IB Psychology 🡪 Topic: Etiology of Abnormal Psychology

Content: Prevalence rates and disorders (you will discuss prevalence of MDD)

Key study: Furnham & Malik (1994), text p282

Aim: to investigate cultural beliefs about depression; to develop explanation about validity of claim that British Asians (BAs) (Bangladesh, India, Pakistan) are rarely diagnosed with depression; to understand how reporting bias may be at work

Potential explanations:

* BAs are ‘healthier’ in mental state
* Mental health institutions/resources under used – dep does exist in this group (acculturative stress)
* BAs present somatic symptoms

Method:

152 females, middle class (35-62, 17-28)

* ‘Native British’ – born/educated in Britain
	+ 35-62 (middle aged)
	+ 17-28 (young)
* ‘Asian origin’ – born/educated in country of origin
	+ 35-62 (middle aged)
	+ 17-28 (young)

Questionnaires: symptoms & beliefs about dep/anti-dep behaviours (ie: exercise, reaching out to others etc)

Findings:

* Compared with ‘Native British’, Asian women tended to believe work outside home could prevent dep from developing
* Compared with ‘Native British’, Asian women tended to believe it is important to communicate/reach out to family before friends (collectivist trend)
* Younger Native British and Asian women closer in their perceptions/beliefs about depression – note how this could be explained through increased exposure/access to online world where beliefs about mental health may proliferate
* Middle aged Asian women reported lower rates of depression – this does not necessarily mean they experience the disorder less; note how this could relate to more engrained beliefs about social support within the family/longer time in collectivist tradition/longer exposure to cultural belief system around mental health.

CT:

* This is trend data – the naturally occurring variables that are different across the groups are \_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_; no \_\_\_\_\_\_\_\_\_ & effect but thematic considerations for diagnosticians/mental health practitioners to reflect upon when speaking with patients.
* Themes seem to support cultural dimension theory and impact of acculturative stress. Possible applications in cross cultural psychiatry (Furnham & Malik, 1994).
* Of course, one \_\_\_\_\_\_\_\_\_\_ is reflected here – lack of generalizability.