

Bonnie Kaul Nastasi · Amanda P. Borja
Editors

International Handbook of
**Psychological
Well-Being in Children
and Adolescents**

Bridging the Gaps Between Theory,
Research, and Practice

International Handbook of Psychological Well-Being in Children and Adolescents

Bonnie Kaul Nastasi
Amanda P. Borja
Editors

International Handbook of Psychological Well-Being in Children and Adolescents

Bridging the Gaps Between Theory,
Research, and Practice

 Springer

Editors

Bonnie Kaul Nastasi
Dept. Psychology
Tulane University
New Orleans
Louisiana
USA

Amanda P. Borja
Dept. Psychology
Tulane University
New Orleans
Louisiana
USA

ISBN 978-1-4939-2832-3 ISBN 978-1-4939-2833-0 (eBook)
DOI 10.1007/978-1-4939-2833-0

Library of Congress Control Number: 2015947561

Springer New York Heidelberg Dordrecht London

© Springer Science+Business Media New York 2016

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made.

Printed on acid-free paper

Springer Science+Business Media LLC New York is part of Springer Science+Business Media
(www.springer.com)

This book is dedicated to the promotion and protection of individual and collective well-being, psychologically healthy environments, and human rights for children and adolescents worldwide. We also dedicate this book to the children and adolescents whose voices are represented herein and to school psychologists and other professionals who work to promote and protect child rights and well-being.

Preface

This handbook culminates a multiyear project devoted to better understanding psychological well-being across the world's cultures and from the perspective of children and adolescents whose voices are often neglected in the research literature. The work represents the efforts of 30 research partners from across the globe who volunteered their time and energy to enhance our knowledge of children's psychological well-being. The project, *Promoting Psychological Well-Being Globally*, was initiated at an annual conference of the International School Psychology Association (ISPA) by a group of interested researchers and practitioners from different countries. Collectively, this group echoed the challenge posed by leading experts that we explore psychological constructs from an *emic* (insider) perspective rather than continuing to rely on the *etic* (outsider/expert) view of scholars who represent the views of 5% of the world's population (Arnett, 2008). With this goal in mind, the group ventured into an ethnographic qualitative study of the domain of psychological well-being to develop culturally informed concepts and definitions. From a small group of school and educational psychologists who met at ISPA, the project grew to encompass partners from 14 sites in 12 countries. This group of 30 research partners engaged more than 800 children and adolescents through focus group discussions and individual depictions of stress and support within their social ecologies (using *ecomaps*). Although the study also included the perspectives of important socializing agents—parents, teachers, school administrators and support staff, other health/mental providers—this book represents primarily the voices of children and adolescents, voices that are seldom heard in scholarly literature. We hope this book not only informs the thinking of mental health professionals and educators but also illustrates a process for representing the voices of children and adolescents in our efforts to improve their lives.

Bonnie Kaul Nastasi
Amanda P. Borja

Reference

Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, *63*(7), 602–614. doi:10.1037/0003-066X.63.7.602.

Contents

1 Introduction to the <i>Promoting Psychological Well-Being Globally</i> Project	1
Bonnie K. Nastasi and Amanda P. Borja	
2 The <i>Promoting Psychological Well-Being Globally</i> Project: Approach to Data Collection and Analysis	13
Bonnie K. Nastasi and Amanda P. Borja	
3 Psychological Well-Being in Children and Adolescents in Manaus, Amazonas, Brazil	33
Patricia Sánchez Lizardi and Júlio César Carregari	
4 Psychological Well-Being of Students in Estonia: Perspectives of Students, Parents, and Teachers	51
Katri Viitpoom and Helve Saat	
5 Psychological Well-Being Among Greek Children and Adolescents	61
Chryse Hatzichristou, Philia Issari and Theodora Yfanti	
6 Sexual Health, Gender Roles, and Psychological Well-Being: Voices of Female Adolescents from Urban Slums of India	79
Emiliya Adelson, Bonnie K. Nastasi, Shubhada Maitra, Divya Ballal and Latha Rajan	
7 Psychological Well-Being as a New Educational Boundary: Findings from Padua, Italy	97
Alessandra Cavallo	
8 Psychological Well-Being of Children and Youth in Mexico	115
Catherine Perkins, Laura Wood, Kris Varjas and Gina Vanegas	
9 Promoting Psychological Well-Being in Puerto Rico	137
Mariny León and Amanda Clinton	

10 Mapping Psychological Well-Being: The Case of Children and Adolescents in Romania.....	151
Valeria Negovan, Vlad Petre Glăveanu and Elena Stănculescu	
11 Psychological Well-Being Research with Children in Samara, Russia.....	171
Irina Chaus, Inna Matasova and Mariia Shatalina	
12 Well-Being Among Slovak Adolescents.....	183
Olga Orosova, Beata Gajdosova and Anna Janovska	
13 Youth Perspectives About the Factors that Contribute to Psychological Well-Being in Negombo, Sri Lanka.....	201
Asoka Jayasena, Amanda P. Borja and Bonnie K. Nastasi	
14 Children of Tanzania: Culturally Specific Resilience and Vulnerability.....	221
Robin Spencer Peterson and Martha Jane Giles	
15 Longing for a Balanced Life: Voices of Chinese-American/Immigrant Adolescents from Boston, Massachusetts, USA.....	247
Chieh Li and Huijun Li	
16 Emic Perspectives of Risk and Support: Voices from Lower Elementary Students in New Orleans, Louisiana, USA.....	271
Patrick B. Bell, Jorge M. Verlenden, Allisyn L. Swift, Heather L. Henderson and Bonnie K. Nastasi	
17 Cross-Cultural Patterns of Children’s Phenomenology About Stressors and Supports.....	291
Amanda P. Borja, Bonnie K. Nastasi, Emiliya Adelson and Zainab J. Siddiqui	
18 Facilitating Children and Adolescents’ Psychological Well-Being: A Practitioners’ Model and Research Example.....	311
Helen Y. Sung and Michael Cunningham	
19 Future Directions in Promoting Psychological Well-Being Globally.....	323
Bonnie K. Nastasi and Amanda P. Borja	
Index.....	331

About the Editor

Bonnie Kaul Nastasi, PhD, (Kent State University, 1986, School Psychology & Early Childhood Education), is a Professor in the Department of Psychology, School of Science and Engineering, at Tulane University, and codirects the Trauma Specialization in School Psychology at Tulane. Dr. Nastasi's research focuses on the use of mixed methods designs to develop and evaluate culturally appropriate assessment and intervention approaches for promoting mental health and reducing health risks such as sexually transmitted infections (STIs) and HIV, both within the US and internationally. She directed a multi-country study of psychological well-being of children and adolescents with research partners in 12 countries from 2008–2013, which forms the basis of this book. She has worked in Sri Lanka since 1995 on development of school-based programs to promote psychological well-being and conducted programming in the Southern province of Sri Lanka following the December 2004 tsunami. She was one of the principal investigators of an interdisciplinary public health research program to prevent STIs among married men and women living in the slums of Mumbai, India, from 2002–2013. She is active in promotion of child rights and social justice within the profession of school psychology and has directed the development of a curriculum for training school psychologists internationally on child rights, a joint effort of International School Psychology Association (ISPA), International Institute of Child Rights & Development (IICRD), Division 16 of the American Psychological Association (APA), and Tulane University's School Psychology Program. Dr. Nastasi is an Associate of the IICRD since 2011; a past-president of APA's Division 16; 2013–2014 Co-Chair of APA's Committee on International Relations in Psychology; Chair of ISPA's Professional Development and Practices Committee; incoming Division 16 APA Council Representative; and President-elect of ISPA.

Amanda P. Borja, PhD, (Tulane University, School Psychology, 2015; MS, Tulane University, School Psychology, 2012; Mercy College, MS, Urban Education, 2007). She received her BA from Binghamton University in 2005, and was a special education teacher in New York City for 4 years. While at Tulane, she was a Southern Regional Education Board Fellow, which helped to fund her research and training. Specifically, her research interests focused on phenomenology about stress, coping, and psychological well-being among teachers and children in international contexts. Her dissertation project focused on cross-cultural patterns of international children's stressors and

supports. Her work has contributed to the continued development, analysis of local and cross-site data, and dissemination of Dr. Nastasi's Promoting Psychological Well-Being Globally project. Most recently, Amanda completed her pre-doctoral internship training at the Florida State University Multidisciplinary Center, providing assessment, consultation, and school mental health services to families in Tallahassee and its surrounding rural counties.

Contributors

Emiliya Adelson, MS, Department of Psychology, Tulane University, New Orleans, LA, USA

Divya Ballal, MSW, National Institute of Mental Health and Neuro Sciences, Bangalore, India

Patrick B. Bell, PhD, Department of Psychology, Tulane University, New Orleans, LA, USA

Amanda P. Borja, PhD, Tulane University, New Orleans, LA, USA

Júlio César Carregari, MS, Universidade de São Paulo, São Paulo, Brazil

Alessandra Cavallo, PhD, Department of Philosophy, Sociology, Education and Applied Psychology, University of Padua, Padua, Italy

Irina Chaus, MS, Moscow City Pedagogical University Samara Branch, Samara, Russia

Amanda Clinton, PhD, University of Puerto Rico, Mayagüez, Puerto Rico

Michael Cunningham, PhD, Tulane University, New Orleans, LA, USA

Beata Gajdosova, PhD, Pavol Jozef Šafárik University, Košice, Slovak Republic

Martha Jane Giles, PhD, Walden University, Minneapolis, MN, USA

Vlad Petre Glăveanu, PhD, Aalborg University, Aalborg, Denmark

Chryse Hatzichristou, PhD, University of Athens, Athens, Greece

Heather L. Henderson, MS, Department of Psychology, Tulane University, New Orleans, LA, USA

Philia Issari, PhD, University of Athens, Athens, Greece

Anna Janovská, PhD, Pavol Jozef Šafárik University, Košice, Slovak Republic

Asoka Jayasena, PhD, Walden University, Minneapolis, MN, USA

Mariny León, BA, Universidad Interamericana, San Germán, Puerto Rico

Chieh Li, EdD, Department of Counseling & Applied Educational Psychology, Northeastern University, Boston, MA, USA

Huijun Li, PhD, Florida A & M University, Tallahassee, FL, USA

Patricia Sánchez Lizardi, PhD, Universidade do Estado do Amazonas, Manaus, Brazil

Shubhada Maitra, PhD, Tata Institute of Social Sciences, Mumbai, India

Inna Matasova, PhD, Moscow City Pedagogical University Samara Branch, Samara, Russia

Bonnie K. Nastasi, PhD, Tulane University, New Orleans, LA, USA

Valeria Negovan, PhD, University of Bucharest, Bucharest, Romania

Olga Orosova, PhD, Pavol Jozef Šafárik University, Košice, Slovak Republic

Catherine Perkins, PhD, Counseling and Psychological Services, Georgia State University, Atlanta, GA, USA

Robin Spencer Peterson, PhD, Arusha Mental Health, Arusha, Tanzania

Latha Rajan, MD, School of Medicine, Tulane University, New Orleans, LA, USA

Helve Saat, MSc, Institute of Psychology, Tallinn University, Tallinn, Estonia

Mariia Shatalina, PhD, Moscow City Pedagogical University Samara Branch, Samara, Russia

Zainab J. Siddiqui, MS, Tulane University, New Orleans, LA, USA

Elena Stănculescu, PhD, University of Bucharest, Bucharest, Romania

Helen Y. Sung, PhD, Alliant International University, San Francisco, CA, USA

Allisyn L. Swift, PhD, Department of Psychology, Tulane University, New Orleans, LA, USA

Gina Vanegas, MEd, EdS, Counseling and Psychological Services, Georgia State University, Atlanta, GA, USA

Kris Varjas, PsyD, Counseling and Psychological Services, Georgia State University, Atlanta, GA, USA

Jorge M. Verlenden, MS, Department of Psychology, Tulane University, New Orleans, LA, USA

Katri Viitpoom, MSc, Tallinn Nõmme Primary School, Tallinn, Estonia

Laura Wood, MEd, Counseling and Psychological Services, Georgia State University, Atlanta, GA, USA

Theodora Yfanti, PhD, University of Athens, Athens, Greece

About the Contributors

Emiliya Adelson, MS, (Psychology, Tulane University, 2014) is a School Psychology doctoral student at Tulane University. She received her BS in Psychology from Tulane University in 2008. Her research interests have focused on psychological well-being and sexual health of adolescent girls in international contexts. She is also interested in the promotion of child rights within the field of school psychology.

Divya Ballal, MSW, (National Institute of Mental Health and Neurosciences, Bangalore, India, 2013) is pursuing a PhD degree in Psychiatric Social Work in the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India. She received her Bachelor's degree in Psychology from Kerala University in 2008; Master's in Social Work from Tata Institute of Social Sciences, Mumbai, in 2010; and Master's in Psychiatric Social Work from NIMHANS in 2013. Her clinical practice is in the area of child and family mental health and she is currently researching on the experiences of adolescent children of parents with severe mental illnesses.

Patrick B. Bell, PhD, (Tulane University, 2015, School Psychology; MS, Tulane University, 2013, Psychology) His master's thesis and dissertation research focused on the use of participatory, culture-specific consultation to translate evidence-based programs into urban school settings under the guidance of Dr. Bonnie Nastasi. Before entering graduate school, Patrick worked in the Maryville Behavioral Health Hospital in Chicago before relocating to New Orleans with Teach For America. In New Orleans, he taught 2nd, 3rd, and 4th grades and was an assistant principal of a local charter elementary school. He is thankful to the faculty of Tulane University's Department of Psychology for funding his graduate studies and research with the Doris Patricia O'Quinn Fellowship for a School Psychology doctoral student committed to championing the practice of psychology in the schools of New Orleans.

Júlio César Carregari, MS, (2002, Psychology, Universidade Estadual Paulista, UNESP, Câmpus de Assis, Brazil). His thesis, for which he obtained a fellowship from the São Paulo State Research Foundation, looked at the support and services for people with disabilities. He has taught undergraduate level psychology courses in different universities in Brazil. From 2008 to 2013, he taught and conducted research at the Universidade do Estado do Amazonas. Currently, he is a doctoral student in Education at the Universidade de São Paulo, USP, Brazil.

Alessandra Cavallo, PhD, (University of Padua, 2010) is a preschool teacher at the “Scuola dell’Infanzia—Filomena Fornasari” in Padua. She holds a degree in Psychology and she is currently furthering her education with a specialization at the “European School of Functional Psychotherapy.” In 2010 she received a PhD in Pedagogical Sciences from the University of Padua and she still continues her work focusing on the promotion of the psychological well-being during the developmental age. She is a facilitator for the specialization course “Philosophy for Children,” and she is committed so that every school environment serves as a research community built on dialogue, complex reasoning, and conscious communication.

Irina N. Chaus, PhD, (Pedagogical University, 2001), MS (Pedagogical University, Practical Psychology in Educational System, 1995), MS (Medical University, Psychotherapy, 1983), is an Associate Professor in the Department of Psychology, Samara Branch of Moscow State Pedagogical University. Professional interests include child and teenage adaptation problems in educational environments, and development of positive self-perception and psychological well-being among gifted students. Dr. Chaus is a member of the Russian School Psychology Federation (since 2001), the Samara Association of Faculties and Chairs that graduates practical psychologists (since 2003), and the International School Psychology Association (ISPA, since 1998). She has organized the first child-teenager psychotherapeutic consultation-correction center in Samara city of Russia (1984), the first child-teenager psychotherapeutic daytime hospital (1989), medico-psychological center in “Daytime Boarding School” (1993), and consultation psychological center at Samara Branch of Moscow State Pedagogical University (2005).

Amanda Clinton, PhD, (University of Georgia, 2001, School Psychology) is an Associate Professor in the Department of Psychology at the University of Puerto Rico, Mayagüez. Dr. Clinton’s research focuses on cultural adaptation of evidence-based social skills programs, language-based learning disabilities in bilingual children, and science education for minority students. Dr. Clinton has also been recognized for outstanding pedagogy and been invited by the United Nations Children’s Fund (UNICEF) and the US Department of State to speak about effective instructional methods across the globe. She is currently the APA Division 16 Vice-President for Professional Affairs. Dr. Clinton recently published an edited volume titled, *Assessing Bilingual Children: An Integrated Approach*.

Michael Cunningham, PhD, (Emory University, 1994, Educational/Developmental Psychology) is a Professor at Tulane University with a joint faculty appointment in the department of Psychology and the undergraduate program in African Diaspora Studies. He has a program of research that focuses on racial, ethnic, psychosocial, and socioeconomic processes that affect psychological well-being, adjustment to chronic stressful events, and academic achievement among African American adolescents and their families. He has received external funding from several sources including the National Science Foundation, The Mellon Foundation, and The Department of Education. He has received Tulane’s highest teaching award and been designated as a Suzanne and Stephen Weiss Presidential Fellow. Most recently, he was recognized by the Society for Research in Child

Development for Distinguished Contributions to the Society. He is also an Associate Editor of *Child Development* and serves on the editorial boards of the *Journal of Negro Education*, and *Research in Human Development*.

Beata Gajdošová, PhD, (Pavol Jozef Šafárik University in Košice, 1983, Psychology) is the head of the Department of Educational and Health Psychology at the Faculty of Arts, P. J. Šafárik University in Košice, Slovakia. She also serves at the university as the coordinator for students with special needs. Her research is mainly focused on intrapersonal factors and their role in health related behaviors. She is also a trained psychotherapist and counseling psychologist (Client Centered Approach). She spent a significant part of her career working as a school psychologist at the Educational and Psychological Counseling Center. She is a member of the Slovak Psychotherapeutic Society, European Health Psychology Society, and International School Psychology Association (ISPA).

Martha Jane Giles, PhD, (Walden University, 2003) is a core faculty member in the School of Psychology, College of Behavioral Health Science at Walden University. Dr. Giles has done research on aging, the use of virtual labs in research, and on-line faculty. She has presented her research to groups that promote the development of innovative ways to further on-line learning at the University level. She has also been active in promoting healthy educational practices in Tanzania.

Vlad Petre Glăveanu, PhD, (London School of Economics, 2007, Social Psychology) is Associate Professor in the Department of Communication and Psychology, Aalborg University, Denmark. His work develops the cultural psychology of creativity and has been published in specialised journals (e.g., *Creativity Research Journal*, *Journal of Creative Behavior*, *Psychology of Aesthetics, Creativity, and the Arts*) as well as cultural and general/theoretical outlets (e.g., *Review of General Psychology*, *Culture & Psychology*, *New Ideas in Psychology*). His books include: *Thinking through creativity and culture: Toward an integrated model* (Transaction, 2014), *Distributed Creativity: Thinking outside the Box of the Creative Individual* (Springer, 2014), and *Rethinking Creativity: Perspectives from Cultural Psychology* (Routledge, 2014, coedited with Alex Gillespie and Jaan Valsiner). Vlad is codirecting the International Centre for the Cultural Psychology of Creativity at Aalborg University and has research and teaching collaborations in London (LSE, ESCP Europe) and Paris (Universite Paris Descartes). He is coediting with Brady Wagoner the book series *Creativity and Culture* for Palgrave and the Editor of *Europe's Journal of Psychology*, an open access peer-reviewed outlet published by PsychOpen (Germany).

Chryse Hatzichristou, PhD, is a Professor of School Psychology, Director of the Graduate Program in School Psychology, and Director of the Center for Research and Practice in School Psychology at the Department of Psychology, University of Athens, Greece. She studied at Harvard University (MEd, CAS) and University of California, Berkeley (PhD). She has served as Secretary of the Executive Committee of the International School Psychology Association (ISPA) and cochair of the Division of School Psychology of the Hellenic Psychological Society. Her primary research interests include service delivery models, primary and secondary prevention programs

in schools, crisis prevention and intervention, school-based consultation, and cross-cultural and transnational issues in school psychology training and practice. Dr. Hatzichristou is the author of many scholarly Greek and international publications and presentations and has conducted numerous workshops. She is the recipient of 2010 Outstanding International Scholar Award of ISPA. She is also cochair of the Committee on International Relations in Psychology (CIRP) of the American Psychological Association (APA), chair of the Globalization of School Psychology Working Group of the Division of School Psychology, American Psychological Association (APA), and chair of Trainers of School Psychology interest group of the International School Psychology Association (ISPA). Address: Department of Psychology, School of Philosophy, Panepistimiopolis, 15784 Ilissia, Athens, Greece.

Heather L. Henderson, MS, (Tulane University, Psychology, 2014), MEd, is a fourth-year student in the School Psychology Doctoral program in the Department of Psychology, School of Science and Engineering, at Tulane University. Ms. Henderson's current research focuses on the use of social and emotional self-report diagnostics to inform prevention and intervention programs at the secondary level. Ms. Henderson also plans to pursue research focused on culturally responsive school-wide social-emotional and academic curriculum.

Philia Issari, PhD, is Assistant Professor of Counseling Psychology in the faculty of Psychology, Department of Philosophy-Pedagogy & Psychology, University of Athens, and was Guest Lecturer at Roehampton University, London. She studied at Paris-Sorbonne University, New York University (MA), and University of California, Los Angeles (PhD). Dr. Issari's research focuses on the use of qualitative methods in counseling psychology with an emphasis in narrative analysis, hermeneutic phenomenology, and ethnography. Her work includes inquiry on ethnic, cultural, narrative identity, and the dialogic self, stress and coping among immigrant youth, issues of addiction, health and well-being. She is involved in the development and implementation of programs for multicultural and narrative counseling in Greek schools, and abuse counseling for women and children. At present, she is a research partner in two multi-country European projects for the promotion and evaluation of social-emotional learning using phototherapy counseling. Athens, Greece

Anna Janovská, PhD, (Pavol Jozef Šafárik University in Košice, 1984, Psychology) is a lecturer at the Department of Educational and Health Psychology, Faculty of Arts, P. J. Šafárik University in Košice, Slovakia. Her research interests are focused on the topic of well-being in schools and risk behavior of children, adolescents, and university students. In the past, she worked as a counseling psychologist dealing with the educational and personality development of children and particularly in the counseling and psychotherapy of children with behavioral problems. She is a member of the International School Psychology Association (ISPA).

Asoka N. S. Jayasena, PhD, (University of Monash, Australia, 1989). In addition, she holds two master's degrees, from Teacher's College, Columbia University, USA (1979) and the University of Colombo, Sri Lanka (1977); and a Post-Graduate Diploma in Education. She was formerly Professor of Education at the University of Peradeniya Sri Lanka. Since her retirement

from Peradeniya she has been working as a professor at Walden University, USA, and as a visiting professor at Colombo Institute of Psychology and Research. Dr. Jayasena's interests focus on qualitative research related to school curriculum, gender, education, ethnic, and other social issues, especially related to children and women. She has been working with Bonnie Nastasi on mental health issues of Sri Lankan children since 1995 and has conducted intervention programs in several schools in Sri Lanka, especially following the Tsunami catastrophe in 1994. She continues to be actively involved in Sri Lankan education activities.

Mariny León, BA, (University of Puerto Rico, 2013, Psychology) is currently a graduate student at the Universidad Interamericana in Puerto Rico and has experience as a research assistant on projects related to bullying, psychological well-being in children, and video game addiction. Her areas of interest include videogames, cyberbullying, and education.

Chieh Li, EdD, (University of Massachusetts-Amherst, School Psychology, 1991) is an associate professor in the Department of Counseling and Applied Educational Psychology at Northeastern University. She teaches masters and doctoral courses on multicultural counseling and assessment and does research on cross-cultural psychology. As a bilingual (Chinese and English) psychologist, she also writes on bilingual and bicultural issues in the practice of counseling and school psychology, including assessment of culturally and linguistically diverse students. She has also been exploring the impact of traditional Chinese culture and meditation on health and creativity. Dr. Li has been conscientiously using her multicultural knowledge to promote social justice for all children and serve the community. She is the past chair of the Bouvé College Diversity Committee, the national Council of Directors of School Psychology Programs (CDSPP) and the CDSPP Practicum Taskforce.

Huijun Li, PhD, (University of Arizona, School Psychology, 2003) is a Nationally Certified School Psychologist. Dr. Li is an Assistant Professor in the Department of Psychology, College of Social Sciences, Arts, and Humanities, Florida A & M University. She is also a Research Collaborator of Department of Psychiatry at Harvard Medical School. Dr. Li is passionate in teaching and advising undergraduate and graduate students. Prior to joining Florida A & M University, she served as the Director of Multicultural Research of the Commonwealth Research Center, Beth Israel Deaconess Medical Center, and Harvard Medical School. Dr. Li has received federal grants and foundation grants (total about \$ 1.5 million) to study psychosocial factors such as culture-specific beliefs about causes of mental illness, stigma, and barriers to mental services related to mental illness development and progress among individuals from diverse backgrounds. She serves on the Editorial Board of *Asian Journal of Psychiatry* and Editorial Advisory Board of Psychology in the Schools. She also serves as Research Committee Chair of Florida Association of School Psychologists, Ethics Committee member of the International School Psychology Association, and program reviewer of National Association of School Psychologists. Dr. Li actively contributes to local community services by providing presentations and workshops on youth mental health. Dr. Li was interviewed as an experienced professional on youth mental health by the local ABC news after the Newtown, Connecticut, school shooting incident in 2012. Dr. Li is the first expert appearing on

the Florida A & M *Living Well 101 Column*. Her essay on reducing mental health disparity has been published in the *Florida Sun*, *South Florida Time*, the *Westside Gazette*, and *Tallahassee Democrat*. Dr. Li is the author or coauthor of 30 journal articles, one book, five book chapters, and seven translated books, and 50 conference presentations.

Patricia Sánchez Lizardi, PhD, (University of Arizona, 2003, Special Education, Rehabilitation and School Psychology) is the coordinator of psycho-educational planning at the Mexican Clinic for Autism in Mexico City and is an affiliate in the College of Public Health at the University of Arizona. She is a Nationally Certified School Psychologist in the USA and has worked as a school psychologist in Arizona and California. She was a visiting Professor in the Science Education program at the Universidade do Estado do Amazonas, Brazil, with which she still maintains research collaborations. Dr. Sánchez Lizardi researches multicultural inclusion practices with diverse learners. She also is interested in studying how students learn science in order to better prepare science teachers in diverse cultural contexts.

Shubhada Maitra, PhD, (Mumbai University, Social Work, 2005) is a professor at the Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences (TISS), Mumbai. She has an MA in Medical and Psychiatric Social Work, TISS, Mumbai. Her areas of interest include mental health, gender, sexuality, and violence with a focus on women and children. Her PhD thesis focused on mental health consequences of childhood sexual abuse. She also heads *Muskaan*, the child and adolescent guidance centre of TISS and *Tarasha*, a field action project of TISS that works with women recovering from mental illness. Her most recent book is *Play: Experiential Methodologies in Developmental and Therapeutic Settings* (Co-editor: Prof. Shekhar Seshadri), published in 2012, by Orient BlackSwan, New Delhi.

Inna L. Matasova, PhD, (Samara State University, 1991) is an Associate Professor in the Department of General and Social Psychology at Samara Branch of Moscow City Pedagogical University, and Head of Department of Methodology of Physical Culture and Maintenance of the Samara Institute of teacher training. Sphere of scientific interests includes positive psychology, psychology of happiness, health psychology, diagnostics lies, theory of manipulation, and psychology of addiction. Priority research areas are organizational issues related to the prevention of various types of dependencies, creating psycho-diagnostic techniques, prevention programs, psychological well-being and its components, the culture of nutrition, components of a healthy lifestyle, and methods of expert evaluation. Her publications include 65 scientific publications, 24 training manuals, and the monograph *Addictive Behavior: Theory and Practice* (2008). Inna Matasova is a member of International Association of School Psychologists (ISPA) since 2006.

Valeria Negovan, PhD, (University of Bucharest, 2001) is a Professor in the Department of Psychology at Faculty of Psychology and Educational Sciences, University of Bucharest, Romania. Dr. Negovan's scientific research activity focuses on research areas such as students' psychosocial well-being, autonomy and self-regulation, self-determination theory, adaptation and coping strategies in the academic environment, core self-evaluations, and psy-

chological capital in career development. Results of her scientific research and theoretical exegeses are published in books, peer-reviewed journals articles, or presented at national and international scientific events, and offer suggestions for the application of the principles of positive psychology and self-determination theory in education and career counseling. In Romania, Dr. Negovan contributes to the affirmation and development of the profession of school/educational psychologist and promotes the idea of intensifying international cooperation among the specialists in this field.

Olga Orosova, PhD, (Pavol Jozef Šafárik University in Košice, 1980, Psychology) is a Professor in Department of Educational Psychology and Health Psychology at Pavol Jozef Šafárik University in Košice, the Slovak Republic. She is a principal investigator of research projects focusing on the factors of risk behavior among adolescents and young adults, and the effectiveness of the drug use prevention programs. She is active in drug use prevention and education, and psychological counseling work based on working with clients in a systemic approach. She is a member of European Health Psychology Society and International School Psychology Association (ISPA).

Catherine Ann Perkins, PhD, (Georgia State University, 1994, School Psychology) is Coordinator for the School Psychology MEd/EdS Program at Georgia State University, and a research fellow with the Center for Research on School Safety, School Climate, and Classroom Management. Areas of specialization include developmental psychology, biopsychology, and social-emotional development of children and adolescents. Dr. Perkins' research interests focus on multiculturalism and diversity, the prevention and intervention of bullying in schools, and the prevention of commercial sexual exploitation of youth. Dr. Perkins is a Licensed Psychologist in the state of Georgia, and affiliated with the International School Psychology Association (ISPA), the National Association of School Psychologists (NASP), and Past-President (2010) of Georgia Association of School Psychologists. She currently represents the state of Georgia on the NASP Leadership Assembly and continues to hold Leadership and Service certificates for school-based practice in Georgia.

Robin Spencer Peterson, PhD, (Walden University, 2011) is a clinical psychologist in the Tanzanian Regional Government Hospital in Arusha, Tanzania. In addition to clinical work, she has a private practice which includes clinical and educational assessment services, psychotherapy, research, and teaching. Robin moved to Tanzania in 1982, and has raised a family and worked in a family safari business in Arusha.

Latha Rajan, MD, (All India Institute of Medical Sciences, 1988), MPH &TM (Tulane School of Public Health, 2000), is a physician with postgraduate qualifications in clinical microbiology, infectious diseases, public health, and tropical medicine. Dr. Rajan has a joint faculty appointment in the Tulane School of Public Health & Tropical Medicine (Department of Tropical Medicine) and the Tulane School of Medicine (Department of Pathology). She is also the Faculty Director for the MD/MPH rotation, a required medical school rotation for MD/MPH combined degree medical students in all public health disciplines. Dr. Rajan has extensive experience in HIV/AIDS, STD, and Tuberculosis control programs in India and Malaysia. She served

as Consultant for USAID, on monitoring and evaluation for tuberculosis control programs. She has been advisor to the Louisiana Office of Public Health Antibiotic Resistance Program for several years. Her research has involved epidemiological markers for HIV and STDs, molecular diagnostics for Chlamydial infections, and the role of vaginal lactobacilli in local and systemic immunity in adolescents. Dr. Rajan has active overseas collaborations with the All India Institute of Medical Sciences (New Delhi, India), University of Malaya (Kuala Lumpur, Malaysia), and the Malaysian AIDS Council.

