evil spirit. After further careful examination and interviews with close family members and friends, the witch doctor identified the evil spirit. He then gave instructions as to how the evil sprit should be exorcised. This involved different forms of rites and rituals, such as the drinking of different kinds of herbs from a nearby forest. Some of the rites involving animal sacrifices were performed by the man himself, and others on his behalf by his relatives.

The man also had to make some changes in some of his daily routines (e.g., being kept in the shrine for some few days for closer observation). Once the witch doctor correctly identified the evil spirit and the prescribed rites and rituals were conscientiously followed for a couple of months, the evil spirit was eventually exorcised, and the man got well again.

From the illustrative examples above,

a. What are the similarities and differences in the family's response and the manner of treatment to the bizarre behavior of the man?

b. Are we dealing with the same or different phenomena?

c. From your background and perspective, can any one approach taken to deal with the man's bizarre behavior be more justified than the other and if so which one?

d. Can you think of reasons why "spirits" play such a dominant role in the examples from West Africa, South East Asia and North Eastern Latin America? To what extent are "sprits" responsible for one's "bizarre behavior" in your native society?

e. What is the role of culture in the different approaches taken here?

f. Is it possible to see in the examples the mutual embeddedness of culture and mental illness? How?

g. How will the man's bizarre behavior be explained and treated in an imaginary society that does not have culture?

The last three questions introduce us to the crux of the present chapter, namely the inextricable relationship between culture and mental health problems. We propose that culture should be seen as an inherent part of mental illness. Culture does not just influence mental health and illness, but rather it is a constituent of them. Failure to see it as such leads to a myopic view of the onset, expression, course and prognosis of mental health problems. In the first part of the chapter, we briefly present theoretical orientations that dominate the field of mental health followed by a brief review of current research in cultural and cross-cultural psychology relating to mental health. Finally, we present a critique of the current research approaches to cross-cultural mental illness. A recurrent issue in this chapter is the degree of universality of the expression of mental illness across cultures with special reference to depression and schizophrenia.

To deal with mental health is to deal with culture and visa versa. The two concepts are intrinsically linked, to the extent to that the definition of health depends on the manner of being and of thinking, or rather, on the culture (Bruner, 2001), and thus it varies in time and place. Traditionally, mental illness has been approached with a bio-medical model that is independent of culture. This approach is linked to an individualist ideology where mental illness is diagnosed and treated as something purely individual. Thus, even though the concern with culture has long been recognized since the time of Kraepelin, who proposed the development of a comparative psychiatry, the diagnosis and the treatment of mental illnesses, still ignore the inherent role of culture to mental illness. In cases where culture is taken into consideration, it is often marginalized and construed as an independent variable similar to the status given to culture in cross-cultural psychology with its inherent limitations (Moggadam & Studer, 1997). The marginalized status of culture to the understanding of mental illness is due in part to the dominant position medicine enjoys (Marsella & Yamada, 2000). As a scientific discipline, the bio-medical ideology has been powerful enough to keep the diagnosis and treatment of mental illness in the biological realm. This area is also deeply linked to the view of treatment using psycho-pharmaceuticals, which is of great economic interest to the large and ever growing pharmaceutical industries.

Theoretical Orientations

Until recently, the underlying theoretical presupposition of the bio-medical model was the so-called absolutist position that assumed that there is an "absolute truth" to the human phenomena (Berry, Segall, Poortinga & Dasen, 1992). Specifically, this position assumed the existence of a "psychic unity" together with a commonality in human experience. Human phenomena were viewed as being basically the same in all cultures, where among other things "depression" was viewed as "depression" just as "aggression" was seen as aggression" no matter where it was observed. From the absolutist position, culture is thought to have no role in either the meaning or expression of human behavior. Assessments of human behavior normally involved the use of standardized instruments where interpretations are readily made without any recourse to an alternative culturally based view. The absolutist position is currently seen as ethnocentric in perspective and its assumptions as only a logical possibility without any supporting evidence (Berry et al., 1992). Virtually, all writers on the subject agree tt culture exerts some degree of influence on the process and manifestation of mental illness (Tanaka-Matsumi & Draguns, 1997). They vary only on the manner and the degree of importance assigned to culture, together with the underlying presuppositions, whether it is a relativist, Universalist or multicultural position.

The relativist position is in sharp contrast to the absolutist position, and in an effort to devoid itself of ethnocentric biases, assumes that all human behaviors are culturally patterned. Its goal is to understand people in "their own terms" without any recourse to an external viewpoint. Consequently human diversity is explained within the cultural context the individual has developed. Assessments are typically carried out using the values and meanings a cultural group gives to a phenomenon. Working within the relativist position are the rich accounts of the onset and manifestations of culture-bound syndromes.

Living in a post-modern age made up of networks of societies that are characterized by globalization and migration, the multicultural position is becoming more important. This position is in reality a hybrid between the relativist and universalist positions. The essence of this position is the need to develop a model to cater to the health and adjustment difficulties that arise as a result of moving from one cultural setting into another. Understanding mental health problems involves swinging between the universalist and relativist perspectives or an amalgam, and the position which eventually is taken depends on the background and inclinations of the helping agency.

The different theoretical positions naturally view and operationalize cultural differently. The universalist position regards culture to be an exogenous force that exerts its influence on behavior and mental illness. In that manner, culture can be manipulated and studied objectively. This view fits very well with the bio-medical scientific model, and has consequently been very prominent. The relativist position sees culture as an integral part of behavior itself and subsequently one cannot speak of mental health illness without taking cognizance of culture, as it is culture that defines normality and abnormality. Before elaborating further on this discussion, we turn our attention to current research.

Current Cultural and Cross-cultural Research in Mental Health

Depression is perhaps the single most common mental health problem; accounting for over 17% of the 8.1% of the Global Burden of Disease (calculated in Disability Adjusted Life Years - DALY) which mental health problems account for. It therefore serves as a good illustrative example when reviewing current cultural and cross-cultural research in mental health. In addition, it is one of the mental health problems that has received much research attention.

A historical landmark in research was a series of studies sponsored by the World Health Organization (WHO) between 1973 and 1986 (Draguns, 1990; Sartorius, 1983). Among the important results of these studies is the suggestion that the core symptoms of depression include dysphoria, anxiety, tension, lack of energy, and ideas of insufficiency.

In addition, these studies also concluded that patients from Western countries tend to express guilt feelings more spontaneously than their non-Western counterparts. The latter group of patients, non-Western patients, on the other hand, more spontaneously reported bodily complaints when describing their distress than patients from Western countries. The approach taken in these studies has been to use standardized instruments describing the extent to which symptoms are present in different national groups who reportedly have depression or other forms of distress. Without the use of in-depth interviews, many non-Western patients are often described as suffering from something other than depression. For instance, through interviews of 100 Chinese patients suffering from shenjing shuairuo (neurasthenia), Klienman (1986) concluded that 93 of them

indeed might be suffering from depression. However, instead of spontaneously reporting dysphoria, ideas of insufficiency and the other core symptoms of depression, these "depressed" patients spontaneously reported headaches (90%), sleep problems (87%), and dizziness (73%).

This raises a fundamental question about the universality of depression, and whether these Chinese patients are suffering from - depression, or somatization, as modern Western nosology would call it, following the spontaneous responses of headaches, dizziness, and the like. Furthermore, it is difficult to reconcile Scheiffelin's work (1985) with the universality of depression when in his 20-year work among the Kaluli people of New-Guinea he could not find a single case of depression among them.

In his review of depression and culture, Marsella (1980) concluded that "depression does not assume a universal form" (p. 260), and that "the psychological representation of depression occurring in the Western world is often absent in non-Western societies" (p. 201). Jadhav (1995) has also questioned the validity of the use of the term "depression" for symptom patterns that bear little resemblance to Western depression because he doubts that we have sufficient evidence to regard depression as an objective entity that can be transported from one setting to the other.

Although much less common than depression, schizophrenia is a serious and highly stigmatized mental health problem that affects millions of people each year, and has very poor prognosis. In spite of evidence suggesting a biological etiology (see e.g., Chua & McKenna, 1995; Davis, Kahn, Ko & Davidson, 1991), we still lack complete knowledge about the local prevalence rates and prognosis, as well as variations in symptom presentation. Following Spiro's (1984) position that "thinking and feeling are often determined by culture" (p. 324), and the meaning of schizophrenia as "a split between thought and feeling", we are bound to be limited in our understand of schizophrenia (and nearly all other mental health problems) if culture is eliminated from the diagnostic equation.

Over the past quarter of a century, the WHO has undertaken several major studies on the expression, course, and prognosis of schizophrenia in 17 different countries, including Colombia, the former Czechoslovakia, Denmark, England, India, Nigeria and the former Soviet Union, Thailand, and the United States. Using standardized instruments, researchers have identified a set of symptoms that were present across all cultures in the schizophrenic samples. These symptoms include lack of insight, auditory and verbal hallucinations, and ideas of reference. However, a phenomenological study of the experience of schizophrenia in Brazil and Chile with patients diagnosed with paranoiac schizophrenia in public psychiatric hospitals showed some important differences (Moreira, 1999a). While the meaning of the experience of bodily alterations (present in outbursts of schizophrenia) is attributed to mental illness in Chile, in Brazil the same experience is attributed to Umbanda (i.e., a kind of spiritism). However, no significant differences were found between the two groups of patients in relation to their sense of space.

Several other studies show that some nosological categories relevant in one culture may be totally invalid in others, and this is the basis for the existence of so-called culture bound syndromes. The biomedical tradition from the West with its underpinnings in universalist position assumes that mental health categories found in either the DSM-IV (APA, 2000) or ICD-10 (WHO, 1992) apply to everyone. Considering the high prevalence of anorexia nervosa in Western countries compared to non-Western Asian cultures, one may wonder why this disorder is not referred to as culture bound syndrome. Another important fact is that the same diagnoses of mental illnesses may appear in different cultures, but their etiology may have different characteristics, as is the case with anorexia. In the West it is associated with a self-image of fatness and to the fear of becoming overweight, while in non-Western cultures anorexia has nothing to do with weight or body mass, but rather to religious beliefs linked to fasting for spiritual purification (Moreira, in press).

A Critical Approach to the Problem

Cross-cultural studies have in no doubt improved our understanding of culture and mental health. However, there is an ever-increasing need to note that many of the studies done in this area are limited when it comes to measuring the incidence and the expression of the mental illness in the various regions of the world. This restricts the concept of culture simply to the idea of different countries or different regions in the world. (Sloan, 2001)The nature of these studies has succinctly been described by Moghaddam and Studer (1997) when they state that:

Cross-cultural psychology has been quick to put on the white lab coat of the scientist as though it had forgotten about culture. It is clear that the researchers have not forgotten culture as an independent variable, as something that could be assumed to be a cause and affect behavior. But who knows that they neglect culture as the manufacturer of the 'mechanisms of central processing... (p. 197).

According to Kleinman and Good (1985) one major limitation to gaining full realization of cross-cultural studies in psychopathology is the lack of a sophisticated anthropological view of culture. These authors emphasize the anthropological and relativist perspective in the studies of psychopathology, which resembles a phenomenological focus of research that searches for the meaning of an experience as lived out by the subject. Tatossian (1997) points out that a fundamental error in classical western cross-cultural psychiatry is its a-priori assumption that western psychiatric categories are universal, and that culture modifies the contents through a 'pathoplastic' action. (Note: The word 'pathoplástic' does not exist in English, but exists in French: pathoplastique. The meaning is of an exterior action (of the culture in this case) which modifies the illness or its meaning). What is then required is to determine the symptomatic forms the psychiatric disorders take in non-Western societies. As it is, "psychiatry" is the way Western society chooses to regulate the problem of its 'disorders'. However, there are other ways to do this where each culture could have its own "psychiatry" as our illustrative examples portray. The Western approach (i.e., psychiatry) should neither be seen as privileged as nor better than the other approaches. It is also important to note that cultures can regulate the problems without constituting "psychiatry" or its equivalent, because the notions of mental illness, of etiology, and of treatment are not universal.

A risk cross-cultural researcher's take is to translate, adapt, and transport the methodology of psychological tests, with the aim of discovering universal truths through testing of hypotheses among groups from different cultures (Moggadam & Studer, 1997). This is both serious and questionable as it involves stripping the value, evidently of ideological character, of the role of culture in the constitution of behavior, of mental health and mental illness. Rather than including issues of power and ideology into the concept of culture, culture is reduced to a simple independent variable that does not require any deeper thought about its meaning. Perspectives from critical psychology show that mainstream psychology is ideologically individualistic in nature and perpetuates a situation of inequality and social injustice (Fox & Prilleltensky, 1997; Sloan, 2000).

It would, however, be a great loss if those studies in cross-cultural psychology were to reinforce this perspective, when they themselves have the potential for critical understanding of mental health and illness, as well as psychology in general, at an anthropological, sociological and political level. Even though a critical approach of psychology recognizes its link to cultural studies (Sloan, 2000), the enormous critical potential of cultural and cross-cultural studies is lost when psychologists 'pscyhologize' the concept of culture and thus uncharacterized it as such. Consequently, studies that are restricted to measuring symptoms in different cultural settings take off.

When we propose that culture be understood as a constituent of mental health, it is important to recover not only the anthropological definition of the concept put forward by Kleinman and Good (1985) as the intersection of meaning and experience. It is equally important to transcend the concept by explicitly incorporating the inherent political aspects. This deals with a concept which is necessarily not naive (Freire, 2000) but de ideologized (Martin-Baró, 1985). Culture as a fundamental constituent dimension of mental health deserves to be understood as an anthropological, historical, social, and political concept, including, fundamentally, an ideological discussion on its constituents. As Rovaletti (1996) affirms "one does not become crazy as he wishes, but rather as the culture foresees. At the heart of neurosis or psychosis, through which we try to escape, culture still tells us what personality of substitution we should adopt" (p. 125).

CULTURAL ASPECTS OF DEPRESSIVE EXPERIENCE AND DISORDERS

Introduction:

The Importance of Cultural Considerations in Depressive Experience and Disorder
Within the last decade, depressive experience and disorder has emerged as one of the world's major health and social problems (e.g., Bebbington, 1993; DesJarlais, Eisenberg, Good, & Kleinman, 1995). This can be attributed to a spectrum of *biological* (e.g., longevity, chronic diseases, toxin exposure, malnutrition, medications), *psychological* (e.g., identity confusion and conflict, loss of meaning, learned helplessness, powerlessness) and *sociocultural and environmental* (e.g., role confusion and conflict, uprooting due to war and natural disasters, urbanization, rapid social change, cultural disintegration and collapse, and racism and sexism) factors associated with the etiology, exacerbation, and maintenance of depressive experience and disorder. As a result of the increased worldwide risk and burden of depressive experience and disorders (Murray & Lopez, 1996), it is essential researchers and professionals improve their understanding of the complex cultural knowledge, issues, and concerns related to this problem.

Cultural variations in the nature and meaning of depressive experience and disorder have critical implications for assessment, diagnosis/classification, and treatment because cultural variations imply cultural relativism regarding with regard to such critical variables as epistemology, personhood, self, body, health and disorder, normality, and the spectrum of social and interactive behaviors (e.g., Fabrega, 1989, 1992; Kleinman & Good, 1986;; Marsella & Yamada, 2001; Kirmayer, 2001; Marsella, Kaplan, & Suarez, 2002). In brief, to the extent cultures differ in their constructions of reality, their meaning systems, and their socialization patterns, differences will emerge in psychopathology, including depressive experience and disorder.

A major problem facing clinicians and researchers is the semantic confusion surrounding the term "depression." "Depression" denotes a mood, a symptom, and various syndromes of disorder and disease, and simultaneously connotes a broad spectrum of affective experiences and social consequences. In many instances, the three terms -- mood, symptom, and syndrome -- are discussed apart from the many different life contexts in which they are shaped, experienced, communicated, and responded to by others. That is to say, they are decontextualized. This is a serious problem because decontextualization permits the researcher/clinician to assign their ethnocentric meanings and interpretations to the problems independent of the context in which they emerge and are sustained. There may be little consideration for situation stressors as well as normative personality configurations that may differ from those of the researcher/clinician.

The Concept of Depressive Experience and Disorder

1. Western Historical Perspectives
Depressive experience and disorder have long been a source of concern in Westerncultural traditions. "Depression," according to Jackson (1986), is derived from the Latin word "deprimere" meaning "to press down." With the passage of time, "depression" gained increasing currency in English, French, and German medical treatises. Initially, it was used as a subset of "melancholy," then as a synonym, and later as a replacement for the term. Hippocrates (330-399 BCE) included melancholia within his tripartite classification of disorders (i.e., mania, melancholia, phrenitis). He considered its cause to be a function of excessive black bile. Stanley Jackson (1986), in his scholarly book on the topic, Melancholy and Depression: From Hippocratic Times to the Present, points out that the term "melancholy" was first used in ancient Greece to describe a disorder characterized by fear, nervous conduct, and sorrow. By the fourth century AD, the Christian Church had begun to shape the concept of melancholy with its use of the term acedia to designate a cluster of feelings and behaviors associated with "dejection" (Jackson, 1986). The condition was often associated with religious fervor among monks and others that practiced isolation and self-denial. It came to mean sluggishness, lassitude, torpor, and non-caring, as well as those emotions associated with tristitia (i.e., sadness) and desperatio (i.e., despair) (see Jackson, 1986, pp. 65-70).

"Melancholy" was used extensively in Europe until the 17th century when the term "depression" began to acquire currency. The promotion of "melancholy" as a major mood disorder, dysfunction, and problematic

characterological orientation was assisted by the publication of Robert Burton's tome, The Anatomy of Melancholia, published in 1652.

This book gained immediate and widespread popularity and remained a vital source ofclinical insight and acumen on mood problems for subsequent centuries because of its encyclopedic coverage of the topic. It is noteworthy, that "melancholy" has re-emerged in DSM IV as a major sub-type of depression characterized by symptoms associated with the previous concept of "endogenous depression" (e.g., APA, 1994; Jackson, 1986).

The continuous presence of the terms "melancholy" and "depression" through the past centuries of Western European and North American history indeed its literal dominance of psychiatric thought and practice suggests a massive and widespread cultural pre-occupation with the topic. This is especially true because of Judao-Christian religious concerns with guilt, sin, sloth, despair, and worthlessness. But, the longevity and pervasiveness of this pre-occupation has not necessarily increased our understanding of the topic, especially with regard to its etiology, assessment, and treatment. Theories and classification systems abound today, as do a multiplicity of approaches to measurement and diagnosis/classification (e.g., APA, 1994), but controversy and debate continue as professionals and researchers seek to disentangle the complex web of biological, psychological, and social determinants, and the historical overlays that have shaped our understanding.

Problems in Psychiatric Diagnosis and Classification

Within Western psychiatry, biological and psychological perspectives have dominated thinking, and little attention has been directed to ethnocultural variations in depressive experience and disorder, and the significance these variations could have for rethinking current views. Clearly, ethnocultural variations in depressive experience and disorder demand that Western psychiatry and psychology -- now exported throughout the world as universally applicable and relevant -- revise many of their assumptions and practices. In a strong statement, Thakker and Ward (1998) noted that the implicit assumption of universality of DSM-IV primary syndromes limits its utility and validity. Kirmayer (1998), the editor-in-chief of the journal, Transcultural Psychiatry, devoted an entire issue to the transcultural problems of DSM-IV. Kirmayer wrote:

While cultural psychiatry aims to understand problems in context, diagnosis is essentializing: referring to decontextualized entities whose characteristics can be studied independently of the particulars of a person's life and social circumstances. The entities of the DSM implicitly situate human problems within the brain or the psychology of the individual, while many human problems brought to psychiatrists are located in patterns of interaction in families, communities, or wider social spheres. Ultimately, whatever the extent to which we can universalize the categories of the DSM by choosing suitable level of abstraction, diagnosis remains a social practice that must be studied, critiqued, and clarified by cultural analysis (1998, p. 342).

The DSM-IV (1994) modestly states:

Culture can influence the experience and communication of symptoms of depression. Under diagnosis or misdiagnosis can be reduced by being alert to ethnic and cultural specificity in the presenting complaints of a Major Depression Episode. For example, in some cultures, depression may be experienced largely in somatic terms rather than with sadness or guilt. Complaints of nerves and headaches (in Latino and Mediterranean cultures), of weakness, tiredness, or imbalance (in Chinese and Asian cultures), of problems of the "heart" (in Middle Eastern cultures), or of being "heartbroken" (among the Hopi) may express depressive experiences (1994, 324).

It is the current opinion of many clinicians and scholars that this is precisely what is demanded. Cross-cultural research in anthropology, psychiatry, psychology and other professionals and disciplines has been uniform in its conclusion that there are substantial variations in depressive experience and disorder (e.g., Kleinman & Good, 1986; Manson & Kleinman, 1998; Marsella, 1993; Marsella, Kaplan, & Suarez, 2002). Continued efforts to disregard or dismiss this fact can only result in problems for both patients and practitioners. Different historical and cultural traditions frame depressive experience and disorders within different contexts, thereby promoting and/or limiting particular symptoms, and shaping different understandings and meanings. Marsella (1998A) points out that Western mental health professionals and scientists have been guided by two assumptions: (1) problems reside in individual brains and minds, and thus, individual brains and minds should be locus of treatment and prevention; (2) the world in which we live can be understood objectively through the use of quantitative and empirical data.

Both of these assumptions stand in direct opposition to the post-modernist views that currently characterize and inform the study of culture and mental health relationships. These views emphasize the importance of the

sociocultural context of psychological problems (i.e., powerlessness, poverty, under privileging marginalization, inequality) in understanding the etiology and expression of psychopathology, and in understanding its assessment, diagnosis and treatment. These views also neglect or marginalize qualitative research and commentary because it is considered inexact. Of course, there is often little criticism of the many limitations and biases of empirical/quantitative research even when there are scores of problems that limit its findings (e.g., sample size, sample bias, low statistical power, inappropriate statistics, invalid and non-equivalent instruments). In brief, problems of depressive experience and disorder must be understood within the cultural context that socializes, interprets, and responds to them. This requires that we proceed from different values, perspectives, and practices, especially those that emphasize context, ecology, and qualitative and naturalistic methods (e.g., Carr, Marsella & Purcell, 2002).

CULTURE AND DEPRESSIVE EXPERIENCE AND DISORDER
The Concept of Culture
Culture
The author will define culture as:
Shared learned meanings and behaviors that are transmitted within social activity contexts for purposes of promoting individual and societal adjustment, growth, and development. Culture has both external (i.e., artifacts, roles, activity contexts, institutions) and internal (i.e., values, beliefs, attitudes, activity contexts, patterns of consciousness, personality styles, epistemology) representations. The shared meanings and behaviors are subject to continuous change and modification in response to changing internal and external circumstances.

This definition acknowledges that the meanings and behaviors shaped by culture, in both its external and internal representations, are dynamic and subject to continuous modification and change. While the impulse is generally toward adaptation and adjustment, it should be noted that cultures can frequently become pathogenic (e.g., Leighton, 1959; Edgerton, 1992) because of the values and cultural constructions of reality they impart. Culture is the lens or template we use in constructing, defining, and interpreting reality. This definition suggests that people from different cultural contexts and traditions will define and experience reality in very different ways. Thus, even mental disorders must vary across cultures because they cannot be separated from cultural experience. Marsella (1982) stated:
We cannot separate our experience of an event from our sensory and linguistic mediation of it. If these differ, so must the experience differ across cultures? If we define who we are in different ways (i.e., self as object), if we process reality in different ways (i.e., self as process), if we define the very nature of what is real, and what is acceptable, and even what is right and wrong, how can we then expect similarities in something as complex as madness (1982, p. 363).

2. Ethnocultural Identity
Ethnocultural identity refers to the extent to which an individual endorses and manifests the cultural traditions and practices of a particular group. Clearly, what is important is not a person's ethnicity, but rather, the extent to which they actually are identified with and practice the lifestyle of that group. In groups undergoing acculturation, there can be considerable variation in the extent of ethnocultural identity with a particular cultural tradition. Thus, it is important to determine both a person's ethnicity and their degree of identification with their ethnocultural heritage. While some individuals may be bicultural, others may be fully acculturated, and still others may maintain a traditional identification. Ethnocultural identity has emerged as one of the most popular new areas of inquiry in cross-cultural research. It is the "new" independent variable in cross-cultural research, replacing the simple comparison of different ethnic groups. Today, ethnocultural identity is being assessed by a variety of methods including the measurement of similarities in attitudes, values, and behaviors of different groups (e.g., Yamada, Marsella, & Yamada, 1998) as well as the extent of acculturation (e.g., Paniagua, 1994; Ramirez, 1999, see page 171). In studying cultural aspects of mental disorder, it is important that patients be evaluated for their degree of ethnocultural identification and acculturation.

Literature Review Articles on Culture and Depressive Experience and Disorder
By the 1980s, a sizeable number of literature reviews on cross-cultural studies of depression had been published (e.g., Marsella, 1980; Marsella, Kaplan, & Suarez, 2002: Marsella, Sartorius, Jablensky, & Fenton, 1986; Prince,

1968; Pfeiffer, 1968; Singer, 1975; Weiss & Kleinman, 1988). These reviews culminated in the most important book on the topic, Kleinman and Good's (1986) Culture and Depression. This edited volume provided a spectrum of theoretical and empirical chapters that uniformly suggested the cultural decontextualization of depression had resulted in inaccurate clinical and research conclusions. These early publications reached the following conclusions:

There is no universal conceptualization of depressive disorders; 2. The experience, meaning, expression of depressive experience varies as a function of the cultural context in which it occurs; 3. Somatic signs, symptoms, and complaints often dominate the presentation of depressive experiences in non-Western cultural contexts; 4. Guilt, self-deprecation, suicidal ideation and gestures, and existential complaints vary across cultures and especially tend to be rarer within non-Western cultures; 5. Standard personality correlates of depression in Western societies (e.g., low self-esteem) may not be present across cultures; 6. There is a need to study idioms of distress specific to across cultures.

In the last decade, a number of other review papers have been published sustaining the conclusions of the Kleinman and Good (1986) volume and the previous literature reviews (e.g., Bebbington, 1993; Jenkins, Kleinman, & Good, 1990; Journal of Clinical Psychiatry Supplement #13; Manson, 1995). These reviews, both recent and past, provide a summary and overview of the extensive literature on cultural aspects of depressive experience and disorder, and the interested reader should consult them for details about studies and conclusions. It is now clear, however, that cultural variations exist in all of the following areas: meaning, perceived causes, onset patterns, epidemiology, symptom expression, course and outcome. These variations have important implications for understanding clinical activities including conceptualization, assessment, and therapy.

How Does Culture Influence Depressive Experience and Disorder

Some Cultural Determinants
Culture can influence depressive experience and disorder via a number of different cultural mechanisms and forces. These mechanisms and forces are listed in Table 2 as part of a brief self-evaluation that professionals and researchers can conduct regarding the extent of their patient's or subject's participation in cultural traditions or life styles that vary from those assumed in conventional western psychiatry and psychology. Table 1 is not a measure of ethnic identity, but rather a quick way for appraising cultural factor that can influence depressive experience and disorder.

Checklist of Some of Cultural Determinants of Depressive Experience and Disorder
How much does your patient/client identify with ethnocultural traditions, life styles, behavior patterns, and world views in which there are cultural variations in the following?
Very Much (4)
 Somewhat (3)
 A Little (2)
Not At All (1)
Don't Know (0)
1. Cultural variations in the concepts of personhood, selfhood, and self-structure.
2. Cultural variations in concepts regarding the nature and causes of abnormality and normality, health, and well being, and social deviancy and conventionality.
3. Cultural variations in concepts and practices regarding attitudes toward illness and disease.
4. Cultural variations in concepts and practices regarding breeding patterns and high-risk genetic lineages.
5. Cultural variations in concepts regarding pre-natal care, birth practices, and post-natal care, especially in such areas as nutrition and disease exposure.
6. Cultural variations in concepts and practices regarding socialization, especially regarding the importance of family, community, and religious institutions.
7. Cultural variations concepts and practices regarding medical and health care, especially with regard to the number and types of healers, doctors, sick-role statuses, etc.
 8. Cultural variations in stressors such as responses to sociotechnical change, sociocultural disintegration, family disintegration, migration, economic development, industrialization, and urbanization.

9. Culturally-related variations patterns of deviance and dysfunction including participation in alternative economies and social structures.

10. Cultural variations in stressors related to the clarity, conflicts, deprivations, denigrations, and discrepancies associated with particular needs, roles, values, statuses, and identities.

11. Cultural variations in stressors related to sociopolitical factors such as racism, sexism, and ageism and the accompanying marginalization, segmentalization, and under privileging.

12. Cultural variations resources and coping patterns including institutional supports, social networks, social supports, and religious beliefs and practices

If your evaluation earns more than 24 points, use of conventional Western psychiatry and psychology can result in potential errors and risks. If you assign numerous "don't know" ratings, it would be appropriate for you to conduct additional interviews and assessments prior to developing and initiating a therapeutic program. These figures have not been validated in studies but represent useful clinical guidelines that have developed out of the authors clinical and research experiences with ethno cultural minority and non-Western patients.

Some Guidelines for Assessing and Treating Depressive Experience and Disorder in the Cross-Cultural Clinical Encounter

1. Formal Training: Clinicians should seek formal training in cross-cultural studies of psychology, psychopathology, and psychotherapy. These courses are now available at most universities and they should be required given the cultural pluralism of our society and the world.

2. Cultural Fluency: Clinicians should strive to develop language and cultural fluency and competence for those groups with whom much of their professional work occurs. If possible, this should include traveling to locations in which these groups live.

3. Culturological Interview: Clinicians should conduct a culturological interview (much as they conduct a psychiatric and a psychological interview) that can provide information regarding the patient's ethnocultural identity, cultural construction of reality, cultural explanatory models, culture-related stressors and coping methods.

4. Cultural Participation: Clinicians should work with the patient, family, and cultural consultants to develop a clinical assessment and treatment program that is valid for the patient. To be valid, this program must actively consider cultural variables much as clinicians now consider gender, age, gender preference, and other forms of social identity.

5. Cultural Equivalency in Assessment: Clinicians should be aware of the cultural limitations of clinical assessment methods for their patient because of non-equivalence in language, concepts, norms, and scaling methods. They should strive to use assessment methods that are responsive to these problems. This may require increased use of qualitative methods such as narrative assessment and therapy. Qualitative methods, because they explicitly acknowledge clinician and patient realities, should be used more often in clinical settings.

6. Cultural Formulations of Diagnosis: Clinicians should limit use of DSM-IV diagnostic categories because of their biases and rely increasingly on diagnostic formulations that describe problem (i.e., symptom, disability) frequency and severity within identifiable settings and situations. In addition, the formulation should seek and formalize the differences between clinician, family, and patient constructions.

7. Cultural Collaboration and Options: Clinicians should evolve treatment intervention programs in collaboration with their clients. They should present explanations of their decisions and seek approval. Whenever possible, they should present therapeutic options including the use of alternative and complementary methods.

8. Cultural Experts: Clinicians should work with experts familiar with the cultural context of their patient's life style and disorder. These experts can provide services as referral agents, consultants, co-therapists, or therapists.

9. Cultural Awareness of History and Life Context: Clinicians should be fully aware of the history and life circumstances of their patients with regard to possible impacts of ethnic and racial minority status on the causes and expression of their disorders. This information can be part of the culturological interview. The critical consideration here is that the clinician comes to understand that the etiology and treatment of the problem may reside in factors external to the individual patient in such areas as poverty, injustice, inequity, cultural dislocation and abuse, marginalization, racism, and a host of other societal factors. Indeed, the clinician may need to work as both an individual and a social change agent.

One of the major cultural influences of depressive experience and disorder is the concept of personhood or selfhood held by a particular cultural tradition. Marsella (1980; 1985) noted that cultures that tend to socialize unindividuated self structures (i.e., sociocentric, collectivistic) in combination with strong metaphorical languages and imagistic mediations of reality promote "subjective" (context-based) epistemological orientations that encourage people to remain attached and bonded to others. This mitigates the isolation, loneliness, narcissism, and perceived helpless associated with depressive experience and disorder in Western cultural traditions. Other researchers support the sociocentric personhood concept and its relationship to mental disorders (e.g., Kleinman & Good, 1986; Koenig, 1997; Manson, 1995; Shweder, 1991).

The Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action, organized into a distinctive whole and set contrastively -- both against other such wholes and against social and natural background -- is however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures (Geertz, 1973, p. 34).

Marsella (1980; 1985) noted that depressive experience and disorder in non-westerncultures are often expressed without the associated existential problems found in the West because the non-western collective or sociocentric identity encourages the construction and experience of the disorder in somatic or interpersonal domains. The result is that complaints of personal meaninglessness, worthlessness, helplessness, guilt, and suicidal thoughts are reduced or absent. But, within Western cultures, the long historical pre-occupation with "acedia" and "melancholia" frames depressive experience and disorders within personal responsibility for "sin" and sin's related behaviors sloth, self-indulgence, suicide, worthlessness, guilt, and despair. Thus, for so much of Western history, depressive experience and disorder have been associated with individual will power and strength of character. Depressive experience and disorder has been framed within a "moral" context. The phrases are well known: "It's up to you!" "You have got to pull yourself out of it." "It is your choice." Western cultural thinking managed to turn dysfunctions of multiple origins and expressions into a battleground within the individual between "good" and "evil." Personal responsibility for depressive experience and disorder became the norm, and guilt, worthlessness, and failure became hallmarks of immoral character associated with depressive experience and disorder -- it was a deficit, a lack, an inadequacy, a fault in personal determination. Furnham & Malik (1994) provide an interesting discussion of cultural variations in beliefs about depression in which they point out the cultural variations in ideas about etiology, expression, and consequence.

2. Culture-Bound Disorders

Yet another approach for understanding cultural influences on depressive experience and disorders involves the concept of culture-bound disorders. Culture bound disorders represent a major area of concern and debate in the study of culture and mental health because their existence raises questions about the cultural foundations on which Western psychiatry is based. The DSM-IV (American Psychiatric Association, 1994) states the following about culture bound disorders.

But, if culture bound syndromes are limited to specific societies or culture areas, who defines what are the criteria for mental illness - American or European psychiatrists? Is it not possible that Western disorders also constitute culture bound syndromes since they are found primarily in Western cultures? Consider the current views on "anorexia" and "bulimia." Marsella (2000), noted that there are many questions that are still being debated regarding culture bound disorders including: (1) Should these disorders be considered variants of disorders considered to be "universal" by Western scientists and professionals (e.g., Is susto [soul loss] merely a variant of depression?)? (2) Are all disorders "culture-bound" disorders since no disorder can escape cultural encoding, shaping, and presentation (e.g., schizophrenia, depression, anxiety disorders)? In the case of depressive experience and disorder, a number of culture bound disorders (e.g., APA, 1994) have been reported to be associated with "depressive" functioning including brain fag (West Africa), dhat (Indian subcontinent), shenjing shairuo (Chinese), susto (Latino- Hispanic), tawatl ye sni (Sioux Indian).

The universal human capacity for sadness, grief, and remorse does not mean that depression, as a psychiatric construct, is universal. In the West, depression and melancholia have been considered a dysfunction for more than 2000 years. This historical and cultural embeddedness brings with it a set of meanings and implications for both the patient and the societal response to them. Today, many different kinds and patterns of depression are used (e.g., despair, helplessness, major depression, melancholia, atypical, agitated, dysthymic). These constructions of depression reflect not only medical knowledge, but also ideas about religion, social

relationships, morality, related emotions such as aggression/hostility and anxiety/fear, and responses to life activity contexts (e.g., marriage, child rearing, work, stress situations). And, of course, they also reflect Western notions about the essential nature and purpose of the person.

When depressive experience and disorder is considered within a historical and cultural framework, the potential for cultural variations in meaning and consequence become more apparent. The following set of questions may be useful.

A. What is the range of expressions for depressive experience and disorder?
B. What functions does having depressive experience disorder serve?
C. In what social situations does depressive experience and disorder occur?
D. What is the social response to depressive experience and disorders?
E. What is the range of causes of depressive experience and disorders?
F. What is the range of treatments for depressive experience and disorder?

Cultural Considerations in the Etiology of Depressive Experience and Disorder
Conventional psychiatry and psychology often proceeds from assumptions that depressive experience arise from dysfunctions or disorders in biological (e.g., genetics, neurotransmitter deficits, anatomical disorders [e.g., thyroid deficiency, adrenal dysfunction], medical illnesses, and medication side effects) and/or psychological (e.g., poor self esteem, faulty cognitions, personality styles) . Yet to treat these problems without consideration of the problems that cultural roles, institutions, and social structures may play in generating and sustaining them cannot truly solve the problem. In brief, by confining attention to biological and psychological variables, there is a failure to acknowledge the interaction and interdependencies of different strata or levels of variables. While neurotransmitter deficits in serotonin or norepinephrine may be dysfunctional, a full understanding of the etiology of depressive experience and disorder requires attention be given to ascending levels of variables at the microsocial (e.g., family, community, workplace), macrosocial (e.g., social change, class structure, poverty, war). Neurochemistry responds to both genetic and microsocial/macrosocial variables. This is a standard systems perspective (e.g., Marsella, 1998B). Mental health professionals cannot be content to treat pained and disordered psyches with medications and therapies, they must respond to the social and cultural milieu that the biology of the synapses and psyches come to represent, including the problems of rapid sociotechnical change, racism, poverty, inequality, and acculturation. It is out of these milieus that spring hopelessness, helplessness, marginalization, fear, anger, and powerlessness. Thus, biological and psychological variables are shaped and constructed within the larger cultural context of the macrosocial world via internal cognitive and affective representations. The world in which we live can be a source of comfort or of madness (eg., Edgerton, 1992; Marsella & Yamada, 2001; Sloan, 1996; Wilbur, 1998).

Within the larger context of contemporary life, cultures around the world are being faced with critical challenges that are linked to depressive experience and disorder including the following:

Socio-Environmental: (e.g., crowding, pollution, noise, slums, unemployment, poverty, crime, homelessness, violence, industrialization, community decay);

Psychosocial: (e.g., racism, sexism, inequality, cultural disintegration, social drift, social stress, social change);

Psychological and Spiritual: (e.g., hopelessness, helplessness, powerlessness,.alienation, anomie, fear, anxiety, isolation, loneliness, rootlessness, low quality of life, marginalization).

Biopsychological: (e.g., malnutrition, toxins, immune reactions, stress-related collapse with its attendant changes in neurotransmitters and hormones).

