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The Role of Cultural Values in the Folk Psychiatry Explanatory Framework: A Comparison of Chinese- and Euro-Canadians

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Abstract

The Folk Psychiatry (FP) model proposes a process through which people understand mental illness, comprising four dimensions: pathologizing, moralizing, psychologizing, and medicalizing. Cultural group differences have been observed in previous research using part of this model, with one prior study suggesting that adherence to cultural values may partly explain these differences. The current study, therefore, evaluated whether horizontal–vertical and individualism–collectivism values contribute to explaining Chinese-Canadian (CC) versus Euro-Canadian (EC) cultural group differences among the FP dimensions. Undergraduate CC ($n = 252$) and EC ($n = 296$) students participated in an online survey, in which they read vignettes about a person exhibiting symptomatic behaviors of major depression. They were then asked about their impressions of the person's behavior, based on FP scales. Our results show that CCs were more likely to pathologize and moralize the behaviors described in our study vignette, whereas ECs were more likely to employ psychologizing explanations. When compared with ECs, CCs were significantly more likely to endorse vertical individualism and vertical collectivism and less likely to endorse horizontal collectivism. There was an indirect effect of cultural group on moralizing through the endorsement of vertical (i.e., hierarchical) values. Our findings suggest that valuing social order and adherence to social norms may partly explain why some people view mental health problems as a personal fault.

Keywords

horizontal and vertical individualism and collectivism, Folk Psychiatry, explanatory models, culture

Local explanatory models are central to understanding how disorders are conceived and labeled in different cultural contexts (Haslam, 2005). Folk beliefs help to shape people's perception of

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mental illness experiences and ideas about treatment-seeking. The Folk Psychiatry (FP) model (Haslam, 2005) has been proposed as a way of understanding public perceptions of mental disorder. It states that, first, a person must interpret the extent to which a behavior is rare, deviant, unexpected, or difficult to comprehend. This initial judgment involves *pathologizing* the behavior, which is then followed by one or more of the remaining dimensions: (a) *moralizing*, which assumes that behavior is derived from the person's intentions and character, making them morally accountable for the behavior; (b) *medicalizing*, which attributes behavior to a specific biological malfunction; and (c) *psychologizing*, which assumes a mental dysfunction such that the behavior is caused indirectly by factors out of the person's control.

Cultural group differences exist in the way behaviors associated with mental disorders are explained. Ban, Kashima, and Haslam (2010) showed that when participants were provided causal (vs. noncausal) accounts of a behavior, Euro-Australians (EAs) were less likely to use moralizing explanations. This effect was not found among Chinese-Singaporeans (CSs). Adherence to traditional values, such as self-discipline, obedience, and social order, partially explained CSs' tendency to moralize symptomatic behavior. These findings suggest that in comparison with EAs, Chinese-origin people may be more likely to endorse moralizing explanations, and this may be related to their perception of the behavior's accordance with social norms rather than whether they understand the cause of the behavior. The authors proposed that distinct concepts of self could further explain these group differences, as understanding behavior may align with Western European individualist cultures that prioritize internal states over social expectations. It is possible that both orientation toward social order and focus on the individual versus the collective may contribute to cultural group differences in explaining abnormal behavior.

The current study evaluated this possibility among Chinese-Canadian (CC) and Euro-Canadian (EC) participants. We relied on measurements of horizontal and vertical individualism and collectivism (HV IC; Singelis, Triandis, Bhawuk, & Gelfand, 1995), which examine the combined values of social order based on status, and focused on the individual or collective. In the HV IC model, vertical relationships accept unequal social statuses and stress compliance with customs, whereas horizontal relationships encompass structural egalitarianism. Given that East Asians are more likely to endorse vertical collectivism (VC) values compared with people in "Western" cultural contexts (Singelis et al., 1995), we hypothesized the following: (a) CCs are more likely than ECs to pathologize behavior. ECs are more likely than CCs to psychologize, and CCs are more likely than ECs to moralize. (b) ECs are more likely than CCs to endorse horizontal and individualistic values. CCs are more likely than ECs to endorse vertical collectivistic values. (c) CCs' greater tendency to moralize is related to their endorsement of vertical collectivistic values. ECs' greater orientation toward psychologizing is related to their endorsement of horizontal individualistic values.

Method

Participants

Participants ($N = 548$) were undergraduate students from two urban Canadian universities. They were recruited through a participant pool and study advertising. Although we were unable to determine the exact number, most were enrolled in a psychology course in which they received credit for participating in the current study. Participants identified as EC ($n = 296$; $M_{age} = 22.13$) or CC ($n = 252$; $M_{age} = 20.87$). Most (76%) were female. A majority (69%) of CCs were foreign-born and spent an average of 8.9 years in Canada.