Helve Saat, MSc, (Tallinn University, 2001) is a lecturer of school psychology in the Institute of Psychology at Tallinn University. Mrs. Saat's research focuses on the development of culturally appropriate intervention strategies for promoting mental health and reducing risk behavior among pupils in Estonia. She has worked since 1999 on development of school-based intervention programs in preventing drug use among children and adolescents. These programs are targeted to reduce the individual-level developmental and societal risks and to enhance protective factors known to be associated with adolescent drug use. Since 2003 she is a member of the School Psychologist Qualification Committee and since 1996 a member of the Estonian Association of School Psychologists.

Mariia A. Shatalina, PhD, (Samara State University, 1995, Sociology; Moscow City Pedagogical University, 2002, School Psychology) is an Associate Professor in the Department of General and Social Psychology at Samara Branch of Moscow City Pedagogical University. Dr. Shatalina's sphere of research interests includes prophylactic of dependent behavior among children and youth, psychological well-being of subjects of educational process (students, parents and teachers, all who interact as a system in educational environment), and crisis management in school. Dr. Shatalina is a member of Samara School Psychology Association (since 1998) and International Association of School Psychologists (ISPA, since 2006). Samara, Russia

Zainab J. Siddiqui, MS, (Psychology, Tulane University, 2014) is working to be licensed as a Psychological Associate in Ontario, Canada. She received her BA from Kinnaird College for Women, Pakistan in 2003 and her MSc Applied Psychology from University of the Punjab, Pakistan in 2005. Her research interests have focused on the cultural variations in perceptions of stress and stress reactions in children and adolescents.

Elena Stănculescu, PhD, (University of Bucharest, 2001) is a Professor in the Teacher Training Department, Faculty of Psychology and Educational Sciences, University of Bucharest. Her scientific interests comprise positive psychology applied in the schools, ethics in educational psychology, and intervention approaches for social and emotional skills development. She was involved in the international study of psychological well-being of children and adolescents coordinated by Dr. Bonnie Nastasi. She is country representative for Romania in the European Network of Positive Psychology.

Helen Y. Sung, PhD, (2007, PhD, Education, Walden University; 1999, EdS, School Psychology, Illinois State University) has worked in the public school system for 24 years. Dr. Sung is an Adjunct Professor at Alliant International University in San Francisco campus and University of San Francisco in San Jose campus. She is also a licensed private practitioner and has estab-

lished *Nature-N-Nurture* (www.natureNnurture.com). Her research focuses on using qualitative methods to promote emotional intelligence and emotional well-being within the cultural context across home and school. Her work is published in the *School Psychology International*, *Journal of Educational Practice for Social Change*, and *International Journal of School-Based Family Counseling*. In 2013, she self-published a workbook titled, *From Adults to Children: Creating a Culture that Nurtures EiQ*.

Allisyn L. Swift, PhD, (Tulane University, School Psychology, 2015), MS (Tulane University, Psychology, 2012) received her Bachelor's Degree in Psychology from York College, City University of New York. She attended the Jewish Board of Family and Children's Services, Martha K Selig Educational Institute's Infant-Parent Study Center, specializing in clinical work with infants, toddlers and parents, and the enhancement of leadership skills. Ms. Swift is a former Early Childhood Educator and Administrator; Zero-to-Three, National Center for Infants, Toddlers and Families Fellow; Past Chair of The New York City Association for the Education of Young Children Policy Circle; Infant Toddler Specialist at the Day Care Council of New York; and recipient of the School Psychology Trauma Focused Training Grant at Tulane University. As a School Psychology Doctoral student at Tulane University in New Orleans, Louisiana, she worked on the International Psychological Well-Being Team under Dr. Bonnie Nastasi.

Gina Vanegas MEd, EdS, (Georgia State University, 2013, School Counseling) is currently a Counseling Psychology Doctoral Student at University of California, Santa Barbara, and formerly is a School Counselor for Gwinnett County Schools. As a School Counselor, Gina Vanegas promoted a positive and safe school climate through the use of data driven interventions that focus on academic, personal/social, and career development so students can achieve success in school. She has also served as an intervention coordinator for a large research project funded by Centers for Disease Control aimed at promoting effective coping strategies for students victimized by bullying through The Center for School Safety at Georgia State University. Gina Vanegas has advocated for children's mental health since 2007 by working with children of different backgrounds and in a variety of settings including, schools, hospitals, and community centers, among others.

Kris Varjas, PsyD, (University at Albany, 2003, School Psychology) is a Professor in the Counseling and Psychological Services Department, and Director of the Center for School Safety, School Climate and Classroom Management at Georgia State University. Dr. Varjas' current research efforts include school- and community-based projects investigating bullying, homophobic bullying, cyberbullying, and school climate. She has conducted applied research on mental health and health risk among school-age and adult populations in the USA, India, Sweden, Mexico, and Sri Lanka (see Nastasi, Moore, & Varjas, 2004). Additional research interests include international and national mental health promotion, developing culture-specific prevention and intervention programs, and the use of mixed methods in school psychology practice. Dr. Varjas has published articles on these issues in the *Journal of School Psychology*, the *Journal of School Violence*, *School Psychology Review*, *Youth and Society*, and *Western Journal Emergency Medicine*.

Jorge M. Verlenden, MS, (Tulane University, Psychology, 2013), MS Ed (Loyola University, 1999) is a doctoral student at Tulane University in the Department of Psychology. Jorge is exploring ways in which professionals can facilitate the translation of effective mental health prevention and intervention programs in school settings and is interested in models for early intervention to be used with children at risk for emotional and academic difficulties. Jorge is also interested in the intersection between school, children, and family, and in support structures that can foster healthy relationships within this network. Jorge comes to Tulane after years working in Cairo, Egypt, as an intervention specialist for students with specific learning disabilities and as an outcomes-based researcher on a USAID-funded educational development project. She is a member of the Tulane University Child Rights Team and helped design and launch an online learning module to help school psychologists utilize the United Nations Convention on the Rights of the Child in school consultation practice.

Katri Viitpoom, MSc, (Tallinn University, 2006) is a school psychologist in Tallinn Nõmme Primary School. Since 2006 she is a member of the Estonian Association of School Psychologists.

Laura Wood, MEd, (Georgia State University, 2013, School Psychology) is a doctoral student in the School Psychology program at Georgia State University. She works as a research assistant in the Center for Research on School Safety, School Climate, and Classroom Management. Laura is developing her research interests in the area of designing, implementing, and evaluating culturally relevant prevention programs that promote psychological well-being for children. She is currently working closely with a team to create a universal bullying prevention curriculum that empowers bystanders to act.

Theodora Yfanti, PhD, is a School Psychologist member of the scientific team of the Center for Research and Practice in School Psychology, at the Department of Psychology, University of Athens, Greece. She has worked as a School Psychologist in schools and as a coordinator School Psychologist in training, prevention and intervention programs. Her research interests and working experience include mental health promotion, school-based prevention and intervention programs, school-based violence and aggressive behavior, crisis intervention, counseling with families, and family-school partnership. Dr. Yfanti has participated in Greek and international research projects, publications and presentations and has conducted many workshops.

Introduction to the Promoting Psychological Well-Being Globally Project

1

Bonnie K. Nastasi and Amanda P. Borja

Introduction

The purpose of this chapter is to describe the rationale and conceptual framework for the *Promoting Psychological Well-Being Globally (PPWBG)* project. The inception of this project began with a meeting of school/educational psychologists from several countries at the 2006 annual conference of the International School Psychology Association (ISPA). The purpose of the meeting was to generate ideas for multi-country research projects and initiate potential partnerships among colleagues from different countries. What developed from that meeting was a multiyear research project that included 14 sites in 12 countries and facilitated international and local partnerships, some of which persist to date. Moreover, the project generated thinking about the psychological well-being (PWB) of children and adolescents from a cultural and contextual perspective that was for the most part missing when we began. We hope that this book will contribute to continuing dialogue about the importance of developing local theory and data to inform development of mental health programming for children and adolescences.

Several critical questions influenced the development of the PPWBG project: *How do we study children's mental health across multiple countries given the potential variations in world-views and meaning across cultures and languages?*

Moreover, how do we engage in research without imposing "Western" definitions of mental health such as those generated in the USA? How do we avoid the use of the term "mental health" given potential negative connotations (and stigma) through association with the term "mental illness?" Several decisions resulted from our discussion at the ISPA meeting and subsequently guided the purpose and methodology of PPWBG project:

1. Use the term "psychological well-being", rather than "mental health" to connote a positive perspective consistent with promotion of children's development and overall well-being.
2. Explore PWB from an *ecological perspective*, in order to understand the contributions of cultural and contextual factors to individual and collective well-being.
3. Use *qualitative research methods* to facilitate the exploration of local cultural conceptions (definitions) of PWB and psychologically healthy environments.
4. Ensure that the *perspectives of children and adolescents* were represented along with perspectives of key adult stakeholders (e.g., parents, teachers).
5. Develop a *standard, yet flexible, methodology* for conducting research across sites that would: (a) ensure consistency in data while permitting adaptation to contextual factors and (b) contribute to the identification of common ("universal") and unique ("context/culture-specific") themes.

B. K. Nastasi (✉) · A. P. Borja
Tulane University, New Orleans, LA, USA
e-mail: bnastasi@tulane.edu

© Springer Science+Business Media New York 2016

B. K. Nastasi, A. P. Borja (eds.), *International Handbook of Psychological Well-Being in Children and Adolescents*, DOI 10.1007/978-1-4939-2833-0_1

1

What ensued following the ISPA meeting was: (a) development of a standard protocol for data collection (detailed in Chap. 2) that incorporated these decisions and was acceptable to the initial group of partners and (b) engaging in efforts to secure initial funding and identify researchers from different countries to participate. As we began the project and presented initial efforts and preliminary findings at professional conferences, other research partners opted to join the project. The evolving nature of the project extended the efforts over multiple years and made possible data collection in 14 sites across 12 countries. The sites by country included Brazil (Manaus), Estonia (Tallinn), Greece (Athens), India (Mumbai), Italy (Padua), Mexico (Xalapa), Romania (Bucharest), Russia (Samara), Slovakia (Kocise), Sri Lanka (Negombo), Tanzania (Arusha), and three US sites exemplifying different US ethnic populations—Boston, Massachusetts (Asian American); Mayaguez, Puerto Rico (Hispanic American); New Orleans, Louisiana (African American). Researchers from these sites have all contributed to this book, through presentation of site-specific findings (Chaps. 3–16) and inclusion in cross-site analysis (Chap. 17). In addition, two partners from the USA contributed to discussion of the role of socialization agents in facilitating PWB of children and adolescents based on their own research (Chap. 18).

In this chapter, we present the empirical and conceptual framework of the PPWBG project, drawing on previous research by the chapter authors and others. Framing our work were several considerations: the global status of children's¹ mental health; policies and initiatives of the World Health Organization (WHO) and United Nations (UN) regarding children's well-being; limitations of existing theory, knowledge, and research methods for cross-cultural work; issues related to the cultural construction of psychological constructs such as mental health; and the need for participatory and action-oriented models for research and development. In subsequent sections, we describe the conceptual foundations of our work and define key terms. We begin with a

discussion of the global status of children's mental health and relevant policies and initiatives of the WHO and the UN.

Status of Children's Mental Health: Global Perspectives

According to the WHO (2005), the prevalence of mental health disorders among children and adolescents is approximately 20%, with roughly 5% severe enough to warrant clinical intervention. Although access to child and adolescent mental health services varies across countries, ranging from 20 to 80%, in no country (regardless of income level) is service delivery sufficient to meet the needs of the population. More than two thirds of all countries lack identifiable entities responsible for child and adolescent mental health programs. The majority of countries outside of the Americas and Europe lack a system of services to address child and adolescent mental health. The WHO (2005) has identified the following reasons for the inadequacy of mental health service provision for children and adolescents: (a) the absence of mental health from public health agendas; (b) lack of policies mandating mental health service delivery; (c) insufficient or nonexistent government funding; (d) lack of integration within primary care; (e) inadequate human resources due to lack of qualified mental health professionals, including school psychologists (see Jimerson, Oakland, & Farrell, 2007; Jimerson, Skokut, Cardenas, Malone, & Stewart, 2008); (f) inadequate training for health and education professionals; (g) lack of leadership in mental health; (h) lack of awareness among professionals and general public; and (i) stigma associated with mental health problems among professionals and the general public, which is more likely to pose a barrier in high- versus low-income countries.

Although both primary care and educational institutions could serve as sites for universal mental health service delivery, neither have adequate capacity to do so. In developing countries, services are typically available only in hospitals or custodial facilities, with rare access in community care (WHO, 2005). With regard to access in educational settings, WHO (2005, p. 17) reports:

¹ Unless otherwise specified, we use the term child/children to refer broadly to individuals from birth to 18 years, thus encompassing child and adolescent populations.

School-based consultation services for child mental health are not employed in either the developing or the developed world to the degree possible, even though excellent ‘model programmes’ have been implemented in some countries. This gap leads to a failure to reach children who otherwise might be helped to avoid many of the problems associated with school drop-out and other negative consequences due to mental health problems.

Despite, and likely because of, the shortage of government-subsidized services, the nongovernmental organization (NGO) sector is active in child and adolescent mental health (WHO, 2005). However, most of this activity is focused on advocacy rather than programming and is not sustainable due to reliance on external grant funding.

Multiple factors contribute to child and adolescent mental health. As we describe later in the chapter, existing models for conceptualizing mental health (or PWB) include individual and social-cultural factors (Nastasi, Varjas, Sarkar, & Jayasena, 1998; Nastasi, Moore, & Varjas, 2004). Moreover, existing research has documented the influence of environmental risk factors on child and adolescent well-being. Maladaptive child outcomes have been linked to poverty, exposure to community violence, discrimination, parental and family conflict, illness or loss of loved ones, interpersonal aggression and bullying, and exposure to war and natural disasters (Borja et al., this volume; see Chap. 17 for full discussion). However, social-cultural factors also can serve a protective function through instrumental, emotional, and social support, and provision of safe social environments. For example, positive school climate (values, norms, practices, and organizational structures) has been shown to promote healthy relationships, engaged teaching and learning, school connectedness, school completion, and to reduce social-emotional and behavioral problems, absenteeism, suspension, and drop-out (Thapa, Cohen, Higgins-D’Alessandro, & Gaffey, 2012). Moreover, school connectedness (students’ beliefs that others in the school care about them and their learning) promotes healthy behaviors, school engagement, attendance, academic success, and reduces absenteeism, risky behavior (e.g., drug use, sex), emotional distress, and suicidal thoughts and attempts (CDC, 2009).

The prevalence of risk factors on a global level highlights the importance of attention to child and adolescent well-being. UNICEF (2014a), for example, reported statistics on violence against children collected in 2012 from 190 countries. Twenty percent of the victims of homicide were children and adolescents in that year alone, and 60% of children, ages 2–14 years, were subjected to physical punishment regularly by caregivers. In addition, approximately 33% of children, ages 13–15 years, reported being bullied on a regular basis, and the same percentage were involved in physical fighting over the previous year. Moreover, approximately one third of students, ages 11–15, reported bullying others at school (over previous 2 months). Among adolescent girls (ages 15–19), approximately 25% were victims of violence (since the age of 15) and 33% reported having been victims of intimate partner violence (physical, emotional, sexual violence from husband or partner). Furthermore, about 10% of females under 20 years of age reported having experienced forced sexual intercourse. Reported attitudes paralleled these reported statistics. For example, about 33% of adults believed in the necessity of physical punishment for socializing or educating children. Approximately 50% of girls, 15–19, believed that hitting or beating of a wife by a husband was sometimes defensible. The United Nations Children’s Fund (UNICEF) concluded their report with a call for action to raise awareness and prevent violence against children and adolescents. Similarly, both WHO and UNICEF have called for collaborative action by stakeholders from all sectors to address mental health on a global level (e.g., United Nations Secretary-General, 2008).

Future Directions for Children’s Mental Health: Global Perspectives

In the *State of the World’s Children 2015 Report*, UNICEF (2014b) recommended that innovations are necessary to address inequities (e.g., economic, health, education) that affect children’s well-being globally and identified critical features of such innovations. That is, innovations are (pp. 5–6):

1. Target(ing) children who are not easily reached by traditional approaches.
2. Designed to address specific needs of the population of children and families and designed in collaboration with the target population.
3. Linked to the principles of the UN Convention on Rights of the Child (UN, 1989), particularly nondiscrimination to ensure equal access for all. [We describe the Convention in a later section of this chapter.]
4. Conducted in a participatory manner, engaging children and community members as partners in social change.
5. Adapted to local contexts, based on social-cultural, economic, political, and institutional characteristics.
6. Evidence-based and undergo systematic evaluation and monitoring for effectiveness.
7. Sustainable given the resources of target communities.
8. Scalable in order to address the needs of all within specific contexts.

The UNICEF (2014b) proposals for addressing children's mental health are consistent with the recommendations of the WHO (2010) to address the needs of individuals (including adults) in low- to middle-income countries with mental health conditions. For example, the WHO suggests linking mental health to primary health care and other social services (e.g., housing, education), involving the target population in decision making about mental health policies and program development, and strengthening human rights protections. Furthermore, the WHO's (2013) Mental Health Action Plan for 2013–2020 called for "mental health strategies and interventions for treatment, prevention and promotion [that are] based on scientific evidence and/or best practice, *taking cultural considerations into account*" (p. 34, emphasis added).

The approach that guides our own research for facilitating promotion of children's PWB, described in this book, encompasses the UNICEF (2014b) and WHO (2010, 2013) recommendations. Specifically, the foundations of the model that guided our research include an ecological perspective (focus on local context),

ethnographic research to capture cultural and contextual variations, participatory approaches (conducted in partnership with key stakeholders, including children), and consistency with principles of the Convention on the Rights of the Child, particularly participation rights. Moreover, critical to this work is a clear understanding of culture and context. We first discuss the concept of culture and return to the discussion of context when we explore Bronfenbrenner's (1989, 1999) ecological systems theory (EST).

Culture

Culture has been defined as "shared language, ideas, beliefs, values, and behavioral norms" (Nastasi et al., 2004) or "common heritage or set of beliefs, norms and values" (US Department of Health and Human Services (DHHS), 2001, p. 9), as it relates to a particular group (e.g., residents of a high-poverty urban community; members of a family) or setting/context (e.g., community, family). The term *cultural-specific* is used to depict "an individual's real-life experiences within a given cultural context (e.g., neighborhood) and his or her understanding of those experiences" (Nastasi, Varjas, Bernstein, & Jayasena, 2000, p. 403).

Contrary to common use of the term culture as a static descriptor of a particular ethnic group, we view culture as "a dynamic system of meanings, knowledge and actions that provides actors collectively, interpersonally, and individually with community-legitimized strategies to construct, reflect upon, and reconstruct their world and experience, and guide behaviour" (Nastasi et al. 2015, p. 96 see also, Bibeau & Corin, 1995; Geertz, 1992/1968). This shared system of meanings, knowledge, and actions is *co-constructed* through "the process of dialogue among equal partners across class, ethnic/racial, disciplinary, cultural, and other boundaries that integrates knowledge, values, perspectives, and methods derived from all parties, resulting in shared innovation. The co-construction of cultural and other forms of knowledge is an ongoing process that reflects the nature of participatory research and

intervention development, and the more dynamic nature of the social construction [within a given group or context]” (Nastasi et al. 2015, p. 94). Culture and culture-specific are thus considered to be the products of this co-construction process.

Conceptual Foundations for PPWBG Project

The model that guided the research process in the PPWBG project was the *participatory culture-specific intervention model (PCSIM)*, see Fig. 1.1; Nastasi et al., 2004), a recursive research-intervention process for developing interventions that address local cultural and contextual factors in partnership with local stakeholders. As noted in a previous section, the initial planning team wanted to use an approach that would facilitate application to local context and culture and a model that was broad enough in focus to encom-

pass global variations. The PCSIM was adopted as the framework to guide the research process because of the focus on program development specific to local context and culture. In particular, the PCSIM involves a process of formative data collection to explore local definitions of key constructs and local needs and resources from the perspective of stakeholders, including children. As depicted in Fig. 1.1, the PCSIM includes a cycle of ten phases which encompass entry into the context, formative research leading to development of a local model and programming, implementation and evaluation of programming, and capacity building and translation. Although the PCSIM is presented in phases, the process is not linear but requires revisiting and/or continuation of phases throughout. For example, learning the culture and forming partnerships (phases II and III, respectively) continue for the duration of the cycle. In addition, stakeholders are likely to revisit project goals (phase IV) after formative

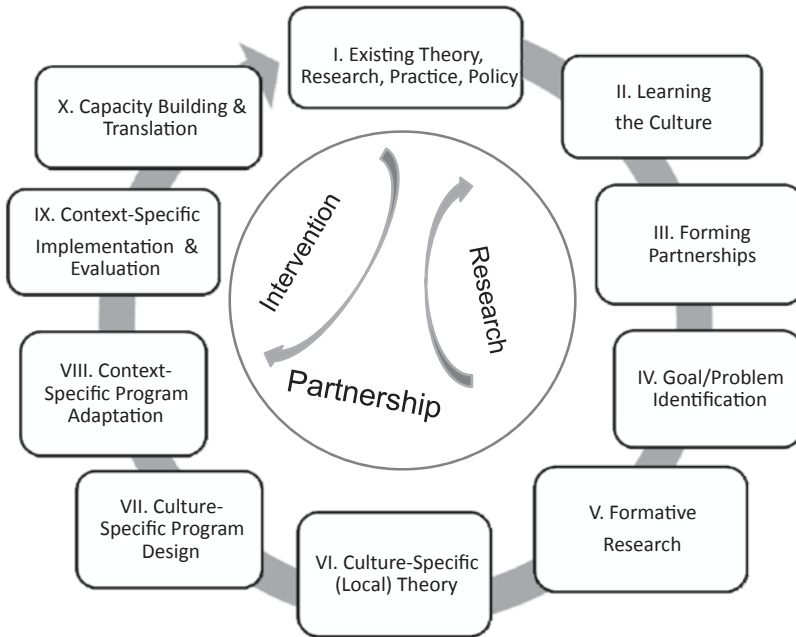


Fig. 1.1 *Participatory culture-specific intervention model (PCSIM)*. The model includes ten phases of program development, starting from existing research, theory, practice, and policy; and concluding with capacity building and translation. The process as depicted is dynamic and recursive and involves continual reflective application of research to inform program design, implementation, ad-

aptation, and evaluation. The goal of PCSIM is to develop acceptable, sustainable, and culturally grounded (i.e., culturally constructed or culture-specific) interventions in partnership with key stakeholders (e.g., researchers, developers, implementers, recipients, administrators). From Nastasi et al. (2004, p. 54). Copyright 2004 by the American Psychological Association. Adapted with permission

research (V), and will likely engage in additional formative research during translation and capacity building (X).

For the PPWBG project, we focused primarily on the first six phases, concluding with development of local site-specific models of PWB. In some instances, partners proceeded with subsequent phases, although the findings presented in this book are focused on local findings to inform site-specific models (Chaps. 3–16) and cross-cultural findings to inform universal/global models (Chap. 17). We return to discussion of next steps in program development and evaluation in the concluding chapter of the book (Chap. 19). In this section, we describe the first six phases that guided our work. We also describe the conceptual foundations for the project in phase I: EST, conceptual model of PWB, and child rights framework.

Phase I: Existing Theory, Research, Practice, Policy

The PCSIM process begins with examination of existing theory, research, practice, and policy. This investigation is typically conducted by the researchers or program developers in collaboration with key stakeholders (those with vested interests and/or resources). For the purposes of the PPWBG project, we examined existing theories, research, practices, and policies from a global perspective, in partnership with the initial group of site-based lead researchers. Our understanding of global needs, practice, and policies is summarized in the previous sections of this chapter. To guide our work, we adopted (a) Bronfenbrenner's (1989, 1999) EST (Fig. 1.2), (b) a conceptual model of PWB that includes both individual and cultural factors (Fig. 1.3; Nastasi et al., 2004), and (c) a child rights framework (UN, 1989). We describe each of these in this section.

Ecological Systems Theory Bronfenbrenner's EST (1989, 1999) provides a conceptual framework for understanding the influence of culture and context on PWB. As depicted in Fig. 1.2,

the child's world (ecology) is characterized by a complex arrangement of social-cultural systems, and the child's interactions with these systems are critical to overall development and well-being. The immediate environment (white inner circle), the *microsystem*, refers to the setting in which the child interacts directly with significant others (socialization agents), for example, with teachers and classmates within the classroom, or parents and siblings within the family. We use the concept of microsystem to define *context*, that is, a specific setting, situation, or set of circumstances. For example, formal education occurs within the classroom context (where teachers and students interact), located within a school and community. Although our focus is on the microsystem as the primary context (e.g., for direct interactions), we acknowledge and account for all aspects of the ecosystem (including those that have indirect influence).

Surrounding the microsystem are *exosystems* (indicated by grey shading) which indirectly influence the child, for example, the school that influences the classroom interactions or the extended family which influences the nuclear family. The individual systems interact with each other (e.g., family with school) and indirectly influence the child; these interactions are referred to as *mesosystems* (indicated by bidirectional arrows). All of these systems are embedded within a larger *macrosystem*, which represents the cultural, political, social, and economic environment (e.g., educational policies, community economy). Finally, the *chronosystem* represents developmental and historical factors that influence the child, that is, prior experiences in the same or other environments (e.g., early school experiences) or social-cultural history (e.g., intergenerational effects of war). As reflected in the arrows, the influence between child and environment is bidirectional, for example, the child is not only influenced by the actions of others but also exerts influence on them. Thus, the child is seen as an active agent in his/her social environment and development. One of the data collection activities, described in Chap. 2, has direct relevance to the EST. The *ecomap*, a graphic depiction of the composition

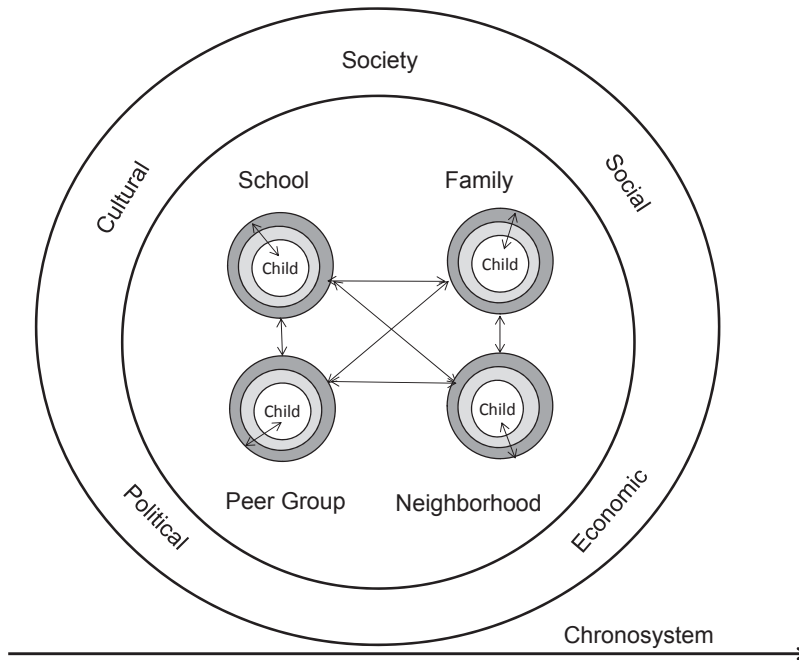


Fig. 1.2 *Child's ecological system.* Depiction of the social ecology of the child based on Bronfenbrenner's ecological systems theory (EST; 1989, 1999). The *microsystem* (white inner circle) is the immediate context in which the *child* is interacting with key social agents, for example, with teachers and classmates in school. The *exosystem* (outer grey circles) refer to the systems that encompass the microsystem and have indirect influence on the child and the interactions within the microsystem (e.g., school (light grey), school district (darker grey)). The *mesosystem* refers to the connections or interactions between systems (e.g., between school and family, or between micro- and exosystems within school; indicated by arrows) that have indirect influence on the child and the interactions within the microsystem. The *macrosystem* re-

fers to the societal or global level, specifically, the social, cultural, political, and economic factors that influence the systems in which the child functions (e.g., cultural values influence expectations within the school district, school, and classroom, and the interactions of child with teacher and classmates). The *chronosystem* refers to historical and developmental factors that influence the child (e.g., early developmental experiences, community or family history). Note that interactions are bidirectional, including the child's direct interactions within the microsystem. The *bidirectionality* of interactions across the ecological system contributes to the dynamic and complex nature of the social ecology. From Nastasi et al. (2004, p. 40). Copyright 2004 by the American Psychological Association. Adapted with permission

and quality of one's social network, is intended to facilitate understanding of the child's ecology from his/her viewpoint. Furthermore, the EST is relevant to the conceptualization of PWB in terms of individual and cultural factors (depicted in Fig. 1.3).

