MENTAL WELL-BEING BETWEEN MATERIAL RESOURCES AND RESPECT

MARIAN VASILE

To experience an enduring positive state of mind, one needs the proper conditions to do so. In this paper, I discuss the effect of two such conditions: subjective income and perceived respect. Money is necessary to buy food, shelter, but also lifestyle. Therefore, its role in quality of life is well established and cannot be denied in contemporary society. The primary hypothesis is that perceived respect, or if people feel valued in their society, affects mental well-being, irrespective of the current level of income. Using data from European Quality of Life Survey wave four, the year 2016, and multiple linear regression models, I prove for Romania and EU28 that people struggling to live a decent life have a lower level of mental well-being when not feeling valued by others.

Keywords: mental well-being; subjective income; perceived respect; European Quality of Life Survey; WHO-5 scale.

WHAT IS MENTAL WELL-BEING

“There is no health without mental health” because health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, and mental well-being is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization 2004, 12).

Mental health is more than the absence of mental illness/disorders (e.g., depression, bipolar affective disorder, dementia); it refers to a general state of mind that should be positive so that people can function properly in day to day life. This idea can be better expressed through mental well-being, which I will use in this paper interchangeably with mental health.

In a rapidly aging world population, World Health Organization (WHO) emphasized the risk for people over 60 years to develop several mental health problems simultaneously (e.g., dementia, depression) (World Health Organization

1Address of the corresponding author: Marian Vasile, The Faculty of Sociology and Social Work, University of Bucharest, B-dul Schitu Măgureanu, nr. 9, sector 1, Bucharest; Research Institute for Quality of Life, Romanian Academy, Calea 13 Septembrie, nr. 13, sector 5, Bucharest, e-mail: marian.vasile@unibuc.ro.

CALITATEA VIEȚII, XXXI, nr. 2, 2020, p. 213–225
2017), and the importance of prevention for as many individuals as possible using all possible paths: socioeconomic, biological and environmental factors (World Health Organization 2013).

Beddington et al. (2008) distinguished between mental capital and mental well-being as components of the mental wealth of nations. Mostly in line with WHO, they considered mental well-being a “dynamic state” and described it as: “individual’s ability to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community” (p. 1057).

Develop, work, build, contribute. The relational character of mental well-being is apparent: it cannot be positive when people have negative interactions in communities or society in general. This conceptualization shows the importance of understanding mental well-being because low values at the individual level have a negative societal impact through passivity and disengagement (Layard 2016).

Describing his experience in an oncologic hospital, Mihăilescu (2019) made explicit the connection between mental and physical health. He felt like a “disease”, an ill “body”; the health system should cure the disease but ignores his emotions. He felt a constant lack of emotional support from the hospital’s personnel. He believed that this hospital did not have the amenities necessary for living a qualitative life, and the medical and support staff did not have empathy for patients.

Mental well-being, or emotional well-being, “emphasize the affective components of subjective well-being” (Eurofound 2010b, 63), and is different from life satisfaction, which captures the cognitive and evaluative components. While mental well-being has similar “reactions” with life satisfaction to different factors, “the analysis finds additional evidence of the buffering effect of social support … for vulnerable groups” (64), while “health and disability have an even greater impact” (65–66).

**WHAT IS RESPECT**

Stiglitz, Sen, and Fitoussi (2009) urged governments to use a wider lens than economic development as the driver for a good life, because its influence on happiness stops at a threshold over long periods (Easterlin et al. 2010). Therefore, governments should target the “livability” of their countries and the “life-abilities” of their citizens (Veenhoven 2012; 2000).