In brief, depressive experience and disorder cannot be treated solely as dysfunctions of individuals. Their roots, precipitating circumstances, exacerbating, and maintaining conditions reside at multiple levels, and these too must be addressed if the problem is to be understood and solved. For example, is the worldwide increase in depressive experience and disorder related to the upheavals of social change including the collapse of traditional cultures and the subsequent alienation and powerlessness and confusion that this brings? Lastly, even as we look at etiological factors, we must consider the presence of cultural resources and protective factors that exist via the presence of mourning rituals, nutritional patterns, religious rituals, family strengths, and related coping or support systems.

Cultural Considerations Factors in Assessment of Depressive Experience and Disorder

Assessment of depressive experience and disorder has been conducted with self-report (e.g., Beck Depression Scale, Zung Depression Scale), interviewer rating scales (e.g., Hamilton Rating Scale, SCIDS, WHO Rating Scale), and in more recent decades, non- clinical family, attitude, and social cognition scales (see Marsella, Hirschfeld, & Katz, 1987, for a summary and review). While these scales have been used as standards for depressive experience across ethnic and cultural groups, their validity remains in question. These self-report and interviewer rating scales are based on symptom criteria that is geared to Western culture patients. As a result, use with non-Western cultures patients can result in faulty diagnoses because they do not sample culturally relevant symptoms and idioms of distress (e.g., Bertschy, Viel, & Ahyi, 1992; Ebert & Martus, 1994; Ebigno, 1982; Fugita & Crittenden, 1990; Griffith & Baker, 1993; Hamdi, Amin, & Abou-Saleh, 1997; Takeuchi, Kuo, Kim, & Leaf, 1989; Thornicroft & Sartorius, 1993; Zheng & Lin, 1991). These problems are associated with linguistic, conceptual, scale,"comparability" of the scale. Quite simply, is it equivalent, is it the same?

Constructs like depressive experience and disorder that are developed and used in Western psychiatry and psychology do not have the same connotative meanings in non- Western cultures. Thus, before beginning comparative studies, it is necessary to use ethnosemantic procedures (e.g., Marsella, 1987) to identify similarity in meanings and behavior patterns. These procedures provide a foundation for testing and/or establishing cultural equivalence. Ethnosemantic procedures involve (1) eliciting the universe of terms in a particular domain (e.g., the emotions), (2) ordering the terms according to various dimensions (e.g., good-bad, strong-weak), (3) assessing their meaning through word association and antecedent-consequence methods, and (4) mapping their behavioral or action components through observation or behavior intention scales. The result is an "emic" perspective of the construct one chooses to study or at least a better understanding of the biases associated with using construct.

Since many depression studies are based on self-report replies, there is a risk of f bias because of cultural variations in response style and perceived demand characteristics of the instruments. While definitive research on cultural variations is still needed, there are studies indicating some cultural groups have difficulty with five and seven point Likert scale items and tend to endorse the middle positions (e.g., Marin, Gamba, & Marin, 1992; Watkins & Cheung, 1995). Marsella, Dubanoski, Hamada, and Morse (2000) stated:

The simple fact of the matter is that asking self-report questions is a complex task. This is made even more complex when psychologists move across cultural boundaries to ask questions of people whose perceptions of the task and whose motivations to participate differ from those on whom the scale was constructed. These perceptual and motivational differences include (1) desire to conform socially, (2) fear of possible persecution, (3) concern for giving the "right" answer rather than an accurate answer, (4) desire to please authorities, (5) limited self awareness and insights, (6) confusion with the perceived meaning and implication of terms and words used in the questions, and (7) variations in the construction of personhood and personality (Marsella, et al, 2000, p.).

Assessment of depressive experience and disorder across cultures must consider the following factors: (1) appropriate items and questions, including the use of idioms of distress; (2) opportunities to index frequency, severity, and duration of symptoms since groups vary in their reporting within certain modes; (3) establishment of culturally relevant baselines in symptom parameters; (4) sensitivity to the mode and context of response (i.e., self-report, interview, translator present), (5) awareness of normal behavior patterns; (6) symptom scales should be normalized and factor analyzed for specific cultural groups.

Dana (1993) and Paniagua (1994) provide some of the most thorough and detailed discussions of the risks associated with culturally biased measuring instruments. In addition to listing risks and preferred procedures for assessment, Paniagua (1994) provides a self-evaluation instrument for clinicians to assess their possible biases and prejudices. It is clear that the measurement of depressive experience is a complex task. Crossing cultural boundaries introduces yet new problems in validity and reliability because of variations in the nature, meaning, and consequences of signs and symptoms, and the variations in measurement procedures and approaches.

A Concluding Thought

In a challenge to Western psychology's ethnocentric and biased global hegemony, Marsella (1998) proposed the development of a new psychology for the 21rst century global-community psychology. This psychology repositions Western psychology as one of many psychologies throughout the world rather than the only psychology. Marsella

pointed out that the dominance of Western psychology was less a matter of its accuracy than a matter of social, economic, and political power. Psychologist throughout the world is increasingly resisting the imposition of Western psychology. For example, Misra (1996) an Asian Indian psychologist, writes:

The current Western thinking of the science of psychology in it prototypical form, despite being local and indigenous, assumes a global relevance and is treated as a universal mode of generating knowledge. Its dominant voice subscribes to a decontextualized vision with an extraordinary emphasis on individualism, mechanism, and objectivity. This peculiarly Western mode of thinking is fabricated, projected, and institutionalized through representation technologies and scientific rituals and transported on a large scale to the non-Western societies under political-economic domination. As a result, Western psychology tends to maintain an independent stance at cost of ignoring other substantive possibilities from disparate cultural traditions. Mapping reality through Western constructs has offered a pseudounderstanding of the people of alien cultures and has had debilitating effects in terms of misconstruing the special realities of other people and exoticizing or disregarding psychologies that are non-Western. Consequently, when people from other cultures are exposed to Western psychology, they find their identities placed in question and their conceptual repertoires rendered obsolete (p. 497-498).

This is the reality of our contemporary world. The empowerment of non-Western psychologies will bring with it a new and more critical response to widespread and indiscriminate use of Western psychology. The new psychology will need to be more responsive to the multitude of forces present in our world. The new psychology will need to be multisectoral, multidisciplinary, and multicultural. It will need to understand and accept the problems of ethnocentricity and the importance of cultural determinants of human behavior.

Contemporary mental health professionals and researchers now acknowledge, accept, and seek to understand and use cultural factors in their studies of depressive experience and disorder. They understand the importance of preserving diversity, rather than destroying it through the adoption and use of culturally inappropriate and biased clinical practices. They understand that the world is culturally pluralistic and that accuracy requires an understanding of phenomena within its unique cultural context. None of this means that we must ignore or disregard all previous knowledge generated on depressive experience and disorder in the West, but rather that we must be aware of its possible limitations, and the especially the potential consequences of its use and application. If we, as professionals and researchers value diversity and all that it means for creating opportunity and choice for human beings everywhere, then we cannot ignore cultural variation.

This thought was eloquently stated by Octavio Paz (1967), the Nobel Prize winning Mexican poet and essayist, when he wrote:

What sets worlds in motion is the interplay of differences, their attractions and repulsions. Life is plurality, death is uniformity. By suppressing differences and peculiarities, by eliminating different civilizations and cultures, progress weakens life and favors death. The ideal of a single civilization for everyone, implicit in the cult of progress and technique, impoverishes and mutilates us. Every view of the world that becomes extinct, every culture that disappears, diminishes a possibility of life (The Labyrinth of Solitude, 1967).

When we ignore cultural factors in understanding, assessing, and treating depressive experience and disorder, we are contributing to the homogenization of world cultures and we are reducing the very cultural pluralism on which human survival depends.

PREVALENCE OF SCHIZOPHRENIA AND COUSELLING IN CROSS CULTURAL PSYCHOLOGY

Prevalence of Schizophrenia:

Schizophrenia, characterized by gross distortion of thought, perception and emotion is also prevalent in Pakistan with all its symptoms and dramatic features. About 1.5% of the population is suffering from this ailment. Schizophrenia occurs in both male and female with same frequency and the onset usually occurs between the ages of 15-40 years. Out of all four types of schizophrenia catatonic, hebephrenic, paranoid and undifferentiated, paranoid schizophrenia is the most common.

There is no doubt that the global burden of schizophrenia, a chronic serious mental illness, is massive. It is therefore essential that any intervention is appropriate, cost effective, and efficacious.

To reduce the burden, a clear epidemiologically based dataset is required. The first step in such a venture is provided by Saha et al. in their systematic review of prevalence data on schizophrenia across cultures, published in this month's *PLoS Medicine* [1]. Using a number of strategies these authors have distilled the findings from just under 200 studies from 46 nations.

Defining the Prevalence of the Disease:

The prevalence rates of schizophrenia depend upon a whole range of factors, such as the availability of and response to treatment. The prevalence of schizophrenia, as with other mental disorders, can be calculated from a number of sources—from case registers to field surveys. The latter lend themselves more readily to estimation of period prevalence than point prevalence, while case register data can provide point prevalence more readily.

The denominator can be the whole population or only a small defined population. Saha et al. quite rightly differentiate between traditional prevalence, or "core", studies (these generate an estimate based on the population residing within a defined catchments area), and studies in specific sub-groups (which they divide into migrant studies and studies in other special groups). Using sequential filters they were able to isolate discrete data from multiple studies, and they used other strategies to ensure that the largest groups were counted.

One o f the study done by a local doctor reveals that 6% of the schizophrenics run the risk of committing suicide due to depression hich sets in when problem aggravates and due to lengthy treatment, he loses hope.

All the above mentioned data is based on the studies conducted only on the patients reported to hospitals and clinics. But there are a lot of patients who are suffering from schizophrenia but they never come in contact with psychiatric services because about 70% of the population lives in rural areas. The literacy rate over there is low and they don't have any knowledge of schizophrenia. So when ever anyone of them is suspected of this disorder they always attribute it to magic or possession of spirit or demon. As they have their own etiology so they have their own therapies and therapists. Instead of consulting psychologist or psychiatrist they go to faith healers and religious quacks that gave them holy water or sanctified ointment. Sometimes they visit holy shrine and believe that their visit can help them in getting rid of possession of spirits. Sometimes patients are punished brutally by their so called therapist with the notion that they are inflicting pain to evil spirit and not to the patients and their punishment will force the spirit or demon to run away and leave the possessed. Some even believe that marriage is the best remedy for schizophrenia. It is not known how the Hippocrates's remedy for female suffering from hysteria (wondering of the uterus to various parts of the body longing for children) has transformed in to its deteriorated form, in this part of world for both male and female schizophrenics Such practices are also prevalent in other countries even in the most developed and modern countries but the ratio of such people is very low as compared to Pakistan. Here majority has these Stone Age primitive believes.

The stigmas attached to schizophrenia such as rejection, humiliation, isolation etc also don't let people to see a psychologist. Even if they know that there is something wrong with them, they are reluctant to accept the truth and thus hide their problem. Schizophrenia is increasing alarmingly due to poverty, unemployment, political instability, violence, urbanization, sexual abuse and other social evils besides genetic and biological vulnerability.

Prevalence in Pakistani society:

In Pakistani rural society caste and bradri (people belonging to same caste) system is deep rooted. Due to bradri

a strong feeling of ethnocentrism exists among its members. As more and more people have started moving to ward urban areas, their mobility is weakening their bond with bradri because in urban areas people are stratified on the basis of the socio-economic group and not on the basis of caste. Thus the feeling of oneness, belongingness, and love which are characteristic features of ethnocentrism are also declining and creating a number of emotional and mental problems. These problems are inducing stresses that may sometimes lead to schizophrenia.

Due to bradari system endogamous marriages (marriages within family) are also in common practice over here. People always prefer their first cousin for marriage if mate is unavailable among first cousins than they look for second and so forth. Such practices are increasing the risk of both biological and mental disorders. Though a couple of organizations are trying to educate people through media about ill consequences of intermarriages and people have started realizing the fact yet the majority still prefers it.

 Investigators have found that sexual abuse is also crucial in causing schizophrenia in women. women after going through the trauma of rape experiences a lot of mental stress because she has to keep her lips tight against the victim because he is usually strong and powerful and can easily mould the facts in court proceedings in such a way that the victim herself turns out to be the cause of the crime. So due to negative consequences, a lot of social stigmatizations, crude and insulting treatment of police, and cheap interrogation by the defense attorney during the court proceedings prevent the victim from taking any step against the victim.

There are some investigators who are more interested in genetic and biological causes of schizophrenia. They firmly believe that schizophrenia is solely caused by a biological or a biochemical or a neurophysiologic factor so the best therapy for schizophrenics is either drug therapy or electro convulsive therapy. It's true that in schizophrenics biological changes can be seen but they can never be attributed as the main causal factors. Studies have revealed that even in the presence of genetic predisposition for schizophrenia, people tend to have adequate mental health throughout their life and manifest these symptoms only when they come in contact with stressful environmental factors responsible for precipitating schizophrenia. Similarly biochemical changes can be observed in these patients but it can't be said that it is these changes that stimulate schizophrenia or vice versa.

Some researchers from University of Jamshoro, Pakistan in collaboration with Australian researchers are studying a number of large highly inbred, multiply effected schizophrenia pedigrees from Pakistan for the purpose of identifying new susceptibility genes. According to them these pedigrees are exceedingly rare in western countries because of low birth rate, small sib ship sizes and rarity of consanguineous marriages. Some other investigators are interested in genome-wide linkage analysis by using a set of microsatelite markers in several extended multiply-affected families from Pakistan and Scotland.

Professionals here are using both physical and psychological therapies for schizophrenics. But in government hospitals psychiatrists usually employ electro-convulsive therapy and drug therapy for schizophrenics because they consider psychotherapies as ineffective for schizophrenia. Some of them don't even bother to take their complete case histories and just recommend them either drugs or ECT after noticing the symptoms of schizophrenia with the predetermined believe that schizophrenia is a biological disorder so it should be treated with biological methods. In addition to these there are some who do believe in the importance of psychotherapies but are unable to practice them at public hospitals because of the large number of indoor patients. There is only one doctor for 15 patients, 1 clinical psychologist for 158 patients, 1 social worker for 425 and 1 paramedical person for 8 patients.

Some professionals on the other hand are totally against ECT and chemotherapy. Theyconsider ECT as brutal and inhuman due to its mode of technique and the side effect associated with it such as memory impairment and brain damage. They even recommend the use of chemotherapy only if it is desperately needed and emphasize the importance of psychotherapy. Drugs which are used for the treatment of schizophrenia are known as narcoleptics. They are divided in to two main groups' __ typical and atypical according to the side effects precipitated by them. Typical drugs have more side effects but less expensive as compared to atypical antipsychotic drugs that's why they are more popular. The common short term side effects associated with drugs are feelings of drowsiness, sedation and apathy ,blurred vision and dizziness, akathisia., menstrual disruption (irregular/painful periods),breast enlargement (male and female),reduced sexual desire and weight-gain.

Although the government's contribution toward mental health is quite unsatisfactory yet some non government

organizations are performing remarkable services in this regard. They are conducting researches and surveys, organizing conferences on mental health, educating masses about mental health through media, and performing a lot of other activities.

Unfortunately there is no single institution that is solely working for schizophrenia but Fountain House Lahore, Pakistan is performing a lot of services for schizophrenics. There are a large number of schizophrenics whom they are offering not only treatment but also the rehabilitation services so that after recovery they can integrate back in to the society at large. Some of the common therapies that they are offering to schizophrenics are as follows:

Art and music therapy

Cognitive behavior therapy

Token economy

Gestalt's empty chair technique

Social skill training

Occupational therapy

Family therapy

The patients in Fountain House are working on different projects which after completion are sent to market for sale. Patients are also assisting the administration in different minor works like running the Fountain House canteen, maintaining the garden and lawn of Fountain House e.t.c.

Another important project working at private level is the Manora Heath Project. It is a joint venture of Hamdard University Karachi, Pakistan and Knoll pharmaceutical company. The aim of the project is to conduct door to door survey and provide mental health to those who need it. . The team working on the project is to live with the community to observe their habits, attitudes and disease patterns. Initially they are working in Manora, an island near Karachi, Pakistan where no heath facilities are available. The members of the project are helping them in private capacity. Soon they will broaden their services to other remote areas of the province and country.

The realization of the seriousness of schizophrenia is persuading the NGO's and private sector to do more and more for this. Hope their efforts will have good repercussions in terms of mental health promotion.

Prognosis in this part of world is more positive as compared to developed countries due to joint family system, strong family ties and adequate and due support from family and friends. Raynond cochrane, a professor of psychology at the University of Birmingham, U.K. has researched many Pakistanis living in Britain and has found that they have low rate of illness but have relatively good chances of recovery due to their strong and supportive family structure. Schizophrenia can be reduced to a significant level by working patiently about it. The patients as well as their relatives want immediate recovery. Prolonged hospitalization and medication are considered as the sign of either incurability feature of the disease or incompetency of the therapist. Sometimes even the therapist gives up hope if he can't achieve desired outcomes of his therapy in desired predetermined period of time. Family intervention and regular follow up can reduce relapse.

Why can't they recover?

Over the years victims of schizophrenia have been considered by many mental health professionals as being chronic with no hope for recovery. There is a great deal of research that points out that individuals with schizophrenia can make good social recoveries.

However, psychiatrists, psychologists alike have abandoned these individuals and have relied primarily on the physical methods of treatment. Indeed, the old treatment models viewed patients as hopeless cases who needed to be stabilized with hospitalization, and then maintained with medications. The heavy tranquilizing effects of these drugs made management of patients easier, although they only masked the condition. The newer generation of medications does the same with fewer side effects even though those claims are disputed.

We know that denial is one of the major defense mechanisms of these patients. But this is also true of the professionals, i.e. psychiatrists and psychologists etc., who laugh at and deny the claims of those who have recovered from this dreadful disorder.

In 1957 Karl Menninger wrote "The psychotherapy of schizophrenia is, in my opinion, as much in the mind of the observers as in the mind of the patient. We must change before he can change. He has long been incurable because we have been hopeless."

Psychotherapy is one treatment tool. I have practiced it for 48 years with success. Not all the patients I treated have recovered, however, many have and I believe many more could have if the atmosphere was more hopeful and there were better community resources.

Between 1913 and 1923 and 1943 through 1952 significant changes in patients with different levels of schizophrenia were made in some American hospitals leading to discharge - some 55 to 71% of patients recovered well enough to be discharged back into their communities. I believe this was due to better patient care. After the medications became the primary treatment effort - the human part of treatment - the hope and optimism diminished. It was widely reported that by 1970 there would be no more schizophrenia because of the medications and psychiatriatric hospitals would not longer be needed for that purpose, i.e., to house schizophrenic patients.

I am not opposed to the use of medication as one treatment tool however, what we are doing is abnormalizing the patient by using the traditional forms of treatment and over using medication. What we need to do is normalize treatment by dealing with reality issues and determining when and how much medication is therapeutic. Research points out that reducing medication by two thirds in many patients combined with other treatment methods is successful in the recovery process, and contrary to popular belief individuals with schizophrenia have, do and will recover providing that there is a hopeful attitude in the treatment milieu.

COUSELLING ACROSS CULTURES
Culture is a group's way of life. It is visible and invisible, cognitive and affective, conscious and unconscious, and much more. There are at least five sources of it. They are the universal, ecological, national, regional, and racioethnic tributaries. Interactively, they shape and influence all human behavior, including counseling. In this chapter, the ways culture as a whole impacts the counseling relationship, diagnosis, treatment plan, follow-up, and payment is discussed.

Introduction:
Culture is a group's way of life that is passed from one generation to the next. It is what people make, think, value, and do to ensure their existence. It determines what is appropriate to eat, drink, wear, and much more. However, it is not static. Each generation acts upon it, causing modifications, even though the basic components such as language, religious practices, and system of government usually resist significant change.

Like a river, culture has many sources (Mosterjn, 1992). There are at least five tributaries that merge to make us who we are. The first one is our biology and its instincts, needs, impulses, and destiny. For example, our genders and sexual attraction generate a host of human behaviors that cut across national boundaries. A primary universal phenomenon is the family and the many behaviors it requires. Parents nourish, protect, and socialize their offspring to assume adult roles already defined by previous generations.

As a part of nature, human beings are obliged to go with the rhythm of the natural world. They necessarily adjust their behavior to day and night, the seasons, and the processes of planting, germination, growth, and decay (Mhlmann, 1996). Since our behavior is influenced by our biology, it is reasonable to conceive of a biologically dictated or universal culture.

Secondly, there is the ecological source of culture. Humans occupy a vast array of environments such as swamplands, mountains, deserts, forests and shorelines. Each setting has its own rhythm of nature to which they must adjust. Understandably, people living in Alaska develop a different way of life than their counterparts in Senegal, West Africa.

Thirdly, there is a culture unique to a particular national group. Usually, inhabitants of each country have their own language, belief system, style of government, values, mode of dress, communication network, and manifest a variety of behaviors that set them apart from people in other nations. Although the national culture may be invisible to natives, foreign visitors see, feel, hear, smell, and sense a culture that is strange to them. Indeed, the heritage and conduct of a nationality are an important source of culture.

Fourthly, regional differences in a country often contribute significantly to the national culture. For example, in the United States, people residing in California and Texas along the Mexican border present cultural attributes unique to that part of the country (Vontress, 2001). Similarly, many Americans living in Louisiana, once owned by the French, retain traces of the French culture in language, music, food, dress, architecture, and in many other ways that are unconscious and invisible to local residents.

Fifthly, the racio-ethnic group into which individuals are born and socialized is probably the most important source of culture. Newborns acquire the ways of their forebears who first learned to cope with the other cultural environments already discussed-the regional, national, ecological, and universal cultures. The extent to which they absorb external cultures depends on their ability to participate in them. For example, nearly a century and a half after President Abraham Lincoln signed the Emancipation Proclamation that freed the slaves, many African Americans today manifest a culture somewhat different from that of the majority racial group in the United States. In countries where there are many ethnic groups, it is often easy to identify members of each ethnicity by their language, dress, gait, and other behaviors. In general, the racio-ethnic group is a buffer and cultural filter that assist people to negotiate the other environments affecting their lives.

Although culture is a complex construct, it affects our entire existence. The purpose of this chapter is to explain briefly how it impacts counseling. Counseling as used here refers to an interpersonal, professional relationship involving two or more individuals, one of whom is perceived as able to help the other(s) in some way. The aim of the counselor is to assist clients in the process of adjusting to or otherwise negotiating relationships, environments or conditions encumbering their wellbeing.

The Counseling Enterprise
Even though counseling is a holistic process, here, for the purpose of cultural analysis, it is broken down into several parts: (1) the counselor as a person, (2) the relationship, (3) diagnosing, (4) treatment plan, (5) intervention, (6) follow-up, and (7) payment for services.

The counselor as a person: The culture in which counseling takes place determines who performs in the role of helper (Abel, Metraux, & Roll, 198&). In oral societies where authority and wisdom are attributed to the oldest living men and women in the community, elders are usually sought out for advice and direction for almost every aspect of life. When counseling over and above what is provided by elders in the family is needed, people usually consult traditional healers, most of whom have learned their occupation by apprenticing themselves to recognized senior practitioners. They may or may not know how to read or write.

On the other hand, in Western societies in particular, the counselor is anyone, male or female of any age, who has met the academic preparation requirements set by the state or some other jurisdiction (Vontress, 2001). Entry into counseling and other psychotherapeutic professions depends on the individual's ability to obtain the requisite academic preparation and license to practice.

The counseling relationship: As an interpersonal relationship, counseling resembles many other social encounters. However, it differs from them in important ways. First, it is usually designed to be psychotherapeutic for the help-seeker. Secondly, the interactants are relative strangers. Thirdly, there are socially sanctioned rules and ethical standards that regulate the intercourse. Fourthly, it is an economic enterprise. The client is expected to pay for the services, even though immediate benefits from the counseling may be uncertain. At least this is a description of counseling as it is done in the United States and other Western countries in which science and the scientific attitude influence almost everything people do, including how counselors relate to their clients. Graduate students are taught how to sit, look at, listen, and respond verbally to individuals who consult them.

However, in developing countries where most people consult indigenous healers for assistance with problems in living, the helping relationship does not seem to be regulated by prescribed rules and regulations (Vontress, 1999). Inhabitants of such societies generally show great respect for their elders and other authority figures. The deference is generalized to traditional healers to whom they mostly listen. They are not expected to engage in a democratic interpersonal dialogue with counselors as they usually do in the United States. In many instances, clients do not even state the presenting problem. The head of the family, accompanied by other members of the unit, escorts the person in need of remedy to the healer, to whom he describes the problem.

Diagnosis: Diagnosis is the act or process of determining the nature of the presenting problem by examining or analyzing reported and observed symptoms. Making a diagnosis is usually the first step in counseling. It requires that counselors make a judgment of the client. They must decide if and how much the client's behavior deviates from the way other people in the same culture behave. Making such a decision is difficult in cross-cultural counseling, because psychological judgments are never free from the influence of therapists' native

cultural values. Problems are encountered when they attempt to use the standards of their personal cultural background to evaluate the treatment of culturally different clients (Vontress & Epp, 2000).

Problems in living cannot be divorced from the socialization processes and personality characteristics of individuals in a given society. Personality is the product of that culture. Counselors must be able to discern whether the client's condition under consideration is a state (temporary disorder) or a trait (features of the person engendered by socialization). Counselors who administer psychological tests to culturally different clients to determine if they deviate from the norm may not know how to interpret the results of the instruments. The question is which norm should be used as the yardstick for normal? Should "normal" be based on the behavioral expectations of the client's culture or those of the counselor's culture?

The main tool used by counselors and therapists in general is the *Diagnostic Statistical Manual of Mental Disorders* (4th Ed.) (DSM) (American Psychiatric Association, 1994). The writers of the document indicate that there is "wide international acceptance of DSM" (APA, 1994, p. xxiv). However, they caution that a "clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual's culture" (APA,1994, p. xxiv). In spite of this advice, few counselors are able to modify their diagnostic procedures for the culturally different. The directions for formulating diagnoses and treatment plans provided by managed health care companies explain in part why therapists are unable to deviate from their usual diagnostic methods.

Treatment plan: After diagnosing the client's presenting problem, the counselor is expected to state what ought to be done, why, by whom, the duration of the intervention, and its likely outcome, in order to eliminate the problematic or troubling condition. Writing such a statement requires that counselors be knowledgeable of the culture of their clients. Each culture holds different ideas about what constitutes problems in living. The remedy, reason for it, the person to consult, and for how long the consultation should last are also culture-specific. Counselors should not assume that writing a treatment plan for a Moroccan is the same as writing one for an American client.

A realistic treatment plan is based on four factors. The first one is the counselor's knowledge of what is usually done in the client's culture to eliminate the presenting problem. The second one is an understanding of the usual treatment in the counselor's own culture for a client with the diagnosed problem. The third one is an awareness of how well clients are acculturated to the host culture. If the client is fairly well acculturated to the host culture, counselors can feel more comfortable designing a treatment plan similar to what they usually design for native clients. If the client is a recent arrival from a developing country, counselors may want to consider how they can incorporate into the treatment plan some remedies known to the client. The fourth factor is willingness of clients to participate in a proposed remedy.

Intervention: Intervention refers to the process of aiding clients to correct, overcome, negotiate, or adjust to the condition or situation that caused them to seek consultation. To be therapeutic, counselors must have four understandings. First, they need to understand the general culture in which the client was socialized. This knowledge gives them a preliminary perception of their client's personality. However, it is important to realize that people tend to internalize their culture and thereby not reveal many of the differences between themselves and others. Second, counselors need to understand the host culture in which their culturally different clients currently live. The understanding is essential, because cross-cultural counselors need to comprehend the nature of multi-faceted aspects of cultural clashes impacting culturally different clients. Thirdly, counselors need to understand their clients' personality. To be sure, an individual's personality is a reflection of the general culture in which he or she was socialized (Triandis, 1994). However, it is also a product of the client's genetic heritage and racio-ethnic socialization.

Fourthly, cross-cultural counselors ought to have a thorough understanding of their own socialization that made them who they are. Without such self-examination, they may become biased mediators. Culturally biased counselors can become unwittingly anti-therapeutic for their clients.

Follow-up: Follow-up refers to counselors' reviewing their work with clients. It is especially important in cross-cultural counseling. There is so much that counselors do not understand about their clients' native culture, the host culture, and the interaction of the two. Counselors need to know if the presenting problem existed before the individual arrived in the new environment or whether it is a product of the attempt to adjust

to the new culture.

Follow-up provides continuous in-service training for the counselor. Each client and each presenting problem are opportunities for counselors to learn better ways to help culturally different people. It is advised that counselors' audio or video tape each counseling session with their clients and listen to them either alone or with a colleague at the end of each day. When counselors critique themselves, they usually notice many things they can do to improve their therapeutic encounters with culturally different clients. Often they are able to make corrections in the very next session with their clients. If the clients have already terminated the relationship, they will be able to apply what they have learned from the follow-up when they work with future clients.

Payment for services: Immigrants new to the Western host countries often do not understand the expectation that they pay for counseling services before evidence of remedy. In their homelands, many of them consulted traditional healers who took direct action to "cure" them. In the United States, counseling is usually a dialogue in which clients are invited to participate in solving their own problems. It is understandable that culturally different clients may resist the idea of paying for services that they themselves provided, at least in part.

In order to avoid misunderstandings, counselors need to structure the relationship at the initial contact with clients. They should ask them if they have consulted anyone for help before. If they say that they have, it is recommended that the nature of their experience be explored. The exploration should include a discussion of how and when they paid for the service. In fact, it is useful to structure the entire counseling process with clients before starting it. Counselors should define their role and that of the client, indicate the approximate number of sessions anticipated the expected outcome of the intervention, how much each session will cost, and when the payment is required.

Conclusions

It is obvious that culture influences counseling in many ways. A few of them have been discussed in this chapter. There are many more that have been pointed out in the large literature now available on cross-cultural counseling. The most important thing to keep in mind when counseling clients from cultures different from your own is that they are similar to you and different from you at the same time. In cross-cultural counseling, it is best to initiate the relationship with the recognition of the common humanity that you share with clients. Differences that need to be addressed may become obvious later. However, it is best not to erect barriers before the nature of the presenting problem is discussed or identified.

THE MAKING OF A CULTURALLY COMPETENT COUNSELOR

Culturally competent counselors are accurately aware of culturally learned assumptions by themselves and their clients, comprehend the culturally relevant facts and information about a client' culture and are able to intervene skillfully to bring about positive change through counseling. A three-stage developmental framework proceeds from awareness to knowledge to skill in defining necessary competencies through a needs assessment. Examples of cultural bias are discussed and resistance to multicultural competence by counselors is described. Examples of facts and information needed to comprehend each cultural context meaningfully are identified and the possibility of multiculturalism as a "fourth force" in counseling is examined. Skills for finding common ground are illustrated through an Interpersonal Cultural Grid and a Triad Training Model is described for learning to hear the positive and negative unspoken messages of culturally different clients.

Introduction:

Since all behaviors are learned and displayed in a particular cultural context, the culturally competent counselor must address the client's cultural context. This chapter will provide guidelines on how the client's cultural context can be addressed, how counselors can increase their cultural competence, the perils, pitfalls and difficulties that counselors can expect to encounter and the rewards that come to the culturally competent counselor. The best sources for reading about the research on multicultural competence in counseling are Sue, D. W. et al. (1998), Ponterotto, et al (2001) and Pedersen, Draguns, Lonner & Trimble (2002).Defining multicultural competencies is important for several reasons. First, these competencies have been accepted and adopted by the American Counseling Association and by Division 17 (Counseling) of The American Psychological Association. Second, practicing counselors are legally vulnerable when they violate defined and

accepted competencies. Third, established practices of counseling which violate these competencies need to be modified or discontinued. Fourth, these competencies put the emphasis on "best practice" rather than the special interests of any group. Fifth, multicultural competencies will help prepare the resources of counseling to fit with the needs of other cultures around the world. No matter how skilled, trained or intelligent one is as a counselor, if counselors are making wrong or culturally inappropriate assumptions they will not be accurate in assessment, meaningful in understanding nor appropriate in their interventions.

The visual image I have of culture is to imagine a thousand people sitting in your lap whom you have collected in your lifetime from family, friends, acquaintances, enemies, and fantasies and they take turns talking with one another and with yourself. Culturally competent counselors will be aware of the cultural complexity of their own cultural identities and will be able to "hear the voices" of their culturally different clients as well. I make several assumptions about culture in this chapter. First, culture is broadly and inclusively defined to include ethnographic, demographic, status and affiliation. Second, all counseling takes place in a multicultural context. Third, culture includes both the more obvious objective and the more hidden subjective perspectives of our identity. Fourth, both cultural similarities and cultural differences are equally important. Fifth, the most important insights of multicultural awareness can be learned but often cannot be directly taught.

The framework of multicultural competence is described in a three-level developmental sequence (Sue et al, 1998). Competence begins with "awareness" of your own culture in relationship with the other cultures around you, and an awareness of the culturally learned assumptions which control your life, with or without your permission. Accuracy depends on making right assumptions. Once you have achieved awareness , the next level is to gather the facts, knowledge and information required for comprehending the meanings behind your own and your client's behavior. Comprehension depends on having the right facts and information about the cultural context. Once you have achieved awareness and comprehension, the third level is to develop appropriate skills for bringing about change in the right direction. Competent skill depends on an accurate assessment of the situation and meaningful understanding to bring about positive change in each cultural context.

Counselor training programs which overemphasize awareness objectives make students painfully aware of their own inadequacies or the inequities around them. Students can become frustrated because they do not know what to do with their new awareness in the absence of knowledge and skill. Some programs overemphasize the importance of facts, knowledge and information through lectures and readings. Without awareness, the students cannot see the relevance or importance of that information and how it can be used. Still other programs overemphasize skill objectives without regard for the foundations of awareness and knowledge. Participants in such programs will never know if they are making things better or worse. Multicultural competence is developed through a three-stage developmental sequence that begins with awareness of culturally learned assumptions and moves through comprehension of culture toward the practice of active skills.

1. An Assessment of Awareness Needs

The first step of developing multicultural competence is an assessment of cultural awareness needs. Each person's level of awareness is determined by their ability to judge a situation accurately both from their own viewpoint and the viewpoints of members in other cultures. Becoming aware of culturally learned assumptions as they are both similar and different from members of other cultures is the essential foundation of counseling competence. Gilbert Wrenn described counselors as "culturally encapsulated" when they define reality according to one set of cultural assumptions, become insensitive to cultural variations, disregard evidence disproving their assumptions, depend on technique- oriented or quick-fix solutions to problems and judge others from their own self-reference criteria. Pedersen (2000) describes ten specific examples of cultural encapsulation by Western-trained counselors:

1. All persons are measured according to the same hypothetical "normal" standard of behavior, irrespective of their culturally different contexts.
2. Individualism is presumed to be more appropriate than a collectivist perspective in all settings.
3. Professional boundaries are narrowly defined and interdisciplinary cooperation is discouraged.
4. Psychological health is described in a "low context" perspective even when the client comes from a "high context" culture.
5. Dependency is always considered to be an undesirable or even a neurotic condition.

6. A person's support system is not normally considered relevant to any analysis of that person's psychological health.

7. Only linear, "cause-effect" thinking is accepted as scientific and appropriate.

8. The individual is usually or always expected to "adjust" to fit the system.

9. The historical roots of a person's background are disregarded.

10. The counselors presume themselves to be free of racism and cultural bias.

In doing a need assessment of multicultural competency it is necessary to understand that the counselor must be or become well trained in the theories, skills and strategies of conventional, "textbook counseling". Multicultural counseling competence is not a "short-cut." Increasing multicultural competence should not become a rationalization for disregarding the theories and practice of counseling as described in most counseling textbooks. At the same time it is important to recognize that these same textbooks reflect the cultural context of their authors and may require "translation" to other cultural contexts for culturally different clients.

The first step of developing multicultural competence in counseling is an assessment of that individual's needs in the areas of awareness, knowledge and skill (Pedersen, 2000a). Accurate awareness is the ability to describe a situation accurately from both the counselor's own viewpoint and the viewpoints of people from other cultures. Counselors can judge their degree of accurate awareness by evaluating their abilities in the following characteristics: (1) ability to interpret both direct and indirect communication styles; (2) sensitivity to nonverbal cues; (3) ability to recognize cultural and linguistic differences;

(4) sensitivity to the myths and stereotypes of other cultures; (5) concern for the welfare of persons from other cultures; (6) ability to articulate elements of the individual's own culture; (7) appreciation for multicultural education; (8) ability to recognize relationships between and among cultural groups; (9) ability to accurately distinguish "good" from "bad" in other cultural contexts; (10) becoming aware of your own stress-limits when working with members of other cultures.

Assessment of an individual's knowledge is the second stage of a need assessment. If awareness helps persons to ask the right questions then meaningful knowledge helps them get the right answers to those questions. Knowledge leads to understanding the complex alternatives and ambiguity in each cultural context. Learning the language of another culture is a good example of how new knowledge facilitates counseling. Knowledge about culture presumes the following specific competencies: (1) knowledge about the histories of cultures other than your own; (2) understanding the role of education, money, values, attitudes and behaviors in other cultures; (3) knowing the language and slang of another culture; (4) knowledge about the resources available for teaching and learning in other cultures; (5) understanding how each individual's own culture is perceived by members of other cultures; (6) developing a professional expertise relevant to persons in other cultures; (7) possession of information that persons in other cultures will perceive as useful; (8) knowing about social services and how they are delivered in other cultures; (9) knowing about culture shock and acculturative stress; (10) knowing how members of other cultures interpret their own rules, customs and laws.

Assessment of an individual's skill is the third aspect of this needs assessment. If awareness and knowledge are lacking the counselor will have a difficult time becoming skillful. If awareness is lacking the counselor will make wrong assumptions. If knowledge is lacking then gaining a meaningful understanding will be difficult. Some indicators of a counselor's multicultural skill will include the following competencies: (1) the ability to use the teaching and learning techniques of other cultures; (2) the relevance of an individual's natural teaching and learning style in other cultures; (3) the ability to establish empathic rapport with persons from other cultures; (4) the ability to analyze feedback accurately within the context of other cultures; (5) the ability to develop new ideas in the context of other cultures; (6) gaining access to appropriate service agencies and resources; (7) coping with stress in new cultural contexts; (8) anticipating consequences of events in other cultures; (9) functioning comfortably in the new culture;

(10) Finding common ground with members of other cultures without losing integrity.

Counselors can benefit from this awareness-needs assessment in several ways first reviewing the influence of their own multicultural identities will help the counselor already living in another culture understand their own constantly changing viewpoint. Second they will be better able to anticipate the right questions to ask as they adapt their lifestyle to multicultural alternatives. Increased multicultural awareness will provide more freedom of intentional choice as the counselors become more aware of their own multiculturalism.