Conceptual Model of PWB The model that guided our definition of PWB (Fig. 1.3) was based on the assumption that PWB is influenced by both individual and social-cultural factors, consistent with EST. This model was used to

guide earlier research on PWB in Sri Lanka, which resulted in the development of instruments to measure perceived competence (i.e., culturally valued competencies) and stress and coping, and interventions to promote PWB with general and high-risk populations (Nastasi & Jayasena, 2014; Nastasi et al., 1998, 2004, 2010; Nastasi, Jayasena, Summerville, & Borja, 2011). Our prior experience confirmed our initial assumptions that the formative research findings could facilitate development of culture-specific definitions of the major constructs (e.g., culturally valued

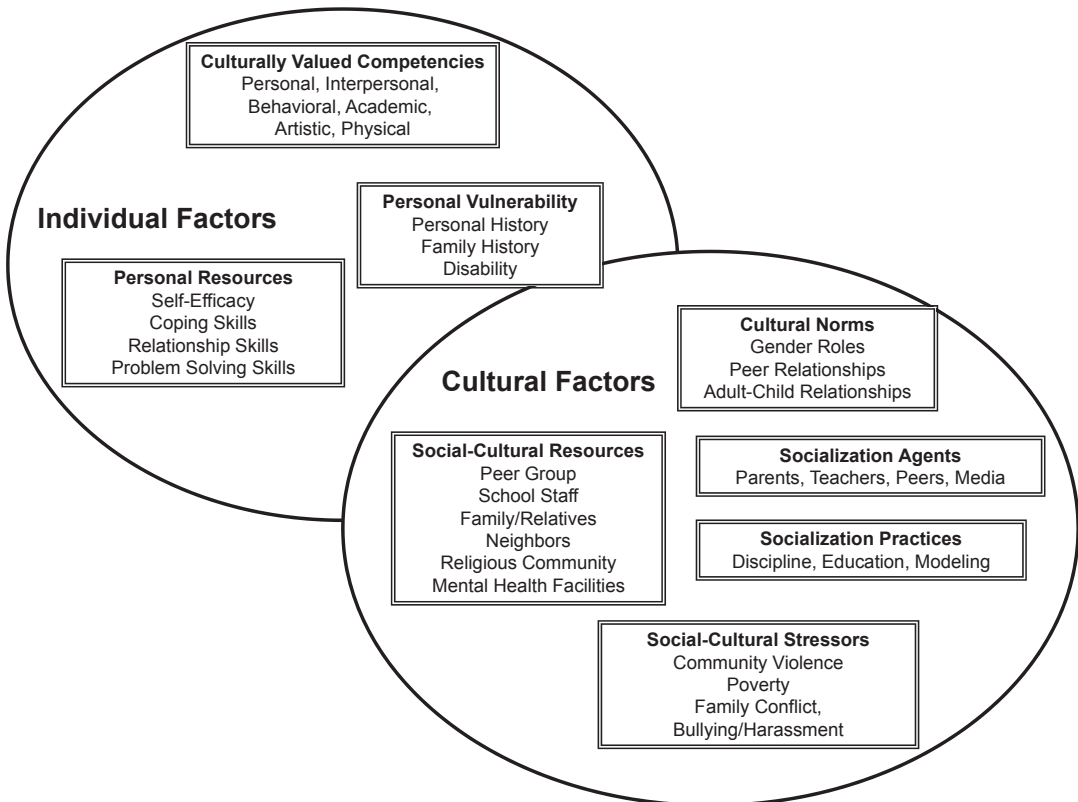


Fig. 1.3 *Conceptual model of psychological well-being.* This model of psychological well-being, based on existing theory and research, guided formative research to identify culture-specific definitions of key constructs and subsequent development of the culture-specific model of PWB

for Sri Lanka and serves as the guiding framework for the PPWBG project reported in this book. From Nastasi et al. (1998, p. 265). Copyright 1998 by the National Association of School Psychologists. Reprinted with permission

competencies, social-cultural stressors). The PWB model includes both individual and cultural constructs (see Fig. 1.3), defined as follows:

Individual Constructs

- *Culturally valued competencies* refer to personal characteristics, abilities, aptitudes, skills or behaviors that are valued in the culture, that is, valued by key socialization agents (e.g., parents, teachers, peers) in the child's ecological system and/or the society.
- *Personal vulnerability* refers to the risk factors specific to the individual and reflected in personal or family history, for example, prior school failure, disability, or genetic predisposition to depression (as reflected in familial history of depression).

- *Personal resources* refer to the competencies or capacity of the individual that enable adaptation to the demands of the environment (ecological system) and facilitate coping with stressful situations.

Cultural Constructs

- *Social-cultural stressors* refer to situational factors in the child's ecology that increase risk for psychological distress and related adjustment difficulties; these factors generally challenge the individual's existing coping abilities (personal resources).
- *Social-cultural resources* refer to the situational factors (typically social supports in the child's ecology) that serve as protective factors against stressors, facilitate coping and

adaptation, and reduce the likelihood of developing adjustment problems.

- *Cultural norms* refer to the shared standards of behavior within a particular group or cultural context that may influence personal development (e.g., gender norms).
- *Socialization agents* refer to the significant stakeholders in the child's ecology who influence development and functioning, such as key individuals in the child's microsystems (e.g., parents, peers, and teachers).
- *Socialization practices* refer to the methods used by socialization agents to influence the child, for example, modeling, discipline strategies, teaching strategies.

These constructs were part of the deductive, or *etic* (from the perspective of the researcher), framework for the study. As described in Chap. 2, the study's methods (e.g., guiding questions for focus groups) were designed to elicit definitions of these key constructs and thereby provide culture-specific understanding of PWB. We expected that the data would facilitate development of inductively derived or *emic* (from perspective of local stakeholders/participants) definitions of these key constructs. The resulting definitions would thus reflect the integration of emic and etic perspectives to inform theory development and facilitate local understanding and programming.

Child Rights Framework Informing our conceptual foundations was the *UN Convention on the Rights of the Child* (UN, 1989), from hence referred to as the Convention. The Convention was adopted by the UN on November 20, 1989, as the first legally binding international treaty to embody human rights for all children. Since that time, the governments of all but two countries (Somalia and the USA²) have ratified the Convention, thus agreeing to be accountable for the promotion and protection of child rights in their respective countries. We provide a brief description of the Convention and discuss the relevance

to children's PWB. (For more detailed information about the Convention, see UN, 1989; UNICEF, 2011). In addition UNICEF³ provides an extensive set of resources relevant to global and country-specific implementation of the Convention.)

Child rights refer to the "entitlement of all children to have requisite physical, psychological, spiritual, social and cultural needs met to ensure optimal growth, development, physical health, psychological well-being, and learning" (Nastasi & Varjas, 2013, p. 36). The guiding principles of the Convention include nondiscrimination, best interests of the child, right to participate, and right to life, survival, and development. In addition, UNICEF (2011) has identified three general categories of rights that encompass 42 of the 54 articles (the remaining articles address implementation). These include (a) *survival and development*, (b) *protection*, and (c) *participation*. Nastasi and Varjas (2013, pp. 33–34) summarized the categories as follows:

- *Survival and development*—ensuring life, survival, and development to full potential through adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities, and information about rights. These rights protect children from minority/indigenous or refugee groups and those with disabilities. They also ensure freedom of thought, religion, and conscience.
- *Protection*—ensuring safety from harm through protection from all forms of abuse, neglect, exploitation, violence, and cruelty. These rights address child abduction, sale and trafficking; child labor; detention, punishment, and juvenile justice; adoption and separation from family; war and armed conflict.
- *Participation*—ensuring the child's "voice" by protecting and promoting freedom to

² For a discussion of the issues relevant to the US opposition to ratification, see http://assets.openers.com/rpts/R40484_20091202.pdf.

³ UNICEF is the agency with legal responsibility for promotion and protection of child rights globally, through support of the Committee on the Rights of the Child. UNICEF provides resources to countries to support implementation and accountability related to child rights; resources and published documents are available on the UNICEF website, <http://www.unicef.org>.

express opinions and have views respected in matters affecting their social, economic, cultural, and political life; right to information (e.g., through mass media); freedom of association; freedom of thought, conscience, and religion; right to privacy. These rights in particular are focused on ensuring that children can actively participate in realizing their rights and as adults take an active role in society.

Especially relevant to the PPWBG project and to this book is the *child's right to participation*. The inclusion of children as primary participants in this research project was intended to ensure that *children's voices* were central to our understanding of PWB and subsequent intervention efforts, consistent with Alderson's (2012) concept of *rights-respecting* research (see Nastasi, 2014, for in-depth discussion of empowering children's voices through research).

Phase II: Learning the Culture

The second phase of PCSIM focuses on learning the local culture from the perspective of stakeholders. This phase relies on ethnographic research methods (observations, interviews, collection of artifacts/archives such as public records), consistent with those we used in the PPWBG project (and described in Chap. 2). The purpose of *ethnography* is to understand culture, that is, the shared beliefs, values, norms, and language of a particular group (see previous section on "culture" for more in-depth discussion of the construct). A primary focus of our work, reflected in Fig. 1.3, was to develop an in-depth understanding of cultural norms, socialization practices, and social-cultural influences relevant to PWB. Learning the culture was thus integral to understanding local definitions of well-being. We return to this topic in phase V.

Phase III: Forming Partnerships

The third phase of PCSIM is focused on forming partnerships with local stakeholders. The purpose

of partnerships is to engage stakeholders as active participants in PCSIM in order to facilitate local acceptability (extent to which stakeholders view the program as feasible, likely to be successful, and consistent with their own worldview), social validity (relevance of program to local culture and context), sustainability (likelihood of program continuation), and capacity building (ensuring the local organization and its members have the facility and competence necessary to continue program efforts). In addition, partners can become cultural brokers (helping researcher to navigate the local context and interpret the local culture) and/or gatekeepers (providing access to local context and serving as liaisons within the local site). In the case of PPWBG, we are referring to the local partnerships in specific sites. Partners for this project typically included school-based professionals (administrators, mental health support staff, teachers, etc.). Although depicted as the third phase, the development of partnerships begins as one enters the setting and continues throughout the PCSIM process.

Phase IV: Goal or Problem Identification

The fourth phase, identifying the goal or problem, is typically conducted in partnership with local stakeholders. For this project, the goal was predetermined, that is, to develop culturally informed definitions of PWB from multiple sites. Thus, on a global level, our goal was to identify common (universal) and unique (site-specific) definitions of well-being. At a local level, the goal was to understand the components of PWB within the local culture and context. This information could then be used to develop a local model to guide program development. We return to discussion of universal and site-specific definitions of constructs in Chap. 17.

Phase V: Formative Research

The fifth phase, formative research, was the primary focus of the PPWBG project. As described in Chap. 2, the specific research questions were:

- *What is PWB?*
- *What is a psychologically healthy environment (e.g., home, school, community, society)?*
- *What factors influence PWB of children and adolescents?*
- *What are the roles of schools, families, communities, and societies in promoting PWB?*
- *What are effective ways to promote PWB of children and adolescents in schools?*

Briefly, we conducted interviews with students at elementary, middle, and secondary levels, and their parents, teachers, and school administrators and support staff, and analyzed the data using the conceptual framework depicted in Fig. 1.3. For the purpose of this book, we focus on child and adolescent voices (although selected chapters report findings from adult participants). A full description of study procedures is presented in Chap. 2.

Phase VI: Culture-Specific (Local) Model Development

The focus of the sixth phase is to develop a local model of PWB to guide program development, informed by formative research from phase V. For this project, we developed site-specific and cross-site models (see Chaps. 3–17). We return to discussion of phases VII to X in the concluding chapter (Chap. 19).

Conclusion

In this chapter, we introduced the PPWBG project that constitutes the basis for this book and evolved out of collaboration of school psychologists from 12 countries. The project was initiated at an annual conference of the International School Psychology Association with the purpose of understanding PWB (mental health) from the perspective of key stakeholders (children, parents, teachers, school administrators, and support staff). The findings presented in this book are based primarily on the data collected from elementary, intermediate, and secondary level students and are intended to represent “child

voices” about PWB. The conceptual foundations for the project included Bronfenbrenner’s EST (1989, 1999), a conceptual model of PWB that included individual and cultural factors (Nastasi et al., 1998), and a child rights framework (UN, 1989, Convention on the Rights of the Child). The research process was guided by the PCSIM (Nastasi et al., 2004), with the goal of formulating culturally and contextually relevant definitions of PWB that could inform development of universal (shared) and local (site-specific) models for promoting well-being of children and adolescents. The remainder of the book covers the project’s research methodology (Chap. 2), findings from each of 14 sites (Chaps. 3–16) and cross-site analyses (Chap. 17), a model and illustration for school-based practitioners (Chap. 18), and future directions (Chap. 19).

A caveat is warranted. Although we present findings from 14 sites in 12 countries, the findings are intended to be site-specific and to inform local programming. We attempt to draw some inferences about universal versus local conceptualizations of key constructs related to culturally valued competencies, and stress and coping, through cross-site analyses. However, readers are cautioned against generalizing findings from specific sites to respective countries. We view this work as an important first step in trying to conceptualize PWB from the perspective of children and adolescents. We return to discussion of potential applications of findings through the PCSIM process and future research directions in the final chapter. We hope that readers find the study procedures helpful for guiding further site-specific exploration of PWB.

References

- Alderson, P. (2012). Rights-respecting research: A commentary on ‘the right to be properly researched: research with children in a messy world’. *Children’s Geographies*, *10*(2), 233–239. doi:10.1080/14733285.2012.661603.
- Bibeau, G., & Corin, E. (1995). From submission to the text to interpretative violence. In G. Bibeau & E. Corin (Eds.), *Beyond textuality. Asceticism and violence in anthropological interpretation. Approaches to semiotics series* (pp. 3–54). Berlin: Mouton de Gruyter.

- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development* (vol. 6; pp. 187–249). Greenwich: JAI Press.
- Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational Models. In S. L. Friedman & T. D. Wachs (Eds.), *Measuring environment across the life span: Emerging methods and concepts* (pp. 3–28). Washington, D.C.: American Psychological Association.
- Center for Disease Control & Prevention (CDC). (2009). *School connectedness: Strategies for increasing protective factors among youth*. Atlanta: U.S. Department of Health and Human Services. www.cdc.gov/HealthyYouth. Accessed 29 Nov 2014.
- Geertz, C. (1992/1968). *Observer l'islam. Changements Religieux au Maroc et en Indonésie*. Paris: Éditions de la Découverte.
- Jimerson, S. R., Oakland, T. D., & Farrell, P. T. (Eds.) (2007). *The handbook of international school psychology*. Thousand Oaks: Sage.
- Jimerson, S. R., Skokut, M., Cardenas, S., Malone, H., & Stewart, K. (2008). Where in the world is school psychology? Examining evidence of school psychology around the globe. *School Psychology International*, 29, 131–144.
- Nastasi, B. K. (2014). Empowering child voices through research. In C. Johnson, H. Friedman, J. Diaz, Z. Franco & B. Nastasi (Eds.), *Praeger handbook of social justice and psychology: Volume 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., & Jayasena, A. (2014). International partnership for promoting psychological well-being in Sri Lankan schools. *Journal of Educational and Psychological Consultation*, 24(4), 265–282. doi:10.1080/10474412.2014.929965.
- Nastasi, B. K., & Varjas, K. (2013). Social justice in school psychology: An international perspective. In D. Shriberg, S. Y. Song, A. H. Miranda, & K. M. Radliff (Eds.), *School psychology and social justice: Conceptual foundations and tools for practice* (pp. 29–52). New York: Routledge.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276.
- Nastasi, B. K., Varjas, K., Bernstein, R., & Jayasena, A. (2000). Conducting participatory culture-specific consultation: A global perspective on multicultural consultation. *School Psychology Review*, 29(3), 401–413.
- Nastasi, B.K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, D.C.: American Psychological Association.
- Nastasi, B. K., Hitchcock, J. H., Varjas, K., Jayasena, A., Sarkar, S., Moore, R. B., et al. (2010). School-based stress and coping program for adolescents in Sri Lanka: Using mixed methods to facilitate culture-specific programming. In K. M. T. Collins, A. J. Onwuegbuzie, & Q. G. Jiao (Vol. Eds.), *Toward a broader understanding of stress and coping: Mixed methods approaches. The research on stress and coping in education series* (vol. 5, pp. 305–342). Charlotte: Information Age Publishing.
- Nastasi, B. K., Jayasena, A., Summerville, M., & Borja, A. (2011). Facilitating long-term recovery from natural disasters: Psychosocial programming in tsunami-affected schools of Sri Lanka. *School Psychology International*, 32, 512–532. doi:10.1177/0143034311402923.
- Nastasi, B. K., Schensul, J. J., Schensul, S. L., Mekki-Berrada, A., Pelto, B., Maitra, S., et al. (2015). A model for translating ethnography and theory into culturally constructed clinical practice. *Culture, Medicine and Psychiatry*, 39, 92–109. doi:10.1007/s11013-014-9404-9.
- Thapa, A., Cohen, J., Higgins-D'Alessandro A., & Gaffey, S. (2012). *School climate research summary: August 2012*. New York: National School Climate Center.
- United Nations (UN). (1989). *Convention on the Rights of the Child*. <http://www2.ohchr.org/english/law/crc.htm>. Accessed 29 Nov 2014.
- United Nations Secretary-General (2008). Message on World Mental Health Day, 10 October 2008. http://www.who.int/mental_health/mhgap/UN_speech_mhgap_english.pdf. Accessed 6 Jan 2009. Accessed 29 Nov 2014.
- UNICEF (2011). *Rights under the Convention on the Rights of the Child*. http://www.unicef.org/crc/index_30177.html. Accessed 29 Nov 2014.
- UNICEF. (2014a). *Hidden in plain sight: A statistical analysis of violence against children*. http://www.unicef.org/publications/index_74865.html. Accessed 29 Nov 2014.
- United Nations Children's Fund (UNICEF). (2014b). *The state of the world's children 2015: Executive summary*. <http://data.unicef.org/>. Accessed 29 Nov 2014.
- U. S. Department of Health and Human Services (DHHS). (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration.
- World Health Organization (WHO). (2005). *Atlas: Child and adolescent mental health. Global concerns: Implications for the future*. Geneva: WHO.
- World Health Organisation (WHO). (2010). *Mental health and development: Targeting people with mental health conditions as a vulnerable group*. Geneva: WHO Press. http://www.who.int/mental_health/policy/development/en/index.html. Accessed 29 Nov 2014.
- World Health Organisation (WHO). (2013). *Mental health action plan 2013–2020*. Geneva: WHO Press. http://www.who.int/mental_health. Accessed 29 Nov 2014.

The Promoting Psychological Well-Being Globally Project: Approach to Data Collection and Analysis

2

Bonnie K. Nastasi and Amanda P. Borja

Introduction

The *Promoting Psychological Well-Being Globally (PPWBG)* project aimed to develop definitions of psychological well-being and psychologically healthy schools and communities, based on the perspectives of key stakeholders (teacher, student, school, community) within participating countries. The project represents a first step in understanding the psychological health of individuals and schools/communities from a sociocultural perspective and, subsequently, a first step in developing culturally relevant programs that promote the well-being of students through individual and ecological change. In order to avoid imposing Western-based notions of mental health, and embedded in Nastasi, Moore, and Varjas's (2004) *participatory culture-specific intervention model* (PCSIM; see Chap. 1; Fig. 1.1), international collaborators conducted formative research with local teachers, parents, school administrators and service providers, and students about conceptions of psychological health for children and adolescents. Given the need to represent the child's voice in research (Nastasi, 2014), the current handbook draws from this formative database and highlights the child's perspectives about psychological well-being. This chapter details the project's general methodology,

including participant demographics, recruitment strategies, project instruments and materials, and procedures for data collection, transcription, translation, and analysis.

Project Objectives

The *PPWBG* project aimed to understand definitions of psychological well-being as perceived by key stakeholders within participating countries. Using focus groups and ecomaps (individual graphic depictions of stress and support networks; Hartman, 1978; Nastasi, Jayasena, Summerville, & Borja, 2011), research partners were asked to collect emic perspectives of the factors that influence youth well-being at each locale so that practical and collaborative decisions about programming could be made with relevant stakeholders. Although youth participants were never directly asked to define the term *psychological well-being* (with the exception of youth in Boston, USA), participants shared their views about the various factors that contribute to the youth's sense of psychological health and wellness and depicted in the study's conceptual model (see Chap. 1; Fig. 1.3). Specifically, youth participants presented their phenomenology about culturally relevant competencies, developmentally and contextually relevant stressors and supports, strategies for coping with stress, and reactions to support. When integrated with etic knowledge of youth well-being, participant responses addressed the

B. K. Nastasi (✉) · A. P. Borja
Tulane University, New Orleans, LA, USA
e-mail: bnastasi@tulane.edu

following research questions: (a) *What is psychological well-being?* (b) *What is a psychologically healthy environment (e.g., home, school, community, society)?* (c) *What factors influence psychological well-being of children and adolescents?* (d) *What are the roles of schools, families, communities, and societies in promoting psychological well-being?* (e) *What are effective ways to promote psychological well-being of children and adolescents in schools?*

Thus, the current handbook is a representation and interpretation of this formative data, focusing primarily on child and adolescent perspectives, although some partners incorporated adult perspectives as part of their triangulation process (i.e., Estonia & Tanzania).

Negotiating Partnerships Across National Boundaries

Research partners were identified through the network of school psychology professionals associated with the International School Psychology Association (ISPA). The project was conceived during an ISPA annual meeting as a research partnership to investigate psychological well-being across national boundaries. Recognizing the potential cultural stigma and negative perceptions of “mental health,” the participants in this initial meeting decided on the use of the term “psychological well-being” to represent the focus of the research. Moreover, in recognition of the cultural and contextual variations in definitions and terminology and reluctance to adopt Western definitions of mental health constructs, the participants agreed on the use of qualitative research methods that would permit a more inductive investigation of the domain of psychological well-being. This initiative began with a few partners primarily from Europe and the United States. As the project developed, additional partners joined the effort until the project encompassed 14 sites from 12 countries across the globe. With minimal funding (mostly small grants to lead investigator and first author of this chapter and to partially cover local costs of participating sites or local funding to site-specific researchers), partners agreed to

volunteer their time and local resources to complete site-specific data collection and analysis.

A standard protocol for data collection and analysis (as described in this chapter) was developed by the lead investigator and distributed to research partners to insure consistent procedures across sites. Interested parties were asked to complete a letter of agreement to follow the standard protocol, to secure agreement from local schools or other agencies to participate in data collection, to secure approval from their local institutional (university, school system, agency) research review board or oversight committee/agent, and to translate all materials into local language. Copies of agreements and translated materials were provided to the lead investigator in order to secure approval from her University Institutional Review Board (IRB; across the project, Walden University and Tulane University) for the multisite project. When necessary, procedural variations were negotiated, although these proved to be minimal. For example, consent procedures that are standard in US institutions were employed when possible. That is, researchers at each site were responsible for securing informed consent from participating adults (e.g., teachers, parents) and from parents for child and adolescent participants and assent from child and adolescent participants. Two sites initially applied for waiver of parental consent based on existing standard protocol in the country. Although the US-based IRBs approved the waiver, these sites failed to complete the project and are not included in this report. In addition, procedures for securing oral consent were instituted for participants who were not literate (e.g., the consent was read to them, and the oral consent was documented on the form by a witness).

Research Partners, Sites, and Participants

The *PPWBG* project grew out of a collaborative endeavor of school and educational psychologists from several countries, developed by the International Initiatives Committee

(chair, first author), a joint effort of the ISPA and Society for the Study of School Psychology (SSSP). School psychology colleagues from 14 cities in 12 countries participated as research partners, collecting data from at least one partnered school in their regions: Brazil (Manaus; Chap. 3), Estonia (Tallinn; Chap. 4), Greece (Athens; Chap. 5), India (Mumbai; Chap. 6), Italy (Padua; Chap. 7), Mexico (Xalapa; Chap. 8), Romania (Bucharest; Chap. 10), Russia (Samara; Chap. 11), Slovakia (Kocise; Chap. 12), Sri Lanka (Negombo; Chap. 13), Tanzania (Arusha; Chap. 14), and three US sites—Boston, Massachusetts (Chap. 15); Mayaguez, Puerto Rico (Chap. 9); New Orleans, Louisiana (Chap. 16). Partners were asked to recruit between 48 and 64 student participants, with a minimum of 16 students per level (i.e., primary, middle, secondary). Although four of our partnered sites were not able to meet the minimum participant requirement (see Table 2.1), their children's views were still included, as their phenomenology provided a baseline for understanding culture-specific competencies, stressors, supports, and coping strategies. Altogether, focus group and ecomap data were collected from over 800 students worldwide (see Table 2.1). However, some sites analyzed data from only a subset of their youth participants (e.g., USA—Boston and USA—New Orleans) or else included supplemental focus group, interview, and/or survey data from adult participant groups (e.g., Tanzania). Table 2.1 includes demographics from all youth participants, as focus group data from these students were used to identify cross-cultural patterns of stress and support (Chap. 17). Ancillary or subsets of demographic data are described only in relevant chapters.

Participant Recruitment

Sampling for this project was purposive and criterion-based, which is consistent with the purpose of qualitative research (i.e., to uncover patterns of cultural constructions; Creswell, 2009;

Nastasi & Schensul, 2005). Thus, researchers targeted only school-aged children in primary (grades K–5 or 6; ages 5–11 or 12), middle (grades 6–8 or 9; ages 12–13 or 14), and secondary school (grades 9–12 or 13; ages 14–17 or 18). Although the target sample size was at least 48 students, research partners were authorized to recruit additional students as needed to capture a representative and diverse distribution of the local youth population and/or to achieve data saturation. Partners were asked to consider demographic variables that were most representative of their regions, including culture, ethnicity, race, religion, socioeconomic status, and gender, to name a few.

Parent/legal guardian consent forms for student participation were distributed to the site-specific target population children attending the partnered school or agency. Although all children were encouraged to participate, written consent from the child's parent or legal guardian was required for participation in the project. However, oral consent was permitted for parents who were unable to read or write, provided that complete information about the project and its risks and benefits were shared, and the option to withdraw from the project at any time was made explicit. Student assent to participate also was garnered at the outset of data collection, although the type of assent (written or verbal) varied by age. That is, primary school students engaged in an oral assent process, whereas middle and secondary school students engaged in a written assent process.

Instruments and Materials

Given our interest in culture-specific and cross-cultural constructions of well-being, qualitative tools were employed as the primary means of data collection. Specifically, data were collected in two formats (described in detail in data collection section): (a) grade-level-specific (primary, middle, or secondary school) and gender-specific or mixed-gender focus groups, and (b) egocentric ecomaps and related written or oral narratives

Table 2.1 Youth demographic information: Number of participants by site, grade level, gender, and data collection method

	Primary school				Middle school				Secondary school				Total	
	Females		Males		Females		Males		Females		Males		FG	ECO
	FG	ECO	FG	ECO	FG	ECO	FG	ECO	FG	ECO	FG	ECO		
Brazil—Manaus	10	13	13	9	9	8	8	8	8	8	7	7	55	55
Estonia—Tallinn	14	13	15	6	6	8	5	7	7	7	6	6	57	52
Greece—Athens	14	13	12	6	6	6	6	6	6	6	5	5	49	48
India—Mumbai	–	–	–	–	6	–	–	38	16	16	–	–	38	22
Italy—Padua	16	16	16	8	8	8	8	8	8	8	8	8	64	64
Mexico—Xalapa	29	24	13	13	12	5	18	6	–	14	–	17	72	79
Romania—Bucharest	16	16	16	8	8	8	7	8	8	8	8	8	64	63
Russia—Samara	12	12	12	–	–	–	–	6	17	17	–	4	30	45
Slovak Republic—Kocise	13	12	13	8	8	7	8	8	8	7	8	8	58	55
Sri Lanka—Negombo	–	–	–	40	37	44	47	54	40	40	20	9	158	133
Tanzania—Arusha	13	15	12	13	–	–	–	18	18	18	19	19	62	65
The USA—Boston, Massachusetts	7	5	8	5	4	4	5	5	11	11	4	4	43	34
The USA—Mayaguez, Puerto Rico	2	2	4	4	7	1	9	2	10	3	9	4	41	16
The USA—New Orleans, Louisiana	24	24	18	18	–	–	–	24	24	24	20	20	86	86

FG focus groups, *ECO* ecomaps

Total *N* for FGs = 877; total *N* for ECOs = 817. *N*s for FGs and ECOs are shown in alternating columns, respectively. Only ecomaps that were complete and clear were used for analyses. For four sites (Mexico; Russia; Tanzania; Puerto Rico), *ns* for ecomaps were greater than *ns* for focus groups. Dashes (–) indicate that data were not collected for respective groups.

about stressors and supports within the child's self-identified social network (Borja, 2013). In addition, each participant completed a demographic questionnaire. Any modifications made to standard procedures are presented in respective chapters.

Although protocols were initially written in American English, focus group and eomap discussions were implemented in the participant's language of origin, requiring research partners to engage in a translation process that ensured conceptual equivalence between the English protocols and the translated material (Erkut, 2010). As such, research partners were asked to use a back translation technique with, at a minimum, two teams of language proficient professionals and experts in the topic of psychological well-being. In this way, one team was able to translate the protocols from English to the participants' language of origin, and another team was able to translate from the language of origin to English. Specific translation procedures are discussed in each chapter.

Other materials necessary to complete the project included (a) a private, quiet venue conducive to small group discussions and individual interviews for eomaps; (b) chairs enough for participants and the research team; (c) a notepad and writing utensils or a computer to transcribe conversations on-site; (d) an audio recorder, in the event that participants' parents consented for their children to participate in audio-recorded sessions; (e) a presentation board (chalkboard, dry erase board, or easel pad) to record key ideas and promote on-site member checks; (f) construction paper or other large-sized paper for eomap drawings; (g) pencils, markers, and crayons for use during drawings; and (h) if possible, snacks for participants.

Data Collection

The data collection process was completed in three to four phases: process preparation, data collection, data transcription, and where applicable, data translation. The following section describes each phase in detail.

Process Preparation

Preparation for data collection was necessary to ensure the seamless facilitation of focus groups and interviews. First, research partners were asked to create one or more data collection teams comprised at least one facilitator and a transcriber/co-facilitator. If feasible, researchers were asked to involve at least one other person as a separate transcriber (note taker) and/or co-facilitator, and if possible, additional transcribers were encouraged to participate so as to prevent the loss of data. (If site-specific investigators chose to use audiotaping, they were encouraged to use this only as backup for written transcription completed during the session.) Other preparation procedures included: (a) familiarization with questions and procedures; (b) assignment of team members' roles and responsibilities; (c) preparation of all materials; and (d) follow-up with participating agencies or schools to confirm time and place. Site-specific preparation procedures are discussed in relevant chapters.

Data Collection Methods

Although data collection activities (focus group and eomaps) were designed to be conducted in 48 hours or less, research partners maintained authority to extend activities in response to contextual demands, cultural needs, and/or developmental considerations. Regardless of the number of sessions, groups were generally small and homogenous, with approximately 6–8 students of similar age levels (i.e., ages 6–8, 9–11, 12–14, 15–17) and genders. However, some partners assembled larger group sizes or mixed-gender focus groups. Specific modifications are indicated in respective chapters.

Demographic Questionnaire Demographic data were collected using a brief questionnaire in the context of focus groups in either written or oral form. As shown in Appendix 2.H, the demographic questionnaire included questions about gender, age, ethnic origin, religion, language, parental education and occupation, family income, family

status (married, divorced, etc.), and household size and composition. Both students and parents were asked to respond to the same set of questions and to ensure complete and accurate data. If parent data were missing, then child report served as the primary source of demographic information.

Focus Group Procedures To build rapport and encourage students' comfort with the focus group process, discussions always started with brief introductions among the research team and participants. In addition to names and grade levels, site research teams sometimes included other introductory questions or engaging activities. After introductions, researchers engaged in an informed assent process that included (a) a description of the study, (b) its purpose, (c) the researchers in charge and their contact information, (d) the limits of confidentiality (i.e., confidential unless information shared indicates imminent danger of participants or others), (e) the study's risks and benefits, and (f) the option to opt out of the process at any time. Participants also were offered the chance to ask questions about the study. Although this speech was not standardized, researchers were asked to use their consent forms as the basis for the introductory discussion. Focus group protocols (Appendices 2.A–2.D) include sample introductory speeches for discussions with students, parents, teachers, and administrative and health provider staff. With the exception of primary school students, all students signed a written assent form if they agreed to participate. Primary school students were asked for oral assent.

To promote respectful and engaging group discussions, research facilitators also established group rules/expectations before asking questions (see Appendices 2.A–2.D), including, but not limited to (a) respecting each other's opinions; (b) listening to others' thoughts; (c) waiting to speak; (d) allowing others a chance to share; and (e) refraining from criticizing others' ideas despite disagreeing with them. If possible, researchers were asked to engage students in identifying appropriate expectations and to use students' vernacular so as to promote culturally acceptable standards.