Respect has both a universal and specific facet (Darwall 1977). The universal facet, which is not only about human beings, but other species and the environment as well, accepts its object as it is, and nurture its existence. The specific facet, which is a restrictive form, acknowledge a characteristic like in-group membership, wisdom, profession, wealth, and favour the person holding the accepted value. In this paper, I use the universal approach because it excludes the competition between human beings, and better suits the integrated approach for better lives for
everyone, irrespective of their backgrounds or professional success. As Layard 
(2005) argues, instead of cultivating ranking by status “we should be cultivating 
respect for those who contribute to the welfare of others” because “that will 
increase the amount of kindness and cooperation in the world” (p. 156). Respect is 
a fundamental value in a cohesive and inclusive society; it is part of social 
cohesion, social inclusion, or social capital (Berger-Schmitt and Noll 2000). It is 
not only a personal attitude but a reflection of a global policy for acceptance 
(Pauwels, Ljúcic, and De Buck 2018) and inclusion in a universalist culture (S. H. 
Schwartz 2017; S. H. Schwartz et al. 2012). It is a “contextual condition” (Delhey 
and Dragolov 2016, 163), “a social glue” (164). Respect is the mainframe of the 
“decent society” born from the Social Quality Approach (Beck, van der Maesen, 
and Walker 2012; Abbott and Wallace 2012; Wallace and Abbott 2007): “…the 
Social Quality Approach is concerned with the dynamic production of the social. 
What we become is the outcome of our interaction with others in a world of 
collective identities (e.g. family, community, school, workplace and nation) that 
are open and dynamic. The “social” is located in the space created by the tension 
between the formal world of systems and the informal life-worlds of families and 
communities, on the one hand, and between societal development and biographical 
development of the other” (Abbott, Wallace, and Sapsford 2016).

If the mainframe is not working correctly, it will affect perceived respect, and 
“It seems self-evident that a person who lacks respect for themselves is likely to 
lack the ability to respect others” (Middleton 2006) therefore a drawback in 
constructing “the just society” (Rawls 1999). Those with high levels of socioeconomic 
security and social empowerment can become frustrated with the slowness of 
change in their society, with the gap between them and those lagging regarding 
their values and behaviour. Therefore, their mental well-being can be lower than 
expected, given the owned resources. This situation falls under the paradoxes of 
happiness, specifically “the frustrated achievers and happy peasants” (Graham 
2009). They can make the decision to emigrate. The distance between what the 
achiever believes/expects should happen with the society, and the real pace of 
change shadows someone’s positive social mobility (Michalos 2014). This is true 
for other social categories, not only the upwardly mobile. After the fall of the 
communist regime, people hoped that democracy would provide a better quality of 
life understood in holistic terms, both living conditions and a fairer and more 
respectful society. In Romania, there is a considerable part of the population that 
was not able to keep up with transition; they had low levels of capital(s) when the 
regime changed. Therefore, they had difficulties in coping with structural changes 
in the economy and the labor market (Mărginean 2006; Sandu 1999). For some, the 
exit strategy was migration, but for others, it can be a profound disengagement and 
retreat from social life. For them, mental well-being can become chronically low.

In this article, I consider perceived respect as a reflection of the person in 
other peoples’ eyes, the extent to which individuals feel valued in their society. It 
implies reflexivity about one’s worth in living an ordinary life.
SUMMING UP

It is difficult to assess the effect of subjective income, perceived respect, or any other factor on mental well-being with the published studies, because researchers use different instruments to measure mental well-being, and the WHO-5 scale (Topp et al. 2015; Bech et al. 2003) is sparsely used in sociological studies.

Mental well-being is higher in living arrangements where loneliness is not an issue (Eurofound 2019b). Eurofound (2010a) emphasizes that mental well-being increases from less to more developed countries, and within countries, the gap between income levels is closing when the country gets more developed. At the individual level, mental well-being is fostered by being a man, having a partner, being employed, having a professional/managerial or supervisory and skilled manual jobs, not being old, being in good physical health, not having a chronic disease and not being hampered by it in daily activities, having social support. The effect of education is not apparent, at least at the aggregated level, because in some developed countries, the most educated people have the lowest mental well-being.

Mental well-being is age-dependent (Precupețu, Aartsen, and Vasile 2019). In wealthy countries, the older age groups have better mental health than in less developed countries. In some European countries, though, the middle-aged mental health is worse than of the younger and older age groups (Eurofound 2019a).

