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Wealth, justice and freedom: Objective and subjective measures predicting poor mental health in a study across eight countries



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ABSTRACT

Background: Macro-level factors (MF) such as wealth, justice and freedom measured with objective country-level indicators (objective MF), for instance the Gross Domestic Product (GDP), have been investigated in relation to health and well-being, but rarely in connection with depression, anxiety and stress subsumed as poor mental health. Also, a combination of different objective MF and of how individuals perceive those MF (subjective MF) has not been taken into consideration. In the present study, we combined subjective and objective measures of wealth, justice and freedom and examined their relationship with poor mental health.

Method: Population-based interviews were conducted in France, Germany, Poland, Russia, Spain, Sweden, U.K. and U.S.A. ($n \approx 1000$ per country). GDP, GINI coefficient, Justice Index and Freedom Index were used as objective MF, whereas subjective MF were perceived wealth, justice and freedom measured at the individual level. Poor mental health was assessed as a combination of symptoms of depression, anxiety and stress.

Results: In a random-intercept-model, GINI coefficient and Freedom Index were significant positive country-level, and perceived wealth, justice, and freedom significant negative individual-level predictors of symptoms of poor mental health.

Conclusion: Multiple subjective and objective MF should be combined to assess the macrosystem's relationship with poor mental health more precisely. The relationship between MF and poor mental health indicates that the macrosystem should be taken into account as relevant context for mental health problems, too.

Introduction

The macrosystem reflecting consistencies in larger social entities impacts both physical and mental health (Bronfenbrenner, 1979). The relationship between health and macro-level factors (MF), also discussed as social or structural determinants of health, is widely acknowledged (CSDH, 2008; Eikemo, Bambra, Judge & Ringdal, 2008; Marmot, 2003; Pickett, James & Wilkinson, 2006; Shim et al., 2014; Veenhoven, 2000; Wilkinson & Pickett, 2006; World Health Organization, 2013). Despite the fact that the interplay between social determinants of health and mental health is complex (Eckersley, 2015) and a number of ecological confounding factors need to be considered in combination to regard this complexity (Diener & Diener, 1995; Subramanian & Kawachi, 2004), many existing studies focus on only one MF, mostly income (inequality) (e.g., Kondo et al., 2009; Stevenson & Wolfers, 2013; Zagorski, Evans, Kelley & Piotrowska, 2014). Beyond that, research on the subjective socio-economic status suggests that the subjective perception is more relevant for health outcomes than the objective measures (e.g., Callan, Kim & Matthews,

2015; Demakakos, Nazroo, Breeze & Marmot, 2008; Ostrove, Adler, Kuppermann & Washington, 2000). Hence, it could be valuable to add a subjective assessment of MF to the existing evidence on the relationship between objective MF measures and health. Finally, a large body of research focuses on measures of health or positive mental health (including happiness, life satisfaction, and well-being) as outcome variable, but less so on combined measures of poor mental health (Fischer & Boer, 2011).

Building upon current research findings, the present preliminary study investigated MF with respect to the combination of symptoms of depression, anxiety and stress (subsequently subsumed as poor mental health) because depression and anxiety belong to the most common mental disorders (Kessler et al., 2009). Since explanatory models of poor mental health are probably not one-dimensional (Gerring, 2010), a combination of MF was investigated. Besides wealth, we focused on justice and freedom because of the long philosophical tradition emphasizing debates on justice and freedom as central macro-level characteristics (Falkenberg, 1998). Additionally, besides objective country-level indicators such as the Gross Domestic Product (GDP), individual-

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level data were used to assess subjective perceptions and evaluations of MF.

Macro-level factors under study

Mental health disparities have often been described in relation to wealth as one of the most commonly MF under study (Sacks, Stevenson & Wolfers, 2012; Subramanian & Kawachi, 2006a). MF as characteristics of a country are normally measured objectively (objective MF). This means that indicators are used that describe a country such as national income or number of doctors per 1000 persons. GDP is a country-level indicator that is commonly used as objective MF to measure wealth. It indicates the economic performance of a country and is used to compare countries. Even after 30 years of research, the relationship between income and well-being remains largely in the eye of the beholder (Arthaud-Day & Near, 2005, p. 512). A linear positive relationship has been found between the mean income in nations (usually GDP) and subjective well-being (e.g., Arthaud-Day & Near, 2005; Diener, Diener & Diener, 1995; Diener & Biswas-Diener, 2002), happiness (e.g., Hagerty & Veenhoven, 2003; Schyns, 1998) and life satisfaction (e.g., Kahneman & Deaton, 2010; Tay, Morrison & Diener, 2014). More recent research found a log-linear rather than a linear relationship indicating that each additional dollar of income yielded greater improvement to measured happiness for the poor than for the rich (e.g., Deaton, 2009; Deaton & Stone, 2013; Stevenson & Wolfers, 2013, 2008).