Focus group protocols for students, parents, teachers, and administrative and service provider staff are presented in Appendices 2.A, 2.B, 2.C, and 2.D, respectively. Although listed questions were generally asked in the order presented, researchers were allowed to ask questions in a sequence that maintained the flow of the discussion, making sure to return to questions that were previously skipped. Guidelines for facilitating group discussions in order to maintain respectful, engaging, and rich discussion were provided to all research partners (see Appendix 2.E). Consistent with the ecological foundation of the project and with the semi-structured nature of focus groups, this broad-based approach allowed partners the freedom to implement the protocol in a manner that reflected their personal styles, the cultural nuances of their respective regions, and their participants' developmental levels.

Ecomap Procedures Ecomap drawings and accompanying narratives (elicited via a set of questions; see Appendix 2.F) were conducted as an extension of the focus group activities so that (a) participants could generate detailed ideas about relevant social supports, stressors, and reactions to stress and support in both graphic and verbal forms (Driessnack, 2005); (b) the likelihood of generating thick descriptions was increased; and (c) data trustworthiness could be established through data triangulation (Corbin & Strauss, 2008; Nastasi & Schensul, 2005). The ecomap is relatively novel in research with children (Baumgartner, Burnett, DiCarlo, & Buchanan, 2012; Borja, 2013; Rempel, Neufeld, & Kushner, 2007; Summerville, 2013) but through our prior work in using ecomaps as an intervention tool (Nastasi et al. 2010), we recognized its potential as a data collection tool, especially as a mechanism for expression in graphic and verbal formats. Through these ecomaps, participants were given the opportunity to describe their network members and the quality of each of their relationships such as *stress*, *support*, or *both* stress and support (*ambivalent*) and to detail the emotions they experience in association with each actor/context. In addition, they were asked to generate a stress- and a support-related story (narrative)

to generate additional data and encourage rich descriptions. The ecomap protocol was designed to elicit written responses to questions and written narratives; when deemed necessary (e.g., for participants who were not literate), researchers could elicit and record children's oral responses. The activity was designed to be conducted in a small group format (i.e., the focus group), with children working individually; when deemed appropriate, researchers could work individually with children (e.g., to collect oral narratives).

Given the novelty of the ecomap procedures for most children and to ensure understanding of the constructs, sessions were designed to be partially instructional (see Appendix 2.F). Through the use of modeling, visual displays, and verbal instructions, researchers taught students about the components of the ecomap prior to engaging in the drawing activity. Researchers prompted students to think broadly about individuals and spaces in different ecological settings (e.g., home, neighborhood, school) and then provided examples of symbols that students could use to represent these units. At the center of these drawings, students were asked to represent themselves. Researchers also encouraged students to develop their own unique ecomaps rather than copy models that were provided or compare to other group members. As depicted in the site-specific chapters, children and adolescents included not only individual persons but also groups, organizations, activities, events, objects, contexts, and pets in their ecomaps.

Relationship quality symbols also were indicated. Students were asked to use three variations of lines to indicate the valence (stress, support, and ambivalent) associated with each actor and/or context in their networks. As shown in the sample ecomap (Appendix 2.F), *solid lines* denoted supportive relationships; *disconnected crosses* symbolized stressful relationships; and the presence of both *solid lines and crosses* indicated ambivalent relationships. These lines were drawn from the ecomap center to each network member. Participants were allowed to use different types of lines to indicate the valence of the relationship as long as they provided a legend.

After completing their drawings, participants were asked to label their network members and to indicate any feelings associated with each member and the reasons that each relationship was supportive, stressful, or ambivalent (see Appendix 2.F). When that was completed, researchers asked students to narrate stories to depict stress and support using two identified relationships, one that was stressful or ambivalent and one that was supportive or ambivalent. As indicated in Appendix 2.F, participants were asked to describe a time that was stressful or supportive to them in an identified stressful or supportive relationship, respectively. If a student identified only one type of relationship across their network members, that student was asked to describe two instances in which they felt support or stress with two separate individuals. If a student's ecomap contained only ambivalent relationships, that student was asked to describe a stressful occurrence in relation to one member and a supportive story in relation to another.

Ecomap drawings, explanations, and narratives were completely participant-centered. That is, researchers were asked to refrain from providing prompts about what students could include in their drawings, other than those set forth in the guidelines (see Appendix 2.F). However, adaptations to the ecomap procedures were permitted to meet cultural, developmental, and feasibility demands; any such adaptations are indicated in respective chapters.¹

Data Transcription

The key to qualitative data collection is using a method that is sensitive enough to capture participants' authentic phenomenology while minimizing researcher inference (Creswell, 2009). As such, transcriptions of participants' voices needed to reflect participants' vernacular and, as much as possible, exact ideas. Thus, gain-

¹ An early childhood version of the ecomap was subsequently developed for students in Kindergarten to Grade 2 (see Chapter 16). Copies of this protocol can be obtained from the first author.

ing consent to audio record was ideal, as it allowed for focus group note takers to transcribe verbatim, both during and after sessions. It also allowed for a review process that helped to fill gaps and ensure accuracy. If sessions were not audio recorded, note takers repeated their recorded responses to participants to ensure the accuracy of researcher interpretation (i.e., a form of ongoing member checking). Because all final transcriptions needed to be de-identified, recorded in electronic text, and transmitted electronically to the principal investigator (PI), note takers were encouraged to use laptop computers as their transcription tool during each session when possible.

Data Translation

All finalized transcripts were written in, or translated to, English. Similar to the process of protocol translation, transcripts were translated using a back translation technique, such that at least two independent teams of translators were able to translate the document into English and then back again to the language of origin. PIs for each site were asked to work closely with the language expert (if not the PI) to ensure that meanings were accurately reflected, especially with regard to any technical terms, and to ensure that culture-specific vocabulary was used. Because a key objective of this project was to reflect culture-specific language, accurate translation was critical to achieving this objective.

Data Analysis

Data analysis entailed a tripartite coding procedure consisting of (a) a deductive coding process that organized statements into the broad constructs of interest (culturally valued competencies, stressors, supports, and coping); (b) an inductive coding process that clustered deductively coded statements into culture-specific themes; and (c) a pattern analysis of inductive codes

across deductive categories. The present section describes the procedures involved at each of the three stages.

Stage 1: Deductive Coding

Focus group and ecomap narrative data were first coded according to the etic constructs that were of primary interest to this project, that is, culturally valued competencies, stressors, supports, reactions to stress, and reactions to support (see Table 2.2). An additional *not applicable* (N/A) deductive code was incorporated to reflect responses that were irrelevant to the current project.

To ensure uniformity of deductive codes, the lead investigator's research team in New Orleans deductively coded all student focus group and ecomap story data.² Each coder independently coded all transcripts and then later discussed the codes with other members of the team (teams ranged from 2 to 4 individuals). In the event that team members disagreed about codes, a discussion about each member's rationale ensued, in an effort to reach consensus. If teams were unable to agree about the identified codes, then the narrative was categorized as N/A. All finalized codes ultimately met with consensus within teams.

Because the focus group questions and ecomap stories were designed in alignment with the targeted constructs, all responses to a specific question were coded as at least one of the constructs. In this way, statements were not decontextualized, and extraneous information supporting the main ideas was maintained. Box 2.1 provides an example of this process. As illustrated, by keeping all narrative text together, the full story of the children's interactions and ideas are clearer.

² The one exception was the Mexico data, which was coded by the research team at Georgia State University. The lead investigator of that team had been previously trained in the coding scheme and procedures.

Table 2.2 Deductive coding scheme used to identify statements as reflecting the targeted construct

CODE	Descriptor	Definition
COMP-ROLE	Valued competencies may be in the context of a specific role, for example, student, son/daughter, and friend, or generally, as a child	Any reference to competencies valued in the culture, and sometimes described in the context of a specific role, for example, student, parent, and friend. Conceptualized on a continuum, it can also be reference to culturally unacceptable behaviors, characteristics, etc.
STRESS	Stress/stressor	Any reference to sources that elicit distress for the child. The key idea is that <i>the child</i> perceives the thought, person, object, etc. as a stressor. If the object is thought to impede education, hinder development, or be a risk factor but the child does not perceive it as a stressor, then <i>do not code</i> as stressor.
SUPP	Support/social resource	Any reference to resources or sources of social support available in the child's sociocultural environments that can facilitate coping and address psychological problems or provide some type of help or support. Includes both informal social supports (e.g., family, peers, teachers, pets, religious deities) and formal supports or professional services (e.g., from school counselor, psychiatrist). Also includes sources of support indicated on ecomaps. When coding ecomaps, sources of support can be people, places, animals, events, and other child-identified ideas.
RE-STRESS	Reaction to stress	Any reference to how an individual responds to or copes with stress or problems; can include emotional, cognitive, and behavioral responses. Encompasses coping strategies but is meant to be broader category to capture also immediate reactions that may or may not be attempts to cope.
RE-SUPP	Reaction to support/resource	Any reference to how an individual responds to support or help from others; can include emotional, cognitive, and behavioral responses.
N/A	Not applicable	Identifies any statement that is not applicable to the present coding scheme; also identifies statements that were unable to be coded due to coder disagreement.

Box 2.1. Deductively Coded Excerpt from Focus Group Transcript

Ok fine, but how do you express this feeling? /ALL RE-SUPP/

1. When you are in a positive mood, you think best, you have hopes and you feel you can make it...

2. I just need a sunny day or a few nice words by a friend /SUPP/ and I feel better, I'm more light-hearted.

3. And moreover, people in a positive attitude are able to convey this feeling even when outside there's a storm.

4. Living your life with a positive attitude means having a lot of energy to be used, and conveying your optimism to others, making this world a better place, making things better.

5. A positive attitude can be conveyed by talking, by showing that you are happy.

6. Talking with each other is the most important thing, but also conveying your affection.

7. Yeah, being there for each other.

Note: All student statements in response to the presented question are broadly coded in

relation to that targeted construct. In this case, the question assesses children's reactions to support, so the responses are all coded as /ALL RE-SUPP/. However, some statements may have reflected other constructs (e.g., see code SUPP), even within the context of the targeted construct. In those instances, statements were coded as appropriate and highlighted so that they stood out from the rest of the statements.

After all transcripts were deductively coded, a *coding summary sheet* was completed for each country. This sheet contained a written summary of the status of their coded documents as well as any questions or comments that research partners needed to address. This document was attached to each country's coded documents, and electronic access to the documents was provided through a privately shared folder on a cloud database.

Stage 2: Inductively Derived Culture-Specific Themes

Given the primacy of culture and context in the understanding of psychological well-being, research partners were tasked with inductively coding their respective focus group and ecomap narratives. At this stage, research partners were asked to create at least two teams of independent coders to be able to identify specific themes related to each deductive code. These themes were inductively derived from the students' narratives and were single-statement summaries of stories that conveyed similar ideas (see Box 2.2 for a sample). As much as possible, students' words were used as the single-statement summaries, and research partners were asked to cluster all relevant narratives with each theme. In this way, full stories and emic-derived contextual information were maintained. Appendix 2.G provides the framework that coding teams used to inductively code their transcripts at stage 2.

Box 2.2. Excerpt of Inductively Coded Transcript

What is expected of children as students at this school in Negombo, Sri Lanka? When applicable, include explanations of the cultural context as perceived by the group that help to explain these expectations.

A prevalent theme, this group of males shared that students are expected to **“study”** (“does homework”) in order to (a) “learn about society” and (b) “cultivate good habits.”

This group of males noted that students are expected to **“be obedient to teachers.”**

This group of males expressed that students are expected to be **“role models”** for others and **“bring credit to school.”**

This group of males expressed that students their age are expected to **“be fruitful to country,”** i.e., to be productive citizens. “To be person who is benevolent to country.”

This group of males noted that students their age are expected to be **cooperative/get along well with their peers** (“[does not] Fights with others”).

Note: The bolded statements reflect the single-statement themes that summarized the relevant narratives. As much as possible, researchers were encouraged to use students' language as the single-statement themes. Additionally, as part of the stage 3 process of analysis, research partners were asked to weave student narratives and school and cultural context that helped to bring life to the identified patterns. Thus, student stories were retained when they helped to explain the single-statement themes. Narratives derived from other deductive codes also were incorporated to describe possible connections between various deductive codes, for example, stress narratives were frequently associated with narratives about competencies.

Similar to stage 1 coding, research partners used at least two independent coders to ensure the validity of selected codes. Although immediate consensus was not required, coders were required to discuss their patterns of inductive codes if they disagreed on any of the following characteristics: (a) how narratives coalesced to create a clear pattern and theme, and/or (b) the theme emanating from the narratives. Complete consensus about both characteristics needed to be met in order for an inductive code to be retained. As such, coders engaged in dynamic conversations about how to better organize specific narratives and/or how to better label a group of narratives as a summarizing theme. If consensus was not met on either of the two characteristics, then narratives were grouped together as being *uncoded* as related to the specific deductive code. However, the same *uncoded* narratives may have been relevant to another deductive code, and in that case, the narratives were coded only as related to the other deductive codes.

Stage 3: Relational Analysis Among Inductive Codes

At this stage, researchers were asked to identify relationships among inductive codes across deductive categories. For instance, researchers were asked to identify patterns of relationships between stressors and reactions to stress. Where applicable, they were asked to identify the link between stressors and competencies, the link between stressors and supports, and the link between supports and competencies. Finally, if possible, researchers were asked to determine how culture-specific competencies were socialized in their respective regions. The overarching goal of the process at this stage was to identify the extent to which the patterns and connections reflected cultural norms. Although not required, use of the ecomap data (both drawings and stories) was encouraged at this stage to assist in the triangulation process.

Analysis of Ecomap Drawings

Whereas ecomap stories were qualitatively analyzed, ecomap drawings and descriptive responses (e.g., feelings associated with particular stress) underwent both quantitative and qualitative analyses. First, network sizes were calculated by summing the total number of relationships depicted on the drawing. Relationship quality was then coded numerically, where 1 represented a supportive relationship, 1.5 indicated an ambivalent (stressful and supportive) relationship, and 2 denoted a stressful relationship. From these numbers, a total support–stress index (SSI) score was calculated for each child, representing the mean of all scores on the child’s ecomap (Summerville, 2013); thus, the range of SSI scores was 1–2. Although not required, researchers also were encouraged to calculate SSIs for the types of relationships depicted (e.g., parent/caregiver, sibling, peer, or extended family); this structure for types of relationships was derived through inductive analysis of ecomaps across sites (by the New Orleans research team).

Data Trustworthiness

To ensure the veracity of the data, the international research team used a number of strategies that were consistent with Lincoln and Guba’s (1985) criteria for qualitative research credibility, as described in Nastasi and Schensul (2005). As noted earlier, the *PPWBG* project was embedded in Nastasi et al.’s (2004) PCSIM (see Chap. 1). As such, research partners were asked to enter into collaborative partnerships with key education and community stakeholders and to gain an understanding of each school’s and community’s cultures. Knowledge of cultural and contextual factors was attained primarily through ethnographic observations, analyses of permanent products in the school and community, and etic knowledge of each region’s culture and current and historical events. Consistent with the criteria of *prolonged engagement* and *persistent*

observation (Nastasi & Schensul, 2005), these activities helped to ensure that research partners invested sufficient time and conducted enough observations to understand how and why participant phenomenology manifested.

Additionally, the combination of observations, focus group data, and ecomap drawings and narratives provided a diverse set of data sources to allow for data triangulation (Nastasi & Schensul, 2005). Defined as the use of multiple methods in the process of data collection and/or analysis, triangulation strengthens the reliability and validity of research findings, as it allows for corroboration across the different modes of collection and among the diverse age groups, genders, and where applicable, stakeholder groups (Creswell, 2009). Data triangulation also encourages thick descriptions of the findings, providing a rich context for understanding the derived constructs (Nastasi & Schensul, 2005).

Finally, research partners were asked to document their procedures and to electronically store all original and coded data in separate files. Separate files were especially important to identifying how the data transformed from one stage of coding to the next. Partners provided the PI with electronic copies of these files, creating an audit trail for the PI to verify the trustworthiness of each site's data.

Conclusion

This chapter describes the methodology for conducting the *PPWBG* project. These procedures were developed to insure consistency in data collection and analysis across sites and researchers and to facilitate replication of the process by other researchers. The primary focus of this book is to highlight the voices of children and adolescents from diverse communities across the globe. Thus, the subsequent chapters are devoted to presentation of findings from focus groups and ecomaps with children and adolescents in each site. Study procedures also included methods for collecting data from adults with socialization or educational roles (e.g., parents, teachers). Although not the focus of this text, some chapter authors chose to re-

port findings from adult focus groups or individual interviews.

The data collection was conducted in 14 sites from 12 countries (see Table 2.1). In each chapter, the author was encouraged to frame the study findings within the respective cultural context, for example, by describing social-cultural-historical factors and psychological research specific to their population. Furthermore, authors were encouraged to interpret findings from the theoretical, philosophical, and cultural perspective that is germane to psychology in their respective countries. Thus, the varied perspectives reflected in Chaps. 3–16 are intentional and are expected to add to the intellectual dialogue about the role of culture in the study and promotion of psychological well-being on a global level. When relevant, authors have reported any differences in study procedures implemented at the local level. Finally, to facilitate our understanding of psychological well-being variations across cultural contexts, we report in Chap 17 the findings of a cross-site analysis that includes data from 14 sites. Procedures specific to that analysis are included in that chapter.

Our goal in this book is to present findings from application of consistent methods within a multi-country research project. We endeavored to plan systematically and to be prepared for any challenges. The partnerships that developed among researchers and within local communities were critical to the completion of this work. In the last chapter of the book, we return to discussion of the challenges and limitations, as well as benefits, of conducting research across multiple countries and by multiple researchers. We conclude with a discussion of lessons learned for other researchers interested in engaging in similar work.

Appendix 2.A

Student Focus Group Protocol

INTRODUCTION. *Today (and subsequent day) we will be meeting to talk about the experiences of students your age. I will ask questions about stresses that others your age face, what adults expect, common feelings, sources of support, and*

how children/adolescents your age cope with stress. Today we will have a group discussion about children/adolescents in general. In the next session, you will complete an individual activity about stressors and supports in your own life. Please remember that you do not need to share anything that you are not comfortable with. All information you share will be kept private unless you tell me something that suggests you or someone else is in danger of being harmed. You can also choose to stop the activity at any point or choose to not answer particular questions. If you want to talk further about anything we discuss, I can arrange for you to talk with me or someone else at a later time.

STEP 1: GENERAL QUESTIONS [Note: each of these questions has 2 parts—e.g., what is a “good” student? What is a “not good or poor” student? Be sure to use terminology that is culturally and age appropriate.]

1. Describe a good (not good) student
[alternative: What is expected of children/adolescents your age in school?]
2. Describe a good (not good) friend
[alternative: What is expected of friends your age?]
3. Describe a good (not good) citizen
[alternative: What are children/adolescents your age expected to contribute to your community, society, country?]
4. Describe a good (not good) parent.
5. Describe a good (not good) teacher.

STEP 2: QUESTIONS ABOUT EMOTIONS

1. Ask the group to brainstorm a list of feeling words—identify age-appropriate terminology for the following concepts—happy, sad, angry, scared/frightened, confused, etc. [Use those terms in asking questions that follow.] The objective is to identify culture-specific or context-specific feeling words.
2. Feelings—for each feeling concept/category [happy, sad, angry, frightened, confused], ask the following questions:
 - a. What makes children/adolescents [your age group] feel [emotion]?

- b. How can you tell if someone is feeling [emotion]?
- c. How do children/adolescents [your age group] express [emotion]?
- d. What can someone do when feeling [emotion] to make themselves feel better?
- e. What can you do for a friend who is feeling [emotion]?

STEP 3: QUESTIONS ABOUT SOURCES OF DISTRESS

1. From the list of sources of feelings of distress [sad, angry, frightened, confused—i.e., responses to item 2a], identify three to five common sources of distress for the age group. Examples of sources of distress include academic pressure, parental conflict, or violence in the community. The objective is to identify culture-specific or context-specific stressors.
2. For each source of distress, ask the following: Suppose you [or other children/adolescents in your age group] experienced this [source of distress],
 - a. How would you [they] feel? [encourage group to generate multiple feeling concepts]
 - b. What would you [they] do? How would you react?
 - c. To whom could you [they] turn for help?
 - d. What effect would this experience [source of distress] have on you [children/adolescents in your age group]?

Appendix 2.B

Parent Focus Group Protocol

INTRODUCTION. Today we will be talk about your experiences in parenting (guiding, rearing, etc.) children ages _____. I will ask questions about stresses that children this age experience, feelings they express, sources of support, and how children cope with stress. We will also talk about the challenges of parenting children in this age group. We want to focus on the experiences of children and parents in general, so please remember that you do not need to share anything

that you are not comfortable with. All information you share will be kept private unless you tell me something that suggests a child may be in danger (of being harmed). You can also choose to stop the activity at any point or choose to not answer particular questions. If you want to talk further about anything we discuss, I can arrange for you to talk with me or someone else at a later time.

GENERAL QUESTIONS

1. What are your expectations for your child/children (in school, at home, in community)? [Encourage parents to generate a list of “qualities” or characteristics they value that cover cognitive-academic as well as social-emotional well-being.]
2. What is the role of parents in helping children develop these qualities [as listed in #1]? [What can parents do?]
3. What is the role of teachers/schools in helping children develop these qualities [as listed in #1]? [What can teachers/school personnel do?]
4. What is the role of the community/society in helping children develop these qualities [as listed in #1]? [What can community/society do?]

QUESTIONS ABOUT STRESSORS & SUPPORTS

Provide the following definitions as needed:

<i>Stressor</i> =	someone or something that creates difficulty or distress for you; makes you unhappy or angry or scared, etc.
<i>Support</i> =	someone or something that provides comfort for you; makes you feel happy or safe or loved, etc.

1. What “stressors” do your children experience? (What are the sources of distress for your children?) [encourage parents to generate stressors for home, school, peer group, community, environment]
2. How do you know when your children are feeling “stressed”? (What do they do or say?)

3. As parents, what can you do to help children in distress?
4. What are the sources of support for your child when he/she is in distress? [in family, schools, community]

QUESTIONS ABOUT CHALLENGES IN CHILDREARING

1. What challenges/difficulties do parents face in raising/rearing children/adolescents? (*identify common challenges and ask the following questions about those*)
2. How do you deal with these challenges?
3. How do you discipline your children?
4. What other support do you have (in family, community, from school)? (Where can you go for help in coping with childrearing challenges?)

Appendix 2.C

Teacher Focus Group Protocol

INTRODUCTION. Today we will be talk about your experiences in teaching children ages _____. I will ask questions about stresses that children this age experience, feelings they express, sources of support, and how children cope with stress. We will also talk about the challenges of teaching and disciplining children in this age group. We want to focus on the experiences of children and teachers in general, so please remember that you do not need to share anything that you are not comfortable with. All information you share will be kept private unless you tell me something that suggests a child may be in danger (of being harmed). You can also choose to stop the activity at any point or choose to not answer particular questions. If you want to talk further about anything we discuss, I can arrange for you to talk with me or someone else at a later time.

GENERAL QUESTIONS

1. What are your expectations for your students (in classroom, school, in interactions with peers)? [Encourage teachers to generate a list

of “qualities” or characteristics they value that cover cognitive-academic as well as social-emotional well-being.]

2. What is the role of teachers in helping children develop these qualities [as listed in #1]? [What can teachers do?]
3. What is the role of parents/families in helping children develop these qualities [as listed in #1]? [What can parents/family members do?]
4. What is the role of the community/society in helping children develop these qualities [as listed in #1]? [What can community/society do?]

QUESTIONS ABOUT STRESSORS & SUPPORTS

Provide the following definitions as needed:

<i>Stressor</i> =	someone or something that creates difficulty or distress for you; makes you unhappy or angry or scared, etc.
<i>Support</i> =	someone or something that provides comfort for you; makes you feel happy or safe or loved, etc.

1. What are common sources of distress for children/adolescents (age group you teach)? [encourage teachers to generate stressors for home, school, peer group, community, environment]
2. How do you know when your students are feeling “stressed”? What do they do or say?
3. As teachers, what can *you* do to help children in distress?
4. What are the sources of support for students in distress? [in family, schools, community]

QUESTIONS ABOUT CHALLENGES IN DISCIPLINE

1. What challenges/difficulties do teachers face in disciplining children/adolescents? [*identify common challenges and ask the following questions about those*]
2. How do you deal with these challenges?
3. How do you discipline your students?
4. What other support do you have (in family, community, from school)? [Where can you

go for help in coping with disciplinary challenges?]

Appendix 2.D

Individual Interview Protocol with School Administrators, Health and Mental Health Care Providers

INTRODUCTION. *Today I would like to talk with you about issues related to promoting the psychological well-being of children and adolescents. I would like your views based on your experiences serving children/adolescents (ages 6-17, or specific age group). Please remember that you do not need to share anything that you are not comfortable with. All information you share will be kept private unless you tell me something that suggests that children may be in danger (of being harmed). You can also choose to stop the activity at any point or choose to not answer particular questions.*

GENERAL QUESTIONS

1. What is psychological well-being?
2. What is a psychologically healthy environment (e.g., home, school, community, society)?
3. What factors influence psychological well-being of children and adolescents?
4. What are the roles of schools, families, communities, and societies in promoting psychological well-being?
5. What are effective ways to promote development psychological well-being of children and adolescents in schools?

Appendix 2.E

Guidelines for Facilitating Focus Group Discussions

- Facilitate the group so that all participants have an opportunity to respond to questions (e.g., ask each participant to respond in turn)
- Encourage everyone to express their ideas/views, without critique

- Encourage diversity of ideas (the goal in this study is to capture the diversity as well as convergence of perspectives)
- Monitor discussion so that an individual or few individuals do not dominate (e.g., redirect, asking others to respond; ask the person to hold the idea until later)
- Conclude with open-ended question; “Is there anything else on this topic that you would like to share that we have not covered?”
- Close session with thank you to all participants. Provide contact information for follow-up questions.

- Demonstrate the ecomap, using the sample below:

Draw an ecomap and say, as you draw,

1. “For example, we all belong to families. You can use a circle to represent your family.”
2. “Inside the circle, you can draw small circles or other shapes to show who is in your family.”
3. “We can use lines to show how we feel about the relationship with family members.” Introduce and define how to depict—stressful, supportive, ambivalent (both stressful and supportive). (Use the following definitions to introduce the concepts)

Appendix 2.F

Student Ecomap Protocol

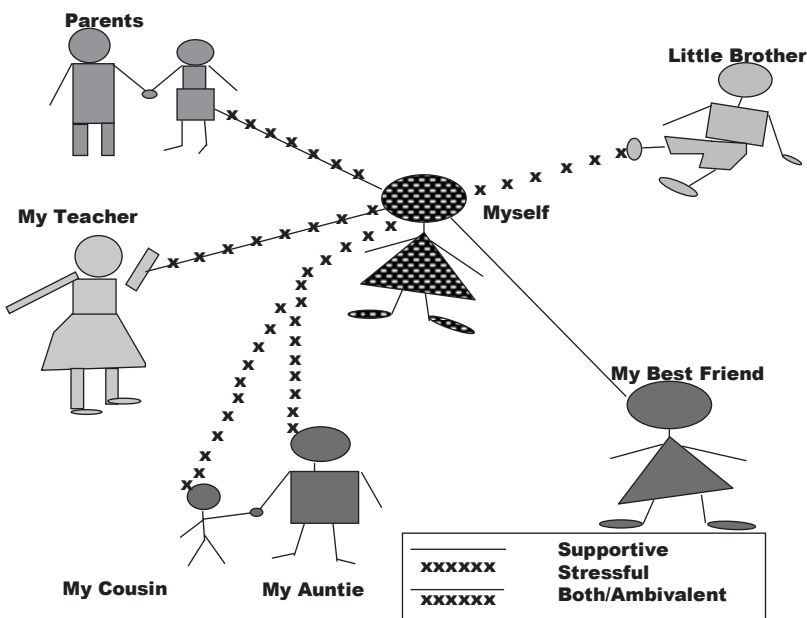
Materials: Paper (drawing and writing), colored markers, pens/pencils, chalkboard

STEP 1: INTRODUCE ECOMAP—WHOLE GROUP

- Say, “The purpose of today’s activities is to talk about the people and events that are

<i>Stressor</i> =	someone or something that creates difficulty or distress for you; makes you unhappy or angry or scared, etc.
<i>Support</i> =	someone or something that provides comfort for you; makes you feel happy or safe or loved, etc.
<i>Ambivalent</i> =	someone or something that creates both difficulty and comfort

SAMPLE ECOMAP



Ecomap artwork designed by Kitt Bryce. Adapted from Nastasi et al. (2000).

4. “We can use similar drawings to show other relationships, for example, in school or with friends, etc.”
5. “We can also use drawings to show things that happen in the community or environment that affect you, for example, a community celebration, neighborhood conflict, the weather.”

STEP 2: GENERATING ECOMAPS—INDIVIDUAL ACTIVITY

1. Each student draws his/her own ecomap to depict important relationships in his/her life. Encourage students to include relationships with family, school, peer, community, and the environment.
2. On the ecomap, ask the students to write the following:
 - f. Who is the person/event? [label the relationship]
 - g. What are the associated feelings about the person/event?
 - h. What makes this relationship stressful, supportive, or ambivalent?

STEP 3: GENERATING STORIES—INDIVIDUAL ACTIVITY

1. Ask each student to select a *stressful or ambivalent relationship* and depict (write or draw) a story about a time when he/she felt “stressed” in the relationship. Ask them to include the following in the story: What happened? How did you feel? What did you do?
2. Ask each student to select a *supportive or ambivalent relationship* and depict (write or draw) a story about a time when he/she felt “supported” in the relationship. Ask them to include the following in the story: What happened? How did you feel? What did you do?

Appendix 2.G

Stage 2 Coding: Generating Themes

The purpose of thematic analysis is to generate subtypes of key constructs (e.g., types of compe-

tencies or types of stressors), provide inductive definitions based on what the students say, and consider how the definitions are influenced by cultural norms.

Competencies: *Consider the following as you generate themes:*

- What are the culturally valued competencies? Make a list of specific competencies (e.g., academic ability, social skills). You can depict the competencies on a continuum from positive to negative if that makes sense (e.g., star student vs. academic failure).
- How is each competency defined? For each competence listed in #1, provide the definition based on students’ descriptions (e.g., Academic ability = making good grades; being good at math, etc.).
- What cultural norms are reflected in the competencies? (For example, one theme might be that academic competence is especially valued or most important. Social skills are important but only in relation to developing friendship.)

Stressors: *Consider the following as you generate themes:*

- What are the types of stressors that children experience?
- Which stressors are internal (e.g., frustration due to academic failure)? Which are external (e.g., parental conflict, peer bullying)?
- What are the sources (or triggers) of stress? (e.g., parents, peers, school, weather)

Response to Stress: *Consider the following:*

- What are the emotional reactions (i.e., feelings)?
- What are the cognitive reactions (i.e., thoughts)?
- What are the behavioral reactions (i.e., behaviors/actions)?
- What are the somatic or bodily reactions (e.g., get headaches, feel tense muscles)?

Supports: *Consider the following as you generate themes:*

- What are the types of social support that children experience?
- What are the sources of support (e.g., parents, peers, school, priest, pets)?