Nature in urban settings helps residents to relieve stress provoked by the fast-paced life (Taylor, Hahs, and Hochuli 2018) and improves mental well-being, especially for those financially strained; this kind of relationship is not holding for other neighbourhood services like postal service, banking service, public transport, cinema, theatre, or cultural centre (Mitchell et al. 2015). For adolescents, neighbourhood facilities are not essential; instead, neighbourhood social cohesion has a positive impact on their well-being (including mental), especially for those with less material resources (Aminzadeh et al. 2013).

Therefore, it is essential to also assess the effect of perceived respect for mental well-being, not just the effect of social cohesion as an upper-level factor. Does the feeling of being valued change mental well-being, while controlling for subjective income? I expect to see both a direct effect of these two characteristics but also that perceived respect moderates the effect of subjective income for mental well-being: if people do not feel valued in their society, their mental well-being will be lower, even if they can fulfil their needs with the available income.

DATA AND VARIABLES

For this study I use the data from the 4th wave (the year 2016) of the European Quality of Life Survey (EQLS) included in the integrated dataset 2003–2016, 3rd edition (European Foundation For The Improvement Of Living And Working Conditions 2018), the EU28 countries, with a focus on Romania. I use Stata version 15 for the statistical analysis and the weight variable from the database.
The dependent variable is mental well-being. I use the World Health Organisation 5 scale (WHO-5) (Bech et al. 2003) to measure mental well-being. The WHO-5 scale asks the respondents to indicate for each of the five statements which are close to how they had been feeling over the last two weeks: a) I have felt calm cheerful and in good spirits; b) I have felt calm and relaxed; c) I have felt active and vigorous; d) I woke up feeling fresh and rested; e) My daily life has been filled with things that interest me. The response categories are: 1) All of the time; 2) Most of the time; 3) More than half of the time; 4) Less than half of the time; 5) Some of the time; 6) At no time. I reverse the response scale and modify it so that the original lowest score one equals five and the original highest score six equals zero. I sum up the new variables, then I multiply the summative score with four, so the scores vary from 0 to 100. When the score is higher, i.e., closer to 100, the mental well-being is better, and when the score is lower, i.e., closer to zero, the mental well-being is poorer. This generic scale (i.e., not related to a specific disease) has adequate psychometric properties (Topp et al. 2015), this being true also for the data used here: Cronbach Alpha for Romania is 0.92, the smallest value is 0.80 for Finland, and the highest value is 0.95 for Slovakia.

The main predictors in this study are subjective income, perceived respect, and their interaction.

For income, I use the question “A household may have different sources of income and more than one household member may contribute to it. Thinking of your household’s total monthly income: is your household able to make ends meet?”. The respondents must rate their household income using a six-point scale: 1) Very easily; 2) Easily; 3) Fairly easily; 4) With some difficulty; 5) With difficulty; 6) With great difficulty. I prefer this to absolute income because it puts together a household’s income, consumption, and needs. Market dynamics and government policy can increase absolute income, but this does not necessarily determine a significant improvement in quality of life. Inflation or rising prices are two of the intervening mechanisms. At the same time, studies show that upward mobility on income scale is associated with a “keeping up with the Joneses” mechanism (Schwartz 2004); people consume increasingly due to social comparison and constant adjustment of aspirations (Michalos 2014). Also, many respondents refuse to declare their total income. Because the most favourable category of the subjective income has under 40 responses (4%), I create a new variable combining the fifth and the sixth categories while reversing all the scores so that a higher score reflects a better material situation. Therefore, the new variable for subjective income has the values 1) With great difficulty; 2) With difficulty; 3) With some difficulty; 4) Fairly easily, and 5) Easily and Very easily.

I measure perceived respect using the question “To what extent do you agree or disagree with: I feel that the value of what I do is not recognized by others”. The respondents must choose between five categories: 1) Strongly agree, 2) Agree, 3) Neither agree nor disagree, 4) Disagree, 5) Strongly disagree. Since the most negative category, strongly agree, gathers just about 40 cases (4%), I create a new variable with three
categories for which I combine the categories strongly agree and agree, and strongly disagree and disagree. For this new variable, I reverse the scores so that a higher value means agreement with the question, which is a stronger lack of perceived respect. Therefore, the new variable for perceived respect has the values 1) Strongly disagree or Disagree, 2) Neither agree nor disagree, 3) Strongly agree or Agree.