Procedures and Measures

Participants completed a 90-min online survey which included an array of self-report questionnaires. Only the two measures related to the current study will be discussed.

HV IC–Reduced Version. Cultural values were assessed using the abbreviated 14-item HV IC scale. The measure was developed using samples from China, Denmark, India, and the United States, and its psychometric properties have been tested extensively, yielding comparable results with those obtained for the original full-scale version (Sivadas, Bruvold, & Nelson, 2008). It comprised four dimensions: horizontal individualism (HI; three items), vertical individualism (VI; three items), horizontal collectivism (HC; four items), and VC (four items). Singelis et al. (1995) showed evidence of partial convergent validity between a longer HV IC scale and independent and interdependent self-construals.

FP. Participants indicated their agreement with FP statements after reading a brief description about "K.S.," a female exhibiting behavior consistent with symptoms of depression (description was unlabeled). No demographics about K.S. were provided. We utilized two vignette versions which differed only in a single clause that subtly emphasized somatic or psychological concerns. As no differences in FP explanations emerged based on vignette version, we combined participants' responses. All FP items used a 7-point scale. The pathologizing scale in the FP measure comprised 14 items (e.g., "People like this are rare"). The remaining three dimensions were assessed through a separate 11-item measure. Of these, five items assessed moralizing (e.g., "These people are responsible for their condition"), five items measured psychologizing (e.g., "What these people are experiencing is caused by their environment and life experiences"), and only one item was used to assess medicalizing ("What these people have has a physical or biomedical cause"). The FP model has been studied in culturally diverse samples, and similar dimensions have been found among Canadians (Haslam, 2005). As we only had clear hypotheses involving moralizing and psychologizing, we do not present data from the medicalizing scale.

Results

To evaluate whether cultural values mediate the relationship between cultural group and FP dimensions, we fit a structural equation model (SEM) using the lavaan package (Rosseel, 2012) in R. SEM provides the advantage of taking measurement error explicitly into account (Kline, 2015). Indirect effects were examined using bootstrapping procedures with 5,000 iterations and 95% bias-corrected confidence intervals (CIs).

Our model tested 36 structural relationships demonstrating poor fit among all but one of the indices examined: $\chi^2(6) = 128.77$, $p < .001$; root mean square error of approximation (RMSEA) = .19, 90% CI = [.165, .223]; comparative fit index (CFI) = .77; standardized root mean square residual (SRMR) = .07. Given the exploratory nature of this study and our interest in the relationships among our variables, we determined that the estimates and related statistics are still relevant and likely more important than model fit (Hayes, Montoya, & Rockwood, 2017). Results are displayed in Figure 1. Our findings suggest that cultural group membership was related to all FP folk dimensions. Specifically, ECs endorsed lower levels of pathologizing ($b = .30$, $p < .001$) and moralizing ($b = .41$, $p < .001$), and higher levels of psychologizing ($b = –.32$, $p < .001$), than CCs. With regard to values, ECs endorsed lower levels of VC ($b = .30$, $p < .01$) and VI ($b = .46$, $p < .001$), and higher levels of HC ($b = –.19$, $p = .01$) and HI ($b = –.16$, $p = .04$), than CCs.

The relationship between cultural group and pathologizing was mediated by VI ($b = .04$, 95% CI = [.01, .07]) and VC ($b = .03$, 95% CI = [.00, .05]). Therefore, compared with ECs, CCs were more likely to endorse vertical value combinations, which were then associated with higher levels of pathologizing. Furthermore, VI ($b = .04$, 95% CI = [.00, .07]), VC ($b = .04$, 95% CI = [.01, .07]), and HC ($b = .03$, 95% CI = [.01, .07]) mediated the relationship between cultural group and moralizing, such that greater endorsement of vertical value combinations and lower endorsement of HC accounted for the higher levels of moralizing among CCs. Finally, only HC mediated the relationship between cultural group and psychologizing ($b = –.05$, 95% CI = [–.11, –.01]), such that higher levels of HC accounted for the greater degree of psychologizing among ECs.

