

Erzin Alexandr, Gazdowska Zuzanna, Piotrowska-Półrolnik Małgorzata. When “social existence determines consciousness”: the influence of political system on psychological well-being, happiness, proactive coping, and depression levels among Polish and Russian citizens – a cross-cultural study. *Journal of Education, Health and Sport*. 2017;7(4):342-359. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.495268> <http://ojs.ukw.edu.pl/index.php/johs/article/view/4381>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26.01.2017).  
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

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The authors declare that there is no conflict of interests regarding the publication of this paper.  
Received: 05.03.2017. Revised 12.03.2017. Accepted: 06.04.2017.

## **When “social existence determines consciousness”: the influence of political system on psychological well-being, happiness, proactive coping, and depression levels among Polish and Russian citizens – a cross-cultural study**

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### **Abstract**

Economic, political, and cultural crises, which many European countries are currently experiencing, increase the interest of scholars to the phenomena that positive psychology studies. The authors examine the subjective well-being, happiness, levels of depression, and proactive coping among the inhabitants of Russia and Poland – examples of similar cultures with common ethnic roots and the previous communist. The general study sample consisted of 112 people. Measures included The Ryff Psychological Well-being Scale, Oxford Happiness Questionnaire, Beck Depression Inventory, and Proactive Coping Inventory. The study found that inhabitants of Poland gained higher scores for psychological well-being and happiness. In Russia, the adults and older people have lower levels of happiness than the young. However, the Poles’ depression scores were significantly higher than the Russians’. It was found that the Russian citizens increasingly use proactive coping and preventive coping. At the same time, the Poles are more likely to seek emotional support and use information resources for coping with difficulties. Correlation analysis showed that the level of depression is negatively associated with proactive coping behavior, while there is a positive link between proactive coping and psychological well-being. Research shows that some positive psychological phenomena depend on the economic, political, and social conditions in which the different countries’ citizens live. Cultural and historical characteristics also determine the age-related differences. The authors believe the results presented in this article will form the basis for further research of positive mental states in Eastern Europe.

**Key words: cross-cultural; psychological well-being; happiness; depression; proactive coping; Eastern Europe**

### **Introduction. Historical, social, political, and cultural background**

The scientists' focus on the positive psychological phenomena and behavioral patterns has been increasing over the past 20-25 years (Leontiev, 2012, 2013; Peterson & Seligman, 2004; Seligman & Csikszentmihalyi, 2000). Optimal personality functioning (seen by psychologists as a multifactorial process) is determined by the intrapsychic variables as well as environmental influences. Intrapsychic variables of psychological well-being include personality traits (e.g., altruism, gratitude, character strengths, etc.), attitudes, and cognitive representations (dispositional optimism, self-efficacy, etc.), as well as coping strategies (Carver, 2014; Chandel, 2015; Elosúa, 2015; Peterson & Seligman, 2004). Environmental factors consist of the economic and political conditions, social interactions, and cultural aspects.

Some researchers (Berk, Dodd, & Henry, 2006; McKee-Ryan, Song, Wanberg, & Kinicki, 2005; Rehkopf & Buka, 2006) note that mental health and psychological well-being of different countries' inhabitants have often been compromised, due to the unstable economic and political environment. Poland and Russia are two examples of countries that have experienced the profound effect of the political regime collapse. But how did it affect (positively or negatively) the psychological well-being of these countries' inhabitants? Which personal determinants contribute to their happiness and mental health? Does happiness level depend on age and the era in which these people have grown up? Further, we will try to provide answers to these questions.

The dissolution of the Soviet Union in 1991 was a powerful trigger for social and cultural changes, as well as for the political balance worldwide. It affected people from various countries in different ways. Before Poland became a democratic republic, Polish citizens were oppressed in many areas of life. There was a so-called "Police hour" in the evening, when nobody could leave his/her home. Many people ventured to discuss the political power, as there were people who watched citizens and passed on the information they received to the security services. In the cultural field, the books, movies, and songs were censored. Nobody could publish work in which the Soviet Union and the Polish government were criticized.

Russia also had secret services that carried out counterintelligence within the country. Just like in Poland, there was censorship; however, in the 1980s, its impact was much weaker. In the economic sphere, a shortage of food and products was observed. Many small towns' inhabitants were forced to travel to the capital in order to ensure that they could buy some common foods, only available in one location. Some people started their businesses by selling foreign goods, which could not be purchased in stores. The Soviet-Afghan War (1979-1989), The Chernobyl disaster (1986), and terrorist attacks took the lives of many Soviet citizens. Those events had a negative impact on the physical and mental health of those who survived. Shortly before the dissolution of the Soviet Union, the political turmoil created the public's sense of uncertainty, anxiety, and depression.

Since 1990, political transformation has brought many changes to the Polish society. Poland became a democratic country. People started to experience more freedom; for example, they could finally get passports. Moreover, nobody was suppressed and punished for having democratic beliefs. People could vote and decide for themselves. Also, there was no more censorship. From an economic point of view, Western brands became more accessible after the conversion. What is more, Poland became a member of NATO and the European Union. Ever since the beginning of the 90s, Poland has become more developed and recognized.

Changes in the Russian society were not so unequivocally positive. Alcoholization and drug trafficking, the closure of many factories, and poor medical care resulted in a catastrophic decrease in the population. People began to feel the sense of uncertainty about their future even more. Local military conflicts, defaults, unemployment, political murders, and disasters (such as K-141 "Kursk") have deprived people of their faith in tomorrow. Mental health of many citizens has been

characterized by a large number of stress disorders, depression, and neurosis. Many Russian citizens have lost a sense of happiness and peace.

