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Comas-Diaz, L., & Griffith, E. (Eds.). (1988). *Clinical guidelines in cross-cultural mental health*. New York: Wiley-Interscience. Popular textbook for the study of culture and mental health with specific chapters devoted to different ethnic minority groups and to various issues. Dated but still a valuable introduction to the research and clinical literature.

DeGirolamo, G., & MacFarlane, A. (1996). The epidemiology of PTSD: An international review. In A. J. Marsella, M. Friedman, E. Gerrity, & R. Scurfield (Eds.), *Ethnocultural aspects of PTSD: Issues, directions, and clinical applications* (pp. 33-86). Washington, DC: American Psychological Association Press. Most thorough and exhaustive international coverage of epidemiological studies of PTSD, with special attention paid to methods and prevalence rates.

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Kleinman, A., & Good, B. (Eds.). (1986). *Culture and depression*. Berkeley: University of California Press. Considered the best single resource on cross-cultural studies of depression. Raises serious questions about the cultural biases accompanying Western research and clinical efforts. Chapters cover studies of depression among numerous ethnocultural groups.

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Lin, K., Poland, R., & Nakasaki, G. (1993). *Psychopharmacology and psychobiology of ethnicity*. Washington, DC: American Psychiatric Press. Pioneering effort describing ethnocultural and racial variations in response of

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Marsella, A. J. (1982). Culture and mental health. In A. J. Marsella & G. White (Eds.), *Cultural conceptions of mental health and therapy*. Boston: Reidel Press. Early overview of cross-cultural psychiatry studies. Thorough discussion of research findings and issues with excellent bibliography. Calls attention to cultural bias in psychiatry and psychology.

Marsella, A. J. (1993). Sociocultural foundations of psychopathology: A pre-1970 historical overview. *Transcultural Psychiatric Research Review*, 30, 90-142. Detailed review and discussion of the historical roots of culture and psychopathology studies from the seventeenth century to 1970. Key personalities, studies, and events are noted.

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Murdock, R. (1980). *Theories of illness: A world survey*. Pittsburgh: University of Pittsburgh Press. Considered classic text in medical anthropology. Discusses different theories of illness found among more than 170 ethnic groups based on data from the Human Relations Area Files (i.e., notes from most anthropological field studies and ethnographies).

Anthony J. Marsella

### Culture and Development

Human development takes place in the interaction of a child and the culture in which he or she matures. Culture can be conceived of as knowledge, skills, prac-

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tices, and values that are created and shared by groups of people. Processes of development and processes of culture are inextricably intertwined. An important aspect of psychological development is the acquisition of cultural knowledge, which children are exposed to from birth. Children actively acquire cultural knowledge from the cultural surroundings. There are important methodological and theoretical issues to be considered in any discussion of culture and human development.

### Methodological Approaches

In the study of culture and human development, there are two different methodological lines of inquiry: cross-cultural and cultural (e.g., Shweder, 1990). Each methodological approach is associated with a way of thinking about culture. In cross-cultural research, culture is most often thought of as a group label (e.g., Chinese, African American). Applied developmentally, cross-cultural methodology leads to comparisons of behavior at different ages across different cultural groups.

In cultural methodology culture is, by contrast, most often thought of as a psychological process. Culture is part and parcel of the individual psyche (Shweder, 1990). Human development is an important part of cultural psychology (Cole, 1996): human beings are seen as creatures who acquire culture through learning and apprenticeship. Cultural learning occurs by means of language, modeling, and participation in cultural activities.

A distinguishing feature of cross-cultural psychology is that an experimental procedure or test that has been developed in one culture can be carried, with translation and other minor modifications, to another culture, to make cross-cultural comparisons (Berry, Poortinga, Segall, & Dasen, 1992). Classical examples in the study of cognitive development revolve around testing the universality of Swiss psychologist Jean Piaget's theory of cognitive development (Dasen, 1977).

In contrast, the methodological ideal of the cultural psychologist is to derive procedures for each culture to be studied by observing the practices and modes of communication in that culture. Whereas cross-cultural psychology tends to derive its problems and procedures from established psychological research paradigms, cultural psychology derives its problems and procedures from a unique analysis of each individual culture. Methodologically, cultural psychology represents an integration of methods from psychology and anthropology.

