

## **A Cross-Cultural Study about Positive and Negative Emotions and Its Relation to Health and Well-being**

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### **Abstract**

This review article consists of two studies about well-being and positive and negative emotions in two different cultures of Iran and Sweden as markers of collectivistic and individualistic cultures, respectively. Study 1 compared Iranian and Swedish undergraduate students with new measurements of well-being distinguishing between cognitive and emotional components (Diener et al., 2010). Whereas there was no difference between the two cultures in cognitive component of well-being, there were significant differences between the two cultures in emotional components. Iranian students reported more negative emotions while Swedish students reported more positive emotions. Furthermore, whereas in Iranian population, negative emotions more strongly predicted their well-being, positive emotions more strongly predicted well-being in the Swedish population. In Study 2, the same measurements of well-being and positive and negative emotions were used among Iranian and Swedish infertile women who were in an unpleasant situation and experience a significant amount of stress and negative emotions. The results of this study also showed no difference between the two cultures with respect to cognitive component of well-being. There were again cultural differences in emotional component. Infertile Swedish women reported higher levels of positive and negative emotions than infertile Iranian women. In both infertile populations, the most predictive affect with regard to flourishing was the balance affect. It was concluded that, under a stressful and unpleasant situation like infertility compared to a normal situation (such as university student populations), the same pattern of distinction between cognitive and emotional components of well-being can be still observable. However, negative emotions can act differently at cultural level: they become more noticeable in the Swedish

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population than in the Iranian population. The results are discussed with respect to individualistic-collectivistic dimension.

**Keywords:** Health, Well-being, Positive and negative emotions, Cross-Cultural study, Iran, Sweden

### **Introduction**

Health is defined as a complete state of well-being: physical well-being, psychological well-being *and* social well-being (WHO, 2004). This clearly indicates that a complete picture of health is related to well-being in three dimensions and absence of sickness is not the final goal any longer. Today, it is believed that the absence of disease or illness can be regarded as minimum definition of health whereas the presence of wellness is considered as optimum definition health. This view is the main concern of positive psychology which is a scientific study of ordinary human strengths and virtues and is about the average person with an interest in finding out what works, what is right, and what is improving (Sheldon & King, 2001). In positive psychology, positive and negative emotions are two important components of health and well-being. A research review has shown that people who experience more positive emotions tend to have greater success in numerous areas of life (e.g., more satisfied, more rewarding interpersonal relationship, more productive, more helpful, more goal directed, more creative and more flexible) than those more negatively oriented (Lyubomirsky, King, & Diener, 2005). However, positive and negative emotions may not viewed similarly across different cultures (e.g., Kuppens, Realo & Diener, 2008). It has been suggested that culture can influence the desirability of positive and negative emotions and the interrelation between these two components of life satisfaction is an important issue, especially at cultural level (Diener, Oishi & Lucas, 2003). There are research showing significant variations in emotional experience in different culture: China (Potter, 1998), India (Shweder & Haidt, 2002), Indonesia (Heider, 1991), the Mediterranean (Gaines & Farmer, 1986), Poland and USA (Wierzbicka, 1994). One of the explanations for these differences can be considered as the individualism-collectivism dimension.

This dimension conceptualizes the fundamental differences in cultural values that contribute to different personal attributes such as traits, abilities, motives and values (e.g., Church et al., 2008).

Individualism places a high value on the freedom and happiness of an individual, and generally stresses the self-directed, self-contained and autonomous individual (e.g., Realo et al., 2002). Collectivism, by contrast, emphasizes social organizations, such as the family and community, and the importance of the groups to which individuals belong (e.g., Realo, 2003). The individualism-collectivism dimension has also been elucidated by reference to the meaning of differences between Western and Eastern cultures concerning positive and negative emotions (Leu et al., 2011).

Wong (2011) has proposed a model to incorporate both negative and positive emotions, jointly and bi-directionally. In this balanced interactive model of positive psychology, positive traits such as happy and pleasant do not have full potential for reaching a high level of well-being such as self-actualization or self-determination, and again, negative traits such as sad, angry and unpleasant do not necessarily generate a low level of well-being. There are also cultural differences in the balancing act between positives and negatives. While maximizing positive emotions may be a cultural goal in individualistic-based Western contexts, the balancing of positive and negative emotions may be a cultural goal in collectivistic-based Asian contexts (Leu et al., 2011; Wong 2011)

In This research, we investigated positive and negative emotions in two different cultures: Iran as marker of collectivistic West Asian culture (Fukuyama, 1992; also see Tamadonfar, 2001) and Sweden as an individualistic Western culture (Schimmack et al., 2005). The Iranian and Swedish cohorts, therefore, are used to contrast between those living within a supposedly collectivistic society and those living within an individualistic society.

## **Method**

This review article included two separate studies in these two populations.

### **Study 1**

In this study, Kormi-Nouri, Farahani and Trost (2013) compared 296 native-born Iranian undergraduate students (200 female and 96 male) and 310 native-born Swedish undergraduate students (227 female and 83 male) with respect to their well-being and positive and negative emotions. Mean age of Iranian students was 20.78 (SD = 1.70) and of their Swedish counterparts 23.82 (SD = 4.71). The scales

used in this study were the Flourishing Scale (FS) and Scale of Positive and Negative Experience (SPANE) (Diener et al., 2010). FS is designed to measure well-being from different aspects of positive relationships, feeling of competence and having meaning and purpose in life. SPANE consists of equal number of positive and negative experiences. In this scale, in addition to total positive score and negative score, we can consider the balance affect which is scored by the subtraction of negative score from positive score. According to Diener et al. (2010), the larger the value of either positive affect or negative affect the higher the imbalance affect will be.