2. The Development of Multicultural Knowledge Resources

Before we were born, cultural patterns of thought and action were already being prepared to guide our lives, influence our decisions and help us take control of our life. We inherited these cultural patterns from our parents and teachers, who taught us the "rules of the game." As we became more aware of other people and cultures we discovered that "our" culture was only one of many possible ways of thinking and acting from which we can choose. By that time most of us had already come to believe that our culture was the best of all possible worlds. Even when we recognized the advantage of other ways we were not always able to replace our cultural habits with these alternatives.

One culture-centered perspective that has developed from the awareness-knowledge-skill framework is a list of propositions about "multicultural theory" or "MCT" (Sue, Ivey & Pedersen, 1996). These six propositions about theory demonstrate the fundamental importance of a culture-centered perspective for appropriate comprehension in the multicultural context. These propositions are:

 (1) Each Western or non-Western theory represents a different worldview.

(2) The complex totality of interrelationships in the client-counselor experience and the dynamic changing context must be the focus of counseling, however inconvenient these may become.

(3) A counselor's or a client's racial/cultural identity will influence how he or she defines problems and how he or she dictates or defines appropriate counseling goals or process.

(4) The ultimate goal of a culture-centered approach is to expand the repertoire of "helping responses" available to counselors.

(5) Conventional roles of counseling are only some of the many alternative" helping roles" available from a variety of cultural contexts.

(6) MCT emphasizes the importance of expanding personal, family, group and organizational consciousness in a contextual orientation. We need to comprehend the specific circumstances and context where a particular psychological theory or methodology works best. We need to know the cultural boundaries that limit our generalization of counseling theory to other cultures. We need to know which psychological phenomena occur universally and which ones only appear in specific circumstances.

Multiculturalism has emerged as a "Fourth Force" or fourth dimension to complement the three classical dimensions of psychodynamic, behavioral and humanistic psychology (Pedersen, 1999). A culture-centered perspective of these classical theories will enhance the validity and applicability of those theories across cultures much as the fourth dimension of time gives meaning to three-dimensional space. We know that significant changes are taking place in the practice of psychology, even though there is disagreement about the exact nature of these changes. We know that multiculturalism has become a significant domestic force in most cultures even though it has not yet developed a comprehensive global perspective. We know that multiculturalism has sometimes been used to rationalize oppression, as in South Africa, and as a consequence it has a bad reputation in some cultures. We know that it may be premature to describe multiculturalism as a fourth force at the present time. We know that the American version of multiculturalism is grounded in the individualistic values of that culture and may require changes to fit with a collectivistic context. We know that within-group differences in ethnic groups, such as age, gender, socioeconomic status and other special interests function "like" cultures, broadly defined when they become salient. We know that cultural similarities---among youth for example---across cultures are often greater han similarities within any particular culture across generations. We know that a multicultural perspective is changing both the content and the process of our thinking itself. We know that making culture central enhances the meaningful usefulness of traditional psychological theories.

Sue (1998) describes the resistance to the idea of multiculturalism as a fourth force. (1) Multiculturalism is viewed as "competing" with already established theories. (2) The concept of multiculturalism and diversity has become associated in a negative way with regulatory rules of affirmative action, quotas, civil rights, discrimination, reverse discrimination, racism, sexism and political correctness. (3) Criticism of postmodernism has been expanded to include criticism of multiculturalism. (4) Those favoring universalist perspective contend that good counseling works across cultures without modification. (5) Some contend that multiculturalism is too loosely defined to be taken seriously. (6) There is disagreement in the research measuring multicultural competencies in practice. (7) Some contend multiculturalism is too complex and it would be unrealistic to expect counselors to become multiculturally competent. (8) Others contend that more research is needed on multicultural competencies. (9) Some contend that multiculturalism can not be incorporated into the

curriculum until "all" cultures are included. (10) Finally some believe that multiculturalism represents reverse racism and is "anti-white."

The multiculturally competent counselor also needs to be aware of the positive consequence of a culture-centered perspective (Pedersen et al., 2002). There are at least a dozen examples of the "up-side" from a culture-centered perspective

1. Recognizing that all behavior is learned and displayed in a cultural context makes possible accurate assessment, meaningful understanding, and appropriate interventions in each cultural context.

2. People who express similar positive expectations or values through different culturally learned behaviors share "common ground" that allows them to disagree in their behavior while sharing the same ultimate positive values.

3. By recognizing the thousands of "culture teachers" each of us has internalized from friends, enemies, relatives, heroes, heroines, and fantasies, we can better understand the sources of our identities.

4. Just as a healthy ecosystem requires diversity in the gene pool, o a healthy society requires a variety of cultural perspectives for its psychological health.

5. Given our natural tendency to encapsulate ourselves, cultural diversity protects us from imposing our self-reference criteria inappropriately by challenging our assumptions.

6. Contact with cultures other than our own provides us with opportunities to rehearse adaptive functioning skills that will help us survive in the diversified global village of the future.

7. Social justice and moral development require the contrasting cultural perspectives of multiculturalism to prevent any one dominant group from holding the standards of justice hostage.

8. By looking at both cultural similarities and differences at the same time, according to a quantum metaphor, we are able to identify nonlinear alternatives to rigidly absolutist thinking.

9. We are able to continue our learning curve to match the rapid social changes around us by understanding all educational experiences as examples of culture shock.

10. In seeking spiritual completeness, we must complement our own understanding of Ultimate Reality with the different understandings by others.

11. The untried political alternative of cultural pluralism provides the only alternative to absolutism on the one hand and anarchy on the other.

12. A culture-centered perspective will strengthen the relevance and applicability of psychology by more adequately reflecting the complex and dynamic reality in which we all live.

The knowledge required by a multiculturally competent counselor includes an understanding of conventional textbook counseling as a necessary but not sufficient condition. Multicultural competence includes, in addition, an interdisciplinary expertise to include political, economic and social comprehension in addition to psychological understanding. While much of this information is available in textbooks much knowledge is also available in the counselor's own community through contact with resource persons who are both authentic to one or more particular culture and articulate in their ability to describe that culture as it is both similar to and different from the counselor trainee's culture. Immersion into unfamiliar cultures is an important learning experience for both students and faculty when that contact occurs under favorable conditions. This contact might occur either through sending student into the community or by bringing resource persons from the community into the classroom. Multicultural awareness of culturally learned assumptions and multicultural knowledge leads to a meaningful comprehension at the third level in developing multiculturally appropriate skills.

3. Developing Multicultural Skills

Multicultural skill competence involves finding the "common ground" between culturally different individuals or groups as the foundation of intrapersonal and interpersonal harmony. By defining culture broadly to include demographic, status and affiliation as well as ethnographic variables it becomes possible to re-frame relationships not normally thought of as cultural---such a conflict between a parent and child in the same family--- into a relationship between two "cultures." The advantage of reframing relationships into cultural categories is that the two persons or groups might then disagree without either one being "wrong". The Interpersonal Cultural Grid provides a visual example of this process.

The Grid includes four quadrants. Each quadrant explains parts of a relationship between two individuals or groups, recognizing that the salience of each quadrant may change over time and across situations and also

recognizing that some part of the relationship will be in each of the four quadrants.

In the first quadrant the two have similar behaviors and also similar positive expectations. The relationship is congruent and harmonious and there is a positive expectation. Both persons are smiling (behavior) and both persons see one another as friends (positive expectation). While this quadrant is comfortable and free of conflict little learning is taking place and productivity is low.

In the second quadrant, the two have different behaviors but still share the same positive expectations. Both persons expect trust and friendliness; however each one is likely to interpret the other one's very different behavior incorrectly and possibly/probably hostile, when that behavior is interpreted out of context. For example, both persons have thought of one another as friends (positive expectation) but one is smiling and the other is shouting (different behavior). This quadrant is characteristic of "cross-cultural" relationships where each party is applying their own "self-reference criterion" to interpret the other's behavior and disregarding the other's different cultural context. The conditions of this second quadrant are very unstable and, unless the shared positive expectations are quickly found and made explicit, the salience is likely to change toward the third more hostile quadrant. Multicultural skill is the ability to find common ground of positive shared expectations such as trust, respect and fairness as that positive expectation is expressed through different behaviors as in quadrant two.

In the third quadrant the two persons show the same behaviors but at least one now has hidden their different or negative expectations. This quadrant has less to do with culture and is more of an "interpersonal" conflict. The similar behaviors give the "appearance" of harmony, congruence and agreement but the hidden negative expectations will ultimately destroy the relationship. Although both persons are in disagreement this will not be obvious so one of them may continue to expect friendship, trust and respect while the other is now actually distrustful and unfriendly. Both persons may be smiling and "glad- handing" but one of them is pretending out of necessity or because he/she is being forced to do so. When you hold a gun to the other person's head they will behave however you want. When the stronger person forces the weaker person to change their behavior in the second quadrant the weaker person may comply but at the expense of losing friendship, trust and respect. If the actual difference in their expectations is ignored or undiscovered, the conflict will ultimately move to the fourth quadrant.

The fourth quadrant is where two people have different and/or negative expectations and they stop pretending to be congruent. This quadrant is an example of "going to war" with one another. They may not want to find shared positive expectations any longer and simply want to hurt one another. The disagreement in behaviors and expectations is now apparent. It is very difficult to mediate conflict in this quadrant. Unfortunately conflict frequently is not discovered until it reaches this fourth quadrant. The culturally competent counselor can prevent war by early intervention when the conflict is in the second or third quadrant, allowing both persons to build on their shared common ground without forcing either one to lose integrity.

The Interpersonal Cultural Grid demonstrates how culturally different people may share the positive expectation for trust, fairness, efficiency, effectiveness and safety even though their behaviors are quite different. To identify the expectations of culturally different clients the culturally competent counselor needs access to the hidden messages a client is thinking but not saying. One training design to identify the "hidden messages" in culture-centered counseling is The Triad Training Model (Pedersen, 2000b). When two people communicate there are three conversations going on at the same time: (1) the verbal exchange, (2) the counselor's internal dialogue and (3) the client's internal dialogue. The more cultural differences between the counselor and client the less likely that a counselor will accurately comprehend the client's internal dialogue. We can, however, expect part of the client's internal dialogue to be negative and part to be positive. A culturally competent counselor will be able to "hear" the positive and negative messages that a culturally-different client is thinking but not saying.

The Triad Training Model matches a counselor from one culture with a three-person poached team from the same contrasting culture. The team includes a coached client, coached "procounselor" (like an angel) and coached "anticounselor" (like a devil) to articulate the positive and negative messages the client may be thinking but not saying uring the interview. The counselor hears immediate and continuous feedback from the procounselor and anticounselor and can judge their accuracy by observing the client's reaction during the interview. These brief 5-8 minute role played interviews with debriefing feedback are designed to help counselor trainees (1) perceive the problem from the client's viewpoint, (2) recognize resistance in specific rather than vague general terms, (3) reduce counselor defensiveness and (4) learn recovery skills for getting out

of trouble. Resource teams can be recruited from target culture populations and brought into the classroom to help counselors imagine more accurately what clients from those cultures is thinking but not saying in a counseling interview.

Multicultural skill builds on multicultural awareness and knowledge toward taking right actions at the right time in the right way and it provides the final test of a culturally competent counselor. Multicultural skills are difficult to evaluate because the same suggested action may not be credible to all persons in the other culture. Skill requires framing the solution in the client's cultural language and context. Skill requires testing stereotypes against the real and present situation and then modifying the stereotype accordingly. Skill requires culturally appropriate evaluation of the context so that resulting change will be constructive with positive consequences.

4. Conclusion

Cultural competence complicates your life. However, it is important to remember that

- Complexity is your friend, not your enemy
- Behavior is not meaningful until it is interpreted in the cultural context where that behavior was learned and is displayed.

Culturally competent counselors have achieved an accurate awareness of their culturally learned assumptions as those assumptions might be both similar and different to the assumptions of culturally different clients. Culturally competent counselors comprehend the meaningful facts and information describing each client's cultural context. Culturally competent counselors are able to act appropriately to help the client achieve positive outcomes. Because culture is complicated counselors have been tempted to ignore or minimalize their attention to a client's cultural context. The culturally competent counselor faces a difficult task and there is no easy way to accomplish that task.

CULTURE AND DEVELOPMENT: DEVELOPMENTAL PATHWAYS TO INDIVIDUALISM

AND INTERRELATEDNESS

Introduction:

The conceptions of individualism /collectivism or independence/interdependence have received considerable attention throughout different domains of psychology during the last two decades. Besides serving as descriptors of differences in personality and demonitators for social categories, individualism (independence) and interrelatedness (interdependence) can also be considered as detailing cultural scripts for development and socialization. With this, they represent value systems, that cultural communities construct and co - construct as shared realities in specific domains of life, that are transmitted and negotiated between generations. Yet, they also represent individual psychologies, which affect perception, motivation, affect regulation and social behavior in characteristic ways (Markus & Kitayama, 1991). We propose to conceive of the earliest interactional situations between infants and their caregivers as the locus for the first processes differentiating the emerging selves of infants according to the prevailing cultural standards. The interactional experiences are shaped by different modes of parenting which can be understood as expressions of the allocation of investment as responses to different socio contextual demands from an evolutionary perspective (Keller, in press). Development is constituted through individual acquisition processes, which define life trajectories as unique. The propensity for cultural learning in terms of the relative ease of acquiring developmentally appropriate knowledge, thus, constitutes the evolutionary heritage.

Individualistic and Interrelated Conceptions of the Self

It is commonly acknowledged from anthropological and psychological perspectives that cultures differ with respect to their conceptions of the self (Kagitcibasi, 1997) with special focus on the calibration of ego and other orientations. The relationships between the individual and the group are also developmental themes throughout the lifespan. Over the last decades, basically two conceptions have been elaborated:

1. The independent construal of the self (Markus, & Kitayama, 1991; cf. also individualistic, egocentric, unique, private, ideocentric) expresses the notion of personal distinctness and separateness with an emphasis on unique personal attributes, abstracted from social responsibilities and duties. These "agencies" are conceived of as independent, assertive, competitive, self assured, efficient, self -sufficient and direct (Church, & Lonner, 1998).

2. The interdependent construal of the self (cf. also sociocentric, relational; allocentric; collectivistic) describes an individual who is fundamentally connected with other human beings who experiences him or herself as part of an encompassing social relationship, subordinating individual interests to the group by being attentive, respectful, dependent, empathic, self controlled, dutiful, self-sacrificing, conforming, cooperative. The orientation towards the social norm which is guiding the individuals' behavior (Triandis, 1989) is supposed to maintain social harmony among the members of the group (who may have to share scarce resources) to tolerate their views and to minimize conflicts.

It is commonly understood that the independent conception of the self is prevalent in Western cultures (".....some sizable segment of American culture, as well as... many Western European cultures...", Markus, & Kitayama, 1991, p. 225) whereas the interdependent conception of the self is attributed mainly to non-Western cultures ("....Japanese culture as well as...other Asian cultures, also African cultures, Latin American cultures, and many Southern European cultures." Markus, & Kitayama, 1991, p. 225). Except cultural/regional differences, especially ecological and economic constraints with consequent social demands can be identified as correlates of these self conceptions. The orientation towards self centeredness or other orientation in personality functioning has accordingly been related historically to ecological conditions in the sense that hunting and gathering societies placed more vigor on assertiveness, achievement and self - reliance, whereas agricultural (pastoral) communities especially valued conscientiousness and compliance (Berry,1976). Although socialization practices are considered as important (cf. also Whiting, & Whiting, 1977) in shaping these styles of personality functioning, individualism and interrelatedness have only been recently considered by developmentalists as offering value orientations defining different developmental scripts (cf. Keller, & Greenfield, 2000). Based in earlier ethological conceptions of development and supported by recent neurophysiological and brain research, the early experiences have been recognized as grounding subsequent

developmental processes.

The idea is introduced that cultural values are translated into early socialization environments, especially the systems and modes of parenting, which are based in a universally evolved behavioral repertoire, from which the culture selects and reinforces particular styles. Thus, parenting is conceived of as intergenerational link for the transmission of cultural values.

The Developmental Context of Parenting

Infants all over the world have a primary motivation to relate to people. Protection from predators and the regulation of diverse physiological and behavioral systems in the offspring are considered to represent the main selective forces. The early relationship formation is crucial for the survival of the infant since its altriciality at birth needs to be compensated by motivated caretakers who provide the infant with food, shelter, warmth and hygiene. Beyond care giving in these primary modes, infants are dependent upon a specific social environment, providing them with social responses as well as stimulation in order to prompt, support and facilitate the psychological development in different domains. For securing physical and psychological care, infants are able to attract their caregivers' attention and elicit care giving motivation reliably with a special repertoire of inborn characteristics like the babyness (Kindchenschema) and attachment behaviors like crying, smiling, looking and vocalizing (Bowlby, 1969). The immaturity of the newborn(e.g. convergence and acuity in vision are not yet established, the memory span covers only seconds, vision and movement are not coordinated) has been regarded as a consequence of hominid brain development, which necessitates a physiological preterm birth On the other hand, it allows infants to invest all possible resources into their own growth and development in order to become " better adults" Infants participate actively in their development with selective attentional foci which seem to be based in evolved universal central tendencies or epigenetic rules. They prefer the human face over other perceptual displays and they behave differently towards persons as compared with objects. They detect event as well as person - based contingencies, i.e. the perception of temporal relationships between two consecutive events, expect social responsiveness from their interactional partners and develop early preferences for familiar over unfamiliar persons. They can be consoled by body contact and want to be held and carried.

Parents are equipped with complementary behavioral propensities to deal with the peculiarities of infants' behaviors. These social interactional regulations form the basis of relationship formation. Attachment theory (Bowlby, 1969; Ainsworth et al., 1978) in particular has become prominent in promoting the view that early relationship (attachment) formation is rooted in preceding social interactions, which are supposed to be translated into internal models (internal working model, Bowlby, 1969), from which the representation of the social relationships as well as the closely intertwined model of the self evolve. Without subscribing to orthodox attachment theory, it can generally be concluded that the social environment teaches the infant an interpretation of the self, long before self reflexivity has developed The operation of these processes outside the realm of consciousness is associated with an increasing resistance to change. The first interactional experiences therefore have a special significance for the foundation of developmental continuity, without preventing change at any later stage. However, coherence in individual development is a necessity for coordinated responses to the environment.

The Role of Sensitivity Reconsidered

As has been argued, parenting is understood as an evolved answer to adaptive problems that our ancestors had to face. Since essential parts of parenting behaviors towards infants are usually not cognitively controlled or intentionally performed (e.g. spontaneous raising of the voice to a higher pitch during "baby talk", mimical mirroring, face - to – face distance regulation), they are regarded as expressions of a universal behavioral repertoire which is triggered by the presence of a baby. Although experiences with babies improve parenting, it is basically existent without explicit learning, since it is even displayed in children as young as 2 to 3 years, performed by both sexes and appears in virtually all investigated cultures. Nevertheless, substantial differences in prevalence and mode of parenting across cultures are obvious. There is an expanding literature on identifying salient early interactional parameters which allow describing differences in parenting style. Especially from an attachment theory perspective parental - mostly maternal - sensitivity is of key interest since Ainsworth strong claim for an universal association between sensitive mothering and subsequent attachment security (Ainsworth et al., 1978). Sensitivity has been unitarily defined as alertness to infant signals, appropriateness and promptness of response and flexibility of attention and behavior its evaluation, especially from a cross cultural

perspective, however, is controversial. Although there is empirical evidence that sensitivity towards infants' interactive cues contributes to later attachment security the effect sizes are only low to medium (correlations from .10 to .30) and the amount of variance accounted for by the significant findings is small. Moreover, there are studies which do not reveal this relationship at all. Disentangling the complex nature of the sensitivity construct, therefore, seems to promise more insight into the early developmental regulations as well as their developmental consequences.

A Component Model of Parenting (CMP)
Based in empirical evidence, we promote the view, that a first developmental result in relationship formation is achieved much earlier than attachment theory proposes. We conceive of the three month' time span as a first manifestation of relationship quality. Infant's interactional behavior at that age can be regarded as a consequence of preceding interactional experiences and predicts concurrent (e.g. amount of crying as well as subsequent developmental outcomes. Besides the nature of dyadic attention (exclusive or shared and co-occurring) and the sensitivity towards positive and /or negative infant signals, basically two interactional mechanisms can be identified during early interactional exchanges, which are supposed to form independent components of parenting : contingency as the prompt reactivity towards infants signals and warmth as positive acceptance and affectivity. Contingency and warmth reflect basic parenting qualities which are complementary to infants needs when forming early representations of relationships as well as self construals. The independent conception of warmth as a parenting dimension is based in MacDonald's (1992) proposition to contrast warmth with security as often intertwined but basically independent affectionate systems which are both constitutive of attachment. He points out, that maternal behavior, which provides security need not to be emotionally warm and tries to verify the assumption of two separate functional systems with results from studies of Ganda and Gusii. Warmth and contingency are presented in the following as idealized prototypical conceptions which neglect the fact, that contingency always transports some form of warmth and warmth always expresses some mode of contingency.(for a full discussion of the component model, cf. Keller, in press).

Warmth: Warmth has been recognized as an important parenting dimension since the early parenting style studies during the fifties and sixties, mainly as the opposite of parental control across many different cultures. Warmth is described as giving and expressing affection (positive affective exchange, openness and accessibility, nurturance, understanding, empathy and acceptance). Behavioral expressions like hugging, kissing or holding are indexed as expressing warmth. Most studies, however address school children and adolescents.
The expression of warmth in interactional situations with infants comprises the mutual sharing of affective displays as well as empathic affect as expressed e.g. in tonal and vocal parameters of the voice. However, the expression of facial warmth is related to the face-to-face parenting system, which constitutes the phylogenetically newest mode of parenting (Keller, in press). Parental warmth seems to have a longer tradition as part of the body contact system. The function of body contact in primates, especially grooming, has been qualified as fostering group coherence. Different primate societies spend up to 30 % of their waking hours with reciprocal grooming, which affects the release of endorphins, helping to soothe the groomed partner and hence allow the development of trust. Body contact warmth also mediates emotional regulation in the human infant, e.g. reducing negative affect (carrying and close proximity are the worldwide most popular responses to distress). It seems to play an important role for the development of social and emotional competence and is considered to be an important condition for the development of altruism and sharing . Besides fostering social coherence, warmth seems to relate to the development of social imitation and role taking. Especially within the context of social learning theory, it has been demonstrated that children imitate adult role models more when they display warm and affectionate behavior (as well as powerful models) as compared with cold and distant behavioral models. Maternal nurturance increases imitation from daughters and parental warmth predicts identification with parents. Warm and positive affectionate parent - child relationships are expected to result in the acceptance of adult values by the child, identifying with the parent, and a generally higher level of compliance .However, there are vast cultural differences with respect to the amount of parental warmth as mediated by body contact that infants experience. The experience of parental warmth as a predominant socialization environment can accordingly be related to the development of an interrelated self, as described above.
Contingency: In interactions with babies, parents (as well as caretakers in general) display a propensity for

prompt responsiveness to infant cues. There are different time spans reported in the literature, which are considered as prompt ranging from 2 seconds (to 5 - 7 seconds, mainly as responses towards distress signals. There is however evidence, that parents in fact respond much faster to a substantial part of infants, mainly non – distress signals within a latency window of 200 to 800 msecs (Papousek, & Papousek, 1991). The necessity of the short time span seems to be related to infants restricted memory capacity, since habituation studies have demonstrated that infants do not learn that events belong together if the distance between them exceeds one second. The parental contingency matches infants' contingency detection mechanisms, which are present from birth on. The perception of temporal relationships is discussed to constitute a general mechanism of information processing which extends to social as well as non - social events. With this capacity, infants can relate events to their own actions. Contingency perception does not seem to be dependent upon specific affective displays, although infants enjoy matched affect. However, the infants' experience of environmental as well as behavior based contingency results in positive affect, whereas the violation of contingency expectations is accompanied by negative affect and distress. Thus, contingency detection seems to be self rewarding.

The function of the contingency experience based in non-distress face-to-face interaction is considered to promote the acquisition of early perceptually based self knowledge, by learning that behavior has consequences and by seeing their actions reflected in others. Consequently contingency has been mainly related to the development of beliefs about personal effectiveness and the predictability of others behavior. The developmental consequence of the contingency experience during early interactions can, thus, be related to the development of control beliefs which determine a conception of the self as a causal agent (Keller, & Eckensberger, 1998).

Contingency detection in the interactional context of face-to-face situations is linked to (exclusive) mutual visual attentiveness and eye contact by establishing a turn-taking structure that constitutes a preverbal dialogue. The prevalence of the parenting system of face to face behavior (Keller, in press) and the impact which is laid in conversational turn taking differ substantially across cultures. Especially in Western industrialized and, thus, competitive societies, extensive early face to face exchange seem to path the way for developing an individualistic self.

First empirical evidence for the CMP: Based on several observational studies, we can report first empirical evidence for the CMP during infancy. In a factor analytical study of different interactional measures assessed in videotaped free play situations from two German samples of mothers with their three months old babies (n1 = 14; n2 = 31) and one US-American Study (n = 12) with a comparable socioeconomic background, we identified a three factor solution consisting of a non - verbal contingency factor, a verbal contingency factor and a sensitivity/warmth factor. This exploratory analysis provided the first evidence for the independence of behavioral contingency and warmth .In order to further explore the interactional structure of parenting behavior, we conducted a longitudinal study with 63 Northern German middle class mothers and their three months old infants. Data analysis was equally based on videotaped parent - infant interactions in free play home situations each comprising about 15 minutes. Trained observers assessed contingency on the basis of face-to-face interactional exchange with a micro-analytical computer based procedure. Two chance corrected indices of contingency were computed.

Different trained raters assessed affectionate, warm parenting from the same video sequences. Results demonstrated that warmth and contingency are independent components of parenting (Keller et al., 1999). In a follow - up of these mothers – infant pairs, 43 dyads could be observed in the laboratory Strange Situation procedure, when the infants were 12 months of age. In a standard fixed series of separation and reunion episodes between mother, child and a female stranger, the infant is put under increasing stress in order to activate the attachment system. Behavioral analyses included attachment security and different social contact seeking and avoiding behaviors during the episodes of reunion. The results revealed that maternal sensitive warmth and behavioral contingency predicted different aspects of later attachment behavior. Infants' social contact behavior was related to earlier warmth, while attachment security was related to earlier maternal contingency. Although the amount of explained variance was small, the data nevertheless support the view that infants' early experiences of behavioral contingency might strengthen confidence in acting effectively and thus establish security of self regulation, leading to independent autonomy. The experience of warmth and emotional closeness, on the other hand, may strengthen the ability to relate to others and depend on their social support .The independence of warmth and contingency has been confirmed with four samples of German

mother child dyads, as well as Greek, Costa Ricans, rural Indians and rural Cameroonian Nso participants.

CULTURE AND ADOLESCENT DEVELOPMENT

Introduction:
In 1916, G. Stanley Hall, the father of adolescent research, published Adolescence. This book marks the beginning of a systematic exploration, both empirically and theoretically, of adolescence as a unique period of the life-span. During the eight decades following its publication, research on adolescence has gradually attracted more and more attention from researchers from various disciplines such as psychology, sociology, anthropology, and medicine. Gerald Adams (2001), a prominent adolescent researcher, remarked that "by the end of the 1990s the study of adolescence [had] come of age."

Paralleling scholarly trends in other areas of psychology, the role of culture in adolescent development has been recognized for some time. For example, soon after Hall's proclamation of adolescence as a period of Sturm und Drang (storm and stress), Margaret Mead published Coming of Age in Samoa (1928) in which she used a cultural case study to challenge Hall's notion. Such cross-cultural studies on adolescent development, however, were woefully few in number for most of the last century. Up until the 1950s, less than 5% of research on adolescence included cultural or cross-cultural elements. The proportion increased to 7% between the 1960s and 1980s. The past two decades, however, have witnessed a major surge: Cultural and cross-cultural research accounts for 14% of recent adolescent research.

In this chapter, we summarize some of the most significant issues and research findings in the area of culture and adolescent development. First, we will briefly mention two classic but enduring debates on the universality of adolescence and adolescent storm and stress. Then, we summarize the major findings on the role of culture in three areas of adolescent development: physical, cognitive, and socio-emotional development. Finally, we briefly outline two emerging issues in cross-cultural adolescent research: universality in developmental processes and the effects of social change and globalization.

Classic Debates

The Universality of Adolescence as a Distinct Life-Period
The most fundamental and classic question in cross-cultural adolescent research is whether all cultures in the world view adolescence as a unique life period. Most researchers tend to believe that industrialization in the late 19th century brought about the emergence of adolescence as a distinct period of the life-span (e.g., Aries, 1962; Cobb, 1997). In pre-industrialized societies, children typically do not have formal schooling and are married at a young age. The latter necessitates a sudden transition from childhood to adulthood.

After studying ethnographic data from more than 170 pre-industrial societies, however, Schlegel and Barry (1991) concluded that almost all societies have the notion of adolescence. In most of the societies, the beginning of adolescence is marked by initiation ceremonies, or rites of passage, that are major public events (Delaney, 1995). Themes of initiation ceremonies are typically consistent with the eventual adult responsibilities (e.g., productivity or fertility) in the various societies. In contrast, few or no formal initiation ceremonies exist in industrialized societies, leaving the period of adolescence with no clear beginning or the end.

The existence of adolescence as a unique period may also vary within a culture and by gender and social class. Schlegel and Barry (1991) found that girls in the Gros Ventre (a nomadic Native American tribe that inhabited northeastern Montana) seemed to lack the concept of adolescence, perhaps because they are married by about age 10. Sarasmathi (1999) recently argued that Indian children in the upper social class typically had a more distinct stage of adolescence than children in the lower social class. Indian girls in general also experience greater continuity between childhood and adulthood than do boys.

The Universality of Adolescence as a Period of "Storm and Stress"
As mentioned above, Hall depicted adolescence as a tumultuous period, a havoc caused by the "raging hormones" brought about by puberty. There are good reasons to believe that adolescence, especially early adolescence, may be a turbulent period. The beginning of adolescence involves major physical transitions that include growth spurts, sexual maturation, hormonal changes, and, as the most recent neurological research shows, brain development in the prefrontal area that is critical for impulse control. A middle adolescent is often physically mature enough to perform adult functions (i.e., work and childbearing), but lacks the psychological

maturity, social status, and financial resources to perform those functions responsibly. This is especially the case in industrialized and post-industrialized societies where a lengthened period of schooling is necessary, and sanctioned by the law, before adolescents can take part in the mainstream adult world. This disjunction between biology and society has the potential to create a difficult transitional period for adolescents. Consistent with these arguments, adolescence represents is a period in the life-span in which problem behaviors including criminal behavior raises sharply, as do symptoms of depression.

Hall's sweeping claim of adolescent storm and stress was challenged by Mead (1928), who presented an account of the coming of age for Samoan adolescents that showed no indications of storm and stress. Mead explained that Samoan children experienced a very gradual and smooth transition from childhood to adulthood because, from an early age, Samoan children took part in work tasks (e.g., caring for younger siblings, planting and harvesting, and preparing food) that have meaningful connections to the work they will perform as adults. Recent research (e.g., Arnett, 1999; Freeman, 1983) has corrected both.

Hall's "demonized" adolescents and Mead's "romanticized" life of Samoan adolescents. Most adolescents live a life with few serious personal or social problems, but for a minority of adolescents, adolescence still represents the most troubling years. That is the case in industrialized nations as well as in societies such as Samoa.

Culture and Adolescents' Physical, Cognitive, and Socio-Emotional Development
Culture is a system of beliefs, values, languages, and behaviors, and human-made aspects of the physical environment, that varies from one group to another. These variations can have powerful effects on adolescent development. Moreover, the different components of culture often interact with one another. For example, cultural values and societal systems may impact individual adolescents' development through the mediating effects of proximal social contexts such as family and peers. They also may moderate the association between social and environmental factors and adolescent outcomes. In this section, we summarize the major findings concerning cross-cultural variations in the domains of adolescents' physical, cognitive, and socio-emotional development.

Physical Development
One of the most significant developmental changes in adolescence is puberty. Although puberty appears to be a biological phenomenon that is hard-wired in the human body, systematic research has shown clear evidence of cultural effects on the onset of puberty. One of the clearest markers of pubertal development for girls is menarche, the time when a girl begins her menstrual cycle. Eveleth and Tanner (1990), in their review of the sexual development of adolescents worldwide, found that the timing of menarche varies greatly across cultures. Of the almost 150 groups of people studied, the mean age of menarche ranged from 12.0 years (middle-class adolescents from Caracas, Venuzuela) to 18.0 years (adolescents from the Bundi highlands in New Guinea).

Related to the cross-cultural variations in the onset of menarche is the finding that the age of menarche has been declining in the past 140 years. From 1860 to 1980, in the industrialized nations of Europe, the age of menarche has dropped approximately .3 years per decade. A similar trend has been found for adolescents in the U.S., starting at least in the 1920's. Japan may have the steepest decline in the age of menarche in modern history, as it has seen a one-year drop per decade between 1950 and 1975. It is likely that biological factors will ultimately set a lower limit to the age at which menarche occurs.

What factors might account for these cross-cultural and historical variations in age of menarche (also known as the secular trend)? The first major factor is nutrition. Good nutrition is associated with an earlier onset of menarche (Eveleth & Tanners, 1990). Systematic variations in the amounts of nutritional intake across cultural groups and historical time periods would result in significant variations in the age of menarche. Thus, girls in developed countries have an earlier age of menarche than their counterparts in developing countries, and girls in families with higher socio-economic status tend to reach menarche sooner than girls of low socio-economic status. For example, "well-off" Nigerian adolescents from Ibadan start menstruation approximately .5 years earlier than their "poor" counterparts. Similarly, urban girls reach menarche earlier than girls living in rural communities because urban residents typically have access to better-quality food. Adolescent girls from Cairo have a median age of menarche between 12 and 13 years, whereas the age of menarche for rural Egyptian girls is close to 14 years old. Chronic under-nutrition also tends to delay menarche. For example, adolescents from the Appalachian mountain area in the Eastern U.S. -an area that is characterized by chronic poverty had a mean age of menarche two years later than well-nourished controls from the same region (14.4 years versus 12.4

years).

Nutrition may not be the only factor that accounts for cross-cultural variations in age of menarche. Other factors that may play a role include variations in physical exertion and ecological factors such as altitude (adolescents living in areas of high altitude tend to have a later date of menarche).

Cultural factors affect other aspects of physical development as well. For example, Bogin (1999) compared several studies that examined the height and weight of late adolescents and young adults from various cultures around the world. He concluded that young adults (age 20) from the Netherlands may be the tallest people in the world. The men had an average height of 182.0 cm; the women, an average height of 168.3 cm. Further, young adult Efe Pygmies from African (ages 19-29) are the shortest people in the world. The men had an average height of 144.9 cm, and the women had an average height of 136.1 cm. Aymara Indians from Bolivia and Mayan Indians from Guatemala are also relatively short. Both of these groups are very poor and often experience malnutrition an infectious disease, which stunt physical growth.

Cognitive Development

One of the enduring topics of cross-cultural research is cognition. Cross-cultural research in this domain covers a range of subject matter, from Segall and colleagues' (1966) early work on visual illusions to Nisbett and colleagues' (2001) recent work on folk epistemology. Especially relevant to adolescent development, however, are the following four areas of research: Piaget's theory of developmental stages, Kohlberg's theory of moral reasoning, and studies of intelligence and academic achievement.

Piaget's stage theory of cognitive development suggested that adolescents develop from concrete operations to formal operations. The stage of concrete operations occurs from approximately 7 to 11 years of age and is characterized by abilities of the child to reason logically about concrete events. Formal operations (the ability to think in more abstract ways) start to develop at around age 11 and continue to develop during early adulthood. Generally speaking, the qualitative aspects of the theory, such as sequence of the stages, appear to be valid across cultures (Dasen, 1977). However, quantitative aspects, such as the timing of progression through the stages, appear to vary greatly across cultures. Cross-cultural psychologists have also challenged the notion that formal operational thought is the end-state toward which thought develops. Although most adolescents in industrialized societies reach the stage of formal operations, people in technologically unsophisticated societies typically do not show formal operations when tested with Piagetian tasks. How to interpret these differences is a point of contention between absolutists and relativists. Absolutists believe the developmental sequence and ultimate stage are likely to be universal. Relativists believe that the notion of formal operations as the prized end-stage is a result of the Western value system, and that the ultimate criterion for the highest level of cognitive development should be context-dependent. For cultures in which formal operations are not cultivated and rewarded, there is little wonder that adolescents (and adults) do not develop these cognitive skills.

Similar findings and similar arguments have surrounded another aspect of cognitive development-moral reasoning. Derived from Piaget's theory, Kohlberg's theory of moral reasoning is also a stage theory. Cross-cultural researchers have looked at both the sequence of the stages and the timing of the stages to determine if the theory is universal. Generally, the sequence of the stages is universal--people tend to follow the same course. However, the timing of the age of attainment appears to vary across cultures. For example, Kohlberg reported that even at the age of 16, most adolescents in his rural samples in Yucatan and Turkey still reasoned at the preconventional level. Again, as is the case with formal operations, there is no consensus on whether Kohlberg's concept of post-conventional morality, characterized by concerns for justice, should be the highest level universally. In individualistic societies, justice appears to be the guiding principle, but in collectivist societies, care and concern for others is more important than justice.

An even more controversial area of research is cross-cultural differences in intelligence. Some researchers (e.g., Rushton, Lynn, and Herrnstein) have persistently argued that there are systematic variations in general intelligence among various cultural/racial groups. These claims, however, have been seriously challenged by others on theoretical, methodological, and moral grounds (e.g., a lack of culture-fair definition of intelligence and culture-fair tests of intelligence). Controversies notwithstanding, certain cultural components are definitely related to individuals' intelligence. One example is nutrition. Earlier work by Robert Klein and numerous others set the foundation for research linking nutrition with cognitive abilities and socio-emotional development (e.g., Barret et al., 1982). Sigman and Whaley (1998) have recently examined the relation between

nutrition and intelligence in cultural contexts. In a study of Kenyan children, those who had consistent access to protein from animal sources had higher IQs than children who either had no access or lacked consistent access to food protein from animal sources. The animal source food protein provides nutrients to children, such as zinc and iron, which were not available from other sources. Sigman and Whaley argued that poor diet results in limitations in brain development, which in turn leads to inferior cognitive functioning.

