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Fatalism, Social Support and Mental Health in Four Former Soviet Cultures

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Fatalism, Social Support and Mental Health in Four Former Soviet Cultures

Abstract

Research on social support has identified differences in levels of support between cultures, but has provided only a limited explanation of the role of values or beliefs in accounting for such variations. In this paper we examine the relationship between fatalism and perceived support amongst 2672 respondents in four former Soviet States (Russia, Georgia, Ukraine and Belorussia), with participants drawn from groups of manual workers, managers, civil servants, students and the retired in these four countries. We also examine the consequences of such social support for mental health across these nations. Findings indicate a small but significant moderator effect for fatalism on the relationship between social support and mental health. These results are discussed in the context of the continuing economic and social challenges facing the citizens of these nations.

Fatalism, Social Support and Mental Health in Four Former Soviet Cultures

The last decade has witnessed major upheavals in the economic and political structure of the Former Soviet Union, with profound effects on both the living conditions and social networks of those living in this region (Goodwin, Nizharazde, Nguyen Luu, Kosa, & Emelyanova, 1999; Rose, 1995). Almost overnight it seemed, the collapse of the former Communist regimes transformed the landscape of Europe, catching both citizens - and academic commentators - off guard (Kuran, 1991). Whilst the freeing of the economic market has been accompanied by a political liberalisation and social mobility unimaginable just a decade ago, it is difficult to ignore the more negative effects of these social transitions on daily lives. Across the region, continuing economic uncertainties have been accompanied by increases in alcohol consumption and drug abuse and a large fall in life expectancy (Bobak, Pikhart, Hertzman, Rose, & Marmot, 1998). In a series of large representative surveys in Russia, Rose found that half of his sample had gone without essential food, heating or clothing over the previous twelve months and that two-thirds perceived their economic situation as worse than five years previously (Rose, 1995).

One vital mediator of - and 'buffer' against - negative life events is social support - "the resources provided by others" (Cohen & Syme, 1985 p. 4). Such support plays an important, albeit complex, role in how individuals appraise and cope with difficult life circumstances. Social support might be expected to be of particular significance in situations where individuals rely on friends, family and other informal networks simply to survive under harsh economic conditions, such as those currently experienced in the Former Soviet Union (Manning, 1995). However, the effects of societal transition on social relationships are likely to be complex (Milardo & Wellman, 1992). Norris and Kaniasty (1996) observe how a deterioration of emotional support often follows stressful events. In their analysis of values in Central and Eastern Europe, Schwartz and Bardi (1997) suggest that the widespread corruption and distrust

of Soviet times minimised the individual's willingness to help those beyond the immediate family. In addition, economic restraints and long working hours have served to greatly reduce the material and temporal resources individuals have available to provide support to others (Norris & Kaniasty, 1996).

One characteristic of post-Communist Europe is a high level of psychological fatalism (European Commission, 1997; Markova et al., 1998; Schwartz & Bardi, 1997). A fatalistic outlook is one of dependency, powerlessness and isolation, and acts as an inhibitor to the development of active coping strategies, including the seeking of social support (Kobasa & Puccetti, 1983; Markova et al., 1998). Such fatalism is likely to have originated in the dramatic historical events that have marked this region for many centuries as well as the more immediate repression of individual agency during the Communist era (Schwartz & Bardi, 1997). In Mary Douglas' typology of culture, fatalists hold a cultural bias that rationalises resignation and isolation (Dake, 1992; Douglas, 1982), with those high on fatalism suspicious and cynical about close interactions and unwilling to develop satisfying and supportive relationships (Bandura, 1995; Dake, 1992; Hobfoll, Freedy, Lane & Geller, 1990). Although there has been little empirical research examining the relationship between personality variables in this area, fatalistic beliefs can be conceptually contrasted with personality traits such as hardiness (Kobasa & Puccetti, 1983) optimism (Sarason, Levine, Basham & Sarason, 1983; Sumi, 1997) and internal locus of control (Lahey & Cassady, 1990; Sarason et al., 1983), all of which have been associated with higher levels of social support. Instead, fatalists hold a constellation of cognitive beliefs or schemata which lead to perceiving another's supportive attempts as unhelpful and which enhances the recall of previous, negative or unhelpful support (Lahey & Cassady, 1996). Previous work in Central and Eastern Europe (Goodwin et al., 1999) has found fatalists unwilling to participate in the 'reciprocity of exchange' fundamental for the establishment of close relationships (Morton, 1978), with fatalistic respondents in these countries reporting low rates of disclosure to friends, romantic partners and parents. The present study focuses on four

Fatalism, social support and mental health countries in Eastern Europe, where we anticipate fatalism to be a widespread and salient feature of the social environment. Here we predict that those high in fatalism will perceive lower rates of social support from others.

