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PSYCHOSOCIAL WELLBEING IN THE CENTRAL AND EASTERN EUROPEAN TRANSITION: AN OVERVIEW AND SYSTEMATIC BIBLIOGRAPHIC REVIEW

Francisco José Eiroá Orosa[1,2*]

1. Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona. Psychiatry Department, University Hospital Vall d'Hebron.
2. Community Action Group, Madrid, Spain

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[*] **Corresponding author:** Francisco José Eiroá Orosa. franciscojose.eiroa@uab.cat. Psychiatry Department, University Hospital Vall d'Hebron **Passeig Vall d'Hebron, 119-129, 08035 Barcelona.**

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ABSTRACT

This paper presents the results of a systematic review of literature on the psychosocial wellbeing of populations in Central and Eastern Europe during the transition period subsequent to the fall of the Soviet Bloc. A revision of research addressing emotional wellbeing trends in this period and theoretical models was carried in order to verify their validity in the analysis of empirical studies.

Hence, a systematic bibliographic review was done aiming to find possible subjective mediators between social variables derived from changes and emotional wellbeing. The results of the review shows that subjective mediators such as locus of control, perceived control, self-efficacy beliefs and the subjective evaluation of social change explain part of the relationship between macrosocial changes and emotional wellbeing. Results appear coherent with proposed multidimensional models of social change and mental health, although further research should be conducted, however, to determine the specific weight of these phenomena in individual emotional wellbeing.

Introduction

According to George Rosen (1968), the first work addressing social change and mental health was performed by Benjamin Rush in 1774. This American physician and signer of the Declaration of Independence researched fertility in American women during the American revolutionary period. Since then, hundreds of studies have intended to address if and how social changes influence the psychosocial wellbeing of individuals, although under very heterogeneous methodological approaches and ideologies.

More than 200 years after this pioneer work, as a result of the fall of the Iron Curtain, massive political, economic and social changes drove Central and Eastern Europe to a previously unknown situation of transformation. Six months after the fall of the Berlin Wall, the editorial of the American Journal of Psychotherapy, written by Stanley Lesse (1990), announced that the situation offered *"as never before, magnificent opportunities to observe the interrelationships between these transitions and their macro-psychosocial effects"*.

Neumann (1991) goes further stating that "*Communism in Eastern Europe has failed mainly because the deteriorating psychosocial conditions pushed the majority of the population into a state of social, psychological, and, in many cases, somatic disorder approaching disease".*

Twenty years after these statements, the real impact of the rapid social changes in collective psychosocial well-being still remains unclear. Although many research projects attempted to address this task, it has been made under a very heterogeneous set of disciplines, methodologies and ideologies. What seems clear is that the transition brought

factors of collective well-being such as democratic changes, more respect to human rights and a deinstitutionalization process of mental health facilities but focused attention away from the role of society as a provider of care, promoting individualism (Lewis et al., 2001). Hence, many individual's adjustment to the process, especially the most vulnerable such as children or unemployed, was very poor (World Health Organization Regional Office for Europe, 2003).

The World Health Organization established a network of mental health professionals in the Member States, who provided specific information for every country. According to the report of its Committee's fifty-third session (World Health Organization Regional Office for Europe, 2003), the reasons of the increasing prevalence of mental disorders especially in these societies and populations undergoing stressful change are connected with differences in life expectancy related to societal stress and risky lifestyles. The cluster of stress-related factors includes depression and suicide, addiction, violence, risk-taking behaviors and lifestyles and cardiovascular and cerebrovascular morbidity and mortality. Over-hospitalization and problems with the process of deinstitutionalization is a major problem in these countries as well (J. H. Jenkins, 1991; R. Jenkins, Klein, & Parker, 2005). The slow improvement of community based services and prevention programs are another factor to take into account.

Our objective within this work is to review and organize the existing evidence giving readers a broader point of view when analyzing this phenomenon. Specifically, in this paper we will try to address two questions: 1) Was there a generalized reduction in emotional wellbeing during the transition period? 2) What matters when analyzing this

relation? Or in technical words: Which subjective mediators /confounders can explain the poor adjustment of certain individuals in this period?

Definition of terms

We will use two principal concepts in this paper: 1) Emotional wellbeing in this study is defined not only in terms of mental health (incidence and prevalence of psychiatric comorbidity, depression, anxiety, mental hospital admission rates and suicide) but also subjective measures of wellbeing such as self-rated physical health, enjoyment and interest in life, positive attitudes and self-steam (Grob, Wearing, Little, & Wanner, 1996; Pinquart & Silbereisen, 2004) in contrast with ill-being (Smith, 1996). 2) Psychosocial wellbeing will refer to an outcome within mediating factors and contexts which includes social and emotional wellbeing (Larson, 1996; Martikainen, Bartley, & Lahelma, 2002).

Was there a generalized decrease in emotional wellbeing? Epidemiological studies

Assessing the real variation in psychosocial well-being in the ex-communist Central and Eastern European area during this special period is not an easy task. Psychiatric comorbidity could be used as a proxy for emotional wellbeing. However, the first problem arises when trying to establish a baseline of psychiatric comorbidity before the changes. Institutional data in the ex-communist countries seems not reliable according to the evidence of the use of psychiatry by the state as a tool for repression (Bonnie, 2002). Furthermore, few authors faced the task of comparing in observational studies Western and Eastern psychiatric comorbidity before the Iron Curtain collapsed. Temkov, Jablensky and Boyadjieva (1975) estimated the incidence and prevalence of psychiatric disorders in formerly socialist economies and in established market economies in the

seventies. Slight lower but comparable rates can be observed in the formerly socialist countries during that period. Another study carried out by Rathner el al. (1995) before the political changes, shows a very similar picture for Western and Eastern societies regarding eating disorders although Hungarians had more minor psychiatric morbidity than Eastern Germans and Austrian did. The authors discuss these results in light of the process of Westernalization that had begun in the late eighties. Regarding suicide a research carried by Mäkinen (2006) concluded that suicide changed its social nature during the Communist period, becoming more normal, and more equally distributed among social classes and geographical locations in the whole Warsaw Pact area.