### Conceptual Approaches

Major conceptual approaches to culture and development emphasize social interaction, cultural practices, symbolic tools, ecological adaptation, cultural values, and intergroup influences on development. The first

three are key concepts in the sociohistorical tradition, to be discussed first.

**Sociohistorical Tradition.** The sociohistorical research tradition in developmental psychology is derived from the work of the Russian psychologist Vygotsky (e.g., 1962). It emphasizes that human development is constructed through social interaction, cultural practices, and the internalization of symbolic cultural tools. An example of a cultural tool that is internalized is money; each culture's system of currency influences the development of certain mental strategies for doing mathematics (Saxe, 1991). Cultural practices and tools are developed over long periods of time; they therefore have an important historical dimension.

Researchers in the sociohistorical tradition have studied parent-child interaction, sibling, and other kinds of peer interaction, and teacher-child interaction (e.g., Tobin, Wu, & Davidson, 1989; Zukow, 1989). Social interaction influences both cognitive development and social development.

Cultural practices involve everyday experiences and education, both informal and formal. Practices such as candy selling (Saxe, 1991) are linked to cognitive development. A review of the everyday practices approach is found in Schliemann, Carraher, and Ceci (1997).

**Ecocultural Approach.** This approach emphasizes adaptation to the environment and derives from the work of John and Beatrice Whiting, U.S. psychological anthropologists. The Whittings (Whiting & Edwards, 1988) used a cross-cultural approach to study how behavior is influenced by societal characteristics such as urbanization and social complexity. Weisner (1984) has developed a theory in the Whiting tradition which considers how aspects of the ecocultural environment such as subsistence patterns, assigned roles for men, women, and children, and child-rearing practices affect behavior.

**Ethnotheories of Development: Individualism and Collectivism.** Systems of developmental goals and values which guide child rearing and socialization for particular parents or groups of parents are called parental ethnotheories of development (Harkness & Super, 1996). This approach focuses on cultural models, emphasizing how a diversity of child-rearing goals and values influence familial child-rearing practices and the resulting trajectory of development. Two particularly important models, derived from social psychology, are individualism and collectivism (Triandis, 1988), also known as independence and interdependence (Markus & Kitayama, 1991). These alternative cultural frameworks are particularly basic and generative; they constitute unspoken assumptions that guide socialization practices and child behavior in a myriad of specific domains and situations (Greenfield & Suzuki, 1998). In individualism, the preferred endpoint of development is in-

dependence (Greenfield & Cocking, 1994). The primary goal of socialization in this model is an autonomous, self-fulfilled individual. In collectivism, the preferred endpoint of development is interdependence (Greenfield & Cocking, 1994). The primary goal of socialization in this model is for the mature person to be embedded in a network of relationships and responsibilities to others; personal achievements are ideally in the service of a collectivity, most importantly the family. With these cultural goals in mind, many researchers have examined the influence of individualistic and collectivistic goals on parenting styles and child development.

**Intergroup Contact.** Intergroup contact is a major source of diverse developmental pathways in multicultural societies such as the United States, Canada, and Australia. Often the emphasis in this approach is on racially distinctive ethnic groups. (The developmental pathway of the dominant majority tends to be taken for granted as normative, rather than as cultural.) Intergroup contact raises ethnic identity to the forefront of developmental issues (Phinney, 1996) and produces more complex processes of cultural learning such as bilingual and bicultural development.

One source of diverse developmental pathways are the specific values that ethnic groups maintain from their ancestral cultures. The notion is that the distinctive patterns of socialization and development manifest in various groups in the United States and other multicultural societies derive to a great extent from ancestral values. Ethnic groups are compared with groups in their ancestral homelands, not merely with groups in the host society (Greenfield & Cocking, 1994).

The theory and research of Ogbu (1978) on minority status emphasizes intergroup contact and identity issues. Ogbu, an anthropologist who grew up in Nigeria focuses on the importance of the history and power relations between minority and majority groups within a given society. He identifies two major classifications of minority groups: involuntary and voluntary. Involuntary minorities become incorporated into a nation through conquest, slavery, or colonization. They define themselves and their culture in opposition to the values of the majority and thus feel that they cannot adopt any of the majority's ways without losing their own. Voluntary minorities become incorporated into a nation through voluntary immigration. They maintain their preexisting cultural values and view positively institutions such as schools as places where they can be helped to improve their opportunities for success in their new country. In terms of development, this theoretical distinction has been used mainly to understand differing patterns of school achievement.