The results showed no difference between Swedish and Iranian participants in their flourishing scores. However, they found different emotional patterns in these two cultures. Whereas Swedish students showed more positive emotions, Iranian participants showed more negative emotions. Further, whereas positive affect and flourishing were positively correlated in the Swedish sample, they were negatively correlated in the Iranian sample. It was also found that, in the Swedish sample, the factor most predictive of flourishing was positive affect. However, in the Iranian sample, the most predictive factor was the balance affect (a combination of both positive and negative affects together). In line with previous research (e.g., Kuppens, Realo, and Diener, 2008; Pavot and Diener, 2004; Schimack, Oishi, and Diener, 2002), it was concluded that there is a need to distinguish between the cognitive and emotional components of well-being, especially at the cultural level. Whereas culture has no impact on the cognitive component of subjective well-being, it can selectively influence different emotional components of subjective well-being.

### **Study 2**

Kormi-Nouri, Zahraei and Bergbom (in press) designed a follow-up study in the same two cultures (Sweden and Iran), but in a different population, namely infertile women under IVF treatment, who are in an unpleasant situation and might experience a significant amount of stress and negative emotions. The aim of the present study was to examine Iranian and Swedish women's cognitive and emotional well-being while they underwent fertility treatment. The level of psychological distress caused by infertility may be affected by culturally shaped norms about family formation, leading to cultural differences in stigmatization. This may produce a cultural difference

in well-being and its components, with infertile Iranian women being more stigmatized than Swedish women and displaying different emotional patterns of well-being.

This study intended to investigate if there were any differences in the degree of positive and negative emotions in Iranian and Swedish women who were undergoing fertility treatment and how these emotions may have affected well-being differently based on culture. Based on previous research on cultural differences in the strive for emotional moderation or emotional maximization (Kitayama, Park, and Sevincer, 2009; Kormi-Nouri et al., 2013), a cultural difference would be expected to be found in the present study, with the well-being of infertile Iranian women not being affected by negative emotions as in infertile Swedish women. On the contrary, research indicates that these cultural differences are often observed in “pleasant” situations and may not be present in “unpleasant” situations (Miyamoto et al., 2010; Uchida and Kitayama, 2009), which may result in small or no differences in emotions between Iranian and Swedish women who are undergoing fertility treatment.

Participants who were included in this study were women who had received some kind of infertility-related help (IVF treatments) at fertility clinics in Iran (N = 118, mean age = 29.13) and Sweden (N = 94, Mean age = 31.33). The study only involved women, as women are the main focus of fertility treatment. Because the Iranian culture is regarded as a collectivistic Asian culture, and Sweden is regarded as a highly individualistic Western culture, the use of an Iranian and a Swedish sample for comparisons on cultural dimensions such as collectivism and individualism was appropriate (Berggren and Trädgårdh, 2006; Kormi-Nouri et al., 2013; Schimmack et al., 2005).

## **Results**

The main important finding of this study, in line with the findings of the Kormi-Nouri et al. (2013) study, was that there was no difference between the two cultures concerning the cognitive components of well-being. That is, once again, Swedish and Iranian participants, who belong to individualistic and collectivistic cultures, respectively, were similar with respect to the general evaluation of their life satisfaction. This similarity was therefore not affected by being in an unpleasant and stressful situation. Infertility has usually been considered a powerful stressor that involves emotional changes (e.g., Ridner,

2004), and infertile women experience strong psychological distress and negative feelings related to infertility (e.g., Miles et al., 2008). There is also research showing that social pressure towards family formation and having a child (e.g., Triandis, 2001; VanRooij et al., 2006) and stigmatization in infertility (e.g., Miles et al., 2008; Yağmur and Oltuluoğlu, 2011) are observed to a greater extent in collectivistic cultures than in individualistic cultures. However, the results of the present study showed that this unpleasant and stressful situation had no effect on flourishing at a cultural level. Interestingly, the scores of flourishing for the infertile women in the present study and for university students in the Kormi-Nouri et al. (2013) study were comparable, and both studies showed high general life satisfaction in these two cultures.

However, like the Kormi-Nouri et al. (2013) study, cultural differences were observable in the emotional components of well-being, namely positive and negative emotions. Infertile Swedish women reported higher levels of positive affect than infertile Iranian women. However, unlike the university student population in the Kormi-Nouri et al. (2013) study, infertile Swedish women in this sample also reported higher levels of negative emotions than infertile Iranian women. Moreover, in both infertile groups, the same pattern of prediction was observed: the most predictive affect with regard to flourishing was the balance affect, and negative and positive effects were in the second and third places, respectively. Thus, it appears that, under a stressful and unpleasant situation like infertility, negative emotions act differently in these two cultures: they become more noticeable in the Swedish population than in the Iranian population.

A comparison between our two studies showed that while the balance affect was the most predictive variable for flourishing in the Iranian group in the Kormi-Nouri et al. (2013) study, this was the case for both cultural groups in the present study. Additionally, whereas the results of the Swedish groups in terms of positive and negative emotions were comparable in these two studies, the results were different for Iranian groups: infertile Iranian women, compared to Iranian university students, scored higher in positive emotions but scored lower in negative emotions. That is, infertility as a stressful and negative situation can change the emotional pattern at a cultural level.

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