Response to Support: *Consider the following:*

- What are the emotional reactions (i.e., feelings)?
- What are the cognitive reactions (i.e., thoughts)?
- What are the behavioral reactions (i.e., behaviors/actions)?
- What are the somatic or bodily reactions (e.g., feel relaxed muscles)?

Appendix 2.H

DEMOGRAPHIC DATA: STUDENTS

For student participants, please gather the following information so that we can describe the sample.

School: _____
 Age (years): _____
 Grade: _____
 Gender: ___ female ___ male
 Language: _____
 Ethnic Origin: _____
 Religion: _____
 Parental/Guardian Education levels (for each parent/guardian):
 #1. (mother or other guardian) _____
 #2. (father or other guardian) _____
 Parental/Guardian Occupation (for each parent/guardian):
 #1. _____
 #2. _____
 Family Income: _____
 Family Status: _____ married; _____ divorced; _____ single parent
 Number of siblings: _____
 How many people live in your household? _____

 With whom do you live (for example, parents, grandparents, etc.)? _____

DEMOGRAPHIC DATA: Parents

For parent participants, please gather the following information so that we can describe the sample.

Age (years): _____
 Gender: ___ female ___ male
 Language: _____
 Ethnic Origin: _____
 Religion: _____
 Parental/Guardian Education levels (for each parent/guardian):
 #1. (mother or other guardian) _____
 #2. (father or other guardian) _____
 Parental/Guardian Occupation (for each parent/guardian):
 #1. _____
 #2. _____
 Family Income: _____
 Family Status: _____ married; _____ divorced; _____ single parent
 How many people live in your household? _____

 With whom do you live (for example, spouse/partner and children, parents, grandparents, etc.)? _____
 School(s) children attend: _____

 Number of children: _____
 Ages of children: _____

DEMOGRAPHIC DATA: Teachers

For teacher participants, please gather the following information so that we can describe the sample.

School: _____
 Age (years): _____
 Gender: ___ female ___ male
 Language: _____
 Ethnic Origin: _____
 Religion: _____
 Education level: _____
 What grade level(s) do you teach? _____
 Number of years teaching experience: _____

References

- Baumgartner, J., Burnett, L., DiCarlo, C. F., & Buchanan, T. (2012). An inquiry of children's social support networks using eco-maps. *Child Youth Care Forum, 41*, 357–369. doi:10.1007/S10566-011-9166-2.
- Borja, A. P. (2013). *The ecomap: A graphic tool for assessment, intervention, and research*. Unpublished preliminary examination literature review. Tulane University, New Orleans, Louisiana.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks: SAGE Publications.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks: SAGE Publications.
- Driessnack, M. (2005). Children's drawings as facilitators of communication: A meta-analysis. *Journal of Pediatric Nursing, 20*, 415–423. doi:10.1016/j.pedn.2005.03.011.
- Erkut, S. (2010). Developing multiple language versions of instruments for intercultural research. *Child Development Perspectives, 4*, 19–24. <http://web.ebscohost.com/libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=e9c363f1-9943-4e6c-8b5d-9f31bacdec00%40sessionmgr113&vid=2&hid=112>. Accessed 3 July 2013
- Hartman, A. (1978). Diagrammatic assessment of family relationships. *Social Casework, 59*, 465–476. [http://www.historyofsocialwork.org/1978_hartman/1978,%20Hartmann,%20diagrammatic%20assessment%20OCR%20\(C%20notice\).pdf](http://www.historyofsocialwork.org/1978_hartman/1978,%20Hartmann,%20diagrammatic%20assessment%20OCR%20(C%20notice).pdf). Accessed 3 July 2013
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.
- Nastasi, B. K. (2014). Empowering child voices through research. In C. Johnson, H. Friedman, J. Diaz, Z. Franco & B. Nastasi (Eds.), *Praeger handbook of social justice and psychology: Vol. 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., & Schensul, S. L. (2005). Contributions of qualitative research to the validity of intervention research. *Journal of School Psychology, 43*, 177–195. doi:10.1016/j.jsp.2005.04.003.
- Nastasi, B. K., Schensul, J. J., Tyler, C. L., Araujo, R., DeFalco, K., & Kavanaugh, M. (2000). *The New Haven social development program: Social problem solving-cooperative education, Grade 6 Curriculum*. Hartford: The Institute for Community Research (Developed in collaboration with New Haven, CT, Schools Social Development Department).
- Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, D.C.: American Psychological Association.
- Nastasi, B. K., Hitchcock, J. H., Varjas, K., Jayasena, A., Sarkar, S., Moore, R. B., et al. (2010). School-based stress and coping program for adolescents in Sri Lanka: Using mixed methods to facilitate culture-specific programming. In K. M. T. Collins, A. J. Onwuegbuzie & Q. G. Jiao (Vol. Eds.), *Toward a broader understanding of stress and coping: Mixed methods approaches. The research on stress and coping in education series* (vol. 5, pp. 305–342). Charlotte: Information Age Publishing.
- Nastasi, B. K., Jayasena, A., Summerville, M., & Borja, A. P. (2011). Facilitating long-term recovery from natural disasters: Psychosocial programming for tsunami-affected schools of Sri Lanka. *School Psychology International, 32*, 512–532. doi:10.1177/0143034311402923.
- Rempel, G. R., Neufeld, A., & Kushner, K. E. (2007). Interactive use of genograms and ecomaps in family caregiving research. *Journal of Family Nursing, 13*, 403–419. doi:10.1177/1074840707307917.
- Summerville, M. (2013). *The ecomap as a measure of psychological well-being: Results from primary school children identified as at-risk for psychological distress*. Master's thesis. Tulane University, New Orleans, Louisiana.

Psychological Well-Being in Children and Adolescents in Manaus, Amazonas, Brazil

3

Patricia Sánchez Lizardi and Júlio César Carregari

Introduction

The approach of psychological well-being taken in this chapter is an adaptation of the conceptual model of mental health proposed by Nastasi, Varjas, Sarkar, and Jayasena (1998; see Chap. 1 and Fig. 1.3). According to this model, psychological well-being is influenced by both individual and cultural factors. The individual factors are: (a) culturally valued competences, such as academic, behavioral, and physical; (b) personal vulnerability, such as personal and family history, and having a disability; and (c) personal resources, like coping mechanisms, relationship skills, and problem-solving skills. Cultural factors include: (a) social-cultural resources, such as peers, community, relatives, and school; (b) cultural norms, for example, those related to gender roles and adult-child relationships; (c) socialization agents, like media, teachers, peers, and parents; (d) socialization practices, such as education and discipline; and (d) social-cultural stressors, for example, violence in the environment, parental or family conflict, and poverty.

Research in the area of psychological well-being in children and adolescents in Brazil is not completely new. However, the term *psychological well-being* is rarely used within the Brazilian

literature. Instead, a more frequently found term, *subjective well-being*, is used to convey a similar meaning (Costa & Pereira, 2007). Consistent with what has been found elsewhere in the literature, these two concepts have been used interchangeably (e.g., Ryff, 1989; Ryff & Keyes, 1995). We did not find any publication in Brazilian journals in which *psychological well-being* was conceptualized according to the model used in the present book. However, we did find the concept of *subjective well-being* and variations of it addressing factors of the *psychological well-being* model as used herein. Research concerning aspects related to both concepts has been published in Brazil. For example, studies have investigated issues related to the measurement of stress in children and adolescents (e.g., Calais, Andrade, & Lipp, 2003; Lucarelli & Lipp, 1999), the prevalence of childhood stress (e.g., Sbaraini & Schermann, 2008), the type of stressful events present in children and adolescents' lives (e.g., Kristensen, Leon, D'Incao, & Dell'Aglio, 2004; Wagner, Ribeiro, Arteche, & Bornholdt, 1999), children and adolescent coping skills (e.g., Dell'Aglio & Hutz, 2002; Siqueira & Dell'Aglio, 2010), support systems for children and adolescents (e.g., Mombelli, Costa, Marcon, & Moura, 2011), the type of stress experienced by youngsters in educational settings (e.g., Pacanaro & Santos, 2007; Vectore & Zumstein, 2010), the quality of life of children and adolescents (e.g., Assumpção Jr., Kuczynski, Sprovieri, & Aranha, 2000; Camargo, Abaid, & Giacomoni, 2011), and their overall life satisfaction (e.g., Giacomoni & Hutz, 2008).

P. S. Lizardi (✉)

Universidade do Estado do Amazonas, Manaus, Brazil
e-mail: patricia.s.lizardi@gmail.com

J. C. Carregari

Universidade de São Paulo, São Paulo, Brazil

In order to paint an accurate picture of Brazil's research about psychological well-being in children and adolescents, it seems appropriate to briefly present how this concept and subjective well-being converge and diverge in their explanation of similar psychosocial dimensions and then look at the specific studies that have been carried out in the area.

Subjective well-being has been conceptualized as a positive psychological dimension that integrates cognitive and affective aspects, and it is thought to have emerged as an area of study in the 1950s (Keyes, Shmotkin, & Ryff, 2002). Subjective well-being encompasses concepts such as quality of life, and positive and negative affect (Galinha & Ribeiro, 2005). For this reason, Veenhoven (2010) has considered subjective well-being as a synonym to the concepts of life satisfaction and happiness. However, Diener, Oishi, and Lucas (2003) had stated that subjective well-being included "what lay people call happiness, peace, fulfillment, and life satisfaction" (p. 403), considering it a more extensive concept. The work of Diener and colleagues continued this line of research, and it is, up to the present, the theoretical reference for most work conducted about well-being in Brazil (Costa & Pereira, 2007).

In 1989, Ryff published a paper that led the research about subjective well-being into a separate, but similar, area. Ryff argued that happiness, understood as the balance between positive and negative affect, was not the only aspect relevant to the concept of psychological well-being. Furthermore, she considered the concept of subjective well-being to be lacking a strong theoretical background. In this work, and in a subsequent paper (Ryff & Keyes, 1995), the concept of psychological well-being was used interchangeably with the one of subjective well-being, and it was expanded to also include the following factors: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Thus, both constructs—psychological and subjective well-being—encompass aspects that have been addressed by research in Brazil and that are relevant to the work reported in this chapter. However, most of

this research has been conducted primarily in the southern states of Brazil, which are located within the wealthiest and most industrialized regions (Southeast and South). The other three geographical regions of Brazil are: North, Northeast, and Center–West. Conducting more studies regarding psychological well-being is therefore necessary for other regions of the country, so that a better understanding of intra-cultural influences and differences can be achieved.

Stress and Stressors among Brazilian Children and Adolescents

In Brazil, some studies have been carried out with children and adolescents to look at stress levels and the types of events associated with it. In fact, Sbaraini and Schermann (2008) reported that the study of childhood stress in Brazil dates back to the 1970s in the state of São Paulo. Since then, São Paulo children's experiences of stress and stressors have been well documented, indicating that approximately 30–60% of schoolchildren in São Paulo face some type of stressor during their school years. These authors also assessed the stress of 883 children from a small city from Rio Grande do Sul in southern Brazil. In order to assess the stress experienced by the participating children, the authors reported using the Childhood Stress Scale developed by Lipp and Lucarelli and a questionnaire to be completed by parents. They examined the following factors as indicators of stress: family relations (e.g., relationship with parents and siblings), social contact (e.g., friends at school), autonomous activity (e.g., cleans up after playing, performs own personal hygiene), work activity (e.g., watches siblings, does household chores), and losses and changes (e.g., illness or death in the family or a close relative). Findings indicated that the following groups of children experienced greater number of stressors: girls, children older than 10 years of age, those attending public schools, those with fair/bad family relationships, those with unmarried parents, children with absent fathers, those with fair/bad social contact, and children who lacked autonomous activities.

In another study, Calais et al. (2003) analyzed how stress levels differ by gender and level of education in a group of young adults, ages 15–28 years. They found that stress was more predominant in women than in men, and that the younger group, ages 15–18 years, showed the most signs of stress compared with older participants, ages 19–28 years. In order to assess stress, the authors used Lipp's Inventário de Sintomas de Stress (ISS, Inventory of Stress Symptoms) for people who were 15 years of age and older. In a complementary study, Lucarelli and Lipp (1999) analyzed the validity of the Inventário de Sintomas de Stress Infantil (ISS-I, Child Stress Symptoms Inventory), which was an adaptation of the original inventory for use with children between 6 and 14 years of age. This instrument was found to have sound psychometric properties and has been used in Brazil for the assessment of stress in children and adolescents. Items of the instrument, however, were developed using the signs and symptoms of stress as reported in the literature, mostly from the USA and Europe, with no direct input in item creation from Brazilian children and adolescents.

In an attempt to identify the frequency and impact of stressors for adolescents, Brazilian authors have developed specific instruments and administered them to adolescents, finding that the most frequent stressors for both males and females, aged 12–17 years, were school tests, fighting with friends and siblings, death of relatives, and obeying parents' rules (Kristensen et al., 2004). Other events that were not necessarily frequent but had strong effects on adolescents' functioning were exposure to sexual violence, being prohibited from seeing parents, and being taken to a juvenile detention center or juvenile shelter. Similar to other studies, girls reported higher levels of distress and more stressors related to interpersonal relationships when compared to boys.

In terms of environmental factors associated with childhood stress and poor quality of life, researchers have found eight risk factors: low monthly family income, low maternal schooling, being male, having more than seven members living in the same house, having four or more siblings, having smoked during pregnancy, sleeping

on parents' bed at age 4, and mothers having a psychiatric disorder (Martins, Costa, Saforcada, & Cunha, 2004). Martins et al. (2004) used the Home Observation for the Measurement of the Environment (HOME), which was developed in the USA during the 1970s by Caldwell and Bradley (Totsika & Sylva, 2004). Once more, we found that measures used in Brazil lacked the input of Brazilian participants, neglecting the sociocultural influences that invariably impact psychosocial dimensions (Hitchcock et al., 2005).

Potentially, one of the most relevant sources of stress for children and adolescents comes directly from their families, especially when families have gone through the process of separation and remarry to form a new family unit. Contrary to this idea, researchers in southern Brazil found that a large number of the adolescents they interviewed (81%) showed a general well-being of good to very good (according to a classification of the number of points shown on a scale measuring well-being, with levels of "very good," "good," "so-so," and "poor"); and they found no differences for adolescents from intact and remarried families (Wagner et al., 1999). These findings suggest that family composition, in this case a new family unit formed by two previously separated families, was not a relevant source of stress for the participating adolescents. In fact, they perceived that having this family unit was a source of a positive general well-being in a similar way that adolescents from an intact family unit did.

Coping Strategies and Sources of Support

Coping strategies and sources of support also have been investigated in Brazil, again mainly in the south. One such study examined family as a protective factor for adolescents facing stress by comparing the coping mechanisms of adolescents living with their families to those living in an institution for abandoned children (Dell'Aglio & Hutz, 2002). Researchers found no difference in the coping strategies between adolescents living with their families and those

living in an institution. Authors explained this finding by stating that adolescents living with their families reported frequent family conflicts, socioeconomic difficulties, violence, and punishment. In addition, whereas those adolescents living in an institution had been removed from these types of situations, both groups had similar socioeconomic backgrounds, which was believed to influence the type of learned coping strategies. In fact, institutions not only eliminated these stressful events from the lives of the adolescents but also provided them with social support and a structured and organized environment that met their basic needs. Thus, the stressful events experienced by the adolescents living with their families were in contrast to what is believed to be a caring environment, where emotionally supportive relationships, safety, harmony, organization, and a stable structure are present for the adolescent. Furthermore, the most frequent coping mechanisms utilized by the participants were support seeking, aggressive actions, acceptance, avoidance, direct action, doing nothing, and emotional expression. Authors also found that younger children (7–10 years old) used more strategies that involved looking for help or doing nothing, whereas older ones used more direct action strategies, such as those attempting to eliminate or change the stressful situation, like apologizing and talking about the issues or through physical aggression. These findings were supported by the results from another study conducted with 30 children, 7–12 years of age, where 60% of the participants reported feelings of stress. Of this 60%, half of them lived in intact families (Mombelli et al., 2011). The authors advised that these results be used in the development of stress prevention programs, where families are encouraged to participate in order to better their children's psychological well-being.

When looking at the factors associated with adolescents' happiness, Camargo et al. (2011) interviewed 95 adolescents from southern Brazil, asking them to talk about what made them happy. They found that girls related feelings of happiness to various forms of relating to others, like relating to their family and friends, whereas boys related happiness to material goods and life con-

ditions, that is, they associated happiness with being able to satisfy their personal needs, both material and emotional. These authors suggested that the gender differences encountered might be related to cultural and traditional gender roles in Brazil, where men are thought to be the family providers, and women the homemakers, caring for children and family.

Stressful Events in Brazilian Educational Settings

Although situations of stress, its assessment, and associated coping mechanisms have been addressed by researchers in Brazil, children's and adolescents' school-related stress and stressors have received less attention. However, a few studies are noteworthy. First, Lemes et al. (2003) examined children's stress and its impact on academic performance. These authors interviewed 342 children, ages 7–12 years, using Lipp and Lucarelli's *Escala de Stress Infantil*, which can be answered in a Likert-type scale of five choices according to the frequency that each symptom of stress was experienced. They found that 30% of the interviewed children showed symptoms of stress. More boys reported feeling stressed, and children showing the poorest academic performance had higher levels of stress. These findings are consistent with the results of Siqueira and Dell'Aglio's (2010) study with 155 children, aged 7–16 years. These researchers found significant age differences in the effects of stress on academic performance, with older participants showing better academic outcomes than younger children, in spite of comparable reports of distress.

In terms of stress in younger children, Vectore and Zumstein (2010) evaluated a group of 16 preschoolers, aged 4 and 5 years, and interviewed their mothers to determine if their children experienced stress. The authors found that mothers reported high scores in the *Escala de Fontes Estressoras na Criança* de Lipp, which are considered indicative of "severe" stress, but only one child actually demonstrated signs consistent with psychological stress. The two most cited sources

of stress for these youngsters were fighting with siblings and family's economic hardship. These findings suggest that children's self-perceptions of stress are not always consistent with the perception of their caregivers, which reinforces the need to closely assess the experience of stress in children from their own perspective.

According to our review of Brazil's literature on psychological well-being of children and adolescents, we can conclude that it is an area of research that has received some attention, especially in relation to stress, coping, and, to a relatively lesser degree, the effects of stress on academic performance. However, better methodologies are needed that allow children and adolescents to express their views in more descriptive and open-ended ways. Also, all referenced studies used constructs defined elsewhere, mostly the USA and Europe, which may compromise the validity of the reported findings, given that the experiences reported in these other countries may not necessarily be representative of the experiences of Brazilian children and adolescents. Finally, research about children's psychological well-being would greatly benefit by expanding geographically to include participants from other regions of the country to represent the sociocultural diversity of Brazil. Currently, all studies found were carried out with populations from southern Brazil, which represents the wealthiest and most developed area of the country.

Consistent with the goals of this book, our purpose was to identify what Brazilian children and adolescents understood as psychological well-being and as psychologically healthy environments. Furthermore, the target population was from Northern Brazil, an infrequently studied region. It is our expectation that the findings presented in this chapter contribute to a better understanding of children and adolescents' psychological well-being in Brazil.

Method

The current study took place in the city of Manaus, capital of the state of Amazonas, in northern Brazil. Manaus is located in the center of the Ama-

zon rainforest at the confluence of the two rivers that are the primary tributaries to the Amazon River, Negro and Solimões. Manaus is among the top ten largest cities in Brazil with a population of about two million (Brasil, Instituto Brasileiro de Geografia e Estatística (IBGE), 2010). Historically, Manaus has had a rich economy based on the large-scale production of rubber during the nineteenth century, being considered one of the most developed cities in the whole country during that period. When the rubber economy began to subside, Manaus lost its developed position, leaving behind a mix of grandiosity and poverty that is still evident in the design, infrastructure, and architecture of the city. Around 1960, Manaus became a free-trade zone, which brought a huge number of multinational industries and a wave of immigration from all areas of Brazil, rapidly increasing Manaus' population in an uncontrolled manner (Araújo, 2009). According to Loureiro (2003), Manaus' population before 1960 was around 150,000 inhabitants.

Manaus' historic economy is not the only factor that contributes to its current uniqueness. Amazonas, the largest state of the country, is home to the largest population of indigenous people in Brazil, with a few groups still living within Manaus city limits, but most of them distributed across the whole state. Furthermore, the major group populating Manaus, the *caboclos*, is a mix of the indigenous people with the Portuguese and other foreign nationals over the centuries, comprising approximately 71% of the people in the North area of Brazil (Brasil, IBGE, 2010).

Manaus' weather makes living in the city challenging. Its average temperature is around 28°C year-round with an average of 80% relative humidity level. The rainy season runs from December through May, when Manaus gets most of its 100 inches yearly average rain. Floods in the city during these months are common. Temperatures are lower than during the dry season, when the sun is intense and temperatures can rise to nearly 40°C with very high humidity levels.

The schools in Manaus are administered by two entities, the municipal and the state offices of education. Both offices were approached to obtain consent for the Promoting Psychological

Well-Being Globally (PPWBG) project. Once their written approval was given, it was submitted along with the project description to the *Comitê de Ética em Pesquisa*—the equivalent of an Institutional Review Board for Human Subjects Protection in the USA—for review and approval. After approval, four schools were invited to participate in the project. All of them consented, but data collection occurred in only three. Schools were selected because they were sites for practicum teaching/training for university students and due to a preexisting relationship with the first author's research projects. Schools were also representative of Manaus' ethnic and socioeconomic levels. All data were collected during the 2011 Brazilian school year, which runs from March through December.

Participants

A total of 55 children and adolescents, ages 6–17 years, participated in the study, 27 of them being female (49%). Participants from the schools represented the three levels of Brazil's basic education: elementary (1–5th), middle school (6–9th), and high school (10–12th). The high school also offered elementary and middle school grades at different schedules.

Students were divided into groups by age and gender according to the methods described in Chap. 2. When a group was formed by only three participants, like in the case of females ages 15–17 years and males ages 9–11 years, a second group was formed to increase the number of interviewees in that age range. The final composition of the groups is presented in Table 3.1.

All the participants spoke Portuguese as their first language. Regarding ethnic/race composition, 38 students (69%) reported being *caboclos* (mixed race), 10 White (18%), 5 Black (9%), 1 Asian (2%), and 1 did not report ethnicity/race (2%). Although only half of the participants reported their family monthly income, we consider the sample as representative of the socioeconomic distribution of the group as a whole, given that they attend the same schools, live in the same neighborhoods, and reported similar types of parental jobs and level of education. For the study group, average family income was US\$ 734.00 per month, which was below the average family monthly income in urban Manaus (US\$ 1486.00; Brasil, IBGE, 2010) but higher than the monthly income of families earning one minimum-wage salary (US\$ 243.00; Brasil, *Instituto Brasileiro de Geografia e Estatística*, IBGE; 2010). The number of family members living in the same house ranged from two to nine, with most of them having five members. Eleven percent of the participants reported living in families formed by remarriages. Grandparents were frequently mentioned (18%) by children and adolescents as family members living in the same house and, in many cases, were also their primary caregivers.

Data Collection Activities

In order to identify what children and adolescents understood as psychological well-being and psychologically healthy environments, data were collected through focus group interviews (FGIs) and ecomap activities (see Chap. 2). FGIs, of about 1-h duration, were conducted first. A second session, sometimes on the same day after

Table 3.1 Composition of focus groups by gender, age, and school grade

Female (<i>N</i> =27)			Male (<i>N</i> =28)		
Age (year)	Grade	<i>N</i>	Age (year)	Grade	<i>N</i>
6–8	2	4	6–8	2	6
9–11	3–5	6	9–11	2 and 5	3
12–14	7–9	9	9–11	4	4
15–17	7 and 9	5	12–14	7–9	8
15–17	11–12	3	15–17	7 and 9	7

a break, was conducted to complete the ecomap drawing activity along with the generation of stories. This activity also lasted about 1 h. At the end of both sessions, children and adolescents were offered a snack or candy as a token of appreciation for their participation. Next, we describe the procedures for both FGI and ecomaps as conducted at our study sites.

Considering that each school already had a means of communicating with parents, we approached school principals to discuss the best ways to contact parents and enroll participants in the study. In the elementary school, classroom teachers sent home parent invitations and a consent form to be signed if they agreed to their child's participation. In the middle school, the principal called parents to obtain permission, and, once parents gave verbal consent over the phone, a written consent form was sent home with the students. In the third school, the principal asked the authors to present information about the project during a school-wide parent meeting and then enroll participants if parents expressed interest. Once we had parental consent, we scheduled times with the principals to conduct the FGIs and ecomap activities. Principals provided quiet spaces for the interviews. In all schools, the library was considered the most appropriate location, given the room size and quietness. On a few occasions, when the library was not available, another room was provided or the interviews were rescheduled.

FGIs and the ecomap activities were conducted with all participating children and adolescents according to the group composition presented in Table 3.1. All instructions, questions, and directions for the FGIs and ecomap activities were translated into Portuguese and then back-translated into English by the first author and a trained translator according to the methods described in Chap. 2. However, given that the first author is not a native speaker of Portuguese, she co-conducted all interviews with a native speaker of Portuguese in case clarification for participants was needed. Most interviews were co-conducted by both authors, the second being a native speaker and a practicing psychologist in Brazil. A few interviews were conducted by the first au-

thor and one of her university students from the *Universidade do Estado do Amazonas*. Minimal adjustments were made to the FGI and ecomap protocols described in Chap. 2, like paraphrasing some questions when participants did not understand them, or on one occasion, stopping the session at the request of the principal, given the need of space by the school on that day. This required rescheduling and continuing on a different day.

Interviews were recorded electronically and by hand to ensure that no data were missed in case of a voice recording failure. All recorded interviews were transcribed by a couple of university students whose primary language was Portuguese. Ecomaps were coded according to procedures in order to determine the type and number of relationships depicted, that is, supportive, ambivalent, or stressful. The interview transcriptions, the stories generated as part of the ecomap activity, and the relationships depicted in the ecomap were then translated into English by the first author. When expressions had no direct translation into English, like those whose content had strong cultural bases, common sayings, and slang, the authors discussed their connotations in order to clarify their meanings within the Manaus context, thus providing the most accurate translation possible.

Data Coding and Analysis

The coding process as described in Chap. 2 was closely followed. All translated data were sent to the New Orleans team for deductive coding. After stage 1, codes were returned to us from the New Orleans team, we completed stage 2 and stage 3 analyses in order to generate culture-specific themes. Stages 2 and 3 themes also were sent to the New Orleans team for cross-cultural analysis utilizing data from other sites participating in this book. In this chapter, we present findings based on stages 2 and 3 analyses. We first present findings based on the FGIs and the stories created by the participants as part of the ecomap activity. Then, we report the findings based on the type of relationships depicted in the ecomaps.

Findings

In this section, we present the views and perspectives of Brazilian children and adolescents regarding their valued competencies, stressors, and coping mechanisms, which are assumed to reflect social-cultural influences, and thus be culturally sensitive to the conceptualization of psychological well-being and psychologically healthy environments. These perspectives, however, do not represent normative data. They do reflect common views, helpful in the posing of new research questions, the development of mental health programs, and the designing of culturally sensitive instruments to measure child and adolescent psychological well-being.

Focus Group and Ecomap Story Findings

The present section details themes generated from the FGIs and ecomap stories. Findings are organized according to deductive code, that is, valued competencies, stressors, reactions to stress and coping, and sources of support.

Valued Competencies Participating children and adolescents were asked to talk about their valued competencies in their roles as students, friends, and citizens. It was found that a common response for all participants, independent of gender, was being respectful, which they defined as “someone that respects others,” “respects older people, the law, teachers, parents, and friends.” According to participants’ responses, a respectful person pays attention to social conventions and mores such as being polite, caring, and helpful to others. He or she was described as a person that cares about others’ needs and opinions, helps others, is a good listener, and is not offensive or aggressive. As students, both males and females of all ages reported that valued competencies included being obedient to the teacher, doing everything the teacher asks for, including homework and assignments, as well as, behaving in the classroom and “being intelligent.” In addition to these, females indicated that valued competen-

cies of a student include “studying” and “getting good grades.”

In terms of the characteristics that were valued of friends, males and females agreed that he or she has to be trustworthy and loyal, someone who “does not abandon you and stands by you at all times.” Older participants added that a friend “helps you make good choices.” In this context, “good choices” was exemplified as “a friend that talks you out of doing drugs or of stealing.” Regarding competences valued of youth as Brazilian citizens, participants mentioned characteristics such as being respectful of the law and others and being protective of the environment with actions such as not polluting or littering. They also expressed that the socially responsible person behaves according to the law, does not steal, is courteous with pedestrians, and is kind to animals. That person helps his or her neighbor, is not racist or holds prejudices, is respectful of others’ sexual orientation, helps the disadvantaged, fights injustice in society, and “does not [sexually] prostitute” him or herself for money or other goods. The latter competency was mentioned only by the girls in the two older groups. It is noteworthy that participants mentioned the topic of prostitution, considering the efforts of various national (Libório, 2005; Ribeiro & Dias, 2009) and international (US Department of State, 2006) organizations to protect children and adolescents against sexual violence in Brazil.

Stressful Events Stressful events were described similarly by both males and females, with some differences observed by age (Tables 3.2 and 3.3). Stressful events were characterized as being hurt by someone, like a parent, sibling, or friend. These actions included being insulted, beaten, neglected, ignored, rejected, bullied, or betrayed. Another common stressor was “the death of a loved one.” The younger groups discussed only their parents’ death, but older children and teenagers also reported stress related to the death of friends, relatives, and their own. For example, a 15-year-old male described the stress he felt about his own death, given that he was ill with cancer.

Table 3.2 Stress or stressful events for males by age group

Age group (year)	Stress or stressful events: males
6–8	Being hurt by others; insulted, beaten by parents; death of parents, family, relative; family/relative in accident; being neglected/ignored; mother's crying; physical pains; others talking bad about me
9–11	Parents' scolding; bad grades at school; a thief; family/relative being hurt; hearing gunshots; death of someone in family or a friend; natural disasters; parents' divorce; being rejected by a loved one (grandfather); being insulted, bullied, beaten; left alone at home; scary movies; being punished by parents due to poor schoolwork
12–14	Teachers being disrespectful; bad teachers; death of a friend; parents' economic distress; trying hard at school and still not doing well; lack of parental support; fighting with friend; prevented from doing what is wanted; being disrespected, beaten; racism, prejudice; not having friends; afraid of being shot at; being made fun of; being betrayed by best friend; lots of responsibilities/demands at school/home
15–17	Prevented from getting what is wanted; family/relative being hurt or sad; fighting with family or friend; being terminally ill ("I have cancer"); death of a loved one; being betrayed by a friend; difficulties at school; angry at girlfriend; feeling lonely; being punished for failing grades; being disrespected; feeling self-conscious (being evaluated by others)

Table 3.3 Stress or stressful events for females by age group

Age group (year)	Stress or stressful events: females
6–8	Insulted, beaten by parents; being ignored, disrespected; fighting with sister/friend; being bitten by dog or scratched by cat; prevented from doing what is wanted; rainstorms
9–11	Worrying about your parents' safety; missing your parents; insulted, beaten; death of friend; scary stories or movies; tragedy in TV (accidents, beatings, kidnappings); seeing someone dying; having to do a lot of house chores; racist comments; being robbed/assaulted; being left alone; fighting with sister or brother; others talking bad about loved ones; being ignored; fighting with parents
12–14	Parents' divorce; being physically punished; having a lot of demands at school and home; fighting with brother or sister; noise by people and traffic; difficulty learning; getting bad grades; feeling someone is doing you an injustice; fighting with teacher; being made fun of; having to go to church; feeling insecure with choices made; distrusting; upset parents; rainy weather; prevented from doing what is wanted
15–17	Friends doing drugs; death of family, friends, teachers; rejection; fights in the family; fighting with mother, friends, sister; illness in family; not getting help from family; betrayed by friends; being grounded; keeping a secret that can harm friend/relative; gossiping (about me); being offered drugs; violence at school; being discriminated against; being lied to; being prevented from doing what is wanted; not being allowed to have a boyfriend

With the exception of younger-aged children (6–8 years old), another common stressor was the violence in their communities. Adolescents expressed fear of thieves, hearing gunshots, or of being shot. Fighting with friends was described as a stressor mostly by teenagers. School difficulties, such as getting bad grades, being retained, or the amount of assignments and homework, were reported by all ages, except by the 6–8 year-old group. Seeing a loved one, like mother or father, hurt or stressed was also a common stressor for all groups. Being prevented from getting what is wanted, such as a new toy or video game, or not

having leisure time for playing or hanging out with friends, was perceived as a stressor by all ages.