Data extracted from the European Health for All Database (World Health Organization Regional Office for Europe, 2011) gives official epidemiological figures of the whole process in the region. We can see higher figures for both prevalence of mental disorders and mental hospital discharges in the group of countries that joined the European Union (EU) in 2004 and 2007 (Poland, Estonia, Latvia, Lithuania, Czech Republic, Slovakia, Hungary and Slovenia in 2004; Bulgaria and Romania in 2007) and in the Commonwealth of Independent States (CIS) than in the European Region, as we can see in figures 2 and 3. In contrast, figures of incidence of mental disorders and suicide, follows different patterns. While incidence (figure 1) seems clearly much higher and increasing in the new EU members than in the European Region and the CIS, suicide (figure 4) increased dramatically in the nineties among CIS members (although it decreased at the beginning of the third millennium), while patterns in the new members of the EU are similar to the whole European Region.

Figure 1. Mental disorders incidence per 100000 (World Health Organization Regional Office for Europe 2011).

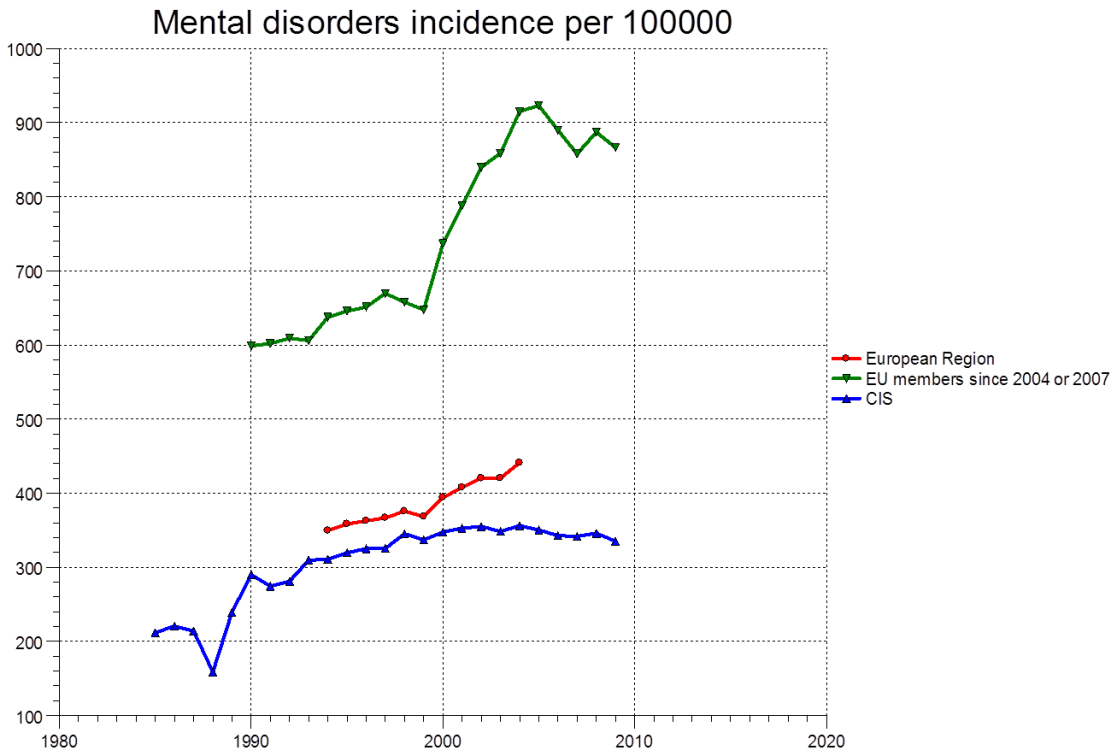

Mental disorders incidence per 100000
1000
900
800
700
600
500
400
300
200
100
1980
1990
2000
2010
2020
European Region
EU members since 2004 or 2007
CIS

Figure 2. Mental disorders prevalence in % (World Health Organization Regional Office for Europe 2011).

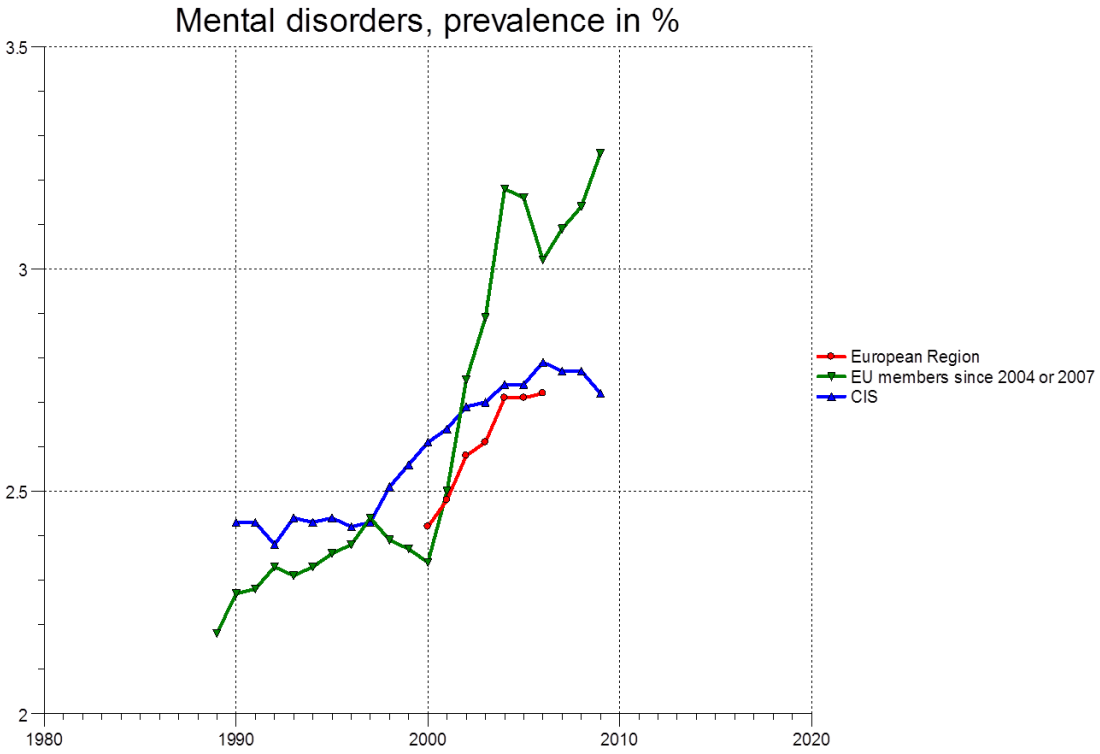


Figure 3. Hospital dischargues due to mental and behavioural disorders per 100000 (World Health Organization Regional Office for Europe 2011).

