



2 Infectious Disease and the 3 Creation of Culture

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8 I. INTRODUCTION

9 The study of cultural psychology is a massive scientific enterprise. Cultural
10 psychology is defined by two conceptually distinct bodies of scientific research,
11 each of which explores a different set of causal connections between psychol-
12 ogy and culture.

13 One body of research examines the influence of psychology on culture.
14 That is, it addresses questions about exactly how psychological processes
15 (defined at an individual level of analysis) exert causal consequences on cul-
16 tural outcomes (measured at a collective level of analysis). There are many dif-
17 ferent investigations that, in one way or another, fit into this broad program of
18 research. In doing so, they provide many different insights into the effects of
19 individual-level psychological processes on the rituals and norms and collec-
20 tive beliefs that define cultures in the first place (e.g., Conway & Schaller, 2007;
21 Heath, Bell, & Sternberg, 2001; Latané, 1996; for an overview, see Schaller &
22 Crandall, 2004). Of course, when people think about “cultural psychology,”
23 this is not typically the first body of research that comes to mind.

24 Rather, for most people, the concept of “cultural psychology” conjures
25 up a rather different body of research, in which the arrow of causality reverses
26 and the research questions pertain to the influence of culture on psychology.
27 The results of these investigations describe the myriad ways in which



1 individuals' cultural backgrounds influence the specific ways in which they
2 perceive, think about, and respond to the world around them. The vast major-
3 ity of empirical research in cultural psychology is this particular kind of cul-
4 tural psychology: the study of cross-cultural differences. Indeed, for many
5 people the phrase "cultural psychology" probably equates immediately to
6 "cross-cultural psychology."

7 Research on cross-cultural differences typically begins with the recogni-
8 tion that cultures differ in many profound ways—some human populations
9 are characterized by norms, values, and belief systems that are demonstrably
10 different from the norms, values, and belief systems that define other human
11 populations. For instance, it is recognized that some geographically defined
12 populations (East Asians, for example, or aboriginal Native Americans) have
13 relatively collectivistic ideologies, whereas other populations (Northern
14 Europeans and the descendants of European immigrants to the Americas)
15 tend to have more individualistic ideologies. Based on the assumption of cul-
16 tural difference, specific empirical investigations proceed to examine specific
17 ways in which those cultural differences manifest in the perceptions, thoughts,
18 emotions, and actions of individuals. Thus, we witness flourishing literatures
19 documenting specific ways in which East Asians and Euro-Americans differ in
20 visual perception, logical reasoning, self-concept, and many other fundamen-
21 tal aspects of psychological functioning (Heine, Lehman, Markus, & Kitayama,
22 1999; Lehman, Chiu, & Schaller, 2004; Masuda & Nisbett, 2006; Nisbett,
23 Peng, Choi, & Norenzayan, 2001). Of course, the study of cross-cultural differ-
24 ences in psychology is hardly limited to this one prototypical comparison
25 between East Asians and Euro-Americans. There now exists a burgeoning psy-
26 chological database documenting—across many small-scale societies as well
27 as dozens and dozens of countries worldwide—substantial cross-cultural dif-
28 ferences in all kinds of fundamental kinds of psychological phenomena,
29 including behavioral decision making (Henrich et al., 2005), interpersonal
30 attachment (Schmidt et al., 2004), sexual attitudes and behavior (Schmidt,
31 2005), personality traits (McCrae, Terracciano, & Members of the Personality
32 Profiles of Cultures Project, 2005), and, of course, the sorts of attitudes, ide-
33 ologies, and values implied by the individualism/collectivism distinction
34 (Gelfand, Bhawuk, Nishii, & Bechtold, 2004).

35 However, despite this immense body of research on cross-cultural differ-
36 ences, a fundamental question of long-standing interest (e.g., Berry, 1979)
37 remains largely unanswered: Exactly *why* do these cross-cultural differences
38 exist in the first place?

1 In this chapter, we provide an overview of a program of research that iden-
2 tifies one possible answer to that question: Many contemporary cross-cultural
3 differences may result from the fact that, historically, people living under
4 ecological circumstances have been differentially vulnerable to the threat
5 posed by infectious diseases. We begin with a very brief overview of previous
6 work on the origins of cultural differences, emphasizing especially the ecologi-
7 cal and evolutionary perspectives from which this particular research program
8 has emerged. We then summarize the conceptual basis for predicting causal
9 relations between (a) the prevalence of disease-causing pathogens in the local
10 ecology and (b) cultural outcomes pertaining to dispositions, values, and
11 behavior. This conceptual framework has provided the foundation for many
12 hypotheses linking pathogen prevalence to specific kinds of cultural differ-
13 ences, including differences in social attitudes, personality traits (e.g., extra-
14 version, openness to experience), value systems (e.g., individualism versus
15 collectivism), and political ideologies. We summarize these hypotheses and
16 review recent empirical evidence that tests (and supports) the hypotheses.
17 Finally, we discuss additional research questions that are raised by these
18 results, including important questions about the exact causal mechanisms
19 through which the differential prevalence of infectious diseases might create
20 cross-cultural differences.

21 A. Origins of Cross-Cultural Differences

22 There are many specific features that define any particular culture—its lan-
23 guage and literature and religious practices, its arts and crafts, its folklore, its
24 cuisine, and the countless numbers of popular beliefs, attitudes, expectations,
25 and behavioral tendencies that distinguish its people from those in other cul-
26 tures. Many of these diverse defining features may be attributable to quirky
27 causes—ecological features unique to the local geography, singular events spe-
28 cific to the history of the local people, and a variety of other things that are
29 idiosyncratic to a particular population and the particular place that they pop-
30 ulate. These idiosyncratic causes may be revealed by intensive ethnographies
31 or cultural histories, but they do not lend themselves to the systematic, quan-
32 titative, and comparative methods employed by psychological scientists. Any
33 rigorous psychological inquiry into the origins of cross-cultural differences
34 must rest upon the assumption (or hope, perhaps) that lurking within the
35 noise of idiosyncratic cultural causes is some systematic signal of a causal pro-
36 cess that applies widely across the entire human landscape.

1 Psychological inquiry into the origins of existing cross-cultural differences
2 is also constrained by substantial methodological and inferential limitations.
3 First of all, this kind of research is correlational. This is not to say that experi-
4 mental methods are entirely off the menu. Experimental methods can cer-
5 tainly be used to test hypotheses, at an individual level of analysis, that bear
6 *indirectly* on the roots of cultural differences. Illustrative examples include
7 experiments showing that manipulations of perceptual context activate spe-
8 cific cultural identities (Hong, Morris, Chiu, & Benet-Martinez, 2000), and
9 experiments showing that manipulations of social ecological circumstances
10 can produce temporary psychological responses that mimic those of existing
11 cultural differences (Chen, Chiu, & Chan, 2009). But any inquiry into the ori-
12 gins of already-existing cross-cultural differences is necessarily correlational
13 (no one is randomly assigned to be, say, East Asian.) Moreover, existing cul-
14 tural differences are rarely of recent origin. Consequently, it is difficult to
15 unambiguously measure a presumed causal variable that temporally precedes
16 the cross-cultural difference itself. Therefore, even if one finds a strong corre-
17 lation between a presumed causal variable and an existing cross-cultural dif-
18 ference, it is difficult to rule out alternative explanations based on reverse
19 causal processes, or on the presumed existence of correlated third variables.
20 Plus, of course, when we talk about causal processes through which cross-
21 cultural differences might arise, we are talking about processes that presum-
22 ably played out across a substantial chunk of historical time—the kind of
23 longitudinal time scale that cannot be tracked with any typical psychological
24 methodology.

25 So, while questions about the origins of cross-cultural differences in psy-
26 chological functioning are of fundamental interest and importance, these
27 questions are also perhaps fundamentally unanswerable. Or, at least, they
28 cannot be answered with the degree of methodological rigor and inferential
29 confidence to which psychological scientists (and other empirically minded
30 scholars) typically aspire.

31 These constraints have not stopped scientists from speculating.
32 Over the years, many types of explanations have been offered to explain
33 the origins of contemporary cross-cultural differences. Some of these
34 explanations may ultimately prove to be right. Of course, while they are
35 typically compelling on logical grounds, given the substantial methodological
36 problems that must be overcome to put them to empirical test, these hypoth-
37 eses are typically buttressed by only modest smatterings of actual empirical
38 results.

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1. Migration-Based Perspectives

2 Across several different scholarly contexts, one can encounter suggestions
3 that specific cross-cultural differences may be the result of specific human
4 migrations. Within the economics literature, for example, it has been argued
5 that contemporary regional differences in wealth and sociopolitical values
6 associated with wealth (e.g., individual rights, democracy) have their roots in
7 specific patterns of European migration and colonization over the past several
8 hundred years (Acemoglu, Johnson, & Robinson, 2001).

9 A rather different—and more psychological—migration-based perspec-
10 tive has been offered by Kitayama and his colleagues to help explain geograph-
11 ical variation in individualistic versus collectivistic value systems (Kitayama &
12 Bowman, 2010; Kitayama, Ishii, Imada, Takemura, & Ramaswary, 2006). They
13 suggest that, compared to other people, individuals who choose voluntarily to
14 migrate from their homeland to settle frontier regions are more likely to be
15 characterized by independence of thought and nonconformist behavioral ten-
16 dencies. Consequently, the cultures that emerge within frontier populations
17 are also more likely to be characterized by individualistic (rather than collectiv-
18 istic) values and ideologies. Consistent with this “voluntary settlement”
19 hypothesis is evidence that, within one prototypically individualistic nation
20 (the United States), especially high levels of individualism are observed in
21 western regions that historically comprised the North American frontier
22 (Vandello & Cohen, 1999). Similarly, within one prototypically collectivistic
23 nation (Japan), the area that historically comprised the frontier (the northern
24 province of Hokkaido) is characterized by a relatively “un-Japanese” tendency
25 toward individualism in both thought and behavior (Kitayama et al., 2006).

26 A third migration-based perspective focuses not on human culture, nor
27 even on human psychology, *per se*, but instead on genetic information that
28 has been linked to human psychological outcomes. There is a particular vari-
29 ant of the DRD4 dopamine receptor gene that has been found, in some stud-
30 ies, to be predictive of novelty seeking (Bailey, Breidenthal, Jorgensen,
31 McCracken, & Fairbanks, 2007; Schinka, Letsch, & Crawford, 2002).
32 Intriguingly, the frequency of this DRD4 allele varies across different aborigi-
33 nal populations in North and South America. The frequency is relatively low
34 among populations living relatively close to the place (the now-submerged
35 Bering land bridge) where humans first migrated out of Asia and into North
36 America over 12,000 years ago, and the frequency is higher in places that rep-
37 resent further reaches of that migration, with the highest frequencies of all

1 found among populations in the southernmost regions of South America
2 (Chen, Burton, Greenberg, & Dmitrieva, 1999).

3 **2. Ecological Perspectives**

4 Another broad category of conceptual perspectives on the origins of cultural
5 differences focuses on ecological diversity (Nettle, 2009). The basic idea is
6 straightforward: Just as specific features of the natural and/or social ecology
7 may incline people inhabiting those ecologies to engage in particular types of
8 habitual behaviors (e.g., people populating coastlines will be especially likely to
9 build boats and to cook fish; people populating deserts will not), specific fea-
10 tures of the ecology may also incline people toward particular ways of perceiv-
11 ing, thinking, and interacting—and these differences may manifest in the
12 behavioral norms, expectations, and value systems that define a culture (Berry,
13 1979; Cohen, 2001). Different ecological perspectives have focused on differ-
14 ent kinds of ecological circumstances. Some work focuses on physical elements
15 of the local ecology, such as ambient temperature and other variables pertain-
16 ing to climate (e.g., Tavassoli, 2009; Van de Vliert, 2009). Other work empha-
17 sizes specific aspects of the local social ecology, such as the relative ease of
18 residential and/or vocational mobility (e.g., Chen et al., 2009; Oishi, Lun, &
19 Sherman, 2007).

20 A classic example is evidence that the perceptual susceptibility to the well-
21 known Müller-Lyer optical illusion varies cross-culturally and may do so in
22 part because of differences in the geometric properties of local architecture
23 (Segall, Campbell, & Herskovits, 1963). Another well-known example links a
24 specific set of social economic variables to the emergence of contemporary
25 cultural differences in norms pertaining to honor and male violence (Cohen,
26 Nisbett, Bowdle, & Schwarz, 1996; Nisbett & Cohen, 1996; see also Daly &
27 Wilson, 2010). A third illustrative example focuses on ecological niches that
28 constrain particular kinds of economic and social systems, and it suggests that
29 these ecological differences may have contributed to the emergence of well-
30 documented cultural differences in holistic perception and thought (Nisbett
31 et al., 2001; Norenzayan, Choi, & Peng, 2007). This speculation is supported
32 by evidence showing that, compared to herders, farmers and fishermen show
33 a greater natural tendency toward holistic perception and thought (Uskul,
34 Kitayama, & Nisbett, 2008).