Cross-cultural differences have also been found in adolescent school achievement. Several large-scale international studies (e.g., The Third International Mathematics and Science Study) have shown that students in Asian countries such as Japan, Korea, Singapore, and China perform at a consistently higher level than their counterparts in other parts of the world. Due to the complex nature of school achievement, almost all cultural components can be viewed as contributors to cross-cultural variations in school achievement. They range from obvious reasons such as the value of formal education to ones that are less obvious such as language systems, poverty rate, and malnutrition. As one example, the following factors may help account for the East Asians' superior school achievement: the cultural value of education, cultural beliefs in the positive outcomes of hard work, high parental expectations and standards, dynamic classroom instruction, and more time devoted to academic work in and outside of school (e.g., Stevenson, Chen, & Lee, 1993).

Socio-Emotional Development

The family and peers are two of the major social contexts of socio-emotional development for adolescents. Within the family context, three areas of research are notable: effects of parental warmth, consequences of parent-adolescent conflict; and timetable of establishing autonomy from parents. Much research has been conducted on parental warmth. Parental warmth, expressed in both physical (e.g., hugs and kisses) and verbal ways (e.g., praise and expressions of fondness), has been found to be a universal phenomenon (Rohner, 1986). It also seems to have a universal association with positive psychosocial outcomes, such as psychological well-being, self-esteem, and academic achievement. Lack of parental warmth appears to have a universal association with negative psychosocial outcomes, such as aggression, school misconduct, emotional unresponsiveness, and depressive symptoms (Chen et al., 1998; Greenberger & Chen, 1996). Despite the universality of its existence, the level of parental warmth is not the same across cultures. Cultures that are more socially complex and those that are industrialized tend to perceive parents as less warm and accepting, or even rejecting, as compared to more traditional cultures. Two possible explanations for this difference have been suggested. First, in industrialized countries, parents spend more time out of their homes working and away from their children than do parents in traditional societies. This increased separation may lead to an increase in youngsters' feeling uncared for. A second possible explanation is that industrialization has led to individualism. One aspect of individualism is to place the needs of the self over the needs of others. Parents in individualistic societies therefore may not expend as much care and affection on children as parents in collectivist societies. In the long run, less strong parental affection and acceptance on the part of parents in individualistic societies may prepare youths for"going it on their own" and developing affectional ties with nonfamilial others.

The conflicts between parental needs and expectations and those of adolescents also may manifest as overt parent-adolescent conflicts. Research has shown both similarity and differences in the nature, level, and correlates of parent-adolescent conflicts across the different cultures that have been studied (e.g., Chen et al., 1998; Greenberger & Chen, 1996; Yau & Smetana, 1996). The domains of conflict are typically mundane issues such as household chores. The level of conflict is generally modest, with some slight variations (e.g., somewhat lower for Chinese than Americans, but higher for Chinese immigrants). Higher levels of parent-adolescent conflict have been associated with lower levels of parental warmth and with higher levels of high adolescent misconduct and depressive symptomatology across several cultural groups.

Another major aspect of parent-adolescent relationships concerns adolescent autonomy. Parents and adolescents in individualistic societies tend to have earlier expectations of autonomy than parents and adolescents in collectivist societies. For example, Feldman and Rosenthal (1991) found that U.S. and Australian adolescents had earlier expectations for autonomy than did Hong Kong adolescents. The largest cultural differences were found for behaviors that would fall into the category of misconduct (e.g., smoking and drinking alcohol) and those related to peers (e.g., "attending boy-girl parties," "dating," and "preferring to do things with friends than with family"). Adolescent girls across the three cultures had later expectations for autonomy than did adolescent boys.

In addition to the family context, peer relationships represent another major social context for adolescent

development. Adolescents in different cultures spend different amount of time with their peers (Fuligni & Stevenson, 1995; Larson et al., 1999). Consequently, peer influence tends to vary. For example, peer factors play a less important role in Chinese adolescents' misconduct than in American adolescents' misconduct because Chinese adolescents spend less time with their peers (Chen et al., 1998). Peer relationships have also been found to be important for adolescents' psychological well-being in different cultures (Greenberger, Chen, Tally, & Dong, 2000).

Emerging Issues
The flurry of recent cross-cultural research on adolescents has addressed many important research questions, as indicated above, but also raises many new issues. Two of the new issues are highlighted here. First, traditional cross-cultural research tends to emphasize mean differences across cultural groups (e.g., people of Culture A score or rank higher on Variable X than those of Culture B). Little attention has been paid to the examination of differences in the resulting developmental processes. Recent statistical advances that allow researchers to conduct multi-group comparison of multiple regressions and path analyses have allowed for a more systematic examination of cross-cultural differences in developmental processes. Interestingly, much of the research (e.g., Chen et al., 1995; Rowe et al., 1994; Vazsonyi et al., 2001) has shown great similarity in developmental processes in domains such as academic achievement and delinquency. Much more research is needed to explore other domains of adolescent development.

A second emerging issue in cross-cultural adolescent research is the effects of social change and globalization. The last decade of the 20th century represents one of the greatest social transformations that has ever occurred on the global scale. Many East European and Asian countries underwent, and continue to undergo, major social changes. The forces driving these changes have come from both within and without the individual countries. As a force from outside of a culture, globalization has been a significant trend, facilitated by modern communications technology such as computers, the internet, and satellite television. Researchers have just begun to understand the potential impacts of these social changes and to ponder the continuing trends of globalization in the 21st century that can be expected (Larson, 2002; Van Hoorn et al., 2000). Much more research is needed to help us understand how these social changes are influencing adolescents' physical, cognitive, and socio-emotional development.

CULTURAL VARIATIONS IN PARENTAL SUPPORT OF CHILDREN'S PLAY

The purpose of this reading is to highlight the importance of play for children's development and to examine the role of parents in supporting children's play in various cultures. Although play is believed to be universal, the amount of attention devoted to play in a particular society depends in part on the cultural beliefs about the nature of childhood, and on the adults' specific goals for their young children. Researchers have found that some parents consider themselves appropriate social partners for their young children, but in many communities it is older siblings and peers who are the children's primary play partners. Regardless of their direct involvement in the on-going play activities, parents often provide support and guidance for children's play.

Introduction:

An elderly Maya woman sits in her chair by the outdoor brick oven, making a large stack of corn tortillas that will soon be cooked for the mid-day meal. She smiles and talks to her visitors, but her hands never stop pressing the tortillas. Around her feet are a number of chickens scratching and pecking at the dirt floor. Occasionally the woman stops, grabs a long stick nearby, and shoos the chickens away. As the woman resumes making tortillas, her oldest daughter begins to set the table, asking the visitors what they would like to drink. The youngest member of the family present is a young girl of about four years of age. She is watching all the preparations but not yet taking an active part in them. Occasionally she shoos the chickens, but she is focused mostly on playing with some kittens and watching the strangers. When asked what toys she likes to play with, the little girl smiles shyly, goes into the house and brings back two treasured items. She hands one of them to me, a pop-up book of animals who live in the rain forest. The other she holds up proudly, a worn looking, blond-haired blue-eyed Barbie. It is the same doll that my daughter plays with, in another country and in an entirely different cultural setting.

One of the most remarkable features of play is that children all over the world engage in various forms of play, whether it is with dolls, balls, homemade materials or with only the child's imagination. Hughes (1999) calls play a "true cultural universal." Regardless of their economic situation, children seem to find both time and materials for play.

Schwartzman (1986) described children's abilities to relate their play to their on-going responsibilities for work in the family. In one example, children played tag while watching the family cows, and in another, an 8-year-old continued playing despite carrying her baby sister on her back. In fact, Schwartzman argued that children play even more creatively when they do not have their own private space or ready-made toys. A large number of ethnographies have detailed children's ingenuity in using objects found in their environment (reeds, banana leaves, stones, seeds, teeth, shells, wood, cans, and so forth) and making them into toys that support both imaginative and physical play.

Play can be considered one of the most vital activities for children in all cultures (Bloch & Pelligrini, 1989). Play is believed to serve many important functions for children's development, including cognitive skills (e.g., symbolism and language use, problem- solving, role-playing, creativity) and social advances (e.g., friendships, social competence, emotional maturity). There are numerous theories and research examining each of these areas of play. For the purposes of this reading, only a brief overview of the relevant sociocultural theories will be presented.

Sociocultural Theories Related to Play

The Russian theorist Lev Vygotsky (1967, 1978, 1990) proposed that play was one of the most important sources of learning for young children, and that learning occurs primarily through observations and interactions with highly skilled members of the culture. Vygotsky (1978) introduced the concept of the zone of proximal development (ZPD) to explain the differences between the child's independent performance or actual developmental level, and their potential development when supported by a more skilled partner. Playing with a more sophisticated partner such as an adult, or an older child, will enhance the child's skills and encourage more complex play (Howes & Unger, 1989). Thus, play in the Vygotskian perspective encourages children to be imaginative, to try new roles, and to broaden their own ZPD as they play with different people.

Elaborating on this theory, Rogoff (1990) described a process of guided participation, in which children participate in loosely or formally structured on-going routines and activities guided by other, more competent,

members of the culture. Through intersubjectivity, or a shared focus of attention, both the child and the adult or other "expert" have a shared interest and sense of purpose in the task at hand (Rogoff, 1990). In order to help the child develop more advanced skills and to reach an eventual goal of independence, parents and others provide guidance and support to encourage and ensure the child's skill development. Providing enough help and support so that the child will not fail at the task, yet not so much that the child will not be challenged, has been termed *scaffolding* (Wood, Bruner & Ross, 1976). Thus children learn through their social interactions with more competent members of the culture, who provide guidance or scaffolding in various culturally relevant activities. In many cultures, parents or older siblings scaffold children's play, guiding them to learn more about some aspect of the play (e.g., the concept of turn-taking) or the world at large (e.g., using money to buy goods). Bronfenbrenner's (1979) ecological model also emphasizes the importance of children's environments and their interactions with various members of the culture. Bronfenbrenner proposed that every child grows up in the midst of a large number of social systems that interact in important ways. Those systems include the "microsystem," or the child's direct interactions with family and other caregivers, with teachers and peers in school, with peers in the village, or whatever groups apply to the child's cultural context. Whether or not the family and teachers support and encourage play, and the availability of opportunities to play with other children, have a direct effect on the child's development.

At the next level in his ecological model, Bronfenbrenner (1979) asserted the importance of the interactions of the various microsystems (e.g., the links between home and school). He called this the "mesosystem." Suppose a child's teachers believed that free play in the classroom was the most important activity for young children's learning, but the parents did not. In this case there would be a significant imbalance in the goals for that child across the mesosystem of home and school. Economic factors play an important role in this example, since wealthier parents are more likely to favor academic pursuits over free play, whereas parents with less money may focus on the child's role as a worker (Garborino, 1989).

At the next level in the ecological model, there is the "exosystem," or any setting which affects the child indirectly rather than directly. For example, policies in the parents' workplace, or municipal plans, may have an impact on the child's development even though he or she is not directly in contact with these systems. The town may decide to build new parks and playgrounds, giving the children space and equipment with which to play. The company may decide to enact more "family-friendly" work policies, changing the parents' schedules or perhaps enabling them to work from home. In both cases, decisions will have an impact on the child's experiences, although the child was never directly involved in these systems.

Finally, the "macrosystem" is the broadest level of influence, comprising the cultural values and societal ideologies. In terms of the cultural importance of play, each society may have definitive views about whether children should be protected from adult work or be part of it, and whether or not they should have "a protected social space to play" (Garbarino, 1989). In agrarian societies, for example, where children may have many responsibilities for the family's land and crops, and also be a student, there may be little time or adult interest in supporting play and games. By contrast, cultures where the parents work outside the home and do not involve the children in their economic life may be more likely to provide support (direct or indirect) for children's play throughout early and middle childhood (Rogoff, Mistry, Goncu & Mosier, 1993). Thus, Bronfenbrenner's (1979) ecological model provides an important framework for considering play as part of a child's development in the midst of various social systems, with the family occupying a central role.

Cultural Variations in Parental Roles in Play
Children's play often occurs in the midst of on-going adult activities, as in the scenario in the Maya village described at the beginning of the paper. The young girl plays and also watches as the older women prepare the food. Eventually, she will be expected to take a larger role in the daily household activities, such as helping her grandmother cook or helping her aunt weave a hammock. For now, the adults support her with ample time and space to play. In fact, they watch her play fondly, though they do not play with her. As noted above, the amount of time children can devote to playing is determined in part by the cultural values of childhood. In some cultures emphasis is placed on the acquisition of the skills that contribute to the economic gain of the family as children perform daily chores and other family responsibilities such as child care. In other communities, such as many middle class families in the United States, children have few responsibilities other than play and school throughout much of their childhood.

Based on their study of children's play in six cultures, Beatrice and John Whiting (1975) concluded that children

in more complex cultures play more and with more complexity. They also showed that within the most complex groups, there was more play in the children who had greater freedom to roam about the community and play with whomever they chose (Sutton-Smith & Roberts, 1981). Sutton-Smith and Roberts (1981) referred to this phenomenon as "cultural leeway," suggesting that freedom to explore the environment is an important component in understanding the role of cultural support for children's play. Implicit in the definition of "cultural leeway" is the parental support for the time and the freedom for children's play. Indeed, Sutton-Smith (1974) has argued that the critical variable in determining the amount of parental support for the role of play in children's lives hinges on the need to involve them in the economic survival of the family. In societies where children must work to help support the family from an early age, there is less observation of play than in societies where children are less tied to the economic well-being of the family.

Adult beliefs about play have been shown to influence how likely parents are to become involved in children's play. When mothers did not consider themselves appropriate play partners for their children, for example East Indian, Guatemalan (Goncu & Mosier, 1991), Mayan (Gaskins, 1996) and Mexican mothers (Farver, 1993), they were much less involved and engaged in playing with their children than American and Turkish mothers, who considered play culturally appropriate behavior (Farver & Wimbarti, 1995; Goncu etal., 1991; Haight, Parke, & Black, 1997).

Interesting research by Farver and her colleagues (e.g., Farver, 1993, Farver & Wimbarti, 1995) emphasizes the importance of considering the role of older siblings in guiding children's play in many cultures. Farver (1993) found that in Mexican families, the older siblings' guidance of play and tendency to involve their younger siblings in complex pretend play was very similar to the way American mothers behaved with their young children. This was in contrast to sibling play in the United States, which tended to be more discordant (Farver, 1993). In Mexico, older siblings are much more likely to be younger children's play partners, and there is a highly nurturing relationship between the older and younger siblings.

Similarly, Farver and Wimbarti (1995) reported that in Indonesia, parents respond to their young infants' needs until they become mobile, at which point older siblings take a more active role, and adults are no longer play partners for their children. In their study of Indonesian mothers' and siblings' play with young children, Farver and Wimbarti (1995) found that the children's object play and cooperative social pretend play followed trends similar to those of Western children. Older siblings tended to scaffold and encourage younger children's play whereas Indonesian mothers used more directives and corrections of children's behavior.

When adults do become involved in children's play, how they interact with the child seems to vary in part due to socialization values and goals (Haight, Wang, Fung, Williams & Mintz, 1999). For example, European-American mothers emphasize independence and self-expression whereas Chinese caregivers are more interested in social harmony and respect for rules (Haight et al., 1999). Haight et al. (1999) found corresponding differences in the children's play, in that the Chinese children had more social play and that Chinese caregivers' initiations of play were often focused on practicing proper conduct. Irish-American children had longer periods of solo pretend play alternating with social pretending with peers. Similarly, Tamis-LeMonda, Bornstein, Cyphers, Toda, and Ogino (1992) found that Japanese mothers focused more on social interactions and communication in play with their toddlers, whereas American mothers tended to use play as a context for teaching world-knowledge.

In a study examining the sociocultural context of pretending at home in a small sample of middle-class American families, Haight and Miller (1993) found that the mothers (the primary caregivers) were highly engaged in their young children's pretending. When the children were infants, mothers introduced the notion of pretend play, but as the children grew older pretend play became a joint activity. Mothers incorporated their children's pretending into the daily routines of laundry and cooking. Haight and Miller (1993) found that mothers were children's primary plays partners until 36 months, and that these young children actually preferred their mothers as play partners to their older siblings. After about 3 years of age, however, mothers arranged more play dates with friends and were less likely to play themselves.

In a study of parent play with older, preschool-aged children, Vandermaas-Peeler, King, Clayton, Holt, Kurtz, Maestri, Morris and Woody (2001) found that both parents and children were highly engaged in play, mostly pretending, during observations conducted in both home and laboratory settings. Of the various types of scaffolding employed by parents during play, including teaching the child, commenting on play, making suggestions, or directing the on-going activities (Farver, 1993), teaching was by far the most common. Parents frequently used the context of play to teach their children conceptual knowledge (e.g., "this is how the doctor

takes your blood pressure" when playing doctor), as well as the use of objects in the real world (e.g., "this is a credit card machine" when playing store). Vandermaas-Peeler et al. (2001) found considerable variability in parents' abilities to integrate teaching smoothly into the on-going play, with some parents able to maintain both high rates of play and high amounts of teaching, and others completely halting the play in order to focus on instruction. Thus, when teaching is the parents' goal, some parents may be more successful than others at using play as a medium of enhancing their child's learning about the world.

Bornstein and his colleagues (Bornstein, 1989; O'Reilly & Bornstein, 1993) have suggested that parents can assume a variety of roles during joint play with their children, some more social and others more didactic. Social behaviors include turn-taking and emotional expressions, whereas didactic interactions include direct teaching and providing information to the child (O'Reilly & Bornstein, 1993). Research reviewed by Bornstein and Tamis-LeMonda (1989) suggests that when social and didactic modes can be successfully integrated in parent-child play, there can be long lasting social and cognitive benefits for the child.

In a review of the literature on caregiver-child interactions during play, O'Reilly and Bornstein (1993) affirmed the central role of parents in developing their child's cognitive abilities through warm, supportive interactions in various types of instruction. In the context of play, children are receptive to parental suggestions, and they play in a more sophisticated manner when their caregivers join them (O'Reilly & Bornstein, 1993). As the specific nature of parental goals differs across cultures, so does the parents' particular emphasis during play interactions with their child. However, it seems to be true universally that parental support, whether it is direct or indirect, enhances the quality of a child's play experience.

Conclusions

One of the most important ways that children learn about and become engaged in the world is through play. Singer and Singer (1990) emphasized the importance of make-believe or pretend play for children's joyful well-being, especially from age's three to six. Vygotsky highlighted the role of play in children's cognitive development, especially as a tool for enhancing social interactions, role-playing and creativity. Erikson affirmed the importance of play in children's emotional expressions and their ability to relate to others. A multitude of others have written for over a century about the importance of play in children's lives.

The nature of parent-child interactions during play differs widely by culture and socialization. First, not all parents join their children in play, and not all children have so few responsibilities that playing is their primary "work." Economic means of the family is one factor, and the culture's beliefs about childhood are another consideration. Even among the parents who believe that playing with their child is important, the nature of the parent-child play differs widely by culture. Although many Western parents believe that play is an important way to teach their children about the world, not all of them are skillful at combining teaching and play (Vandermaas-Peeler et al., 2001). In fact, some of them stop play altogether in favor of providing instruction. Caldwell (1986) called this the "paradox of play," in that we assume that because parents are generally more skilled than their children, they know how to play better. Caldwell (1986) argued that children know quite well how to play. She suggested that parents can help their children learn, within the context of play, by encouraging diversity within play rather than rigidity, and emphasizing the social roles as well as the didactic or teaching-oriented behaviors. Interesting, in many cultures, it is the siblings who are responsible for guiding younger children's play, and research shows that they do this in a sophisticated and sensitive manner. This review has highlighted the importance of play for children's learning. Parental support of children's play is extremely important, but the actual means of support, whether through the provision of time, space, materials, or social partners, varies widely and appropriately by culture. The study of play should always be conducted with the particular cultural context in mind. In the words of experts on play, like Caldwell, Sutton-Smith, and the Singers, play should be spontaneous and flexible, and most of all, fun.

PARENTAL ACCEPTANCE-REJECTION AND LIFE-SPAN DEVELOPMENT: A UNIVERSALIST PERSPECTIVE

Parental acceptance-rejection theory (PAR Theory) is a theory of socialization that attempts to predict and explain worldwide causes, consequences, and other correlates of parental acceptance-rejection. Additionally, the theory attempts to predict and explain the consequences of acceptance-rejection in other primary interpersonal relationships, including intimate adult relationships. Empirical evidence overwhelmingly supports the major postulates of the theory, especially PAR Theory's personality sub theory which predicts that perceived parental

rejection is likely to be universally associated with a specific form of psychological maladjustment. Members of every society and ethnic group so far studied tend to respond to perceived acceptance-rejection precisely the way the theory predicts. With this information it should now be possible to formulate culture-fair policies, programs, interventions, and other applications for enhancing the welfare of humans elsewhere.

Introduction:
Interpersonal relationships have unparalleled developmental implications for humans everywhere, regardless of age, gender, race, ethnicity, culture, socioeconomic status, and geographic boundaries (Duck, 1999). For children, parent-child relationships are particularly important. A vast research literature shows that the quality of parent-child relationships characterized by parental acceptance (love) and rejection (lack of love) is a major predictor of psychological functioning and development for both children and adults universally (Khaleque & Rohner, in press; Rohner, 1975, 2002; Rohner & Rohner, 1980). A significant portion of this research dealing with the quality of parent-child interactions relates to parental acceptance-rejection theory.

Parental Acceptance-Rejection Theory
Parental acceptance-rejection theory (PAR Theory) is a theory of socialization that aims to predict and explain major causes, consequences, and correlates of parental acceptance and rejection within the United States and worldwide (Rohner, 1980, 1986, 2001). PAR theory predicts that parental rejection has consistent negative effects on the psychological adjustment and on behavioral functioning of both children and adults worldwide. In PAR Theory, parental acceptance-rejection refers to a bipolar dimension of parental warmth, with parental acceptance at the positive end of the continuum and parental rejection at the negative end. Parental acceptance refers to the love, affection, care, comfort, support, or nurturance that parents can feel and express toward their children. Parental rejection refers to the absence or withdrawal of warmth, love, or affection by parents toward their children. Parents can express their love or lack of it in three principal ways. They can be cold and unaffectionate, hostile and aggressive, or indifferent and neglecting. Additionally, parental rejection can be subjectively experienced by individuals in the form of undifferentiated rejection. Undifferentiated rejection refers to the feeling that one's parent(s) do (es) not really love them or care about them, without necessarily having objective indicators that the parents are cold and unaffectionate, hostile and aggressive, or indifferent and neglecting.

PAR Theory attempts to answer five classes of questions concerning parental acceptance and rejection. These questions are divided into the theory's three subtheories: personality subtheory, coping subtheory, and sociocultural systems subtheory.

1. What happens to children who perceive themselves to be loved (accepted) or unloved (rejected) by their parents (personality subtheory)?

2. To what extent do the effects of childhood rejection extend into adulthood and old age (personality subtheory)?

3. Why do some children and adults cope more effectively than others with the experiences of childhood rejection (coping subtheory)?

4. Why are some parents warm, loving, and accepting, and others cold, aggressive, neglecting, and rejecting (sociocultural systems subtheory)?

5. How is the total fabric of a society, as well as the behavior and beliefs of people within the society, affected by the fact that most parents in that society tend to either accept or reject their children (sociocultural systems subtheory)?

PAR Theory has several unique features guiding its attempt to answer these questions. First, it draws extensively from major ethnic groups in the United States as well as from worldwide, cross-cultural evidence (Rohner, 1986, 2002). Second, it draws from literary and historic materials going as far back as 2,000 years. Third, it draws from nearly 2000 empirical studies on parental acceptance and rejection since the 1930s to form a conceptual framework for explaining the lifespan and universalist perspectives incorporated into PAR Theory's three subtheories (Rohner, 2002).These subtheories are described more fully below.

PAR Theory's Personality Subtheory
PAR Theory's personality subtheory postulates that parental acceptance-rejection has profound influence in

shaping children's personality development over the life span. Specifically, the subtheory assumes that the emotional need for positive response from significant others (parents or other attachment figures) is a powerful motivator in children. When this need is not adequately met by attachment figures, children are predisposed emotionally and behaviorally to respond in specific ways. In particular, the subtheory postulates that rejected children are likely to feel anxious and insecure. Additionally, parental rejection is expected to lead to other personality outcomes in children and adults including: hostility, aggression, passive aggression, or problems with the management of hostility and aggression; dependence or defensive independence, depending on the form, frequency, and intensity of rejection; impaired self-esteem; impaired self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview.

According to PAR Theory, rejected persons are likely to develop a negative worldview characterized by the belief that people and the world in general are hostile, treacherous, threatening, or negative in some other way. Negative worldview, negative self-esteem, negative self-adequacy, and some of the other personality dispositions described above form the basis of mental representations or social cognitions of rejected people. In PAR Theory, mental representation refers to individuals' more or less coherent but usually implicit beliefs and expectations about themselves and significant others that are constructed from emotionally important past and current experiences. The theory assumes that mental representations tend to influence individuals' memories, perceptions, interpersonal relations, and behaviors.

It is important to note here that not all accepted children and adults necessarily develop in a favorable manner. Some accepted individuals develop adjustment problems similar to those of rejected individuals for reasons other than parental acceptance-rejection. Moreover, not all rejected individuals develop serious adjustment problems. Some are able to cope with the pain of perceived rejection more effectively than others. This topic is discussed in PAR Theory's coping sub theory below.

Important elements of rejection are apt to linger into adulthood, placing people who were rejected as children at somewhat greater risk of social and emotional problems throughout life than people who were loved continuously. Some of the individuals who do not respond as predicted by PAR Theory's personality subtheory are called "troubled." These individuals suffer from impaired mental health even though they feel accepted by their parents. Until recently PAR Theory researchers spent little time studying these individuals because it is generally recognized that people can be psychologically disturbed for a variety of reasons having nothing to do with parental acceptance and rejection. We now know that many of these troubled individuals are persons, who feel rejected by their intimate partners and other non-parental attachment figures (Khaleque, 2001).

PAR Theory's Coping Subtheory

Studies in the United States and across the world confirm PAR Theory's assumption that nearly 80 percent of children and adults--irrespective of geographic location, race, and ethnicity--generally tend to be negatively affected by parental rejection (Rohner, 2001, 2002). A small fraction of the remaining 20 percent is termed "copers" in PAR Theory.

They are the people who experienced significant parental rejection in childhood but who nonetheless continue to be psychologically well adjusted as defined in PAR Theory's personality subtheory. According to coping subtheory, copers are of two types: "affective copers" and "instrumental copers." Affective copers are those individuals who develop overall positive mental health despite experiencing parental rejection. Instrumental copers are those individuals who do well in their professional, occupational, or task oriented lives despite psychological impairment due to parental rejection. So far minimal empirical research has been conducted on the assumptions of PAR Theory's coping subtheory, but available evidence suggests that the emotional support of non-rejecting significant others can help greatly to alleviate the distress of parental rejection.

PAR Theory's Sociocultural Systems Subtheory

PAR Theory's sociocultural systems subtheory attempts to predict and explain major causes and sociocultural correlates of parental acceptance and rejection worldwide. The subtheory predicts, for example that children are likely to develop cultural beliefs about the supernatural world (God and spiritual beings) as being malevolent (i.e. hostile, treacherous, destructive, or negative in some way) in societies where they tend to be rejected. On the other hand, the supernatural world is expected to be perceived as benevolent (i.e. warm, generous, protective, or positive in some other way) in societies where most children are raised with love and acceptance. Substantial cross-cultural evidence confirms these predictions (Rohner, 1975, 1986). PAR Theory's

sociocultural systems subtheory also predicts-and cross-cultural evidence confirms-that parental acceptance and rejection tend to be associated worldwide with many other sociocultural correlates such as household structure, artistic preferences, and occupational choices of individuals. Much more information on these topics is available in Rohner (1986, 2002).

Consequences of Parental Acceptance-Rejection

Since the 1930's a large number of studies have been conducted on the antecedents and especially the consequences of perceived parental acceptance-rejection for cognitive, emotional, and behavioral development of children, and for personality functioning of adults within United States and worldwide. Research on parent-child relations consistently indicates that perceived parental rejection typically has serious consequences for the psychological development and personality functioning of children and adults. In a review of available cross-cultural and intracultural studies, for example, Rohner and Britner (2002) provided evidence of worldwide correlations between parental acceptance- rejection and such other mental health issues as: depression and depressed affect; behavioral problems, including conduct disorders, externalizing behaviors, and delinquency; and, substance abuse.

Depression

Parental rejection has been linked with both clinical and non-clinical depression within almost all major ethnic groups in America, including among African Americans, Asian Americans, European Americans, and Mexican Americans. Moreover, parental rejection tends to be associated with depression in many countries internationally, including Australia, China, Egypt, Germany, Hungary, Italy, Spain, Sweden, and Turkey. It is important to note that a number of longitudinal studies show that perceived parental rejection in childhood often precedes the development of depressive symptoms in adolescence and adulthood.

Behavior Problems

Parental rejection appears to be a major predictor in almost all forms of behavior problems, including conduct disorder, externalizing behavior, delinquency, and perhaps adult criminality. Cross-cultural findings supporting this suggestion come from many countries across the world, including Bahrain, China, Croatia, Egypt, England, Finland,
India, Japan, Norway, Pakistan, and elsewhere. Many studies within the U.S. also support this conclusion, both among middle class and working class European Americans as well as among African Americans, Chinese Americans, Hispanic Americans, and other ethnic groups were it has been studied. As with depression, a number of longitudinal studies in the U.S. and internationally show that parental rejection often precedes the development of behavior problems.

Substance Abuse

Support for the worldwide association between parental acceptance-rejection and substance abuse comes from evidence in Australia, Canada, England, Finland, Hungary, the Netherlands, Sweden, and other countries. These studies clearly indicate that parental rejection is etiologically connected with both drug abuse and alcohol abuse. Besides these cross-national studies, parental rejection has also been found to be linked with substance abuse in most ethnic groups in the U.S., including African Americans, Asian Americans, European Americans, and Hispanic Americans.

Measuring Parental Acceptance and Rejection Cross-Culturally

Most of the research discussed in this chapter draws from the logic of "anthroponomy" and the "universalist approach" described in Rohner (1975, 1977, 1986). That is, if one is serious about establishing worldwide principles or universals of human behavior, then one must employ a multimethod research strategy across a wide range of the world's known sociocultural settings. Doing so allows one to capture the full range of human variability in races, languages, ethnicities, genders, ages, and the like. The objective here, of course, is to demonstrate that claimed universals truly generalize across these population boundaries as well as across different measurement modalities. The single strongest body of evidence about the worldwide mental health correlates of parental acceptance-rejection comes from cross-cultural and intracultural studies of PAR Theory's personality subtheory (Rohner, 1986, 2001, 2002). This evidence is based on the convergence of several broad

paradigms of research as well as several discrete measurement procedures within these paradigms. These include: 1) a major holocultural study of 101 well described nonindustrial societies distributed widely throughout the major geographic regions and culture areas of the world (Rohner, 1975); 2) a controlled comparison of three sociocultural groups in the Pacific (i.e., a Maori community of New Zealand, a traditional highland community of Bali, and the Alorese of Indonesia) where- as described by anthropologists-children tended to be rejected by their parents (Rohner, 1960); 3) an 18-month ethnographic and psychological community study in West Bengal, India (Rohner & Chaki-Sircar, 1988); and, 4) at least 50 intracultural psychological studies by more than two dozen researchers in the United States and internationally. Collectively, these studies have tested several thousands of children and adults within at least 28 nations and language groups internationally (Rohner, 1986, 2002; Rohner & Rohner, 1980). These studies also include every major ethnic minority in the U.S. (i.e., Asian Americans, African Americans, Hispanic Americans, and Native Americans) as well as middle class and working class European Americans.

The psychological studies draw from one or another version of two self-report questionnaires in the preferred language of respondents (i.e., the adult, child, or parent version of the Parental Acceptance-Rejection Questionnaire, and the adult or child version of the Personality Assessment Questionnaire). Additionally, some of the studies draw from interviews with adults, parents, and children, and a few draw from behavior observations of the interaction between parents and children. Specific information about these instruments and individual studies may be found online at vm.uconn.edu/~rohner.

Conclusion

Members of every society and ethnic group so far studied throughout the world tend to respond to perceived acceptance-rejection precisely as PAR Theory's personality subtheory predicts. All this evidence lends credibility to PAR Theory's contention that the experience of parental rejection is one irreducible, root-cause of social, emotional, behavioral, and social-cognitive problems in the development of children, adolescents, and adults everywhere-regardless of differences in gender, ethnicity, race, language, sociocultural background, or other such defining conditions. Because perceived acceptance-rejection appears to have a consistent effect on all humans the possibility is opened for creating culture-fair policies and programs, interventions, treatment, and other practical applications for enhancing human welfare everywhere.

ADOLESCENT FUTURE ORIENTATION: AN INTEGRATED CULTURAL AND ECOLOGICAL PERSPECTIVE

Introduction:
There are three objectives for this issue. To introduce issues of adolescent future orientation by a summary of existing conceptualizations and supportive data, to underline the universal and cross-cultural meanings of future orientation, and to propose new research directions. These will be derived from Bronfenbrenner's (1979, 1989) ecological model of development, Super and Harkness' (2002) proposition of regulation of the developmental niche pertaining to congruence within and across developmental settings, and Cooper and Denner's (1998) model of bridging multiple worlds.

Future Orientation
Future orientation is the image individuals have regarding their future, as consciously represented and self-reported. Like autobiography, it tells a personal subjective life story consisting of those life domains individuals deem important, and gives meaning to one's life. Its importance for individuals' motivation and self-definition has been acknowledged by both psychologists (e.g., Bandura, 2001) and laypersons, as attested by the frequent use of future metaphors for promoting both commercial and public interests. "Don't wait for the future-go find it", "Where there is care there is future", "You never actually own a Pateck Phillipe [a Swiss made watch], you merely look after it for the next generation", and "The future isn't something you travel to, it's something you build up" are just several instances of the use of future metaphors in advertisement.
As in other areas of scientific inquiry, researchers have used different terms (e.g., future time orientation, future time perspective, possible selves) to refer to phenomena similar to those I present here. Others have used "future orientation" to describe other non-thematic aspects of future-related issues, especially pertaining to extension (i.e., how far into the future individuals think) and attitudes toward the future. Future orientation is a person's 'model of the future'. As such, it provides the grounds for setting goals, planning, exploring options and making commitments, and consequently guides the person's developmental course (Bandura, 2001; Nurmi, 1991; Seginer, 2003; Trommsdorff, 1986). Bearing these properties, future orientation has a special importance for individuals going through developmental and transitional periods in which they are normatively expected to prepare themselves for what lies ahead. Therefore, the study of future orientation is especially relevant to adolescent development, on which much of the future orientation research has been carried out, but also to other developmental transitions associated with marriage, parenthood, retirement and bereavement, and such life transitions as immigration.

Early psychological analyses: Contemporary conceptualizations of future orientation can be traced back to early work of three psychologists: Frank (1939), Israeli (1930, 1936) and Lewin (1939, 1948). Their analyses addressed the conceptualization of future orientation as well as its motivational and developmental functions, especially addressing three issues: (a) Future orientation, or the construction of possible events and experiences in the future, is generated in the present, (b) Future orientation is domain specific and individuals construct their images of the future by relating to different domains, and (c) The content (themes) of these domains may be personal or social, realistic or ideal, and reality-based or fantastic.
Using different terms, Frank, Israeli, and Lewin considered the motivational power of future orientation as directing and regulating present behavior. However, while Frank and Israeli's analyses of the regulating function of future orientation were theoretical, Lewin (1948) tested his propositions in experiments linking level of aspiration to performance and in qualitative analysis linking future orientation to morale.
Developmental issues, central to this chapter, were discussed by Frank and Lewin. While influenced by Lewin regarding the representation of the future in the life-space, Frank emphasized early development. His main argument was that regulation of physiological functions marks the onset of "human career" whose two essential characteristics are the acceptance of values and the consideration of future consequences (i.e., time perspective). For Lewin, development is marked by an increase in "...the scope of time ahead" (1939, p. 879), especially noted during adolescence.
Finally, it is important to note the pioneering empirical work of Israeli, who experimented with divergent methods ranging from estimates of future events (e.g., divorce rate) to hypnotic imagination of the future. Also included were the subjective importance of the future relative to the past and present, judgment of future

criticism of the past, and the future autobiography. The latter was an elaborate method in which participants were instructed to write their autobiographies by looking back from 1935 to 1932 through 1975 to 1970. While Israeli may have inspired a simpler version of the future autobiography method (e.g., Gillespie & Allport, 1955), his elaborate methods were never replicated.

Future orientation research: From classification to process. Much of future orientation research conducted in the last 50 years focused on the thematic (content) aspects of future orientation, by classifying (coding) the narratives into various life domains, and hence can be described as the thematic approach to future orientation (Seginer, 2003). Data collected by means of open-ended methods (e.g., Trommsdorff, 1983) across different cultural settings revealed that, in constructing their future adolescents, use a common set of prospective life domains.

Specifically, adolescents from different nationalities and ethnicities shared a core of three future life domains: education, career, and family. In addition, adolescents include an a temporal domain reflecting concerns with the self (e.g., "to be happy"). Group differences related to the relative representation (density) of the core domains as well as

to the representation of culture-specific domains (e.g., family of origin and collective issues for Israeli Arab and Druze, leisure for Finnish and German adolescents). These future life domains are subsumed under two overarching categories: the education, orientation as well as its motivational and developmental functions, especially addressing three issues: (a) Future orientation, or the construction of possible events and experiences in the future, is generated in the present, (b) Future orientation is domain specific and individuals construct their images of the future by relating to different domains, and (c) The content (themes) of these domains may be personal or social, realistic or ideal, and reality-based or fantastic.

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A central proposition of this analysis is that the two overarching categories serve different developmental

functions. The Prospective Life Course is task-oriented and self- guiding, whereas the Exist, and especially the self concerns, addresses non-specific experiences, mood and emotions (e.g., "that I will have good/prosperous life") and lacks self-guiding. Bandura's comment regarding goals is applicable here too: Goals do not automatically activate self-influences that govern motivation and action...General goals are too indefinite and no committing (italics added) to serve as guides and incentives" (2001, p.8).

To reiterate, not all future life domains have the self-directional qualities attributed to future orientation. Consequently, it is not just any form of thinking about the future that is facilitating development, but one of specific nature. Two kinds of data substantiate the different nature of the Prospective Life Course and Exist domains: across group comparisons of Israeli Jewish (kibbutz and urban), Arab, and Druze adolescents, and across-age (from 4th grade to transition-to-adulthood Israelis) intra-personal correlates of future orientation.