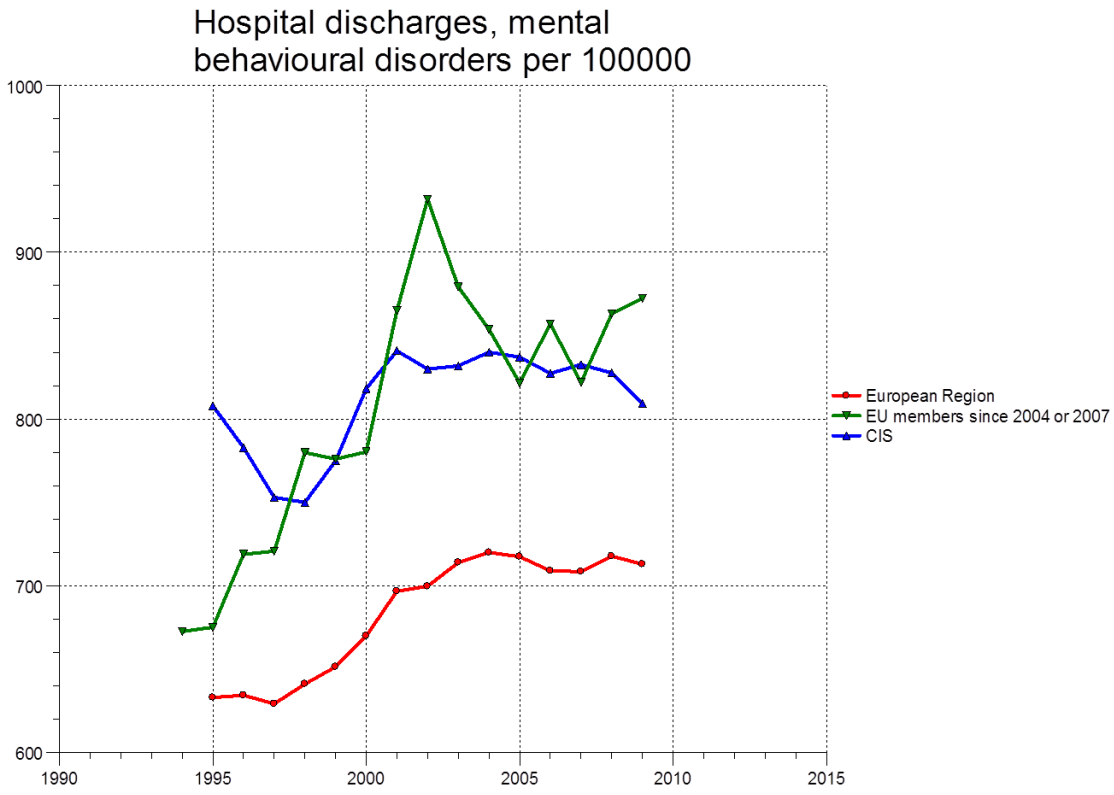
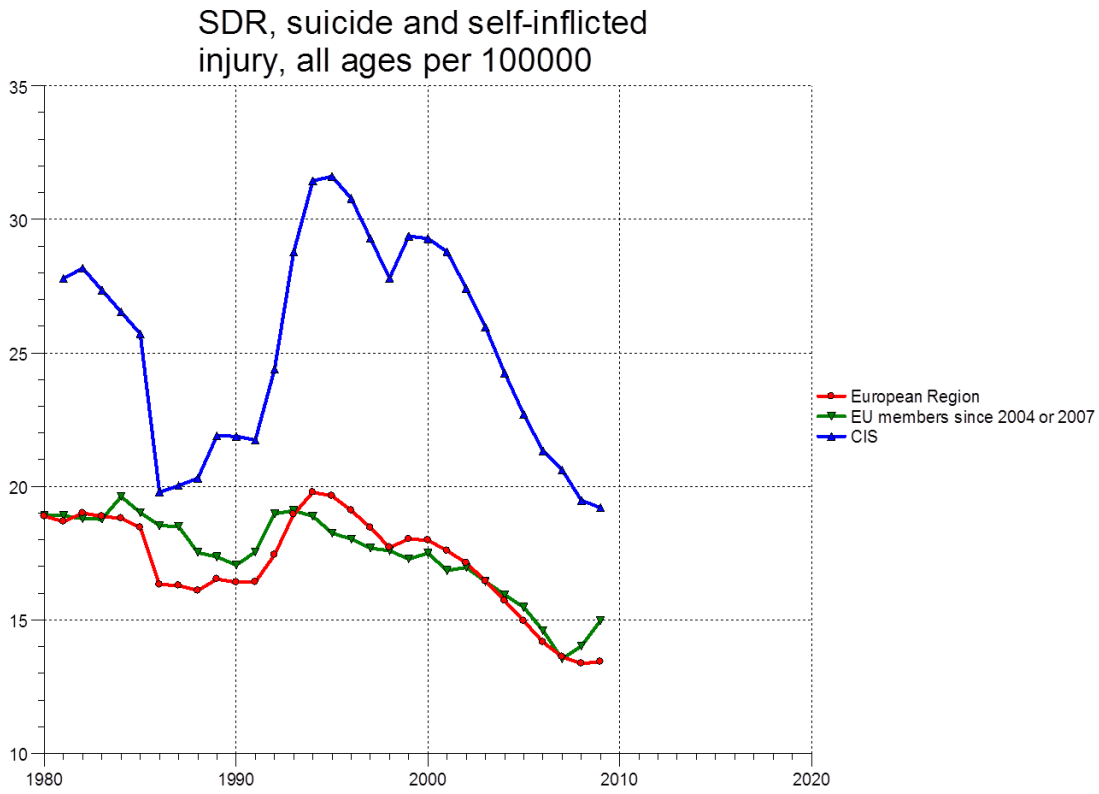


Figure 4. Suicide and self-inflicted injury per 100000 (World Health Organization Regional Office for Europe 2011).