### Conclusion

Development is universally influenced by symbols, tools, values, and complex social relations. These are

universally present, yet vary in their form from culture to culture. Cultural differences arise from adaptations to diverse ecological niches and sociohistorical traditions. The two main approaches to the study of the psychological interaction of culture and development are cross-cultural and cultural psychology. Cross-cultural psychology puts the emphasis on universal dimensions of culture; it treats culture as something in the environment. Cultural psychology, in contrast, focuses on local values and ecocultural factors in development such as people's use of tools, their minority or majority status, and cultural history; it treats culture as something inside the individual. The role of culture in behavior is pervasive and should be carefully considered in any examination of human development.

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**CULTURE-BOUND DISORDERS.** Psychological disorders considered specific to particular ethnocultural groups because of distinct cultural factors influencing the etiology, meaning, expression, and/or treatment of the disorder are referred to as culture-bound activities. The term is used in contrast to those psychological disorders considered to be "universal." In its *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, the American Psychiatric Association (1994) states:

Culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations. There is seldom a one-to-one equivalence of any culture-bound syndrome with a DSM diagnostic entity. (p. 844)

### Types of Culture-Bound Disorders

The most thorough discussion and listing of culture-bound disorders can be found in Simon and Hughes (1986). In *DSM-IV*, the American Psychiatric Association (1994) describes a number of known culture-bound disorders. Table 1 lists some of the well-known culture-bound disorders with their associated locations and risk populations.

A number of researchers proposed subclassification systems for the culture-bound disorders based on common behavioral and psychological expressions. For example, Ari Kiev (1964) suggested they could be classified as anxiety states (e.g., *koro*, *susto*) phobic states (e.g., *mal ojo*, *voodoo death*), depressive disorders (e.g., *hiwa itchk*), hysterical disorders (e.g., *latah*). Simons and Hughes (1986) classified the culture-bound syndromes according to different taxons (i.e., taxonomy categories): startle-matching taxon (e.g., *latah*, *imu*), sleep pa-

ralysis taxons (e.g., *uqamairineq*), taxon (e.g., *koro*), sudden mass attack (*amok*, *cathard*, *negi-negi*), running taxon (fright illness taxon (e.g., *susto*, *salada*), pulsion (e.g., *windigo*).

Kiev (1964) and Simons and Hughes (1986) knowledges the distinct cultural influences on the disorder; however, they also wanted to establish universal taxonomical principles by which the disorder could be reconstructed within Western models of psychological disorders. This can be considered an anxiety disorder, but it is not considered a hysterical disorder. This approach is viable (i.e., proceeding from the taxonomic categories), many researchers now believe in the one-to-one equivalence of culture-bound disorders and Western psychiatric disorders represented in the *International Classification of Diseases*. This has become a major issue in psychiatry that raises questions about the universality of psychiatric disorders and about the possibility of reconstructing Western psychiatric classification systems.

### Historical Origins

I noted in an earlier work that over the years culture-bound disorders have also been referred to as *specific disorders*, *exotic disorders*, *cultural disorders*, *ethnic psychoses*, *esoteric psychoses*, and *atypical disorders* (Pridgen, 1996). The variations in terms applied to these disorders reflect some of the important issues associated with their conceptualization in psychiatry. Terms such as *exotic* and *cultural* reflect an ethnocentric bias that has accompanied the study of these disorders. How do we understand culture-bound syndromes? Why is it that non-Western people have "exotic" disorders while Western people do not? The answer, of course, is simple: Psychiatry is part of the Western political system. The social domination of the world over the years with dominance comes privilege. The West has believed its assumptions and practices to be "universal." It has only in the last few years, that psychiatry has acknowledged a competing knowledge paradigm. Psychiatry's ethnocentric roots and foundations.

Culture-bound disorders entered the psychiatric literature in the late nineteenth century. Physicians working in colonies in South America reported strange ailments that appeared distinct from disorders reported in Europe or North America. However, reports of these disorders have actually been traced to the hispanic reports of sixteenth-century European explorers, and adventurers to distant