35 More broadly, ecological variables have been conceptually linked to the
36 potential for cultural variability of any kind. It has been suggested, for instance,
37 that cultural diversity is especially likely to persist under conditions in which

1 the ranges of cultural groups are geographically constrained, and that the size
 2 of these ranges is influenced by ecological variables pertaining to seasonality
 3 and temporal variation in food supply. This hypothesis is supported by evi-
 4 dence linking the mean length of the growing season within a region to that
 5 region's linguistic variability (Nettle, 1996, 1998).

6 **3. Evolutionary Perspectives**

7 Within the broad category of ecological approaches to cross-cultural variabil-
 8 ity, a subset of research has been informed by a conceptual approach that
 9 draws on the tools of evolutionary psychology (e.g., Gangestad, Haselton, &
 10 Buss, 2006; Nettle, 2009; Schmitt, 2005; Tooby & Cosmides, 1992). The pro-
 11 gram of research that we describe in detail later in this chapter fits within this
 12 evolutionary framework. The broad assumptions underlying this conceptual
 13 approach are explained next.

14 A culture is defined, in part, by the behavioral tendencies of the people
 15 who populate that culture. Those behavioral tendencies (and the psychological
 16 processes that produce them) are, to some extent, the product of evolutionary
 17 processes. Behavioral tendencies that inhibited reproductive fitness within
 18 ancestral ecologies would, over time, have become less prevalent within the
 19 population, whereas behavioral tendencies that promoted reproductive fitness
 20 within those ecologies would have become more prevalent. The consequence
 21 is that cross-cultural differences may emerge for any particular behavioral ten-
 22 dency (and the psychological processes that produce it) simply because that
 23 particular behavioral tendency has somewhat different implications for repro-
 24 ductive fitness under somewhat different ecological circumstances.

25 It is within this general framework that researchers with backgrounds in
 26 both the biological and psychological sciences have deduced, and empirically
 27 supported, hypotheses suggesting that that different kinds of cross-cultural
 28 differences (ranging from differences in food preparation and sexual behavior
 29 to differences in personality traits and value systems) may result from the fact
 30 that, in some places more than others, there has existed a greater prevalence
 31 of pathogens that cause debilitating infectious diseases.

32 **B. The Evolutionary and Psychological Power**
 33 **of Pathogens**

34 There are hundreds of different human infectious diseases, caused by hun-
 35 dreds of different pathogens. Some of these infectious diseases (e.g., human
 36 immunodeficiency virus [HIV]) have found their way into human populations

1 only relatively recently, whereas other infectious diseases (e.g., malaria, tuber-
2 culosis, and many others) are of considerable antiquity (Ewald, 1993; Wolfe,
3 Dunavan, & Diamond, 2007). Research on the antiquity of disease compels
4 the inescapable conclusion that disease-causing pathogens have posed a threat
5 to human (and prehuman) welfare and reproductive fitness throughout much
6 of human evolutionary history.

7 Because pathogens have posed such a powerful threat to reproductive fit-
8 ness, they have imposed an enormous force in guiding human evolution
9 (McNeill, 1976; Ridley, 1993; Zuk, 2007). For instance, biologists have theo-
10 rized that sexual reproduction itself emerged as an adaptation to the threat of
11 disease, due to the disease-buffering benefits offered by the genetic and phe-
12 notypic diversity that is more readily promoted by sexual rather than asexual
13 reproduction (Hamilton & Zuk, 1982; Zuk, 1992). The evolutionary power of
14 pathogens is indicated also by the presence in humans (and across virtually all
15 other species too) of anti-pathogen defense mechanisms that help to mitigate
16 the threats posed by the presence of pathogens.

17 The most obvious form of anti-pathogen defense is the immune system.
18 The immune system is comprised of a highly sophisticated set of mechanisms
19 that are able to identify, and subsequently form a counterattack against, para-
20 sitic intruders within the body. This system, however, is far from perfect. Its
21 detection mechanisms are prone to be outfoxed by pathogenic species that,
22 because of their relatively short life cycle, evolve much faster than mammalian
23 hosts (Ridley, 1993). In addition, for many pathogenic infections, activation of
24 an immune response is initiated only after specific cells have detected its spe-
25 cific antagonist, by which time the invading pathogens may have already begun
26 to cause considerable damage. Further, despite the benefits of defense against
27 potentially deadly pathogens, the activation of an immune response is not
28 without costs as well. It can be metabolically taxing to mount an immune
29 response, robbing individuals of caloric resources that might otherwise be
30 devoted to other fitness-promoting tasks such as caring for one's kin (Brown,
31 2003; Klein & Nelson, 1999). Specific features of an immune response, such
32 as fever, may be even further debilitating. The logical upshot is that people
33 (and other animals) benefit from the existence of their immune systems, but
34 they are still better off when that immune system is engaged as infrequently
35 as possible.

36 It follows logically that there would be additional adaptive benefits
37 associated with a very different kind of anti-pathogen defense system—a
38 system designed to promote behavioral avoidance of contact with pathogens

1 in the first place. Consistent with this evolutionary speculation is evidence of
 2 anti-pathogen behavioral defense observed across the animal kingdom.
 3 Chimpanzees react aversively, and sometimes violently, to other chimpanzees
 4 infected with polio (Goodall, 1986). Rodents avoid mating with other rodents
 5 who produce olfactory cues connoting disease (Kavaliers & Colwell, 1995).
 6 Bullfrog tadpoles selectively avoid swimming in the vicinity of other tadpoles
 7 suffering from bacterial infections (Kiesecker, Skelly, Beard, & Preisser, 1999).
 8 Even whitefish eggs respond to waterborne cues of a virulent egg parasite from
 9 other infected eggs by hatching earlier than usual (Wedekind, 2002).

10 Humans too are characterized by a suite of mechanisms that serve to pro-
 11 vide a first line of behavioral defense against pathogens—a sort of “behavioral
 12 immune system” (Schaller, 2006; Schaller & Duncan, 2007). These mecha-
 13 nisms are designed to detect the presence of infectious pathogens in the
 14 immediate environment, to trigger specific kinds of affective and cognitive
 15 responses, and to promote motor responses that facilitate avoidance of patho-
 16 gen transmission. There is now a considerable body of evidence bearing on
 17 these mechanisms and their psychological implications, including implica-
 18 tions for emotion (Oaten, Stevenson, & Case, 2009), person perception
 19 (Ackerman et al., 2009), interpersonal prejudice (Faulkner, Schaller, Park, &
 20 Duncan, 2004; Navarrete, Fessler, & Eng, 2007; Park, Faulkner, & Schaller,
 21 2003, Park, Schaller, & Crandall, 2007), and interpersonal social contact in
 22 general (Mortensen, Becker, Ackerman, Neuberg, & Kenrick, 2010).

23 **1. Flexibility and Context Contingency**

24 One of the important general conclusions to emerge from this body of research
 25 is this: Not only are there a wide variety of everyday psychological responses
 26 that can have the functional consequence of inhibiting pathogen transmis-
 27 sion, but these particular psychological responses are especially likely to be
 28 produced under conditions in which individuals perceive themselves to be
 29 especially vulnerable to pathogen transmission. For instance, it is postulated
 30 that the avoidance of pathogens is facilitated by aversive reactions to individu-
 31 als characterized by gross morphological anomalies. Consistent with this
 32 conjecture, morphologically anomalous individuals are not only implicitly
 33 associated with disease-connoting semantic concepts, but these implicit asso-
 34 ciations tend to occur more strongly among perceivers who feel especially vul-
 35 nerable to the potential transmission of infectious diseases (Park et al., 2003,
 36 2007). Similarly, it is postulated that the avoidance of pathogens is facilitated

1 by an avoidance of social interaction more generally. Consistent with this con-
 2 jecture is recent research showing that when people feel more vulnerable to
 3 disease transmission, they report lower levels of extraversion and produce
 4 more socially avoidant motor responses (Mortensen et al., 2010).

5 The implication is that the behavioral immune system evolved not only to
 6 have the capacity to produce responses that inhibit contact with pathogens,
 7 but that it evolved in a way such that it produces these responses in a func-
 8 tionally flexible and context-contingent manner. These responses are espe-
 9 cially likely to be produced under conditions in which people are (or merely
 10 perceive themselves to be) vulnerable to pathogen infections. They are less
 11 likely to be produced under conditions in which people are less vulnerable.

12 This implication—the context contingency of pathogen-relevant psycho-
 13 logical responses—may play out not only at an individual level of analysis but
 14 also at a cultural level of analysis. In making this logical transition to a cultural
 15 (rather than individual) level of analysis, we must consider the fact that, just
 16 as there is variability in the perceptual contexts that influence individuals’
 17 cognitions and behaviors, so too there is variability in the ecological contexts
 18 that are home to entire human populations.

19 *2. Ecological Variability in the Threat Posed by Pathogens*

20 Pathogens—and the infectious diseases that they cause—may have been
 21 ubiquitous throughout human history, but that does not mean that they pose
 22 an equal threat to all people worldwide. Rather, there is considerable geo-
 23 graphical and ecological variability in the distribution of human infectious dis-
 24 eases and in the burden they place on human welfare.

25 Many pathogens depend on warm, wet environments for survival and
 26 reproduction. Therefore, the prevalence of pathogens depends fundamentally
 27 on geographical and climatological variables (temperature, humidity, rainfall,
 28 etc.). Compared to cooler and drier climates, for instance, there is greater
 29 diversity and density of infectious pathogens in the tropics. More generally,
 30 the prevalence of pathogens is an inverse function of absolute distance from
 31 the equator (Guernier, Hochberg, & Guégan, 2004). Indeed, given the high
 32 correlation between absolute latitude and pathogen prevalence, and the preci-
 33 sion with which absolute latitude can be measured, it could serve as a reason-
 34 able proxy for the prevalence of pathogens in a particular location.

35 This unequal distribution of pathogens has profound implications for
 36 predicting regional differences between human populations—differences

1 not just in overt health outcomes but in psychological and behavioral out-
 2 comes as well.

3 II. PATHOGEN PREVALENCE AND THE 4 PREDICTION OF CROSS-CULTURAL 5 DIFFERENCES

6 The basic logical template is as follows: To the extent that a particular behav-
 7 ioral tendency increases the likelihood of pathogen transmission, that behav-
 8 ioral tendency has negative implications for reproductive fitness. Those fitness
 9 costs are likely to be greater within ecologies characterized by higher levels of
 10 pathogen prevalence. Therefore, all else being equal, to the extent that a par-
 11 ticular behavioral tendency *increases* the likelihood of pathogen transmission,
 12 that particular behavioral tendency (and psychological characteristics associ-
 13 ated with it) is expected to be *less* characteristic of human populations in geo-
 14 graphical regions with historically higher levels of pathogen prevalence.
 15 Similarly, to the extent that a particular behavioral tendency *decreases* the like-
 16 lihood of pathogen transmission, that particular behavioral tendency (and
 17 psychological characteristics associated with it) is expected to be *more* charac-
 18 teristic of human populations in regions with historically higher levels of
 19 pathogen prevalence. Therefore, any psychological or cultural characteristic
 20 that has consequences for pathogen transmission is likely to be predictably
 21 variable across human populations, as a function of pathogen prevalence
 22 within the local geographical region.

23 At this point, some readers might object and observe that, despite the fact
 24 that infectious diseases are relatively more prevalent in some places compared
 25 to others, infectious diseases have posed some threat everywhere. And so,
 26 therefore, one might argue that behaviors facilitating pathogen transmission
 27 should be inhibited within every culture, whereas behaviors inhibiting patho-
 28 gen transmission should be celebrated and encouraged within every culture.
 29 This argument may seem sensible on the surface, but it ignores a very impor-
 30 tant point: Many behavioral tendencies that facilitate pathogen transmission
 31 (and so are costly in that one specific way) may actually be beneficial in other
 32 ways. These benefits may outweigh the relatively modest costs that occur in
 33 low-pathogen environments. But, as pathogen prevalence increases (along
 34 with the baseline likelihood of pathogen transmission), the costs are more
 35 likely to increase to the point that they outweigh the benefits. Similarly, behav-
 36 ioral tendencies that inhibit pathogen transmission (and so provide functional

1 benefits of this very specific kind) may impose costs of other kinds. These
2 costs may outweigh the modest benefits that are likely to emerge in environ-
3 ments with a low baseline level of pathogen transmission. But, as pathogen
4 prevalence increases, the benefits are more likely to increase to the point that
5 they outweigh the costs.