There were two stressors reported only by girls in the 12–17 years age range. One of them was being made responsible for someone else's safety, like caring for younger siblings while parents are at work. The other stressor reported was the rainy weather of Manaus. These participants perceived rainy weather as an impediment for going outside, as a possibility of a flooded home, and as having a higher chance of losing the use of their electronic appliances and devices

(e.g., air conditioner, TV, computer) due to an electrical surge.

The persons identified as sources of stress, common across age and gender, were parents, siblings, relatives, and friends. Adolescents in the age range of 12–17 also reported their school-related activities, teachers, the amount of their daily activities and chores, social environment, weather, and stepfamily relationships as sources of stress.

Reactions to Stress and Coping The manner in which children and adolescents cope with and respond to stress or stressful situations did vary by age, but not much by gender. In general, we discovered that both female and male participants respond to stress in the following ways: (a) through the expression of emotions, (b) through cognitive processing or thoughts about the event, and (c) through actions taken to deal with the stressful event (Tables 3.4 and 3.5). Emotional reactions to stress included physical reactions such as getting a red face, having body shakes, and crying. In terms of the thoughts or cogni-

tive reactions, patterns included thinking about and trying to understand the stressful event, trying to learn from the experience in order to better cope with a similar situation at a future time, and reflecting upon their own actions to improve their coping skills. Finally, in terms of the actions taken to cope with stress, the participants shared that they try to distract themselves from the stressful event, such as watching a movie or reading a book, trying to talk to someone about it, or avoiding their sources of stress as much as possible. Regarding the observed age differences, participants in the 6–11 years age range tended to have fewer coping mechanisms than adolescents in the 12–17 years age range. Adolescents ranging in age from 12 to 17 years, on the other hand, described more aggressive physical and verbal reactions as ways of coping with stress.

Supports and/or Supportive Relationships In order to understand children’s and adolescents’ sources of support, we looked at the persons, places, and activities that participants identified as providing them with comfort, and making

Table 3.4 Responses to stress for males by age group

Age (year)	Responses to stress: males
6–8	<i>Emotions:</i> Sadness, upset, worry <i>Expression of emotions:</i> Crying, wanting to be alone, not wanting to talk to anyone, sad faces, swearing, strong heart beating <i>Thoughts:</i> Thinking that something else could be more challenging, “it could be worse” <i>Actions:</i> Insulting or hurting someone, talking to an adult
9–11	<i>Emotions:</i> Afraid, worry, anger, confusion, sadness, scared, upset <i>Expression of emotions:</i> Body shakes, preoccupied face, running away, crying <i>Thoughts:</i> “Sometimes you don’t want to cry because you don’t want to feel embarrassed”; “Next time I’ll study more to pass” <i>Actions:</i> Talking about the stressful event with an adult, “sometimes, I run after the thief”; doing something different like “go playing”
12–14	<i>Emotions:</i> Feeling rejected, sadness, feeling disrespected, upset, anger, afraid, feeling excluded, envy, betrayed, embarrassed <i>Expression of emotions:</i> Bad mood, becoming impatient, running when afraid, crying, venting on others, keeping to self, beating and insulting others, getting quiet, changing behavior <i>Thoughts:</i> Reflecting about own behavior and stressful event, “think what you did wrong and how to change it” <i>Actions:</i> Stopping contact with stressful event, like “no to talk to that person anymore”; ignoring stressful event like “ignore what the person said”; revenge, “telling secrets of friend that betrayed you”; avoidance, “feeling like not going to class”
15–17	<i>Emotions:</i> Sadness, depression, isolation, upset, anxiety, anger, feeling hurt <i>Expression of emotions:</i> Calm yourself, withdrawn, being very quiet, keep to self <i>Thoughts:</i> Reflect about event like “you have to be patient,” “I don’t care, I don’t want to know” <i>Actions:</i> Getting distracted like “I’d watch T.V. or play videogames”; being assertive; being aggressive toward others; insulting others

Table 3.5 Responses to stress for females by age group

Age (year)	Responses to stress: females
6–8	<p><i>Emotions:</i> Upset, mad, anger, hurt, sadness</p> <p><i>Expression of emotions:</i> Withdrawn “I want to be alone”; crying; aggression, “I would punch her face till I break it”</p> <p><i>Thoughts:</i> None appeared</p> <p><i>Actions:</i> Trying to correct the situation, “I would apologize”</p>
9–11	<p><i>Emotions:</i> Upset, afraid, hurt, mad, sadness, anger, feeling embarrassed, scared, “joy when the stressful event is over”</p> <p><i>Expression of emotions:</i> Being in a bad mood; aggression, “having a desire of pulling her hair and beating her”; feeling revolted; crying</p> <p><i>Thoughts:</i> None appeared in responses</p> <p><i>Actions:</i> “Saying that you are stressed,” “ignoring the person that is making you feel upset,” “trying to correct the event by apologizing”</p>
12–14	<p><i>Emotions:</i> Upset, anger, sadness</p> <p><i>Expression of emotions:</i> Yelling or screaming, becoming red and shaky, nail biting, knuckle cracking, moving legs, having strange behavior, putting head down, isolate, withdrawn, “I don’t want to talk to anyone”</p> <p><i>Thoughts:</i> Reflecting about stressful event, “thinking about what I have to do, what I did, and what I need to change”</p> <p><i>Actions:</i> Eating sweets, “when I’m sad I like to eat sweets;” talk to a friend, “tell him what is happening;” “stay at home, just on the computer;” “do something to distract self, like “watching a movie, using the computer, reading a book, listening to music;” revenge, “I would insult that person back;” venting on others, “sometimes I end up offending someone to alleviate my stress;” “ignoring others”</p>
15–17	<p><i>Emotions:</i> Mad, upset, sadness, disappointment, anger, feeling embarrassed</p> <p><i>Expression of emotions:</i> Withdrawn, being in a bad mood, being very quiet, yelling, kicking the wall, keeping to self</p> <p><i>Thoughts:</i> Reflecting about own behavior, “thinking about what I did wrong”</p> <p><i>Actions:</i> Mistreat people, “yelling them to go away,” “stop talking to others,” talking to friends, “joking around, playing music, trying to relax,” talking to an adult, “going to my room and close the door,” “asking for advice to friends,” attempt to resolve stressful event, “I try to talk things out”, or trying to correct the event, “I’d apologize”</p>

them feel protected, happy, and loved. We found that common supports for all ages were “having someone to talk to,” either to be listened to and thus experience the comfort of being heard or as a means to clarify their thoughts and, hence, acquire skills to better deal with a stressful situation. For example, a 14-year-old boy said, “one day my sister saw me crying and she started talking to me, and I started feeling happy”; a 14-year-old girl said, “I tell [mother] everything and she supports me, I feel that she trusts me and I do everything she tells me to do.” Both males and females across ages described getting help from friends, siblings, and parents in school-related activities as being supportive. For instance, a 6-year-old boy said, “I did not know how to read and my dad taught me some things, then I went to school and the teacher taught me.” Males of all ages also described as supportive relationships those in which they were allowed to get dis-

tracted from the stressful event like going to the movies or the shopping mall, be reassured, and be accompanied. Other examples of supportive relationships as described by boys and girls are presented in Tables 3.6 and 3.7.

Type of Relationships Depicted in Ecomaps: Supportive, Ambivalent, or Stressful In addition to the information obtained through the FGIs and ecomap stories, the relationships drawn on the ecomap itself, and the manner in which participants labeled them allowed us to identify the most common feelings children and adolescents in Brazil experience in their close relationships (e.g., Figs. 3.1 and 3.2). The average number of relationships drawn by males, independent of age, was 9, with a minimum of 3 and a maximum of 23. For females, also independent of age, the average network size was 10, with a minimum of 3 and a maximum of 19. Thus, both male and

Table 3.6 Examples of supportive relationships for males by age group

Age group (year)	Examples of supportive relationships: males
6–8	“My mom saw the talent show and thought about buying me a gift. I thanked her and she hugged me. I liked that very much” “I feel hurt, wanting to cry, and another kid comes and tries to cheer me up”
9–11	“Making him [friend] think about a city without thieves, just happiness” “My mother told me to study more, and I did, and I got a ten in the homework. I liked it”
12–14	“My mother supports me very much in my studies and incentives me a lot to study and to graduate. Her support is very important to me. I give my best effort at studying and with my mother’s support I feel very confident” “If he is unhappy with a friend, then you try to get them together again, then they feel happy again”
15–17	“Seeing that things are working out in your family... me doing fine at school and getting along with my brothers, a job for my father” “My friends support me in everything I do, and when I’m hurt, they support me”

Table 3.7 Examples of supportive relationships for females by age group

Age group (year)	Examples of supportive relationships: females
6–8	“When your father takes you out, when he takes you to the park” “My mother gets very happy when I get home after school”
9–11	“When a girl called me names, I told my mother and she said to ignore her and no to call names back” “Me and my bother we play, we go to the park, we play in the swings, the little house and the slide, and we make noise and jump on the bed, and I feel very good because we are together, and that is good for me”
12–14	“A friend that gives you advice when your parents are getting separated” “A teacher that asks you if everything is o.k.”
15–17	“When she is sad we also talk about it. I think that being a good friend is being available to the person all the time” “If you have a problem at home, some teachers talk to you about it”

female participants reported large network sizes. Although some participants drew friends, pets, or contexts as part of their network, most of them drew relationships depicting family members, including extended family, such as grandparents, aunts or uncles, and cousins. Participants reported an average of five people living in their home, which is consistent with the census data for Manaus (Brasil, IBGE, 2010). However, it is not uncommon for extended family members to live in close proximity, either on the same street or in the same neighborhood. Thus, having large extended family networks might have influenced the drawing of large networks in the ecomap activity.

In order to determine the predominant type of relationship that best described the participant’s network (i.e., supportive, stressful, or ambivalent), we looked at the frequency with which each participant labeled the relationships they drew

in their ecomap. So, for example, if the majority (50% or more) of relationships were labeled stressful, the network was coded as predominantly ‘stressful.’ Seventy-one percent of male participants reported predominantly supportive networks, 18% predominantly ambivalent, and only one 12-year-old male depicted most of his relationships as stressful. Seven percent of male participants did not indicate a predominant type of relationship; instead, their ecomaps showed their networks as being represented by the same amount of relationships labeled as supportive and stressful, or supportive and ambivalent. Seventy-five percent of female participants drew predominantly supportive relationships, 11% predominantly ambivalent, and 7% predominantly stressful. Another 7% did not indicate a predominant type of relationship; instead, they labeled their relationships as supportive and ambivalent with the same frequency.

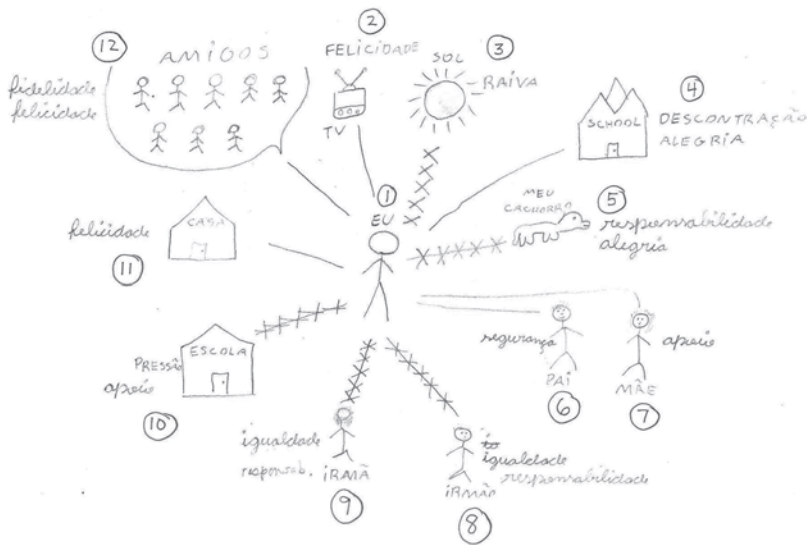


Fig. 3.1 Ecomap sample of a 14-year-old male. Depiction of relationship type: supportive (straight line), ambivalent (line crossed), and stressful (line by crosses). Ecomap labels: 1 Myself, 2 TV, 3 The sun, 4 English

School, 5 Dog, 6 Mother, 7 Father, 8 Brother, 9 Sister, 10 School, 11 Home, 12 Friends. Most relationships in this adolescent's environment are perceived as supportive, a few as ambivalent, and only one as stressful

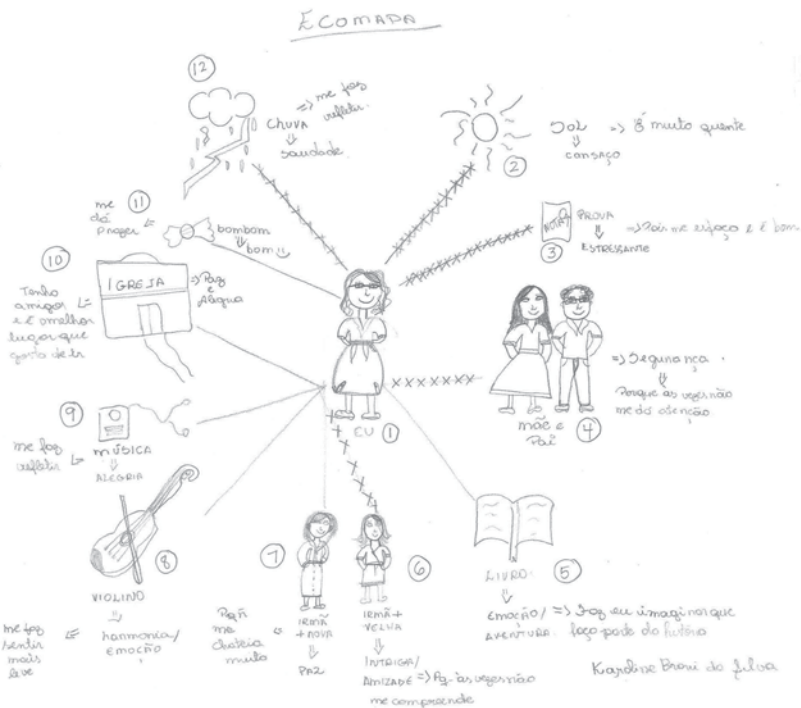


Fig. 3.2 Ecomap sample of a 14-year-old female. Depiction of type of relationships: supportive (straight line), ambivalent (line crossed), and stressful (line by crosses). Ecomap labels: 1 Myself, 2 Sun, 3 School grades, 4 Parents, 5 Books, 6 Older sister, 7 Younger sister, 8 Violin,

9 Music, 10 Church, 11 Candy, and 12 Rain. This adolescent perceives most of her relationships as being supportive and ambivalent. She did not perceive any of her relationships as being stressful

Discussion

The main purpose of this study was to define constructs related to psychological well-being and psychologically healthy environments from the perspective of Brazilian children and adolescents. The understanding of psychological well-being in Brazil has been strongly influenced by how the construct has been defined in other cultures, mainly the USA and Europe. For example, scales measuring concepts related to psychological well-being, such as quality of life and stress, have been validated with Brazilian populations, including children and adolescents (e.g., Lucarelli & Lipp, 1999; Calais et al., 2003), but the definition of the constructs measured had no input from Brazilian participants.

Although work exploring factors that influence children and adolescents' life and mental health has been conducted in Brazil, there are some shortcomings that we believe need further study. Most of the research in the area has been conducted by researchers in the southern region of Brazil, with a few studies also carried out in the Southeast region. This may become problematic considering the concept of generalizability (Hitchcock et al., 2005), especially when other regions of Brazil have a different socioeconomic, ethnic, and cultural makeup.

Findings from the present study are relevant because we have addressed two main limitations of previous research. First, to our knowledge, we carried out the first study to examine children and adolescent psychological well-being in the North region of Brazil, in a city that is among the top ten largest cities, thus representing an important segment of Brazil's population. Second, our approach to understanding children and adolescents' psychological well-being reflects an ecological–developmental framework. This means that a primary concern for us was to understand children and adolescent's perspectives about their own environments and the factors important for their own well-being. This is different from the approach taken by previous studies that had used constructs developed elsewhere to validate instruments with Brazilian populations. As important as those studies have been, they have left

out a fundamental aspect, that is, the perspective of the studied groups (children and adolescents) on the issue being studied (their own psychological well-being). We believe that in our study, we have addressed that limitation. Although we did not directly ask the question, "What is psychological well-being?," we directly asked children and adolescents to tell us about the different psychological domains that together we interpret as their views on their own psychological well-being (Nastasi et al., 1998).

Findings of this study also indicate that psychological well-being and psychologically healthy environments for children and adolescents in Brazil means living in an environment where stressors are minimized, and their coping skills and supportive networks are maximized. Stressful events included being hurt by someone, the death of a love one, violence in their community, and school responsibilities. We also were able to observe that girls reported stressors that were gender specific, such as having more household responsibilities than boys, like taking care of siblings or cleaning the house while parents are at work. Sbaraini and Schermann (2008) had also found this gender difference, which we believe reflects the still prevalent traditional gender roles in Brazil.

In addition, valued competencies across ages and gender were being polite, being caring and helpful to others, being a good listener, and not being offensive or aggressive. In their role as students, participants valued being obedient to teachers, getting good grades, and completing all expected assignments and homework. Valued characteristics in a friend included being trustworthy and available to that person at all times, either to get advice or simply to be heard. Other relevant competencies reflected sociocultural values at a larger scale, such as being a good neighbor, helping the disadvantaged, respecting others' sexual orientation, not holding prejudice or being racist, and not prostituting self. It is interesting that participants mentioned the topic of prostitution, given that Brazil has received a significant amount of attention, nationally and internationally, because of the rise in child and adolescent prostitution (Libório, 2005; Ribeiro &

Dias, 2009; US Department of State, 2006), and because the *Secretaria de Estado dos Direitos Humanos* has developed a specific plan to protect children and adolescents against sexual violence (*Plano Nacional de Enfrentamento da Violência Sexual Infanto-Juvenil*, Brasil, 2002). Regarding prejudice and racism, Brazil has for a long time considered itself a “racial democracy,” implying that neither racism nor prejudice exists in the country. However, this belief has been challenged over the years by researchers who have pointed out the strong relation between darker skin color and lower socioeconomic and educational status (e.g., Telles, 2007). Other important citizenry competencies were related to the protection of the environment. This may be unique to Manaus, given that it is located at the center of the Amazon rainforest, where environment protection is a daily reference.

In terms of coping strategies, we found that participants in the 6–11 years age range tend to have fewer coping mechanisms than those in the 12–17 years age range. Older ages, 12–17 year-old participants, on the other hand, not only had more strategies involving thinking and reflecting about their stressors and their actions to improve their coping skills, but also described having more physically and verbally aggressive reactions as a way of coping. These findings are in agreement with those reported by Dell’Aglío and Hutz (2002), but unlike these authors’ findings, our participants did perceive their family as supportive in the face of stress, even though they also identified them as sources of stress.

These findings support the idea of developing programs to protect and promote children and adolescents’ psychological well-being. These programs can be developed within the schools, where psychological services are almost nonexistent or have been limited to special education (Ministério da Educação, 2001). Similar to Mombelli et al. (2011), our findings support the idea of creating stress prevention programs that encourage families to participate in order to better children’s psychological well-being.

Finally, our study had a small number of participants and used qualitative research methods, which allowed us to engage children and ado-

lescents in rich discussions regarding their own psychological well-being; however, results are limited in terms of generalizability. Our findings can be considered exploratory and the bases to ask other research questions and to propose other methods (e.g., mixed methods) to further address issues like the gender and age differences in stress and coping mechanisms, family structure as a preventive or protective factor of stress, socioeconomic differences in stress and coping skills, psychological well-being and racial discrimination, and school environment and stress. Also, instruments to measure psychological well-being can be developed that use the definitions provided by children and adolescents, which are age and culturally appropriate.

Acknowledgment Patricia Sánchez Lizardi and Júlio César Carregari, Escola Normal Superior, *Universidade do Estado do Amazonas*, Brazil.

Patricia Sánchez Lizardi is now with the *Clinica Mexicana de Autismo* in Mexico City. She is also an affiliate to the Community, Environment and Policy Division of the Mel and Enid Zuckerman College of Public Health at the University of Arizona.

Júlio César Carregari is now a doctoral student in education at the *Universidade de São Paulo*, USP, Brazil.

We thank Claudemara de Souza Moutinho, Lúcia Helena Soares de Oliveira, Nayara Ferreira, and Vanessa de Almeida Dantas for their support in co-conducting interviews and for their help with interview transcriptions.

References

- Araujo, E. S. (2009). Desenvolvimento urbano local: O caso da Zona Franca de Manaus (Local urban development: The Manaus Free Zone case). *Revista Brasileira de Gestão Urbana, Curitiba*, 1(1), 33–42. <http://www.redalyc.org/articulo.oa?id=193114456004>.
- Assumpção, F. B., Jr., Kuczynski, E., Sprovieri, M. H., & Aranha, E. M. G. (2000). Escala de avaliação de qualidade de vida (AUQEI): Validade e confiabilidade de uma escala para a qualidade de vida em crianças de 4 a 12 anos (Quality of life evaluation scale (AUQEI): Validity and reliability of a quality of life scale for children from 4 to 12 years-old). *Arquivos de Neuropsiquiatria*, 58(1), 119–127. <http://www.scielo.br/pdf/anp/v58n1/1267.pdf>.
- Brasil. (2002). *Plano Nacional de Enfrentamento da Violência Sexual Infanto-Juvenil* (3rd ed.). Brasília: SEDH/DCA. http://portal.mj.gov.br/sedh/ct/conanda/plano_nacional.pdf.
- Calais, S. L., Andrade, L. M. B., & Lipp, M. E. N. (2003). Diferenças de sexo e escolaridade na manifestação de

- stress em adultos jovens (Gender and schooling differences in stress symptoms in young adults). *Psicologia: Reflexão e Crítica*, 16(2), 257–263. <http://www.scielo.br/pdf/prc/v16n2/a05v16n2.pdf>.
- Camargo, S. P. H., Abaid, J. L. W., & Giacomoni, C. H. (2011). Do que eles precisam para serem felizes? A felicidade na visão de adolescentes (What do they need to be happy? Happiness for adolescents). *Revista Semestral da Associação Brasileira de Psicologia Escolar e Educacional, SP*, 15(2), 241–250. <http://abrapee.files.wordpress.com/2012/02/15-2.pdf>.
- Costa, L. S. M., & Pereira, C. A. A. (2007). Bem-estar subjetivo: Aspectos conceituais (Subjective well-being: Conceptual aspects). *Arquivos Brasileiros de Psicologia*, 59(1), 72–80. <http://www.psicologia.ufjf.br/abp/>.
- Dell'Aglio, D. D., & Hutz, C. S. (2002). Estratégias de coping de crianças e adolescentes em eventos estressantes com pares e adultos (Strategies used by children and adolescents to cope with conflicts involving peers and adults). *Psicologia USP*, 13(2), 203–225. doi:10.1590/S0103-65642002000200012.
- Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Reviews of Psychology*, 54, 403–425. doi:10.1146/annurev.psych.54.101601.145056.
- Galinha, I., & Ribeiro, J. L. P. (2005). História e evolução do conceito de bem-estar subjetivo (History and evolution of the concept of subjective well-being). *Psicologia, Saúde & Doenças*, 6(2), 203–214. <http://www.scielo.gpeari.mctes.pt/pdf/psd/v6n2/v6n2a08.pdf>.
- Giacomoni, C. H., & Hutz, C. S. (2008). Escala multidimensional de satisfação de vida para crianças: estudos de construção e validação (Multidimensional life satisfaction scale for children: Development and validation studies). *Estudos de Psicologia Campinas*, 25(1), 23–35. <http://www.scielo.br/pdf/estpsi/v25n1/a03v25n1.pdf>.
- Hitchcock, J. H., Nastasi, B. K., Dai, D. Y., Newman, J., Jayasena, A., Bernstein-Moore, R. E., et al. (2005). Illustrating a mixed-method approach for validating culturally specific constructs. *Journal of School Psychology*, 43, 259–278. doi:10.1016/j.jsp.2005.04.007.
- Instituto Brasileiro de Geografia e Estatística (IBGE). (2010). *Cidades*. <http://cod.ibge.gov.br/X4>.
- Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82, 1007–1022. doi:10.1037/0022-3514.82.6.1007.
- Kristensen, C. H., Leon, J. S., D'Incao, D. B., & Dell'Aglio, D. D. (2004). Análise da frequência e do impacto de eventos estressores em uma amostra de adolescentes (Analysis of the frequency and impact of stressful life events in a sample of adolescents). *Interação em Psicologia*, 8(1), 45–55. <http://ojs.c3sl.ufpr.br/ojs2/index.php/psicologia/article/view/3238/2599>.
- Lemes, S. O., Fisberg, M., Rocha, G. M., Ferrini, L. G., Martins, G., Siviero, K., & Ataka, M. A. (2003). Stress infantil e desempenho escolar: Avaliação de crianças de 1ª a 4ª série de uma escola pública do município de São Paulo (Stress in children and their performance at school: Evaluation of children from the 1st to the 4th grade of a public school in São Paulo city). *Revista Estudos de Psicologia, PUC-Campinas*, 20(1), 5–14. <http://www.scielo.br/pdf/estpsi/v20n1/a01v20n1.pdf>.
- Liborio, R. M. C. (2005). Adolescentes em situação de Prostituição: Uma análise sobre a exploração sexual comercial na sociedade contemporânea (Adolescents in prostitution situations: Analysis of the commercial sexual exploitation in contemporary society). *Psicologia: Reflexão e Crítica*, 18(3), 413–420. <http://www.scielo.br/pdf/prc/v18n3/a16v18n3.pdf>.
- Loureiro, M. E. M. (2003). O papel estratégico da Zona Franca de Manaus no desenvolvimento da Amazônia (The strategic role of Manaus' Free Zone in the Amazonian development). *T & C Amazônia*, 1(1), 36–41. http://www.fucapi.br/tec/imagens/revistas/ed_01_completo.pdf.
- Lucarelli, M. D. M., & Lipp, M. E. N. (1999). Validação do inventário de sintomas de stress infantil—ISS-I (Validity of the child stress symptoms inventory—ISS-I). *Psicologia: Reflexão e Crítica* [online], 12. <http://dx.doi.org/10.1590/S0102-79721999000100005>.
- Martins, M. F. D., Costa, J. S. D., Saforcada, E. T., & Cunha, M. D.C. (2004). Qualidade do ambiente e fatores associados: Um estudo em crianças de Pelotas, Rio Grande do Sul, Brasil (Quality of the environment and associated factors: A pediatric study in Pelotas, Rio Grande do Sul, Brazil). *Cadernos de Saúde Pública Rio de Janeiro*, 20(3), 710–718. <http://www.scielo.br/pdf/csp/v20n3/07.pdf>.
- Mombelli, M. A., Costa, J. B., Marcon, S. S., & Moura, C. B. (2011). Estrutura e suporte familiar como fatores de risco de stress infantil (Family structure and support as risk factors to childhood stress). *Estudos de Psicologia*, 28(3), 327–335. <http://www.scielo.br/pdf/estpsi/v28n3/a04v28n3.pdf>.
- Ministério da Educação. (2001). *Diretrizes Nacionais para a Educação Especial na Educação Básica. Secretaria de Educação Especial*. Brasil: Ministério da Educação.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276. <http://www.nasponline.org/publications/spr/abstract.aspx?ID1423>.
- Pacano, S. V., & Santos, A. A. A. (2007). Avaliação do estresse no contexto educacional: Análise de produção de artigos científicos (Assessment of stress in the educational context: Analysis of scientific article production). *Avaliação Psicológica*, 6(2), 253–260. <http://pepsic.bvsalud.org/pdf/avp/v6n2/v6n2a14.pdf>.
- Ribeiro, M. O., & Dias, A. F. (2009). Prostituição infanto-juvenil: Revisão sistemática da literatura (Child-juvenile prostitution: A systematic literature review). *Revista da Escola de Enfermagem, USP*, 43(2), 465–471. <http://www.scielo.br/pdf/reuusp/v43n2/a29v43n2.pdf>.

- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. doi:10.1037/0022-3514.57.6.1069.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727. doi:10.1037/0022-3514.69.4.719.
- Sbaraini, C. R., & Schermann, L. B. (2008). Prevalence of childhood stress and associated factors: A study of schoolchildren in a city in Rio Grande do Sul State, Brazil. *Cadernos de Saúde Pública Rio de Janeiro*, 24(5), 1082–1088. <http://www.scielo.br/pdf/csp/v24n5/15.pdf>.
- Siqueira, A. C., & Dell’Aglío, D. D. (2010). Crianças e adolescentes institucionalizados: Desempenho escolar, satisfação de vida e rede de apoio social (Institutionalized children and adolescents: Academic achievement, life satisfaction and social support network). *Psicologia: Teoria e Pesquisa*, 26(3), 407–415. <http://www.revistaptp.unb.br/index.php/ptp/article/view/533/97>.
- Telles, E. (2007). Racial discrimination and miscegenation: The experience in Brazil. *UN Chronicle* [online]. <http://www.un.org/wcm/content/site/chronicle/home/archive/issues2007/thesolidarityofpeoples/pid/21708>.
- Totsika, V., & Sylva, K. (2004). The home observation for measurement of the environment revisited. *Child and Adolescent Mental Health*, 9, 25–35. doi:10.1046/j.1475-357X.2003.00073.x.
- Vectore, C., & Zumstein, L. S. (2010). Utilização de recursos mediacionais para a identificação de estressores em pré-escolares (The use of mediating resources in identifying stressors in preschool children). *Revista Semestral da Associação Brasileira de Psicologia Escolar e Educacional, SP*, 14(2), 311–321. <http://abrapee.files.wordpress.com/2012/02/14-21.pdf>.
- Veenhoven, R. (2010). How universal is happiness? In E. Diener, J. F. Helliwell & D. Kahneman (Eds.), *International differences in well-being* [online]. New York: Oxford University Press. <http://www2.eur.nl/fsw/research/veenhoven/Pub2010s/2010a-full.pdf>.
- Wagner, A., Ribeiro, L. S., Arteché, A. X., & Bornholdt, E. A. (1999). Configuração familiar e o bem-estar psicológico dos adolescentes (Family configuration and adolescents' psychological well-being). *Psicologia: Reflexão e Crítica* [online], 12. doi.org/10.1590/S0102-79721999000100010.
- U.S. Department of State. (2006). *Bureau of democracy, human rights, and labor 2005: Brazil*. <http://www.state.gov/j/drl/rls/hrrpt/2005/61718.htm#UPSdBHB4ZyY>.