Data collected in Israel since the mid-80s showed that Arab and Druze adolescents scored relatively lower than the Jewish adolescents on the Prospective Life Course domains and higher on the Exist domains. While with time, the differences between the three groups grew smaller, the overall tendency stayed stable. Similar across time trends were found for Jewish kibbutz adolescents (Seginer & Schlesinger, 1998). While initially, Kibbutz adolescents scored lower than urban adolescents on Prospective Life Course domains, as the kibbutz underwent social and economic changes toward the adoption of a market economy, the tendency of kibbutz adolescents to construct their future orientation in terms of Prospective Life Course domains increased.

As different as Israeli Arab, Druze, and kibbutz adolescents have been, their construction of future orientation could be explained by the same underlying principle: the least necessary expenditure (Heckhausen, 1977). This cognitive-motivational principle concerns the relationship between task difficulty and exerted effort. Applied to future orientation it suggests that adolescents will invest in the construction of the future to the extent they perceive outcomes as contingent upon investment. Arab and Druze adolescents grow up in a setting that offers only limited freedom for an independent search for a future course. Kibbutz adolescents -- until the social changes of a decade ago grew up in a setting where all options were open to them, and regardless of investing in the construction of a Prospective Life Course, their future as 'Kibbutz members' was guaranteed. Thus, for different reasons, the Arab and the Druze as well as the kibbutz adolescents had a reduced incentive to invest in developing a prospective life course.

The second set of data (Seginer, 2003) consisted of measures of future orientation and intra-personal characteristics collected from several groups of Israeli youths ranging in age from pre-adolescence to young adulthood. Analyses showed that across the different age groups, the Prospective Life Course was positively and the Exist domains were negatively related to self esteem, self concept, academic optimism, low loneliness, and intimacy. Thus, the Prospective Life Course domains not only share a common element of task orientation, but are also related to several indicators of emotional health.

As in any other area of study, classification is not enough. Aware of the narrowness of an approach consisting only of the cognitive representation of the future, and drawing on earlier theoretical analyses (Nurmi, 1991; Nuttin & Lens, 1985; Trommsdorff, 1983), Seginer, Nurmi and Poole constructed a three-component model (Seginer, 2003) pertaining to the motivational, cognitive, and behavioral aspects of future orientation. This model is generic (i.e., applies to different life domains) and hierarchical. Its hierarchical nature draws especially on the pivotal function of the motivational component as directly affecting the cognitive component, and both directly and indirectly via the cognitive component - the behavioral component.

The motivational component consists of four variables: the value of a prospective life domain; expectance (i.e., subjective probability) of materializing plans, attribution of internal control beliefs (ability and effort) regarding materialization of plans, and positive affect toward domain-related issues. The cognitive component consists of domain representations, in terms of hopes and fears (e.g., for Higher Education: "To be accepted to the Psychology Program"). The behavioral component consists of two variables: exploration of future options by seeking advice, gathering information, and probing their suitability, and commitment to one specific option. Their similarity to Marcia's (1993) identity model indicates the theoretical affinity between future orientation and ego identity. However, the present conceptualization of future orientation suggests that while longitudinally future orientation and identity formation affect each other, during adolescence and the transition to adulthood period, future orientation precedes the work of identity.

Universal and Contextual Considerations

Future orientation, like the behavioral manifestations of other value orientations, is the outcome of both

universal and culture-specific processes. Its universality draws on the three assumptions underlying Kluckhohn and Strodtbeck's (1961) seminal analysis of value orientations: (a) humans have a limited number of common problems, (b) solutions to these problems have a limited range, and (c) " ... all alternatives of all solutions are present in all societies at all times but are differentially preferred." (p. 10).

Since all societies share a concern for continuity and for the welfare of future generations, future orientated thinking, facilitated by humans' abstract thinking, is universal. The Kenyan proverb "Treat the earth well, it was not given to you by your parents it was loaned to you by your children" is but one example of future oriented thinking in traditional societies. Human groups differ, however, in their preference of the past, present or future, and more pertinent to the present analysis, in the extent to which they permit members of their society, and adolescents and transition to adulthood **individuals in particular, to independently chart their future and use it to guide their behavior.**

This permission, and in some groups encouragement, characterizes Western societies. It emanates from cultural emphasis on individual autonomy and its direct bearing on Western views of adolescence as a period for age-appropriate pursuit of autonomy and preparation for the future. In constructing their future orientation, Western adolescents enjoy concerted multiple sources of support for the development of future orientation. At the societal-cultural level it is sanctioned by the high value Western cultures have for autonomy and the future, and made concrete by pertinent information and the availability of role models provided by the media and by immediate settings such as the family, the peer group, and the school. The importance of such across-system regularity for developmental outcomes has been recently described by Super and Harkness (2002) in terms of three mechanisms that organize the developmental niche: redundancy, elaboration, and chaining.

The availability and regularity of these resources for Western adolescents underscores the difficulties encountered by adolescents from the majority world (Kagitcibasi, 1996), whose societies have been undergoing a gradual cultural change. Under conditions of social change, adolescents may strive for more Western adulthood than accorded by their society. This creates difficulties for both: from the society's point of view, cultural reproduction (i.e., continuity) is threatened, and from the point of view of individual adolescents, the concerted multi-source support, or developmental niche regularity (Super & Harkness, 2002), is missing.

Thus far, the discussion focused mainly on one aspect of the social context: cultural values and practices. This, however, leaves out other aspects of the developmental setting that both mediate the effects of cultural values and gradually affect them. Toward this aim, Bronfenbrenner's (1979, 1989) analysis of the ecology of human development describing the environment as consisting of several ecological sub-systems -- will be employed.

The Ecological System: A Context for the Construction of Future Orientation

Bronfenbrenner's (1979) model of the ecology of human development consists of four concentric ecological subsystems: microsystem, mesosystem, exosystem and macrosystem, as well as the chronosystem (i.e., the time dimension inherent in the concept of development, Bronfenbrenner, 1989). Its importance draws from turning the environment from 'background' to 'figure' and emphasizing the significance of distal settings such as the parents' workplace or friends' families (exosystem) to child development.

Bronfenbrenner described the microsystem as "... a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics." (1979, p. 22). Families, classrooms, peers groups, children's and adolescents' meeting places, churches, clubs, and community centers are all microsystems. By being arenas for academic, social and cultural learning, microsystems provide their members with social capital (Coleman, 1990). These social settings ...facilitate certain actions of individuals who are within the structure...making possible the achievement of certain ends, that would not be attainable in its [the social capital] absence. (p. 302).

The second subsystem -- the mesosystem -- links between the developing person's microsystems. The relationships among the family, school, peer group, or any two of them are the child's mesosystem. Given that mesosystems consist of relationships and may function to facilitate development, they too provide the child with social capital.

The exosystem's relevance to the child's behavior emanates from the basic fact that individuals share microsystems but also participate in other microsystems. To illustrate, parents and adolescents share the family microsystem, but the parent's workplace is the parent's but not the adolescent's microsystem. Another example is families of members of the adolescent's peer group. Thus, the exosystem is a microsystem that includes one or more members of one of the child's microsystems such as parents, siblings, friends, or teachers. To the

extent that it provides its members social capital, it may also be an asset for the child's development. Altogether, its impact on the child is an indirect one, mediated by that other person.

The macrosystem pertains to social and cultural consistencies such as values, norms and customs that act as blueprints for microsystems and mesosystems. Thus, the microsystem and the exosystem are social settings, the mesosystem is the relationships between settings and the macrosystem is a set of abstract rules emanating from values and ideologies that regulates the micro-, meso- and exosystems. Finally, the chronosystem relates to the cumulative experiences of the child in relation to processes and events occurring in her or his setting, as well as the historical period in which the development under examination takes place.

While contemporary future orientation research endorses the development-in-context approach, as yet only few studies have examined it in the context of microsystems like the family, peer group, or the school, the effects of the interface between microsystems (mesosystem), and the ways in which the construction of future orientation in microsystemic contexts is indirectly affected by the macro- and exosystems. Therefore, a brief summary of existing research on the development of future orientation in family contexts will be followed by a section specifying directions for future research, as they relate to the construction of future orientation in context.

Summary of existing research: Cumulative knowledge since the early decades of the 20th century on the development of children and adolescents in family contexts has indicated that the question is not whether but rather how families affect adolescent future orientation. Based on existing research, three avenues of influence can be identified. The first is parents' resources, instantiated in their level of education and other indicators of socio economic status (Cooper, Cooper, Azmitia, Chavira, & Gullatt, 1998). Research (e.g., Trommsdorff, 1983) showed that in constructing their future orientation adolescents reproduced family social status. This tendency may have been reinforced, however, by tracking lower class adolescents to lower-level high schools rather than to the academically oriented gymnasiums. The two other channels through which families were found to affect adolescent future orientation pertain to authoritative parenting and parental beliefs (Seginer, 2003).

Authoritative parenting can facilitate the construction of future orientation in two ways: Directly, by providing autonomy that, as discussed earlier, is a necessary condition for constructing an instrumental image of future orientation, and indirectly by prompting emotional health reflected in having sufficient psychological resources for simultaneously attending to present affairs and orienting themselves to the future. Analysis of data collected from Israeli Jewish adolescents showed that parental authoritativeness affected the motivational component of future orientation only indirectly via self esteem (an indicator of emotional health).

The second channel is parental beliefs. While developmental psychology research has been focusing on parents' ideas of children and parenting in general, beliefs parents have regarding their child are as pertinent. Both guide parental practices and the expectations parents communicate to their children, and thus may have a similar effect on the motivational component of adolescent future orientation. Data collected from Israeli Jewish adolescents and their parents (Seginer, 2003) showed parental beliefs, like authoritative parental style, had direct effect on the motivational component of future orientation only in one domain: military service. These findings should be considered in relation to two facts: (a) respondents were only one year from their military service and hence it was in their immediate future more than higher education, career or marriage and family, and (b) the developmental meaning of universal conscription for Israeli youth.

In a second study, the relationships between parental beliefs and future orientation was conducted among 11th grade Israeli Arab girls and focused on two prospective domains: education and marriage. The analysis showed that fathers' perceived beliefs prompted two trajectories. One was the traditional trajectory of early commitment to marriage, which in turn reduced the value and expectance of higher education and was indirectly associated with lower academic achievement. The second was the progressive trajectory, in which the traditional and the progressive were both represented. It positively linked perceived fathers' beliefs regarding education and girls' academic achievement via marriage and higher education expectance (i.e., subjective probability of materialization of plans).

In sum, based on these findings a preliminary answer to the question of how parents affect future orientation is that (a) parents affect the construction of future orientation in multiple ways, and (b) parenting style and parental beliefs may be especially pertinent for prompting the motivational aspects of future orientation. It is also clear, however, that this answer is tentative and partial. To advance our knowledge of the construction of future orientation, these findings need to be replicated and additional research directions need to be pursued.

Directions for future research: The interface between a future orientation conceptualization consisting of three components and the ecological model of development consisting of several immediate settings such as the family, peer group, and school (microsystems) that are embedded in other subsystems, must result in a wealth of questions for future research. Of these, I will present three questions, especially pertinent for cross-cultural psychology.

All three address the correspondence among different aspects of the developmental niche (i.e., those aspects of the environment relevant to development) whose importance for successful developmental outcomes has been highlighted by Super and Harkness (2002) and discussed in an earlier section. Its application to the ecological model of development prompts two related issues: one concerns congruence among the various parts of the ecological developmental system and the other concerns developmental systems lacking such congruence. The first addresses the correspondence among the different microsystems, and indirectly with the other systems. These include the active cooperation between microsystems (mesosystem), the social capital provided to microsystems' members participating in non-shared microsystems like parents' workplace, siblings' friends, or friends' families (exosystem), and the overall support of the value system.

While at first glance, by replacing congruence with incongruence, the second issue is just a mirror image of the first; in reality they are not simply opposites. Instead, they should be understood in light of Bronfenbrenner's (1979) rule that to understand the impact of the environment on behavior it is necessary to introduce a contrived change (experimental manipulation) or observe the occurrence of a "natural" change (i.e., social change). So viewed, issues of across-settings congruence can be addressed only by examining settings with varying degrees of incongruence. Such conditions are often found in minority and immigration groups as well as in the majority world (Kagitcibaci, 1996) where adolescents strive for education and its consequent life style.

Hence, the first question is how does parent/school, or peer/school congruence facilitate the construction of future orientation? The second question, following from the first, is how do specific settings change each other (as may be the case in a family-school mesosystem) or moderate the effect of one of them (as may be the case of an educational program counteracting the effects of the peer group) on the construction of future orientation? The third question focuses on bridging multiple (i.e., incongruent) worlds (Cooper & Denner, 1998) by actively negotiating adolescents and its outcomes in terms of the construction of future orientation.

Empirical examination of these questions will serve two purposes. First, it will advance our knowledge of how culture-specific conditions facilitate the construction of future orientation by adolescents undergoing different kinds of social change. Second, as such analyses accumulate, they will provide an understanding of culture-specific as well as across cultures principles underlying the effects of single settings and the extent to which congruence between (or among) settings affect the construction of adolescent future orientation In conclusion, this analysis addressed adolescent future orientation in light of its universal origins and the facilitation of its construction in different ecological settings. Underlying this discussion has been a replicated finding that adolescents share a common core of future orientation domains consisting of education, career, and marriage and family, but differ in the extent to which they invest in each of these domains, and include in their future orientation other culture-specific domains. Cultural differences pertaining to congruence among various developmental settings prompted three issues for further research.

While these issues focus on individuals, they raise additional question focusing on cultures: do similar across cultures strivings for more education and higher standard of living threaten cultural uniqueness? Kluckhohn and Strodtbeck (1961) contended that ...the ideas and techniques a people either 'borrow from' or have 'forced upon' them by another culture are far more often adapted to the old ways of thinking and acting than they are disruptive of those ways." (p. 9). Thus, as adolescents across different cultural groups may become more similar, and hence develop greater inter-cultural understanding, they and the adults they will develop to be will most probably preserve cultural uniqueness.

AN ECO-CULTURAL AND INTERPERSONAL RELATIONS APPROACH TO DEVELOPMENT OVER THE LIFE SPAN

Introduction:
This chapter is based on several assumptions. The first is that human development starts before birth and ends with death. Therefore, a life-span perspective is needed. The second assumption is that human development takes place in a given cultural context; it is both affected by culture and affects culture. Culture and human

development are constantly interacting. Therefore, a culture-inclusive life-span view of human development is taken here. Such a view is still not common in developmental psychology which has mainly been advanced in Western cultures.

Historically, human development was seen as taking place in infancy and childhood, thus assuming that further development is not very interesting. Most personality characteristics (e. g., intelligence, social competence) were seen as fully developed by young adulthood without undergoing significant changes thereafter. With more refined empirical studies on human development it became obvious that individual behavior can significantly change until very old age. Therefore, an important issue of modern developmental psychology is to study stabilities and change of human development over the life span.

One explanation of changes in human behavior over the life span focuses on biological processes (e.g., hormonal production in puberty; biological changes in old age). Another approach to developmental change focuses on the changing social roles throughout the course of one's life, thereby studying age-related norms and "developmental tasks." Both perspectives are too narrow since they ignore the role of the individual person who actively constructs his/her development. These perspectives need to be integrated in a broader framework of development in culture (Valsiner, 2000). The neglect of culture in present developmental research is amazing since even a historical perspective on changes of developmental tasks in one society, the United States, clearly demonstrates significant differences among various cohorts. For example, the period of adolescence is extended, or the beginning of adulthood is no longer characterized by establishing a family, and leaving one`s parents house since marriage and parenthood is no longer a normative event in the life of an adult man or a woman. Thus it is problematic to define a specific developmental age by reference to chronological age. At least the functional age, the biological age, the psychological and the social age need to be taken into account. The social age is defined by expectations of the socio-cultural group which role a person should play at a certain chronological age. The social meaning of age groups can change according to the "social construction" of age and development. Studies on cognitive development in old age demonstrate significant cohort differences related to effects of different schooling in different historical periods in the United States. These and other findings have challenged traditional developmental methodology and have resulted in refined research designs combining cross-sectional, longitudinal, and time-lag methods (sequential testing) in order to disentangle effects of age, cohort and period. However, cross-cultural methods are still rarely used. Another example in the same line of reasoning is that longevity, which is a result of scientific and medical advancement, occurs for an increasingly larger proportion of older adults and offers new options for development over the life span in technologically- advanced modern societies. Accordingly, very old age has become a new phenomenon in developmental psychology which simply cannot be accounted for by a social constructionist view but obviously is obviously affected by interactions between biological conditions and culture.

Modern developmental psychology now goes far beyond infancy and childhood, and includes studies on adolescence, adulthood, and old age. Even intra-cultural comparisons based on data from different historical periods point to the impact of culture and of changing socio-cultural norms on development. They also demonstrate that the conceptualization of human development, the areas of research in developmental psychology, and the understanding of development over the life course has changed significantly during the last century. A historical view alone can already demonstrate the influence of the socio-cultural context on development, the conceptualization of human development, the choice of topics for research, the theorizing, the methods used, and the empirical results. However, a major shortcoming of developmental psychology still is the uncritical neglect of culture in human development. This is also true for the study of human development over the life span.

Theoretical Approaches on Development in Culture

The low importance of culture-inclusive studies in developmental psychology is especially surprising given the relatively long tradition in this field. Wilhelm Wundt, the founder of modern psychology, extensively elaborated on culture's effect on human behavior. Also, at the beginning of the 20th century, early anthropological research demonstrated relationships between culture, socialization practices, and child development. In his classical ethnographic studies, Radcliffe-Brown (1964) analyzed observational data on the Andaman Islanders from about 1904; Malinowski (1922) studied the Trobriand Islanders during the First World War. After that time, cultural anthropology in the United States was blooming. The famous "Culture and Personality School" emerged, partially initiated by Franz Boas. It was further advanced by Margaret Mead and Ruth Benedict, both

searching for "patterns of culture" and their relation to personality characteristics. After the decline of the "Culture and Personality School," the "hologeistic" (whole world) approach followed. It was assumed that economic conditions influence child development. Barry, Bacon, and Child (1967) described agricultural as compared to hunting and fishing cultures as contexts where children learn more compliance, nurturance, and responsibility and less self-reliance and initiative. The authors base their conclusions on the analysis of data from 100 societies (from the Human Relations Area Files), which is characteristic of hologeistic approaches.

The underlying idea of these studies was that the socio-economic and cultural context gives rise to specific socialization conditions which influence the developmental outcomes of the child. In this simple eco-cultural model a direct influence of culture on the person was assumed. This was in contrast to the search for universals based on the assumption of biological factors influencing development. The underlying question was whether biological ("nature") or environmental factors ("nurture") are more influential. This question has dominated studies in developmental and cross-cultural psychology for many years.

A major problem of these early anthropological studies was the underlying assumption that relationships between context (or socialization conditions) and developmental outcomes (personality characteristics) are unidirectional: the cultural context was seen as influencing child behavior. Little attention was paid to the processes underlying such influences such as biologically-rooted conditions for learning in relation to influences of the environment and in relation to the needs and the ability of the child, or the individual differences with respect to ways the child internalizes cultural values or develops specific competences.

In the meantime, more refined theorizing has modified this simple eco-cultural model of development. Whiting and Whiting (1975) in their famous Six Cultures Study and more specifically Bronfenbrenner (1979) differentiated between various aspects of the context, assuming that the various levels of the context are interrelated both affecting and being affected by development.

In contrast to the eco-cultural models (the simple and the refined), Super and Harkness (1997) assumed that causal relationships between the context and the person do not exist. The authors suggest that the child grows up in a "developmental niche" which consists of "subjective child-rearing theories," "caretaker psychology,", "parental ethno-theories," and "parents` cultural belief systems." Following the reasoning of Vygotsky, development is understood here as "guided participation in cultural activity". Cultural values and parental beliefs are seen as part of the developmental context which can be changed by activities of the child. Direction and processes of relevant influences are not specified in this model.

Both the eco-cultural model and the model of the developmental niche have strengths and weaknesses which let us assume that an integrative model may be more fruitful (Trommsdorff & Dasen, 2001). Such integration may be possible when taking into account context variables such as the socio-economic system, religion, the family system, and so forth with respect to their specific meaning for the relevant caretakers and the children. Thus, the subjective representations and value orientations of the individual caretaker, their socialization practices, the child's personality, and the quality of relations between the child and the caretaker become important. This integrative model assumes that according to the meaning system of the context, human development can follow different pathways.

Also, with respect to the above-mentioned question of which is more important, "nature" or "nurture," more refined studies starting in infancy and even before birth take genetic and environmental conditions and their interrelations into account (Plomin, 2000; Rowe, 1994). Typically, in behavior genetic research, interaction processes between mothers and their infants are observed over time, including measures of genetic factors, temperament, and various personality variables. This research and longitudinal studies on twins as compared to adopted children have demonstrated that empirical evidence does not show simple unidirectional influences of environment on developmental "outcomes." Instead, the active construction of development by the child has to be taken into account. Also, mutual interrelations between the person and his/her environment build up even before birth (during pregnancy) and give rise to differential developmental paths.

The present approach starts from a specific conceptualization of culture. The cultural context is seen here to provide certain options and restrictions for development. At the same time it provides a "shared meaning system," which allows the individual person to internalize certain cultural values and to develop adaptive competences. The developmental outcome is affected to a certain degree by the given context depending on its meaning for the person and the person's active modification of the context during his or her own development. Thus, possible universalities of human development which base on biological processes may function in different ways according to the given cultural context and the related proximate contexts (e.g., the

family) according to its respective subjective meaning. To summarize, one may see development and context as being related with each other in ways that optimize the respective "goodness-of-fit." This is a life-long process.

Culture-Specific Conceptualizations of Development over the Life Span
In considering culture-specific conceptualizations of development over the life span, an initial quite striking approach is to search for culture-specific values of childhood, adolescence, adulthood and old age. For example, in some cultures, childhood directly leads to adulthood without transitions such as the developmental stage of adolescence. In these cultures, children are continuously prepared to take adult roles, including having children of their own, as soon as their physical maturation allows.

Furthermore, the developmental tasks related to the different developmental stages obviously differ among cultures; and they can change in one culture over time. For instance, in some cultures children are free from any adult responsibilities. They are viewed as being part of heaven and God as historically was the case in Japan (Kojima, 1986). In other cultures, children are seen as economic resource for the parents and the family. In Western societies, children are rather regarded as separate or independent, they are rather conceived of as partners of their parents, or as little adults being responsible for what they are doing and having to decide them; they are conceived of as having certain rights for which they get institutionalized support. Early in life they acquire the need to be strong-willed and self-determined, as is the case in many "post-modern" Western cultures (Kuczynski, in press).

Another example is adolescence which in some cultures simply does not occur because of the obligation to take over adult roles right after physical maturation. The end of childhood and beginning of adolescence is characterized in some cultures by extended (gender specific) rituals, separation of male adolescents from the family and integration in the male peer group headed by an adult male leader. In other cultures, due to the increasing role of education, adolescence is a separate and sometimes difficult developmental stage which is rather extended relative to other developmental stages. Here, adolescence is characterized by a more or less prolonged "moratorium" which should allow the adolescents develop a sense of identity in order to be able to fulfill adult roles later on. Some studies support the view that this period is characterized as "storm and stress" and emotional insecurity, contradicting other studies which did not find empirical support for the notion of adolescence as a period of crisis. A dominant view has been that adolescence is characterized by striving for autonomy and independence from parents and by achieving developmental growth through relatedness with peers. However, cross-cultural studies show culture-specific relations between parents and their adolescent children related to the adolescents` preference for independence and autonomy.

Adulthood is usually characterized by establishing a family, taking responsibilities as parents, and as active members of the society (e. g., in economic production; in political institutions). However, cultures differ with respect to conceptualizing adulthood and related developmental tasks of adults. Also, social changes are affecting the gender role, and thereby the family system, including the conditions for child care and parent-child relations.

The concept of old age is related to different age groups in different cultures, presumably depending on the "normal" life expectancy in a specific culture. In many industrialized societies development over the life span is extended into very old age. This is brought about by technological and social changes which give rise to increasing longevity as well as related changes in the roles of women and men, family systems, and developmental conditions such as health and well-being. Therefore, the concept of old age comprises different meanings in different cultures. Certain cultures pay high respect to old aged people who are conceived of as possessing "natural" legitimate authority and wisdom, and who are taken care of by the family. In contrast, in modern urbanized societies the nuclear family prevails and independence is highly valued; here old aged people rather prefer to be independent, relying on their own resources and/or the social welfare system. This again affects development over the life span and the related cultural context.

Development in Culture: A Life Span and Interpersonal Relations Approach
In the following, we can only focus on some selected areas which are of special importance for the study on human development in culture when taking a life-span perspective. We will first discuss the role of culture for both the caretaker and the child, including goals and practices as parts of the developmental niche. Second, we will focus on the question of how the "developmental outcome" comes about; we will refer to the relations between caretaker and the child, including the socio-emotional bases for the transmission of values in

development. Third, we will briefly report on an ongoing cross- cultural study which aims to understand the transmission of values over the generations on the basis of development over the life-span.

Subjective theories and values: Subjective theories of caretakers are often conceived of as ethno-theories reflecting the values of the respective culture; they influence the developmental goals (what characteristics the child should develop?) and the developmental time table (at which age the child should achieve certain abilities?). Also, the behavior of the caretaker varies according to their subjective theories (Goodnow,1995). Therefore, cultural differences in such developmental theories and goals often occur (Rosenthal & Roer-Strier, 2001; Schäermeier, Friedlmeier, Trommsdorff, & Vasconcellos, 2002). These culture-specific theories, goals, and practices are part of the "developmental niche" of the child (Super & Harkness, 1997) influencing the child's development.

Our own cross-cultural studies on ethno-theories of German, Brazilian, and Korean caretakers have shown that caretaker's child-rearing goals depends less on their personal characteristics but rather on the norms and values of the society the caretakers are living in (Schäfermeier et al., 2002). Usually, caregivers' child-rearing goals and also practices are part of the general goal to foster the development of those qualities and attitudes in the children which are needed to fulfill certain roles in the society successfully, or more specifically, in their relevant social sub-group. This is another example for the notion of "goodness-of-fit."

To give an example of the relation between caretaker's goals, beliefs, and behavior, Japanese mothers believe in harmonious relations and emphasize cooperation, compliance, and empathy, while German mothers rather prefer the developmental goals independence and individuality, therefore enforcing their child's autonomy. In case of conflicts, Japanese as compared to German mothers rather empathize with their child's needs and attribute their child's behavior to positive factors ("child is only a child") (Kornadt & Trommsdorff, 1990; Trommsdorff & Kornadt, in press). Japanese mothers' sensitivity fosters the establishment of a very close emotional bond with their child. On this "secure" basis the child can control negative emotions more successfully than is the case for German children (Friedlmeier & Trommsdorff, 1999; Trommsdorff & Friedlmeier, 1993).

These differences coincide with cultural values of social orientation in Japan and individuality in Germany and are related to the individualism-collectivism dimension on the cultural level (Hofstede, 2001) and to differences in self-construal on the individual level (independence versus interdependence; cf. Markus & Kitayama, 1991). Also, these results are in line with several cross-cultural studies showing that the preference for independence is more pronounced in individualistic cultures while the preference for interdependence is more relevant in social-oriented cultures even though intra-cultural differences exist. A strict dichotomy suggested by these concepts (autonomy/relatedness; individualism/collectivism; independence/interdependence) is too artificial. For instance, studies on changing societies (in transition from traditionality to modernity) show that both dimensions may be integrated (Kagitcibasi, 1996). It can be assumed that the need for both autonomy and relatedness characterizes human development throughout the life span and allows for adaptation to social change and changing developmental tasks.

Transmission of values as a "developmental outcome:" The next question is whether cultural values do not only affect parents` developmental goals and child-rearing practices but are also visible in values, beliefs, and behavior as part of the developmental outcomes of the next generation. Therefore, the transmission of parents` developmental goals to the child needs to be studied. This is related to the question of internalization of values (Grusec & Goodnow, 1994). Though culture-inclusive research is necessary for understanding the processes of transmission this has so far not been studied cross-culturally.

Cross-cultural research has shown that the "same" parental goal or the "same" child- rearing practice may have very different meanings in different cultural contexts. For instance, "independence" as a developmental goal may have the meaning that the child can take care of the younger siblings or the household duties without the help of the adult caretakers. Or, "independence" goals may mean that the child makes decisions on his/her own (e. g., with respect to choosing a professional training or a marriage partner). The goal of "independence" can thus be rather related to the needs of the family or of the child (as a separate entity). Also, child-rearing practices have different meanings depending on the cultural context. Japanese adolescents who are growing up in a group-oriented versus an individual oriented culture rather believe they are rejected by their parents when parents` conformity demands are missing and independence is demanded. This is in striking contrast to German adolescents who rather feel rejected in case of parental conformity demands (Trommsdorff, 1995). However, in addition to these culture- specificities one may recognize a universal relationship: when parents`

behavior is consistent with the general cultural values, children are more inclined to feel accepted and also to accept such parental behavior as is the case in a harmonious parent-child relationship.

A central precondition for such a relationship can be seen in attachment (e.g., secure, insecure, avoidant) which also constitutes a basis for interpreting the relation between oneself and the environment ("internal working model"). Relatively few cross-cultural studies have demonstrated universalities in the function and structure of attachment for child development and culture-specificities in the caretaker's behavior such as sensitivity (van IJzendoorn & Sagi, 1999). Our own studies show that measurements of mothers' sensitivity need to include culture-specific functions, e.g., proactive and reactive behavior of mothers in interaction with their child (Friedlmeier & Trommsdorff, 1999;Trommsdorff & Friedlmeier, 1993).

Only a few cross-cultural studies on the relations between caretaker's beliefs, child- rearing, and child development in different cultural context have been carried out. The notion of bi-directionality in parent-child relation dynamics (Kuczynski, in press; Kuczynski, Marshall, & Schell, 1997) has hardly ever been taken into account in cross- cultural research. Systematic analyses of cross-cultural studies on parenting and child development show that bi-directionality is just one possible facet of parent-child relation dynamics which can occur to a greater or lesser degree in certain cultures, and can change degree over the life span (Trommsdorff & Kornadt, in press).. One conclusion of these studies is that the relationship context (and its culture-specific meaning) has to be taken into account in order to understand bi-directional processes between parents and children, and its effects on child development.

To summarize, at least two factors have to be dealt with when studying the transmission of values: (a) what kind of parent-child relation (including child-rearing) and (b) which cultural context allows for the most effective transmission? Asking these questions again points out to the idea of "goodness-of-fit". More specifically, cross-cultural studies are needed to test whether the internalization of parental values by the children can be improved a) when related parental goals and practices are in accordance with the prevailing cultural values and the needs of the child, b) when the child can understand the meaning of the parents` behavior, and c) when the parent-child relationship is emotionally warm and close.

Value-of-Children and Intergenerational Relations: To summarize, research on cultural contexts, caretaker's ethno theories, developmental goals, and practices may permit an understanding of how cultural values are transmitted to the next generation, affecting the child's development. This is the underlying idea of our presently ongoing study on "Value of Children and Intergenerational Relations" (Trommsdorff, 2001) which, however, goes one step further since it studies the relations between culture and development over the life span and across several generations. The starting point for this study was the original "Value of Children" (VOC) study in the 1970s. This large international study aimed to explain the conditions for differences in fertility and population growth over the world (Arnold et al., 1975). Differences in fertility have for a long time been seen as a result of economic conditions: Parents of low economic status were assumed to prefer a larger number of children (and prefer sons) because of economic needs: they were assumed to ascertain economic support by the children until old age. However, the economic value of children does not explain why children are born when families enjoy a high economic status. Even though the number of children decreases in affluent societies, this only means a decline of fertility. Other values besides the economic value of children should be relevant for the decision to have a child. Such values can be related to the intrinsic pleasure to have a child, or to take the responsibility for the development of a new human being, or to expect an intimate companion for later life.

In our own studies we have found significant differences in the value of children between different cultures and also between the generations (of mothers and grandmothers). For example, Indonesian as compared to Japanese, Korean, or German mothers still express a higher economic and social value of children without necessarily having a lower intrinsic-psychological value of children (Trommsdorff, Zheng, & Tardif, in press). Also cultural differences exist with respect to gender preference. However, it seems much too simple to only attribute these differences to an economic value. Instead, religious beliefs, and cultural traditions of ancestor worship can be much more important. Gender preference can even go into the opposite direction: Japanese mothers no longer prefer a son (as was the case some decades ago) but they rather prefer a daughter; they expect their daughters to be emotionally close companions for their old age (Makoshi & Trommsdorff, in press).

While some research on parental ethno theories has explicitly studied relations to child- rearing, this was less

the case in the original research on the VOC which was mainly interested in explaining child-bearing (fertility). However, the question of child bearing needs to be related to the question how child-rearing takes place. Studies by Hoffman (1987) in the context of VOC have demonstrated significant positive correlations between high economic value of children and high conformity oriented parenting.

The next necessary step would be to study the function of parenting for the development of the children. Therefore, our modified study on "Value of Children and Intergenerational Relations" aims to fill this deficit (Trommsdorff, 2001). Starting from an eco-cultural and developmental approach, a model will be tested which includes (1) the cultural values and socio-economic factors as contextual factors, (2) the person variables such as individual beliefs, attachment, and value orientations, (3) the relationship variables with respect to a) the own child (including preferred child-rearing practices and investments in the child) and b) the own parents (including given support). The relationships among these three aspects (context, person, parent-child relationship) are studied for three (biologically related) generations: adolescents, mothers, and grandmothers in (at least) six cultures (Germany, Israel, Turkey, Republic of Korea, China, and Indonesia) (Trommsdorff & Nauck, 2001). Multi-level analyses are planned to take context, person, and relationships into account. We are, in short, attempting to gain insight into universal and culture-specific processes of development over the life span, and to shed light on the transmission of values over several generations. In the process we plan to contribute to the understanding of interactions between individual development, intergenerational relations, and social change.

Conclusions

This short chapter has highlighted some advantages and difficulties related to a life-span developmental cultural psychology. The method of comparing psychological phenomena in different cultural contexts allows for the testing of universalities and for taking into account culture-specific aspects of these processes. The opportunity to overcome an ethnocentric bias is therefore offered along with the chance to disentangle otherwise confounded variables. One may especially control the effects of certain contextual conditions which can be theoretically assumed to affect development (e. g., socio- economic structure, cultural values, and family system) without however being able to fully account for the complexity of the context. Still, one may select those contexts which represent the most relevant theoretical variables. Two more aspects on the relation between culture and development are to be mentioned. First, socio-cultural conditions and changes affect human development. Second, human development affects the socio-cultural context and may contribute to cultural stability and change. Both sides have to be taken into account (Trommsdorff, 2000). To give an example, changes in adolescent and adult development on account of changing gender roles have affected the family system and in the long run affect the demographic structure of the population. This in turn will affect developmental options for the younger and the older generation, and at the same time this will affect socio-economic changes including the rise of new social institutions (e.g., care systems for the elderly), changing intergenerational relations, and related changes in individual development. Thus, the study of human development over the life span taking into account the cultural context may contribute to a better understanding of the relations between complex individual behavior and culture.

FAMILY: VARIATIONS AND CHANGES ACROSS CULTURES

Introduction:
It is common knowledge that cultures seem to have different types of family systems. In the United States and Canada and the countries of northern Europe the nuclear family, father, mother and the children, appears to predominate. In almost all of the rest of the world, extended families, the grandparents, father, mother, children, but also aunts, uncles, cousins, and other kin are considered to be "family." The 20th century has seen the greatest upheaval in history of family change. Family types in North America and northern Europe have been changing with the increase of nuclear families and the decrease of extended families, and during the past 20 or more years, with the increase of unmarried families, divorced families, unmarried mothers, and homosexual families. Nuclear families have also been increasing in all the continents of the world.

The purpose of this article is to describe the different types of families in different cultures throughout the world and to describe the types of changes in family. This goal is an integral part of cross-cultural psychology, whose aim is to search for similarities and differences in psychology variables in cultures; that is, psychological phenomena that are universal across all cultures as well as variations in the manifestation of psychological phenomena as a function of specific aspects of cultures. What are these specific aspects of culture that we are interested in? They are the "context" of societies which shape human behavior according to cultural institutions, norms, values, language, history and traditions. The search for differences and similarities in psychological phenomena is dependent on an understanding of the social structure and the cultural traditions of countries and small societies. Only then can the cross-cultural psychologist analyze "why" scores on psychological measures are the same and differ. Analysis of the culture of a society and even its history is a necessary element for the cross-cultural understanding of similarities and variations of psychological phenomena. This approach has two dimensions, an indigenous and a cross-cultural. The indigenous approach is the vertical dimension; understanding psychological phenomena in terms of the social structure and culture of individual countries. The cross-cultural approach is the horizontal dimension; understanding psychological phenomena by comparing the social structure and culture of many countries. Thus, we will analyze the family as a social system in different cultures, so that the interested person can then understand how psychological phenomena are related to family and culture. The first section presents definitions of family and the structure and functions of family. The second describes the different family types and relationships with kin. The third section an important issue in cultures and family: determinants of family types. That is, what are the ecocultural determinants of variations of family types and the changes in families across cultures; the ecological features, means of subsistence, political and legal system, education and religion. The fourth section will discuss issues related to family change in different cultures throughout the world. What are the consequences of modernization and globalization on family change? Will families throughout the world eventually evolve into the nuclear family, divorced family and one-parent family systems of North America and northern Europe? Or do cultural features of each nation shape changes in family types?

Family, Structure and Function
The anthropologist George Murdock's definition of the family over fifty years ago was, "The family is a social group characterized by common residence, economic cooperation, and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adults." The functions of family were considered to be: sexual, reproduction, socialization, and economic More recently, the sociologist Popenoe defined family in terms of recent social and economic changes in the United States, e.g., the increases in one-parent divorced and unmarried mother families, and homosexual families. Popenoe's definition differs from that of Murdock in that the minimum number constituting a family is one adult and one dependent person, the parents do not have to be of both sexes, and the couple does not have to be married. The functions of the family are procreation and socialization of children, sexual regulation, economic cooperation, and provision of care, affection and companionship.

