



Does emotion and its daily fluctuation correlate with depression? A cross-cultural analysis among six developing countries

Derwin K.C. Chan ^a, Xin Zhang ^{b,*}, Helene H. Fung ^c, Martin S. Hagger ^a

^a School of Psychology and Speech Pathology, Curtin University, Perth, Australia

^b Department of Psychology, Peking University, Beijing, China

^c Department of Psychology, Chinese University of Hong Kong, Hong Kong, China

Received 15 April 2014; received in revised form 30 August 2014; accepted 3 September 2014

Available online 11 October 2014

KEYWORDS

Emotional status;
Affective variability;
Clinical depression;
Cultural differences;
Global health

Abstract Utilizing a World Health Organization (WHO) multi-national dataset, the present study examined the relationships between emotion, affective variability (i.e., the fluctuation of emotional status), and depression across six developing countries, including China ($N = 15,050$); Ghana ($N = 5,573$); India ($N = 12,198$); Mexico ($N = 5,448$); South Africa ($N = 4,227$); and Russia ($N = 4,947$). Using moderated logistic regression and hierarchical multiple regression, the effects of emotion, affective variability, culture, and their interactions on depression and depressive symptoms were examined when statistically controlling for a number of external factors (i.e., age, gender, marital status, education level, income, smoking, alcohol drinking, physical activity, sedentary behavior, and diet). The results revealed that negative emotion was a statistically significant predictor of depressive symptoms, but the strength of association was smaller in countries with a lower incidence of depression (i.e., China and Ghana). The association between negative affective variability and the risk of depression was higher in India and lower in Ghana. Findings suggested that culture not only was associated with the incidence of depression, but it could also moderate the effects of emotion and affective variability on depression or the experience of depressive symptoms.

© 2014 Ministry of Health, Saudi Arabia. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Depression is a major mental disorder that affects over 350 million people worldwide [1]. Symptoms of depression include sadness, low self-esteem, a

* Corresponding author at: Room 228, Philosophy Building, Department of Psychology, Peking University, Beijing 100871, China. Tel.: +86 10 62751830; fax: +86 10 62761081.
E-mail address: zhang.x@pku.edu.cn (X. Zhang).

sense of meaninglessness, and the ‘vegetative’ substratum [2]. Among all the known potential causes of depression, chronically low levels of positive emotion and high levels of negative emotion have been frequently identified as the influential factors associated with this mental disorder [3,4]. More recently, affective variability (i.e., the fluctuation of emotional status) has also been identified to be closely related to depression [5,6]. However, most studies in this respect were conducted in developed nations in Northern America, Western Europe, and Australia [5–7]. Very few studies have used samples from developing nations to examine the relationship between emotion and depression. In the present study, we used the population-based datasets from the World Health Organization to examine the relationship between emotion, affective variability and depression across six developing countries, including China, Ghana, India, Mexico, South Africa, and Russia.

Depressive disorders are common forms of mental disorders, which have been reported frequently among people of all age groups from the teenage years upwards across the globe [8]. They are identified as one of the leading causes of the burden of disease in the Northern America, European, and Western Pacific regions [1]. Affect is regarded as one of the major causes of clinical depression, and the relationship between emotion and depression has been extensively researched [3,4]. In particular, the findings suggested that chronic experience of negative emotion was a risk factor for the onset of depression, while consistently-felt positive affect could buffer against stress [9] and reduce the risk of such mental health problems [10,11]. The influence of positive and negative emotion on mental health might not only be direct, but could also be indirect through the mediation of other psychological factors. Social scientists identified indirect influences of positive and negative emotion on mental health through improved persuasion [12], risk perception [13], and adaptive decision-making [14].

Recent research has proposed that understanding the situational status of emotion does not provide a complete explanation of how emotion could be related to mental health problems, and a growing amount of attention has now been placed on the dynamics or the fluctuations of emotion over time [11,12]. The term *affective variability*, defined as fluctuation of emotional experience across time, is regarded as a key construct for social scientists in understanding the impact of emotion on physical and mental health [15]. Research evidence has shown that affective variability is associated with impaired mental health. For example, the

variability of negative affect was shown to be a positive predictor of depressive symptoms [13], borderline personality disorder [16], and even suicidal ideation [17]. Similarly, the variability of positive affect was positively associated with a lower level of life satisfaction [18].

Although studies have shown a consistent association between emotion, affective variability and depression, it is still worth noting that most of the studies have been conducted in the developed nations, predominately North America and Western European countries [19]. Therefore, it could not be assumed that the existing findings could be generalized to all nations. To illustrate this, Jenkins, Kleinman, and Good [20] argue that “models of depression based on studies of patients in Western psychiatric settings cannot be unquestioningly generalized to non-Western societies” (p. 67). A recent investigation by Ferrari and colleagues [8] indeed found that there was a significant difference in terms of incidence and severity of depression between different world regions. Hence, investigating the relationship between emotion, affective variability, and depression among the unexplored regions such as developing countries is highly relevant and important because it may test the cross-cultural generalizability of the evidence [15,20,21].

In the present study, the aim was to investigate the association between emotion, affective variability and depression in six developing countries: China, Ghana, India, Mexico, South Africa, and Russia, which have been shown to have a distinct incidence and severity of depression in recent research [8]. Moreover, cross-cultural differences in the corresponding relationships between these different nations were examined to evaluate the generalizability of the findings within these developing countries.

2. Method

2.1. Data sources

The multi-national dataset was obtained from the World Health Organization (WHO). Data were collected by the Multi-Country unit of the WHO for a study on adult health and ageing (i.e., global Ageing and adult health (SAGE)). This was the first wave of data collection of the whole project carried out from 2007 to 2010 among six countries, including China, Ghana, India, Mexico, South Africa, and Russia. Using a stratified, multi-stage cluster sampling strategy, the data were collected from a number of regions and major cities of each

Download English Version:

<https://daneshyari.com/en/article/3327458>

Download Persian Version:

<https://daneshyari.com/article/3327458>

[Daneshyari.com](https://daneshyari.com)