EU: European Union
CIS: Commonwealth of Independent States
SDR: age-Standardized Death Rates

Although World Health organization data comes from very heterogeneous sources in each country, research carried out employing observational methodology show similar results. A decreasing pattern in psychological well-being was found in Bulgaria (Beshkov & Gerdgikov, 1999; cited in Tomov, Mladenova, Lazarova, Sotirov, & Okoliyski, 2004) Czech Republic (Bobak et al., 2005), Estonia (Reinap, Lai, Janno, Tamme, & Tamm, 2005), Hungary (Kopp, Csoboth, & Rethelyi, 2004), Lithuania (World Health Organization Regional Office for Europe, 2001), Poland (Czapinski, 1999; Warsaw

Institute of Psychiatry and Neurology, 2004; World Health Organization Regional Office for Europe, 2001), Ukraine (Bromet et al., 2005) and Russia (Bobak et al., 2005; Charman & Pervova, 1996). A recent international poll reports unhappiness and dissatisfaction with health, and decrease of satisfaction with life and health with aging in the whole Eastern Europe and former Soviet Union area compared with Western countries (Deaton & National Bureau of Economic Research, 2007). To our knowledge no empirical study claims a reduction in psychological distress or psychiatric comorbidity in the area studied during the political transition.

Mäkinen (2000) studied suicide patterns in all the countries of the former Soviet Bloc. No general pattern was found, but the author rather divided the countries regarding the basis of their suicide mortality profiles (the level of suicide and its age/sex distribution). No possible universal determinants of suicide were included among the independent variables studied. He was, however, able to construct a model in which the changes in life expectancy, alcohol consumption, democratization, and homicide explained more than 92% of the variation in the changes in suicide rates in more than half of the countries during two periods subsequent to democratization, retaining its power across time.

All taken together, all this information seems to point to a reduction of collective emotional wellbeing in the area. Identifying the profiles of individuals experiencing this reduction constitutes the next objective of this work.

What matters when assessing the impact of social change in emotional well-being: Systematic bibliographic review of subjective mediators

Different theories can be applied to the study of human development in times of social change as Pinquart and Silbereisen (2004) reviewed, with a focus on the effects of the breakdown of the communist system. Using as framework Bronfenbrenner's ecological paradigm (Bronfenbrenner, 1979), the transactional stress theory (Lazarus, 1966), and recent developments of lifespan theories of control and coping; they introduce a behavioural model of developmental outcomes concerning abrupt social change. They propose a model in which social support and individual resources such as internal locus of control, self-efficacy beliefs, problem-solving abilities, or secure attachment buffer the effect of negative consequences of social change on psychological distress.

In addition, to this cognitive mediators, the way in which the subjective perception of social change influences individual's psychological wellbeing was examined in South Korea during the economic crisis experienced as a result of the collapse of the financial market between 1997 and 2000 (Kim, 2008). In this study the subjective perception of social change was shown to mediate between the perceived scope and pace of social change, coping resources and individuals' psychological wellbeing.

Methods

Following these models, a systematic bibliographic review was conducted with the objective of testing whether Pinquart, Silbereisen and Kim's hypothesis about social change and psychosocial wellbeing are applicable to the Central and Eastern European transition. Inclusion criteria were as follows: English written empirical studies concerning the Central and Eastern European transition or carried out between 1989 and 2010, which included subjective mediators between any social outcome of socio-political change and emotional wellbeing.

We used a syntax which selected the names of at least one ex-communist country of Central and Eastern Europe (Russia, Ukraine, Moldova, Belarus, Estonia, Latvia, Lithuania, Poland, Czech republic, Slovakia, Hungary, Slovenia, Bulgaria, Romania) or any of these terms: post-communist, iron curtain, political transition, Eastern Europe, Central Europe, Soviet Union; accompanied by at least one term referring to emotional wellbeing: psychiatric morbidity, mental health, psychological well-being, psychological distress, psychopathology, depression, anxiety, stress, affective, subjective health, self-rated health, suicide or emotional wellbeing itself. Databases explored included: PsycINFO, PsycARTICLES, Medline, ERIC, Social Citation Index and Sociological Abstracts. Titles were read from an initial pool of over 8000 articles, choosing about 500 for abstract revision. Articles centred in clinical facilities, addressing economic well-being, not including socioeconomic variables derived from changes or not including any subjective mediator were excluded (some of the latter are included in the introduction as epidemiological studies). A total of 14 studies met inclusion criteria.

Results

A comprehensive description of the bibliographic review can be observed in table 1. Subjective mediators could be classified into three specific clusters: 1) perceived and locus of control and self-efficacy and 2) subjective evaluation of social conditions and changes 3) Familiar social support.

