



Does collectivism act as a protective factor for depression in Russia?



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ARTICLE INFO

Article history:

Received 1 October 2016

Received in revised form 28 November 2016

Accepted 29 November 2016

Available online 7 December 2016

Keywords:

Depression

Neuroticism

Individualism/collectivism

Stress

Emotion regulation

ABSTRACT

Some studies show that effects of risk factors for depression, such as neuroticism, stress, and maladaptive emotion regulation, are less pronounced in collectivistic Eastern than in individualistic Western cultures. The effect of individual patterns of endorsement of individualist and collectivist attitudes on mental health outcomes is more difficult to predict in diverse cultures, such as Russia, which traditionally combines Western and Eastern values. In this study, data on depressive symptoms, personality, stress level, emotion regulation strategies, and individualist/collectivist orientation were collected in a nonclinical Russian sample and structural equation modeling was used to assess the impact of cultural attitudes on the association between depression and the vulnerability factors. In sharp contrast with effects reported in collectivist East Asian cultures, collectivistic orientation appeared to increase the impact of stress and neuroticism on depression. This evidence highlights the necessity of a more nuanced approach to the study of cultural dimensions, such as individualism/collectivism, taking into account substantial between-culture differences in the nature of these constructs.

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1. Introduction

In this paper, we consider how the well-established relationships between neuroticism, stress, and depression are influenced by cultural values. Multitude of factors associated with increased risk for depression including personality (Watson, Clark, & Harkness, 1994), emotion regulation (Campbell-Sills & Barlow, 2007; Mennin, McLaughlin, & Flanagan, 2009; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008), stress (Tennant, 2002), and culture (Triandis, 2000) have been identified. Neuroticism is considered the general personality factor of subjective distress (Beck, Rush, Shaw, & Emery, 1979). Individuals who are high in neuroticism tend to feel negative emotions more intensely (Watson et al., 1994) and are more sensitive to minor failures and frustrations of daily life (Zobel et al., 2004). Hence, neuroticism potentiates the effect of stress on depression (Kendler, Gatz, Gardner, & Pedersen, 2006).

Depression is also considered as impair of emotion regulation, when individuals cannot effectively manage their emotional responses to everyday stressful events and experience more pronounced periods of distress (Campbell-Sills & Barlow, 2007; Mennin et al., 2009; Nolen-Hoeksema et al., 2008). Inherent to neuroticism features of emotional instability are implemented through maladaptive strategies of emotional regulation, such as increased rumination and suppression, and impaired cognitive reappraisal (Joormann & Gotlib, 2010). Rumination is defined as a repetitive and passive focusing on symptoms of

distress and possible causes and consequences of these symptoms (Nolen-Hoeksema et al., 2008). Stress-reactive rumination plays a crucial role in the etiology of depression (Alloy et al., 1999; Nolen-Hoeksema & Morrow, 1991). Suppression implies inhibiting emotion-expressive behavior and is linked to heightened negative emotions and less effective coping, thus increasing the risk of depression (Alloy et al., 1999; Robinson & Alloy, 2003).

The impact of personality and emotion regulation strategies on mental health is influenced by cultural stereotypes and prescriptions. The individualism–collectivism appears to be the most significant difference among cultures (Triandis, 1995). Hofstede's Individualism refers to the priority given to the person or the group (Hofstede, 2001). Individualistic cultures foster personal goals over in-group goals, whereas collectivistic cultures foster in-group goals (Yamaguchi, 1994). Traditionally, cultures were treated as though they reside exclusively within respective countries. However, people within a country differ in the degree to which they adopt the attitudes that define their culture (Triandis, 1995). Persons who have individualist traits value competition, hedonism, and self-reliance, whereas persons who have a collectivist orientation value tradition, sociability, and interdependence (Schwartz, 1999). Hence, individualism–collectivism could be investigated both at cultural level, when the number of cultures is the unit of analysis, and at individual level, when the number of participants is the unit of analysis. Individualism and collectivism are opposite sides of a single dimension at the cultural level, but are frequently treated as orthogonal dimensions at the individual level (Triandis & Gelfand, 1998).

The cultural syndromes of individualism and collectivism are believed to have distinct advantages and disadvantages in promoting

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psychological health and wellbeing (Triandis & Gelfand, 1998). Individualism fosters the pursuit of self-actualization, but at the expense of social isolation (Triandis, 2001). Collectivism provides social support and feelings of belonging, but also brings anxiety about not meeting social obligations. Moreover, collectivism implies a restraint in emotional expression, rather than open and direct expression of personal feelings, as a means of ensuring in-group harmony (Butler, Lee, & Gross, 2007; Matsumoto, 2006). Emotional suppression has been associated with negative mental health consequences (Butler et al., 2003; Gross & John, 2003; Hu, Zhang, & Wang, 2014), however, these consequences may be moderated by cultural values. Thus, suppression is associated with elevated levels of negative affective consequences in European-Americans (Gross, 1998; Gross & Levenson, 1997; Hofmann, Heering, Sawyer, & Asnaani, 2009), but better consequences in East Asians (Butler et al., 2007; Mauss & Butler, 2010; Soto, Perez, Kim, Lee, & Minnick, 2011; Yuan, Liu, Ding, & Yang, 2014).