In the 2000s, economic and political situations began to stabilize in Russia. Nevertheless, the economic sanctions imposed against the country in 2014 had a negative impact on mood and psychological well-being of the society. Inflation, decreasing quality of life, decrease in birth rate, lower monthly salaries – those were the main environmental factors that affected the mental health of the Russian inhabitants.

The aim of this paper was to study the levels of psychological well-being, happiness, depression, and proactive coping strategies among Poles and Russians. The researchers sought to detect differences in scores of all these constructs in two countries' inhabitants. Following Karl Marx's (1859, p. 92) words – "It is not the consciousness of men that determines their existence, but their social existence that determines their consciousness" – it was hypothesized that there would be dissimilarities among two countries' inhabitants, depending on the political system they grew up in.

### **Psychological well-being**

Psychological well-being includes the whole system, not just individual aspects of wellness (Harris, 2010). Literature review proves that psychological well-being is the basis for other psychological constructs conceptualized since the 1960s. These constructs are still common nowadays, for example, life satisfaction (Neugarten, Havighurst, & Tobin, 1961), happiness (Csikszentmihalyi & Hunter, 2003), positive affect (Bradburn, 1969), and self-esteem (Rosenberg, 1965).

Ryff (1989) synthesized the ideas of Maslow, Rogers, Jung, Erikson, Allport, and Buhler to create the basis for a new definition of psychological well-being, which may not result only from the absence of a disease (Walmsley, 2015). At the end of the 1980s, Ryff (1989) developed an inventory that can accurately measure the six components of psychological well-being. She found that a high level of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance are strongly correlated with the general level of psychological well-being. Sirigatti, Stefanile, Giannetti, Iani, Penzo, and Mazzeschi (2009) showed that personal growth, purpose in life, self-acceptance, and environmental mastery could be only empirically one dimension.

Autonomy is the degree to which individuals are self-determined and independent, able to resist social pressures, to think and act in a certain way, to regulate the behavior from within, and to evaluate themselves on personal standards. Autonomy is an important need described by Self-Determination Theory (Ng et al., 2012; Ryan, & Powelson, 2014).

The purpose of life is the degree to which people have a sense of direction in their lives, as well as beliefs that provide lives full of goals. The meaning and purpose in life are important constructs in the theory of Frankl (2006). The goal of life directs the individuals to achieve meaningful goals and supports them in difficult situations and challenges.

Positive relationship with others is the degree to which a person has a warm, trusting relationship with others, is concerned about the welfare of others, and is capable of strong empathy, love, and intimacy (Moe 2012; Ryff, 1989; Walmsley, 2015).

Personal growth includes a sense of development continuation; for example, individuals see themselves as growing and expanding, are open to new experiences, have a sense of their own potential realization, see improvement in the behavior, and change the ways to reflect more efficiency (Mohanty, Pradhan, & Jena, 2015; Robitschek, 1998; Ryff, 1989).

Environmental mastery is a dimension in which a person has a sense of mastery and competence in environmental management, controls a complex of external activity, and makes good use of the surrounding opportunities (Garcia, Nima, & Kjell, 2014; Ryff, 1989).

Self-acceptance is the degree to which individuals have positive relations with themselves and recognize and accept the various aspects of them, including the good and bad features (Ryff, 1989; Shepard, 1978).

## **Happiness**

As noted, the term "psychological well-being" is often used as a synonym for happiness. Indeed, these two constructs have much in common, but there are conceptual differences. Happiness is difficult to define, due to cultural differences and the conceptual framework. For example, in the Russian language, the word "happiness" (transliteration – [*schastie*]) comes from the words "portion" and "to participate". That is historically understood as the happiness of the individual's involvement in social life and positive relationships with others.

Some authors (e.g., Veenhoven, 1997) believe that happiness is a state in which the mind of one assesses his whole past life (Zhou, 2013). Norrish and Vella-Brodrick (2008) argue that happiness is not only satisfaction with life in general, but it is also associated with a sense of increasing the amount of positive aspects of life, while the negative aspects are reduced. Diener, Suh, Lucas, & Smith (1999) concluded that happiness is the pleasure effect, the main component of subjective well-being. According to Shin and Johnson (1978), the factors of happiness can be divided into four groups: (1) control of resources, achieved resources, and social relationships, (2) self-assessment of the living conditions, (3) active participation in social life, and (4) social comparison – one's own past versus others'.

Happiness is analyzed through two different perspectives (Garaigordobil, 2015): hedonism and eudemonia (Deci & Ryan, 2000; Ryan & Deci, 2001). Hedonism is associated with a sense of pleasure. It is based on affective and cognitive assessment of the negative and positive aspects of life. At the same time, life satisfaction cannot be only based on pleasure. Therefore, eudemonic happiness reflects the full functioning of individuals and their involvement. Such happiness can only be achieved through optimal psychological functioning, the development of human nature, their capacities, autonomy, and relatedness (Garaigordobil, 2015).

Regarding gender differences in the happiness perception, some researchers believe that there are significant differences between men and women, and women score higher on happiness scales (Aldous & Ganey, 1999). Other authors found no sex differences (Csikszentmihalyi & Hunter, 2003; Hervás, 2009; Huebner, Drane, & Valois, 2000; Hunagund & Hangal, 2014; Park & Huebner, 2005; Uusitalo-Malmivaara & Lehto, 2013; Vera-Villarreal, Celis-Atenas, Pavez, Lillo, Bello, Díaz, & Lopez, 2012).

