# DP IB Psychology: HL

Your notes

## Culture: Health & Wellbeing

### Contents

Your notes

# Culture & mental health disorders

- You **don't need to memorise a new content unit** for Paper 3
- Instead, **apply** what you already know about the HL extensions (culture**, motivation, technology**) and **research methods** to the **contextual sources** you're given (e.g., Health & Wellbeing).
- Use the HL revision notes to practise:
  - **Interpreting data** (reading graphs/tables; spotting limitations)
  - **Evaluating methodology** (sampling, design, bias, ethics, credibility)
  - **Critically discussing claims** (link evidence to the claim; reach a balanced conclusion)

## Worked Example

Here is an example of a **Paper 3 source** and 15–mark ERQ using **culture** (HL extension) in the **Health & Wellbeing** context:

**Source 5**

One of the problems with cross-cultural research is that it may result in universal, ethnocentric or etic conclusions being made, i.e., the researcher(s) may (consciously or unconsciously) view their findings through the prism of their own cultural perspective.

Cultural relativism (CR) is the idea that not all cultures are the same and there is no one 'superior' culture: diversity should be respected and accounted for in research.

CR emphasises the idea that behaviour should be understood in the context of the culture itself rather than making judgements based purely on the behaviour in question.

Using a CR approach to research involves a lack of judgement of cultures which are different from the cultural norms of whomever is conducting the research.

CR means that a researcher should try to understand cultural practices from *within* that culture so that instead of making value-judgements about the culture, the researcher asks interested questions e.g. '*Why is it that latah exists in Malaysia and Indonesia?*' (latah presents as hypersensitivity to sudden fright, often with echopraxia, echolalia, command obedience, and dissociative or trance-like behaviour).

Western individualistic clinicians who are not familiar with collectivist cultures may misdiagnose mental disorders due to a lack of cultural knowledge. Different cultures have different values so trying to apply a universal model of treatment (specifically,

the biomedical model with its emphasis on the physiological aetiology of disorders) across cultures does not account for CR.

Some cultures are wary of disorders such as MDD so their criteria for treating depressive symptoms will be based on their own cultural understanding of the condition rather than on a course of antidepressants. In Ethiopia there is a condition known as 'zar', which a Western clinician may treat as MDD (as it involves weeping, apathy, withdrawal, and loss of appetite). This ignores the cultural context, which is that symptoms are attributed to spirit possession with the possibility of the person developing a long-term relationship with the possessing spirit.

**Q4: To what extent** can we **conclude** that the diagnosis of mental disorders is biased in favour of the biomedical model? In your answer, use your **own knowledge** and **at least three** of **sources 2–5**.

[15 marks]

**Model answer:**

*(Here are two paragraphs which could appear as part of a longer response to this question.)*

The source explores the disconnect between traditional culture-bound syndromes and the Western biomedical model of disorders. The source explains that there may be cultural bias built into the biomedical model, as it takes a universal view of health, ascribing diagnoses based on statistical manuals (e.g., the ICD-11) rather than using local knowledge as a guide. Cultural relativism is missing from this approach, which can have harmful consequences.

For example, if an Ethiopian patient presents with 'zar', this is likely to go unnoticed by a Western doctor, which means that the subtleties and nuances of the condition are lost in translation. Diagnosing 'zar' as MDD could be catastrophic for the patient as they struggle to cope with a negative label when, instead, a culturally relativist approach could have enabled them to accept their condition more positively and use culturally relevant ways of managing it.