Two concepts are employed by anthropologists and sociologists in discussing the family: *structure* and *function*. Structure refers to the number of members of the family and to familial positions such as mother, father, son,

daughter, grandfather, grandmother, uncles and aunts, cousins and other kin. The nuclear family, for example, is composed of two generations, the parents and the children, while the different extended family types are composed of at least three generations, for example, the grandparents, the parents, the children, as well as kin on both sides. The functions, as described above, refer to how the families satisfy their physical and psychological needs in order to maintain the family and to survive as a group. For example, families universally must provide shelter for themselves - a house - either a permanent edifice or a temporary abode such as a tent or an igloo. They must maintain the home, clean and repair it, add rooms, etc. Families must be engaged in some type of work in order to provide sustenance and the other family needs. This work might be farming, fishing, hunting, herding, gathering of berries, or working in a store, a factory, or owning a small business, working as a nurse, a computer specialist, etc. The family must provide food for its members, which entails tasks of acquiring, cooking, cleaning the utensils, storing food, etc. The family provides, mends and cleans as well as cares for the cleanliness of their bodies. Raising the children, educating them, maintaining contacts with the kin, engaging them in the traditions of the community are part of the process of socialization. The parents provide emotional warmth and comfort to the child and to each other, set limits to behavior, are responsible for the psychological development of the child at different ages. Upon reaching adulthood, the family participates in the marriage of the sons and daughters and the emergent family maintains different degrees of contact with the parents/grandparents and other kin. These are some of the major functions of the family which are universal across all societies in the world. It is the variations in these functions in different cultures that are of interest to observe and study.

While the structure refers to the positions of the members of the family, e.g., mother and father, each society assigns specific roles assigned to the family members. For example, traditional roles of the nuclear family in North America and northern Europe in the middle of the 20th century were the working father, and the mother whose role was the "housewife" and responsible for raising the children. All societies have unwritten social constructs and values regarding the proper roles of family members, although there are individual differences in all societies as to agreement or disagreement with these roles. For example, many women in almost all societies today, even in countries such as Nigeria and Japan, disagree that the mother's place is in the home and believe the woman should be educated and work. On the other hand, many women agree with the traditional roles that society has assigned them.

Types of Families

The different family types or structures are based on anthropological and sociological studies of small and large societies throughout the world.

There are a number of typologies of family types, but a simple one will be presented here.

Two and Three Generation Families

Two Generation Families

- The *nuclear* family consists of two generations: the wife/mother, husband/father, and their children.
- The *one-parent* family, divorced or unmarried parent, is also a two-generation family.

Three Generation Families

The different types of extended families consist of at least three generations: the grandparents on sides, the wife/mother, husband/father, and their children, the aunts, siblings, cousins, nieces and other kin of the wife and husband. However, before discussing the types of extended families, an important distinction must be made be between the *polygynous* (one husband/father and two or more wives/mothers) family and the *monogamous* (one husband one wife) family. Polygynous families are found in many cultures, e.g., four wives are permitted according to Islam. However, the actual number of polygamous families in Islamic nations today is very small, e.g, almost 90 % of husbands in Qatar, Kuwait, United Arab Emirates, Oman, Bahrain and Saudi Arabia, have only one wife. In Pakistan, a man seeking a second wife must obtain permission from an Arbitration Council, which requires a statement of consent from the first wife before granting permission. Thus some of the different types of extended families may be either polygynous or monogamous.

- The patrilineal and matrilineal, or in terms of authority structure, the *patriarchal* and *matriarchal* families are at least three-generational. They can potentially consist of the grandparents, the married sons, the grandchildren, and also the grandfather's or grandmother's siblings, nieces, grandnieces, and in many cases, other kin. This is perhaps the most common form of family and is found in many countries throughout the world. The patriarch or matriarch of this family is the head of family, controls the family property and the finances, makes all the important decisions, and is responsible for the protection and welfare of the entire family. The Queen of England is the head of a matriarchal family and the royal houses of many countries are patriarchal in form.
- The *stem* family consists of the grandparents and the eldest married son and their children who live together under the authority of the grandfather/household head. The eldest son inherits the family plot and the stem continues through the first son. The other sons and daughters usually leave the household upon marriage. The stem family was characteristic of central European countries, such as Austria, southern Germany and other societies throughout the world.
- The *joint* family is a continuation of the patriarchal family after the death of the grandfather, but the difference is that all the married sons share the inheritance and work together.
- The fully extended family, the zadruga in the Balkans countries of Croatia, Bosnia, Serbia, Montenegro, Albania, Macedonia, Bulgaria, has a structure similar to that of the joint family, but with the difference that cousins and other kin were also included as members of the family. The total number of family members might be over 50.

Kinship Relationships

Kinship relationships in extended families vary widely. *Lineal* relationships refer to those between the grandparents and the grandchildren. *Collateral* relationships refer to those with uncles and aunts, cousins, and nephews and nieces. Affinal refer to those between parents-in-law, children-in-law, and siblings-in-law as well as with matrilineal and patrilineal kin. Kinship relationships and obligations toward affinal, collatoral and affinal kin are related to lines of descent, to residence, to inheritance of property, to marriage, divorce and to roles in different cultures.

The terms for kin vary in cultures. That is, in addition to differentiating family positions such as mother, father, son, daughter, grandfather, grandmother, niece, nephew, father and mother-in-law and other family positions, many societies employ even more differentiated systems. For example, in Pakistan generic terms such as "aunt," "uncle" or even "grandparents" are not employed, but very specific terms delineating matrilineal and patrilineal kin,, such as "my-maternal-aunt." The very complex "architectural" system of kinship relationships of the Chinese is based on 17 determinants. These determinants permit the identification of a kin within the entire extended family system based on specific names in terms of lineal and collateral differentiation and also in terms of generational stratification, e.g., "father's sister's son's daughter's son."

Cultures have different rules as to where the couple resides after marriage. The most common form of post-marital residence is patrilocal, residence with or near the husband's patrilineal kinsmen. Avunculocal refers to residence with or near the maternal uncle or other male matrilineal kinsmen of the husband. Neolocal means residence apart from the relatives of both spouses, which is the most characteristic form of nuclear family residence in northern Europe and North America. Cultures have specific rules of descent, that is, relationships with paternal and maternal kin. *Bilateral* refers to affiliation with both mother's and father's relatives. *Patrilineal* refers to affialition with kin of both sexes through the maternal and paternal fathers only, but not through maternal and paternal mothers. *Matrilineal* refers to affiliation with kin of both sexes through the maternal and paternal mothers only, but not through maternal and paternal fathers. Ambilineal or cognatic refers to affiliation with kin through either the maternal parents or the paternal parents. *Double* refers to affiliation is with both father's patrilineal kin and mother's matrilineal kin. Cultures have rules regarding whom one is permitted to marry (endogamy), and restrictions regarding which one cannot marry (*exogamy*). In some societies, as in India or Pakistan, endogamy means that marriage is restricted to the same caste, the same village, the same religion, the same race. These social norms are not as restrictive in North America and Europe. In also societies, marriage is not permitted between siblings, but some permit marriage with first cousins, or with the son or daughter of a godparent. In most cultures, marriages were arranged between the two families, and a verbal or written contract was agreed upon regarding the dowry or the bride wealth, although at the present time this is changing gradually in many societies in Africa and Asia.

Inheritance of property is an important feature of arranged marriages and is related to lineal descent. For example, in the royal family of Great Britain, the oldest son, the Prince of Wales, inherits the title and all the property. If there is no male heir, as was the case with the present Queen, the eldest daughter. In China up to the 19th century, inheritance was egalitarian, but in Japan a single child inherited the property and a father could disinherit his son if he was not worthy and adopt a young man who inherited the property.

Divorce is socially disapproved in all societies, but permitted in most. Catholic nations do not permitted divorce except under highly unusual situations requiring a special dispensation. The Orthodox Church permits three marriages and three divorces. Islamic law, the sharia, permits divorces, but divorce has legal and social consequences. Since the married daughter inherits property from the father, the wife retains property in her name after marriage, and the husband has no legal claim to it after divorce, as well custody of the children under age seven.

Is the Nuclear Family Separate or Part of the Extended Family?

One of the questions related to the nuclear family is the degree to which it is separate and autonomous and the degree to which it maintains bonds with the kin - the extended family members. Much of the thinking about the structure and function of the nuclear family was shaped by the sociologist Talcott Parsons in the 1940s. Parson theorized that the adaptation of the American family from its extended family system in agricultural areas to urban areas required a nuclear family structure. The young couple in the large city lived far away and was fragmented from their families in the small towns. The nuclear family became primarily a unit of residence and consumption. The financial and educative functions become dependent on the state, in contrast with the extended family in small towns. Thus, the nuclear family was isolated geographically and psychologically from its kin and its major remaining function was to provide for the psychological aspects of the family, such as the socialization of the children. Parsons argued that this social mobility which characterizes America was made possible by the breaking of family ties, but at the cost of psychological isolation. Actually, America had a long history, going back to colonial times, of the independent nuclear family, as did England, northern France and some other European countries.

Parson's theory of the isolation of the nuclear family from its extended family and kinship network, leading to psychological isolation and anomie had a strong influence on psychological and sociological theorizing about the nuclear family. However, studies of social networks in North America and Northern Europe in the past 40 years have indicated that the nuclear family is not isolated from its kin not is it independent to the degree assumed by Parsons and other sociologists of the family. Nuclear families, even in industrial countries, have networks with grandparents, brothers and sisters and other kin. The question is the degree of contact and communication with these kin, even in nations of Northern America and northern Europe.

The key to studying how family structure is related to function and how it effects psychological differentiation, and how family type is related to economic base and culture, is the nuclear family. Murdock made an important distinction (1949) regarding the relationship of the nuclear family to the extended family; that the extended family represents a constellation of nuclear families; the nuclear family of the paternal grandparents, the nuclear family of the maternal grandparents, the nuclear family of the married sons, married daughter, married cousins, etc. Thus, in focusing on a particular nuclear family, it is a mistake to assume it is an independent unit, but because the extended family is essentially a constellation of nuclear families across at least three-generations. The important question is the degree of contact and interdependence between these constellations of nuclear families.

The different cycles of family are a related issue. In countries in which the extended family system is predominant, not all families are extended in structure and function. At the time of marriage and then after children, the nuclear family of the married sons and daughters is an integral part of the extended family. The three-generation extended family has a lifetime of, perhaps 20 or 30 years. However, after the death of the patriarch of the family, the grandparent, one cycle closes, and a new cycle begins with the two or three nuclear families of the married and unmarried sons and daughters. These are nuclear families in transition. Some will form new extended families, others may not have children, some will not marry, others, e.g., the second son in the stem family, will not have the economic base to form a new stem family. That is, even in cultures with a dominant extended family system, there are always nuclear families.

Another issue is how nuclear families are determined by demographers and researchers. The census, demographic and research studies are based on interviews with people. Respondents are asked the number of

people who live in the apartment or house and their family positions, e.g., mother, father, children, grandparents, etc. If two generations, parents and the children live in the household, they are identified as a nuclear or two-generation family. However demographic statistics provide only "surface" information, difficult to interpret without data about family networks, attitudes, values, and the degree of interaction between family members. Generalizing only on the basis of the percent of nuclear families in a country may lead to erroneous conclusions about the functions of nuclear families in a country. For example, in a demographic study of European Union nations, Germany and Austria were found to have lower percents of nuclear families than Greece. Nuclear households in Greece, as in many other countries throughout the world, are very near to the grandparents; in the apartment next door, on the next floor, in the neighborhood, and the visits and telephone calls between kin are very frequent. Thus, although nuclear in terms of "common residence" the Greek families are in fact extended in terms of their relationships and interaction, and it would be a mistake to assume that the Greek family is more "nuclear" than the German or Austrian.

That is, there is also the psychological component of those who one considers to be "family." Social representation of one's "family" may consist of a mosaic of parents, brothers and sisters, grandparents, uncles, aunts and cousins on both sides, together with different degrees of emotional attachments to each one, different types of interactions, bonds, memories, etc. Each person has a genealogical tree consisting of a constellation of overlapping kinship groups; through the mother, the father, the mother-in-law, father-in-law, but also through the sister-in-law, brother-in-law, cousin-in-law, etc. The overlapping circles of nuclear families in this constellation of kin relationships are almost endless. Both the psychological dimension of "family" - one's social representation - and the social values regarding which kin relationships are important, determine which kin affiliations are important to the individual ("my favorite uncle") or the family ("our older brother's family). Thus, it is not so important "who lives in the box," but what are the types of affiliations and psychological ties with the constellation of different family members in the person's conception of his/her "family," whether it is an "independent" nuclear family in Germany or an "extended family" in Nigeria.

In a cross-cultural study Georgas studied residence patterns, interaction and telephone communication with grandparents, aunts/uncles, and cousins in 16 countries from North and Central America, northern and southern Europe and East Asia. Although countries of southern Europe and East Asia lived closest to their kin, and had the highest interaction and communication, and although the United States and Canada as well as the UK, Germany, the Netherlands had lower levels of geographic proximity and contacts, their nuclear families could not be described as psychologically "isolated."

In conclusion, although the United States, Canada and the countries of northern Europe have more nuclear families who live in a separate house and who are financially independent, contacts and social support from relatives are still maintained to a certain degree. In addition, in a polyethnic society such as the United States with many recent migrants from throughout the world, the typical family is not nuclear, but one in which close ties are maintained with the other nuclear families in their extended family.

Determinants of Family Types

How are family types related to the type of society? As discussed above, cultures variety widely in terms of types of family, the complex relationships between kin, how marriage takes place, how divorce is obtained, place of residence, the development of children, etc. Cultural anthropologists have described in great detail the rules of small societies related to family life and have tried to relate them to the traditions, the meanings, and institutions of the culture. However, it is very difficult to analyze and isolate the determinants which shape the types of family and the practices related to them in each culture and to generalize them across cultures. Cross-cultural psychology has also played an important role in this quest, by comparing different cultures across psychological dimensions. A cross-cultural theory of the relationship between cultures and psychological variables is the Ecocultural Framework of Berry. The Framework seeks to explain similarities and differences in psychological diversity, at both the individual level and the cultural level, by taking into account two sources of influence, the ecological and the sociopolitical, and a set of variables that link these influences to psychological characteristics (cultural and biological adaptation at the population level, and various "transmission variables" to individuals such as enculturation, socialization, genetics, and acculturation). The Ecocultural Framework considers human diversity, both cultural and psychological, to be a set of collective (the society) and individual adaptations to the context. The Framework is useful in teasing out the ecological and sociopolitical

determinants of family types. Some of the determinants of family types which have been studied are the ecological features, the means of subsistence of the society, and religion.

Ecology and Subsistence
Anthropologists have documented how ecological features determine means of subsistence of the members of the society. Humans have subsisted during many millennia mostly through agriculture. That is, people who live in areas where the land is fertile grow crops in order to subsist. Herding of animals also takes place in areas where land is fertile, but even in mountains or savannahs or the desert. Some societies by the sea or lakes survive by fishing, others by hunting, and others by gathering. In today's complex societies the means of subsistence is to work in industry, in commerce, a small business such as a restaurant, providing services such as a government employee, etc.

Studies have shown that the type of family is related to ecological features and means of subsistence. Agricultural families are characterized by large extended families. The small nuclear family is usually characteristic of small hunting and gathering societies as well as life in large urban areas. Another finding is that extended families are characterized by highly differentiated social stratification, while nuclear families less stratified.

Agricultural societies tend to have a permanent base, land and houses, and to live near kin, usually part of a town or small community. Before the mechanization of farming, and the presently in most of the world, farming requires the help of many people, usually children and kin, who cooperate to cultivate crops. Studies have found that children in agricultural and pastoral societies are taught to be responsible, compliant, and obedient, to respect their elders and the hierarchy.

On the other hand, hunting or gathering as a means of subsistence requires moving from area to area. Many hunting and gathering societies do not have a permanent home, but temporary huts or shelters. Mobility means that the small nuclear family is more adaptable for survival under these ecological restraints. Children in hunting and gathering societies tend to be self-reliant, independent, and achievement oriented and the family is less stratified. A good hunter of any age is respected for his/her competence in killing game, which is different from the hierarchical structure of the agricultural society.

The Political and Legal System
The political system in complex societies passes laws regulating types of families and the judicial system adjudicates issue related to the family. The United States does not permit polygamous families and the judicial system makes decisions regarding divorce and custody of the children. In Scandinavian countries, unmarried mothers are recognized as families and receive child benefits. In the Netherlands, homosexual marriages are recognized. In Pakistan and other Islamic nations, polygamous marriages are recognized and the law protects the property of the divorced woman.

Bonds in the Small Communities
In the past, the world was composed primarily of small communities that were tightly organized through relationships with kin and the clan. The large nation-state with centralized powers, such as the British Empire, or the United States in the 18th century, or Germany in the 19th century does not represent the globe. In India or the Arabic countries, e.g., nations were created in the 20th century based on many ethnic groups or clans. For most people throughout the world, the central government was a powerful, distant, unfriendly, institution whose only contact with their community was to collect taxes and impose unwanted laws. Small communities were composed of extended families, tied together through blood relationships, through marriage and forming a clan. through the need for survival. The family loyalty was to the extended family and the clan and not to the state, because the family and the clan was the basis for survival, protection, and development. This is still the case in many polyethnic countries throughout the world. In these small communities, all issues related to the family were decided by the leader or elders of the community without formal laws, and continued through tradition.

Religion
Religious dogma is a major factor in the types of families, divorce and custody of the children. Christianity permits only monogamous marriages while Islam permits polygamous marriages. The Catholic church does not

permit divorce while the Orthodox permits three divorces and the Protestant churches permit divorce. There are many other examples from other cultures regarding how religion shapes family types.

Education
Access to education has been a major determinant in different types of families, and particularly in the changes in family types. In many societies, both in the East and West, changes from an agricultural economic system to an industrial system in the 19th and early 20th centuries were accompanied by an increasing number of young people attending secondary schools and universities. After obtaining their degree, they sought jobs in industry or in services or as professionals. Returning to the farm or the small town was not an option, and thus education played a major role in changes in the family from the extended type to the nuclear type. Also, in almost all societies, education was only for the males. In the second half of the 20th century, women increasingly continued on to university level, and also found jobs. This also resulted in changes in their roles as mothers in the traditional family. In many societies, e.g., Africa, only orphans or abandoned children went to Western type schools, while the children in extended families learned the tasks of the extended family at home and in the fields.

Changes in Family
These issues discussed above, such as, the different types family, the relations with kin, marriage, divorce, children, are based on studies since the 19th century. Many of the rules, practices and family types have changed in recent years, while others have remained. In a changing world in which small societies have been exposed to television and cd's, computers, economic changes, technology, tourism, the structure and function of the family has been changing, just as these societies have also been changing. Acculturation and enculturation in response to these pressures for change have also affected the links between ecology, social structure, family types and psychological variables. How much has the family changed in Asia, Africa, Europe, the Americas and Oceania? It is clear that family types have changed most radically in North America and northern Europe. But changes in the family have occurred throughout the world at different rates and in different forms. A critical question raised by modernization theory and globalization is, "Will the traditional types of families in these cultures eventually evolve into the nuclear family, divorced family and one-parent family systems of North America and northern Europe? Or do cultural features of each society continue to play a role in maintaining aspects of their traditional family structure and function and also in shaping changes in family types?" Let us analyze more closely issues related to this important question.
Because of economic changes, television, movies, education, the internet, tourism, commerce, the traditional family systems of small societies are no longer totally dependent on subsistence systems such as hunting, gathering or even agriculture. The number of nuclear families is increasing in urban areas in most developing societies, young people are increasingly choosing their spouses rather than having to submit to arranged marriages, women are entering the work force, traditional family roles have changed, the father no longer has absolute power in the family. There is a trend toward more families becoming structurally nuclear, even in small societies. But it may be misleading to conclude that families throughout the world are " becoming ...nuclear" functionally in the sense of the North American and northern European nuclear family. Even though the numbers of nuclear families are increasing in most societies, they still maintain very close relations with their kin. In urban areas in almost all societies, many nuclear families of the married sons and daughters are either in the same building or very near by the grandparents. There is an economic explanation for this. In the richest nations of world, e.g., the U.S. and Canada, northern Europe, Japan and South Korea, high economic level means that young people who work can also rent an apartment or obtain a morgage to buy a house. In the rest of the world, the wages of young people are not high enough for them to secure an independent abode. So nuclear families live near the grandparents. But in Japan and South Korea, for example, where economic circumstances permit a married son to acquire a separate home, the married son and the wife still maintain very close relationships with the grandparents, and continue to adhere to values such as respecting the grandparents. Even working wives with higher education takes pains in maintaining many traditional family values in these countries.
Securing an independent home is a basic psychological need for privacy, whether the home is thousands of miles away from the grandparents or in the next apartment. Thus, a separate residence does not necessarily mean isolation from kin relationships. Geographical proximity and psychological distance are not the same. A

separate domicile of the nuclear family members, either next door or far away, is technically geographical separation, but does not necessarily imply psychological separation from the kin.

Another change is in the power of the father in the family. With the increase of educated and working mothers in many societies throughout the world, mother has gained economic power as have working children, while the father has been losing his absolute control of the family. In Mongolia, studies have found that children in urban areas side with mother because she not only works and brings money in, but also cooks, cares for the house and them.

Kagitcibasi has developed a model of family change based on socio-economic development in which she theorizes three patterns of family interaction: 1) the traditional family in developing countries characterized by total interdependence between generations in material and emotional realms, 2) the individualistic nuclear family model of Western society based on independence, and 3) a synthesis of these two, involving material independence but psychological interdependence between generations.

Modernization, a theory developed by sociology and political science, hypothesizes that increasing economic level and industrialization in a society results in the rejection of traditional values and culture, and inevitable convergence toward a system of "modern" values and increasing individualization. One of the consequences of modernization is the transition of the extended family system in economically underdeveloped societies to the nuclear family characteristic of industrial societies. Increasing evidence from studies of small societies and developing nations indicates that these predictions, that families in these societies will eventually change to the Western type of nuclear family system may be mistaken. However, the sociologist Inkeles, a leading proponent of modernization theory expresses doubt that families throughout the world will converge to a universal nuclear family type, despite changes in residence patterns, choice of marriage partner, parental authority, and rates of female employment in developing and industrialized countries. He believes that family relations are too complex and subtle to respond uniformly to economic changes, most likely because of different cultural "sensitivities." In addition, he states that despite changes in the forms of family, certain patterns of family life remain constant across cultures over time, and certain basic human remain resistant to any type of change in social organization. An example given is that which links a man and a woman in a long-term association through some arrangement similar to what is called "marriage". We would also add to this; a long-term association with kin. Another example regarding universal psychological relationships (Georgas, et al., 1999) was the finding in 16 countries that the emotional bonds between children and mothers were uniformly closest, second closest were bonds between siblings, and third were bonds between children and fathers. That is, this phenomenon was common across 16 countries with very different cultures and social institutions such as, the United States, China, India, and Britain. Thus, this relationship appears to be universal and that modernization has not changed this relationship, even in wealthy countries.

A recent challenge to modernization theory has been made by Huntington with his thesis that the ideological distinctions between capitalism and Marxism which characterized the 20th century stopped with the end of the cold war. Huntington argues that age old cultural valuesof long-standing "civilizations," such as religion, have replaced ideological distinctions, and that modernization theory and economic development cannot account for many current changes in the world. Globalization is also a current term employed in many ways by different theorists, but with a common chord that cultures throughout the world are opening up and becoming more similar in many ways.

Thus, modernization and globalization would predict that the morphological change of traditional types of families to the nuclear and one-parent family structure and function of North America and Western Europe, bulldozed by an economic engine is just a matter of time. On the other hand, there is support for the argument that there many paths leading to different forms of family structure and function, influenced by economic growth but also influenced by long standing cultural traditions. The answer is not yet in to these questions. It is also a question of whether the centrifugal forces of economic and institutional changes, which tend to weaken emotional ties among family members, are more powerful than the centripetal psychological forces which establish emotional bonds between people and particularly among family members. Psychology, and particularly cross-cultural psychology, can play a critical role in attempting to find answers to this dilemma.

HOW DEATH IMITATES LIFE: CULTURAL INFLUENCES ON CONCEPTIONS OF DEATH AND DYING

Introduction:

Two of the attributes that all humans share are the experiences of being born and the fact that everyone would eventually die. Although we are excited about discussions concerning birth, people in all cultures discuss death with extreme reluctance. However, even though we may use the same words to describe death, the actual meaning and conceptualization of death differs widely across cultures. The tendency for vast differences to occur in conceptions about issues or events that, on the surface, seem obvious is a major reason why a cultural examination and analysis of every behavioral phenomenon should almost be mandated. For example, eating is a behavior engaged in by most human several times a day. Yet, cultural variations in eating are enormous.

Cultures vary in what they eat, how they eat, when they eat and with whom. Even when cultures agree on what should be eaten; differences arise in how it is prepared, who is expected to eat the given item, and at what stage in time and age. Kagawa-Singer (1998) provides a very fitting analogy of cultural diversity using weaving as an example. Although weaving is a universal technique, the patterns that result from this process are culturally unique and identifiable. Thus, even when they use the same materials, patterns used in Navajo, Chinese, Persian, Japanese and French tapestries are recognizable not only in terms of colors, but also of patterns and textures. This range of diversity applies to issues about death and dying. In this respect, then, issues of death imitate those of life. This reading explores some of the cultural variations in death and dying, and discusses how these differences at once derive from a given culture's worldview as well as influences members of that culture's approach to death. These are manifested in conceptions about death, death anxiety, bereavement, and burial rituals.

Conceptions of Death

The difficulty of having a unitary view of death or the death experience can be better appreciated when we realize that it is problematic to even define what we mean by death. The first definition of death in Webster's Encyclopedic Unabridged Dictionary is that it is "the act of dying; the end of life; the total and permanent cessation of all the vital functions of an animal or plant." (1989, p.372). This appears quite straightforward enough, until we realize that it represents a largely Western conception of death.

According to Counts and Counts (1985), some South Pacific cultures believe that life, as is generally construed, departs the body of a person in different situations, such as when one is ill or asleep. Thus conceptualized, people can be said to "die" several times before the final death. This also means that a person can be defined as dead without meeting many of the criteria listed in the above definition or definitions found in the social and medical literature. Similarly, the Truskese of Micronesia believes that life ends at 40 years of age, and when you reach 40, you are, in effect, dead. Given the physically demanding activities engaged in by people in this society, there seems to be a noticeable decline in the ability of the Truskese to perform their socially assigned roles at acceptable standards at this age. Sensing that the end must be coming, the individual begins to prepare for death and is viewed as being dead even before he or she transitions to that point as viewed from the Western perspective.

The differences in conceptions about death extend to what exactly happens when one is dead, however defined. Some cultures, such as the Hindu, envision a circular pattern of life and death where a person is thought to die and is reborn with a new identity. This exit and reentry into life can occur multiple times. This contrasts with the Christian view where death is believed to occur only once. However, Christians do not believe that everything ceases at death. The person sheds his or her bodily form but continues on in spirit where there are consequences: the faithful - believers who kept the faith – are rewarded with eternal joy in heaven, and sinners proceed to hell where there is endless pain and suffering. Among some Native American tribes and certain segments of Buddhism, the dead and the living coexist, and the dead can influence the well-being of the living. If the dead (ancestral spirits) are properly propitiated, the likely outcome is a benevolent spirit that protects the interests of the living. If not accorded the appropriate treatment, the result is an unhappy spirit that may ignore the well-being of the living, leading to misery. There are, of course, some cultures in which death signals an abrupt and permanent disengagement. In some instances, people are prohibited from even mentioning the names of the deceased in the fear that doing so may actually endanger the

lives of the living or prevent the ghost from leaving this earth and attaining peace.

Irrespective of how death is defined, each culture has notions of how death ought to occur. Kellahear (1990) makes a distinction between an "acceptable death" and a "good death" for the person who is dying. An acceptable death is said to be non-dramatic, disciplined, and with very little emotion. This is the atmosphere that seems to exist in structured settings such as hospitals in the West where most people die. On the other hand, a good death is said to be one that allows for social adjustments and personal preparation by the dying person and his or her family. This is a time when the dying person attempts to complete unfinished tasks, to say farewells, and for the family to begin to prepare for life without the dying. Van Gennep (1960) considers a good death as the funeral that the dying give to the living so as to enable the family disengage from the dying person as an active part of the family's life.

According to some Islamic teachings, the great Prophet Mohamed stated that the sins of a *shahid* or martyr will be forgiven when he sheds his first drop of blood. In addition, he can admit 70 relatives to paradise and will personally be married to 72 beautiful virgins upon his arrival in paradise (Van Biema, 2001).

Death Anxiety: The Fear of Death

Most humans do not willingly welcome the idea of their own or their loved ones' death.In fact, the most common reaction to the thought of dying is fear. Becker (1973) is among the many theorists who believe that the fear of death is a major motivator of all behavior.

When the fear of death is channeled properly, it can be a motivating force to propel individuals into phenomenal achievements with the goal that those achievements would transcend their physical mortality. This is perhaps why every president of the United States tries to make an enduring contribution that would be recorded as a legacy of his administration. Another way in which death anxiety can be a positive force is that people who are afraid of dying tend to do whatever it takes to ensure that they stay alive. Staying alive, in turn, contributes to the continuity and socialization of the species because people so driven are more likely to want to have children and to raise them according to their society's acceptable standards. However, the same death anxiety, if not properly handled, can become a destructive force and could even result in both physical and mental problems. According to Fortner and Neimeyer (1999), high levels of death anxiety in older adults are associated with lower ego integrity, more physical and psychological problems relative to individuals with low death anxiety.

Death anxiety is a multifaceted construct that is not easy to define but has been conceptualized to include: fear of death of oneself, fear of death of others, fear of dying of self, and fear of the dying of others. Fear of death of oneself has to do with the fear of the event of death and comprises such things as what happens to the individual after the experience of death. To some, it could be fear about judgment - whether one would go to heaven or hell, fear of cremation, earth burial, the donation of one's body to science, and what might happen to people and possessions that one may leave behind, including one's spouse, children, and businesses.

Fear of death of others encompasses the apprehension by an individual of death occurring to significant others in one's life, especially family members and friends. Fear of dying of one's self differs from fear of death of one's self in the sense that the former refers to the process of dying while the latter involves the event of death. A good number of people are not afraid of death itself, but are extremely anxious about how they will die. Anxieties here revolve around the notions of wasting away, the possible deterioration in one's physical appearance, and the pain that may be associated with dying. It is not uncommon for some to also worry about the possibility of being a burden to others, both in terms of time and financial costs. Fear of dying of others is similar to the fear of dying of self, the only difference being that the person in question may have anxieties about the process of dying of significant others in his or her life.

In addition, each of the above components can be examined at the public, private, and non conscious levels. Thus, the fears about death that we may relay publicly may differ from what we may believe and express privately, which may be different from the fears that we may not, ourselves, be consciously aware that we are exhibiting. The complexity of this construct suggests that death anxiety is likely to manifest itself in various ways. One of the most obvious ways in which we display death anxiety is through avoidance (e.g., Kastenbaum, 1999). Avoidance may involve a public as well as a conscious manifestation of death anxiety. Some people consciously refuse to attend to funerals or visit friends and loved ones who are dying because it makes them uneasy or uncomfortable. Unconsciously, the person may avoid doing so because he or she is too busy to attend to these obligations. Other people may display death anxiety by engaging in activities that seem to

confront or defy death (Kalish, 1984). These people may repeatedly engage in risky activities such as jumping, skydiving, rock climbing and becoming soldiers of fortune. Death anxiety can also manifest itself through changes in lifestyles, use of humor, or getting involved in jobs that deal with death such as funeral parlors or retirement facilities for the very old.

Death anxiety is not prevalent to the same degree across cultures. One of the cultural variables that have received extensive examination with respect to death anxiety is religiosity. In a survey of 674 older adults, Duff and Hong (1995) found that death anxiety was significantly associated with the frequency of attending religious services. This factor was particularly related to the belief in life after death. For example, Alvarado, Templer, Bresler, and Thomson-Dobson (1995) found a strong negative correlation between death anxiety and belief in afterlife. That is, as the degree of certainty in afterlife increased, levels of death anxiety decreased.

This belief in afterlife factor was explored more extensively by Parsuram and Sharma (1992) who compared people of three different religions in India: Hindus, Muslims, and Christians. They found that Hindus (who had the greatest belief in life after death) also tested lowest in death anxiety, followed by the Muslims, while the Christians showed the highest death anxiety. In a more recent study, Roshdieh, Templer, Cannon, and Canfield (1999) studied death anxiety and death depression among 1,176 Iranian Muslims who had war-related exposure during the Iran-Iraq war. They found that those who showed the higher death anxiety were those who also had weaker religious beliefs, did not belief in life after death, and did not assert that the most important aspect of religion is life after death.

Although not many studies have empirically made comparisons between cultural groups on variables other than religion, we can extrapolate from these findings that death anxiety will be relatively lower among death affirming societies than among death-denying or death-defying cultures. The United States, and probably most of the societies in the West, is a death-denying/defying society where even the idiom of expression is that of resistance. People vow not to go gently into the good night (Blake, 1988) or conjure images of fighting illness, or fighting the enemy, death (Kalish & Reynolds, 1981). On the other hand, other societies appear to be more accepting of death. The Truskese of Micronesia are an example of a death-affirming society where people start preparing for death at age 40. This acceptance ought to manifest itself in lower death anxiety levels. Since this aspect has not been systematically explored in research, it presents an attractive item on the research agenda to add to the pool of the existing variables that influence the death anxiety.

Having a certain degree of death anxiety may be appropriate in the sense that it may propel the individual to some productive pursuits as well as refrain from certain risky life choices. However, if death anxiety becomes too powerful, it may interfere with one's normal daily routines. There are several ways to help people deal with their fear of death. One way, suggested by Kalish (1984, 1987) is to live life to its fullest. The rationale here is that even if the person were to die, he or she would not have a sense of having being cheated out of life, and therefore have few regrets. Another way of reducing death anxiety is through death education. There are several of these programs and they differ in the nature of topics covered, but tend to focus around such topics as religion, philosophy, ethics, psychology, and medicine. They also discuss issues involving the death process, grief and bereavement. Death education helps mainly by increasing people's awareness of the range of emotions experienced by the people dying and their families. Research evaluating the experiences of those who have undergone training in these experiential workshops suggests that they are effective in lowering death anxiety (Abengozar, Bueno & Vega, 1999).

Grief and Bereavement

Events leading to death such as terminal illness do not end with the death of the dying person. In fact, all humans, including the dying, experience grief as a response to impeding or resultant death. Worden (1991) defines grief as the personal emotional reactions (e.g., sadness, anger, and guilt) that follow a loss. Bereavement refers to the experiences that follow the death of a loved one, while mourning is the process through which grief is expressed. Mourning thus represents the culturally accepted expression of the personal feelings that follow the death of a loved one. There is a wide variation across cultures in how people behave after a death and how they are expected to behave. In some cultures, close relatives are expected to shave their heads, wear either white or black clothing, and express grief for a specified minimum period of time. In other cultures, mourning involves a lot of drinking, dancing, and in some cases, a person within a certain kinship position is expected to marry the spouse of the deceased. In yet other cultures, the requirements for dealing with a major loss are played out over the balance of the lifetime of the survivor. This could be in form of rituals, what is

worn, how one is to be addressed by others, and one's rights and obligations to participate in various activities within the community (Rosenblatt, 1997).

Despite these differences, there are also some similarities. For example, grief reactions expressed in the form of crying, fear and anger are so common as to be deemed universal. Also, most cultures provide sanction for the expression of these emotions in rites of mourning that follow bereavement (Parkes, Laungani, & Young, 1997). This has led to the suggestion that grief or mourning may involve a specific sequence. Some theorists have found it convenient to view grieving as a process that consists of stages or phases, and most theorists have divided grief into three phases (e.g., Parkes, 1972).

The most common feelings people are thought to express in the first phase are shock, disbelief, and numbness. These feelings are actually believed to be adaptive in the sense that they protect the person from the severe pain of bereavement. Then the person gets into the second phase where he or she realizes that the deceased is gone, never to return. Three behaviors characterize this phase: thinking a lot about the deceased, which is often followed by feelings of guilt, trying to find a reason why the deceased died, and finally, a tremendous longing for the deceased, manifested in such ways as dreaming about the deceased, or even speaking to him or her. When these feelings diminish, the bereaved is ready to move into the final phase - recovery. Recovery comes about due to conscious and concerted efforts by the bereaved, who realizes that there is no sense in dwelling on the loss, and that he or she has a lot of other responsibilities to take care of. Mourners at this stage may now enthusiastically seek out the company of others and socialize actively.

There is no specific time frame within which a person should stay in one stage or across stages; it depends on a number of factors, including the age at which the deceased died, the closeness of the relationship between the deceased and the bereaved, and the availability of social support. However, experts believe that it takes at least a year, perhaps more, to progress through the first phase through to recovery.

Despite the appealing concept of phases of grieving, Worden (1991) prefers to view the grieving process in terms of tasks, not stages or phases, because of the implied passivity on the part of mourners embedded in these two terms. The implication is that the mourner has no choice but to pass through these stages. In contrast, tasks imply some action on the part of the mourner and suggest that the grieving process can be subject to external intervention. This tends to provide some hope that there is something the bereaved can actively do about the situation. Worden (1991) proposes four tasks of mourning.

Task 1: Accept the reality of the loss. This can be enhanced by viewing the corpse, attending memorial services, and funerals.

Task 2: Work through the pain of grief. Trying to avoid pain can actually prolong the course of mourning and may lead to abnormal grief.

Task 3: Adjust to an environment in which the deceased is missing. This task principally involves cognitive readjustment.

Task 4: Emotionally relocate the deceased and move on. This does not really call for a complete disengagement from the deceased, but rather, to find a more suitable place for the deceased in the life of the survivor so as to enable the survivor live an effective life (Shuchter & Zissok, 1986). While the organization of the grieving process into stages or tasks has provided a much needed structure in the way in which we can study the process, it also appears to prescribe what might be deemed an acceptable way of mourning. This notion has led to terms such as normal and abnormal grief or complicated and uncomplicated grief. Given the cultural diversity in the expression of grief and bereavement, such terms should be applied globally only after they have been found to encompass practices involving these concepts across cultures.

Normal versus Abnormal Grief Reactions

Worden (1991) identified four main categories under which a broad range of grief reactions can be classified - feelings, physical sensations, cognitions and behaviors. Feelings include reactions of shock and numbness, sadness, anger and anxiety. Physical sensations can include shortness of breath, tightness in the chest, and, in some cases, even feelings of depersonalization. Common cognitions are disbelief, preoccupation with thoughts of the deceased and hallucinations (these last two are usually transient). Behaviors include sleep disturbance, eating difficulties and absentmindedness.

Abnormal or pathological grief reactions are said to occur when people display actions that are not statistically common or express common grief reactions but for an extended period. Based on the criteria listed by Worden (1991), grief that is never expressed, grief that is expressed but is intense and goes on for too long, and grief

that involves self- injury, may be considered abnormal. However, while the concept of grief is universal, the specific way in which grief is expressed can vary widely across cultures. A mother in Egypt who is immersed in deep grief for seven years over the death of a child may not be behaving pathologically if judged by the standards of her culture (Wikan, 1980). In contrast, overt expressions of sorrow are severely proscribed among the Bali. Thus, a bereaved Balinese who appears to laugh off a death is also behaving appropriately, based on the standards of her culture (Wikan, 1990). In yet another society, a person who is possessed by the spirits of the dead may be within the limits of what is quite appropriate and common in bereavement in his or her own culture (Rosenblatt, 1997). Thus, issues of normal and abnormal grief reactions will make sense only when they are viewed within the cultural framework of the people being evaluated.