Previous research suggests that perceived social support is an important correlate of mental health (Lakey et al, 1996), with most studies suggesting a positive correlation between perceived support and psychological well-being (Henderson & Brown, 1988; Sarason, Sarason, & Gurung, 1997). Currently, we know of no work specifically addressing this relationship in the context of rapidly transient social societies (such as the Former Soviet Union) but, given the elevated levels of stress in these societies, we might predict qualitative estimates of support to be a positive correlate of mental health in the countries in this study (Cohen & Wills, 1985). However, fatalism can be seen as a component of the broader cognitive resources that interact with perceived social support to moderate the impact of stress on health (Cohen & Wills, 1985; Lakey & Cassady, 1990). In this study we conducted regression analyses to examine the role of fatalism as a moderator of the relationship between social support and mental health. Given that fatalists are less appropriate participants in the process of obtaining social support (Sandler & Lakey, 1982), and that those low on optimism and social support generally report poorer psychological well-being (Sumi, 1997), we predicted a lower correlation between social support and mental health amongst our more fatalistic respondents.

Method

Participants

The data reported in this study were collected as part of a larger study conducted in 1995 into the correlates of fatalism in the Former Soviet Union (see Goodwin & Allen, 2000, for more details). Our analysis was conducted in four countries (Russia, Georgia, Belorussia and Ukraine), chosen as theoretically similar (all had experienced a substantial period of Communist rule, ending in a relatively rapid transition to market capitalism) but also differing

on significant distal variables such as economic performance and religion (Schwartz, 1997). Shortly before the time of our study, Brezinski (1994) divided the countries of Central and Eastern Europe into four groups: (a) countries where the transformation into a pluralist, free-market democracy is underway and unlikely to be turned back (b) countries with optimistic prospects for the future but which are still politically and economically vulnerable (c) countries whose political and economic future will be undecided for at least the next ten years and (d) countries with a less-than-optimistic outlook for the future. All the countries in this study fall within Brezinski's third group - countries with an "undecided" future.

In total, 2672 participants participated in this study. Table 1 indicates the breakdown of sample by country and occupation. Students (48% male) had a median age of 20; Manual Workers (63% male) a median age of 40, Civil Servants (34 % male) a median age of 41, Managers (63 % male) a median age of 39 and the Retired (34 % male) a median age of 64. Questionnaires were distributed in major cities in each of the four countries: St. Petersburg, Moscow and Tver (Russia); Tbilisi (Georgia); Kiev (Ukraine), Minsk and Gomel (Belorussia) with every attempt made to question as representative a sample as possible within the occupational categories. Hence, workers were split evenly into private and state sector workers in each country, managers were equal groups of small private businessmen and managers above supervisory level, whilst civil servants were equal groups of teachers, doctors, cultural workers (e.g., museum workers) and scientists.

** Insert table 1 about here **

Measures

In this study we employed a number of inventories all of which have previously been employed by the research team in the Former Soviet Union. In these previous investigations

Fatalism, social support and mental health

fatalism has proven to be a significant predictor of (poor) self-disclosure (Goodwin, 1995; Goodwin et al, 1999), low levels of democratic participation (Goodwin & Allen, 2000) and greater exposure to radiation hazards (Allen, 1996) whilst support perception has been shown to be a significant predictor of enhanced mental health (Goodwin, 1998). In the current study each inventory was back-translated into the relevant local language and ‘decentered’ to enhance the cultural appropriateness of the scale (Werner & Campbell, 1970). Fatalism was assessed by the use of Dake’s (1992) Fatalistic Cultural Values scale (British version) which includes items such as ‘I feel that life is like a lottery’. Respondents answered 10 items on 5- point scales ranging from ‘very strongly disagree’ to ‘very strongly agree’. Social support was assessed using the Interpersonal Support Evaluation List (Cohen & Hoberman, 1983), a widely used measure that assesses four dimensions of support. A typical item asked respondents to what extent they agreed with the statement “There are several people I trust to help solve my problems”, with respondents indicating their answer on a four-point scale ranging from definitely false to definitely true. Following the decentering process this inventory was modified to a 20 item measure to avoid questions deemed as inappropriate for the setting whilst maintaining the four types of support included in the original ISEL. Finally, mental health was assessed using Goldberg’s 28-item General Health Questionnaire (GHQ: Goldberg & Hillier, 1979), a widely employed measure for assessing non-psychotic psychiatric disorders.