6 **A. An Illustrative Example: Use of Spices** 7 **in Food Preparation**

8 The use of culinary spices offers a good example. Spices have natural disease-
9 buffering properties; most culinary spices (such as garlic, onion, and rosemary)
10 inhibit or kill foodborne bacteria (Billing & Sherman, 1998). Thus, the use of
11 spices in food preparation is functionally beneficial specifically because of
12 these antibiotic consequences. However, the use of spices can be costly as well.
13 For instance, spices typically offer little nutritive value, and the resources (e.g.,
14 arable land) consumed in the cultivation or procurement of spices could pre-
15 sumably be used to cultivate or procure more nutritionally valuable foodstuffs.
16 These costs are likely to outweigh the anti-pathogenic benefits of spice use
17 under ecological circumstances in which there is a relatively low prevalence of
18 foodborne bacterial diseases. But, under ecological circumstances character-
19 ized by a high prevalence of food-borne bacterial diseases, the anti-pathogenic
20 benefits of spice use will be considerably greater, and are more likely to out-
21 weigh the costs. The logical upshot is a hypothesis specifying a relationship
22 between pathogen prevalence and the use of culinary spices: The use of spices
23 in food preparation should be a positive function of the prevalence of patho-
24 gens within the local ecology.

25 This hypothesis was tested by Sherman and Billing (1999). Sherman and
26 Billing analyzed the contents of over 4500 meat-based recipes from traditional
27 cookbooks in dozens of countries around the world. For each country, they com-
28 puted mean annual temperature as a proxy measure indicating the threat posed
29 by foodborne bacterial infections. The results were clear: In hotter, more tropical
30 geographical regions, people traditionally employ a greater number of culinary
31 spices. The same effect was also observed in analyses that examined regional
32 differences within geographically vast countries such as the United States and
33 China. Compared to cooler regions in northern China, for example, one finds
34 spicier Chinese food in the hotter, more tropical regions of southern China.

35 Of course, a measure of temperature is just a measure of temperature.
36 Does the same effect hold if one employs a more direct measure of pathogen
37 prevalence? Yes. We reanalyzed these data using a country-level index of

1 pathogen prevalence derived from old epidemiological data (we describe this
 2 pathogen prevalence index in more detail later). The results revealed that,
 3 compared to the correlation between temperature and spice use (reported by
 4 Sherman & Billing, 1999), the correlation between pathogen prevalence and
 5 spice use is, if anything, even stronger ($r = .58$; Murray & Schaller, 2010).

6 B. Another Illustrative Example: Mate Preferences

7 A more prototypically psychological illustration of this research strategy is
 8 offered by inquiry into the relation between pathogen prevalence and cross-
 9 cultural differences in mate preferences—specifically preferences for mates
 10 who are physically attractive. Physical attractiveness is universally prized, of
 11 course, but there are cross-cultural differences in the extent to which physical
 12 attractiveness is valued relative to other desirable traits (Buss, 1989). Why
 13 might this preference for physical attractiveness vary as a function of patho-
 14 gen prevalence? The argument proceeds from two bodies of evidence. First,
 15 subjective appraisals of physical attractiveness are influenced by objective psy-
 16 chophysical characteristics such as feature prototypicality and bilateral facial
 17 symmetry (Rhodes, 2006; Thornhill & Gangestad, 1999). Second, these objec-
 18 tive features, as well as subjective appraisals of attractiveness, appear to be
 19 somewhat useful indicators of an individual's health status, as well as their
 20 immunological functioning in general (Møller, 1996; Thornhill & Møller,
 21 1997; Weeden & Sabini, 2005). The upshot is that another person's level of
 22 physical attractiveness may provide useful inferential information about the
 23 extent to which that person is (a) currently free from pathogenic infections,
 24 (b) likely to successfully fend off pathogen infections in the future, and
 25 (c) likely to produce offspring with the ability to fend off pathogen infections.
 26 A disease-free mate is beneficial to one's own reproductive fitness; and so, by
 27 implication, it is also reproductively beneficial to prefer mates who are physi-
 28 cally attractive.

29 Of course, mate selection almost always involves trade-offs. To the extent
 30 that one places a high value on the physical attractiveness of a mate, one may
 31 place a relatively lower value on other traits (such as wealth, intelligence, or
 32 agreeableness) that are also desirable and functionally beneficial in a mate.
 33 Given these inevitable trade-offs, the underlying evolutionary logic implies
 34 that that individuals are most likely to place a high value on physical
 35 attractiveness under conditions in which the benefits signaled by attractive-
 36 ness (good health and a strong immune system) are most especially beneficial:
 37 under conditions in which the threat from pathogens is especially high.

1 This leads directly to the hypothesis that pathogen prevalence within a region
2 should predict the value placed on a mate's physical attractiveness.

3 And, in fact, it does. In a data set that included responses from 29 differ-
4 ent countries, Gangestad and Buss (1993; see also Gangestad et al., 2006)
5 found that the historical prevalence of pathogens within a country was posi-
6 tively correlated with the contemporary value that people within that country
7 place on their mate's physical attractiveness. This effect occurred among both
8 men and women and held when controlling for a variety of additional social
9 and economic variables that also influence mate preferences.

10 C. Important Methodological and Inferential Issues

11 These examples illustrate not only the basic conceptual logic that links patho-
12 gen prevalence to the origin of cross-cultural differences, but they also illus-
13 trate some of the nontrivial methodological and inferential issues that must
14 be addressed in pursuing this line of inquiry. We quickly summarize some of
15 these issues here, so that readers might bear them in mind when evaluating
16 the body of research evidence that we review later.

17 One issue arises from the use of contemporary geopolitical entities (e.g.,
18 countries) as units of analysis in research on cross-cultural differences. Almost
19 no one would claim that country is synonymous with culture, and some schol-
20 ars (e.g., many ethnographers and other cultural anthropologists) might stren-
21 uously object to the use of a country as a proxy for a culture. After all, many
22 countries (especially those that are geographically vast and/or ethnically
23 varied, such as China, India, Russia, and the United States) are home to mul-
24 tiple distinct cultures. These within-country cultural differences are possibly
25 more profound than many differences between countries. But there are cer-
26 tain methodological advantages associated with the use of geopolitical entities
27 as units of analysis. Political borders offer both a convenient and a geographi-
28 cally objective means of dividing up the worldwide human population into
29 culture-like categories. Because of this, many important forms of worldwide
30 cultural variability have been and continue to be categorized according to these
31 geopolitical boundaries, such as documentation of worldwide differences in
32 personality traits and cultural values. If one is to conduct empirical inquiries
33 into the origins of these particular differences, one must employ the same unit
34 of analysis. And, even if geopolitical borders are not truly identical to cultural
35 boundaries, extensive empirical evidence suggests that they can still serve as
36 useful proxies for cultural boundaries (e.g., Schwartz, 2004).

1 The use of countries as stand-ins for cultures also introduces a statistical
2 issue: nonindependence of the units of analysis. Peoples move and migrate
3 through geographical space, and aspects of their culture move with them. The
4 closer that any two countries are in geographical space, the more likely those
5 two countries are to have cultural elements in common, simply as a result of
6 historical migrations and cultural borrowing. For highly focused forms of
7 cross-cultural comparison (e.g., the prototypical study in which responses
8 from a western European sample are compared to responses from an east
9 Asian sample), this statistical nonindependence is a nonissue. But in the kinds
10 of inquiries of the sort described here (exemplified by Sherman & Billing,
11 1999, and Gangestad & Buss, 1993), in which countries themselves are the
12 units of analysis, one cannot easily ignore this statistical independence (which
13 is sometimes referred to as autocorrelation or “Galton’s problem”). Scholars in
14 other disciplines that are accustomed to treating cultures and/or countries as
15 units of analysis (e.g., anthropology, economics, political science) are highly
16 sensitive to this issue, and they have developed a variety of statistically sophis-
17 ticated strategies for dealing with it (e.g., Dow, 2007; Ross & Homer, 1976). At
18 the very least, it can be inferentially informative to supplement analyses that
19 treat countries as units of analysis with additional analyses that combine
20 country-level data into a smaller set of geographical categories that correspond
21 to regions of the world that have historically been culturally distinct (e.g.,
22 Eastern Eurasia, Western Eurasia, Africa, etc.; see Gupta & Hanges, 2004;
23 Murdock, 1949).

24 Regardless of the units of analysis, this kind of inquiry is strictly correla-
25 tional. From a positivist Popperian perspective, this poses no problem: A
26 simple zero-order correlation is sufficient to empirically test (i.e., to poten-
27 tially falsify) a conceptual hypothesis specifying the effect of pathogen preva-
28 lence on some specific kind of cross-cultural variability. But we typically aim a
29 little higher than that, inferentially, and simple zero-order correlations are
30 not completely compelling on their own. We must consider alternative
31 explanations and control for additional variables that may produce entirely
32 spurious correlations. For instance, in the case of culinary spicing, one must
33 address the possibility that more culinary spices are used in tropical countries
34 simply because more species of spices can be successfully cultivated in those
35 countries (in fact, Sherman & Billing, 1999, do report data that addresses this
36 alternative explanation). More broadly, within any particular investigation,
37 one must consider a variety of alternative processes—which may have noth-
38 ing to do with infectious diseases whatsoever—that might lead to the same

1 cross-cultural differences, and one must ascertain whether variables bearing
2 on those processes might covary with pathogen prevalence. If they do, they
3 must be statistically controlled when testing whether pathogen prevalence
4 actually predicts the cross-cultural difference of interest. Compelling support
5 for any hypothesis about the effects of pathogen prevalence emerges only
6 when pathogen prevalence uniquely predicts cross-cultural outcomes even
7 when controlling for these additional variables.

8 These hypotheses about pathogen prevalence are clearly causal. But,
9 of course, observation of correlation does not imply a particular direction of
10 causality—at least not all by itself. Temporal precedence is therefore an impor-
11 tant inferential ally in correlational studies. To infer that pathogen prevalence
12 exerts a causal influence on culture (and not the reverse), it helps to obtain a
13 measure of pathogen prevalence at a period of time substantially prior to the
14 measure of the cultural outcome variable. Gangestad and Buss (1993) did
15 exactly this. They employed old epidemiological atlases (documenting disease
16 prevalence information from decades ago) to create a composite index of his-
17 torical pathogen prevalence for the 29 countries included in their analyses. To
18 further gain traction on this tricky inferential issue, it can be informative to
19 also compute a measure of contemporary pathogen prevalence in exactly the
20 same countries. If pathogen prevalence is a consequence (rather than a cause)
21 of some cross-cultural difference, then the correlation with the contemporary
22 pathogen prevalence measure would be expected to be greater than that with
23 the historical pathogen prevalence measure. If not—if the historical measure
24 predicts cross-cultural outcomes more strongly than the contemporary mea-
25 sure does—it lends credence to the argument that pathogen prevalence is the
26 cause, rather than a consequence, of the cross-cultural difference.

27 D. Quantitative Indices of Pathogen Prevalence

28 How does one measure the historical prevalence of pathogens within a coun-
29 try? In our research, we employed a methodological strategy adapted from
30 Gangestad and Buss (1993), who followed an approach used earlier by Low
31 (1990) who focused not on countries, but on small-scale societies that are part
32 of the Standard Cross-Cultural Sample employed in much comparative ethno-
33 graphic research (Murdock & White, 1969, 2006). Low (1990) used old epide-
34 miological atlases to estimate the prevalence of a handful of prototypical
35 human infectious diseases within each small-scale population and combined
36 these estimates into a single index indicating pathogen prevalence. This index

1 has been proven to predict several cross-cultural differences observed in the
 2 ethnographic record, such as societal norms pertaining to marriage structures
 3 and parenting practices (Low, 1990; Quinlan, 2007). Similarly, in their study
 4 of mate preferences across 29 countries, Gangestad and Buss (1993) used old
 5 epidemiological atlases to estimate the country-level prevalence of seven spe-
 6 cific kinds of prototypical pathogenic diseases. An overall index comprised by
 7 these prevalence estimates successfully predicts cross-cultural differences in
 8 the value accorded to physical attractiveness, as we described earlier, and dif-
 9 ferences in several additional kinds of mate preferences as well (Gangestad
 10 et al., 2006).