Funeral and Burial Rituals
Transitions, along with their accompanying rites of passage, occur throughout the life cycle. These transitions require discarding one set of behaviors, beliefs, and identities, and taking on a new set that makes up a new identity. Death is the final life transition. The funeral can thus be viewed as a celebration of a rite of passage for both the deceased and the living. Societies tend to surround death with specific rituals that are aimed at assisting the bereaved through this final life transition. Funeral rites are believed to serve three closely intertwined functions (Palgi, & Abramovitch, 1984; Rawski, 1988). When a member of a society dies, there arises a need to realign the relationships among the survivors. The first function of the funeral is to explain, justify, and regulate the new social relationships that are created by the death. The second function served by a funeral is that it is part of a longer ritual that takes the dead safely out of this world and into the next. After the funeral rituals are concluded, the immediate family may practice other rituals that enhance the safe passage of the deceased into the next world. Finally, funerals provide an avenue through which the bereaved deal with grief and guilt. Thus, funerals can provide a set of psychologically healthy mourning practices for the bereaved, enabling them to act out their grief in the presence of a support group (Martinson, 1998).
The nature of the rituals is sometimes related to the nature or age of the deceased. When people die after having attained old age, the activities represent a celebration of the person's life and can be very festive. Almost no elaborate rituals accompany the death of a child. Among most groups in Taiwan and Korea, a child is buried only a few days after his or her death, and with very limited funeral rituals. In one example of the death of an 8-year old boy, his cremation took place only two days after his death, with very few people in attendance. The mourners did not wear any mourning clothes.
Just like the other aspects of life and death, funeral and burial rites vary widely across cultures, and are influenced by each culture's conceptions of death and dying. The rituals change the identity of the person from living to dead. That new identity may be as a spirit of an ancestor who remains with the family, or a soul that returns to its maker. Funeral rituals usually mark the beginning of the adoption of new identities - as a widow, widower, a son who is now the head of the family, or the mother as matriarch. This transformation takes time, often lasting for years. Even though the survivors may start acting the new identities after the funeral, the transformation itself is a process that begins as soon as it is evident that the sick family member is likely going to die. The family immediately begins to prepare for the imminent loss, and once it occurs, public support is provided throughout the transition through its mourning rituals.
In many cultures, particularly in the developing world, the old identities of the bereaved do not die with the deceased but are resurrected with every commemorative service of the loved one. Thus, these identities are renewed and grief is openly expressed on a recurring basis (Kagawa-Singer, 1998). In some cultures, survivors in certain kinship standing take over the spouse of the deceased. However, any children that may come out of this union still answer the name of the deceased. In whatever form they may take within a given culture, funeral and burial rituals are ways that each society tries to help the bereaved with the death of a loved one.
As the preceding discussion has shown, even though all humans may experience death, conceptions about death and how we respond to issues of death and dying vary widely across cultures. As the world is increasingly shrinking due to the extensive interaction of people from cultures across the world, it is important to understand the complexities that surround the issues of death, just as we do the issues of life. This will better prepare us to respect and understand people from other cultures, and respond to them in ways that are meaningful to them and ourselves so that their lives and ours may be enriched in the process.

CULTURAL INTERPRETATION OF DYING AND DEATH IN A NON-WESTERN SOCIETY: THE CASE OF NIGERIA

Introduction:
The difference between dying and death is that in dying, the individual goes through a process of gradual termination before death occurs. In death, this process is absent (like the person who passes away in his sleep) or is relatively short (like the person who bled to death from a gun shot). In both cases, the loved ones are left behind to go through the grieving process. Whereas the grieving process begins before death occurs in the case of a dying person, it begins after death has occurred in the case of sudden or unexpected death. In the case of dying, there is anticipation that death will ultimately result.

Therefore, the loved one has time to prepare both emotionally and cognitively for death when it occurs. Here, coping after death is easier for the survivors and the dying person has time to take care of unfinished business like preparing a Will. However, in the case of death, because such preparation is absent, coping by loved ones is difficult and the deceased person hasn't the time for taking care of unfinished business like preparing a Will.

Most theories and models on dying and death were developed in the West with Westerners in mind. In this chapter, some Western theories and perspectives will be discussed in light of the different experiences of non-Westerners in general and Nigerians in particular. The following topics will be covered:
•   A brief description of Nigeria-the triple heritage
•   Prevalent causes of death in Africa
•   Preparation for death
•   Cultural interpretation of death
•   Coping with death-the special plight of women
•   Conclusion

Nigeria: A Brief Description
Nigeria, with an estimated population of over 100 million people, is Africa's most populous nation. This nation located in the western part of Africa attained independence from the British in 1960 and for most of its post-independence era has been ruled by the military. There are over 250 ethnic groups, but the three dominant ones are the Yorubas to the South-West region, the Ibos to the Eastern region and the Hausa/Fulanis to the Northern region. With a largely Islamic influence in the Northern part, and a largely Christian influence in the Southern part, Nigeria has a triple heritage of Islam, Christianity, and Traditional religious practices that existed (and still exists) before the advent of foreign religions (Mazrui, 1986).

Nigeria's triple heritage of Islam, Christianity, and Traditional religious practices is quite influential in that country's judicial system. There are three legal systems: 1) one based on the Judeo-Christian English law; 2) one based on Islamic laws (Shariah) which operates at the state level, but only in the Northern part of the country; and 3) one (customary laws) based on the customs and traditions of the people in a particular community which operates at the local government level only. Thus, in governance, Nigeria is not a secular society (like the U.S.), but a multi-religious one.

 Death is always placed within a perspective, be it philosophical or religious, but most times religious in Nigeria and elsewhere. Religion can be thought of as a cultural system of meaning because it helps to provide answers to the problems of uncertainty, powerlessness, and scarcity that death creates. Funeral rituals, evolved to acknowledge this phase of life, have a religious quality to them (e.g., Leming & Dickinson, 1994). Therefore, in placing death within a religious perspective, the bereaved person finds meaning for an event that for most people is inexplicable. For example, why should a 5 year old die instead of the 50 year old? It doesn't make logical sense, but perhaps it does from a religious standpoint. Because of Nigeria's triple heritage of Christianity, Islam, and Traditional religion death rituals are therefore varied and so are the mourning practices of the people.

Prevalent Causes of Death in Africa
According to the World Health Organization (WHO) report (1999), the leading cause of death in Africa is HIV/AIDS (19%) followed by acute respiratory diseases like flu or
bronchitis (8.2%), and diarrhea (7.6%). By contrast, the leading cause of death in the Americas and Europe is

hearth disease (which ranks 9th in Africa). The second leading cause of death is cerebro-vascular disease (which ranks 7th in Africa).

Quite interesting is the difference in the leading causes of death in Africa on the one hand, and in the Americas/Europe on the other. Whereas in Africa the diseases have visible symptoms, in the Americas and Europe the diseases do not have visible symptoms.

Since the United Nations (UN) only keeps records of reported cases, the extent to which diseases that do not have visible symptoms (e.g., heart disease and cerebro-vascular disease) account for deaths in Africa, is unknown. Usually diseases without visible symptoms are detected during physician visits. Due to poor medical facilities or to cultural health-seeking behaviors directed toward seeking help from traditional healers, perhaps these diseases go undetected until they cause fatality. Too often in obituary notices, the cause of death is reported as resulting from "a brief illness". Often times loved ones report that the death came as a surprise to them because the deceased had looked healthy prior to death. Thus because the symptoms of heart disease and cerebro- vascular disease are not visible, more attention seems to be paid only to those diseases with visible symptoms that cause death like HIV/AIDS, flu or bronchitis, and diarrhea. Yet heart disease and cerebro-vascular disease might account for a large proportion of the death that occurs in the developing world.

Preparation for Death

The preparation for death could be either formal or informal. In societies where there is a strong entrenchment of the rule of law, the legal dimension to death is very important. In such societies preparation for death is usually done in a formal way. Some of the formal ways people prepare for death include buying a life insurance policy, drafting a Will, or having a Living Will. A life insurance policy stipulates a certain amount of money to be paid by the insurance company to the beneficiaries named in the policy, upon the death of the policy-holder. Usually the spouse (if the deceased was married) and children are the beneficiaries. This is one way to ensure that, in the event of death, the immediate family members are cared for financially.

A legal will allows a person to state how the estate is to be dispersed upon death. An appointed executor oversees the dispersion of all assets and payment of debts. Another formal legal document is a living will that allows a person to give specific directives to terminate his life should "extra-ordinary" means be taken to extend it. Sometimes an individual gives another person the right to make such decisions on her/his behalf. When this happens, the person with the right to make decisions on behalf of another person is said to have a durable power of attorney.

All these legal measures taken in preparation for death are seen in most Western societies because of their high level of adherence to the rule of law, and the need to protect their individualist values even in the grave.

For many individuals however these formal preparations remind them of death and would rather not be reminded of it. Therefore, formal preparation for death only occurs when they go through the dying process. The dying process, unlike sudden death, allows for time to take care of unfinished businesses.

As mentioned earlier, with Nigeria governed by the military for most of her post- independence era, the rule of law is yet to take a proper footing in this country. Thus the legal dimension to death in this country is not as developed as in most Western societies that have enjoyed constitutional democracy for longer periods of time. In addition, when people die from "brief illnesses" they do not have the opportunity to conclude their unfinished businesses, including issues of inheritance.

Cultural Interpretation of Death

Christianity

For most Christians, death is seen as a transition phase to a higher, glorious place called heaven where one is joined with other believers, including loved ones, who have gone ahead. The qualification for entry into heaven is not by one's works on earth but by accepting God's son Jesus Christ as one's savior and redeemer. So there is hope that those who die in Christ will be seen again. It is also because God is sovereign and knows the beginning and end of our lives even before we were born, that the Christian believer can take consolation in his or her beliefs as to why God "allows" the 5 year old to die instead of the 50 year old. God is also a just God who punishes evil. Christian believers are aware of this, and in the case of the death of their children, are likely to use any of the following three ways to rationalize the death:

1. Reunion-The child is in heaven where parent and dead child will eventually reunite (Most frequently used);

2. Reverence-The child's death serves some religious purpose, perhaps as an inspiration for parents to do some good works;
3. Retribution-The child's death is a result of the parents' sin.

Islam
People of the Islamic faith believe that a person's actions will be judged by Allah (God) fter death, and that the Koran (the holy book of the Moslems) specifies behaviors that re acceptable and unacceptable to Allah, upon which judgment will be based. Like Christians, Moslems also believe in the sovereignty of God in matters of loss and they seek consolation in the phrase that "Allah gives and Allah takes."

Traditional African Belief System
The traditional African belief system is also referred to as ancestor worship. Unlike the Christian and Western ways of thinking, the premise for ancestor worship is based on an understanding that the life course is cyclical and not linear. Those who are dead, though not physically seen, are alive in a different world and can reincarnate in new births. Furthermore, to be in the world of the dead is to have supernatural powers over those in the world of the living. Such powers include the ability to bless or to curse, and to give life or to take life. The adherents of the traditional African belief system actively engage the dead through worship (which could take the form of food, alcoholic drinks, or money sacrifices) and through prayers for blessings and protection. Also when death occurs, divination as to the cause of death is sought from dead ancestors with death causes usually attributed to spiritual elements (witchcraft, offending one's ancestors, or gods) rather than medical or physical reasons.
Quite interestingly, some people adhere to more than one religious belief system. For example some people profess Christianity and believe in a Christian God but still indulge in traditional religious practices. This type of "accommodation" behavior has been described in other non-Western societies. In the islands of the South Pacific, for example, Harmon (1996) reported that traditional paganism continued to prosper despite the people's supposed conversion to Christianity. Whereas Christianity was invoked for public consumption, traditional beliefs still ran deep in all the clans and generations.
But "accommodation" behavior could cause a crisis of meaning in death. If, as a Christian, a person believes that God in his sovereign will allowed a 5 year old to die instead of the 50 year old and, as a traditional religionist, believes that the death of the 5 year old was caused by a neighbor's witchcraft practice, then grieving by this individual becomes complicated.

Coping with Death: The Special Plight of Women
Given the three dominant religious belief systems in Nigeria, in addition to the possibility that people could adhere to more than one religion, coping with the death of a loved one could be complicated, as mentioned earlier. However, personality variables (e.g., previous experiences with death, one's gender), the nature of the death (sudden or not) and availability of social support also intersect with religious beliefs, to affect grief outcomes.
Though religious beliefs and personality characteristics are important variables in coping with the death of a loved one, more salient however is the amount of support one has, especially from family members and friends immediately after death occurs. Social support is also important in the ensuing months and perhaps years to come.
Nigeria, being a collectivist society (Hofstede, 1980), with more people likely to live in multigenerational households (Hashimoto, 1991), one would expect bereaved persons to enjoy adequate social support. However, the plight of widows brings special attention to the contradictions in the traditional social support system in this society, in times of death. Unlike widowers, widows experience inadequate social support.

Types of Marriage and Implications for a Widow's Inheritance
Based on Nigeria's triple heritage, three types of marriages are legally recognized. Statutory marriages (based on the Judeo-Christian legal system) are monogamous. The union occurs between one man and one woman to the exclusion of others. It prescribes a nuclear family model like in Western societies. Upon the death of her husband, and in the absence of a will, the widow is expected to inherit her deceased husband's estate.
Islamic law marriages allow a man to marry up to four wives. In the absence of a will (sometimes wills are not

recognized even when there is one) the issue is how to distribute the estate among the wives. There are questions if the estate share should be based on seniority or on the number of children that each wife has?

Customary law marriages (based on the various customary laws by the different ethnic groups in the country) recognize polygamy. In the absence of a will, the same challenge is faced on how to distribute the estate of the deceased among the wives. But in some ethnic groups like the Binis in South-Western Nigeria, the eldest male heir of the deceased inherits the entire estate and then decides how to distribute it among the widows.

In Customary law marriages, widows generally have no right to inheritance but can inherit indirectly through their children or the largesse of their deceased husband's eldest son or relatives. Furthermore, wills that are orally made are honored.

In apparent recognition of their multi-dimensional environment (Eyetsemitan, 2002), some persons marry under both the Statutory law and the Customary law or under both the Islamic law and the Customary law, further compounding the problem of widow inheritance. However, for most Nigerians disputes arising from inheritance are rarely resolved in courts of law. Rather, the intervention of family and community elders (who are males and most likely Traditional religious practitioners) is usually sought. Given their traditional background, these elders are less favorably disposed to women in inheritance issues.

Disenfranchised Grief

According to Doka (1989), Disenfranchised grief is "the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 4). This type of grief is socially disallowed and unsupported, and is manifested in three primary ways: 1) the relationship is not recognized; 2) the loss is not recognized; and 3) the griever is not recognized.

An example of a relationship that is not recognized is the death of an ex-spouse or a mistress. An example of a loss that is not recognized is the case of a perinatal loss or the loss of a pet. Society minimizes the importance of such events. In some cases the losses are recognized, but the griever is not due to the social stigma attached to the death (e.g., AIDS, suicide).

It appears that none of these three forms of "disenfranchised grief" helps to explain the plight of the Nigerian widow who is recognized as a griever, whose relationship to the deceased is recognized, and whose loss is also recognized. Yet, she lacks social support in her inheritance claims. On the one hand, because her loss is recognized, she is made to participate in funeral rituals (usually more demanding of her than her male counterpart) that includes the shaving of hair, wearing black clothes, staying mostly in-doors, not participating in social activities for a long period of time, and not being able to freely exercise her right to remarry whom she likes. On the other hand she is denied her right to an inheritance she has contributed to as a spouse. In addition, as is the case most times, she is accused of being responsible for her husband's death.

Another type of grief, Stifled grief, which is grief recognized, yet denied its full course by others (Eyetsemitan, 1998) appears more appropriate.

Either disenfranchised grief or stifled grief could lead to complicated grief outcomes. One type of complicated grief outcome that appears appropriate here is Worden's (1991) "Delayed Grief" reaction. Here the person inhibits, suppresses or postpones her grief at the time of loss, but later on it appears as an excessive reaction to a subsequent loss or to other triggering events. There is need to study Nigerian widows for the possibility of delayed grief reactions along with suggestions made for appropriate intervention strategies.

Conclusion

As people become more educated about legal and financial ways to prepare for death, and as they face death due to both chronic and brief illness, there is likely to be more attention given to preparation for death in the future. Death (and dying) has multiple dimensions, including religious, legal, and economic. To understand the cultural interpretation of death in any society, it is important to appreciate the religious practices in that society as well as its legal systems.

The issue of inheritance, an important economic aspect in death, appears to be a by- product of both the religious and legal dimensions of death. In non-Western societies, such as Nigeria, some religious and legal practices continue to place women at an economic disadvantage after the death of their spouses.

It will be hard to change religious practices and beliefs that are unfavorable to women, but one way to bring about change will be to make laws that override current customs and practices. This is beginning to happen in some of Nigeria's Southern states. Women can be educated to understand how to exercise their rights in courts.

They can be provided with economic opportunities so they will not be too dependent on their late husband's estate for survival.

SUBJECTIVE CULTURE & STEREOTYPING

Introduction:
A broad definition of culture is that it is the human-made part of the environment. It can be split into material and subjective culture. Material culture consists of such elements as dress, food, houses, highways, tools, and machines. Subjective culture is a society's "characteristic way of perceiving its social environment" (Triandis, 1972, p. viii, 3). It consists of ideas about what has worked in the past and thus is worth transmitting to future generations. Language and economic, educational, political, legal, philosophical and religious systems are important elements of culture. Ideas about aesthetics, and how should people live with others are also important elements. Most important are unstated assumptions, standard operating procedures, and habits of sampling information from the environment.

Another way to think about culture is that culture is to society what memory is to individuals (Kluckhohn, 1954). The subjective part includes ideas about how to make the elements of material culture (e.g., how do we build a house), how to live properly, how to behave in relation to objects and people.

Much of our behavior is automatic, reflecting the way we have incorporated our culture. For instance, when you start driving you do not ask yourself "Should I drive to the right or to the left?" Unless you are aware that you are in a new country you start driving on the side you drove the previous day. In the USA and most of the European continent you drive on the right, without thinking about it. It is the way things are done. This can be called a "practice." Culture includes many practices.

One of the most important ways to study culture is to study the language that people use. However, there are many other ways. We can look at what people do, ask people why they do it, ask people about their politics, philosophy, religion, education, or legal system. We can ask people whether they approve or disapprove of particular behaviors in various situations. We can present questionnaires, tests, inventories of different kinds and examine the responses that people make.

When we do such studies, we need to keep in mind that culture is a shared pattern 0f beliefs, attitudes, norms, role perceptions, and values. For example, if we find that particular person likes a particular painting that is not culture. But if we find that many members of a society respect a particular set of colors and shapes (say, a flag) that is culture. Thus, the first thing to pay attention to when we study culture is whether or not ideas are shared. The next thing to pay attention to is whether shared responses correspond to a language, a time period and a geographic region. Usually people who share a language dialect at a particular time and place are members of the same culture.

For instance, people who speak one dialect of French may have a distinct culture from people who speak a different dialect of French, though they share many elements of French culture. People from one historical period, such the USA 1900, have to some extent a different culture from people in another historic period, say USA 2000. People in one geographic region may have a different culture from people in another geographic region, even though they speak the same language and are sampled at the same time. For example, Canadians and Australians have much in common, but they also have distinct cultures.

Subcultures emerge because people share other elements, such as gender, physical type, neighborhood, occupation, standard of living, resources, climates, and so on. For example, lawyers all over world share some elements of subjective culture. Japanese lawyers have a subculture that differs from other lawyers as well as general Japanese culture. A nation consists of thousands of cultures, but many of these cultures have common elements.

It is obvious from what was just said that there are very many different ways to study culture. Just because there are so many ways to do it we need a strategy to do the job most economically. Focusing on some of the elements of subjective culture is one of the ways to proceed economically.

Elements of Subject Culture
Categories: We can learn much about a culture by analyzing the categories that people use. Indigenous psychologists study the meaning of specific words, such as the Japanese meaning of "amae," or the Greek meaning of "philotimos." Such words do not have a corresponding meaning in other languages, so they tell us much about a particular culture. "Amae" means something like expecting another person to indulge you. It is the kind of feeling one can find between a child and a mother. "Pilotimos" literally means friend of honor, and

is a common adjective used by traditional Greeks to describe themselves (Triandis, 1972). It can be translated into "a person who does very frequently what family and friends expect done." Research has shown that Greeks in cities do not use this word to describe themselves as often as Greeks in rural districts and islands. In other words, this way we learn not only what the word means, but also who uses it and how frequently.

We can identify a category by noting that people give the same response to discriminably different stimuli. Our eye, for instance, is capable of discriminating 7,500,000 different color stimuli. But we do not have millions of words that refer to color. In fact, most of us get along well with a few dozen color words. One green is as good as any other green; one red is just like all other reds. In short, green and red are categories. When we study categories we discover that some cultures have many words for a particular domain, and others have few words. For instance, the Eskimo have many words for snow; we have a lot of words for cars (Ford, VW, Dodge, Toyota, truck, vehicle, etc). That tells us at once that the Eskimo deal with snow a lot, and we deal with cars a lot. Categories can also tell us about the way people behave. For instance, the Pawnee of Oklahoma use the same word for "mother's brother's wife", "ego's wife" an "sisters of ego's wife." We note that un acculturated Pawnees have sexual relations with all of these women (Kluckhohn, 1954).

Categories have associations: Categories are associated with other categories. Extensive work by Osgood, May and Miron (1957) has shown that all over the world people associate categories with evaluation (good, beautiful, moral), potency (strong, heavy,large), and activity (fast, alive, noisy). Since these associations occur universally they are called etic. The term etic refers to a quality that is universal. But there are also emic, i.e., culture specific, associations. When we compare cultures we need to use etic constructs, but when we describe cultures we need to use emic constructs. A metaphor may help: If we compare apples and oranges we can use etic elements like weight, size, and thickness of skin, price and the like. But obviously one does not learn much about such fruit with this kind of information. One needs to learn about apple flavor and orange flavor, apple texture and orange texture and the like. These are emic qualities. So, when we compare fruit we can do it with the etic qualities, e.g., say that "apples are more expensive than oranges today," but when we want to do a good job of describing the fruit we need to also use the emic qualities.

We can learn a good deal about a culture by examining its emic associations. For instance, some work has indicated that in South Korea "democracy" and "socialism" are strongly associated, but that is not the case in the USA. That tells us something about the political culture of South Korea.

An association of great interest is a stereotype. It links a category of people to some attributes. For example, "Americans are hardworking" is a stereotype. Stereotypes have a valid core, but are largely invalid. Are all the Americans you know hardworking? How about the homeless, those who spend most of their time in the park, those who spend a lot of time playing games?

Beliefs: Categories are linked to each other in other ways as well. For instance, "if a relative asks for help you must give it" is a strong belief in some cultures, but in other cultures it is not. People in the latter cultures consider more complicated ideas, such is the asking legitimate? Do I like this relative?

Attitudes: Attitudes are ideas charged with affect (emotion) predisposing action. Any category can be the core of an attitude. For instance, the category "my family" has a cognitive component (who is included in this category?) an emotional component (how much do I like my family?) and a predisposition to action component (what kinds of behaviors are appropriate, expected toward my family?) When we study these components in different cultures we find important cultural differences. For example, there are many kinds of family structure, such as one man married to one or many women, one woman married to one or many men; family includes a large network of uncles, aunts, and first, second and third cousins, or is much more limited. Likes and disliked might extend to all these people or there might be a more complex pattern, where the father's relatives receive more respect and liking than the mother's kin or vice versa. A bilateral family is one where both parental families have influence. Children raised in a bilateral family are exposed to two sets of ideas about the ideal way to live. Actions toward the attitude object can also be very different. For example, in some cultures if you open a bank account it is expected that all members of your family will have access to the money.

Norms: Norms are ideas about behavior expected of members of a group. In some cultures, called tight, people are expected to behave exactly as specified by norms. In other cultures, called loose, one can deviate from norms. In tight cultures one gets punished if one does not behave according to the norms. In loose cultures a person is less likely to be punished. Punishment in some cases is very severe, while in other cases quite lenient. For example, lower class Turkish culture in France is often very tight. In one case, reported in the press, a Turkish girl was executed by her family because she had a French boyfriend!

When a culture is homogeneous, people are very interdependent, and can be supervised closely, the culture is usually tight. When a culture is under the influence of many other cultures, or when people are not too interdependent or supervision is difficult (for instance, people live far from each other), it is more likely that the culture will be loose. Cultures are tight or loose in different domains. For instance American culture is very tight about passing bad checks, but rather loose about whom you decide to have as your roommate. Nevertheless, across domains cultures tend toward tightness or looseness. Thai culture is loose, American culture is in-between, Japanese culture is rather tight, and theocracies like the Taliban culture in Afghanistan are very tight.

Roles: Roles are a special category of norms. Roles are ideas about the correct behavior of people who hold a position in a social group. For example, foreman, father, aunt, or sisters are roles. Roles include both prescriptive elements (e.g., fathers should advise, protect their daughters) and proscriptive elements (e.g., fathers should not hit their daughters).

Tasks: A sequence of behaviors can be defined as a task. For example, passing a law can include a series of actions. In different cultures different sequences of actions will correspond to such a task.

Values: Values are conceptions of the desirable state of affairs. Schwartz (1992), who has studied them extensively in about 50 countries, defined them as beliefs that pertain to desirable states or behaviors, that transcend specific situations, and guide the selection or evaluation of behavior and events, and that are ordered by relative importance. When collecting data he uses a concept, such as "freedom" and asks people to rate its importance as "a guiding principle in my life." His research found that there are 10 sets of values in most of the cultures that he has studied. They are:

1. Self-direction: creativity, freedom, choosing own goals, curious
2. Stimulation: a varied life, an exciting life, daring
3. Hedonism: pleasure, enjoying life.
4. Achievement: ambitious, successful, and capable
5. Power: authority, wealth, social recognition
6. Security: social order, clean, health, sense of belonging
7. Conformity: obedient, self-disciplined, politeness
8. Tradition: respect for tradition, humble, devout
9. Benevolence: helpful, loyal, forgiving
10. Universalism: broadminded, social justice, world of beauty

Value Orientation: A broader, more abstract set of values was proposed by Clyde Kluckhohn and operationalize by his wife Florence (Kluckhohn and Strodtbeck, 1961; see chapter in these Readings by Michael Hills). They include:

1. Innate human nature-which can be evil, neutral, a mixture of good and bad, or good; mutable or immutable.
2. Man-nature-can involve subjugation to, harmony with or mastery over nature. Modality of human activities with emphasis on being (cherishing the experience), being-in-becoming (changing, growing, self-actualization) or doing (activity is good for its own sake).
3. Relationship of humans to other humans this can be lineal (e.g., doing what the elders want), collateral (e.g., doing what the group wants), or individualist (doing what the person thinks is best).
4. Time focus, on the past, present or future.

Methodological Issues
There are some general methodological problems when studying the elements of subjective culture, and some problems that are faced when we study a particular element of subjective culture.
General Issues. A general issue is that we want to study both the etic and emic aspects of each element of subjective culture. It will simply not do to take a test, attitude scale, or personality inventory developed in one culture, translate it and use it in other cultures. When this is done one assumes that one has an etic concept, but there is no evidence that it is etic. In fact this has been called a "pseudoetic" or an "imposed etic."
Greenfield (1997) has discussed the limitations of using Western made instruments in other cultures. She pointed out that when testers do not share basic assumptions about values (e.g., does the response have the same merit in every culture?), knowledge (e.g., are people in the various cultures equally likely to know something?), and communication (e.g., does the context of the test item have the same meaning in all the

cultures?), it is not defensible to take a test to other cultures.

Ideally, when we study different constructs in different cultures we want to do a construct validation of the measurements. For example, suppose we measured intelligence. We have several theories about the factors that make a person more intelligent. Stimulation, exposure to different environments, experience with a variety of tasks, problems, and the like are among the "antecedents" of intelligence. We also have theories about what the consequences of intelligence ought to be. For example, good grades, success on the job, high ratings from supervisors, are able to earn more than enough money and the like. A construct validation of our measure of intelligence requires that the correlations between the antecedents and the construct itself on the one hand, and the construct and its consequences on the other hand be high in each and every one of the cultures in which we studied intelligence.

It is possible to develop scales that use both emic and etic items. For example, in studies of social distance a number of different behaviors were considered. Some behaviors are etic (marry, kill) because they have approximately the same meaning in all cultures. Marriage is an intimate behavior implying little social distance in most cultures, while to kill is obviously a behavior that implies maximum social distance. In-between there are a myriad of behaviors that imply different degrees of social distance. Some of these behaviors are emic. For example, "let that person touch my earthenware" is a very Indian emic behavior, because in that culture there is the concept of ritual pollution. If the "wrong" person touches you, you loose status. Allowing someone to touch your earthenware implies great intimacy. In the West the same behavior does not have such meaning, because people in the West may allow a servant to touch their earthenware, but they may also feel considerable social distance from the servant.

It is possible to have all the items that imply social distance scaled separately in each of the cultures (Triandis, 1992). This results in scales where the items have a culture- specific value. It is possible for the translation equivalent item to have the same or a different value. For example, in a study that compared Greece and the USA "I would accept this person as a close kin by marriage" had scale values of 28 and 21 in Greece and the USA respectively. But "I would accept this person as a family friend" had values of 24 and 41 respectively, suggesting that family friend is a more intimate stimulus in Greece than in the USA.

Next we need to consider that every method we use is in some way defective. There are no perfect methods. One solution is to use more than one method and look for ways that the findings converge across different methods. Such multi-method strategies increase our confidence in the findings.

One of the most difficult issues is how to sample people, stimuli, and responses. The techniques we use to sample people in developed cultures can often not be used in less developed cultures. For instance, area sampling is a technique that is widely used in developed countries. One divides the country into geographical segments, and then takes a random sample of segments. One can continue these types of sampling, by sampling the counties within each segment. One can divide each county into neighborhoods, and take a sample of neighborhoods. One can divide each neighborhood by households, and take a random sample of households. Finally, in each household one can list all those who live in it and sample those who fit some criterion, such as "old enough to vote." Statistical theory allows us to estimate the error of measurement each time we sample. Then our results can be stated as a range of numbers, and we know that the answer is correct within that range, say, 999 out of 1000 times. Clearly, to do this one must have good maps, at different geographic levels. But such maps may not exist in the particular country. Also, the technique is very expensive. One way to approximate it is to study different kinds of samples, such as men and women, different age groups, different occupations, and the like and look at the extent one gets the same answers, no matter what the split. More elaborate techniques are also available, which can simultaneously estimate the degree of variation of a construct between countries and within countries.

In sampling stimuli there is a similar problem. For example, to obtain a sample of roles and behaviors Triandis, Vassiliou and Nassiakou (1968) did content analyses of samples of novels from the relevant cultures, so that both etic and emic roles and behaviors could be identified for study. In addition, pretest samples in Greece and USA were presented with a sample of 100 roles (e.g., sales person-customer) and asked to provide behaviors that are likely to occur in each role relationship (e.g., give change). Next a method was used to obtain a maximally heterogeneous sample of roles and behaviors. Then another sample of people from Greece and the USA rated each behavior within each role according to whether it was "an appropriate behavior" in that role. For example, in a male-female role relationship, Is it appropriate for the male to let the female go first through a door? A nine-point scale from "would do this" to "would not do this" was used.

Correlations of each behavior with every other behavior were computed with 100 observations per behavior. A factor analysis indicated which behaviors "go together." Some factors were etic, because they emerged in both cultures. Other factors were emic, because they emerged only in one culture. For example, super ordination (command, advise versus apologize to, ask for help) was an etic factor. Tutoring (teach, approve of Versus ask for advice of) occurred in Greece, but not in the USA. In group concern for consensus (is saddened by attitude of, desires good attitude of, adores the same God), was obtained in the USA but not in Greece. One can then compares role perceptions on the etic factors, and describe the cultures by using both the etic and emic factors. A very rich set of findings was obtained. For instance, there was more subordination in the Son-Mother role in Greece than in the USA. There was more intimacy (kiss, cuddle, be captivated by charm) in most role perceptions in Greece than in the USA. This kind of information can then be used to make generalizations, such as, for instance, that Greece at the time the data were collected (1960s) was a collectivist culture and the USA was an individualist culture (Triandis, 1995).

Another general problem is that there are rival hypotheses to the hypothesis that the obtained results are due to a cultural difference. For example, when comparing the intelligence of members of two cultures differences may be due to:

a) Different definitions of intelligence in the two cultures (e.g., in many cultures intelligence is doing what the elders want you to do),

b) The instructions may not be understood the same way. In some cultures people are trained to answer all questions in a test even if they are not sure of the answer, and in other cultures they are commonly told to answer the question only if they are sure of the answer.

c) The level of motivation may be different (in some cultures people get very motivated if they are told that a test measures their intelligence and in others they are not especially aroused).

d) Learning to whom one's scores will be compared to, implicitly or explicitly, can affect the behavior (for example, African-Americans score higher when they are told that their responses will be compared to those of other African-Americans than when told that they will be compared to those of European-Americans).

e) Reactions to the experimenter can be different.

f) The meaning of the testing situation can be different (for example, who asked for the testing, a colonial administration or an indigenous government, can result in different results).

g) Some people become anxious, and freeze, when told that their intelligence is to be tested while others see the task as routine.

h) Response sets can be different. There are many kinds of response sets, such as always agreeing no matter what the question, using the edges of scales or the middle of scales, trying to give the most socially desirable response, and so on.

i) Sampling of people, stimuli, and response continua may not have been equivalent across the cultures. For instance familiarity with different stimuli can vary by culture.

j) The ethical acceptability, or perceived legitimacy, of the test might not be the same in the various cultures.

There are ways to take care of some of these problems (Triandis, 1992), but they require many more studies than the simple comparison of two samples.

Problems Faced when Studying Specific Elements of Subjective Culture: Studies of each of the elements of subjective culture have, in addition to the general problems just outlined, other requirements. To study categories, for instance, one presents specific elements that might belong to a category and asks if it does or does not belong to the category. For example, suppose one wants to find out what people mean by "democracy."

One can present a sample of countries and ask the participants to indicate if each of the countries is or is not a democracy. To study associations one may ask participants to tell "what comes to your mind" when you hear the word "democracy." Detailed analysis of the associations will find both similarities and differences across cultures. To study beliefs one could develop a sample of beliefs and ask participants if they agree with each of them. Similarly, to study attitudes one could obtain a sample of attitude objects. Osgood et al (1957) obtained evaluation, potency and activity judgments concerning 600 concepts, which represented a broad set of attitudes. Norms and roles can be studied as described above in our discussion of how to sample stimuli and responses. Values may be studied by the procedure described above (Schwartz, 1992).

Concluding Statement
The study of subjective culture allows researchers to compare cultures on some factors and also describe cultures using both culture common and culture specific factors. It is one of the many ways we have to study culture.

STEREOTYPING FROM THE PERSPECTIVE OF PERCEIVERS AND TARGETS

Introduction:
When discussing concepts such as stereotyping, prejudice, and racism, it is important to first understand the meanings of these three terms. Having the concepts clearly defined helps us to think about how they relate to each other and how they may influence human interactions. First, prejudice can be thought of as one's affective or emotional response to members of a particular social group. Stereotypes are most generally defined as "beliefs about the characteristics, attributes, and behaviors of members of certain groups" (Hilton & von Hippel, 1996, p. 240). Finally, racism is behavior that is discriminative against a particular social group. Each of these concepts clearly influences behavior and therefore can be examined in specific situations. For example, stereotypes are related to one's overall attitude towards a particular group. Characterizations of stereotypes include "pictures in our heads" (Lippmann, 1922) and the definition, "exaggerated belief associated with a category. Its function is to justify (rationalize) our conduct in relation to that category" (Allport, 1954, p.191). Documenting the impact of stereotypes on intergroup relations has been a major interest of social psychologists across cultures. This chapter will examine the process of stereotyping from both the perceiver and the target group's perspective. From the perceiver's perspective, the formation and use of stereotypes will be discussed. From the target's perspective, stereotype consensus as well as stereotype threat will be covered.

Stereotyping from the Perceiver's Perspective
There are multiple perspectives from which to understand stereotypes. For example, from the perceiver's perspective, we can examine the cognitive and motivational reasons for relying on stereotypes for judgment. From the cognitive perspective, it can be argued that stereotypes are mental shortcuts that we rely on to obtain information quickly and effortlessly. The accuracy of stereotypes about a particular group or individual is a separate issue. On the other hand, from a motivational perspective, relying on stereotypes (especially negative ones) to form judgments about people who are not members of our particular group helps us maintain or boost our self-esteem.

Self-esteem, or feelings of self-worth, depends on what we think about ourselves as individuals and our accomplishments and talents, and upon the groups to which we belong or with whom we identify. Self-esteem is often viewed as having two components. Our personal self-esteem refers to our feelings of self-worth based on our own individual accomplishments and talents. Collective self-esteem refers to feelings of worth or pride based on our group memberships. When we rely on negative group stereotypes to judge others we may increase our self-esteem by asserting that our group is somehow better or superior. Thus we contribute to our collective self-esteem. For example, if I use negative stereotypes to describe an ethnic group other than my own, then I'm also implying that members of my ethnic group possess more favorable qualities and can be considered more socially acceptable than members of the other group.

Thinking favorably about my group allows me to feel better about myself. Thus producing a boost in my overall self-esteem. Both cognitive and motivational explanations help us understand why stereotypes are so heavily relied upon for judgment.

From a cognitive perspective, stereotypes can be thought of as trait associations we have with a particular social group. These trait associations contribute to our overall attitude towards a particular group. Before discussing how, let's establish a definition for attitude. Most simply put, attitude refers to one's overall evaluation of a particular social category. Attitudes can be divided into two parts: unconscious and conscious. Unconscious or implicit attitudes are defined as, "introspectively unidentified (or inaccurately identified) traces of past experience that mediate favorable or unfavorable feeling, thought, or action toward social objects" (Greenwald & Banaji, 1995, p.8). Implicit attitudes are thought to be unconscious, uncontrollable, unintentional, and efficient. In other words, these are the judgments that you make that are devoid of reason or deliberation. These attitudes are more likely to be based on your gut feeling instead of rational thinking. In contrast, conscious or explicit attitudes are your evaluations based on conscious, controllable, intentional and, effortful thought (Bargh, 1989; 1994; Wegner & Bargh, 1998). How implicit and explicit attitudes are related is unclear. However, recent research suggests that there may be some overlap between these two types of attitude (Bargh,

1989; 1994; 1996; Zbrodoff & Logan, 1986).