**Guidance**

- Weigh up the relative merits of the claim
  - What is there in this (and other) source(s) that could be used to back up this argument?
  - Do you know of any research or examples which could be used to validate the idea that the biomedical model is ethnocentric and culturally biased?
- Consider the difficulties facing clinicians who are not familiar with different cultures in applying cultural relativism to diagnosis
  - What are the implications for educating and training clinicians in different cultural perspectives?
- Make sure that your argument is informed by the sources and that it draws from the relevant topics featured in this context
- Include concepts (e.g., causality, bias) to inform your critical thinking and discussion of the source(s) as well as any real-world or anecdotal examples you are aware of

Your notes

Your notes

# Culture & diagnosis

- In Paper 3, the HL content isn't tested directly
- Instead, you'll analyse a source based on **one HL extension** and apply it to the **given context**
- For example, with a **culture & diagnosis** source, you may be asked to:
  - **Analyse data** on cross-cultural prevalence or bias in a mental health disorder
  - **Consider methods** (e.g., surveys, cross-cultural comparisons) and their strengths/limitations
  - **Evaluate** implications for **validity** and **fairness** of diagnosis across cultures

## Worked Example

Here is an example of a **Paper 3 source** and a **6-mark SAQ** using **culture** (HL extension) in the **Health & Wellbeing** context:

**Source 2**

**Aim:**

- To investigate the extent to which Western-style counselling practices are appropriate for other cultures

**Procedure:**

- A review of research on the topic which looked at four commonly used therapeutic approaches to the treatment of a range of mental illnesses such as MDD and phobias
- The four different types of counselling therapies included in the review were:
  - Psychoanalytic therapy
  - Group therapy
  - Strength-based therapy
  - Cognitive behavioural therapy (CBT)
- The researchers were interested in investigating the provision of what they term 'culturally competent services to Muslims', i.e., they were looking for evidence of therapies that are most aligned to a Muslim outlook and cultural perspective and which are most congruent with Islamic values

**Results**:

- Two therapeutic treatments were identified by the researchers as problematic for Muslim clients:
  - Psychoanalytic approaches – the emphasis on individual introspection is at odds with the importance in Islamic culture of community

- Rather than looking inwards to analyse themselves, Muslims tend to look outwards, grounding their identity in religious teachings, culture and family
- Group therapy – some Muslims may feel uncomfortable sharing personal details or disclosures in a group setting, particularly if the group included both males and females who are not related

- Two forms of therapy were identified as being more suitable for treating Muslims:
  - Strength-based approach – in this approach, strengths are identified, derived from a client's faith, family, culture and community; such values are more congruent with Islamic ideals
  - CBT – the underlying principles of CBT are congruent with Islamic values e.g. focusing on solutions and using a 'here and now' approach
- CBT, however, could be modified to substitute traditional self-statements (e.g. 'I feel in control of my thoughts') with statements linked to Muslims' spiritual traditions
- This approach has been successful in Taoist, Christian and Muslim cultural settings, as it draws directly from articles of faith within that culture

**Conclusion:**

- Adaptations and modifications to existing treatments such as CBT should help to align these treatments with the client's values and to ensure that the treatment outcome is positive.

**Q2: Analyse** the findings from **source 2** and state a **conclusion** linked to the claim that Westernised therapy may have a negative effect on Muslim patients.

[6 marks]

**Model answer**

The findings are qualitative so analysis should focus on the insight they provide into cultural differences in therapy. A review analyses secondary data which may not be as reliable as primary data, i.e., the researchers had no control over how the data was collected, which could reduce the credibility of the findings.

The findings are a little generalised: the modifications suggested may not suit all Muslim clients; there are likely to be individual differences involved in the success of the suggested strategy as well as variations in Islamic beliefs so we should not consider all Muslims as homogenous. The recommendation to culturally adapt CBT is helpful as it acknowledges that therapy should be flexible and sensitive to cultural variation.

**Guidance**

- Your analysis should refer to the raw scores (if these are included) and/or the descriptive/inferential statistics presented in the findings
  - For descriptive stats this may comprise the mean/median/mode as measures of central tendency and the range/standard deviation as measures of dispersion
  - For inferential stats this may comprise a statement of significance and/or link to the level of probability used
- You should always state which condition of the IV performed better
- You should comment on what the stats seem to suggest about performance per condition

Your notes

- If relevant, you should comment on what the data tells you about the population, e.g., is this a normal distribution or is it skewed?
- If the research is qualitative then you should focus on how the findings have been categorised/presented and whether there are drawbacks or limitations to how it has been gathered (e.g., sample size, potential bias)
- You should draw a conclusion based on what the data in the source/study tells you about what is being investigated
    - E.g., do the findings suggest that X does affect Y?