Since there are several factors known as predictors of mental well-being, I control for these factors, to see if the relationship between subjective income, social respect, and mental well-being still holds.

Because the question about income refers to the household income, I will control for the household size, which in the questionnaire is: “Including yourself, can you please tell me how many people usually live in this household?”.

In the regression models, for age I use the categories 18–24 years, 25–34, 35–49, 50–64, and 65+. Gender has the values of male (1) and female (2). A partner in the household has the values “no” (0) and “yes” (1), and is a variable provided with the database. The questionnaire asks, “Do you have any chronic (long-standing) physical or mental health problem, illness or disability? By chronic (long-standing) I mean illnesses of health problems which have lasted, or are expected to last, for 6 months or more”, and the categories are yes (1) and no (2). For education, I use a variable provided with the dataset with three categories derived from the national education systems and ISCED: lower secondary or below (1), upper secondary or post-secondary (2), and tertiary (3). Because in the Romanian sample we have under 20 cases of unemployed people, I will run a model for the pooled EU28 sample controlling for robust standard errors with the command “vcecluster (country variable)”.

In Stata 15, I treat the categorical variables as indicator variables; therefore, there is no need to compute separate dummy variables for the independent variables.

**RESULTS**

Mental well-being in Romania is close to the EU28 average in the last wave available, 2016 (*Figure 1*), and is improving from the wave when WHO-5 was first used in EQLS, 2007. However, if we compare the EU28 countries using the first quartile, we see that a quarter of Romania’s population has a lower score for mental well-being (44 out of 100), as is Croatia (40/100), Italy (44/100), or Cyprus (44/100), in comparison to Ireland, Denmark, or Scotland (all 60/100). A quarter of Romania’s population has a score of 80/100 for mental well-being, similar to almost all countries. Romania has the highest interquartile range (36), together with Cyprus and Croatia, the lowest (20) being in Slovakia, Denmark, and Ireland. As with other measures of subjective well-being, we must note that the distribution of mental well-being is left-skewed, with 2/3 or almost 2/3 of the population from each EU28 country having scores higher than 50 (*Figure 2*) suggesting support for the homeostasis thesis (Cummins, Lau, and Davern 2012; Cummins 2003). This implies an adaptative process to the current situation to diminish the impact of changes at psychological level.
Mental well-being increases from 43/100 for those having great difficulties in fulfilling material needs to 74/100 when coping with ease. The same pattern holds for perceived respect: it varies from 53/100 for those agreeing with “I feel that the value of what I do is not recognised by others” to 67/100 for those disagreeing with the statement. If we interact subjective income and perceived respect, we see that those having the greatest difficulty to fulfil needs with the available income have the lowest mental well-being, irrespective of their sense of respect received from others (Figure 3). Nevertheless, those lacking respect (strongly agree or agree with the affirmation) can reach a score as low as 25 if we use 95% confidence intervals. Those in the difficulty zone of satisfying needs with current income have low mental well-being when feeling unappreciated, while those in the comfortable zone have high mental well-being even if they feel unappreciated. The problem is that 2/3 of the population is in the difficulty zone and, as Sointu (2005, 262) emphasized, “people are currently required to become self-responsible subjects in myriad different social contexts”. So, most Romanians are under high pressure: trying to manage the cultural change toward individualization, asking them to hold the primary responsibility for their well-being, in a challenging economic landscape that does not make decent living an easy endeavour. According to Eurobarometer data, Romanians “were the most dissatisfied members of EU27, with the respect and recognition they receive for the work they do” (TNS Opinion & Social 2010, 46–47), also indicating that their job does not match their education.
There are several other characteristics relevant to the variation of mental well-being; therefore, I controlled for these dimensions in a complex statistical model. Table no. 1 presents the results for several multiple linear regression models for Romania (RO*) and EU28 countries (EU28*). The baseline model for Romania (RO1) includes only subjective income and perceived respect. The second model for Romania (RO2) also includes the control variables. For EU28 countries, there are three models, because EU28_1 is the baseline, EU28_2 is without unemployed people, and EU28_3 is with unemployed people. From this table, we can see that going up on the income ladder brings better mental well-being in all models. Also, those feeling appreciated have higher scores on the mental well-being scale. Not all categories of the interaction term are statistically significant for a 95% confidence level. However, the pattern\(^1\) (not shown here) is similar to the baseline model: if a person has enough material resources to live a decent life, then the impact of not