11 We extended this approach to cover a more complete set of 230 geopoliti-
 12 cal regions worldwide (Murray & Schaller, 2010). Most of these regions are
 13 nations (e.g., Angola), whereas others are territories or protectorates (e.g.,
 14 New Caledonia) or culturally distinct regions within a nation (e.g., Hong Kong).
 15 For the sake of expository ease, we use the word “country” to refer to all these
 16 regions. The nine diseases coded were leishmania, schistsoma, trypanosoma,
 17 leprosy, malaria, typhus, filaria, dengue, and tuberculosis. With one exception
 18 (tuberculosis), the prevalence of each disease was informed by epidemiological
 19 atlases and additional epidemiological information compiled in either the
 20 late nineteenth or early twentieth centuries. For the majority of countries
 21 (N = 160), prevalence data on all nine diseases were available, allowing the
 22 computation of a standardized nine-item index of historical pathogen preva-
 23 lence. For all 230 countries, a standardized index of historical pathogen preva-
 24 lence was computed based on data from either six or seven infectious
 25 diseases.

26 Given that that pathogenic diseases are generally more prevalent in the
 27 tropics (Epstein, 1999; Guernier et al., 2004), it is no surprise that the nine
 28 individual disease prevalence ratings were all positively correlated, and the
 29 composite indices have good internal reliability (e.g., for the nine-item index,
 30 Cronbach’s alpha = .84). Additional results reported by Murray and Schaller,
 31 2010) attest to the index’s construct validity. (For example, this index corre-
 32 lates strongly with other indices of pathogen prevalence computed on more
 33 limited samples, and it correlates strongly with other variables—such as abso-
 34 lute latitude—that have previously been shown to predict both prevalence
 35 and diversity of infectious diseases.) Thus, although this numerical index is
 36 inevitably crude (given the nature of the source materials), it does appear to
 37 offer a reasonably valid and reliable indicator of the historical prevalence of
 38 pathogens within any particular contemporary country.

Line 16: insert
 the letter "o": it
 should be:
 "schistosoma"

1 Historical pathogen prevalence scores for each of the 230 countries world-
2 wide are summarized in an Appendix presented by Murray and Schaller (2010).
3 These values are available to any researcher who wishes to test hypotheses
4 linking pathogen prevalence to contemporary cross-national differences.

5 Complementing this measure of historical pathogen prevalence are mea-
6 sures based on contemporary epidemiological data. The Global Infectious
7 Diseases and Epidemiology Online Network (GIDEON; [http://www.gideon](http://www.gideonline.com)
8 [line.com](http://www.gideonline.com)) reports current distributions of infectious diseases in each country
9 of the world and is updated weekly. Using this GIDEON database, Fincher and
10 Thornhill (2008a, 2008b) computed two different indices. One index offers a
11 measure of the contemporary variety of different pathogenic species within a
12 country. As such, it assesses biodiversity rather than the actual threat to
13 human health and welfare posed by those pathogenic species, and its implica-
14 tions for cross-cultural differences are not straightforward. The other index,
15 however, is conceptually analogous to our index of historical pathogen preva-
16 lence. Focusing on seven classes of pathogens (leishmanias, trypanosomes,
17 malaria, schistosomes, filariae, spirochetes, and leprosy), Fincher and Thornhill
18 coded the relative prevalence of 22 specific pathogenic diseases. These 22
19 values were summed to create a composite index estimating the contemporary
20 pathogen prevalence within each of 225 countries. (Actual country-level values
21 on this measure of contemporary pathogen prevalence can be found in
22 Appendix 2 of the online data supplement accompanying Fincher & Thornhill,
23 2008b.)

24 Armed with these measures, we have empirically tested a number of con-
25 ceptual hypotheses specifying causal consequences of pathogen prevalence for
26 the emergence of cross-cultural differences.

27 E. Pathogen Prevalence Predicts Cultural 28 Differences in Sociosexual Attitudes

29 Epidemiologists define some human infectious diseases as sexually transmit-
30 ted infections (STIs). The transmission of these pathogens depends upon (or,
31 at least, is substantially facilitated by) human sexual intimacy. The more sexual
32 partners one has, the greater the risk of disease transmission. Many other
33 infectious diseases may not fit the epidemiological definition of an STI, but
34 people are still more likely to contract those diseases if they engage in sexual
35 contact with someone who is already infected—simply because of the
36 prolonged interpersonal proximity that sexual contact entails. The implication

1 is simple: To the extent that people tend to be sexually promiscuous or “unre-
2 stricted,” those people are more likely to contract infectious diseases them-
3 selves and to transmit those diseases to others.

4 Of course, these specific fitness costs associated with unrestricted sexual
5 behavior must be weighed against any potential fitness benefits that may
6 accrue as a result of unrestricted mating strategies (e.g., among men, promis-
7 cuous mating strategies confer benefits through the production of more off-
8 spring). The cost/benefit ratio is likely to vary depending upon the prevalence
9 of pathogens in the immediate ecology. In places where the prevalence of
10 pathogens is relatively higher, the costs associated with unrestricted mating
11 strategies are more likely to outweigh the benefits. This hypothesis for cross-
12 cultural differences is clear: In places that historically have had a high preva-
13 lence of pathogens, one expects a less promiscuous, more “restricted” approach
14 to sexual relations.

15 To test this hypothesis we (Schaller & Murray, 2008) employed the results
16 of a cross-national study devoted to the assessment of attitudes and behaviors
17 bearing on restricted versus unrestricted approaches to sexual behavior
18 (Schmitt, 2005). Along with an international team of researchers, Schmitt col-
19 lected responses on a Sociosexual Orientation Inventory (SOI; Simpson &
20 Gangestad, 1991) from over 14,000 people in 48 different countries and
21 reported mean standardized SOI scores (for both men and women separately)
22 for each country. Higher SOI scores indicate a tendency toward more unre-
23 stricted sexual behavior. There is considerable worldwide variability in these
24 country-level SOI scores. People in Argentina and Austria, for instance, on
25 average have higher SOI scores (indicating a more unrestricted attitude toward
26 sexual relations) than people in Bangladesh or Botswana.

27 Given the hypothesis, we expect to see a negative relation between patho-
28 gen prevalence and SOI. And, in fact, that is exactly what the results show: In
29 places with a higher level of historical pathogen prevalence, both men and
30 women report more restricted attitudes toward sexual relations (r 's for men
31 and women were $-.27$ and $-.62$, respectively; Schaller & Murray, 2008).

32 It is worth noting that this effect was substantially stronger for female
33 SOI scores than for male SOI scores. And it was only on female SOI scores that
34 the negative correlation remained statistically significant even after statisti-
35 cally controlling for other country-level variables (e.g., gross domestic product
36 per capita, life expectancy). This sex difference in the effect sizes is consistent
37 with the overall cost/benefit framework. Because of differential reproductive
38 investment, the fitness benefits associated with unrestricted sexual behavior

1 are likely to be considerably greater among men than among women. Therefore,
2 for men only, these benefits may outweigh the costs (disease transmission)
3 even at relatively high levels of pathogen prevalence. Among women, however,
4 the benefits of unrestricted sexuality behavior are relatively minimal, and so
5 they are more likely to be increasingly outweighed by the disease-related costs
6 as pathogen prevalence becomes increasingly greater.

7 It is also worth noting that country-level SOI scores were more strongly
8 predicted by historical pathogen prevalence than by contemporary pathogen
9 prevalence. This pattern of findings is consistent with the hypothesized causal
10 relation (in which pathogen prevalence is the cause, and cross cultural differ-
11 ences in sexual attitudes are the consequence) and is inconsistent with the
12 reverse causal relation.

13 F. Pathogen Prevalence Predicts Cultural Differences 14 in Extraversion and Openness

15 An individual's inclination toward restricted versus unrestricted sexual behav-
16 ior is a kind of personality trait. But it is a highly specific trait, with implica-
17 tions for a relatively narrow domain of behavioral contexts. Might pathogen
18 prevalence also predict cross-cultural differences in more fundamental person-
19 ality traits, such as those that comprise the so-called Big Five (agreeableness,
20 conscientiousness, extraversion, neuroticism, and openness to experience)?

21 Several cross-national investigations have documented important cultural
22 differences along each of the Big Five personality traits. McCrae (2002) sum-
23 marized results from multiple independent studies that used the NEO-PI-R
24 questionnaire (Costa & McCrae, 1992) to assess the self-reported personality
25 traits in 33 different countries. In a separate study, McCrae and an interna-
26 tional team of collaborators obtained observer reports on the NEO-PI-R ques-
27 tionnaire from almost 12,000 individuals in 50 different countries (McCrae
28 et al., 2005). And, in a third international study, Schmitt and his colleagues
29 assessed self-reports on the Big Five Inventory (John & Srivastava, 1999)
30 from almost 18,000 individuals in 56 different countries (Schmitt et al., 2007).
31 Each investigation produced a set of country-level scores on each of the Big
32 Five personality traits, documenting many different kinds of cross-cultural
33 differences. For instance, on average, people in Norway and New Zealand
34 report higher levels of extraversion than people in India or Ethiopia.

35 Given the questionnaire methodologies employed, some of the differ-
36 ences in country-level personality scores must surely be attributable to noise

1 and/or methodological artifacts, such as nonequivalent linguistic translations
 2 or reference group effects. Indeed, some empirical evidence research suggests
 3 that country-level scores on conscientiousness in particular might be espe-
 4 cially difficult to interpret (Heine, Buchtel, & Norenzayan, 2008). Nevertheless,
 5 to the extent that there is some validity associated with these country-level
 6 personality scores, they offer the potential to test conceptual hypotheses
 7 about the links between pathogen prevalence and cross-cultural differences in
 8 fundamental personality traits.

9 **1. Extraversion**

10 There is ample basis to expect a causal link between pathogen prevalence and
 11 cultural differences in extraversion. Being high in extraversion implies a wider
 12 circle of acquaintances and social contacts and an increased frequency of con-
 13 tact with those people. These social contacts have the potential to expose indi-
 14 viduals to interpersonally transmitted pathogens. Indeed, there is empirical
 15 evidence that a dispositional tendency toward extraversion may be associated
 16 with an enhanced risk of disease transmission (Hamrick, Cohen, & Rodriguez,
 17 2002; Nettle, 2005).

18 Of course, extraversion can be associated with many positive outcomes as
 19 well, including higher levels of leadership effectiveness, higher levels of happi-
 20 ness, and increased opportunities for sexual reproduction (Berry & Miller,
 21 2001; Fleeson, Malanos, & Achille, 2002; Silverthorne, 2001). These benefits
 22 of extraversion are likely to outweigh the disease-related costs under condi-
 23 tions in which the disease-related costs are relatively minimal: in ecological
 24 settings characterized by low levels of interpersonally transmitted pathogens.
 25 However, as pathogen prevalence increases, there is increased likelihood that
 26 the disease-related costs of extraversion will begin to outweigh the benefits of
 27 extraversion. It is worth noting that these costs of extraversion are likely to
 28 accrue not only to extraverts themselves but also to anyone (even an intro-
 29 vert) in the local population who happens to interact with an extravert.
 30 Therefore, in places characterized by high pathogen prevalence, one might
 31 expect that individuals will not only be less extraverted themselves but will
 32 also devalue extraversion more generally. In any case, the hypothesis is
 33 straightforward: Regional variation in pathogen prevalence is expected to be
 34 inversely related to population-level variation in extraversion.

35 We (Schaller & Murray, 2008) conducted multiple tests of this hypothesis,
 36 using the results from the three different cross-national surveys of the

1 Big Five personality traits summarized earlier (McCrae, 2002; McCrae et al.,
2 2005; Schmitt et al., 2007). As predicted, across every measure, cross-cultural
3 differences in extraversion were negatively correlated with historical pathogen
4 prevalence (see Table 3.1). These relationships remained even when controlling
5 for a variety of additional country-level variables (e.g., gross domestic product,
6 individualism/collectivism). In addition, consistent with the causal relation
7 specified by the hypothesis, extraversion was more strongly predicted by his-
8 torical pathogen prevalence than by contemporary pathogen prevalence.

9 **2. Openness to Experience**

10 A similar cost/benefit analysis implies a causal link between pathogen preva-
11 lence and cultural differences in openness to experience. Openness is associ-
12 ated with creativity, willingness to experiment, and attraction to novel
13 experiences and unfamiliar stimuli (Larsen & Buss, 2005). These behavioral
14 dispositions can be associated with certain kinds of fitness benefits, in that
15 they encourage innovation and adaptive problem solving. But these disposi-
16 tions also connote potential fitness costs specific to pathogen transmission.
17 This is because many familiar ways of doing things—particular in domains
18 such food preparation, personal hygiene, and public health—actually serve as
19 buffers against pathogen transmission. To the extent that individuals deviate
20 from these accustomed norms (e.g., experiment with novel methods of food
21 preparation, or take a “creative” approach to hygiene), those individuals expose
22 themselves—and others in their local community—to an increased risk of
23 pathogen transmission. These particular kinds of costs, of course, are likely to
24 be greater (and more likely to outweigh the benefits associated with disposi-
25 tional openness) under conditions of greater pathogen prevalence. Thus,
26 regional variation in pathogen prevalence is expected to be inversely related to
27 population-level variation in openness to experience.