Your notes

Your notes

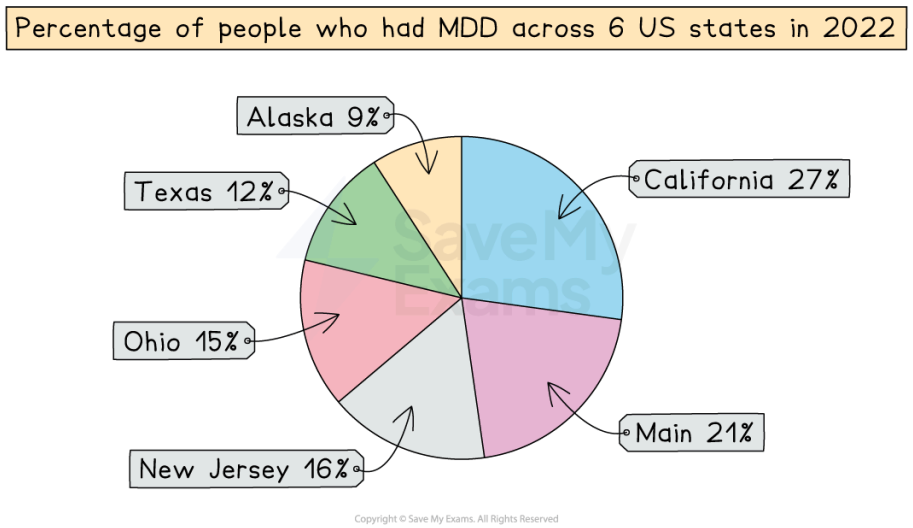
# Major depressive disorder (MDD) across cultures

- In Paper 3, the HL content isn't tested directly
- Instead, you'll analyse a source based on **one HL extension** and apply it to the **given context**
- For example, with a **culture & MDD** source, you may be asked to focus on issues like:
  - Small/unrepresentative **samples** (weak generalisability)
  - Unclear **variables**/measures (limited interpretability)
  - **Correlational** data (no causal inference)
  - Missing **context** or **data** (e.g., number of participants or timeframe), leading to tentative conclusions

## Worked Example

Here is an example of a **Paper 3 source** and a **3-mark SAQ** using **culture** (HL extension) in the **Health & Wellbeing** context:

**Source 1:**




**Q1.** Explain **one** limitation linked to the interpretation of the data in this source.

[3 marks]

**Model answer:**

The graph in the source shows which states have a high prevalence of MDD but, taken alone as bare statistics, it suggests no reasons for these prevalence rates, i.e., it lacks explanatory power as to cultural differences within the USA as a whole.

or

The data may have been gathered using a range of methods (some of which may not have been well controlled), which means that there could be issues with the consistency of data gathering. This means that it may lack reliability.

or

MDD may be reported and/or diagnosed more in some states (e.g., California) than others (e.g., Alaska), which means that the graph may not represent the true figures for the prevalence of MDD across US states. This means it may lack validity.

**Guidance:**

- Use only the information provided by the graph/chart: do not 'invent' data or make assumptions as to what may be behind the data; e.g., the highest rates of MDD are shown to be in California that does not 'prove' that MDD is higher there, simply that has been reported more frequently there than other states
- Do not write too much – there are only 3 marks available for this question and you need time to complete the higher-value questions on this paper
- The question is asking for **one** limitation so don't provide two or more, as you will not be rewarded for this
- The question is asking for what limits interpretation of the data so don't waste time/marks by stating any advantages/strengths

Your notes