\(^1\) According to the results of the margins command in Stata 15 computing the average mental well-being for each level of the interaction between subjective income and perceived respect.
feeling respected diminishes for mental well-being. So, those having difficulty living a decent life also lose regarding mental well-being, on the soft side of life, through lack of respect and recognition as valuable human beings. This is not specific to Romania, a similar pattern is evident in other EU28 countries, but future studies should investigate this pattern.

Figure 3

Average mental well-being for each level of the interaction between subjective income and perceived respect, EQLS 2016

Table no. 1

Regression models for mental well-being for Romania and EU28, EQLS 2016

<table>
<thead>
<tr>
<th>Variable</th>
<th>RO1</th>
<th>RO2</th>
<th>EU28_1</th>
<th>EU28_2</th>
<th>EU28_3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective income (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With difficulty</td>
<td>10.12</td>
<td>6.77</td>
<td>8.51***</td>
<td>7.45**</td>
<td>7.52**</td>
</tr>
<tr>
<td>With some difficulty</td>
<td>21.87***</td>
<td>15.78**</td>
<td>14.56***</td>
<td>13.11***</td>
<td>13.22***</td>
</tr>
<tr>
<td>Fairly easily</td>
<td>41.85***</td>
<td>33.55***</td>
<td>19.26***</td>
<td>17.79***</td>
<td>17.92***</td>
</tr>
<tr>
<td>Very easily</td>
<td>35.61***</td>
<td>31.29***</td>
<td>24.50***</td>
<td>22.45***</td>
<td>22.39***</td>
</tr>
<tr>
<td>Perceived respect (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly/Disagree</td>
<td>12.73*</td>
<td>12.98*</td>
<td>16.18***</td>
<td>15.47***</td>
<td>15.51***</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>16.14**</td>
<td>14.06**</td>
<td>9.10***</td>
<td>8.71***</td>
<td>8.75***</td>
</tr>
<tr>
<td>Subjective income * Perceived respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With difficulty#Strongly/Disagree</td>
<td>8.54</td>
<td>6.21</td>
<td>-3.53</td>
<td>-3.75</td>
<td>-3.75</td>
</tr>
<tr>
<td>With difficulty#Neither agree nor disagree</td>
<td>-9.27</td>
<td>-7.79</td>
<td>-6.47</td>
<td>-5.63</td>
<td>-5.65</td>
</tr>
<tr>
<td>With some difficulty#Strongly/Disagree</td>
<td>2.49</td>
<td>3.97</td>
<td>-5.66*</td>
<td>-5.82**</td>
<td>-5.86**</td>
</tr>
</tbody>
</table>
**Table no. 1 (continued)**