Table 1. Systematic bibliographic review (mediator variables)

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
1. (Aluoja, Leinsalu, Shlik, Vasar, & Luuk, 2004)	Estonia	Sociodemographic data (Income, occupational status).	Depressiveness (Sadness, loss of interest, worthlessness, hopelessness, self-accusations, thoughts of suicide, feelings of loneliness and impossibility of enjoyment).	Indices of social adjustment (sense of control, self-rated health, perception of the future, perceived social support and satisfaction in nine areas).	-Strong relationship between depressive symptoms and sociodemographic factors. -Depressive respondents had considerably poorer subjective social adjustment than respondents with a normal mood state. They reported lower self-rated health and experienced less satisfaction in most important areas of their lives. -Less satisfied, depressive subjects also exhibited less perceived control. This is in line with studies stressing the role of low perceived control in depression either as an independent factor or a mediator of socioeconomic circumstances and social support.
2. (Bobak, H Pikhart, Rose, Hertzman, & M Marmot, 2000)	Russia, Estonia, Lithuania, Latvia, Czech Republic, Hungary and Poland	Socioeconomic factors (Education, marital status, material deprivation).	National mortality rates Self-rated health.	Perceived control.	-Consistently with mortality rates, the prevalence of poor self-rated health is high, particularly in the former Soviet Union and Hungary. -Education and material deprivation are important predictors of self-rated health, and the socioeconomic gradients are large.

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
					-Ecological measures of inequalities were not significantly related to self-rated health, and any potential effects were removed by controlling for individuals material deprivation. -Perceived control was strongly associated with self-rated health, and appeared to mediate the effects of deprivation and inequality.
3. (Bobak et al., 2005)	Russia, Poland, and Czech Republic.	Deprivation, effort-reward at work.	Alcoholism, depressive symptoms.	Job control.	The imbalance of effort-reward at work is associated with increased alcohol intake and problem drinking. Job control was positively associated with all problem drinking indices, but none of the associations reached statistical significance. The association appears to be partly mediated by depressive symptoms, which might be either an antecedent or a consequence of men's drinking behaviour.
4. (Carlson, 1998)	10 ex-communist countries and 15 western countries	Country, age, sex, level of education (age at completion) and occupational group, membership of non-political association.	Self-perceived health.	Life control, job satisfaction and freedom to make decisions, satisfaction with economic situation, political interest, importance	The average level of self-perceived health is generally worse in former communist countries than in western Europe, for both men and women. The results indicate that people's participation in civic activities has a positive effect on their health. People's life control was important for their self-perceived

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
				of family and friends.	health in almost every European country, both in the west and the east. In the former communist countries, however, people did not feel that they had the same control over their lives as did people in the west. People's economic satisfaction was the most powerful predictor of self-perceived health, both in the eastern and western parts of Europe.
5. (Carlson, 2000)	Russia	Objective material prosperity, education	Self-rated health	Familiar social support, subjective view of material prosperity	Less educated subjects reported poor health twice as often as a higher-educated group. Subjective material prosperity and relations within the family were important for self-rated health and partially explained the educational health differences
6. (Forkel & Silbereisen, 2001)	East and West Germany	Socioeconomic conditions (work stability, income, income change, material needs…)	Depressed mood	Familiar social support	Familiar social support tested in a mediation model predicted interindividual differences in adolescent's depressed mood in West Germany but no in East Germany. This results are interpreted in light of different attributions and public attitudes towards the cause of hardship.
7. (Grob, Wearing, Little, & Wanner, 1996)	8 ex-communist countries and 6 western	Gender, age, region, comparative social status.	Wellbeing	Perceived control (control expectancy, control appraisal), subjective well-being (Positive attitudes,	The mean levels of well-being and perceived control varied along stable Western vs. unstable Eastern sociohistorical contexts: (a) Eastern adolescents showed lower levels of well-being (perhaps related to economic

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
	countries			self-steem).	aspects of change) and (b) higher levels of perceived control (perhaps related to perceived freedoms implied in the direction of change). Notably, however, the individual-difference relationsamong the constructs were very uniform across the 14 settings, suggesting that the adaptive psychological interface between well-being and personal control is relatively robust against sociopolitical influences.
8. (Kopp, Csoboth, & Rethelyi, 2004)	Hungary	gender, personal and family income, education,	Severity of depressive symptomatology, anxiety, BMI, tabaquism, consumption of alcohol and self-reported morbidity.	Hostility, social support and control in work.	Within a society in transition the absolute economic indicators, are in close relationship with morbidity and, with certain limitations, with mortality, mainly among men. The results also indicate, that the severity of depressive symptoms can be regarded as a serious risk factor of general morbidity and mortality and that the majority of risk consequences of a low socio-economic situation are mediated by depression and low control at work among men, by depression and anxiety among women.
9. (Leinsalu, 2002)	Estonia	Marital status, education, economic activity, occupational status, personal income.	Self-rated health, physical health status, emotional distress. Health selection.	Locus of control.	The study revealed substantial differences in self rated health by dimensions of social structure which were thought to be important in present day Estonian society.

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
					A low level of education, Russian ethnicity, low income and for men only, rural residence were the most influential dimensions in predicting poor health. This study showed that poor self-rated health was strongly associated with three correlates of emotional distress, locus of control and in particular, self-reported physical health status. However, these correlates could not explain the ethnic or educational differences in self-rated health.
10. (Hynek Pikhart et al., 2004)	Russia, Poland, Czech Republic	Social characteristics (education, material deprivation, experience of unemployment).	Depressive symptoms	Effort–reward imbalance model, job control.	Strong associations between depressive symptoms and effort–reward imbalance at work, material deprivation and marital status were found. There were weak associations between depression score, education and history of unemployment but depression was not associated with job control after controlling for socioeconomic factors. The Russian data did not show such a relationship. It is possible that measurement of job control within the rapidly changing employment practices in Russia is problematic.
11. (Piko & Fitzpatrick,	Hungary	Socioeconomic status: Objective social class	Psychosocial health (self-perceived health,	Subjective	'Classical' or objective social class indicators were not likely to play a very important role