28 We conducted multiple tests of this hypothesis too, using exactly the same
29 source materials as we used in our investigations into extraversion (Schaller &
30 Murray, 2008). Again, across every measure, cross-cultural differences in
31 openness to experience were negatively correlated with historical pathogen
32 prevalence (see Table 3.1). These negative relationships remained even when
33 controlling for additional country-level variables. And, consistent with the
34 causal relation specified by the hypothesis, openness to experience was more
35 strongly predicted by historical pathogen prevalence than by contemporary
36 pathogen prevalence.

TABLE 3.1: Correlations between Historical Pathogen Prevalence and Contemporary Cultural Outcomes Pertaining to Dispositions and Values

Cultural Outcome Variable	Correlation with Pathogen Prevalence
Sociosexual attitudes (for details see Schaller & Murray, 2008)	
Female sociosexuality scores	-.62
Male sociosexuality scores	-.27
Extraversion (for details see Schaller & Murray, 2008)	
Extraversion scores from Macrae, 2002	-.67
Extraversion scores from Macrae et al., 2005	-.50
Extraversion scores from Schmitt et al., 2007	-.26
Three-sample composite	-.59
Openness to experience (for details see Schaller & Murray, 2008)	
Openness scores from Macrae, 2002	-.45
Openness scores from Macrae et al., 2005	-.34
Openness scores from Schmitt et al., 2007	-.24
Three-sample composite	-.59
Individualism (for details see Fincher et al., 2008)	
Individualism scores from Hofstede, 2001	-.69
Individualism scores from Suh et al., 1998	-.71
Collectivism (for details see Fincher et al., 2008)	
In-group collectivism practices	.73
Pronoun-drop indicator of collectivism	.63
Conformity pressure (Murray et al., unpublished data)	
Behavioral conformity effect sizes	.49
Percentage of people who prioritize obedience	.48
Tolerance for nonconformity (Murray et al., unpublished data)	
Dispositional variability	-.52
Percentage of left-handed people	-.73
Political ideologies (for details see Murray & Schaller, 2010)	
Restriction of individual rights and civil liberties	.55
Democratization	-.65

1 **3. Negligible Effects on Other Big Five Traits**

2 In addition to testing hypotheses linking pathogen prevalence to cross-cultural
3 differences in extraversion and openness, we also conducted additional analy-
4 ses to explore whether there might be any relationships with the other three
5 Big Five factors: agreeableness, conscientiousness, and neuroticism (Schaller
6 & Murray, 2008). No consistent patterns emerged across the various mea-
7 sures, although there was some evidence that pathogen prevalence may pre-
8 dict more narrowly defined facets of these additional factors. (For two of the
9 three cross-national surveys—those that employed the NEO-PI-R question-
10 naire—facet scores were reported by McCrae, 2002, and by McCrae &
11 Terraciano, 2008). For instance, at a cross-cultural level, pathogen prevalence
12 was consistently positively correlated with measures of deliberation (a facet of
13 conscientiousness) and negatively correlated with measures of impulsiveness
14 (a facet of neuroticism).

15 It would probably be wise to be very careful about interpreting any results
16 on these underlying facets. That said, it is perhaps worth noting that the find-
17 ings on deliberation and impulsiveness fit neatly within the conceptual analy-
18 sis that gave rise to the hypothesis pertaining to openness. However, there is
19 some useful inferential value associated with the negligible relations between
20 pathogen prevalence and these additional three Big Five factors (agreeable-
21 ness, conscientiousness, and neuroticism). These negligible relations suggest
22 that the conceptually interesting results on extraversion and openness cannot
23 easily be attributed to response biases (e.g., acquiescence bias) or other meth-
24 odological artifacts that affect all traits assessed by the personality question-
25 naires. This improves our confidence that the observed correlations involving
26 pathogen prevalence and personality are truly meaningful.

27 **G. Pathogen Prevalence Predicts Cultural** 28 **Differences in Individualism and Collectivism**

29 Just as pathogen prevalence is expected to predict worldwide cultural variabil-
30 ity in personality style, it is also expected to predict variability in cultural
31 values. There are many different kinds of cultural values (e.g., Hofstede, 2001;
32 Schwartz, 2004), but there is one value construct in particular that has been
33 the focus of an enormous amount of attention from cross-cultural research-
34 ers: values pertaining to individualism versus collectivism. This attention
35 is warranted, as it has been suggested that individualism/collectivism
36 “may ultimately prove to be the most important dimension for capturing

1 cultural variation” (Heine, 2008, p. 189). Despite the attention that this
2 dimension has received (including a limited number of attempts to explore
3 possible antecedents of cultural differences along this dimension; e.g.,
4 Kitayama & Bowman, 2010), it still remains largely a mystery as to exactly *why*
5 some cultures tend to be individualistic, whereas others tend to be more col-
6 lectivistic. One solution to this mystery may lie in ecological variation in
7 pathogen prevalence.

8 Why might pathogen prevalence have a causal influence on cultural incli-
9 nations toward individualism versus collectivism? There are several reasons,
10 each related to a distinct definitional element of this multifaceted value
11 construct.

12 According to most definitions of individualistic and collectivistic value
13 systems (e.g., Gelfand et al., 2004), collectivist cultural values (as opposed to
14 individualist values) are characterized in part by an expectation of prosocial
15 behavior among family members and other individuals within a local social
16 alliance. There are costs associated with the obligatory prosocial expenditure
17 of resources. But there are benefits too, which may accrue whenever one (or
18 one’s immediate kin) is in need of assistance from others. These benefits are
19 likely to be especially pronounced under conditions in which the local ecology
20 is characterized by a high level of threat to health and welfare. Thus, because
21 of the emphasis on obligatory prosociality within families and local alliances,
22 collectivistic value systems are likely to be relatively more advantageous under
23 conditions of greater pathogen prevalence (whereas individualism may be rela-
24 tively more advantageous under conditions of lower pathogen prevalence).

25 Another defining feature of collectivistic (compared to individualistic)
26 value systems is a relatively sharper psychological boundary between ingroup
27 and outgroup (Gelfand et al., 2004). This manifests in higher levels of ethno-
28 centrism and xenophobia (e.g., greater wariness of, and reduced contact with,
29 foreigners and other outgroup members; Sagiv & Schwartz, 1995). Xenophobic
30 attitudes come at some cost (e.g., reduced opportunities for trade, reduced
31 exposure to exotic-but-useful ideas and technologies), but there are also ben-
32 efits specific to the domain of disease transmission. Compared to ingroup
33 members, outgroup members are more likely to host exotic pathogens. If
34 introduced to the local population, exotic pathogens pose an especially viru-
35 lent threat to individuals’ health and reproductive fitness, given the immune
36 system’s proclivity to be most effective against local pathogens (Mayer, 2006).
37 In addition, compared to ingroup members, outgroup members are more likely
38 to be ignorant of, and thus to violate, local norms that serve as buffers against

1 pathogen transmission. Thus, wariness and avoidance of outgroup members
 2 may be associated with disease-relevant benefits that must be weighed against
 3 the costs. These disease-relevant benefits are most likely to outweigh the costs
 4 under conditions of high pathogen prevalence. The implication is that, because
 5 the emphasis on sharp ingroup/outgroup distinctions, collectivistic value sys-
 6 tems are likely to be relatively more advantageous under conditions of greater
 7 pathogen prevalence, whereas individualism may be relatively more advanta-
 8 geous under conditions of lower pathogen prevalence.

Line 4: insert the word "of": it should be "...because of the..."

9 A feature that accompanies collectivistic value systems is "tightness": a
 10 strong value placed on the upholding of cultural traditions and conformity to
 11 cultural norms, accompanied by a lack of tolerance for deviance from these
 12 established norms (Gelfand, Nishii, & Raver, 2006; Gelfand et al., 2004;
 13 Triandis, 1995). In contrast, individualist value systems are characterized by
 14 greater tolerance for deviation from established norms (Cukur, De Gusman, &
 15 Carlo, 2004; Oishi, Schimmack, Diener, & Suh, 1998). The cost/benefit impli-
 16 cations are essentially identical to those for openness to experience, discussed
 17 earlier. While there are certain costs associated with values emphasizing tradi-
 18 tion and conformity (decreased incidence of useful innovation), there are clear
 19 benefits specific to the domain of infectious diseases (decreased likelihood
 20 that individuals will violate the various norms and traditions that serve as buf-
 21 fers against pathogen transmission). These benefits are most likely to out-
 22 weigh the costs under conditions of high pathogen prevalence. The implication
 23 is that, because of this emphasis on conformity and tradition, collectivistic
 24 value systems are likely to be relatively more advantageous under conditions
 25 of greater pathogen prevalence (whereas individualism may be relatively more
 26 advantageous under conditions of lower pathogen prevalence).

27 Thus, multiple complementary lines of deduction yield a single clear
 28 hypothesis linking pathogen prevalence to cultural values along the individu-
 29 alism/collectivism dimension: Regional variation in pathogen prevalence is
 30 expected to be inversely related to indicators of individualism and positively
 31 related to indicators of collectivism.

32 We conducted four tests of this hypothesis using two different country-
 33 level measures of individualism and two additional country-level measures of
 34 collectivism (Fincher, Thornhill, Murray, & Schaller, 2008). These measures
 35 included the following: (a) individualism scores reported by Hofstede (2001),
 36 which were based on extensive survey data along with a variety of additional
 37 observations; (b) individualism scores reported by Suh and colleagues (1998),
 38 which supplemented Hofstede's scores with the subjective assessments of a

1 scholarly expert on worldwide differences in individualism and collectivism;
2 (c) “in-group collectivism practices” scores reported by Gelfand et al. (2004),
3 based on extensive survey data; and (d) a binary variable indicating whether it
4 is acceptable to drop first- and second-person pronouns in spoken language
5 (pronoun-drop is more prevalent in highly collectivistic cultures, and so serves
6 as a linguistic indicator of collectivism; Kashima & Kashima, 1998). The sample
7 of countries varied with each measure, but every analysis included a substan-
8 tial number of countries from around the world (N’s varied between 58 and
9 70). The results were clear and consistent across all four sets of analyses:
10 Consistent with the hypothesis, geographical variation in the historical
11 prevalence of pathogens was strongly negatively correlated with individualism
12 (r ’s = $-.69$ and $-.71$) and strongly positively correlated with collectivism
13 (r ’s = $.73$ and $.63$).

14 Fincher et al. (2008) also reported the results of analyses in which cultur-
15 ally distinct world regions (e.g., Western Eurasia, Eastern Eurasia), rather than
16 individual countries, were treated as the units of analysis. The results were
17 essentially the same. In fact, some of the correlations were even stronger when
18 treating large cultural regions as units of analysis.

19 Additional analyses revealed that the predictive effect of pathogen preva-
20 lence remained even when controlling for a variety of additional country-level
21 variables that might plausibly have a causal influence on individualistic/
22 collectivistic value systems (e.g., gross domestic product, non-disease-related
23 threats to health and morality). And, consistent with the causal relation speci-
24 fied by the hypothesis, individualism/collectivism was more strongly predicted
25 by historical pathogen prevalence than by contemporary pathogen prevalence.

26 Overall, these results provide compelling evidence consistent with the
27 hypothesized causal relation between pathogen prevalence and cultural value
28 systems along the individualism/collectivism dimension. But recall that indi-
29 vidualism and collectivism are multifaceted value systems, defined by a vari-
30 ety of more highly specific and conceptually distinct constructs. And recall
31 that these different constructs are the foci of logically distinct conceptual anal-
32 yses linking pathogen prevalence to individualism/collectivism. Evidence
33 bearing on the broader value systems (individualism and collectivism) does not
34 clearly indicate which—if any—of these more specific conceptual analyses
35 might be right or wrong. In short, we still need to know about exactly what spe-
36 cific construct (or constructs) might be driving the effect. Do the individualism/
37 collectivism findings reflect an effect of pathogen prevalence on obligatory
38 prosociality? On ethnocentrism and/or xenophobia? On conformity pressures?

1 All of the above? Some of the above? None of the above? Answers to these
 2 questions require empirical analyses that focus more purely on indicators of
 3 these more specific underlying constructs.

