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ORIGINAL ARTICLE

Positive and negative mental health across the lifespan: A cross-cultural comparison

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KEYWORDS

Mental health;
Age effects;
Cross-cultural;
Well-being;
Ex post fact study

Abstract

Background/Objective: Mental health and well-being are closely related to age. Complete mental health includes psychopathological symptoms (negative mental health) and subjective well-being (positive mental health). The aim was to compare indicators of complete mental health across the lifespan cross-culturally. *Method:* We tested age trends in measures of resilience, social support and positive and negative mental health, including the subscales depression, anxiety and stress using data from national representative samples from Germany, Russia and the United States (U.S.) ranging in age from 18 to 100 ($N=6,303$). *Results:* The effects of age differed in each country. Today's older Germans experienced more positive and less negative mental health whereas today's older Russians experienced less positive and more negative mental health than the younger people. In the U.S., positive mental health was higher among the older adults, but there was no effect of age for negative mental health. Age also had significant linear and curvilinear effects on resilience and social support. *Conclusions:* The pattern of mental health across the lifespan is clearly dependent on the nation.

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PALABRAS CLAVE

Salud mental;
efectos de la edad;
transcultural;
bienestar;
estudio *ex post facto*

Salud mental positiva y negativa a lo largo de la vida: una comparación transcultural

Resumen

Antecedentes/Objetivo: La salud mental y el bienestar están relacionados con la edad. La salud mental completa incluye síntomas psicopatológicos (salud mental negativa) y bienestar subjetivo (salud mental positiva). El objetivo es una comparación transcultural de los indicadores de salud mental completa a lo largo de la vida. *Método:* Hemos probado las tendencias de edad en

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medidas de resiliencia, apoyo social y salud mental positiva y negativa, incluyendo depresión, ansiedad y estrés, utilizando datos de muestras nacionales representativas de Alemania, Rusia y Estados Unidos con edades entre 18 y 100 años ($N = 6.303$). *Resultados*: Los efectos de la edad diferían en cada país. Los alemanes mayores experimentaron una salud mental más positiva y menos negativa, mientras que los rusos mayores experimentaron una salud mental menos positiva y más negativa que los jóvenes. En Estados Unidos, la salud mental positiva fue mayor entre los adultos mayores, pero no hubo efectos de la edad para la salud mental negativa. La edad también tuvo efectos lineales y curvilíneos significativos sobre la resiliencia y el apoyo social. *Conclusiones*: El patrón de salud mental a lo largo de la vida depende claramente de la nación.

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The definition of mental health postulates a comprehensive physical, psychological and social well-being rather than the mere absence of disease or psychopathological symptoms (World Health Organization, WHO, 2001). On this basis, research about the positive dimension of mental health has intensified. The number of publications on positive mental health (PMH) and well-being increased exponentially in the last years (e.g. Miret et al., 2015). Two broad theories describe the key components of PMH and the concept of well-being (e.g. Deci & Ryan, 2008). The hedonic tradition comprises the emotional element, i.e. happiness and satisfaction with life while the eudaimonic tradition includes human potential and optimal functioning. As both approaches can be combined, PMH is conceptualized as the reflection of general emotional, psychological and social well-being (Keyes, 2007; Keyes, Shmotkin, & Ryff, 2002). The two-continua model of mental health suggests that mental health and mental illness, or positive and negative mental health (NMH), are two correlated but distinct factors (Huppert & Whittington, 2003; Keyes, 2007; Wang, Zhang, & Wang, 2011; Weich et al., 2011; Westerhof & Keyes, 2010). Accordingly, PMH can be altered or focused in interventions, albeit a psychopathological diagnosis was not present. It is commonly assumed that certain aspects of PMH are associated with greater levels of satisfaction with life and general functioning (Seow et al., 2016). Besides, lower levels of PMH are accompanied by more severe symptoms of depression, anxiety and stress across different cultures (Schönfeld, Brailovskaia, Bieda, Zhang, & Margraf, 2016).

According to the World Health Organization (WHO, 2016), the global population is ageing progressively. Although social support has been shown to be a considerable buffering factor for mental health (e.g., Milner, Krnjacki, Butterworth, & LaMontagne, 2016), research on the effects of ageing is rare. In a study on U.S. veterans, different facets of social support affected mental health of younger and older men differently (Weiner, Monin, Mota, & Pietrzak, 2016). Contrary to the socioemotional selectivity theory (Carstensen, 2006), which assumes increasing mental health and social support along with increasing age, perceived support was only related to mental health among the younger but not among the older persons (Weiner et al., 2016). Resilience

has also been found to be beneficial for adaptive functioning across the adult lifespan (Lerner et al., 2012) and to be protective for people aging with disability (Silverman, Molton, Alschuler, Ehde, & Jensen, 2015). However, the effect of age on resilience in a cross-cultural comparison is not yet clearly outlined. In an Australian cohort study, the risk for suicidality was enhanced in midlife, yet, the relation to resilience was significant across the whole lifespan (Liu, Fairweather-Schmidt, Roberts, Burns, & Anstey, 2014). Since research on the effects of age on mental health is based on samples varying in their national affiliation, there is no general consensus. For instance, a study showed lower prevalence of post-traumatic stress disorder among the older-aged and fewer traumatic experiences compared with young and middle-aged adults (Reynolds, Pietrzak, Mackenzie, Chou, & Sareen, 2016). Likewise, in a large Australian population-based survey, perceived mental health increased with age (Happell & Koehn, 2011). Similar pattern has been reported on data from the U.S., where increasing age was associated with higher subjective and psychological well-being (Keyes et al., 2002). From a lifespan perspective, the dual-factor model of mental health was investigated for the first time in a large sample of Dutch adults, where older adults reported to have less psychological symptoms and to have fewer mental illness problems than the younger-aged adults (Westerhof & Keyes, 2010). However, the fact that there were no variations across age in PMH supports the relative independence of the two dimensions. Interestingly, in a large nationally survey from Japan, the course of happiness and life-satisfaction was U-shaped, which could be explained by the more rigid social structures and predestined professional carriers, at the expense of the middle-aged adults (Tiefenbach & Kohlbacher, 2013). Studies from so-called transition countries showed similar results (Lelkes, 2006; Namazie & Sanfey, 2001). People's expectations, value systems and strategies to deal with stress and political changes develop as a function of their generation. Although indicators of mental health and well-being increased with age in most of the aforementioned studies, a European survey based on data from Great Britain reported Mental health across the lifespan: Cross-cultural comparison that women's negative well-being increased and

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