

IB DP Psychology
Higher level
Paper 3 – resource booklet

The sources in this examination have been collated to assess the claim that cultural bias influences the diagnosis of major depressive disorder.

Source 2

A study was conducted comparing self-reported depressive symptoms and clinical diagnosis rates among university students in two countries. Fifty students from each country completed the same standardised depression questionnaire. Scores ranged from 0 to 30, with higher scores indicating more severe depressive symptoms.

The table shows depression questionnaire scores in relation to clinical diagnosis rates of MDD.

Table 1: Depression questionnaire scores and clinical diagnosis rates

	USA	Japan
Mean questionnaire score	18.2	17.5
Standard deviation	4.1	4.3
Percentage clinically diagnosed with MDD	46%	19%

Source 3

A researcher conducted focus group interviews with mental health professionals from four different cultural backgrounds to explore how depression is recognised and diagnosed. A thematic analysis identified the following themes:

- Emotional symptoms such as sadness and hopelessness were prioritised in Western diagnostic contexts
- Physical symptoms (e.g. fatigue, headaches, sleep problems) were more frequently emphasised in non-Western clinical settings
- Clinicians reported concern that Western diagnostic criteria may not adequately capture culturally specific expressions of distress
- Some clinicians noted stigma surrounding mental illness influenced patients' willingness to report emotional symptoms

Source 4

A correlational study examined the relationship between cultural orientation (measured on an individualism–collectivism scale) and likelihood of receiving an MDD diagnosis among patients reporting depressive symptoms. The results are shown in **Table 2**.

Table 2: Correlation coefficients between cultural orientation and likelihood of major depressive disorder (MDD) diagnosis

Variable	Correlation with MDD diagnosis
Individualism score	+0.72
Collectivism score	-0.68

Source 5

Figure 2 shows the number of MDD diagnoses made by clinicians before and after receiving cultural competence training. The training focused on recognising somatic symptoms and culturally specific expressions of distress.