4 Thus far, there is very little rigorous research addressing relations between
 5 pathogen prevalence and either obligatory prosociality, ethnocentrism or
 6 xenophobia. However, there are a couple of promising empirical beginnings.
 7 In one set of analyses, we examined the extent to which the prevalence of dif-
 8 ferent categories of human-infecting pathogens (zoonotic, human-specific,
 9 multihost) might have differential relations with cross-cultural outcomes
 10 (Thornhill, Fincher, Murray, & Schaller, 2010). One finding that emerged is
 11 evidence that pathogen prevalence of all kinds (but especially the prevalence
 12 of human-specific and multihost pathogens) is positively correlated with
 13 cross-cultural differences in the strength of allegiance to one's immediate
 14 family (r 's = .58 and .50 for human-specific and multihost pathogen preva-
 15 lence, respectively; $N = 78$). Separately, in an analysis that employed data from
 16 the World Values Survey, we also found that pathogen prevalence is positively
 17 correlated with the percentage of people in a country who explicitly indicate
 18 that they would not want "people of a different race" as neighbors ($r = .43$,
 19 $N = 67$; Schaller & Murray, 2010). But these are just hints, at best. To our
 20 knowledge, no one has reported any comprehensive set of empirical analyses
 21 to test the hypothesized effects of pathogen prevalence on either of these two
 22 specific facets of collectivism.

23 In contrast, the hypothesized effect of pathogen prevalence on
 24 "tightness"—cultural conformity pressures—has recently been subjected to
 25 close empirical scrutiny, as will be discussed next.

26 H. Pathogen Prevalence Predicts Cultural 27 Differences in Conformity Pressure

28 It has been previously documented that there are cross-cultural differences in
 29 the pressure to conform, and that these differences covary with the broader cul-
 30 tural differences in individualism and collectivism (Bond & Smith, 1996). We
 31 recently conducted a series of analyses designed to address the hypothesis that
 32 these cross-cultural differences in conformity pressure may result, in part, from
 33 regional differences in pathogen prevalence (Murray, Trudeau, & Schaller, unpub-
 34 lished data). We examined four different country-level outcome variables.

35 One of these measures was taken from Bond and Smith's (1996) meta-
 36 analysis of social psychological experiments (such as those designed originally

1 by Asch, 1956) that assessed public conformity to majority behavior. In their
2 results, they tabulated the effect sizes that emerged from over 100 experi-
3 ments conducted in 17 different countries. For each of these countries it is
4 possible to calculate the mean effect size. This mean effect size offers a crude,
5 but direct measure of country-level behavioral conformity.

6 A second measure of conformity assesses not behavioral conformity per
7 se, but rather the cultural value placed on a particular kind of conformity—
8 obedience. This measure was obtained from the results of the World Values
9 Survey (available at <http://www.worldvaluessurvey.org>). These results tabu-
10 late, for each of 83 countries, the percentage of survey respondents who indi-
11 cated that obedience is a very important value for children to learn.

12 These two measures of within-country conformity pressures are comple-
13 mented by two additional measures that, in different ways, provide indirect
14 measures of tolerance for nonconformity. One of these measures follows from
15 the logical implication that, in cultures characterized by stronger conformity
16 pressure, there will be reduced tolerance for dispositional tendencies that devi-
17 ate from dispositional norms within the culture (Gelfand et al., 2006). This in
18 turn implies that tolerance for nonconformity may be indexed by within-
19 country variability around mean values on basic personality traits. Exactly
20 such an index was reported by McCrae (2002) who, in addition to reporting
21 within-country means on the Big Five personality traits, also reported for each
22 country (N = 33) the average standard deviation around mean values on the
23 Big Five facet scores.

24 Finally, tolerance for nonconformity can also be measured indirectly by
25 assessing the percentage of people within a country who are left-handed. In
26 the words of Harry Triandis (1995, p. 56), “This works well because in all cul-
27 tures the right hand is considered the correct one, but in cultures that are tight
28 there is pressure for those who are naturally left-handed to become right-
29 handed.” And, in fact, evidence from many studies reveals that the percentage
30 of left-handed people is greater—sometimes considerably so—within cultural
31 contexts characterized by greater tolerance for nonconformity (e.g., Fagard, &
32 Dahmen, 2004; Porac & Martin, 2007). Obtaining precise within-country esti-
33 mates is not as straightforward as one might think. There are lots of different
34 ways of measuring handedness, and these different measures sometimes pro-
35 duce rather different estimates. But, within the laterality literature, we were
36 able to locate 20 different countries for which the same measurement tech-
37 niques were employed to produce estimates of the percentage of people who
38 are left-handed.

1 To what extent are these four variables (two measures of conformity pres-
 2 sure and the two measures of tolerance for nonconformity) predicted by patho-
 3 gen prevalence? Substantially. The historical prevalence of pathogens correlated
 4 significantly positively with behavioral conformity effect sizes and the value
 5 placed on obedience (r 's = .49 and .48), and significantly negatively with per-
 6 sonality variation and the percentage of left-handers (r 's = $-.52$ and $-.73$).

7 Of course, once again we must consider the possibility that these correla-
 8 tions are the spurious result of additional variables that covary with both
 9 pathogen prevalence and conformity. There are a variety of additional vari-
 10 ables that have been linked either empirically or conceptually to conformity
 11 and/or nonconformity, including such things as non-disease-related threats,
 12 agricultural activity, and economic wealth (e.g., Berry, 1967, 1979; Griskevicius,
 13 Goldstein, Mortensen, Cialdini, & Kenrick, 2006). Additional regression anal-
 14 yses revealed, however, that the predictive impact of pathogen prevalence
 15 remained significant even when **controlling these** additional variables.
 16 Furthermore, consistent with the causal relation specified by the hypothesis,
 17 these various measures of conformity (and tolerance for nonconformity) were
 18 more strongly predicted by historical pathogen prevalence than by contempo-
 19 rary pathogen prevalence. In addition, the relations hold—and are even stron-
 20 ger in magnitude—when treating world regions (the six world cultural regions
 21 identified by Murdock, 1949), rather than individual countries as units of
 22 analysis. Thus, the results are consistent with the hypothesis specifying a
 23 causal impact of pathogen prevalence on cultural values promoting obedience,
 24 conformity, and the conservation of existing cultural traditions.

Line 15: insert
 the word "for": it
 should be
 "...controlling for
 these..."

25 I. Pathogen Prevalence Predicts Cultural Differences 26 in Political Ideology

27 Thus far we have focused on the role that pathogen prevalence may have had
 28 in shaping the sorts of cultural outcomes that are of particular interest to psy-
 29 chologists—personality traits, behavioral dispositions, and value systems. But
 30 there are additional implications that matter to other kinds of social scientists
 31 as well, including implications for economists and political scientists.

32 Economic and political outcomes within a country are influenced sub-
 33 stantially by political ideologies. These ideological outcomes are likely to be
 34 influenced by the traits, dispositions, and values of the people living within a
 35 country. For instance, within any culture that prizes tradition and conformity,
 36 specific kinds of individual rights and freedoms (e.g., freedom of speech) may
 37 be perceived to pose a threat. Consistent with this analysis is evidence that

1 cultural tightness and collectivism are highly associated with the existence of
 2 authoritarian governments and legalized repression of civil liberties and indi-
 3 vidual freedoms (Conway, Sexton, & Tweed, 2006). An obvious implication is
 4 that these country-level differences in political ideology may have resulted, in
 5 part, from regional differences in pathogen prevalence.

6 Several empirical analyses provide preliminary support for this hypothe-
 7 sis. Thornhill, Fincher, and Aran (2009) found that contemporary pathogen
 8 prevalence was positively correlated with country-level measures that assess
 9 the repression of individual rights, negatively correlated with various addi-
 10 tional measures of social and political liberalism, and negatively correlated
 11 with democratization in general. Further analyses (reported by Murray &
 12 Schaller, 2010) reveal that these ideological outcome variables are even more
 13 strongly predicted by historical pathogen prevalence (e.g., countries that his-
 14 torically have had a high prevalence of pathogens tend to be less democratic;
 15 see Table 3.1).

16 J. Pathogen Prevalence Predicts Cultural 17 Diversity Itself

18 The results that we have discussed so far have documented a variety of ways
 19 in which regional differences in pathogen prevalence predict cultural differ-
 20 ences between regions. Some of these effects have logical implications also for
 21 cultural diversity *within* regions.

22 The logic is as follows: To the extent that people are extraverted and open
 23 and willing to interact with outgroup members, they are more likely to engage
 24 in the kinds of cross-cultural interactions that allow for cultural accommoda-
 25 tion and/or assimilation. In contrast, to the extent that people are cautious
 26 and introverted and wary of strangers, they are relatively unlikely to interact
 27 with people who are culturally distinct. And, as a result, their own cultural
 28 norms (their language, their religious rituals, their traditional beliefs and
 29 behaviors) are relatively unlikely to encroach upon other cultural norms, and
 30 also unlikely to be encroached upon by those outside influences. Thus, the
 31 lack of cross-group cultural interaction preserves cultural diversity. In a sense,
 32 just as specific kinds of physical barriers (waterways, mountain ranges) create
 33 island biogeographies, specific kinds of psychological traits (low levels of extra-
 34 version, low levels of openness to experience) and specific kinds of value sys-
 35 tems (collectivism) create insular social geographies. And just as island
 36 biogeographies promote high levels of biodiversity within a geographical
 37 region, island social geographies promote high levels of cultural diversity

1 within a geographical region. The logical upshot is that, because a high level of
2 pathogen prevalence is associated with psychological traits and values that
3 define island social geographies, it follows that a higher level of pathogen prev-
4 alence should also predict a higher level of cultural diversity within the broader
5 region.

6 This appears to be the case. In two separate sets of analyses, Fincher and
7 Thornhill (2008a, 2008b) examined the relationship between contemporary
8 pathogen prevalence and two different indicators of cultural diversity: the
9 number of different religions within a region, and the number of different
10 languages spoken within a region. In both cases, as predicted, higher levels of
11 pathogen prevalence were associated with higher levels of cultural diversity.
12 These results suggest that not only might pathogen prevalence help to explain
13 observed patterns in the contemporary record of worldwide cultural diversity,
14 pathogen prevalence might also help to explain local cultural diversity.

15 K. Implications, Limitations, and Future Directions

16 Not only do these findings collectively support a variety of conceptually
17 derived hypotheses specifying relations between pathogen prevalence and cul-
18 tural outcomes, these findings also help to provide a more complete explana-
19 tion for various previously documented relations between different kinds of
20 country-level variables. We provide three examples.

21 First, at a cultural level of analysis, extraversion is associated with indi-
22 vidualistic (rather than collectivistic) value systems. Consequently, cross-
23 cultural researchers have speculated about the possible causal influence of
24 personality dispositions on cultural values, and about the possible influence of
25 values on dispositions (Hofstede & McCrae, 2004). It turns out, however, that
26 the correlation between individualism and extraversion disappears when sta-
27 tistically controlling for pathogen prevalence (Fincher et al, 2008; Schaller &
28 Murray, 2008). Rather than extraversion leading to individualism, or vice
29 versa, it appears that the relation between these two constructs is largely spu-
30 rious, resulting from the fact that both are cultural consequences of pathogen
31 prevalence.

32 Second, there are well-documented relations between economic condi-
33 tions and cultural characteristics. For instance, the mean level of economic
34 affluence within a country (as indicated by gross domestic product per capita)
35 is a powerful predictor of values along the individualism/collectivism
36 dimension (Hofstede, 2001; Triandis, 1995). This relation is substantially

1 diminished—although does not disappear entirely—when controlling for
 2 pathogen prevalence (Fincher et al., 2008). It appears, therefore, that the
 3 actual influence of economic conditions on cultural values may be consider-
 4 ably less substantial than has often been assumed. In fact, given that infec-
 5 tious diseases are powerful inhibitors of economic development (Sachs &
 6 Malaney, 2002), the indirect influence of pathogen prevalence may be lurking
 7 in the background behind even the unique effects of economic affluence on
 8 cultural outcomes.

9 Third, latitude is a strong statistical predictor of many different kinds of
 10 cross-cultural differences (Cohen, 2001; Hofstede, 2001; Kashima & Kashima,
 11 2003). Of course, latitude is merely a cartographic abstraction; it cannot exert
 12 any direct causal influence on human behavior. The statistical effects of lati-
 13 tude require explanations that focus on more physically meaningful variables
 14 such as the higher temperatures, greater rainfalls, and other meteorological
 15 conditions associated with lower latitudes (e.g., Van de Vliert, 2009). Pathogen
 16 prevalence is profoundly influenced by these same meteorological variables,
 17 which is a major reason why the diversity and prevalence of pathogens is gen-
 18 erally much greater in the tropics compared to higher latitudes (Epstein, 1999;
 19 Guernier et al., 2004). It appears likely that pathogen prevalence is an instru-
 20 mental part of any complete causal explanation for the relation between lati-
 21 tude (and the meteorological variables that covary with latitude) and
 22 psychologically interesting cultural outcomes.

23 Of course, there are not only implications associated with this body of
 24 evidence but also limitations. It is important to bear these limitations in mind
 25 when interpreting the results that we have just reviewed and when proceeding
 26 with new research in the future.