| With some difficulty#Neither agree nor disagree | -11.71 | -9.84 | -5.36 | -5.30 | -5.34 |
| Fairly easily#Strongly/Disagree | -19.24** | -17.29* | -5.90* | -6.45** | -6.47** |
| Fairly easily#Neither agree nor disagree | -26.09*** | -24.44*** | -5.63 | -6.03 | -6.67 |
| Very/Easily #Strongly/Disagree | -7.29 | -10.15 | -7.90*** | -7.69*** | -7.72*** |
| Size of household | 0.65 | 0.19 | 0.19 |
| Age group (3) | 25-34 | -8.91* | -3.59*** | -3.61*** |
| | 35-49 | -10.74** | -4.64*** | -4.65*** |
| | 50-64 | -11.89** | -5.13*** | -5.13*** |
| | 65+ | -17.76*** | -4.71* | -4.71* |
| Has a partner | -0.60 | 0.88 | 0.90* |
| Has chronic disease | -4.00 | -10.16*** | -10.16*** |
| Education category(4) | Upper secondary or post-secondary | 1.82 | 1.11* | 1.12* |
| | Tertiary | 5.25 | 0.54 | 0.56 |
| | Unemployed | 0.38 | 0.38 |
| Constant | 33.83*** | 47.07*** | 39.71*** | 47.16*** | 46.99*** |
| N | 959 | 956 | 29859 | 29671 | 29671 |
| R² | 0.24 | 0.31 | 0.15 | 0.21 | 0.21 |

Legend: *p<.05; ** p<.01; *** p<.001

(1) The reference category is “with great difficulty”. (2) The reference category is “strongly agree OR agree”. (3) The reference category is 18-24 years old. (4) The reference category is “lower secondary or lower”.

Note: because some people can suffer from depression or other mental illness that is a chronic disease, including it as a predictor for mental well-being is like using equivalent measures both as the outcome and independent variable. Therefore, I ran, both for Romania and EU28, a model without the variable “Has chronic disease” to see if something changes. The results are similar to a slight decrease in the effect for older age groups, which can invalidate the risk of equivalent measures instead of different concepts.

**CONCLUSIONS**

In this paper, I looked at the relationship between mental well-being, subjective income, and perceived respect. I hypothesized that there is a direct effect of both the material resources and feeling recognized by others, but also that perceived respect moderates the effect of subjective income on mental well-being. Multiple linear regression models, including other significant predictors of mental well-being, show that it is essential to have enough material resources to satisfy needs but also to feel respected. Also, we can see that those with difficulty in living a decent life and not feeling valued by others have lower mental well-being than those who can satisfy their needs, even if they do not feel valued. So, the policy should target not only the “hard” dimension of quality of life, income, but also the “soft” one, social cohesion, and inclusiveness. In Romania, most of the population
is in the difficulty zone of satisfying needs and are at double risk of developing low mental well-being.

REFERENCES


Eurofound, ed. 2010a. Living Conditions, Social Exclusion and Mental Well-Being. Second European Quality of Life Survey, ... Luxembourg: Office for Official Publ. of the Europ. Communities [u.a.].

———. 2010b. Subjective Well-Being in Europe. Second European Quality of Life Survey, ... Luxembourg: Off. for Official Publ. of the Europ. Communities [u.a.].

Funding:
This study received support from the project PN-III-P4-ID-PCE-2016-0245 “Remitted Osmosis. Changing social values at origin due to emigration”.

Acknowledgments:
I would like to thank all the anonymous reviewers for their thoughtful comments and suggestions, which helped me improve this manuscript. Also, I would like to thank Iuliana Precupețu for the fruitful discussions on different versions of the manuscript.

Omenii au nevoie de condiții adecvate pentru a avea o stare de spirit pozitivă de durată. În această lucrare discut efectele a două astfel de condiții: venitul subiectiv și respectul perceput. Banii sunt necesari pentru cumpărarea alimentelor, locuinței, dar și pentru stilul de viață. Astfel, rolul banilor pentru calitatea vieții este clar și nu poate fi negat în societatea contemporană. Ipoteza principală a studiului este că respectul perceput, dacă oamenii se simt valorizați în societatea din care fac parte, afectează bunăstarea mentală indiferent de nivelul curent al venitului. Folosind datele valului patru din cercetarea European Quality of Life Survey, anul 2016, și modele de regresie liniară multiplă, arată că, pentru România și EU28, oamenii care au dificultăți în asigurarea unui trai decent au un nivel mai scăzut al bunăstării mentale când nu se simt valorizați de ceilalți.

Cuvinte-cheie: bunăstare mentală; venit subiectiv; respect perceput; European Quality of Life Survey; scala WHO-5.

Primit: 23.05.2020       Acceptat: 30.07.2020