Studies have also examined the correlation between age and happiness levels; however, the data are inconsistent. Some researchers have found no age-related differences in happiness (Hervás, 2009; Huebner et al., 2000). On the other hand, some studies have proven an existing correlation (Lacey, Kierstead, & Morey, 2012). Vera-Villarreal et al. (2012) proved that older age is a predictor of lower happiness scores. In turn, Blanchflower and Oswald (2006) have shown that a high level of happiness occurs in 20- and 50-year-olds (Garaigordobil, 2015).

In this study, the researchers assumed that the psychological well-being and happiness are inversely related to age – the older age will predict lower happiness levels.

## **Depression**

Psychiatrists define depression as a clinical syndrome that reflects the cluster of emotional and behavioral symptoms (Cozzens-Hebert, 2001; Stewart, Ricci, Chee, Hahn, & Morganstein, 2003). Affective disorders include sense of frustration, guilt, lack of initiative, poor activity, apathy, low self-esteem, futility, and self-abasement. Behavioral symptoms include pessimism, tearfulness, suicidal ideation and attempts, and anhedonia (Millon & Davis, 1993). Also, depression can manifest vegetative and somatic symptoms (sleep disorders, pain, etc.). Depression can manifest itself as a mood disorder (depressive disorder, bipolar disorder, etc.), but it can also be a normal reaction to life events. In this case, it is appropriate to talk about dysthymia. This is a mood disorder with symptoms that do not reach the major depressive disorder. According to the DSM-IV (2000), the following criteria for dysthymia are: decreased appetite, insomnia or drowsiness, fatigue, low self-esteem, poor concentration, pessimism, and hopelessness.

ICD-10 (1992) reported that in typical, mild or severe depressive episodes, the patients experience problems with lack of mood, reduction of energy, decrease in activity, insomnia, and appetite loss. It is important that the depressed mood is stable and does not respond to the circumstances. The patients can experience the "somatic" symptoms, such as loss of interest and feelings of pleasure. The patients experience psychomotor retardation, weight loss, loss of libido, and agitation. Depending on the number and severity of the symptoms, a depressive episode may be divided into mild, moderate, or severe.

There are many theoretical approaches to understanding depression, its causes, and treatment. Psychological theories include psychoanalytic views of Freud, Alfred Adler, and Karen Horney, cognitive and behavioral concepts of Seligman, Bandura, Beck, and Ellis, and humanistic and existential approaches of Frankl, Maslow, and others.

Freud (1917) believed that major depression (melancholy) develops, due to the fact that the individual loses an object of attraction and love. Because of this, chronic sadness and grief arise. Auto-aggressive behavioral symptoms of depression occur because of unconscious desire for death or mortido. As Ansbacher and Ansbacher (1956) note, Adler believed that depression and neurotic disorders are formed in the individual because of the sense of inferiority that appears in the child, who feels his inferiority, weakness, and helplessness. Karen Horney (1937) explains the reasons for neurotic depression basal anxiety, hostility toward the world, and the moving away from people.

In his social cognitive theory, Bandura (1997) suggests that depressive symptoms occur because of low self-efficacy. Self-efficacy is the degree in which someone has faith in the success and effectiveness of his own actions. With a lack of self-efficacy, people rarely look for a solution to complex problems; they do not believe in themselves; it takes them longer to recover from problems and stresses. The founders of cognitive psychotherapy, Beck, Rush, Shaw, and Emery (1979) and Albert Ellis (2004) believe that the affective and behavioral disorders typical for depression formed because of the automatic thoughts and dysfunctional beliefs (e.g., "I am a loser", "I'm good for nothing", "All problems arise because of me") that do not allow the individual to correctly interpret the situation and his role in its origin.

With regard to age and sex differences in depression, there does not seem to be any significant gender difference in depressive symptoms in childhood, while the boys are constantly reported slightly higher in numbers of depressive symptoms than girls (Girgus & Yang, 2015; Twenge & Nolen-Hoeksema, 2002). A significant difference in the depression level begins to appear around the age of 13; girls' levels of depression begin to increase. By mid-adolescence, a girl is about twice as likely to be diagnosed with a major depressive disorder and provide about twice as many depressive symptoms as boys (Nolen-Hoeksema & Hilt, 2009; Rudolph, Flynn, & Abaiied, 2008). Although the absolute prevalence of diagnosed depression and depressive symptoms varies, depending on the age, gender differences are not consistent, at least until the age of about 55 (Borooah, 2010; Kessler, McGonagle, Swartz, Blazer, & Nelson 1993; Nolen-Hoeksema, 2001). There was quite a lot of research on depression in the elderly in recent years, but this has led to a lack of clarity about whether the gender differences continue throughout life or are reduced, from the age of 55 or 65, or even later. Some researchers found no gender differences or much fewer gender differences in depressive episodes and disorders in the elderly, starting at the age of 55 (Pachana, McLaughlin, Leung, Byrne, & Dobson, 2012), while others have found significantly higher numbers of depressive symptoms and disorders in women compared to men over the age of 65 (Regan, Kearney, Savva, Cronin, & Kenny, 2013).