Social psychologists interested in stereotyping are especially concerned with how our implicit and explicit attitudes influence our tendency to rely on stereotypes for judgment.

If we can understand how stereotypes are formed in the first place, then maybe we can begin to document how our unconscious and conscious processes shape our beliefs, thoughts, and behaviors. Ultimately, understanding the structure of racial attitude may offer effective suggestions for reducing inter-group (religious, ethnic, racial) conflict. Unfortunately, the field of investigation has become complicated with concerns over how to appropriately measure both types of attitude, how they are related to each other, and how they contribute to behavior (Khan, in press). For the sake of clarity, only the formation of explicit attitudes will be discussed in this chapter. Readers interested in implicit attitudes and stereotypes may refer to Kirsner et al.'s (1998) book on implicit and explicit mental processes. Asking people directly about their beliefs is thought to capture their explicit attitudes towards a particular social group. In early attitude research, participants used Likert scales ranging from strongly agree to strongly disagree to indicate their evaluation or feelings. Researchers assumed that examining one's particular attitude provided insight into his or her tendency to endorse or use stereotypes. In classic stereotyping research studies, participants were asked to list the traits associated with particular social groups (Gilbert, 1951; Karlins, Coffman, & Walters, 1969; Katz & Braly, 1933). In these studies, American college students listed the different traits they thought best described different ethnic groups. It was interesting to see the remarkable consensus among the students in the traits they thought characterized each group. Furthermore, these series of studies demonstrate that stereotypes about ethnic groups do shift somewhat over time.

One of the most dramatic examples of these changes is stereotypes for Asian-Americans. Studies demonstrate how changes in a stereotype reflect social and political shifts in inter-group relations, particularly those between minority groups and White-Americans in the United States. Because the Chinese and Japanese came to be seen as political and economic competition by the majority group, the negative stereotypes that initially included physical and racial descriptions such as "yellow" or "slant-eyed", changed to negative characterizations such as "treacherous", "dangerous", and "shrewd" (Sue & Kitano, 1973). In previous studies, the Chinese were described as "loyal to family ties", "tradition loving", "industrious", "quiet", "meditative", and "courteous", and the Japanese were described as "industrious", "ambitious", "efficient", "loyal to family ties", "imitative", "courteous", and "intelligent" (Karlins, Coffman, & Walters, 1969; Kurokawa, 1971). With the general perception expressed by the majority group that all ethnic groups of Asian descent in America can be described in similar terms, the stereotype of these different Asian groups has become referred to as the Asian-American stereotype. According to a recent study, the Asian-American stereotype is composed of traits such as "self-disciplined", "reserved", "traditional", "intelligent", "studious", "hard- working", "cutthroat", "hostile", and "shrewd" (Jackson, Hodge, Gerard, Ingram, Ervin, & Sheppard, 1996; Jackson, Lewandowski, Ingram, & Hodge, 1997). Recent studies suggest that the stereotype of Asian- Americans has expanded over time to include both positive and negative traits. Also, a recent study by Devine and Elliot (1995) shows that people are still aware of the negative stereotypes associated with different ethnic groups but those low in prejudice are reluctant to express them openly. Low prejudiced participants are more likely to feel guilt than high prejudiced participant when discussing racially charged topics. Researchers ask people to describe the stereotypes that correspond to different groups in hopes of assessing not only what society in general thinks but also how individuals from those particular groups might be judged. From research conducted from the perceiver's perspective, we learn that stereotypes serve a cognitive and motivational function. From a cognitive perspective, they represent a double-edged sword. Stereotypes offer quick information with relative ease. However, the information obtained is unlikely to adequately describe group members accurately. In other words, stereotypes feel like they are a legitimate source of information because they are easy to rationalize, but they are often inaccurate in practice. Often the particular stereotypic characterization created by members of the majority group about a minority group is influenced by economic and social competition. One can see how this evolves by examining the changing stereotypes used to describe particular groups.

Stereotyping From the Perspective of the Target

It is equally important to assess the impact of stereotypes on the individuals belonging to the stigmatized group. When examining inter-group processes, it is important to understand that both groups can be perceivers and targets simultaneously. That is, members of both groups can be seen as perceivers who rely on stereotypes

to judge each other and both groups can be seen as targets of the stereotypes associated with their particular group. Typically though, when it comes to examining the content and the impact of the negative stereotypes, the dominant or majority group in power suffers less **than the lower status or minority group. Because** the majority group holds greater power in society, they have a greater hand in developing the accepted "wisdom" about particular groups. It is not uncommon to find that people belonging to majority groups have greater difficulty coming up with stereotypes about their own group than about minority groups (Simon & Hamilton, 1994). Unfortunately, the majority group's characterization of a minority-group is often adopted by members of that group as well. Stereotype consensus refers to the extent to which similar traits or descriptors are used to describe a group. Research demonstrates that in-group members also attain a consensus in describing themselves (Haslam, 1997; Haslam, Oakes, Reynolds, Eggins, Nolan, & Tweedie, 1998). Stereotype consensus among in-group members is particularly troubling if the stereotypical traits are primarily negative. According to social identity theory (Tajfel & Turner, 1979; Turner, 1982), one's self-concept partly consists of group memberships in social categories. Thus, individual group members may internalize stereotypical negative traits as part of his or her self-concept. Even if group members do not personally believe the stereotypes to be true, they may suffer from "stereotype threat" which refers to the anxiety felt by minority members that they might behave in a way to confirm existing stereotypes (Steele & Aronson, 1995).

There is abundant research documenting the harmful effects of stereotypes on various group members (e.g., Steele & Aronson, 1995). Two processes that demonstrate the true complexity of stereotypes will be examined. Most of the time we can readily see the negative effects of stereotypes, but research has shown few instances that reveal the dual nature of stereotyping: stereotype consensus and stereotype threat.

Stereotype Consensus

Stereotype consensus is defined as the extent to which people use similar traits to describe a group. Research shows that in-group members also exhibit stereotype consensus when describing their own group (Haslam et al., 1999). This process can be explained by the self-categorization theory, an extension of social identity theory (Turner, 1985, 1987). Self-categorization theory focuses on how we can describe ourselves at different levels of identity. Within this theoretical framework, the self can be categorized at three levels: superordinate, social, and personal. At the superordinate level, identity is based on being a human being as opposed to other forms of life (e.g., humans versus animals). At the intermediate social level, identity is based on perceiving the self as an in-group member in contrast with out-group members. When categorization occurs at the social level, individuals perceive themselves as part of certain social groups but not others (e.g., 'male', 'student', 'Indian'). Finally, at the subordinate personal level, the person perceives themselves as unique in contrast with other people including in-group members. We can categorize ourselves at any of these three identity levels and that level has implications for how information is processed about the self and others (Turner, 1985, 1987).

Most of the research on self-categorization theory has concentrated on the social identity level (Hogg & Turner, 1987; Turner, 1985). When the self is categorized at the social level people see themselves as possessing traits associated with their group, including stereotypical traits. One very interesting thing to note is that when stereotype consensus does occur, research thus far has shown that people choose positive stereotypes to describe their groups. When we think about people boosting their self-esteem by their group memberships, this result makes sense. In Haslam et al.'s study, participants who categorized themselves at the social level (i.e., as group members) showed higher stereotype consensus than those who categorized themselves as individuals (i.e., at the personal level). When people categorized themselves at the social level they perceived themselves and their in-group members as highly similar and favorable. In contrast, when participants categorized themselves at the personal level, their personally relevant attitudes became cognitively accessible and resulted in decreased stereotype consensus. A recent study by Tsuru and Khan (2002) demonstrated that stereotype consensus occurs for both a majority and minority group in a United States sample of White-Americans and Asian-Americans. One major implication of this area of work is that stereotype consensus can be beneficial to the members of a group when positive stereotypes are associated with that particular group. However, future research on stereotype consensus needs to be conducted on groups that are primarily associated with negative stereotypes.

SOCIAL MOTIVES AND THEIR DEVELOPMENT IN CULTURAL CONTEXT

Introduction:
An exact definition "social motives" is elusive. With the exception of a few motives like hunger and thirst, nearly all motives are socially relevant or somehow directed toward social outcomes. Examples include affiliation, aggression, altruism, achievement, approval, power and numerous others. All these motives have many basic characteristics in common. This is especially the case in the way they motivate specific goal-directed behavior and in the fundamental process of how they develop. Therefore, only a selection of two social motives will be discussed here in more detail: the aggression motive and the achievement motive. The main difference between these is to be seen in their biological aspects. From early reports by missionaries and travelers, and especially from studies by anthropologists and psychologists, we know that cultures differ greatly with respect to aggressiveness and achievement.

Aggressiveness: Taking as indicators such phenomena as the frequency of war-like conflicts, violent crimes, head-hunting or even malevolent sorcery, one can readily differentiate between "aggressive" and "non-aggressive" cultures. For example, the Kwoma, Apache, Comanche, Rajiup, Eipo and Janamali belong to the more aggressive group of cultures, whereas the Hopi, !Ko-Bushman, Semai and Hutterites are described as low or non- aggressive (Kornadt, Eckensberger, & Emminghaus, 1980). Of course, here cultures are described globally as one entity, leaving aside intra-cultural differences between individuals.
The question is: what causes these differences in aggressiveness? Some answers are given from a biological point of view. The first scientist to adopt this line of reasoning was Sigmund Freud. He postulated sexuality (Eros) in its broader meaning as the general driving force to live and later also postulated a "death-drive" (Thanatos) as its antagonistic force and source of aggression. Those drives are viewed as biologically rooted motivational forces. Another view was that of William McDougall who assumed a number of "instincts" and among these an "aggression instinct". Perhaps the most famous perspective was the aggression theory of Konrad Lorenz (1966). He postulated a kind of aggression energy which becomes permanently produced and accumulated if not released by some aggressive act. Furthermore, it is also known that aggressiveness like other biological conditions as, e. g., weight or height, is based on genetically-caused individual differences. However, can the differences between cultures simply be based on these direct biological factors? In this case we would have to assume that whole cultures differ in their biological outfit. This was assumed in "race theories" that were once fairly common. There is, however, no empirical evidence to support "race" assumptions. In order to answer this question, three further areas have to be studied:
In which other ways do cultures differ?
How are motives defined in modern psychology?
How do motives and individual differences among them develop, and which factors influence this development?
Cultures differ basically with respect to their ecological and socio-economic conditions. For example, the living conditions of hunters and gatherers are basically different from those of herdsmen and farmers. Accordingly, people in pastoral cultures were frequently described to be more aggressive than people from farming cultures. In their famous Six Cultures Study, Whiting and Whiting (1975) showed that the family and household structure are also influential. In cultures with patrilineal extended families and polygynous mother-child-households, the children were more aggressive as compared to cultures with nuclear families and close relationship of mother and father; here children were more prosocial. Another factor in which cultures differ and which is relevant for aggressiveness are the diverse culturally-sanctioned social rules, a culture's values and its dominant religious beliefs. For example, in Japan values of non-aggressiveness, politeness and considerateness characterize all social interaction. These values go back to a long Confucian-Buddhist tradition. Compared to Western cultures with similar industrialization and modernization, only very low violence and interpersonal aggression is reported for Japan (Kornadt, 2002; Kornadt & Tachibana, 1999).
In modern psychological research on motivation it has been shown that a motive is no homogenous single phenomenon as assumed by early drive and instinct theories. Since the fundamental work of McClelland, Atkinson, Clark, and Lowell (1953) we know that motives are complex systems which are characterized by various components which interact in complicated ways. Some of these components are cognitively-structured

goals (in aggression, for instance, it may be to "eliminate sources of frustration forcibly").

These may be activated by certain conditions ("anger") and those which are connected to the attainment of goals ("satisfaction"); habituated interpretation of motive-relevant situations ("frustration was initiated intentionally and basing on malevolent goals"); and affect- and goal-directed habits of behavior. These all are connected in a functional system.

These components are relevant in principle in all social motives, and of course in their specific thematic phenomenology for each motive. Thus, it becomes clear that for such a complicated system no simple biological condition can be assumed. For its development a longer period of learning and development is needed in which the above-mentioned socio-cultural conditions are effective. Modern research has also shown that biological conditions are important, however, but only partially and in complicated ways. For aggression, recent findings (twin research, neuro chemical and neurophysiological research) have shown that indeed a biological basis of development of aggression exists (affective and learning dispositions), and that hormonal factors play a role. An exceptional clear example for this is the universally strong increase of aggressiveness in male adolescents during puberty. This correlates with a steep increase and a slow decline of the male sex hormone testosterone.

In general, the sociocultural developmental conditions are more important than the biological. They are also more intensively studied, and in the context of this chapter they are more interesting. It has been known for some time and has been confirmed that in "aggressive" cultures (e. g., Mundugumor) socialization conditions are more harsh and related to punishment and rejection; or painful and "aggressive" initiation rites are typical. This behavior conforms to the ideal of the strong, dominant, harsh, assertive, and unyielding male and insensitive warriors. In contrast, in "non-aggressive" cultures, e. g., the Semai, children are treated with empathy and understanding; they learn quite early to control anger, to tolerate frustrations, and expect negative consequences of own aggression. These child-rearing practices are in line with the ideal in these cultures of a mature adult who practices self control, is relaxed, and non-aggressive. An especially important aspect of the development of aggression and its difference in various cultures has been found in the early mother-child-relation. A cross-cultural longitudinal study could demonstrate that basic differences in conditions for culture-specific aggression are related to the early mother-child-relation (Kornadt, 2002; Kornadt & Tachibana, 1999). Here, aggression and its developmental conditions in two European (Switzerland, Germany) and three East-Asian (Japan, and Bali, Batak from Indonesian cultures) were studied. The sample consisted of adolescents, mothers, and their children. Especially the Japanese adolescents and children showed a significantly lower aggression as compared to the European samples. This is in accordance with the respective cultural values and social rules in these countries. A basic condition for this development was the very close mother-child-relation which is also a part of the Japanese cultural tradition. Japanese mothers know how to establish a certain kind of "one-ness" between themselves and their child (Azuma, 1984). Through it the children experience an intensive security, and consequently have only little frustration and anger; restrictions or rules are not experienced as hostile interference with own goals or as malevolent intentions. Problems are rather experienced as something shared by mother and child which have to be resolved in cooperation together with the mother. Tendencies of the child to pursue his or her own interests against the interests of the mother (or more generally against others persons) (eventually including violent acts) thus do not develop. Thus a main basis for the development of aggression does not occur in Japanese socialization. This is different when the mother pursues her own interests and does not avoid the frustration of her child`s interests (as is often the case in Western cultures); here the mother's own (legitimate) interests are contrasted with those of the child, thus underlining separateness and differences between mother and child.

Moreover, in Japan aggressive behavior is negatively sanctioned and seen as immature and non-social. Thus the child grows up without sufficient opportunities to observe aggressive models, or to be a victim of aggression oneself; thus aggressive behavior hardly is successful in social interactions. Therefore, for the child`s further development insufficient conditions are provided which foster or stimulate the development of aggression. However, it has to be mentioned here that social change in Japan is related to an increasing "Westernisation" which affects traditional mother-child relations.

Achievement Motivation

Differences between cultures have often been reported with respect to achievement, diligence, and the relevance of effort. However, this has been less reliably documented than results on aggressiveness. Also, intra-

cultural differences over time have been reported. McClelland (1961) investigated indicators of the achievement motive and economic growth and decline varying over time in different cultures for more than 1000 years. When the achievement motive was high, the productivity (e. g. number of patents) was also high some time later.

The achievement motive is defined as the motive to be successful, to perform well, to be capable, to "maintain or to improve the standard of excellence". Two components are distinguished: the hope of success as the partial motive to try to reach a certain goal, and fear of failure, which often leads to the avoidance of the achievement-related situations, and to avoid the negative effects of failure on the self-esteem. Based on this broad definition, achievement motive has normally been measured by a special TAT (Thematic Apperception Test). Using this instrument cross-culturally, the achievement motive was often found to be higher in Western than in other cultures. This was even the case in industrialized Asian cultures. For example, Australian students were lower in achievement motive than Chinese students from Hongkong. Turkish-speaking Turkish students had lower achievement motivation than English-speaking students. Arabs from Kuwait were lower than Americans.

However, in the meantime, things are changing. More and more results show that East Asian persons are higher in achievement motivation than Western people, especially Americans. This is even the case with Japanese and Chinese Americans, also in the second generation of immigrants who live and have been raised in the USA.

Careful analyses have revealed that some of the former data are misleading. If the broad definition of "achievement" and "success" is narrowly interpreted as achievement in competitive situations, then Western people seem to perform better than people from other cultures who rather reject direct competition. People in those cultures are accustomed and motivated to work in and for the benefit of the group.

These analyses of cross-cultural data resulted in the conclusion that the original broad and generalized theoretical definition of achievement cannot be narrowly conceptualized simply in the Western sense of entrepreneurship and academic achievement. In other cultures the concept of success and achievement rather can involve excellent social relations, excellent performance in sports, or perhaps in hunting and fishing or even in social persuasion and cheating. That means the theoretically-generalized term "achievement" will always be realized in culture-specific domains. At least in this respect cultures differ in the norms and values which are relevant. This depends on the one hand on the ecological and economic circumstances and their demands as already mentioned with respect to aggressiveness. On the other hand, the religious background is also important. In cultures with a Confucian, Hinduist, or Buddhist tradition, or in so-called "collectivistic" cultures (Hofstede, 2001) most people within them tend to dislike individuals who try to be better than their friends as braggarts or blowhards. Instead, all kinds of group- or community-oriented achievement is highly esteemed. These socio- cultural conditions are also relevant in the process of development of the achievement motive. Here, as for aggressiveness, is the early mother-child relation the first important influencing factor. Children who are securely attached to their caring and sensitive mothers feel supported to explore the environment and to test their growing abilities.

In this way, a kind of "mastery motive" is to be seen as universal. How far, then, the achievement motive will develop depends on what kind of opportunities, incentives, and encouragement (or even discouragement) is provided. From studies by McClelland et al. (1953) we know the importance of early "independence training". "Early" has to be understood in relation to the developmental age of the child. According to cross-cultural studies, this stage seems to be reached with eight years of age though individual differences need to be taken into account. It will certainly depend on the social values and norms which are dominant in the respective (sub) culture regarding which domain the achievement motive will then develop.

To summarize, we have selected two important social motives, aggression and achievement, and have demonstrated some universalities and some culture specifies in processes of their development. One of the challenges of cross-cultural research is to try and specify how these motives are activated in specific cultures and consequently how the motivational domain of human behaviors can be understood in a more complete way.

MEASURING HELPING BEHAVIOR ACROSS CULTURES

Introduction:
Two images: First, as a six-year-old boy growing up in New York City, I am walking with my father on a

crowded midtown street. The rush of pedestrians suddenly backs up before me as people narrow into a single lane to avoid a large object on the sidewalk. To my astonishment, the object turns out to be a human being lying unconscious against a building. My father quickly points to a bottle in a paper bag next to him. Not one of the passing herds seems to actually notice the man--certainly, none make eye contact--as they robotically follow the makeshift detour. My father, who I look up to as a model loving, caring man, explains that the poor soul on the sidewalk "just needs to sleep it off." When the prone man suddenly begins to ramble senselessly, my father warns not to go near. "You never know how he'll react." I later came to see these two teachings-- "There's nothing you can do" and "Try not to get involved"--as my anthems of urban survival.

Next, fast forward several years to a market in Rangoon, Burma (now Myanmar). I had spent the previous twelve months traveling in poor Asian cities, but even by those standards, this was a scene of misery. Besides the inconceivable poverty, it is sweltering hot, ridiculously crowded and the wind is blowing dust everywhere. Suddenly, a man carrying a huge bag of peanuts calls out in pain and falls to the ground. I then witness an astonishing piece of choreography. Appearing to have rehearsed the scene many times, a half dozen sellers run from their stalls to help, leaving unattended what may be the totality of their possessions. One puts a blanket under the man's head, another opens his shirt, a third questions him carefully about the pain, a fourth gets water, a fifth keeps onlookers from crowding too close, a sixth runs for a doctor. Within minutes, the doctor arrives, and two other locals join in to assist. The performance could have passed for a final exam at paramedic school.

Rousseau once wrote, "Cities are the sink of the human race." But as these experiences in New York and Rangoon made clear, no two cities are the same. Places, like individuals, have their own personalities. In what cities is a needy stranger more likely to receive help? What sort of community teaches a citizen to withhold altruism toward strangers? As grown up social psychologists, my colleagues and I have spent much of the past decade trying to test these questions systematically. Our studies have produced significant data, TO which I will turn later. What we have learned more than anything, however, is how difficult it can be to measure cross-cultural differences in real-life social behaviors meaningfully. Moving from the anecdotal observations of a traveler to the scientific generalizations of a social researcher may be a bigger leap than one imagines. This chapter focuses on some of the difficulties we have encountered in our research. I do this with two intentions: first, to prepare other researchers for some of the problems they may face when measuring real life social behavior across cultures, pointing out at the same time the many difficulties that researchers face when gathering meaningful data. This is what is meant by cross- cultural field research being a noisy discipline. The second intention is to show that there is a silver lining to this noise. You may find that what does not work in your research can be as informative as what does.

Problem One: Measuring Helping
Our first problem was to develop field measures that would reflect helpfulness toward strangers in different locales. Our challenge was not only to identify behaviors that would be valid indicators of helpfulness but to identify a sample of behaviors that would be sufficiently representative of such a broad concept as helpfulness. This problem is not, of course, limited to cross-cultural research. Psychologists usually pay considerable care to achieving representative subject samples. We are often not as attentive; however, to creating multiple measures that span the full meaning of the variables we study. This is certainly the case in studies of helping behavior. With few exceptions, we found, helping field studies have used convenience samples of one or two helping behaviors. One study, for example, might measure helping by the number of people who are willing to fill out a questionnaire while another might measure helping by how many of them assist a person who collapses on the street. The term "helping" covers a lot of ground. Without carefully considering the sampling of measures, it is difficult to generalize to a wider range of helping behaviors.

This problem OF generalization is further complicated by a lack of attention to systematic taxonomies of helping behaviors. Without such a classification scheme, it is difficult to gauge where on the spectrum any arbitrarily selected helping behavior resides and, consequently, to determine which other helping behaviors to which it might be related. To our good fortune, Pearce and Amato (1980) have developed an empirically-derived three-dimensional model of helping that lends itself to operational definition. Their model poses a threefold structure of helping: (1) doing what one can, (direct help) vs. giving what one has (indirect help); (2) spontaneous (informal) help vs. planned (formal) help; and (3) serious vs. non-serious help. These three dimensions correspond, in order, to: (1) the type of help offered; (2) the social setting in which help is offered;

and (3) the degree of need of the recipient.

We developed five field experiments that attempted to fill Pearce and Amato's three- dimensional space. [See Levine, Martinez, Brase, & Sorenson (1994) for a description of how these five measures fit into Pearce and Amato's taxonomy.] Each of these studies was carried out in main downtown areas, during primary business hours, on clear summer days. Multiple trials of each measure were conducted in each city, targeting a relatively equal number of male and female pedestrians.

Retrieving a dropped pen: The experimenter (a neatly dressed college age male), walking at a moderate pace, would reach into his pocket and "accidentally," without appearing to notice, drop his pen behind him, and continue walking.   In each city, we observed the number of occasions a passing pedestrian helped the experimenter retrieve the pen.

Hurt leg. Walking with a heavy limp and wearing a large and clearly visible leg brace (the ugliest ones we could find), the experimenter "accidentally" dropped, and then unsuccessfully struggling to reach down for, a pile of magazines. What proportion of approaching pedestrians offered assistance?

Blind person crossing the street: An experimenter wearing dark glasses and carrying a white cane acted the role of a blind person needing help getting across the street.

1. We measured the percentage of instances in which help was offered.

Change for a Quarter: With a quarter in full view, the experimenter approached a pedestrian passing in the opposite direction and asked politely for change for a quarter. We observed how many pedestrians in each city stopped to check for change.

Lost Letter: A neat hand-written note, "I found this next to your car," was placed on a stamped envelope addressed to the experimenter's home. The envelope was then left on the windshield of a randomly selected car parked at a meter in a main shopping area.How many of these letters arrived at the address? Our first studies were done in the early 1990's, when we and our students visited 36 cities of various sizes spread across every region of the United States. The results did nothing to dispel my childhood impressions of New York. Combining the results of the five experiments, New York City came out dead last. Thirty-sixth out of thirty-six. (A sixth measure of helping, per capita contributions to United Way for each city, was also counted in these earlier studies.) Overall, we found that small and medium-sized cities in the southeast were the most helpful and large northeastern and West Coast cities were the least helpful. (For complete results, see Levine, et al., 1994 and Levine, 1997).

Far and away the best predictor of helping was population density. Density was more closely tied to the helpfulness of a city than even characteristics like crime rates, the pace of life, economic conditions or environmental stressors like noise and air pollution. Overall, people in more crowded cities were much less likely to take the time to help. New York City was Exhibit A. Crowding brings out our worst nature. Urban critics have demonstrated that squeezing too many people into too small a space leads to alienation, anonymity, de-individuation and social isolation. Ultimately, people feel less responsible for their behaviors toward others--especially strangers. Previous studies have shown that city dwellers are more likely to do each other harm. Our U.S. results indicate that they are also less likely to do them good, and that this apathy increases with the degree of city-ness.

Problem Two: Translating Behavior across Cultures

But is the city dweller's reluctance to help strangers limited to the United States? It was no surprise to find that densely packed cities like New York do not measure up to the communitarian standards of their smaller and calmer counterparts in the Southeast and Midwest. As the first author's experience in Rangoon showed, however, we sometimes find pockets of village cohesiveness in the most citified of places. How do big city dwellers from other countries compare on our helpfulness experiments?   How does New York--the penultimate U.S. city--measure up to large cities worldwide?

To answer these questions, over the next several summers more than 20 adventurous students ran our five helping experiments in large cities in countries around the world. In all, we conducted almost 300 trials of the blind person episode, dropped over 400 pens, approached some 500 people in each of the hurt leg and asking for change episodes, and lost almost 800 letters. (In the United States, these experiments were conducted in New York City.)

This is where we first experienced the cross-cultural researcher's paradox: You sometimes learn more from your mistakes than your successes. One of our most noteworthy findings was that our measures of helping

often did not translate cleanly across cultures. Cross-cultural researchers are well aware of the problem of translating concepts from one language to another. We learned about the difficulty of meaningfully translating behaviors between cultures.

Two experiments in particular--the asking for change and the lost letter situations—simply did not have the same functional meaning in many countries as they had in the United States.

The lost letter experiment was the most troublesome. This experiment entails leaving stamped, addressed envelopes in a visible location on the street, and then observing the percentage of these letters that get delivered. The first problem we encountered was people literally running away from the letters in some cities. In Tel Aviv, in particular, where unclaimed packages have all too often turned out to contain bombs, our experimenter found people actively avoiding the suspicious looking envelopes. In El Salvador, our experimenter was informed about a scam going around in which people were intentionally dropping letters; when innocent Samaritans picked one up, the con man told them they had lost the letter, that it contained money, and demanded the money back. Not surprisingly, very few letters were returned in El Salvador.

Then, in many underdeveloped countries, we found that local mailboxes are either unattended or non-existent. As a result, mailing a letter in these places requires walking to a central post office, rather than simply going to the letter box on the corner or in front of one's home, as is the custom in countries like the United States. In Tirane, Albania (where we eventually gave up our attempts to gather data), the experimenter was warned not to bother sending a letter, because it probably wouldn't arrive anyway. Postal unreliability is also a factor in some more affluent nations. In Italy not too many years ago, there was a widely publicized scandal when it was discovered that the post office had dealt with an impossible backup of undelivered mail by dumping truckloads into empty fields. ("But it only happened in Rome," one Italian loyalist admonished me.) And most problematic of all, in several countries we found that letters and postal communication are peripheral to many residents' lives. Really, what did us ethnocentric Americans expect to find in a country like India, with a 52 percent illiteracy rate?

The asking for change experiment also encountered a variety of translation problems. In this situation, the experimenter would ask a pedestrian passing in the opposite direction for a quarter (in the United States) or its equivalent in other countries. Between monetary inflation and the use of pre-paid telephone cards, however, we learned that the need for particular coins has become virtually extinct in many countries. In Tel Aviv, for example, no one seemed to understand why a person would need small change. In Calcutta, our experimenter had difficulty finding anyone with small value bills and coins a general shortage which occurs all over India during some festival seasons. In Buenos Aires, we wondered how to score the response of a person who replied, "I don't even have for myself."

In a few cities, people were afraid to transact money with strangers. For example, in Kiev, RUSSIA, where pickpockets are rampant, visitors are warned to never open their purse or wallet on the street. In El Salvador, experimenter Carlos Navarette had the misfortune to run into "a youth gang war where rocks were being thrown at each other. They stopped traffic along the street. When the cops came five minutes later, rounds were fired into the air as the gangs dispersed. Some of the adults then started taunting the young members of the "maras," calling them sissies and telling them how fed up they were at all of the problems that the youth were causing." So much for the asking for change experiment in San Salvador.

In the end, we limited our cross-national comparisons to the blind person, hurt leg and dropped pen experiments. Even these, we found, occasionally suffered in translation. In the hurt leg scenario, for example, we learned that a mere leg brace was sometimes insufficient to warrant sympathy. In Jakarta, INDONESIA, for example, experimenter Widyaka Nusapati reported that it is "not usual to help someone with a subtle leg injury. Perhaps if the limb was missing." In the blind person situation, we found that some cities, such as Tokyo and parts of the United States, have installed auditory tones on traffic lights so that visually impaired people will know when the light turns green. (I might add that in Tokyo, unlike New York, a green light means that it is safe to cross the street). And, in a paradoxical twist, the experimenter in some cities--like Tokyo--felt so compelled by the surrounding norms of civility that he found it nearly impossible to fake blindness or a hurt leg to attract well-meaning helpers. As a result, the data for Tokyo were dropped from our final list.

Results:
But even with these difficulties, our experimenters ran the three experiments successfully in 23 different countries. What we found suggests a world of difference in the willingness of urbanites to reach out to

strangers. In the blind person experiment, for example, five cities (Rio de Janeiro, San Jose, Lilongwe, Madrid, and Prague) helped the pedestrian across the street on every occasion, while in Kuala Lumpur, Kiev and Bangkok help was offered less than one-half the time. If you have a hurt leg in downtown San Jose, Calcutta or Shanghai, our results show that you are more than three times as likely to receive help picking up a dropped magazine than if you are on the streets of New York City, Kiev or Sofia. If you drop your pen behind you in New York City, you have less than one third the chance of seeing it again than if the same thing happens in Rio de Janeiro.

Overall, the two most helpful cities were from Latin America--Rio de Janeiro and San Jose, Costa Rica. As a rule, in fact, we found that cities with strong Hispanic/Latino cultures tended to be among the most helpful; the other three Hispanic/Latino cities that we tested (Madrid, San Salvador and Mexico City) were also all above average.   Considering that several of these cities suffer from long-term political instability, high crime rates and a potpourri of other social, economic and environmental urban stressors, this is a noteworthy finding.

Problem Three: Identifying Universal Predictors

One of the goals of research like ours is to discover patterns in cross-cultural differences. Are there characteristics of cultures that predict and explain differences in our dependent variables? We examined a number of possible predictors: population size, economic factors (for example, gross domestic product, per capita power), and cultural values (for example, individualism-collectivism, emphasis on simpatico, Hofstede's (1991) characteristics of culture) and the overall pace of life. (See Schwartz (1994) and Triandis (1996) for excellent discussions of cultural values and their measurement).

We found some trends but all had their exceptions. Helping rates tended to be higher in countries with lower economic productivity (lower GDP's, less purchasing power per citizen), in cities with a slower pace of life (as measured by pedestrian walking speeds), and in cultures which emphasize the value of social harmony. This city "personality" is consistent with the simpatico hypothesis. Communities where social obligations take priority over individual achievement tend to be less economically productive; but show more willingness to assist others. This trend did not, mind you, hold for all of the cities in our study. Pedestrians in the fast-paced, first-world cities of Copenhagen and Vienna, for example, were very helpful, while their compatriots in economically struggling Kiev were not helpful at all.   These exceptions make clear that even people with a fast pace of life, and a focus on economic achievement, are capable of finding time for strangers in need. And a slow pace of life is no guarantee that people will invest their saved time in practicing social ideals. In both fast and slow places, people either make the time to help or they don't.

Still, as a general rule, we found that countries that emphasize social responsibilities over personal achievement, and have a slower pace of life, tend to be more helpful to strangers on the street. We are reminded of the Kelantese people of the Malay Peninsula, who embrace slowness as a cornerstone of morality. Haste in their corner of the world is considered a breach of ethics. The Kelantese are judged by a set of rules for proper behavior known as budi bahasa, or the "language of character." At the core of this ethical code is a willingness to take the time for social obligations, for visiting and paying respect to friends, relatives and neighbors. Any hint of rushing smacks of greed and over concern with material possessions. Most importantly, it shows an irresponsible lack of attention to the social obligations of the budi bahasa. Violators threaten basic village values concerning interpersonal relations and village solidarity. They are gossiped about, considered less refined (halus), and are often suspected of trying to hide something (Levine, 1997).

Problem Four: Isolating Variables in the Real-World: Helping versus Civility

We also learned that not all helping is alike. In particular, there may be a difference between helping and civility. In places where people walked fast--hastily, as the Kelantese might say--they were often less likely to act civilly even when they did offer assistance. In New York City, helping often appeared with a particularly sharp edge.   During the dropped pen experiment, for example, helpful New Yorkers would typically call back to the experimenter that he had dropped his pen, then quickly move on in the opposite direction. On the other hand, helpers in laid-back Rio de Janeiro the land of amanhã, where slowness and simpatico are ways of life were more likely to return the pen personally, sometimes literally running to catch up with the experimenter. In the blind person experiment, helpful New Yorkers would often wait until the light turned green, and then tersely announce to the experimenter that it was safe to cross, and then quickly walked ahead. In the friendlier cities, helpers were more likely to offer to walk the blind person across the street, and sometimes asked if he then needed further assistance. One of our experimenters' problems in these friendlier places, in fact, was how

to separate from particularly caring helpers.

In general, it often seemed as if New Yorkers were willing to offer help only when it could occur with the assurance of no further contact, as if to say "I'll meet my social obligation but, make no mistake, this is as far as we go together." How much of this is motivated by fear and how much by simply not wanting to waste time is hard to know.   But in more helpful cities, like Rio de Janeiro, it often seemed that human contact was the very motive for helping. People were more likely to help with a direct smile and to welcome the "thank you."

Problem Five: Attributing Meaning: Do our data mean that New Yorkers are less kind people less caring on the inside than city dwellers in more helpful places? Not at all. The New Yorkers we spoke to gave many good reasons for their reluctance to help strangers. Most, like me, had been taught early on that reaching out to people you don't know can be dangerous. To survive in New York, you should avoid even the vaguely suspicious.

Some also expressed concern that others might not want unsolicited help that the stranger, too, might be afraid of outside contact or might feel patronized or insulted. Many told stories of being outright abused for trying to help. One woman described an encounter with a frail, elderly man with a red-tipped cane who appeared unable to manage crossing an intersection. When she lightly offered assistance, he barked back, "When I want help I'll ask for it. Mind your own f---ing business." "I've never forgotten that man," the woman remarked. Other told of being burned once too often by hustlers.   One non-helper commented how "most New Yorkers have seen blindness faked, lameness faked, been at least verbally accosted by mentally ill or aggressive homeless people. This does not necessarily make one immune or callous, but rather, wary."

Over and again, New Yorkers told us they cared deeply about the needs of strangers, but that the realities of city living prohibited their reaching out. People spoke with nostalgia for the past, when they would routinely pick up hitchhikers or arrange a meal for a hungry stranger. Many expressed frustration--even anger--that life today deprived them of the satisfaction of feeling like good Samaritans.

To some degree, perhaps, these may simply be the rationalizations of uncharitable citizens trying to preserve their benevolent self-images. But the bulk of the evidence, in fact, indicates that helping tends to be less effected by the nature of people than it is by the characteristics of the environment. Studies have shown that seemingly minor changes in the situation can drastically affect helping--above and beyond the personalities or moral beliefs of the people involved. It is noteworthy that studies show the size of the place where one was raised has less to do with helping than the place one lives. In other words, Brazilians and New Yorkers are both more likely to offer help in Rio than they are in New York City.

Concluding Comments

Cross-cultural social psychological research necessarily must deal with a multitude of variables. As noted earlier, it is definitely a noisy endeavor. Social behavior can be quite difficult to measure accurately and meaningfully. This is certainly the case when it comes to a complex behavior like helpfulness. On one level, our studies reinforce

Pepitone's (1999) observations that there are multiple, distinct motivations underlying different helping behaviors and that it is, in essence, unlikely we will ever find simple explanations for cross-cultural differences. But back to that silver lining to the noise: The very complexity of the problem makes it very likely that you will encounter interesting and informative surprises along the way. Like most great mysteries, we often learn more from what goes wrong than what too easily goes right.

Our studies are not without practical application. First, they provide tangible information about the quality of the helping environment in individual cities around the world. Second, as social indicators, they may be compared over time to mark trends in urban life throughout the world. Their greatest value, however, may be in the noise itself: Our results raise more questions than they answer. Are traditional cultures more helpful toward strangers than less traditional ones? Is there a certain type of individualist who is more likely to be helpful prosocial who seek to maximize both their own and others' outcomes, with an emphasis on equality? What is the relationship between collectivism and communitarians? for example, distinguishes between for example, distinguishes between individualistic cultures that value communitarians (e.g., Sweden, Denmark) versus individualistic cultures that are more characterized by egoism (e.g., the U.S.A.)). Is there a relationship between helping strangers versus helping friends and family?

No doubt there are cleaner and simpler approaches to research than studying cross- cultural differences. But it

is the very challenges of cross-cultural research-the methodological complications, the seemingly endless levels of explanation, the multiplicity of confounding variables, the significance of the outliers-that make it so interesting and, ultimately, so rich with meaning. As Rube Goldberg once said, sometimes it is best to "Do it the hard way." individualistic cultures that value communitarian's (e.g., Sweden, Denmark) versus individualistic cultures that are more characterized by egoism (e.g., the U.S.A.)). Is there a relationship between helping strangers versus helping friends and family?

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