

91876



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## Level 3 Psychology, 2018

### 91876 Analyse a significant issue in psychological practice

2.00 p.m. Thursday 8 November 2018  
Credits: Three

Achievement	Achievement with Merit	Achievement with Excellence
Analyse a significant issue in psychological practice.	Analyse, in depth, a significant issue in psychological practice.	Comprehensively analyse a significant issue in psychological practice.

Check that the National Student Number (NSN) on your admission slip is the same as the number at the top of this page.

**Write ONE essay in this booklet.**

If you need more room for any answer, use the extra space provided at the back of this booklet.

Check that this booklet has pages 2–12 in the correct order and that none of these pages is blank.

**YOU MUST HAND THIS BOOKLET TO THE SUPERVISOR AT THE END OF THE EXAMINATION.**

**Excellence**

**TOTAL**

**07**

ASSESSOR'S USE ONLY

Begin your essay here:

Statement number: 4

Cultural bias might be one of the biggest factors hindering psychological practice today. The act of judging things through one's own cultural lense, cultural bias inhibits not only the validity and objectiveness of psychological research, but also damages the care and healing of those it treats. Cultural bias can <sup>also</sup> lead to ethnocentrism, which is believing one's culture is superior to that of others, which is perhaps even more damaging. Cultural bias will continue to prevail, and is unavoidable if cultural relativism does not become more prevalent, as it ~~cultural relativism~~ is the act of taking a client's or person's cultural background and upbringing into account when treating or interacting with them - and extremely important trait to have.

Cultural bias is incredibly prevalent in clinical psychology nowadays, and can be seen in the <sup>use of the</sup> Diagnostic and Statistical Manual (DSM). Formed in the United States, the DSM <sup>stems</sup> ~~stemmed~~ from a very individualistic culture, and therefore did not cater to those from collectivist cultures. The prime differences between an individualistic culture and a collectivist culture is that individualists ~~it~~ tend to prioritise self-learning and personal aspirations, whereas collectivist cultures place importance on the needs and welfare of the collective.

With these huge differences in the basic fundamentals of these two cultures, it is easy to see why psychological health models that stem from one, do not accommodate for the other. This is a problem found when the DSM was <sup>first</sup> introduced in New Zealand. The results found that Māori were 1.5 times more likely to be diagnosed with a mental illness than that of non-Māori, and also found Māori were 3 times more likely to be diagnosed with schizophrenia than non-Māori. These results really highlight the fact that the DSM does not cater for Māori (collectivist culture). The <sup>difference between</sup> ~~inflator~~ of Māori <sup>to</sup> and non-Māori diagnosis can be attributed to the fact <sup>that</sup> the DSM does not take into consideration tikanga Māori (beliefs), and the ~~huge~~ importance spiritual health has in Māori culture, and may view these behaviours or standards as abnormal. This flawed diagnosis then travels into Māori patients receiving the wrong kind of care, and into the belief that ~~their~~ because their culture and belief system is so vastly different to what is accepted as "normal" (mainstream) here in NZ, that they in fact are "crazy" <sup>or ill</sup> and will never be healthy again. One thing that is being done to combat this is through Richard Bennett (et al), and his culturally adapted CBT health model (cognitive behavioural therapy) for Māori. This health model consists of 5 levels, the first level being Whakawhānauatanga, or the importance of creating a close, respectful relationship between client and therapist, perhaps done by <sup>saying a</sup> ~~saying~~ mihi (greeting) or karakia (prayer) before the beginning of a session. The second step

is whakamaramatanga, or having an understanding and judgement free environment for the client by the therapist. The final 3 stages - whakanoa, whanonga and ora pai - are about creating and maintaining healthy habits and strategies for the client. By creating more culturally relative health models, the negative effects of cultural bias become more avoidable. More needs to be done to recognise cultural bias, <sup>and its presence</sup> ~~is present~~ in ~~the~~ psychological practice in NZ, and the first step is recognising it exists and working like Richard Bennett to create models that tailor to the needs mainstream treatment doesn't meet. //