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
2001, 2007)		(status or occupation, and education of the student's mother and father), type of school.	psychosocial wellbeing and frequency of psychosomatic symptoms).	evaluation of socioeconomic status.	in predicting adolescents' psychosocial health, even in a post-communist country like Hungary. On the contrary, SES self-assessment, a subjective evaluation of one's own socioeconomic condition, showed a significant association with psychosocial health, even after controlling for other variables.
12. (Pinquart, Silbereisen, & Juang, 2004)	East Germany	Commitment to the old political system.	Psychological distress.	Self-efficacy beliefs.	Adolescents who were highly committed to the old East German political system showed a stronger increase in distress after unification, however only if they had low preunification self-efficacy beliefs. In adolescents with average and high levels of preunification self-efficacy, previous identification with the East German system was not related to change in psychological distress. In addition, higher self-efficacy predicted a decrease in psychological distress over time.
13. (Stelmach, Kaczmarczyk-Chalas, Bielecki, & Drygas, 2004)	Poland	Personal data, family status, education, income, employment.	Frequency of doctor's visits medical history on chronic diseases diagnosed by a specialist in the last 12 months prior to the survey.	Control over life	Poor control over life was associated with chronic illnesses. The study suggests that higher education and higher income in the period of socioeconomic changes are the explanatory variables for good health. The incidence of coronary heart disease and back illnesses was very strongly related with low

Reference:	Participant countries	Social variables	Mental and Perceived Physical Health variables	Subjective mediators	Results and conclusions
					education, whereas low income with hypertension, back illnesses and coronary heart disease, however this relation was not so strongly manifested.
14. (Wardle et al., 2004)	5 ex-communist countries and 5 western countries	Sex, age, region (East vs. West).	Depressive symptoms.	Life satisfaction, perceptions of control and mastery over life, health locus of control.	Depression scores were higher in Central-Eastern than Western European samples. The prevalence of low life satisfaction was also greater in Central-Eastern Europeans, but ratings of self-rated health did not differ. Ratings of perceived control were diminished, but sense of mastery and internal health locus of control were higher in Central-Eastern Europe. Depression and low life satisfaction were associated with low perceived control and mastery and with strong beliefs in the influence of chance over health. However, taking these factors into account did not explain the East–West difference in depressive symptoms and low life satisfaction.

Self-evaluation: Perceived and locus of control and self-efficacy.

Locus of control is a concept first developed by Rotter (1954) in the framework of his social learning theory of personality. It is defined by the extent to which individuals believe that they can control events that affect them. Self-efficacy a concept first developed by Bandura (1977), as a part of the Social Cognitive Theory, has been claimed to be strongly related or even to be a part of the construct of perceived control (Ajzen, 2002). Furthermore, the learned helplessness paradigm (Seligman, 1975; Seligman & Maier, 1967) explains how the perceived absence of control over the outcome of a situation can result in depression and related mental illnesses. These concepts appear to be largely used and successfully tested as subjective mediators between consequences of abrupt social change and physical and emotional wellbeing.

Poor control over life was associated with chronic illnesses in an urban population in Poland (Stelmach, Kaczmarczyk-Chalas, Bielecki, & Drygas, 2004). Perceived control was strongly associated with self-rated health, and appeared to mediate the effects of deprivation and inequality in several countries of the area (Bobak, Pikhart, Rose, Hertzman, & Marmot, 2000). This construct was also found to be correlated with depression mediating socioeconomic circumstances along with social support (Aluoja, Leinsalu, Shlik, Vasar, & Luuk, 2004). External locus of control and emotional distress seem to mediate between sociodemographic variables (structural dimensions according to the authors) and poor self-rated health (Leinsalu, 2002).

The comparison of control over life between Eastern and Western cultures gives interesting results. Carlson (1998) found higher rates in western countries among adults;

while Grob, Wearing, Little, and Wanner (Grob et al., 1996) found higher rates in eastern countries among adolescents and Wardle et al. (2004), among university students.

Regarding microsystems as workplaces, low control at work and depression was found to be a mediator between general morbidity and mortality and the majority of risk consequences of a low socio-economic situation among men in two national representative surveys of the Hungarian population conducted in 1988 and 1995 (Kopp et al., 2004). Nevertheless, the imbalance of effort-reward at work (which could be considered an "objective" measure of working conditions) but not job control (which could be considered a measure of subjective control) was associated with depressive symptoms and increased alcohol intake and problem drinking in a transnational study in three Eastern European urban populations (Bobak et al., 2005).

Self-efficacy beliefs were found to mediate between commitment to the old political system and distress over time in a study about commitment to the old political system in adolescents (Pinquart, Silbereisen, & Juang, 2004)

Subjective evaluation of social conditions and changes.

Pinquart, Silbereisen, & Juang (2004) found that adolescents highly committed to the old East German political system had a stronger increase in distress after unification, however only if they had low preunification self-efficacy beliefs.Furthermore, Piko and Fitzpatrick (2007) showed that subjective evaluation of one's own socioeconomic condition shows a better association with psychosocial health than objective social class indicators among students enrolled in the secondary schools of the Southern Plain Region of Hungary. Likewise, subjective material prosperity and familiar social support

explained self-rated health and educational health differences in a study carried out in Russia (Carlson, 2000).

Familiar social support.

Two studies tested the mediating role of familiar social support. As cited in the last section (Carlson, 2000), familiar social support mediates the relation between education, material prosperity and self-rated health. By contrast, Forkel & Silbereisen (2001) using a meditational analysis, show how familiar social support influences differences in adolescent's depressed mood in West but no in East Germany according to material conditions.

Discussion

On the first hand it seems clear that the sociopolical changes in Central and Eastern Europe had a strong impact on emotional wellbeing. International reports, official figures and observational studies agree in the reduction of emotional wellbeing in large portions of society. According to the reports reviewed, seems that vulnerable individuals such as children with low social support or adults affected by the labour market reform constitute specific affected groups.

Cognitive and subjective mediators appear as key factors to understand how changing macrosystems affect emotional wellbeing. The concept of perceived control has received extensive attention along with other possible explanators such as self-efficacy or the subjective evaluation of the political process. As addressed in the Korean study (Kim, 2001) and the model proposed by Pinquart and Silbereisen (Pinquart & Silbereisen, 2004) these factors could help to explain how these relations are mediated in individuals.