Psychological Well-Being of Students in Estonia: Perspectives of Students, Parents, and Teachers

4

Katri Viitpoom and Helve Saat

Introduction

The environment and the interaction between a person and environment play an important role in well-being. The conceptual model of well-being emphasizes the importance of personal and cultural factors for mental health (Nastasi, Varjas, Sarkar, & Jayasena, 1998). For example, the connection between psychological well-being and academic achievement seems reciprocal, that is, happy pupils with healthy self-esteem learn better, and academically successful pupils are more satisfied with and have higher beliefs in themselves (Cowie, Boardman, Dawkins, & Jennifer, 2004). Thus, identifying culture-specific factors are important to developing interventions in the school environment. Engaging the voice of the child is even more important, as the selected interventions ultimately affect youth's daily functioning in the school (Nastasi, 2014).

The Context of the Study: Estonia

Estonia is a northern European country with 1.3 million people. The majority (70%) are eth-

nic Estonians. The official language is Estonian, although approximately 30% of the population speaks Russian as their native language. The average income in 2012 was € 887 per month, with an unemployment rate of 10.2% (*Statistics Estonia, 2012*). Estonia belongs to the European Union (EU), the North Atlantic Treaty Organization (NATO), and the Organisation for Economic Co-operation and Development (OECD). Estonia ranks high in the human development index (HDI) as it performs highly in measurements of education and life expectancy (UN Development Programme, 2013). For example, on the Programme for International Student Assessment (PISA), a triennial international survey which aims to evaluate education systems worldwide by testing the skills and knowledge of 15-year-old students, Estonian students performed well in all three areas assessed, that is, reading, mathematics, and science (OECD, 2013).

The compulsory educational system in Estonia is 9 years of comprehensive schooling for 7–15-year-olds in state, municipal, public, or private institutions. Homeschooling is allowed, but it is rare. The paradox of the Estonian school system is, that although pupils have high study results, students dislike school (Bradshaw et al. 2006) and, according to OECD's teachers survey, TALIS (OECD, 2009), Estonian teachers have low self-efficacy.

K. Viitpoom (✉)

Tallinn Nõmme Primary School, Tallinn, Estonia
e-mail: katri-v@hotmail.com

H. Saat

Institute of Psychology, Tallinn University, Tallinn,
Estonia

Psychological Well-Being in Estonia

Few studies have focused on the psychological well-being among pupils in Estonia, and those that have analyzed well-being have demonstrated poor results, characterizing Estonia in a negative light. That is, although academic results seem to be highly valued in Estonia, school climate and pupil well-being are not. For instance, researchers from York University gathered information about all European countries to analyze children's welfare (Bradshaw et al., 2006). They concluded that Estonian children showed low individual well-being, characterized by low satisfaction with life, feeling rejected, uncertainty, and loneliness; Estonia was depicted as the lowest on those indicators when compared to other European children. In addition, when compared to schools in other countries, Estonia's schools were rated as being the least well liked (in response to the question, "Do you like school?"). Furthermore, the researchers reported a greater occurrence of school violence in the Baltic countries of Estonia, Latvia, and Lithuania, compared to western and northern European countries (Bradshaw et al., 2006). The Saving and Empowering Young Lives (SEYLE) international research project, conducted in 2009–2011 (Lumiste, Värnik, Sisask, & Värnik, 2011), showed that 12% of Estonian students reported low levels of well-being based on the *WHO-5 Well-Being Test*, a brief measure of emotional well-being (Bech, 2004). Estonian girls, compared to boys, reported lower overall well-being and more recent experiences of stress, emotional problems, and anxiety. Further, 12% of students reported having had suicidal thoughts, and 74% of students said they have had been in contact with bullying in school during the past 12 months.

Researchers also have shown that schools' general values and teachers' attitudes toward pupils play the most important role in perceived school climate, pupils' psychological well-being, academic success, and optimism (Ruus et al., 2007). Thus, pupils' psychological well-being might be enhanced when schoolmasters and

teachers recognize and are held accountable for a psychologically healthy school climate.

Schools in Estonia have different programs to improve pupil well-being. There are some programs for decreasing bullying that include trainings for both teachers and pupils, such as the *School Peace Program* (www.lastekaitseliit.ee/koolirahu), *Big Brother/Sister* (www.bbbs.com), and the Thomas Gordon trainings for teachers and parents (www.gordontraining.com). To be effective, programs should involve repetition, long-term implementation, multi-modal instruction, and the involvement of all persons who are important to pupils (e.g., teachers and parents), (Cowie et al., 2004). Although the aforementioned programs in Estonia are beneficial to participants, it is questionable how effective these are for promoting psychological well-being in school. Current programs usually only involve a few participants and are not universal, nor based on student need.

To address the lack of culturally sensitive studies about youth psychological well-being in Estonia, we present data from the PPWBG project (Nastasi & International Psychological Well-Being Team, 2012). These data represent the perspectives of teachers, administrators, pupils, and their parents about psychological well-being of Estonian youth.

Methods

This research is qualitative and descriptive in nature. Semi-structured individual and focus group interviews were used. Questions were developed by the PPWBG team and then translated to Estonian with the help of an English philologist, using a back-and-forward translation method (see Chap. 2, this volume). This section provides descriptions of the context, participants, researcher roles, and data collection procedures.

Table 4.1 Break down of student, parent, and teacher participants by age (in years) and gender of students

Student age (in years)	Students		Parents	Teachers
	Female	Male		
9–11	8	8	3	7
12–14	6	5	6	6
15–17	7	6	7	7
Total	21	19	16	20

Parents and teachers were grouped by the respective age of their children/students

Study Context

The study was conducted in one school in the county of central Estonia. The county has long tradition of agricultural production, low population rates, and low crime rates. The participating school has an enrollment of about 300 students, with boys and girls together in all classes. All pupils were native Estonian. In addition, Estonian was the primary language for the majority of pupils (with the exception of a few whose primary language was Russian). The families of most students are of average economic background. Results of 2013 final exams placed this school in the middle of the range for Estonian schools, with an average score for the school of 60 on a 100-point scale (Postimees, 2013).

Participants

Participants were 40 students (aged 9–17 years¹), 16 parents, 20 teachers, 5 school administrators, and 5 health support staff members. The breakdown of participants by age and gender of the student is presented in Table 4.1 (parents and teachers were selected on the basis of the age of the respective child/pupil).

Researcher Roles

Interviews were organized and conducted by authors of this chapter who are both of Estonian

origin, and one worked as a school psychologist in the participating school. The authors also were responsible for data transcription and analysis. An English teacher, from the participating school, who was trained as an English philologist by education, assisted with translation.

Data Collection Procedures

Pilot interviews were conducted with two 8-year-old students, to ensure that questions were understandable for elementary school students. On the basis of the pilot, the description of procedures and interview questions were adjusted for comprehension. Adjustments were minor, for example, questions were shortened.

Twelve focus group interviews were conducted with 40 students (aged 9–17 years), 16 parents, and 20 teachers. All groups had 6–8 members, with the exception of one parent group with three members. Individual interviews were conducted with five school administrators and five health support staff. Focus group and individual interviews were 45–60 min in duration. Sessions were taped with participants' consent. In addition to responding to focus group interview questions, students were asked to draw an ecomap and write a story about one stressful and one supportive relationship in their lives. All procedures are detailed in Chap. 2.

Findings

Data were analyzed using the procedures outlined in Chap. 2. This section presents findings from all informants, that is, students, teachers, parents, and administrators. Unless otherwise

¹ The sample reported in this chapter is restricted to 9–17-year-olds from a single school. Data from younger students (ages 6–8 years) from a second school are not included in these analyses.

indicated, the findings reflect consensus (agreement) among informant groups. We first summarize findings related to definitions of psychological well-being and strategies for fostering well-being from the perspectives of school administrators and support staff. We then present findings based on the perspectives of students, parents, and teachers on cultural expectations, stressors, reactions to stress, and coping strategies.

Administrator and Support Staff Perspectives

School administrators and health support staff responded to questions about the definition of psychological well-being and ways in which the school can facilitate the development of well-being. Responses to the question, "What is psychological well-being?" yielded four main categories: (a) positive relationship with self, (b) optimism and perceived capability, (c) satisfaction with relationships, and (d) resilience. When asked how schools could enhance students' psychological well-being, administrative and support staff generated the following ideas: (a) supporting youth initiative and informal learning, (b) having active mental health support staff in school, (c) supporting greater home-school cooperation, (d) better teacher training on communication skills, and (e) organizing events to raise school unity.

Student, Teacher, and Parent Perspectives

Using focus groups, we sought perspectives of students, parents, and teachers about cultural expectations (culturally valued competencies) and sources of stress for children. In this section, we report findings across the respondent groups and note any differences in perspectives across adults and children.

Cultural Expectations According to students, teachers, and parents, culturally valued competencies of a schoolchild are learning skills, social skills, and being active in the learning process.

All focus groups agreed on the importance of good learning skills, described as being diligent and self-leading, and getting good grades. A good student also has good social skills, characterized by qualities such as being polite, kind, sharing knowledge, and getting along with classmates. The expectations were similar across age and gender groups, with the exception of "being active," which was mentioned only by boys and girls aged 15–17 years. Parents and teachers described being active as expressing an opinion about learning a subject or actively participating in the study process. For younger students, the emphasis was on being polite, conscientious, and getting good grades.

Students described valued competencies for the roles of friend, citizen, and parent. They described a friend as a person who is helpful, loyal, protective, honest, and friendly. A good friend is someone who is there when you need him/her and listens to and understands you. A good citizen is polite, helpful, friendly, loyal to the country, and respects the law. A good parent is helpful, loving, caring, and should talk things over instead of physical punishment. Younger students indicated that a good parent has time to play with his or her child, and older students described the good parent as being interested in the child's life, understanding the child, and setting rules for the child.

Teachers and parents both reported the home as the most important factor in the development of the child. The parental role was described as guiding and encouraging the child to grow up as self-dependent. The roles of schools and educators were described as guiding, supporting, and encouraging pupils; helping them develop their abilities. Teachers stressed that both home and school are responsible for developing social skills, and that school should teach traditional values and rules.

Stressors Most stressors, mentioned across the informant groups, were associated with interpersonal relationships. Students, teachers, and parents all agreed that the most common stressor for children is problematic relationships with friends, parents, or teachers. Teachers and parents also referred to overloaded work demands as a

source of stress for children. Students mentioned several types of stressors. The most common was bullying at school. Other stressors identified by students included: (a) being tired and overloaded with school or homework; (b) being afraid of performing badly in tests; (c) difficult relationships with parents, friends, or teachers; (d) death and illness; (e) academic difficulties; and (f) being in contact with an accident. Older students (ages 15–17 years) mentioned being overloaded with obligations or not having enough time as typical stressors. In addition, older students mentioned financial difficulties and being addicted to drugs as stressors for their age group.

Student Ecomaps

On the ecomaps, students identified relationships as being supportive, stressful, or ambivalent (both stressful and supportive; see e.g., of ecomap in Fig. 4.1). The distribution of relationship types across age and gender is depicted in Table 4.2. The percentage of supportive relationships for *boys* ranged from 56% (ages 15–17 years) to 73% (ages 9–11 years), suggesting a progression toward more supportive relationships as boys approach adolescence. Boys also reported an increase in ambivalent (combination of stressful and supportive) relationships as they approached adolescence, with 25% at ages 9–11 years and 42% aged 15–17 years. Boys in all age groups reported a low percentage (2–3%) of stressful relationships. For *girls*, supportive relationships ranged from 48 to 58%, with minimal variations across age groups. The percentage of stressful relationships, in contrast, varied across age groups. Girls aged 9–11 years reported 11% of relationships as stressful, compared to 52% at ages 12–14 years and 0% at ages 15–17 years. Girls also evidenced variations by age for ambivalent (combination of stressful and supportive) relationships, reporting 38 and 42% at ages 9–11 and 15–17 years, respectively, but no (0%) ambivalent relationships at ages 12–14 years.

Students also described the reasons for labeling relationships as supportive and stressful, that is, what makes the relationship supportive or

stressful. For boys, aged 9–11 years, descriptions of “supportive” relationships included getting attention from a caring relative and doing something fun with the family. Girls, aged 9–11 years, described supportive relationships as ones in which they receive care and help from a parent or sibling, or receive a surprise from a friend. Boys, aged 12–14 years, described supportive interactions as ones in which a friend or sibling shows understanding or opportunities to share interests with another person. Girls, aged 12–14 years, described supportive relationships as an understanding and caring parent or trustworthy friend. Adolescent boys, aged 15–17 years, described a supportive relationship (with (girl)friend or relative) as characterized by shared interest, trust, and caring. Adolescent girls, aged 15–17 years, talked about friends you can trust or caring relationships with parent or other relative.

With regard to “stressful” relationships, young boys (aged 9–11 years) described bullying, being lonely, and having difficult relationships with siblings or parents. Young girls, aged 9–11 years, talked about friends doing something “bad” and sharing things with siblings as stressful. Boys, aged 12–14, described teachers who do not understand them as “stressful.” Girls, aged 12–14 years, provided several descriptors related to relationship with family, friends, and teachers; these included parents not keeping promises, siblings refusing to share or treating them badly, friends who make one scared for them, and teachers who remove the student from the classroom. For adolescents (aged 15–17 years), both boys and girls described stressors related to family relationships. For example, boys talked of a brother who bullies, a father who is strict, or losing contact with a parent. Girls talked of losing trust in a parent, having conflict with parents, being bullied by a brother, or having a parent with drinking problem.

Students’ Reactions to Stressors: Coping Strategies and Social Supports

During focus group interviews, students described their reactions to stressors. Responses

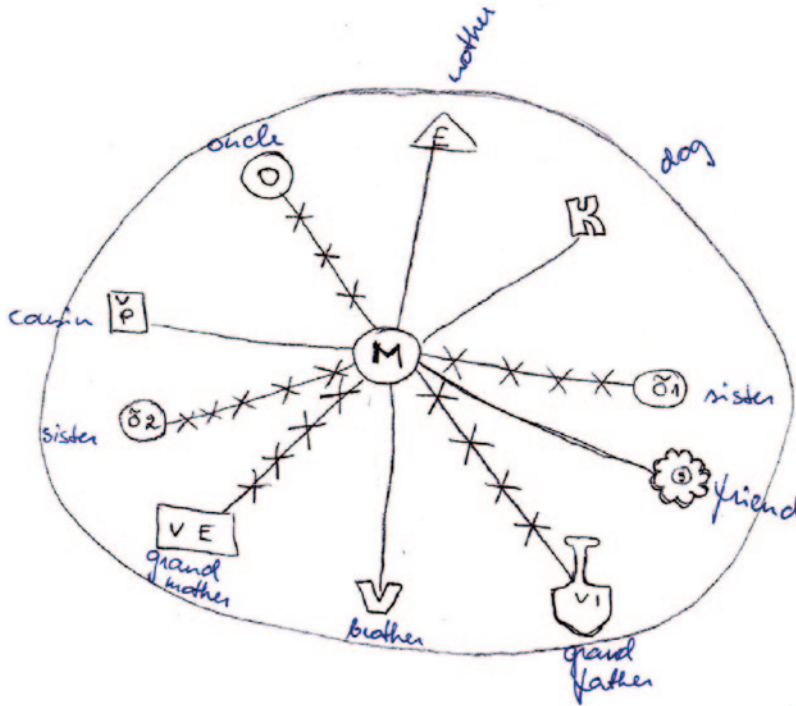


Fig. 4.1 Example of Estonian student ecomap. Supportive relationships are denoted with *straight line* (____), stressful with *x's* (xxxx), and ambivalent with both (xxxx). Age variations were evident in the percentage of *parental relationships* characterized as stressful or ambivalent (i.e., involving some stress); 33% of children aged 9–11 years

described one or both parents as stressful/ambivalent, compared to 73% of those aged 12–14 years, and 85% of those aged 15–17 years. The pattern of stressful parental relationships suggests increasingly stressful parent–child relationships as children approach adolescence

Table 4.2 Number and percentage of supportive, ambivalent, and stressful relationships depicted in ecomaps by gender and age

Gender by age group (n)	Supportive # (%)	Ambivalent # (%)	Stressful # (%)	Total #
Boys, 9–11 (7)	44 (73)	15 (25)	1 (2)	60
Girls, 9–11 (8)	29 (52)	21 (38)	6 (11)	56
Boys, 12–14 (5)	18 (60)	11 (37)	1 (3)	30
Girls, 12–14 (6)	27 (48)	0 (0)	29 (52)	56
Boys, 15–17 (6)	24 (56)	18 (42)	1 (2)	43
Girls, 15–17 (7)	40 (58)	29 (42)	0 (0)	69

indicated the use of emotion-focused and problem-focused coping, avoidance, and use of social supports. Emotion-focused coping is exemplified by the following examples: I would cry, get mad, or let my emotions burst out; or try to calm myself. Problem-focused coping was characterized as problem analysis (analyze the problem), staying calm (try to calm myself), taking action (doing something to solve the problem), or seeking help from someone else. Students talked of seeking

help from family and relatives, health specialists, friends, teachers, the Internet, and God. Friends, in particular, were seen as helpers by girls aged 12–14 years and adolescent boys and girls (aged 15–17 years). The avoidance strategies, mostly reported by boys, included ignoring someone, changing the topic, or running away from home.

Parents and teachers responded to questions about how they might help a child who has a problem. Strategies they identified included:

taking time to listen; trying to understand; trying to make the child speak more about the problem; seeking help from a specialist, friend, colleague, or relative; and trying to stay calm as they calm down the child. Teachers of students, aged 9–11 and 12–14 years, reported that they often solved problems “right away” and saw problem solving as a normal part of their work.

Discussion

The purpose of this chapter was to present the findings from the Estonia site of the PPWBG project. Focus group interviews with students (aged 9–17 years) and their teachers and parents yielded qualitative data about culturally valued competencies and stressors. Student ecomaps, in combination with focus group interviews, yielded qualitative data about stressors and supports in their social networks and reactions to stressors (e.g., coping, use of social support). In addition, individual interviews with school administrators and support staff yielded data about definitions of the construct, psychological well-being, and suggestions for promotion of psychological well-being of the school-age population.

Psychological Well-Being

School administrators and support staff responded to questions about the definition of the construct of psychological well-being. Their responses yielded four categories, including a positive relationship with the self, optimism and self-perceptions of capability, satisfaction with one’s relationships, and resilience. Such findings can provide a starting point for discussions about how schools can support the development of these qualities.

Culturally Valued Competencies

Students, teachers, and parents agreed that a good student has good learning and social skills. Teacher groups described a good student as being active. They also stressed the importance of com-

munication skills, suggesting that teachers have expectations for students to be active in discussions about academic topics. Adolescent boys (aged 15–17 years) similarly described good students as diligent and active rather than necessarily academically successful; this was not the case for younger students or adolescent girls. It is possible that adolescent boys are given greater recognition for being active, for example, in sports, thus explaining their perspective. However, the teachers’ valuing of active communication in class discussion may suggest that adolescent boys not only recognize this but also are rewarded by teachers for such behavior.

Stressors

Students, teachers, and parents agreed that the primary stressors for children and adolescents are problematic relationships and academic difficulties. The most common stressors reported by students were those related to relationship difficulties with parents, relatives, teachers, and friends. In addition, younger students stressed academic difficulties, and older students stressed being overloaded with obligations. The results of this study were consistent with existing research and confirmed that poor interpersonal relationships and bullying as common problems among Estonian school pupils (Lumiste et al., 2011), in addition to academic difficulties.

Social Networks

The ecomap data (Table 4.2) revealed age and gender variations in perceived stress and support within ego-centered social networks. These variations have implications for schools’ efforts in schools when designing intervention or prevention programs related to stress and coping and accessing social supports. The specific needs at different development levels for boys and girls should guide program development. The findings also suggest assessing social networks as part of program designs (e.g., administering ecomaps to determine needs of students within a specific school and then designing programs accordingly).

Fostering Psychological Well-Being

Interviews with school administrators and support staff yielded suggestions for supporting development of student psychological well-being. These suggestions, in conjunction with findings from interviews with students, teachers, and parents, provide guidance for future actions. Administrators and support staff are the school personnel who work at a systemic level, and thus can be expected to take a global view of the school as an organization. They suggested efforts such as the following to foster student psychological well-being: (a) youth initiatives and opportunities for informal learning, (b) availability of school-based mental health support staff, (c) greater home-school collaboration, (d) teacher professional development in communication, and (e) events to foster a sense of unity or community in the school. Such initiatives are consistent with findings from students, teachers, and parents about culturally valued competencies, stressors, and importance of social supports for coping with stress.

Future Directions

Although the study's findings suggest some future directions for practice, we also suggest subsequent steps for more complete understanding of the issues and mechanisms for change. We thus make recommendations for additional research to inform practice and policy. First, findings from this study, including actual responses, could be used to develop questionnaires for students and adult informants. This would provide methods to gather data from a broader population and assess psychological well-being for a broader range of students. Second, study findings could be used for planning effective intervention at schools and in neighborhoods in cooperation with youth centers and local authorities. The *participatory culture-specific intervention model (PCSIM; Nastasi et al., 1998)*, which has been applied across cultures and contexts, could be used in the target community to bring together teachers, parents, school administrators, local policy makers, and local

youth workers to identify common goals and explore different approaches and opportunities to reach students and families in need. Furthermore, this study searched for initial solutions and ideas for promoting psychological well-being in only one Estonian school. A participatory approach to data collection with a broader population could generate more generalizable findings for Estonian schools, which would be beneficial for planning interventions on a broader scale within the various Estonian school systems.

References

- Bech, P. (2004). Measuring the dimensions of psychological general well-being by the WHO-5. *QoL Newsletter*, 32, 15–16.
- Bradshaw, J., Hoelscher, P., & Richardson, D. (2006). An index of child well-being in the European Union. *Social Indicators Research*, 80(1), 133–177. doi:10.1007/s11205-006-9024-z.
- Cowie, H., Boardman, C., Dawkins, J., & Jennifer, D. (2004). *Emotional health and well-being. A practical guide for schools*. London: Paul Chapman Publishing.
- Lumiste, K., Värnik, A., Sisask, M., & Värnik, P. (2011). *SEYLE õpilaste ja õpetajate baasuuringu tulemused: vaimne tervis ja riskikäitumine*. Tallinn: ERSI.
- Nastasi, B. K. (2014). Empowering child voices through research. In C. Johnson, H. Friedman, J. Diaz, Z. Franco & B. Nastasi, (Eds.), *Praeger handbook of social justice and psychology: Volume 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting Psychological Well-Being Globally project*. [Updated study procedures]. Department of Psychology, Tulane University, New Orleans. Accessed 1 July 2014.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276. <http://www.nasponline.org/publications/spr/abstract.asp?ID=1423>.
- OECD (Organisation for Economic Co-operation and Development). (2009). How do teacher practices, beliefs, and attitudes measure up? In *Education at a Glance 2009: OECD indicators*. OECD Publishing. doi:10.1787/eag-2009-29-en. <http://www.oecd.org/edu/school/43072510.pdf>. Accessed 1 July 2014.
- OECD (Organisation for Economic Co-operation and Development). (2013). PISA 2012 results in focus. <http://www.oecd.org/pisa/keyfindings/pisa-2012-results-overview.pdf>. Accessed 1 July 2014.

- Postimees. (2013). *Estonian school rankings 2013*. Tallin: Foundation Innove. <http://www.postimees.ee/export/riigieksamid/2013/>. Accessed 1 July 2014.
- Ruus, V. R., Veisson, M., Leino, M., Ots, L., Pallas, L., Sarv, E.-S., & Veisson, A. (2007). Students' well-being, coping, academic success, and school climate. *Social Behaviour and Personality*, 35, 919–936. <http://dx.doi.org/10.2224/sbp.2007.35.7.919>. Accessed 1 July 2014.
- Statistics Estonia. (2012). Official statistics from Ministry of Finance, Estonia. www.stat.ee. Accessed 1 July 2014.
- UN Development Programme. (2013). Estonia: HDI values and rank changes in the 2013 Human Development Report. <http://hdr.undp.org/sites/default/files/Country-Profiles/EST.pdf>. Accessed 1 July 2014.

Psychological Well-Being Among Greek Children and Adolescents

5

Chryse Hatzichristou, Philia Issari and Theodora Yfanti

Introduction

To see ourselves as others see us can be eye-opening. To see others as sharing a nature with ourselves is the merest decency. But is [a] far more difficult achievement [to see] ourselves amongst others, as a local example of the forms human life has locally taken, a case among cases, a world among worlds. (Clifford Geertz, *Local Knowledge*)

This chapter explores psychological well-being among Greek children and adolescents within the context of the *Promoting Psychological Well-Being Globally* (PPWBG) project (see Chap. 2). The well-being of children and young people is a highly important topic both nationally and internationally (Bradshaw & Richardson, 2009; UNICEF, 2007). Overall, well-being is a complex and somewhat elusive concept which is open to various conceptualizations, definitions, and methodological approaches (Crivello, Camfield, & Woodhead, 2008; Dodge, Daly, Huyton, & Sanders, 2012; Hird, 2003).

Concepts such as “well-being,” “life satisfaction” and “quality of life” have attracted much attention from scholars over time (Hird, 2003) and are often used interchangeably (Statham & Chase, 2010). Also, the concept of subjective well-being, one of the most important constructs in the field of positive psychology, is associated with the evaluation of individuals with regard

to various sectors of their life and self (Diener, Lucas, & Oishi, 2002). Most of the subjective well-being models that have been proposed in the literature adopt an individual perspective, focusing mainly on the well-being of individuals or proposing individual characteristics that evaluate and constitute well-being (Bal, Crombez, Van Oost, & Debourdeaudhuij, 2003; Huebner, Suldo, Smith, & McKnight, 2004; Konu, Lintonen, & Autio, 2002).

Throughout the history of the Greek language, we encounter different terms and conceptualizations related, though not equivalent, to modern notions of psychological health and well-being. Within the context of Greek philosophy, of particular importance is the concept of “eudaimonia” (Greek: *ευδαιμονία*), sometimes anglicized as eudaemonia—a word commonly translated as “happiness,” “welfare,” or “human flourishing” (Robinson, 1989). Etymologically, it consists of the words “*eu*” (“good”) and “*daimōn*” (“spirit, god, fate”). In Aristotle’s writings, the term eudaemonia (based also on older tradition) was used to signify the highest human good. In one of his most influential works, the *Nicomachean Ethics* (c. 350 BCE), Aristotle described the difficulties, still pertinent to our times, in defining such concepts as “happiness” or “well-being.” He pointed out that even though “saying that happiness is best is something manifestly agreed on,” the challenge and debate begin when considering *what* constitutes happiness. For Greek philosophers (i.e., Socrates, Plato, Aristotle, Stoics), the notion of eudaemonia (happiness) is closely

C. Hatzichristou (✉) · P. Issari · T. Yfanti
University of Athens, Athens, Greece
e-mail: hatzichr@psych.uoa.gr

bound up with the notions of “virtue” (desirable quality) and “excellence.” For Aristotle, eudaimonia requires also action, activity, and practical virtue. In other words, it is not sufficient for a person to possess an ability or disposition; happiness depends mainly on the cultivation of virtues within the context of the *polis*, and it is the aim of practical philosophy (including ethics and political philosophy) to consider and experience what eudaimonia really is, and how it can be achieved. Along these lines, Aristotle considers the virtue of friendship as especially important in achieving happiness, for friends help each other in the attainment of the good and the sharing and enjoyment of common activities (Issari, 2002, 2013; Issari & Anastasiades, 2010).

Another term, often used in the Greek language, is that of *euexia* (Greek: *ευεξία*). Etymologically, it consists of the words “*eu*” (“good”) and “*exis*” (“habit/state”). It implies a state of physical health and mental and psychological health. Finally, in everyday Modern Greek language, the notion of well-being is associated with a sense of feeling and being well, a good life, and a life well lived; it also implies being happy, joyful, or satisfied/pleased with life.

In this site-specific study, our underlying assumptions imply a sociocultural perspective that views well-being as a socially contingent and culturally anchored construct, changing over time and across historical and cultural contexts. A growing number of international and Greek studies look at people’s well-being either directly or indirectly within the context of the recent socioeconomic crisis and its serious and negative impact on physical and mental health (Annas, 2013; Anagnostopoulos & Soumaki, 2013; Axford, 2009; Economou, Madianos, Peppou, Paterakis, & Stefanis, 2013; Office for Economic Cooperation and Development (OECD), 2009; UNICEF, 2007; Wahlbeck & McDaid, 2012). In fact, Greece was a participant in several international and European projects on well-being and life satisfaction (European Commission, 2008; OECD, 2009; UNICEF, 2007).

Present-day research on psychological well-being in Greece is relatively limited and focuses mainly on the adult population or spe-

cific communities (Kafetsios, 2006; Kafetsios & Sideridis, 2006; Kleftaras & Psarra, 2012; Leontopoulou & Triliva, 2012; Pouliasi & Verkuyten, 2011). In a recent European study (Eurobarometer & European Commission, 2011), Greek participants (18–44 years of age) associated the construct of well-being with such notions as contentment, enjoyment, and happiness (inner satisfaction, harmony between body and mind, emotional stability, and laughter), interpersonal relationships (partnership, marriage, social networks, love, children, friends), leisure (relaxation, cultural and natural experiences, social activities, holidays, travel with family, following one’s passion, recreation), and civil rights (personal freedom, equality, respect for all human beings).

In Greece, there is a very limited body of research on children and adolescent well-being. One inquiry looked at the relationship between the subjective well-being of parents and children (Karademas, 2009). It was found that the level of fathers’ stress and the degree of mothers’ life satisfaction was associated with children’s well-being. In a dissertation study conducted in Greek schools with middle school students, Lampropoulou (2008) found that subjective well-being was interrelated with important individual, family, and school factors. More specifically, the subjective well-being of junior high school students was directly related to relationships with the teacher and the school climate, while the subjective well-being of high school students was connected to relationships with classmates, friends, and the classroom psychological climate. This interaction of factors at multiple levels confirmed the necessity for a more synthetic evaluation and approach to the study of well-being by Lampropoulou (2008).