Another line of research suggests that income inequality might explain mental health disparities instead or beyond a country's absolute wealth (e.g., Pickett & Wilkinson, 2015; Subramanian & Kawachi, 2006a; Wilkinson & Pickett, 2006). Income inequality is most often measured with the GINI coefficient (Gini, 1921) and has been found to be adversely associated with mortality, population and self-rated health (e.g., Kondo et al., 2012, 2009; Subramanian & Kawachi, 2006b; Wilkinson & Pickett, 2009, 2006), happiness (Oishi, Kesebir & Diener, 2011) and positively with social dysfunction (Wilkinson & Pickett, 2009) and mental disorders (e.g., Pickett et al., 2006; Pickett & Wilkinson, 2011; Subramanian & Kawachi, 2004). However, more recent research has found that income inequality did not have a significant effect on well-being measures if GDP was included in the model (Kelley & Evans, 2012; Zagorski et al., 2014). This finding stresses the importance to consider both GDP and the GINI coefficient to control for each other's effects in order to uncover the actual relationship between them and poor mental health.

Hypothesis 1a. : Higher GDP of a country is associated with fewer symptoms of poor mental health.

Hypothesis 1b. : Larger income inequality is related to more symptoms of poor mental health.

Including justice as third objective MF, enlarges the scope of potential factors of stratification because justice or equality not only concern income inequality, but also unequal distributions of political power, education and resources (Subramanian & Kawachi, 2004). Research yielding to a relation between justice and mental health outcomes exists mainly on organizational justice (Cohen-Charash & Spector, 2001; Colquitt, Conlon, Wesson, Porter & Ng, 2001; Elovainio, Heponiemi, Sinervo & Magnavita, 2010). Evidence shows that procedural and relational justice are related with mental health in prospective studies (Ndjaboué, Brisson & Vézina, 2012). Less research has focused on justice as a characteristic of the macrosystem that describes equal and fair conditions as consistencies of large social entities such as countries. However, for example human rights have been found to be a significant predictor of subjective well-being (Diener et al.,

1995). Therefore, we included justice as relevant MF.

Hypothesis 2. Higher levels of justice are related to fewer symptoms of poor mental health.

More research exists on the relationship between freedom and mental health (e.g., Haller & Hadler, 2004; Welsch, 2003). A linear relationship between freedom and well-being is proposed in the human development model (Welzel, Inglehart & Klingemann, 2003). The model states that due to the maximization of free choice and control over one's life, people have more opportunities to pursue their personal goals which ultimately leads to increasing happiness (Inglehart, Foa, Peterson & Welzel, 2008; Inglehart & Welzel, 2005; Johnson & Krueger, 2006; Welzel et al., 2003). In contrast, Fischer and Boer (2011) argue that the association between freedom and well-being might be curvilinear: While low levels of choice are associated with negative well-being, increasing levels of freedom allow the satisfaction of basic and personal needs leading to well-being, whereas high levels of choice imply opportunity costs and postdecision regret that in turn lead to negative well-being again. Both assumptions are plausible, but to date empirical findings support a linear relationship (Falkenberg, 1998; Veenhoven, 2000; Welsch, 2003).

Hypothesis 3. Higher levels of freedom are associated with fewer symptoms of poor mental health.

Measuring macro-level factors

Another potential approach to measure MF besides country-level indicators (objective MF) are perceived measures of MF assessed at the individual level (subjective MF). This means that individuals are questioned about their evaluation of MF (e.g., "How is the governmental effectiveness in your country?") and these assessments are used for further analysis. The two approaches probably operate complementarily, because one cannot assume that a certain environmental condition will have a specific effect on any outcome if the psychological or subjective variables are not considered (Johnson & Krueger, 2006). However, up till now research including individual-level evaluation of MF is scarce. Some exceptions are outlined subsequently for wealth, justice and freedom:

Most people give high priority to earning money and being wealthy even though money by itself does not make people happy (Boyce, Brown & Moore, 2010). One factor that seems to be relevant is the subjective evaluation of wealth. For example, a twin study showed that the association between measures of actual wealth and life satisfaction was mediated by the perceived financial situation (Johnson & Krueger, 2006, p. 680). Even after taking the covariates wealth, education, and occupational class into consideration, the subjective socioeconomic status significantly predicted self-rated health, depression and long-standing illness (Demakakos et al., 2008). Similarly, personal relative deprivation predicted self-rated physical and mental health better than subjective or objective socioeconomic status across six studies (Callan et al., 2015). Hence, the evaluation of wealth might act as a moderator in the relationship between national income and well-being (Arthaud-Day & Near, 2005).

In justice research, the subjective evaluation has a longer tradition. The "Belief in a Just World (BJW)" was introduced in the 1980s and conceptualizes a person's conviction that the world is fair and everyone gets what he or she deserves (general BJW; Lerner, 1980). Positive affect, life satisfaction and self-esteem are positively related to the perception that the world is unjust for the self (personal BJW), but not the general BJW (Dzuka & Dalbert, 2002). Also, the impact of childhood perceived relative deprivation and poor well-being was mediated by the

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