### **Proactive coping**

Stanojević, Krstić, Jaredić, and Dimitrijević (2014) argue that earlier studies on the coping processes showed that stress precedes coping and that coping refers to overcoming the stressful events that have already occurred (Cohen & Wills, 1985; Folkman & Lazarus, 1988; Lazarus, 1993; Lazarus & Folkman, 1984). However, after the development of the conservation of resources theory by Hobfoll (1989), there was a need for a new conceptualization of psychological stress. Some

scientists (Schwarzer & Knoll, 2003; Tauber, Greenglass, Fiksenbaum, & Schwarzer, 2000) suggested that the stress requirements do not only apply to past or present circumstances and life events. In this regard, in recent years, increased attention is focused on proactive coping (Aspinwall & Taylor, 1997; Greenglass, 2002; Renard & Snelgar, 2015; Xin, 2013). Proactive coping is a general tendency of an individual to see and perceive future events as challenges and opportunities, to set goals and strive to achieve them (Stanojević et al., 2014).

In this article, the proactive coping is considered an important protective resource of personality, protecting it from stress and depression and promoting psychological well-being and happiness. Obviously, there is an association of proactive, preventive coping and personality traits (e.g., conscientiousness, openness to experience, neuroticism, and extraversion) (Straud, McNaughton-Cassill, & Fuhrman, 2015). However, one should not refer the proactive coping to personal characteristics, since it is a cognitive process that consists of important goal setting, anticipation of future opportunities, and management achievement. Aspinwall (2005) believes that proactive coping is a form of future-oriented thinking.

According to Greenglass (2002), proactive coping behavior refers to the multifaceted coping strategies that advance nature. Proactive coping combines intrapersonal processes of self-regulation human life as well as self-regulated goals.

The difference between reactive and proactive coping is that the first aspect is aimed at risk management, with the second aimed at the process of goal setting (Schwarzer, & Knoll, 2003). With proactive coping behavior, an individual has the ability to anticipate and predict the situation. They see the risk, expected losses, and opportunities in the future, but they do not interpret it as a threat, injury, or heavy loss. Or rather, they perceive any difficulties of daily life as an opportunity with incentive nature. Proactive coping behavior is a goal-management rather than a risk-reduction instrument.

Proactive coping motivation has a more positive tone than traditional coping, because such behavior is based on an understanding of the events as motivating and challenging, while the reactive coping is based on a risk assessment where the consequences are always evaluated negatively, as a threat.

There are several strategies for coping with stress, which are oriented toward the future (Greenglass, 2002): anticipative, preventive, and proactive coping.

Anticipative coping covers the resources devoted to the looming threat. Individuals face stressful events that definitely should occur in the near future. They perceive the situations as an inevitable, upcoming threat. In this case, the function of coping is to resolve urgent problems through increasing efforts, taking help from close friends or other resources. This type of coping behavior is involved in the question of whether to prevent or eliminate the threat.

Preventive coping includes the measures to create general resistance resources, reducing the severity of the stress consequences, which should take place, as well as reducing the likelihood of stressful situations. Regarding preventive coping, people face events that can equally either happen or do not. This type of coping behavior involves managing risk, but the risk is not explicitly defined.

Proactive coping includes efforts on the forming of general resources, which contribute to achieving goals and also focus on personal growth. Resources include the individual coping strategies, personality traits (e.g., self-efficacy, optimism), as well as social support. These resources provide help to cope with difficulties more effectively.

Proactive coping construct is important for the health psychology and clinical psychology (Aspinwall & Tedeschi, 2010). Research proves it is important for the search for personal resources to help sick people to overcome stress (Rocha, Marques, Queirós, & Rocha, 2014; Solgajová, Sollár, & Vörösová, 2015; Yanos, 2001) and to develop interventions based on this construct (Erzin, 2013; Thoolen, de Ridder, Bensing, Gorter, & Rutten, 2009).

We stated seven hypotheses in the study. First, we assumed that there would be differences in the forms of coping behavior between Poles and Russians, as well as in the level of psychological

well-being. We also suggested that there would be differences in the severity of depression among different nations. We also reasoned that there would be age-related differences regarding all observed psychological phenomena. Finally, we assumed that proactive coping would correlate positively with subjective well-being and with happiness, and on the other hand, it would correlate negatively with depression.

## **Method**

### ***Participants***

Following ethical approval, 112 participants (females = 93, males = 19), aged 18-69 ( $M = 26.53$ ;  $SD = 6.96$ ), were recruited for the study. Fifty-six Polish citizens (46 females, 10 males), aged 19-69 ( $M = 28.5$ ;  $SD = 9.38$ ), have agreed to participate in the study and completed the Polish adaptations of the questionnaires via the Internet testing platform. Forty-seven females and nine males from Russia ( $N = 56$ ), aged 18-53 ( $M = 30.45$ ;  $SD = 12.6$ ), completed the Russian versions of the questionnaires.

### ***Measures***

Four tools have been used in the study. All selected questionnaires have their cultural adaptations in Poland and in Russia.

#### *Proactive Coping Inventory*

Greenglass, Schwarzer, Jakubiec, Fiksenbaum, and Taubert (1999) first designed the Proactive Coping Inventory. It consists of 55 items that belong to seven subscales: Proactive Coping Scale, Reflective Coping Scale, Strategic Planning Scale, Preventive Coping Scale, Instrumental Support Seeking, Emotional Support Seeking Scale, and Avoidance Coping Scale. Sęk, Pasikowski, Taubert, Greenglass, and Schwarzer (2002) created the Polish adaptation. Its psychometric properties are comparable to those of the original tool. Starchenkova E.S. (2009) adapted the questionnaire in Russia. Psychometric properties are also comparable to the original measure.