We also conducted an item-bias analysis using an extension of Cleary & Hilton’s (1968) analysis of variance technique to reduce cultural bias in the items employed (Van de Vijver & Leung, 1997, pp 62-68). Scores were grouped into 10 score levels and the main effect of country and the interaction of level and country were examined for each item in the questionnaire. Non-uniform bias (where there is an interaction between score level and culture) led to the removal of two items from the fatalism scale, four from the social support scale (spread across the subscales) and eight from the mental health scale. Alpha reliabilities were reduced by the smaller scales now utilised, but were generally deemed to be acceptable (overall

standardised alphas: .86 for the GHQ (ranging from .84 in Russia to .89 in Ukraine), .72 for the fatalism scale (from .57 in Ukraine to .74 in Russia) and .64 for the reduced social support inventory (from .61 in Georgia to .66 in Belorussia). These reduced scales were then used for our further analyses.

Results

Social support and fatalism by culture and occupation

Table 1 reports social support across our four cultural and five occupational groups. A 4 x 5 ANOVA revealed significant effects for culture ($F(3, 2645) = 32.93, p < .001, \eta^2 = .036$), occupation ($F(4, 2645) = 11.7, p < .001, \eta^2 = .017$) and a significant interaction between culture and occupation ($F(12, 2645) = 3.25, p < .001, \eta^2 = .015$). Overall levels of support were highest in Georgia ($M = 49.7$) and lowest in Russia ($M = 46.4$) (M difference = 3.3, LSD test $p < .05$). Support was highest amongst the University students ($M = 49.0$) and lowest amongst the retired ($M = 46.2, M$ difference = 2.8, LSD $p < .05$). Georgian retired respondents reported the highest levels of support, Ukrainian retired respondents perceived the lowest (respective M s of 50.2 vs. 44.6).

Levels of fatalism differed significantly across cultural group and occupation. Using the same ANOVA design, there were significant effects for culture ($F(3, 2568) = 6.67, p < .001, \eta^2 = .008$), occupation ($F(4, 2568) = 37.03, p < .001, \eta^2 = .055$) and the interaction of culture x occupation ($F(12, 2568) = 5.38, p < .001, \eta^2 = .025$). Fatalism was highest in Georgia ($M = 24.9$) and lowest in Belorussia (M of 23.8: M difference 1.1, LSD $p < .05$). Fatalism was also higher amongst the retired ($M = 26.0$) and lower amongst University students ($M = 22.7$: M difference = 3.3, LSD $p < .05$). Manual workers in Georgia reported the highest levels of fatalism, managers in Belorussia the lowest (M s = 27.9 vs. 21.3).

Fatalism as a moderator in the relationship between social support and mental health

Fatalism was a negative correlate of both social support ($r(2587) = -.23, p < .001$) and mental health ($r(2586) = .25, p < .001$) with these correlations significant in all four cultures analysed. A moderator is a variable that affects the direction or strength of the relationship between an independent variable (in our case, social support) and a dependent variable (mental health) (Baron & Kenny, 1986, p. 1174). To tease out the moderating impact of fatalism on social support, we conducted a test for the moderating impact of fatalism on the relationship between social support and mental health. Following the procedure for the analysis of the linear effect of a moderator (Baron & Kenny, 1986, p. 1176) we regressed social support, fatalism, and the interaction between support and fatalism on mental health. The significant effects of the interaction of fatalism and social support, whilst controlling for fatalism and support scores, indicated a small but significant moderator effect for fatalism on the relationship between social support and mental health (Beta = .06, $t = 2.81, p < .005$). We split our respondents into two groups - those scoring above and below the median fatalism score. The correlation between social support and mental health was $r(1476) = .15$ for those with lower fatalism scores, $r(1328) = .06$ for those who scored higher on fatalism (testing for differences between these correlations $z = 2.31, p < .05$) (see table 2). This suggests that social support has a smaller positive but significant impact on mental health amongst those high in fatalism.

** Insert table 2 about here **

Discussion

In this study we examined the moderating effect of fatalism on the perception of social support and mental health in four former Soviet republics. Fatalism was a significant predictor of social support and this support in turn was a significant correlate of mental health in all four cultures.

In addition, fatalism had a small but significant moderating effect on the beneficial impact of social support on mental health.