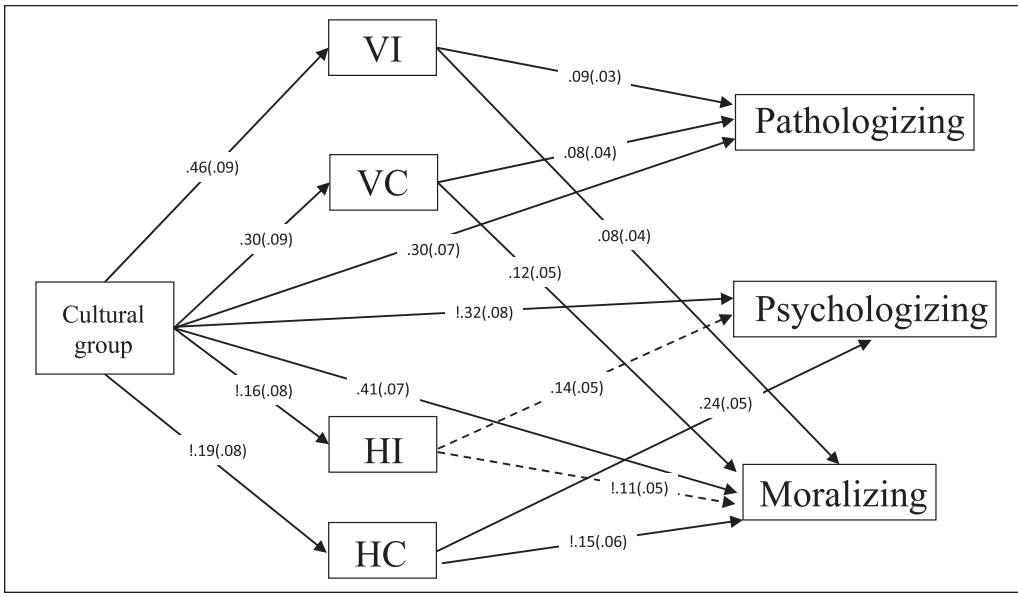

Figure 1. Structural equation model.
Note. Illustrates the mediation of cultural values on the relationship between cultural group and select FP model dimensions. Only significant paths are shown, $p < .05$. For each observed value, we present unstandardized regression coefficients (*SE*). Dotted lines indicate variable was a significant predictor but not a significant mediator. All items, including multiple outcomes, were measured simultaneously. Cultural groups were coded as follows: Euro-Canadians = 1 and Chinese-Canadians = 2. FP = Folk Psychiatry; VI = vertical individualism; VC = vertical collectivism; HI = horizontal individualism; HC = horizontal collectivism.

Discussion

Our study hypotheses were partially supported. In response to vignettes describing depressive symptoms, CCs were more likely to pathologize behavior and endorse moralizing explanations, whereas ECs were more likely to endorse psychological explanations. This was consistent with our first hypothesis. In terms of cultural values, we found that when compared with ECs, CCs were more likely to endorse VC and VI and less likely to endorse HC and HI. Given the limited cross-cultural literature on VI and HC value endorsement among Chinese- and Euro-origin participants, we only generated hypotheses about cultural group differences based on VC and HI. This second hypothesis was supported. Furthermore, we believe there is a conceptually coherent way to interpret the CCs' greater endorsement of both vertical scales. VC and VI share values related to social order and status. The concept of face relies on similar elements and is typically salient in Chinese cultural contexts. Face relates to a sense of self-worth rooted in the fulfillment of social role obligations, with an interest in maintaining social harmony (Aslani et al., 2016), and these obligations are often based on an individual's status. Thus, notions of face and verticality may share an orientation toward social order related to status in a hierarchy.

Our third hypothesis was partially supported. We found that VC predicted moralizing, and endorsement of this value partly accounted for CCs tendency to moralize. We also showed that VI and HC partly mediated the relationship between cultural group and moralizing. This suggests that CCs' greater endorsement of values that emphasize social hierarchy contributed to their attributions that tended to fault the individual for symptomatic behaviors. Endorsement of vertical values implies acceptance of inequality (Singelis et al., 1995). This may again be consistent with ideas about face in Chinese culture, as evaluation involves compliance with social role and

status. One potential interpretation is that our participants were perceiving the individuals in our hypothetical vignettes as violating their social role obligation and thus being at fault for doing so.

Our finding that HC, but not HI, partially explained group differences in psychologizing was unexpected. The HV IC scale uses only three items to assess HI, which primarily describe uniqueness of self. It is possible that these few items, with their limited focus on others, do not overlap with the FP dimensions. Future research should examine this question, as well as how self- and other-focused perspectives explain attributions of mental disorders.

Several study limitations should be noted. Our study comprised Canadian undergraduates, who mostly studied psychology. It is important that future studies examine these relationships in the general population and explore other cultural groups, as well as the role of acculturation. Furthermore, participants responded to a brief hypothetical vignette, which may not accurately capture how they view behavior in the real world. The vignette was based on depression criteria, so it is unclear how our results apply to other disorders. Nevertheless, our findings contribute to the evidence that there are cultural group differences in the understandings used to explain abnormal behavior and point to specific values that help unpack why these differences exist. Prior research on cultural values has often focused on individualism and collectivism, giving limited attention to orientation toward social status and order. Our study suggests that group differences between individuals of Chinese and European ancestry may be better understood by looking at the combined role of HV IC.

Declaration of Conflicting Interests

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