#### *Psychological Well-Being Scale*

Psychological Well-Being Scale (Ryff, 1989) consists of 84 items divided into six subscales: Personal Growth, Positive relations with others, Autonomy, Environmental mastery, Purpose in life, and Self-acceptance. Jan Ciecuch adapted the scale (2010) for use in Poland. Preliminary results proved satisfactory psychometric properties of the adaptation. Shevelenkova and Fesenko (2005) adapted Psychological Well-Being Scale in Russia. The 84-item version of the scale has shown good results for the criterion validity and test-retest reliability.

#### *Beck Depression Inventory*

Aaron T. Beck and coworkers (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) created this Inventory, which consists of 21 items that belong to two subscales: Affective and Somatic. No one in Poland has fully adapted the tool; therefore, the norms are based on foreign research and works of Parnowski and Jernajczyk (1977), who translated Beck Depression Inventory and started the preliminary adaptation process. The Russian version (Beck, Steer, & Garbin, 1988) has satisfactory psychometric properties.

#### *Oxford Happiness Questionnaire*

The Oxford Happiness Questionnaire (Hills & Argyle, 2002) consists of 29 items measuring one's construct of happiness. Ryszard Poprawa (2012), who adapted the Questionnaire for use in Poland, recommends a shortened 26-item version for further use. Argyle (2003) describes the Russian version of Oxford Happiness Questionnaire.

## **Procedure**

After filling out the informed consent forms, participants completed the questionnaires. Polish participants filled them via an Internet testing platform, while Russian participants received paper versions of questionnaires. The whole process took no more than one hour, depending on the age of the participant.

For the purpose of the research, the investigators decided to divide the participants into two age groups: 18-25 and 26-69. The first is a group of people born and raised in the 90s, after communism finished. The older group consists of participants who were born and lived during the time of communist regime.

## **Results**

The results were analyzed using IBM SPSS Statistics. Two-way analysis of variance (ANOVA) between groups procedure was introduced, as well as Pearson's  $r$  correlations.

### *Results of the Proactive Coping Inventory*

The investigators assumed that there would be differences in the forms of coping behavior among people living in Russia and in Poland. Two-way analysis of variance was introduced. Levene's test was statistically significant ( $p < 0.001$ ). The analysis proved that variable "age" was statistically insignificant ( $F(1,108) = 1.372$ ;  $p = 0.244$ ;  $\eta^2 = 0.013$ ). "Nationality" variable was statistically significant ( $F(1,108) = 6.186$ ;  $p = 0.014$ ;  $\eta^2 = 0.054$ ). Interaction between age and nationality proved to be statistically insignificant ( $F(1,108) = 0.433$ ;  $p = 0.512$ ;  $\eta^2 = 0.004$ ).

### *Analysis of Proactive Coping Inventory subscales*

#### **Reflective Coping Scale**

Levene's test was statistically significant ( $p = 0.027$ ). "Age" variable was statistically insignificant ( $F(1,108) = 1.316$ ;  $p = 0.254$ ;  $\eta^2 = 0.012$ ). On the other hand, "nationality" variable was significant at the level of statistical trends ( $F(1,108) = 3.656$ ;  $p = 0.059$ ;  $\eta^2 = 0.033$ ). Interaction between age and nationality was statistically insignificant ( $F(1,108) = 1.154$ ;  $p = 0.285$ ;  $\eta^2 = 0.011$ ).

#### **Strategic Planning Scale**

Levene's test was statistically insignificant ( $p = 0.055$ ). "Age" variable was statistically insignificant ( $F(1,108) = 0.291$ ;  $p = 0.59$ ;  $\eta^2 = 0.003$ ), as well as "nationality" variable ( $F(1,108) = 0.024$ ;  $p = 0.878$ ;  $\eta^2 = 0.00$ ). Age-nationality interaction was statistically insignificant as well ( $F(1,108) = 0.006$ ;  $p = 0.939$ ;  $\eta^2 = 0.000$ ).

#### **Preventive Coping Scale**

Levene's test was statistically insignificant ( $p = 0.714$ ). "Age" variable was statistically insignificant ( $F(1,108) = 0.265$ ;  $p = 0.608$ ;  $\eta^2 = 0.002$ ). Mean effect of "nationality" variable was statistically significant ( $F(1,108) = 10.537$ ;  $p = 0.002$ ;  $\eta^2 = 0.089$ ). The interaction between age and nationality was statistically insignificant ( $F(1,108) = 0.181$ ;  $p = 0.671$ ;  $\eta^2 = 0.002$ ).

#### **Emotional Support Seeking Scale**

Levene's test was statistically insignificant ( $p = 0.185$ ). "Age" variable was statistically insignificant ( $F(1,108) = 3.560$ ;  $p = 0.062$ ;  $\eta^2 = 0.032$ ). On the other hand, the mean effect of "nationality" variable was statistically significant ( $F(1,108) = 6.978$ ;  $p = 0.009$ ;  $\eta^2 = 0.061$ ). Age-nationality interaction was statistically insignificant ( $F(1,108) = 0.063$ ;  $p = 0.802$ ;  $\eta^2 = 0.001$ ).