Our findings for the significant moderating role played by fatalism are consistent with an established tradition of research that places similar concepts to fatalism, such as hardiness, mastery, optimism and locus of control, as central to many of our social interactions (Bandura, 1995; Sarason et al., 1983). Although the exact relationship between these differing concepts has been little explored, and was not a focus of our current investigation, the importance of fatalism in the perception of social support, we believe, provides new cross-cultural evidence for the role of broad efficacy expectations in the perception of a supportive environment (Kobasa & Puccetti, 1983; Sarason, Pierce, & Sarason, 1990). These efficacy expectations are likely to influence to whom an individual turns for support (and the appropriateness of that choice), the level at which they embrace the help given, and the trust they demonstrate towards the supportive individual (Dunkel-Schetter & Skokan, 1990; Goodwin et al., 1999). These findings may have a number of significant implications. Whilst we cannot be sure from our cross-sectional design whether it is social support that influences mental health or vice versa (Cramer, Henderson, & Scott, 1996) probably the most valuable models here will involve reciprocal feedback loops, in which people in psychological distress maintain fatalistic viewpoints which hinder them from developing supportive (and health promoting) social relationships hence further reinforcing their fatalism (Dunkel-Schetter & Skokan, 1990; Sumi, 1997). Fatalistic views are also likely to have a significant influence on physical as well as psychological well-being. The prevalence of widespread fatalism in the Former Soviet Union is likely to have contributed to the high levels of alcohol misuse evident in this region even before the collapse of Communism, whilst high levels of binge drinking amongst men since this transition has been a major factor in the dramatic decline in life expectancy in these countries (Bobak, McKee, Rose & Marmot, 1999).

There were a number of limitations to the present investigation. The present study

Fatalism, social support and mental health focused on just one belief – fatalism – and its relationship with perceived social support and mental health. Further investigations might profitably include a more multi-dimensional examination of values and beliefs (Schwartz, 1997) and the development of more extensive, culture-fair instruments for the measurement of fatalism and its component factors. Given the large regional differences in socio-economic development in the countries of the FSU (modern Russia comprises nearly double the land space of the US), such work should also strive to gather data from a wider range of rural and urban locations other than those investigated in the studies described in this paper. Finally, the overall correlation between mental health and social support reported in this study was only modest in size, reflecting perhaps the potential costs of seeking or providing support during periods of psychological uncertainty and transition (Hobfoll & London, 1986). Future work could include a more fine-tuned analysis of the costs and rewards of support reception in these transient societies, which should accompany more detailed analyses of the cultural and occupational variations in support and fatalism reported above. Such additional data collection should provide us with a more detailed insight into the way that social support operates within the ecological and social demands of each culture.

Today's inhabitants of the Former Soviet Union are faced with many difficulties. For some commentators, the adoption of a capitalist system has only served to exacerbate existing social tensions between former colleagues and friends, whilst the disappearance of a hated former Central state apparatus has undermined former alliances (cf. Popenoe, 1998). Although seeking social support from others might seem to be essential for psychological (and physical) survival in such situations, high levels of shared distress, accompanied by persisting interpersonal hostility and social fragmentation, can act as significant disinhibitors to the provision of such aid (Hobfoll et al., 1990; Norris & Kaniasty, 1996). In this paper we have argued that fatalism can act as a significant deterrent to the development of appropriate support networks. This fatalism is likely to form part of a wider set of negative cognitive beliefs that conspire to influence the mental well-being of the inhabitants of this region (Lahey & Cassady,

1990). Researchers in this field need to understand the roles played by these beliefs if they are to fully comprehend the perception of support and its implications. It is only then that practitioners can be helped to develop more appropriate strategies for the utilisation of support networks in coping with these challenging social environments.

Table 1:

Mean Scores, Standard Deviations and Ns by Country and Occupation for Social support.

	Russia	Belorussia	Ukraine	Georgia	Totals
Students	48.66	49.56	48.22	49.91	48.95
	(5.24)	(4.65)	(5.89)	(5.80)	(5.43)
Manual workers	230 45.01	61 46.15	89 46.97	98 49.54	478 45.98
	(6.70)	(5.37)	(5.82)	(5.61)	(6.47)
Civil	418 47.34	85 49.91	94 47.17	84 48.78	681 47.91
Servants	(6.33)	(5.94)	(6.81)	(5.68)	(6.29)
Managers	262 47.24	58 48.37	87 48.23	110 50.05	517 48.07
	(5.51)	(5.31)	(4.24)	(5.25)	(5.40)
Retired	268 44.99	68 46.91	71 44.55	96 50.20	503 46.23
	(6.79)	(4.98)	(7.98)	(5.52)	(6.91)
Country means	246 46.44	56 48.04	82 47.02	102 49.68	486 47.33
	(6.37)	(5.45)	(6.41)	(5.61)	(6.26)
	1424	328	423	490	2665

Table 2: Correlation between social support and mental health by levels of fatalism.

Levels of fatalism	N	Pearson r	P
Low	1476	.15	< .0001
High	1328	.06	< .05

Note: These coefficients were significantly different, $z = 2.31$, test of moderation, $\beta = .06$, $p < .005$.

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Fatalism, social support and mental health
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