27 One set of limitations arises from the fact that the units of analysis are
 28 countries, and not independent cultures per se. This analytic strategy raises
 29 the specter of Galton's problem, which we discussed at the outset of our review.
 30 To address this issue, some of the results summarized earlier were accompa-
 31 nied by additional analyses that focused not on countries as units of analysis,
 32 but instead on large world regions that, historically, have been culturally dis-
 33 tinct. Reassuringly, the results from these additional analyses replicate those
 34 observed on the country-level data (e.g., Fincher et al., 2008). But not all the
 35 published findings have been accompanied by these additional analyses.
 36 For example, in our article reporting the effects of pathogen prevalence on
 37 personality traits (Schaller & Murray, 2008), we reported only country-level
 38 analyses, but no region-level analyses of the sort that might help address

1 Galton's problem. We are happy to report here that those region-level analyses
2 have been done (we computed mean values on pathogen prevalence as well for
3 each of the Big Five personality traits within each of the six world cultural
4 regions identified by Murdock, 1949), and that the results do indeed replicate
5 the primary effects by Schaller and Murray (2008): When treating world
6 regions rather than countries as the units of analysis, the predictive effects of
7 pathogen prevalence on extraversion and openness are identical in direction
8 and even stronger in magnitude. More generally, across the various studies
9 documenting relations between pathogen prevalence and cultural differences,
10 there has emerged no evidence that the results—or conclusions—are compro-
11 mised by the use of country as a unit of analysis.

12 Still, this inferential issue is a complicated one, and it would be unwise to
13 dismiss it. There are a variety of methodological techniques that can be
14 employed to address Galton's problem and the statistical issue of autocorrela-
15 tion more generally (e.g., Dow, 2007; Mace & Holden, 2005). The issue itself
16 might be minimized by inquiries that focus on cultural units of analysis that
17 are more clearly independent, such as small-scale societies of the sort that
18 have traditionally been the subject of ethnographic research in the anthro-
19 pology literature. (It is worth noting, however, that even relatively isolated
20 small-scale societies may not be as culturally independent as often assumed;
21 Eff, 2004).

22 Another important inferential limitation arises from the twin facts that
23 (a) the empirical methods are necessarily correlational, and (b) any one coun-
24 try-level variable is inevitably correlated with many other country-level vari-
25 ables. This is certainly the case for pathogen prevalence. In our research, we
26 have drawn conclusions about the predictive effects of pathogen prevalence
27 only when those effects remained after controlling for a variety of additional
28 variables. But it is impossible to statistically control for every variable that
29 might be correlated with pathogen prevalence. Any conclusion about the
30 effects of pathogen prevalence on cultural outcomes must, logically, be accom-
31 panied by the familiar caveat that a causal inference cannot be claimed with
32 absolute certainty.

33 Of course, this inferential issue applies equally to *any* investigation that
34 tests hypothesized effects of any variable on cultural outcomes. Thus, regard-
35 less of whether a researcher has a conceptual interest in the effect of pathogen
36 prevalence on culture, the results that we have reviewed suggest researchers
37 must contend with the predictive effects of pathogen prevalence anyway.
38 Before drawing conclusions about the alleged unique effects of other variables

1 on cultural outcomes, researchers must show that those effects remain even
2 after controlling for the historical prevalence of pathogens.

3 Ultimately, as evidence accumulates bearing on the potential causal rele-
4 vance of various different kinds of ecological and economic variables, it will
5 become important to articulate the complex causal relations between the
6 multiple variables that predict contemporary cross-cultural differences. Only
7 by rigorously pursuing multivariate and multicausal strategies of inquiry
8 are we likely to arrive at a true reckoning of the possible role that pathogen
9 prevalence may have played in the origin of contemporary cross-cultural
10 differences.

11 It may be important also to consider the possibility that cultural con-
12 sequences of pathogen prevalence may have reciprocal causal implications on
13 pathogen prevalence, and that these implications may be especially compli-
14 cated as ecological circumstances change over time. For instance, while col-
15 lectivistic value systems can promote specific kinds of behavioral buffers
16 against endemic pathogens (e.g., conformity to existing norms of culinary
17 spicing inhibits the transmission of foodborne bacteria), these same value sys-
18 tems might be counter-productive in the context of exotic pathogens (confor-
19 mity to existing norms inhibits the development of novel behavioral strategies
20 that might effectively respond to the threat posed by novel diseases).

21 These are just a few of the ways that future research must build upon and
22 extend the findings that we have reviewed here. Another agenda for future
23 research is to illuminate the causal mechanisms through which pathogen prev-
24 alence might actually exert its effects on cultural outcomes. We believe that this
25 particular agenda is of such fundamental importance—and of such wide-
26 ranging scientific interest value—that we close this chapter with a detailed dis-
27 cussion of the diverse kinds of processes that might be implicated, and the
28 diverse kinds of scientific methodologies that might be used to implicate them.

29 III. DEEPER CONSIDERATION OF UNDERLYING 30 CAUSAL PROCESSES

31 Even if we allow ourselves to draw the tentative conclusion that many differ-
32 ent kinds of cultural differences may indeed be the result, in part, of regional
33 differences in pathogen prevalence, we must still contend with a huge ques-
34 tion: Exactly how might this have occurred? What is the exact causal process—
35 or set of processes—through which ecological variation in pathogen prevalence
36 leads to cultural variation in human cognition and behavior?

1 There are at least four different kinds of processes through which patho-
2 gen prevalence might exert a causal influence on cross-cultural variability.
3 These processes are all conceptually distinct—operating at four entirely differ-
4 ent levels of analysis—and so they are not mutually exclusive. Each must be
5 considered on its own terms and evaluated on the basis of both logical plausi-
6 bility (which appears ample for all four) and available empirical evidence
7 (which, thus far, is ample for none).

8 **A. Cultural Evolution: Ecological Influence on** 9 **Interpersonal Communication and Social Learning**

10 Human beings have considerable cognitive capacities that allow them to rec-
11 ognize both the dangers and the opportunities in their local environments, to
12 pragmatically adjust their behavior accordingly, and to communicate their
13 pragmatic wisdom to others. Even in the absence of any knowledge about the
14 pragmatic considerations that may have informed others' behavior, people
15 learn from others' behavior, they imitate and reproduce that behavior, and
16 thus they reify and perpetuate those behavioral norms. Through these pro-
17 cesses of interpersonal communication and social learning, cultural norms
18 evolve. And, under different ecological circumstances characterized by differ-
19 ent kinds of perils and prospects and pragmatic considerations, cultural norms
20 evolve differently.

21 On logical grounds alone, cultural transmission processes provide a highly
22 compelling means through which ecological variability in pathogen prevalence
23 might lead to cross-cultural variability in traits, values, and other behavioral
24 norms (Schaller, 2006). Cultural transmission processes provide a speedy and
25 efficient means through which human populations adapt sensibly to their eco-
26 logical circumstances. Indeed, because of this speed, an explanation rooted in
27 cultural evolutionary processes is entirely compatible with evidence docu-
28 menting rapid-but-not-overnight changes in cultural values (i.e., changes
29 observed over the course of a generation or two) associated with immigrant
30 populations who migrate from countries characterized by high pathogen pre-
31 valence to countries with substantially lower levels of pathogen prevalence (e.g.,
32 Hardyck, Petrinovich, & Goldman, 1976). And, of course, there are empirical
33 literatures documenting the individual-level psychological phenomena that
34 provide the raw materials for cultural evolution—including perceptual hyper-
35 vigilance to cues connoting the presence of threat, selective communication
36 about threat, social learning of avoidant responses to threat, and many differ-
37 ent forms of selective behavioral mimicry and conformity.

1 On the other hand, there is scant evidence that bears specifically on the
 2 implications of pathogens for cultural evolution. Among the many studies that
 3 document hypervigilance to threat (Öhman, Flykt, & Esteves, 2001; Schupp
 4 et al., 2004), there are only a few that suggest hypervigilance to disease-
 5 connoting cues in particular (e.g., Ackerman et al., 2009). And while there are
 6 some empirical results suggesting that people are especially likely to commu-
 7 nicate about threat-connoting information (Schaller & Conway, 1999; Schaller,
 8 Faulkner, Park, Neuberg, & Kenrick, 2004), there are none that focus on
 9 disease-relevant information in particular. Similarly, while there is evidence
 10 showing that humans and other primates learn from other individuals' aversive
 11 emotional responses to threats (Cook & Mineka, 1990; Hornick, Risenhoover, &
 12 Gunnar, 1987), none of this evidence pertains specifically to pathogens.
 13 And while there is evidence that collective human behavior is sensitive to emo-
 14 tionally charged communications connoting the threat of disease (Sinaceur,
 15 Heath, & Cole, 2005), this evidence does not link the nature of these commu-
 16 nications to the actual prevalence of disease in the natural ecology. Thus, as yet,
 17 there is virtually no empirical evidence that directly tests the hypothesis that
 18 cultural transmission processes might mediate any of the observed relation-
 19 ships between pathogen prevalence and cultural characteristics.

20 B. Neurocognitive Processes: Ecological Influence 21 on Adaptively Flexible Cognition and Behavior

22 Human cognitive functioning is characterized by perceptual mechanisms that
 23 are highly sensitive to fitness-relevant information in the immediate environ-
 24 ment. When this information is perceived, it triggers a cascade of neurochemi-
 25 cal activity that ultimately influences how individuals respond affectively,
 26 cognitively, and behaviorally to their environment. In a relatively benign envi-
 27 ronment, these perceptual cues are likely to trigger approach-oriented cogni-
 28 tions and behaviors. In a more dangerous environment, however, these
 29 perceptual cues are likely to trigger more avoidant cognitions and risk-averse
 30 behaviors. Thus, for instance, under conditions in which threats are temporar-
 31 ily salient, people show less evidence of independent thinking and a greater
 32 tendency toward social conformity (Griskevicius et al., 2006).

33 Many of the cultural variables predicted by pathogen prevalence (includ-
 34 ing not only conformity but also basic personality traits and the endorsement
 35 of individualistic/collectivistic values) are, at an individual level of analysis,
 36 highly malleable in response to immediate contextual circumstances (e.g.,
 37 Gardner, Gabriel, & Lee, 1999; Hong et al., 2000; Kunda & Santos, 1989),

1 and there is now abundant evidence that the perceived threat of pathogen
2 transmission has an immediate causal influence on human cognition. For
3 instance, under conditions in which the threat of pathogenic infection is either
4 especially high or especially salient, people respond by being more likely to
5 display more xenophobic and ethnocentric attitudes toward foreigners
6 (Faulkner, Schaller, Park, & Duncan, 2004; Navarette et al., 2007). The salience
7 of infectious diseases also leads to reduced levels of self-reported extraversion
8 and to behavioral withdrawal from social stimuli (Mortensen et al., 2010).

9 Thus, it is entirely plausible that a causal relation between pathogen pre-
10 valence and cultural outcomes could be mediated, in part, by the operation of
11 adaptively flexible neurocognitive mechanisms. Under ecological conditions
12 characterized by high pathogen prevalence, these mechanisms may induce
13 individuals to think and behave in an adaptively cautious manner (character-
14 ized by lower levels of extraversion, higher levels of xenophobia and ingroup
15 conformity, etc.) In contrast, under ecological conditions characterized by low
16 pathogen prevalence, these neurocognitive mechanisms are less likely to be
17 triggered by disease-connoting perceptual cues, and so individuals are likely to
18 be more open-minded and approach-oriented instead.

19 However, while there is empirical evidence documenting the causal influ-
20 ence of disease salience on ethnocentrism, xenophobia, and extraversion (e.g.,
21 Faulkner et al., 2004; Mortensen et al., 2010), these are just a few of the many
22 variables that, at a cultural level of analysis, have been linked to pathogen
23 prevalence. There is no published empirical evidence showing that the mere
24 perception of disease threat might lead people to be more conforming, to
25 endorse more collectivistic values, to be more sexually restricted, or to be more
26 likely to put spices in one's food.

27 Even if such evidence is eventually found, additional empirical consider-
28 ations suggest that neurocognitive mechanisms are unlikely to offer a complete
29 explanation for the cultural consequences of pathogen prevalence. The cog-
30 nitive and behavioral consequences of these neurocognitive mechanisms occur
31 very quickly. (In the typical experiment documenting the causal consequences
32 of a disease salience manipulation, the effects are observed in mere minutes.)
33 Thus, if the cross-cultural differences of pathogen prevalence were due solely
34 to the operation of neurocognitive mechanisms, one would expect contempo-
35 rary measures of pathogen prevalence to predict cultural outcomes more
36 strongly than historical measures. This is not the case. Moreover, one would
37 expect immigrants to show a virtually instantaneous change in dispositions
38 and values upon migrating to a novel ecological niche. Such instantaneous

1 change is rarely observed. Thus, while there is a compelling conceptual case to
 2 be made for the mediating role of neurocognitive mechanisms, and this con-
 3 ceptual case is buttressed by some recent empirical results, it is also clear that
 4 other mechanisms, operating at different levels of analysis, must also be
 5 considered.