Comparisons of perceived control over life between Eastern and Western cultures are in line with Pinquart and Silbereisen's (2004) model which expects age variation in the impact of social change because of age-associated change in individual resources and different views of the direction of change. The few studies addressing subjective evaluation of changes are line with Kim (Kim, 2001).

The role of social support seems more controversial. While the results of Carlson (2000), clearly support the role of familiar social support the study of Forkel & Silbereisen (2001) failed to do it among East German adolescents. This results could be interpreted in the frame of a collective process in which economic hardships, at least in the first steps of transition, didn't drive to stigmatization and thus didn't influence adolescent's emotional wellbeing.

From a social constructionist point of view, assessing changes in collective narratives could explain how this process is developed. Some previous work has been done in this direction. The concept of collective identity has been yet used as an analysis instrument on the East Germany revolutionary mobilization (Pfaff, 1996). Furthermore, under a social constructionist orientation, Sztompka (2004) outlines an ideal-typical sequence through which individual traumas unfold and applies it to the period of economic and social collapse in Eastern and Central Europe.

Study limitations should be addressed especially regarding the heterogeneity of the concept of social change and how social outcomes of socio-political change were defined. Future research should focus on objective and subjective measures of social change, which could be applied to different contexts in order to allow comparisons among studies.

Although in this study we did an overview of the individual factors that mediate the influence of macrosocial changes in Central and Eastern Europe over mental health, further research is needed. In spite of the fact that the research over the subjective vision of changes has been carried out under a sociopolitical perspective (Örkény & Székelyi, 2000), psychosocial studies should study in depth the possible implications of the evaluation of social environment in times of social change over emotional wellbeing. These studies using larger and stratified samples, should address short-term as well as long-term developmental outcomes taking into account both individual and social resources (Pinquart & Silbereisen, 2004).

References

Ajzen, I. (2002). Perceived Behavioral Control, Self-Efficacy, Locus of Control, and the Theory of Planned Behavior. *Journal of Applied Social Psychology*, *32*(4), 665-683. Blackwell Publishing Ltd.

Aluoja, A., Leinsalu, M., Shlik, J., Vasar, V., & Luuk, K. (2004). Symptoms of depression in the Estonian population: prevalence, sociodemographic correlates and social adjustment. *J Affect Disord*, *78*(1), 27-35. doi:S0165032702001799 [pii]

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215. US: American Psychological Association.

Beshkov, N., & Gerdgikov, I. (1999). Psychiatric care in the Republic of Bulgaria. (M. of Health, Ed.). Sofia.

Bobak, M., Pikhart, H., Kubinova, R., Malyutina, S., Pajak, A., Sebakova, H., Topor-Madry, R., et al. (2005). The association between psychosocial characteristics at work and problem drinking: a cross-sectional study of men in three Eastern European urban populations. *Occup Environ Med*, *62*(8), 546-550. doi:62/8/546 [pii] 10.1136/oem.2004.017202

Bobak, M., Pikhart, H., Rose, R., Hertzman, C., & Marmot, M. (2000). Socioeconomic factors, material inequalities, and perceived control in self-rated health: cross-sectional data from seven post-communist countries. *Soc Sci Med*, *51*(9), 1343-1350. doi:S0277953600000964 [pii]

Bonnie, R. J. (2002). Political abuse of psychiatry in the Soviet Union and in China: complexities and controversies. *The journal of the American Academy of Psychiatry and the Law*, *30*(1), 136-44.

Bromet, E. J., Gluzman, S. F., Paniotto, V. I., Webb, C. P., Tintle, N. L., Zakhozha, V., Havenaar, J. M., et al. (2005). Epidemiology of psychiatric and alcohol disorders in Ukraine: findings from the Ukraine World Mental Health survey. *Soc Psychiatry Psychiatr Epidemiol*, *40*(9), 681-690. doi:10.1007/s00127-005-0927-9

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Carlson, P. (1998). Self-perceived health in East and West Europe: another European health divide. *Soc Sci Med*, *46*(10), 1355-1366. doi:S0277953697100934 [pii]

Carlson, P. (2000). Educational differences in self-rated health during the Russian transition . Evidence from Taganrog 1993 ± 1994. *Social Science & Medicine*, *51*.

Charman, T., & Pervova, I. (1996). Self-Reported Depressed Mood in Russian and U.K. Schoolchildren. A Research Note. *Journal of Child Psychology and Psychiatry*, *37*(7), 879-883. Blackwell Publishing Ltd.

Czapinski, S. (1999). [Non-clinical indicators of mental health of society]. Warsaw.

Deaton, A., & National Bureau of Economic Research. (2007). Aging and wellbeing around the world: evidence from the Gallup World Poll. *NBER Chapters, in: Research Findings in the Economics of Aging* (pp. 235-263). Cambridge, MA: National Bureau of Economic Research, Inc.

Forkel, I., & Silbereisen, R. K. (2001). Family Economic Hardship and Depressed Mood Among Young Adolescents From Former East and West Germany. *American Behavioral Scientist*, *44*(11), 1955-1971.

Grob, A., Wearing, A. J., Little, T. D., & Wanner, B. (1996). Adolescents' well-being and perceived control across 14 sociocultural contexts. *Journal of Personality and Social Psychology*, *71*(4), 785-795.

Jenkins, J. H. (1991). The state construction of affect: Political ethos and mental health among Salvadoran refugees. *Culture, Medicine and Psychiatry*, *15*(2), 139-165. Springer Netherlands. doi:10.1007/bf00119042

Jenkins, R., Klein, J., & Parker, C. (2005). Mental health in post-communist countries. *BMJ*, *331*(7510), 173-174. doi:10.1136/bmj.331.7510.173

Kim, J. (2001). Social change and psychological wellbeing: A structural equation model. US: ProQuest Information & Learning.