New Zealand isn't the only <sup>country</sup> ~~culture~~ victim to cultural bias, and in the early 1900s, <sup>Psychology in</sup> ~~the~~ United States ~~was~~ took a drastic turn. Robert Yerkes was a pioneer of intelligence testing in the US, and created the first, which was used for testing new army recruits around the times of the world wars. The test was devised at three ~~stages~~ <sup>tests</sup>, the first being Army Alpha, a literacy test, and if recruits failed that, they ~~then~~ <sup>they</sup> had to take Army Beta, a pictorial test. If ~~they~~ <sup>both of</sup> failed these, an Individual Investigation interview was conducted. Being a white American himself, Yerkes did not take into account the applicability of his "general knowledge" questions, as they stemmed from his largely white, educated, industrialised, rich <sup>and</sup> democratic community. Inevitably these <sup>tests</sup> results led to ~~resulting~~ results that claimed white people who fit the previous description being labelled as "smarter" than everyone else. White American <sup>males</sup> ~~males~~ that took the test //

had an average mental age at 13.6, whereas Black American males had a mental age at 10.4. These results were extremely harmful to the already <sup>extends</sup> racist and misogynistic ~~a~~ society in the US at the time, as it only reinforced the <sup>cruel</sup> racial stereotypes. One way Yerkes could have made his tests more inclusive and culturally relative would have been to have representatives from different ethnic communities devise tests <sup>better</sup> suited to their people, instead of having one ~~man~~ very culturally biased man write a test from his own cultural perspective, and not take into account the upbringing and beliefs different from his own. These <sup>negative</sup> effects of his test go as far as <sup>leading</sup> to the development of the Immigration Restriction Act (1924), which barred 6 million people from entering the USA during the second world war. These tests like many other research and studies in psychology, can be made aware of and avoidable in that sense, as to not write tests such as Yerkes Intelligence Tests that are culturally irrelevant, and produce invalid data <sup>in the future.</sup>

Another study that has been criticised for the cultural bias prevalent in it is Mary Ainsworth's 'Strange Situation'. This test, conducted in the late 1900s, involved placing 100 babies and their mothers in rooms with strangers, to test the babies reaction to the mother leaving the baby alone with the stranger. From the results of the study, Ainsworth devised 3 attachment types: secure, insecure-resistant, and insecure-avoidant, and found that in the USA, secure attachment was the most prevalent. When Van Ijzendoorn and another psychologist

evaluated data from other countries, they found that collectivist countries ~~that~~ such as Japan and China, had higher numbers of insecure-resistant attachment types ~~from~~ <sup>than</sup> the US, suggesting that parenting styles in collectivist countries <sup>were</sup> ~~were~~ somehow ill-suited <sup>and worse than the US</sup> ~~compared to the US~~, but this is <sup>largely</sup> due to the fact that these attachment types first originate in a individualist culture. In future studies, these varying parent types should be taken into consideration more, so that the data findings ~~of~~ are more inclusive, making them more valid. It would also diminish the effects of cultural bias in these psychological studies. //

On ~~the~~ <sup>the whole</sup>, cultural bias is ~~avoidable~~ <sup>can be avoided</sup> in psychology, can be avoided, but first must be acknowledged and understood as a <sup>problem</sup> ~~problem~~ that inhibits the health of many, <sup>because</sup> ~~only~~ then can reparations be made. Once these are met though, psychology and all it helps will be made safer and better because of <sup>cultural</sup> ~~its~~ bias' eradication, <sup>and</sup> ~~will~~ psychological practice <sup>will</sup> cater to the needs of all, instead of the majority. Cultural bias is also completely avoidable with the use of cultural relativism, where cultural background is always taken into account, and is always understood and respected. too. //

07

## Excellence Exemplar 2018

Subject	Psychology		Standard	91876	Total score	07
Q	Grade score	Annotation				
1	E7	This candidate has provided a comprehensive explanation of culture bias in psychology, and has addressed the statement <i>Culture bias in psychological practice is unavoidable</i> . They have described, in detail, supporting psychological studies and explained each in relation to culture bias, ethnocentrism and cultural relativism. Throughout the essay, ways in which cultural bias can be addressed are discussed (e.g. Bennett et al.'s culturally adapted CBT model).				