6 C. Epigenetic Processes: Ecological Influence on 7 Developmental Expression of Genes

8 A third plausible process that might account for an effect of pathogen preva-
 9 lence on cultural outcomes is a developmental process—not “developmental”
 10 in the sense that the word is employed by psychologists, but instead in the
 11 sense that it is employed by developmental biologists. This is the kind of pro-
 12 cess to which evolutionary psychologists typically refer when they talk of
 13 “evoked culture” (e.g., Gangestad et al., 2006; Tooby & Cosmides, 1992). The
 14 basic idea is as follows: Attitudes, traits, and other dispositional tendencies are
 15 influenced by genes. The phenotypic consequences of genes depend, however,
 16 on whether (and how) the genes are expressed during the course of develop-
 17 ment. Gene expression is profoundly influenced—typically in functionally
 18 adaptive ways—by the ecological circumstances within which an individual
 19 organism develops.

20 When this developmental reasoning is applied to pathogen prevalence,
 21 the logic is straightforward: Under ecological circumstances characterized by
 22 higher levels of pathogen prevalence, genes associated with cautious disposi-
 23 tional tendencies (e.g., introversion, sexual restrictedness, the endorsement of
 24 conformist values) are relatively more likely to be expressed during develop-
 25 ment, and to exert a greater influence on individuals’ eventual dispositional
 26 tendencies. Conversely, under ecological circumstances characterized by rela-
 27 tively fewer pathogens, genes associated with more risk-tolerant and approach-
 28 oriented dispositional tendencies (e.g., extraversion, openness, nonconformity)
 29 are relatively more likely to be expressed. This context-contingent develop-
 30 mental process results, inevitably, in regional populations characterized by
 31 somewhat different attitudes, values, and personality traits.

32 The plausibility of this epigenetic explanation is supported by a consider-
 33 able body of evidence documenting gene–environment interactions in the pre-
 34 diction of human cognition and behavior (e.g., Cole, 2009). Its plausibility is
 35 also supported by an extensive literature in the biological sciences bearing on
 36 the evolutionary advantages associated with phenotypic plasticity and the

1 many ways in which phenotypic plasticity manifests in the natural world
2 (Ridley, 2003). Among many mammal species, developing fetuses obtain
3 information about postnatal environments via chemical cues obtained through
4 the placenta; these cues influence gene expression in ways that promote the
5 development of adaptive phenotypic responses (Gluckman & Hanson, 2005).
6 Among meadow voles, for example, the placental transfer of melatonin
7 (a chemical signal diagnostic of the length of the day) has the adaptive devel-
8 opmental consequence that, as winter (rather than summer) approaches,
9 infants are born with thicker coats (Lee & Zucker, 1988).

10 Just as development is adaptively influenced by the placental transfer of
11 melatonin, development may also be adaptively influenced by the placental
12 transfer of chemical signals that are produced maternally when mothers are
13 exposed to pathogens. These chemical signals include corticosteroids and
14 other hormones associated with stress and immune response. In research with
15 nonhuman mammals, prenatal exposure to maternal corticosteroids has been
16 linked to dispositional tendencies later in life, including lower levels of sexual
17 aggression, reduced social interaction, and less exploratory behaviors in novel
18 environments (e.g., Takahashi, Haglin, & Kalin, 1992; see Edwards & Burnham,
19 2001, for a review). In one particularly notable study with mice, pregnant
20 dams who were exposed to pathogen-infected conspecifics produced higher
21 levels of corticosterone and produced offspring who, upon reaching adult-
22 hood, were meeker and less socially aggressive than controls (Curno, Behnke,
23 McElligot, Reader, & Barnard, 2009). Analogously, among humans, pregnant
24 mothers treated with a stress hormone (dexamethasone) gave birth to chil-
25 dren who, compared to controls, were relatively more shy and less sociable
26 (Trautman, Meyer-Bahlburg, Postelnek, & New, 1995).

27 These developmental results neatly parallel the cross-cultural findings
28 reported by Schaller and Murray (2008), and so they give special credence to
29 an explanation based upon the effects of pathogen prevalence on gene expres-
30 sion and development. Still, this evidence is indirect, at best. More compelling
31 tests of this explanation must focus more specifically on human development
32 and must consider a fuller range of the attitudes, traits, values, and behavioral
33 tendencies that have been linked, cross-culturally, to pathogen prevalence.

34 **D. Genetic Evolution: Ecological Influence on** 35 **Population-Level Gene Frequencies**

36 Finally, we must consider the possibility of a genetic evolutionary process,
37 such that alleles that predispose individuals to specific kinds of traits and

1 values are differentially likely to proliferate under different kinds of ecological
2 circumstances. Thus, just as alleles promoting post-weaning production of
3 lactase have been differentially selected for (and consequently have become
4 relatively more common) within pastoral populations that domesticate milk-
5 producing animals (Durham, 1991), alleles promoting extraversion, openness,
6 and individualism may have been differentially selected for (and become rela-
7 tively more common) within populations characterized by relatively low levels
8 of pathogen prevalence.

9 Like the cultural evolution explanation, the genetic evolution explanation
10 is consistent with findings showing that historical pathogen prevalence pre-
11 dictates cultural outcomes more strongly than contemporary pathogen preva-
12 lence. The plausibility of a genetic evolution process is supported by evidence
13 of relatively rapid evolution of different gene frequencies within populations
14 that differ in the prevalence of specific kinds of pathogens (Williamson et al.,
15 2007). Its plausibility is supported also by evidence of a heritable basis for the
16 kinds of attitudes, traits, and values that characterize worldwide cross-cultural
17 differences. For example, the Big Five personality traits—including extra-
18 version and openness to experience—all have substantial heritability coeffi-
19 cients (Henderson, 1982; Jang, Livesely, & Vemon, 1996), and there is also
20 evidence of genetic influence on behavioral tendencies toward individualism
21 and collectivism (Bouchard & McGue, 2003).

22 But in order to be truly compelling, the genetic evolution explanation
23 must be tested directly against empirical data pertaining to specific genetic
24 polymorphisms that (a) are statistically associated with specific kinds of dis-
25 positional tendencies, and (b) exist in at different frequencies within different
26 cultural populations. Presumably, future genetics research will reveal many
27 such genetic polymorphisms, but the extant literature has identified only a
28 few promising candidates for consideration. One such candidate is a coding-
29 sequence polymorphism on the DRD4 dopamine receptor gene. The long ver-
30 sion of this polymorphism has been linked to novelty-seeking behaviors in
31 humans and other primates (Bailey et al., 2007; Schinka et al., 2002), and
32 there are widely different frequencies of this allele in different populations
33 throughout the world (Chen et al., 1999). Another promising candidate is the
34 5-HTTLPR polymorphic region of the SLC6A4 serotonin transporter gene.
35 The short allele version of this polymorphism has been associated with a vari-
36 ety of cautious and avoidant behavioral tendencies (e.g., Beevers, Gibb,
37 McGeary, & Miller, 2007; Munafò, Clark, & Flint, 2005), and the relative fre-
38 quencies of short versus long 5-HTTLPR alleles vary substantially across dif-
39 ferent populations (Gelernter, Kranzler, & Cubells, 1997). Although cultural

1 psychologists have speculated that variability in these (or other) gene frequen-
2 cies might covary with psychologically meaningful cross-cultural differences
3 (e.g., Chiao & Ambady, 2007), there has been almost no rigorous research
4 addressing this possibility, nor the possibility that these gene frequencies
5 might help to account for the relationships between pathogen prevalence and
6 cultural outcomes.

7 This state of affairs may be changing. Recently, Chiao and Blizinsky (2010)
8 reported a provocative result showing that, across several dozen countries
9 worldwide, the relative frequency of short 5-HTTLPR alleles is strongly posi-
10 tively associated with country-level values of collectivism. Moreover, the fre-
11 quency of short 5-HTTLPR alleles is also positively associated with country-level
12 values of pathogen prevalence, and it partially mediates the relationship
13 between pathogen prevalence and collectivism. These results provide the first
14 empirical evidence to directly test, and support, a gene-frequency explanation
15 for the effects of pathogen prevalence on cultural outcomes.

16 Of course, regardless of evidence such as this, genetic evolution can pro-
17 vide, at best, only a partial explanation. Even though pathogen prevalence
18 imposes the kind of powerful selection pressure that can result in relatively
19 fast changes in gene frequencies, the pace of genetic evolution is still slow
20 compared to the pace of the other causal processes that may contribute to
21 cross-cultural differences. Genetic evolution certainly cannot account for
22 changes in cultural values that often occur over the course of just one or
23 two generations. For example, compared to populations in East Asia, left-
24 handedness occurs more frequently among populations of East Asian immi-
25 grants to North America (Hardyck et al., 1976). This particular difference is
26 consistent with the broader pattern of evidence pertaining to the effects of
27 pathogen prevalence, but a genetic evolution process cannot logically account
28 for it. An additional explanation is required.

29 E. Conclusion

30 So which of these four processes provides the best explanation for the relation
31 between pathogen prevalence and cultural differences? All of them. Each pro-
32 cess is conceptually compelling in its own right, and each is buttressed by
33 either direct or indirect empirical evidence of one sort or another. Moreover,
34 not a single one of these processes seems capable of accounting for all the dif-
35 ferent pieces of empirical evidence. And given that these processes are concep-
36 tually independent, there is no logically sensible reason to suppose that any

1 one process operates to the exclusion of others. All things considered, the
2 most plausible conclusion to draw at this point is that, if pathogen prevalence
3 does indeed exert causal influences on cultural outcomes, these effects are
4 likely to be the result of multiple processes operating at multiple levels of
5 analysis.

6 It is possible that some of these processes account for some cultural out-
7 comes, but not others. For instance, while epigenetic and neurocognitive pro-
8 cesses might mediate the relationship between pathogen prevalence and
9 extraversion, that does not mean they must also play a role in mediating the
10 relationship between pathogen prevalence and conformity, or the relationship
11 between pathogen prevalence and culinary spicing. And while the effect of
12 pathogen prevalence on collectivism might be partially explained by a genetic
13 evolutionary process, the effect on culinary spicing might not reflect any kind
14 of genetic mechanism whatsoever; it might instead reflect a cultural evolu-
15 tionary process.

16 Of course, it is also possible that two or more processes might contribute
17 jointly to any particular cultural outcome. Because these processes operate at
18 different levels of analysis, they might operate entirely in parallel. Or, in some
19 cases, they might be causally connected. There is considerable theoretical basis
20 to expect that cultural and genetic evolutionary processes may be entwined in
21 a more complicated coevolutionary process (e.g., Durham, 1991). For instance,
22 within the domain of food preparation, the threat of bacterial infections might
23 lead, through cultural evolutionary processes, to the emergence of cultural
24 norms prescribing the liberal use of spices. Once established, these cultural
25 norms may impose selection pressures on genes associated with a tolerance or
26 craving for spicy foods.

27 Future research must probe much more deeply into all these possible pro-
28 cesses, and it must find ways of more directly testing the implications of each.
29 For example, it would be illuminating to conduct longitudinal studies that
30 document changes in pathogen prevalence within a cultural region (e.g., epi-
31 demic outbreaks of infectious disease) and track the cultural effects over time
32 (e.g., consequent changes in social behavior and value systems). This kind of
33 methodology would not only help to identify *which* cultural outcomes are
34 influenced by pathogen prevalence, but it also could document *when* those
35 changes occur. The time frame for those changes could reveal clues to the
36 underlying processes. Any change in population-level norms that transpires
37 within days or weeks of a disease outbreak would indicate the operation of
38 neurocognitive mechanisms. Changes that are specific to a one-generation lag

1 behind a disease outbreak are more likely to implicate an epigenetic process.
2 And changes that accumulate across multiple generations would be more
3 indicative of a cultural evolutionary process. If the selection pressure imposed
4 by a disease outbreak is substantial enough, longitudinal studies might even
5 be able to test genetic evolutionary processes as well, by assessing whether
6 changes in population-level behavioral norms are accompanied by changes in
7 gene frequencies as well.

8 This kind of study is ambitious, of course, and would require considerable
9 resources and considerable patience as well, given that some of the most inter-
10 esting results might take decades to emerge. But, as we noted earlier, it is no
11 simple task to inquire empirically into the origins of cultural differences. For
12 scientists who care about psychology and culture, it is important to ask big
13 questions of this sort; however, we cannot expect the answers to arrive quickly,
14 or easily.

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