#### **Instrumental Support Seeking Scale**

Levene's test was statistically insignificant ( $p = 0.131$ ). "Age" variable was statistically insignificant ( $F(1,108) = 2.048$ ;  $p = 0.155$ ;  $\eta^2 = 0.019$ ). However, the mean effect of "nationality"

variable was statistically significant ( $F(1,108) = 36.999$ ;  $p = 0.000$ ;  $\eta^2 = 0.255$ ). Interaction between age and nationality was statistically significant ( $F(1,108) = 4.419$ ;  $p = 0.038$ ;  $\eta^2 = 0.039$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = -6.536 ( $p = 0.000$ ). In the 26-69 age group, an average difference was = -3.179 ( $p = 0.006$ ).

#### *Results of the Psychological well-being scale*

Levene's test was statistically significant ( $p = 0.003$ ). "Age" variable was statistically insignificant ( $F(1,108) = 0.686$ ;  $p = 0.409$ ;  $\eta^2 = 0.006$ ). On the other hand, the mean effect of "nationality" variable was statistically significant ( $F(1,108) = 5.543$ ;  $p = 0.02$ ;  $\eta^2 = 0.049$ ). The interaction between age and nationality was also statistically significant ( $F(1,108) = 7.069$ ;  $p = 0.009$ ;  $\eta^2 = 0.061$ ). The interaction effects were statistically significant; simple effects are shown in Table 1. Pairwise comparisons for nationality in the 18-25 age group showed an average difference = 2.929 ( $p = 0.83$ ). In the 26-69 age group, an average difference was = -48.214 ( $p = 0.001$ ).

#### *Analysis of Psychological well-being subscales*

##### **Personal Growth Scale**

Levene's test was statistically insignificant ( $p = 0.662$ ). The mean effect of "age" variable was statistically significant ( $F(1,108) = 6.244$ ;  $p = 0.014$ ;  $\eta^2 = 0.055$ ), and so was the "nationality" variable mean effect ( $F(1,108) = 12.689$ ;  $p = 0.001$ ;  $\eta^2 = 0.105$ ). The interaction between age and nationality was also significant ( $F(1,108) = 6.787$ ;  $p = 0.01$ ;  $\eta^2 = 0.059$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = 8.571 ( $p = 0.000$ ). In the 26-69 age group, an average difference was = -0.179 ( $p = 0.94$ ).

##### **Positive relations with others Scale**

Levene's test was statistically significant ( $p = 0.027$ ). The mean effect of "age" variable was statistically insignificant ( $F(1,108) = 2.356$ ;  $p = 0.128$ ;  $\eta^2 = 0.021$ ), and so was the "nationality" variable mean effect ( $F(1,108) = 1.758$ ;  $p = 0.188$ ;  $\eta^2 = 0.016$ ). The interaction between age and nationality was also insignificant ( $F(1,108) = 1.512$ ;  $p = 0.222$ ;  $\eta^2 = 0.014$ ).

##### **Autonomy Scale**

Levene's test was statistically insignificant ( $p = 0.377$ ). "Age" variable ( $F(1,108) = 0.742$ ;  $p = 0.391$ ;  $\eta^2 = 0.007$ ), and "nationality" variable ( $F(1,108) = 0.008$ ;  $p = 0.93$ ;  $\eta^2 = 0.000$ ) were both statistically insignificant. However, the interaction between age and nationality was statistically significant ( $F(1,108) = 7.048$ ;  $p = 0.009$ ;  $\eta^2 = 0.067$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = 5.571 ( $p = 0.055$ ). In the 26-69 age group, an average difference was = -5.214 ( $p = 0.072$ ).

##### **Environmental mastery Scale**

Levene's test was statistically significant ( $p = 0.026$ ). Both "age" variable ( $F(1,108) = 0.103$ ;  $p = 0.748$ ;  $\eta^2 = 0.001$ ) and "nationality" variable ( $F(1,108) = 0.148$ ;  $p = 0.702$ ;  $\eta^2 = 0.001$ ) were statistically insignificant. The interaction between age and nationality was, however, statistically significant ( $F(1,108) = 5.869$ ;  $p = 0.017$ ;  $\eta^2 = 0.052$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = 6.393 ( $p = 0.05$ ). In the 26-69 age group, an average difference was = -4.643 ( $p = 0.152$ ).

### **Purpose in life Scale**

Levene's test was significant ( $p = 0.000$ ). The "age" variable was statistically insignificant ( $F(1,108) = 0.064$ ;  $p = 0.8$ ;  $\eta^2 = 0.001$ ). The main effect of "nationality" variable was statistically significant ( $F(1,108) = 67.936$ ;  $p = 0.000$ ;  $\eta^2 = 0.386$ ). The interaction between age and nationality was statistically insignificant ( $F(1,108) = 1.427$ ;  $p = 0.235$ ;  $\eta^2 = 0.013$ ).

### **Self-acceptance Scale**

Levene's test was statistically insignificant ( $p = 0.192$ ). Both "age" ( $F(1,108) = 0.01$ ;  $p = 0.919$ ;  $\eta^2 = 0$ ) and "nationality" ( $F(1,108) = 0.843$ ;  $p = 0.36$ ;  $\eta^2 = 0.008$ ) variables were statistically insignificant.

The interaction between age and nationality was statistically significant ( $F(1,108) = 4.269$ ;  $p = 0.041$ ;  $\eta^2 = 0.038$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = 3.214 ( $p = 0.419$ ). In the 26-69 age group, an average difference was = -8.357 ( $p = 0.037$ ).

