

# XX<sup>TH</sup> Congress of the International Association for Cross-Cultural Psychology (IACCP)

*Cultural Change – Meeting the Challenge*

7-10 JULY 2010



THE UNIVERSITY OF MELBOURNE, AUSTRALIA

# CONGRESS HANDBOOK

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**Safety, non-fulfillment, and academic resilience: Strategic prevention and promotion goal-setting in the Singapore academic context**

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Regulatory focus theory proposes two goal systems, namely promotion focus which is concerned with positive end-states, and prevention focus which is concerned with negative end-states, in directing motivated activities (Higgins, 1997). Using experience-sampling methodology, this study investigated the consequences of promotion and prevention regulatory foci on cumulative academic resilience. Seventy-five Singapore students completed multiple measures for regulatory focus (Summerville & Roese, 2008; Lockwood, Jordan, & Kundra, 2002), perceived stress (Cohen, Kamarck, & Mermelstein, 1983), and academic resilience (Martin & Marsh, 2006) during a four-week period leading up to examinations. Analyses showed that regulatory styles measured at four weeks prior to academic examinations predicted students' average perceived stress levels and academic resilience scores aggregated across the entire four-week period. Specifically, prevention-based regulatory styles that framed outcomes as the absence of negative end-states resulted in lower perceived stress, which in turn, predicted higher academic resilience. On the other hand, promotion-based regulatory styles that framed outcomes in terms of the nonattainment of positive end-states led to higher perceived stress, which in turn contributed towards lower academic resilience. Our findings are contrary to previous studies conducted in North America (c.f. Higgins, 1997) where prevention styles have been related to maladaptive outcomes. We will discuss a proposal that prevention styles may be a more compatible goal-setting strategy in the Singapore cultural and academic context. Implications for the relationship between regulatory focus, culture, and academic resilience will be discussed, especially taking into account Singapore's strong emphasis on academic achievement.

**Chinese and Javanese cultures in the creation of jamu: A case study of Jamu Jago, a jamu company**

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Jamu is a unique traditional Indonesian medicine used for its curative and preventive properties, made from herbs and organic ingredients. Currently, jamu is processed, packed and marketed in Indonesia and some international markets. It is a widespread belief that jamu is heavily influenced by Traditional Chinese Medicine, apparently because a large number of the jamu industries were owned by Chinese Indonesians. However, our findings depict that in fact, jamu were originally created and used by the Javanese. This study seeks to understand the process which instigates the jamu industry where Chinese and Javanese cultures acculturated. A large jamu company called Jamu Jago, was chosen as the main subject because of its wide market and openness to share its experience. This research employed a qualitative approach. The research data were collected by interviews, observation, and analysis of documents at four research sites, and analyzed by ANT (Actor Network Theory, Latour et al., 1986, 2005). The ANT identified dominant actors that have influenced the birth of the jamu industry, which are the nature, the people and local culture, and the spiritual (agent). Bandura's (1997) transactional model also provided explanation for the process of the creation of the jamu industry. The findings show that within the process of acculturation, the harmonious relationships between these three actors were crucial in the process of the creation of the jamu industry.

**The effects of one's individual cultural orientation, the society's cultural orientation, and one's sex on the emergence of either pure depression or somatization symptoms**

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Cross cultural studies indicate that manifestation of depression as somatic complaints is common in non-Western countries where as in Western countries, depression generally manifests as non-somatic and is referred to as 'pure' depression. The differences are assumed to be related to differences in cultural orientation between Western countries, which are generally more individualistic, and non-Western countries, which are more collectivistic. At the individual level, collectivistic orientation is called allocentrism and individualistic is called idiocentrism. From a social construction explanation, allocentrism tends to develop somatic meaning and idiocentrism tends to develop psychological meaning. Some studies also showed that manifestation of depression in somatic symptoms is more commonly found in women than men. The purpose of this study was to examine the role of one's individual's cultural orientation, society's cultural orientation, and one's sex in developing somatization and pure depression symptoms of distressed persons. There were 185 subjects involved in this study. The research design used quantitative-qualitative mixed method with dominant-less dominant design conducted in parallel (QUAN + qual). Data were collected by interview, depression scale, somatization scale, and idiocentrism-allocentrism scale. Data were analyzed using Structural Equation Modeling and case study approach. The results showed that: (1) societal and individual cultural orientation have direct effects on the emergence of either somatization or pure depression symptoms; (2) sex has no effect on the emergence of either types of symptoms; (3) the effect of individual cultural orientation is moderated by societal cultural orientation, but not by sex; (4) in collectivist culture, somatization symptoms are a prodromal form of depression and vice versa; (5) in individualist cultures, there is no correlation between somatization and depression.

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ABSTRACTS