At the cultural level, individualism correlates positively with subjective well-being (Diener, Diener, & Diener, 1995) and extraversion (Hofstede & McCrae, 2004). At the individual level, the independent (i.e., individualistic) self-construal correlates negatively, whereas the interdependent self-construal correlates positively with depression (Kitayama, Markus, & Kurokawa, 2000; Pervin, 2002). However, in some studies, interdependent self-construal was associated with greater emotional intelligence, higher subjective wellbeing, and better mental health outcomes (Bhullar, Schutte, & Malouff, 2012; Mossakowski, 2007). Estimates of the burden of depressive disorders by country show that the rates of lifetime prevalence and years lived with disability for depressive disorders are middle in typical individualist countries, such as the USA and Canada, and are lower in such typical collectivist cultures as China and Japan (Kessler & Bromet, 2013; Ferrari et al., 2013). This is surprising given that Japanese and Chinese score higher than Americans on neuroticism and lower on extraversion (Allik & McCrae, 2004; Matsumoto, 2006; McCrae, 2002; McCrae et al., 2005). Does collectivistic orientation act as a protective factor for clinical depression?

It appears to be the case for East Asian people. A number of studies show that in these cultures, the positive association between stress and suppression on one hand and depression on the other is mitigated in those who are high in collectivism (Cheung & Park, 2010; Lay et al., 1998; Su, Lee, & Oishi, 2013). It does not necessarily mean, however, that the same will be true for other cultures. Caldwell-Harris and Aycicegi (2006) suggested that distress would be most prevalent among those who construe a primarily independent view of self in a collectivistic culture and among those who construe a primarily interdependent view of self in an individualistic culture. This proposal is consistent with the ‘culture fit’ proposals of Ward and Chang (1997) and Triandis (2000).

Most cross-cultural studies of psychological adjustment compared polar cultures, such as the USA (a typical individualist culture) and China (a typical collectivist culture). The effect of individual patterns of endorsement of individualist and collectivist attitudes on mental health outcomes is more difficult to predict in diverse cultures, such as Russia, which traditionally combines Western and Eastern values (Kennedy & Danks, 2001). Russian culture is considered collectivist (Bollinger, 1994; Garrison & Artemeyev, 1994; Holt, Ralston, & Terpstra, 1994). It scores lower than the USA, but higher than China on Hofstede’s Individualism dimension (Hofstede, 2001). It is likely, however, that the vast economic, political, and social changes that have taken place in Russia changed cultural attitudes, because individual values are strongly influenced by sociopolitical systems (Schwartz, 1992). Recent findings clearly show increasing individualism in Russia (Giacobbe-Miller, Miller, Zhang, & Victorov, 2003; Naumov & Puffer, 2000; Veiga, Yanouzas, & Buchholtz, 1995). Interestingly, according to Ferrari et al. (2013), Russia scores higher than both the typical individualist (e.g., USA, Canada, Europe, and Australia) and the typical collectivist (e.g., China, Japan, and Mexico) countries on the rates of years lived with disability for depressive disorders. Certainly, prevalence of

depressive disorders may depend on host of factors beyond individualism-collectivism. It is possible, however, that the very nature of collectivism is different in Russia and East Asian cultures. Russians strive to secure their dominant position in the group rather than being preoccupied with group harmony (Mikheyev, 1987) and competitive orientation of thinking is an important part of Russian mentality (Ardichvili, Cardozo, & Gasparishvili, 1998; Elenkov, 1997). Russians place a high value on both conformity and self-determination, a rather unusual combination of collectivist and individualist characteristics (Holt et al., 1994; Mikheyev, 1987).

In this study, we aimed to test the effect of individual patterns of endorsement of individualist and collectivist attitudes on the association between neuroticism and depressive symptoms in a nonclinical Russian sample. Because neuroticism potentiates the effect of stress, promoting depressive reactions to stressors (Kendler et al., 2006), we also aimed to test the moderating effect of individualism/collectivism on the association between neuroticism, stress, and depressive symptoms. Two opposite hypotheses could be formulated based on the above reviewed literature. Firstly, since Russia is formally considered a collectivist culture and collectivism tends to alleviate the effect of stress, neuroticism, and dysfunctional emotion regulation on depression, one may expect to find the same effect in Russians. However, given the data on individualistic tendencies in Russians, we expected that in this culture, individualism might act as a protective factor, whereas collectivism may aggravate the effect of neuroticism and stress on depressive symptoms.

2. Methods

2.1. Participants

The data were collected during 2014–2016 years in Novosibirsk, the third largest city in Russia. The sample included 320 Caucasians (mean age = 22.9; SD = 7.0, 75% females). Undergraduate and graduate students made up the majority of the sample (59%). About half of the students were psychologists; others studied medicine, linguistics, and mathematics. The majority of nonstudents had university diploma and were schoolteachers, physicians, and Novosibirsk University staff members (20% of the sample). 4% were skilled manual workers. The student part of the sample was recruited via announcements during the lectures. Other participants were approached individually by team members. On average, response rate was 92%. All participants reported no history of neurological or psychiatric disorders, major medical disorders, sustained head injury, alcohol or drug abuse, or current treatment with vasoactive or psychotropic medication. All applicable subject protection guidelines and regulations were followed in the conduct of the research in accordance with the Declaration of Helsinki. Each participant signed an informed consent and received a sum equivalent to about 5% of the monthly living wage for participation. The study was approved by the Institutional ethical committee.

2.2. Measures

The Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996) was used to assess the intensity of depressive symptoms during the

Table 1

Zero-order correlations, means, and standard deviations for all study variables.

Variables	1	2	3	4	5	Mean(SD)
1. BDI						10(8)
2. Individualism	−0.21 ^a					3.9(0.5)
3. Neuroticism	0.47 ^a	−0.15 ^b				30(9)
4. Stress	0.31 ^a	0.07	0.23 ^a			202(137)
5. Suppression	0.41 ^a	−0.32 ^a	0.27 ^a	0.27 ^a		49(11)
6. Rumination	0.58 ^a	−0.25 ^a	0.51 ^a	0.30 ^a	0.44 ^a	45(13)

^a Correlation is significant at the 0.01 level (2-tailed).

^b Correlation is significant at the 0.05 level (2-tailed).

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