### *Results of Beck Depression Inventory*

#### **Affective Subscale**

Levene's test was statistically insignificant ( $p = 0.139$ ). "Age" variable was also statistically insignificant ( $F(1,108) = 0.864$ ;  $p = 0.355$ ;  $\eta^2 = 0.008$ ). The main effect of "nationality" variable was statistically significant ( $F(1,108) = 103.912$ ;  $p = 0.000$ ;  $\eta^2 = 0.49$ ). The interaction between age and nationality was statistically significant ( $F(1,108) = 6.276$ ;  $p = 0.014$ ;  $\eta^2 = 0.055$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = -14.393 ( $p = 0.000$ ). In the 26-69 age group, an average difference was = -8.714 ( $p = 0.000$ ).

#### **Somatic Subscale**

Levene's test was statistically insignificant ( $p = 0.626$ ). The main effect of "age" variable was statistically significant ( $F(1,108) = 7.821$ ;  $p = 0.006$ ;  $\eta^2 = 0.068$ ). The main effect of "nationality" variable was also statistically significant ( $F(1,108) = 127.118$ ;  $p = 0.000$ ;  $\eta^2 = 0.541$ ). The interaction between age and nationality was statistically significant ( $F(1,108) = 9.921$ ;  $p = 0.002$ ;  $\eta^2 = 0.084$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = -8.750 ( $p = 0.000$ ). In the 26-69 age group, an average difference was = -4.929 ( $p = 0.000$ ).

#### **Oxford Happiness Questionnaire**

Levene's test was statistically significant ( $p = 0.000$ ). The main effect of "age" variable was statistically insignificant ( $F(1,108) = 1.120$ ;  $p = 0.292$ ;  $\eta^2 = 0.01$ ). On the other hand, the main effect of "nationality" variable was statistically significant ( $F(1,108) = 529.497$ ;  $p = 0.000$ ;  $\eta^2 = 0.831$ ). The interaction between age and nationality was statistically significant ( $F(1,108) = 6.883$ ;  $p = 0.01$ ;  $\eta^2 = 0.06$ ). The interaction effects were statistically significant; simple effects are shown in Table 1.

Pairwise comparisons for nationality in the 18-25 age group showed an average difference = -73.964 ( $p = 0.000$ ). In the 26-69 age group, an average difference was = -93.000 ( $p = 0.000$ ).

#### **Correlation between PCI and Subjective well-being (PWB)**

R-Pearson's correlation factor was introduced in order to analyze the relation between variables. The correlation was statistically significant, however, of a medium intensity ( $r = 0.313$ ;  $p$

= 0.001). This means that the higher the Proactive Coping level, the higher the Subjective well-being.

### **Correlation between PCI and Oxford Happiness Questionnaire**

R-Pearson's correlation factor was introduced in order to analyze the relation between variables. The correlation was statistically insignificant ( $r = -0.38$ ;  $p = 0.688$ ).

### **Correlation between PCI and Beck Depression Scale**

#### *PCI vs. Affective subscale*

R-Pearson's correlation factor was introduced in order to analyze the relation between variables. The correlation was statistically significant, however, of a medium intensity ( $r = -0.375$ ;  $p = 0.000$ ). This means that the higher the Proactive Coping level, the lower the Affective subscale results.

#### *PCI vs. Somatic subscale*

R-Pearson's correlation factor was introduced in order to analyze the relation between variables. The correlation was statistically significant, however, of a medium intensity ( $r = -0.380$ ;  $p = 0.000$ ). This means that the higher the Proactive Coping level, the lower the Somatic subscale results.

## **Discussion**

The unstable economic and political situation in the world greatly affects the emotional well-being of people living in Eastern Europe. Cultural and age-related factors also determine the mental state of the people. Authors consider Poland and Russia to be two different examples of citizens' psychological well-being state, despite the proximity and similarity of previous political regimes. Social and economic features have identified some differences in mental health indicators of countries' inhabitants (in particular, the level of depression, psychological well-being, and happiness). Poland's participation in the European Union, higher per capita income, the availability of European travels, the proximity to the developed countries, and more economic and cultural freedom – all these conditions are important antecedents for a higher level of happiness and well-being in the people of this country, nowadays. On the other hand, Russia has a more pronounced social stratification, exposure control by the government agencies, unstoppable inflation, and overall social injustice. Certainly, these conditions cannot be called factors that cause happiness and well-being.

The study showed that Poles exceed Russians on the happiness level. The Poles' average score on the Oxford Happiness Questionnaire equaled 123.41, while Russians scored 39.93 on average. Indeed, the inhabitants of Russia (especially in the provincial cities) have less sense of happiness. This is typical for the middle class, intellectuals, and ordinary people with low incomes. In general, in both countries, we found no significant differences in the level of happiness, depending on the age. However, in Poland, participants from the two age sub-samples (18-25 years and 26-69 years) had approximately the same score of happiness. While in Russia, these differences were more intense, and younger respondents showed a higher level of happiness. This can be explained by the fact that the Russian sample included a much larger number of retirees; most of them live a passive life in this country.

Significant differences were found in the overall level of psychological well-being. The Polish sample scored higher on the Psychological Well-Being Scale. Interestingly, older people from Poland scored higher than Polish people from the group aged below 25. On the contrary, the Russian respondents, who were born and grew up in the 1990s, showed higher values of psychological well-being. Presumably, it can be explained that the Russians who were born in the Soviet Union after its collapse experienced strong emotions, affecting their emotional states as a

whole. Younger people have not experienced such influence. For Poland, the Soviet collapse was awaited and had a positive effect on the economy and culture.