Kim, J. (2008). Perception of Social Change and Psychological Well-Being: A Study Focusing on Social Change in Korea Between 1997 and 20001. *Journal of Applied Social Psychology*, *38*(11), 2821-2858. Blackwell Publishing Inc. doi:10.1111/j.1559-1816.2008.00415.x

Kopp, M. S., Csoboth, C. T., & Rethelyi, J. (2004). Psychosocial determinants of premature health deterioration in a changing society: the case of Hungary. *J Health Psychol*, *9*(1), 99-109. doi:10.1177/1359105304036104

Larson, J. S. (1996). The World Health Organization's definition of health: Social versus spiritual health. *Social Indicators Research*, *38*(2), 181-192. Springer Netherlands. doi:10.1007/BF00300458

Lazarus, R. S. (1966). Psychological Stress and the Coping Process. New York: McGraw-Hill.

Leinsalu, M. (2002). Social variation in self-rated health in Estonia: a cross-sectional study. *Soc Sci Med*, *55*(5), 847-861.

Lesse, S. (1990). The political and economic changes in central and eastern Europe: possible macro-psychosociologic implications. *Am J Psychother*, *44*(2), 157-159.

Lewis, O., Sargent, J., Friedrich, W., Chaffin, M., Cunningham, N., & Cantor, P. S. (2001). The impact of social change on child mental health in Eastern Europe. *Child Adolesc Psychiatr Clin N Am*, *10*(4), 815-824.

Martikainen, P., Bartley, M., & Lahelma, E. (2002). Psychosocial determinants of health in social epidemiology. *International journal of epidemiology*, *31*(6), 1091-3.

Mäkinen, I. H. (2000). Eastern European transition and suicide mortality. *Soc Sci Med*, *51*(9), 1405-1420. doi:S0277953600001052 [pii]

Mäkinen, I. H. (2006). Suicide mortality of Eastern European regions before and after the Communist period. *Social science & medicine*, *63*(2), 307-19. doi:10.1016/j.socscimed.2006.01.002

Neumann, J. (1991). Psychiatry in eastern Europe today: mental health status, policies, and practices. *Am J Psychiatry*, *148*(10), 1386-1389.

Pfaff, S. (1996). Collective Identity and Informal Groups in Revolutionary Mobilization: East Germany in 1989. *Social Forces*, *75*(1), 91-117. doi:citeulike-article-id:7693098

Piko, B. F., & Fitzpatrick, K. M. (2007). Socioeconomic Status, Psychosocial Health and Health Behaviours among Hungarian Adolescents. *The European Journal of Public Health*, *17*(4), 353-360. doi:10.1093/eurpub/ckl257

Pinquart, M., & Silbereisen, R. K. (2004). Human development in times of social change: Theoretical considerations and research needs. *International Journal of Behavioral Development*, *28*(4), 289-298. doi:10.1080/01650250344000406

Pinquart, M., Silbereisen, R. K., & Juang, L. P. (2004). Changes in Psychological Distress among East German Adolescents Facing German Unification. *Youth & Society*, *36*(1), 77-101. doi:10.1177/0044118x03258243

Rathner, G., Túry, F., Szabó, P., Geyer, M., Rumpold, G., Forgács, A., Söllner, W., et al. (1995). Prevalence of eating disorders and minor psychiatric morbidity in Central Europe before the political changes in 1989: a cross-cultural study. *Psychological Medicine*, *25*(05), 1027-1035.

Reinap, M., Lai, T., Janno, S., Tamme, T., & Tamm, M. (2005). *Cost-effectiveness of mental health interventions in Estonia* (pp. 1-64).

Rosen, G. (1968). *Madness in Society: Chapters in the historical sociology of mental illness*. Chicago: University of Chicago Press.

Rotter, J. B. (1954). *Social learning and clinical psychology*. New York: Prentice-Hall.

Seligman, M. E. (1975). *Helplessness: on depression, development, and death* (p. 250). W. H. Freeman.

Seligman, M. E., & Maier, S. F. (1967). Failure to escape traumatic shock. *Journal of experimental psychology*, *74*(1), 1-9.

Smith, G. C. (1996). Caregiving outcomes for older mothers of adults with mental retardation: a test of the two-factor model of psychological well-being. *Psychology and aging*, *11*(2), 353-61.

Stelmach, W., Kaczmarczyk-Chalas, K., Bielecki, W., & Drygas, W. (2004). The association between income, education, control over life and health in a large urban population of Poland. *Int J Occup Med Environ Health*, *17*(2), 299-310.

Sztompka, P. (2004). The Trauma of Social Change: A Case of Postcommunist Societies. In E. R. Alexander J. C. Glesen B., Smelser N. J., Sztompka P. (Ed.), *Cultural Trauma and Collective Identity*. Berkley: University of California Press.

Temkov, I., Jablensky, A., & Boyadjieva, M. (1975). Use of reported prevalence data in cross-national comparisons of psychiatric morbidity. *Socijalna Psihijatrija*, *3*(2), 111-117. Croatia: Hrvatsko Psihijatrijsko Društvo.

Tomov, T., Mladenova, M., Lazarova, I., Sotirov, V., & Okoliyski, M. (2004). Bulgaria mental health country profile. *International Review of Psychiatry*, *16*(1-2), 93-106. doi:doi:10.1080/09540260310001635140

Wardle, J., Steptoe, A., Gulis, G., Sartory, G., Sek, H., Todorova, I., Vogele, C., et al. (2004). Depression, perceived control, and life satisfaction in university students from Central-Eastern and Western Europe. *Int J Behav Med, 11*(1), 27-36. doi:10.1207/s15327558ijbm1101_4

Warsaw Institute of Psychiatry and Neurology. (2004). *Psychiatric and neurological care institutions*. Warsaw: Statistical Yearbooks.

World Health Organization Regional Office for Europe. (2001). *Mental health in Europe: country reports from the WHO European Network on Mental Health*. Copenhagen: WHO.

World Health Organization Regional Office for Europe. (2003). *Mental health in WHO's European Region*. Copenhagen: WHO.

World Health Organization Regional Office for Europe. (2011). Health For All Data Base. WHO.

Örkény, A., & Székelyi, M. (2000). Views on Social Inequality and the Role of the State: Posttransformation Trends in Eastern and Central Europe. *Social Justice Research*, *13*(199-218).