Surprisingly, Polish citizens showed significantly higher scores on depression, both on the affective scale and the somatic one. There were no significant differences in the level of depression, depending on age in Poland. In the Russian sample, the average depression scores were lower, however, there were significant differences in the age: respondents under the age of 25 years scored higher. This may be caused by the uncertain economic and social situation of this age group in Russia.

Researchers consider proactive coping as an important personality antecedent of psychological well-being and effective social adjustment. The results are highly controversial. Interestingly, Russians use some coping strategies more commonly than Poles. For example, scores on the "Proactive coping" and "Preventive coping" scales are higher for residents of Russia. It can be assumed that in a state of chronic stress and uncertainty, people often set long-term goals; most people think about the future and try to anticipate potential problems in the future. Russian inhabitants want to minimize losses by using preventive behavior strategy. For instance, to avoid food shortages, they reserve products in advance. To reduce the impact of inflation, people find a second job, etc.

As it was found, Polish citizens increasingly use instrumental support seeking and emotional support seeking. To solve future problems, they often seek the help of other people as well as the use of information resources. In Russia, social stratification and exclusion are more pronounced, and people are forced to be more autonomous and individualistic.

Regarding the interaction of emotional well-being parameters and proactive coping behavior, subjective well-being was found to be directly correlated with proactive coping. In turn, the negative correlation was found between the total score of depression and proactive coping. This is true for the two manifestations of depression – in affective and somatic sphere. Overall, the results allow a conclusion that proactive coping strategies are important protective processes of the individual and contribute to high levels of psychological well-being.

This study has shown that psychological well-being and happiness depend on the economic, political, and social conditions in which different countries' inhabitants live. Effects caused by political regime changes have been found among Polish and Russian participants. The Soviet Union was a great value for many Russian people born and raised in this territory. Its decay caused people to doubt their future. Polish citizens, apparently, experienced fewer negative consequences from the USSR collapse. Their levels of happiness and well-being are significantly higher. However, a higher level of depression was observed in the Polish group. At the same time, Russians are more likely to use preventive and proactive coping strategies, while Poles are more likely to seek emotional support from close friends, and they also more frequently use information support. The presented study has several limitations associated with the sample amount. We statistically analyzed only age- and nationality-related factors, and we did not evaluate gender differences. In addition, we have considered only proactive coping as a predictor of happiness and psychological well-being. It would be interesting to explore other positive phenomena (self-efficacy, hope, optimism, and others). This could possibly lead to developing the knowledge about the perception of a political system among Eastern European citizens and its influence on their psychological functioning.

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Table 1. Simple effects among Russians and Poles in age groups.

		Nationality		
		Russian	Polish	
<b>PCI – Instrumental Support Seeking Scale</b>	Age	<b>18-25</b>	$M = 17.429; SE = 0.799$	$M = 23.964; SE = 0.799$
		<b>26-69</b>	$M = 17.964; SE = 0.799$	$M = 21.143; SE = 0.799$
		Nationality		
<b>PWB – Psychological well-being Scale</b>	Age	<b>18-25</b>	$M = 356.679; SE = 9.618$	$M = 353.75; SE = 9.618$
		<b>26-69</b>	$M = 323.143; SE = 9.618$	$M = 371.357; SE = 9.618$
		Nationality		
<b>PWB – Personal Growth Scale</b>	Age	<b>18-25</b>	$M = 65.0; SE = 1.679$	$M = 66.607; SE = 1.679$
		<b>26-69</b>	$M = 56.429; SE = 1.679$	$M = 66.786; SE = 1.679$
		Nationality		
<b>PWB – Authonomy Scale</b>	Age	<b>18-25</b>	$M = 65.571; SE = 2.031$	$M = 60.0; SE = 2.031$
		<b>26-69</b>	$M = 58.429; SE = 2.031$	$M = 63.643; SE = 2.031$
		Nationality		
<b>PWB – Environmental Mastery Scale</b>	Age	<b>18-25</b>	$M = 59.071; SE = 2.278$	$M = 52.679; SE = 2.278$
		<b>26-69</b>	$M = 54.286; SE = 2.278$	$M = 58.929; SE = 2.278$
		Nationality		
<b>PWB – Self-acceptance Scale</b>	Age	<b>18-25</b>	$M = 57.179; SE = 2.8$	$M = 53.964; SE = 2.8$
		<b>26-69</b>	$M = 51.679; SE = 2.8$	$M = 60.036; SE = 2.8$
		Nationality		
<b>BDI – Affective Subscale</b>	Age	<b>18-25</b>	$M = 6.286; SE = 1.133$	$M = 20.679; SE = 1.133$
		<b>26-69</b>	$M = 10.179; SE = 1.133$	$M = 18.893; SE = 1.133$
		Nationality		
<b>BDI – Somatic Subscale</b>	Age	<b>18-25</b>	$M = 2.357; SE = 0.607$	$M = 11.107; SE = 0.607$
		<b>26-69</b>	$M = 5.964; SE = 0.607$	$M = 10.893; SE = 0.607$
		Nationality		
<b>Oxford Happiness Questionnaire</b>	Age	<b>18-25</b>	$M = 46.607; SE = 3.628$	$M = 120.571; SE = 3.628$
		<b>26-69</b>	$M = 33.250; SE = 3.628$	$M = 126.250; SE = 3.628$