Along these lines, a school-community model of psychological well-being was proposed that targets the well-being of the whole school community and provides the context for the promotion of other significant correlates of psychological health, such as students’ academic and psychosocial development (Hatzichristou, Lampropoulou, Lykitsakou, & Dimitropoulou, 2010a). Core concepts of school mental health related to

this model include resilience, effective schools, schools as caring communities, social and emotional learning, and evidence-based interventions. These factors are considered prerequisites for the promotion of school well-being and are integrated into the model in an operational synthesis that provides practical guidelines for the development and implementation of systems-level interventions in the school environment (Hatzichristou, 2011a, b, c; Hatzichristou et al., 2010a).

Methodology

The present research project attempted to capture children's and adolescents' voices, experiences, values, perspectives, and aspirations in relation to well-being, stress, and coping, using a qualitative and child-focused research methodology. Child-focused research, so often neglected, affirms children as competent social actors and therefore valid sources of research data (Issari & Printezi, 2011; Langsted, 1994). On the other hand, qualitative research emphasizes context and offers the opportunity to capture local understandings and the diversity of children's and adolescents' experiences as well as the subjective and intersubjective meanings young people give to well-being and coping with stressful situations (Denzin & Lincoln, 1998).

Researcher Characteristics

The present project was conducted primarily by four Greek psychologists who work at the University of Athens and share an interest in the subject of psychological well-being. The research team consisted of a professor of school psychology with extensive experience in research and intervention programs in the Greek schools, an assistant professor of counseling psychology with extensive experience in qualitative methodology and cross-cultural research, and two PhDs in school psychology with valuable experience in school community projects. All four researchers adopt a sociocultural perspective regarding well-being, and they are especially concerned with the

psychological health of children and adolescents during the recent socioeconomic crisis in Greece and elsewhere.

Greek Context

Greece is a country in southern Europe with a population of about 11 million (Hellenic Statistical Authority, 2011). Athens is the nation's capital and largest city, and one of the world's oldest cities with a recorded history spanning around 3400 years. Today, a cosmopolitan metropolis, modern Athens is central to economic, political, and cultural life in Greece. In recent years, many immigrants and refugees came to Greece, and Athens has become increasingly multicultural. The city of Athens has a population of approximately 670,000 people. The urban area of Athens (*Greater Athens* and *Greater Piraeus*) extends beyond the administrative municipal city limits with a population of approximately 3.5 million people. The impact of the socioeconomic crisis has engulfed Greece in the past 3 years, and has considerably affected the psychosocial life of the people in Athens, especially those who are most vulnerable.

Study Population

Our study was conducted in schools located in both the city of Athens and the greater Athens area. The sample consisted of 25 primary school students (ages 6–11 years old; 13 female, 12 male) and 23 secondary school students (ages 12–17 years old; 12 female, 11 male) from three different school districts. In one of the schools, located in a western suburb of Athens, the students who participated were of Greek origin and came from families with an average socioeconomic status. In another school, located in a low socioeconomic area of Athens, those who participated were mainly children of Greek origin with the exception of two secondary school students who were immigrants from Albania and Romania. The third school was located in the Athens metropolitan area in a district near the

center of Athens. The students who participated in the study were Greeks and came from families of middle to high socioeconomic status.

Data Collection

The project has received support and approval from the University of Athens including the official approval for data collection in the schools. In addition, parent consent forms were collected. The data collection was conducted with student participants in eight small groups in a quiet classroom of the school suggested by the principal.

Focus Groups as Method The study utilized group-based interviews as a method of data collection. The focus group is especially useful in exploring complex and dynamic psychosocial issues, such as well-being, which are open to different definitions and ways of meaning making. As Kitzinger (1994) argued, the focus group method taps into people's underlying assumptions and theoretical frameworks and draws out how and why they think as they do. The data generated by this method confront the researcher with the multileveled and dynamic nature of people's understandings, highlighting "their fluidity, deviations and contradictions" (Kitzinger, 1994, p. 172).

In our study, the group interview method was especially helpful in exploring the stressors and supports of youth life within the Greek sociocultural context. More specifically, the focus group provided a forum for Greek students to have their voices, experiences, and concerns heard.

Eight gender-specific focus groups (5–7 students/group) were conducted, four at the primary school level (two females, two males) and four at the secondary school level (two females, two males). The research team consisted of one group facilitator and one person in charge of audiotaping and note-taking. During the group interviews, the students responded to a series of open-ended questions based on the interview protocol proposed by the lead principal investigator (PI) of the cross-country PPWBG (see Chap. 2). The responses and overall discussion of

children and adolescents were recorded and later transcribed and translated into English.

Data Analysis

Thematic analysis was used to code and analyze the research data. Thematic analysis is a flexible, widely used qualitative analytic method; a foundational and useful tool for qualitative analysis which can potentially provide a rich, detailed, and complex account of data. More specifically, it is a method for identifying, analyzing, reporting patterns, and "thematizing" meanings within the research material (Braun & Clarke, 2006; Holloway & Todres, 2003; Roulston, 2001). Within this framework, it is important to underline the active role of the researcher in identifying the patterns and themes, selecting, editing, creating links, making decisions, or presenting to the readers themes and narratives which are of interest and support the arguments. It is thus essential that the investigators acknowledge and recognize these decisions and make explicit their epistemological or theoretical positions, assumptions, and values in relation to the qualitative study. The researchers do not simply "give voice" to the participants, and themes do not simply "reside" in or "emerge" from the data. As underlined by Ely, Vinz, Downing, and Anzul (1997, pp. 205–206; cited in Braun & Clarke, 2006), "if themes 'reside' anywhere, they reside in our heads from thinking about our data and creating links as we understand them."

In the present analysis, we took into account the conceptual model of children's psychological well-being proposed by Nastasi, Varjas, Sarkar, and Jayasena (1998) founded on the idea that specific definitions of well-being vary from culture to culture. This model looks at children's perspectives on individual and/or cultural factors that influence well-being and considers that phenomenological perspectives of *culturally valued competencies* can provide a window into the culture's standard for positive or alternatively negative functioning. Moreover, it takes into account child-identified *individual and cultural stressors, supports, and coping responses*. More

specifically, the research material was analyzed both deductively and inductively by (a) coding the data deductively using the broad constructs/categories identified as key to understanding psychological well-being (i.e., competencies, stressors, supports, and coping), and (b) describing culture-specific themes, subthemes, patterns, and particularities that give meaning to the identified broader categories (see Chap. 2).

Research Findings

The analysis of data collected from primary and secondary school students within the context of focus groups generated various cultural-specific themes, subthemes, patterns, and particularities associated with four important constructs for understanding well-being as proposed by Nastasi et al. (1998), namely (a) valued competencies, (b) stressors, (c) coping responses, and (d) support resources. Findings relevant to each construct are presented separately.

Valued Competencies

In our study, cultural-specific competencies included academic competence, social/interpersonal competence, and civic/ethical attitude and behavior. This section provides findings specific to each category of competence.

Academic Competence: Skills, Values, and Behavior Students' accounts on academic competence emphasized the importance of learning and studying both at school and at home. According to elementary school boys and girls, a good student pays attention to the teacher, participates in class, brings his or her homework and assignments, gets good grades, and cares about learning. While at home, "good" students study; they do not go out to play and do not get distracted before they finish studying; they spend time doing their homework or getting help with school assignments, homework, holding an important place within the Greek educational system.

The image of a "good" student, however, is not limited to school competence and skills (e.g., writing, math); it is also associated with appropriate behavior within the context of the school environment such as good and ethical behavior (e.g., following the rules, no cheating in tests, no talking back, respect for the teacher, and so on). Elementary school girls placed emphasis on the good relationship with other classmates or the teacher; whereas, for boys, the "good" student avoids fighting or hitting others, distracting, criticizing, or playing the "tough" guy. The "good" student was described mostly in terms of performance, specific skills, values, and behaviors with little or no reference to internal or stable characteristics such as being "smart," or "talented."

The narratives of secondary school children in relation to academic learning focused on the subject of caring about learning, being interested in a subject, doing one's best, participating in class, being organized and working hard, and studying throughout the year and not just for the exams. Students also noted the possibility for improvement and the value of trying and making an effort to become better. Although students considered that good grades are important, they proposed a balance between studying and "hanging out" with friends or being involved in sports, hobbies, and other things. "I have many friends and I am also a good student," said a 13-year-old boy. In other words, "you can study and not be a 'nerd'!" added another student. Overall, adolescents' narratives in our inquiry reflected a concern for a balanced student life while emphasizing the importance of peer and friend relationships, confirming the important role that the peer group plays for this particular developmental stage.

Secondary school girls discussed the reasons underlying poor academic competence, showing empathy for students who are not doing well at school. Poor performance was mainly attributed to family problems and other negative experiences, such as being teased by other students or receiving criticism and scolding by a teacher, which may prevent students from caring about school. Other reasons discussed were the lack of adequate help with homework and negative influences by other people. The significance of

distracting or “bad” peer influence also was indicated by male students. Finally, secondary school students distinguished between a “good person” and a “good student” stressing that the two do not necessarily coincide. Such a differentiation may imply a greater awareness and recognition among adolescents of different aspects of a student’s life and personality.

Social/Interpersonal Competence: Skills, Values, Behavior Elementary and secondary school children revealed important values and norms related to prosocial and interpersonal skills in describing either the “good friend” or someone who is not a “real” friend. Friendship was conceptualized in terms of feelings, behaviors, experiences, words, or deeds. For adolescents, a bad friend does not help or care about his friend, is not loyal and trustworthy, and takes advantage of you for fun or to impress others. Secondary school girls emphasized not gossiping or taking advantage of a friend. They also commented that “distance can test friendship” and that “a loyal friend can forgive another’s mistakes, weaknesses or imperfection.” Finally, students also included in their narratives about good friends the qualities of respecting and being sincere and not being jealous of other’s success, competitive, or feeling superior.

For both girls and boys, friendship was associated with support and caring; sharing of common characteristics and interests; similar thinking, feelings, and opinions; making each other happy and sharing in each other’s happiness; communication and exchanging of ideas; knowing a friend for a long time and spending time together; helping with problems and school difficulties; and trust and keeping secrets. Students also stressed comforting and encouraging the other; being close to someone in good and bad times; and even accepting the other without conditions, that is, regardless of a friend’s change of character, good or bad behavior, as characteristics of friends.

In describing friends, boys referred to spending time playing with friends without fighting, hitting, calling names, or making fun; laughing behind one’s back or abandoning a friend in

order to be with someone else; and having shared interests. Girls emphasized the importance of empathy between friends and the social role of the friend (e.g., does not gossip about you, does not want exclusiveness, and keeps in touch). Girls also noted that a bad friend does not accept you the way you are, makes you feel inferior, imitates and copies you, gossips about you, wants exclusiveness, and does not show empathy or respect for you.

Citizen Competence: Civic Values and Behavior Both elementary and secondary school boys and girls talked about citizenship in terms of ethical behavior and responsible attitude and actions in relation to other people or the environment. In describing the “good citizen,” they emphasized such values as generosity, helping and caring, and cultivating civic virtues. Students in higher grades referred also to democracy, freedom of speech, politics, and political action. Descriptions about responsibilities toward other people and the environment are presented separately.

Responsible Attitude Toward Others Younger students stressed the need to be generous toward other people, to help the homeless and the poor (e.g., giving water, food, and lodging at one’s home), to help people with special needs (e.g., crossing the road), to take to the hospital someone injured, to treat others well, to be friendly with and trust the neighbors, to obey the city laws and follow the driving signs. They also emphasized the need to care about what other people say about us, to participate in democratic assemblies, to protest when someone says something unfair, not to fight or go to court for small ownership matters, not to annoy others (e.g., not to take another person’s turn in line at the supermarket), not to take advantage of others (e.g., charging high prices or advertising lies), and overall to strive to make the city a better place.

Adolescents’ accounts of citizen competence focused on caring about society, supporting democracy, accepting responsibility, providing a good example for others so that the state can ameliorate, helping the hungry and those in need, not being selfish, and not engaging in criminal

acts (e.g., fighting, stealing). They also discussed politics and political action in relation to the present economic crisis, pointing out “that adults just talk about ideas without getting involved in action,” and that “if you cling to the same thing [politics] you cannot go further or change.” Other young participants expressed a concern regarding democracy and freedom of speech, quoting a saying often attributed to Voltaire: “I do not agree with what you say, but I will defend to the death your right to say it.”

Responsible Attitude Toward the Environment Students’ concerns included taking care of and respecting the planet, nature, the city, public places, and the environment in general. Elementary school students made more concrete comments regarding the protection of the environment. For example, they referred to such acts as recycling and participating in tree planting and similar activities. Moreover, they were very critical of throwing garbage, polluting the sea or the beach, stepping on flowers, cutting trees, throwing cigarettes on the ground or starting a fire (e.g., forests) because of neglect, polluting the air by using cars everywhere, acts of vandalism regarding public or private property, not cleaning after one’s dog, and so on.

Parent and Teacher Competence: Skills, Values, Behavior Adolescents identified good parents as those who are able to offer material and emotional care to their children without spoiling them. They also emphasized the parent’s pedagogic role by setting an example with his/her life and teaching the child about life and values but also helping the child at school. Older boys focused on the way a good parent puts limits by giving advice and yelling, but not using physical violence. Girls described the need for a caring, respectful, and trustworthy relationship with parents who do not limit their freedom. Adolescent boys and girls referred to a bad parent as one who does not love and care about his or her child, and how she or he is doing with friends, school, and, in general, with life. Boys stressed that violent behavior toward a child bears consequences for the child’s future, and girls focused

on the oppressive and restricting behavior of the bad parent.

Both for adolescent boys and girls, a good teacher is fair and does not differentiate between students, cares about all his/her students, and is supportive for matters related to academic performance and social–emotional issues. Younger adolescents also stressed not only the need for teachers to be strict and impose discipline when needed but also to like their work and have a sense of humor. Older adolescents emphasized the importance for a teacher in class to provide motivation and implement alternative methods of teaching.

Adolescent boys and girls identified a bad teacher as someone who does not care about the lesson and the students, does not teach well, differentiates and discriminates students based on their ability or ethnicity, and can be verbally and physically aggressive toward students. They also described the bad teacher as one who is unkempt and brings personal problems to school.

The descriptions by primary and secondary school children of competent students, friends, and citizens have potential implications for psychological well-being, that is, both primary and secondary students talked of the student who is not doing well at school (e.g., “bad” student), the “not good” friend (e.g., not loyal or “real”), and the “not competent” citizen (e.g., “bad” citizen, unethical values and behavior). These depictions of lack of competence, reflected in poor school performance, lack of good friends or poor interpersonal relationships, and negative consequences of poor civic behavior or societal/crisis issues, are relevant to students’ well-being and were reflected in narratives about sources of anxiety, distress, and negative feelings (i.e., stressors).

Stressors

The major sources of anxiety or stress, portrayed in students’ accounts, included school-related and sports competition matters, and interpersonal relationships with parents, teachers, classmates, friends, and coaches. Other stressors concerned

an attitude of disrespect toward public space and the environment, and political incompetence, injustice, and lack of civic virtues and responsible behavior. Students' accounts referred also to individual stressors such as lack of self-confidence or self-blame for failing to meet one's own or others' expectations.

From the analyses of the data on stressors, four categories emerged: academic or sports, interpersonal, personal or intrapersonal, and economic. These categories are described separately in this section.

Academic Stressors and Sports Competition For primary school students, academic stressors were mainly related to grades, tests, oral exams, homework, and studying; limited free time to play; transition to a higher school grade; arriving late at school; teachers' attitudes and psychological state; classmates' behaviors; and so on. Similarly, for older students, school stressors were associated with tests and grades, teacher scolding or yelling, getting suspended, disappointment with school, transition from junior high to high school, and overabundance of obligations to attend to or work overload due to concurrent activities (e.g., school exams and out-of-school foreign language exams). For some students, sports competition (e.g., losing a game) or being yelled at by the coach also constituted sources of stress.

Interpersonal Stressors Students' narratives referred to interpersonal stressors within the context of relationships with parents, siblings, peers and classmates, friends, and neighbors as well as stressful situations involving "loss of people" and other stressful events. More specifically, primary school children's accounts emphasized difficulties with parents, such as parental yelling or scolding, leaving the child alone to solve things or to do things by himself or herself without considering that he/she might be afraid, not being willing to buy something that the child wants, and telling the child what to do. Boys also mentioned stress related to parents hitting or "making the child feel inferior" (e.g., "you are not a good student and don't know anything") or being rejected by

parents. Parental conflict (e.g., father and mother fighting) also was a source of stress. Other stressful situations involved children arguing with other people (e.g., siblings, cousins, friends, anyone), being made fun of (e.g., name calling), being looked down upon or hit by other children, being misunderstood by others, being confused or not knowing the reason that someone is angry with them, being left out of a game by classmates, and being left without friends or being alone without friends, especially in times of happiness. Also expressed as stressful were jealousy and "friends that do not treat children nicely" or do not pay attention to their opinions. In addition, other people's opinions about them (e.g., regarding clothes, hair) and performing in front of people for the first time (e.g., singing, dancing, theatre) were portrayed as stress provoking.

For secondary school students, interpersonal sources of stress concerned not only relationships with parents, siblings, friends and peers but also love relationships, as expected for this developmental age. In particular, adolescent girls mentioned "being in love" and lack of caring by their boyfriends as stress-provoking experiences. Similarly, causing pain or making a friend or other people upset unintentionally, arguing with friends, envy between friends, or being jealous when friends hang out with other people were discussed as sources of stress. Other stressful situations included being told lies, being betrayed by friends, or being rejected, judged, criticized, or compared to others.

Stress-related situations concerning parents varied from not having time to listen to or talk with adolescents, to quarrelling for no particular reason, to parental prohibitions (e.g., not being allowed to go out with friends). Overall, great emphasis was placed upon family problems, including parents fighting with each other and separating or transferring their anxiety and problems to their children, especially during the present time of crisis. Health problems of family members (e.g., brother's sickness) also were a source of concern. Losing someone very close (e.g., separation from a friend due to distance, death of grandparents or other relatives) were reported as particularly stressful.

Personal Stressors Students discussed a number of individual or internal stressors such as changing hormones, lack of confidence, not knowing what to do in certain situations, having to take a critical decision, not being successful at something, fear about the future, fear that some dreams may not come true, making mistakes, and bad habits (e.g., smoking, drugs). Adolescent students mentioned physical appearance as a source of stress (e.g., weight/extra kilos, being short, pimples, growth of hair on the face and body, eyes, nose). Girls also expressed concern related to eating habits and food and walking alone at night in certain areas.

Economic Crisis Stressors Of particular importance were stressors discussed among older students who are related to the present economic crisis in Greece and its negative consequences. As discussed in the next section, students reported that the current politico-economic standstill and uncertainty are particularly stressful and anxiety provoking.

Response to Stress and Coping

A variety of emotional, cognitive, behavioral, or somatic reactions were described in relation to academic, interpersonal, individual, and crisis-related stressors. For example, students referred to emotional responses, such as anxiety and fear, in relation to exam anticipation; embarrassment and sadness regarding bad grades; fear, embarrassment, shame, or sadness when failing to fulfill parental or teacher expectations; and fear, anger, or embarrassment as a response to teacher or parent scolding and commands or classmates' attitudes (e.g., being looked down by others as a "bad" student). Transitions to higher school grades also were characterized by anxiety and fear. Finally, a common reaction was pressure and anxiety due to homework in combination with out-of-school activities (e.g., learning of English or other foreign language or music instrument), which can take away time for play or opportunities to be with friends.

Primary and secondary school children also expressed feelings of sorrow, disappointment, and grief in relation to friend or peer rejection, negative relationships with peer, being without friends, or losing a loved one. Feelings of sadness were expressed in regard to hurting other people's feelings.

In an effort to cope with stressful situations, students also reflected cognitive, behavioral, and somatic responses to stress. These responses could be functional or dysfunctional, depending on the situation and the persons involved. Examples of cognitive functional responses included discussing reactions to stress in a series, for example, "first I might feel sad and then over time, I feel better;" trying to forget one's problems, thinking of something positive or funny. Negative cognitive responses included engaging in negative thinking (e.g., preoccupation with bad memories, self-blame) and losing trust in friends.

Other students coped using a combination of cognitive and behavioral responses such as thinking and acting self-confident, not paying attention to what other people think or say, trying to reason and discuss concerns/disagreements with other people, thinking and learning from their mistakes, improving their studying skills, and trying harder to do better at school. Other behavioral coping strategies included writing a diary, reading a book, playing video games or with the cell phone, dancing, singing, listening to music, watching movies, cooking, exercising, relaxing, sleeping, praying, asking for help (e.g., from friend, parent, teacher), or asking forgiveness from friends/parents. More negative behavioral reactions included hitting others or things, shouting, throwing a tantrum, telling things that hurt others, crying, refusing to play with others, spending time alone in one's room, or finding refuge and comfort under the bed covers, withdrawing, or sitting in a corner. Older students talked also about spending time alone, trying to make positive changes in their lives or behavior, making extreme changes in physical appearance (e.g., extreme haircuts, shaving heads, wearing dark colors, putting on intense makeup); and graffiti painting on public places. Students recognized

intense and vivid reactions to stressful situations as expressed in their own or other people's facial and body language (e.g., trembling, playing with hands nervously, blushing, breathing quickly, chewing nails, sweating, grating one's teeth, being agitated, clapping hands, bending, looking worried, anxious, sad, even passing out).

Reactions to Economic Crisis Stressors Older students' narratives reflected anxiety, fear, and uncertainty in relation to economic crisis matters. Certain young people clearly expressed their concern and insecurity for both their own future and the future of the country: "How are we going to live in the future given the current difficulties?" "What will happen to Greece and its people given the circumstances?" Others wondered whether they would ever be able to leave the parental home: "Are we going to be able to go out in the world on our own, to work and leave our parents' house?" At times, in their accounts, students appeared to be afraid to have dreams or make plans for the future. One 15-year-old girl said:

I am afraid due to the economic crisis about what we are going to do in the future...it is difficult to find a job due to the crisis.... We now need to make decisions about the rest of our lives that might be wrong.... If I study what I want will I find a job?... are my dreams going to come true?

Along these lines, another student wondered: "Those of us, who are now in the ninth grade, what kind of profession are we going to choose? What university?" For Greek teenagers, the uncertainty of the current economic situation becomes even more pressing, given that the Greek educational system requires that they choose a college major and a career orientation while still in high school.

Young people sounded very disappointed, upset, and angry with politicians and made such comments as: "Politicians do not offer anything to society" and "up to this moment a good politician has not been elected." "I am angry with politicians who even though they have caused a lot of harm, they speak on television and make promises," "I am upset when politicians pretend that Greece will move on."

Should I Stay or Should I Go? Finally, adolescents raised a very important issue related to young people's dilemmas about staying in Greece or leaving the country. The very high unemployment rates are driving young people to seek graduate education or employment outside Greece, and even secondary school students seem to think a great deal about this issue. "I might leave Greece," said a 15-year-old boy. Similarly, another student noted:

I want to study, to fulfill my dream but I will try to continue my life in a different place, in another country with better conditions.

Yet, there are others, such as the following statement suggests, who think that leaving will not help their country and plan to stay and try their best:

To leave...is bad for your country...if we all start leaving, the country will deteriorate, instead of improving, which means that I personally want to stay and try to do my best in any way I can.

Support

This section presents findings regarding student perceptions of sources of support and their responses to support. Both primary and secondary school children mentioned interpersonal and personal sources of support that contribute to a sense of well-being and help them cope with stressful and difficult situations and events. Among important sources of support were parents, siblings, grandparents, friends, teachers, classmates, relatives, the sports coach, professional help, self-help, as well as pets, stuffed animals, holiday celebrations, and nature, especially the sun and the sea.

Interpersonal Support Students talked about receiving and offering support which took various forms: (a) the use of body language and expression in order to show affection, console, and share in others' joy (e.g., hugging, patting on the back, offering a shoulder for the other to cry, touching affectionately); (b) caring, helping, reassuring, respecting, (e.g., comforting

with words, listening, advising, understanding, helping the other to express feelings and worries, offering/receiving a gift, telling jokes or even playing the clown to disperse sadness and anxiety); and (c) spending time in each other's company (e.g., talking, being with a friend/girlfriend) or doing things with a friend or family member (e.g., going to the park/movies, playing video games, soccer). Students also talked about engaging in self-support.

Support-Self Participants mentioned different forms of self-support, that is, supporting or comforting oneself. Students talked about sitting alone and relaxing, walking alone in the countryside, keeping a diary, getting a sense of personal accomplishment from managing difficult situations, and overcoming obstacles and doing well at school.

Response to Support Students' accounts revealed that supportive relationships contribute to a sense of joy and well-being that can be expressed in emotional/somatic and behavioral ways (e.g., shining face, smiling, laughing, dancing, singing, telling jokes, jumping up and down). Certain students emphasized that a sense of joy makes you "more social" and "willing to participate in everything." In fact, you "feel more like helping other kids/classmates," and "you can even like a child that you did not like before—suddenly you can see (feel) that child as a friend." The following comments reflect the views of secondary school girls: "It is important that other people can share your joy." "You try to give the good mood and happiness to your friends." "Transfer joy to others so that they can feel good."

Discussion

The present qualitative student-focused research offered the opportunity to capture local phenomenology and the diversity of children's and adolescents' perspectives and experiences related to well-being, as well as subjective and intersubjective meanings young people give to stressful

events, coping responses to stress, and sources of support. Greek students' narratives revealed perspectives and practices that were associated, to a large extent, with broader, more universal constructs that are important for understanding well-being as well as culture-specific themes, patterns, and particularities. Broad constructs included academic, interpersonal, social, and civic competencies; academic, interpersonal, personal, and economic stressors; coping mechanisms and reactions to stress; and sources of support (Nastasi et al., 1998). Overall, students' accounts reflected a variety of familial, interpersonal, age- and gender-related, and culture-specific expectations, roles, norms, values, and behavior as well as context-specific circumstances which can hinder or enhance psychological health.

In the current study, Greek children and adolescents emphasized the value of academic competence which constitutes a dominant cultural narrative within the Greek context (Georgas, 1993) and stressed the importance of learning and studying both at school and at home in order to be "good" students. For elementary school children, the image of a "good" student was connected to school performance, appropriate and ethical behavior, and relationships. In line with gender expectations, the accounts of schoolgirls reflected more empathy and emphasized the importance of good relationships with classmates or the teacher, whereas boys stressed restraining from distracting or hitting classmates within the school setting. Greek students did not attribute good academic performance to internal or stable characteristics (e.g. smart, talented), but stressed the possibility for improvement with necessary efforts, study skills, and behavior.

Secondary school children reported the need for a balanced student life, incorporating both studying and "hanging out" with friends, pointing out the centrality of academic and interpersonal competencies, and the particular value of friendship, for psychological well-being. An emphasis on friendship and relationships confirms the role of peer relationships for this developmental age (Rees, Bradshaw, Goswami, & Keung, 2009) and is consistent with a dialogic sense of personhood and relational narratives of

life which are predominant within the Greek culture (Issari, 2002; Issari & Anastasiades, 2010). Along these lines, interpersonal connectedness and interaction were reported not only as major sources of joy, fun, support, and caring (e.g., spending time together, playing, helping, forgiving, making each other happy, and sharing in each other's joy) but also as sources of stress and adverse feelings.

The school environment, as a context of learning, plays an important role in children's social, emotional, and behavioral well-being (Hatzichristou, 2011a, b, c, d; Lampropoulou, 2008, 2009). For boys, learning in primary school has the strongest influence on behavioral aspects of later well-being, whereas for girls it is more predictive of social well-being (Gutman, Brown, Akerman, & Obolenskaya, 2010).

Sources of anxiety, distress, and negative feelings affecting well-being, reported in the current study, included a lack or loss of good friends or problems and difficulties in relationships with classmates, peers, siblings, parents, or teachers (e.g., scolding, criticisms and negative opinions, or parental prohibitions when perceived as limits to freedom and autonomy). Arguments and friction among parents and family discord also were serious concerns for primary and elementary school children in our study.

Similarly, disputes, aggressive behavior, gossiping, being mocked, or excluded by peers and classmates contributed to negative feelings and reactions, as reported in other research (Hatzichristou, Polychroni, Issari, & Yfanti, 2012; Issari & Printezi, 2011; Yfanti, 2013). In a dissertation study conducted in secondary schools in Greece, Yfanti (2013) examined individual and contextual variables in relation to types of victimization. Well-being was one of the main factors that showed a statistically significant negative correlation with all three types of victimization (physical, relational, sexual). Also, students involved in relational aggressive behaviors both as aggressors and victims showed lower levels of well-being than students who were not involved in relational aggressive behaviors or were only involved as victims.

In the current study, emotional responses to stressors were anxiety and fear in relation to exams, and fear, shame or sadness regarding poor school performance and bad grades or in failing to fulfill parental and teacher expectations. Students reported homework, which constitutes a major component of the Greek education, as a major stressor-provoking pressure and anxiety. Homework in combination with out-of-school activities in the afternoon (e.g., foreign language, dance, or music lessons) absorb a substantial amount of time and leave less room for unstructured activities and play. Another source of pressure is related to the Greek educational system's requirement is that students choose a college major and career orientation while still in high school. Such a task has become increasingly more difficult in today's economic uncertainty.

Other important stressors reported by students were the lack of responsible behaviors exhibited by politicians, fairness, justice, and issues related to the current economic/social crisis. Overall, older students' accounts not only reflected political awareness and maturity but also anxiety, fear, uncertainty, and disappointment in view of the present economic conditions. Students in our sample sounded very upset and angry with politicians and clearly expressed concern for their own future as well as the future of Greece. While certain students reported that they were afraid to dream and make plans for the future, others raised important dilemmas on whether to stay in Greece or leave for opportunities elsewhere. Such dilemmas have become quite common among Greek youth in recent years (Chapple, 2012). Consistent with findings of this study, research on the school community (Hatzichristou, Adamopoulou, & Lampropoulou, 2014) showed that children and families with economic difficulties experience feelings of fear, distress, and sorrow in relation to their lives and future. Within the same study, schoolteachers also reported an increase of difficulties in children's interpersonal and intrapersonal behavior related to family income reduction.

In our study, children's accounts stressed the interpersonal dimension of well-being and

portrayed friends, family, and teachers as important sources of support. Peers, especially friends, are a valuable support for adolescents. For boys, sharing interests/activities with friends were important; for girls, sharing the same feelings (empathy) was important. In addition, romantic relationships seemed to positively and negatively influence the psychological well-being of girls. Other research has shown a significant correlation between positive well-being indicators and relationships with peers. Support from peers is a significant protective factor for depression, facilitates school and family adjustment (Hann, 2005), and is associated with positive subjective well-being (Levitt et al., 1994; Rothman & Cosden, 1995).

Parents and family seem to be an important resource and stressor for adolescents in this study. On the one hand, parents support, advise, and guide adolescents as role models but, on the other hand, they limit and restrict their freedom. Especially for girls, being independent and having freedom to do things is a source of happiness and distress. A Greek survey that aimed to examine the association between children's and parents' psychological well-being revealed that psychological well-being was related to fathers' perceived stress and mothers' satisfaction with life (Karademas, 2009). According to other studies that focused on determining children and young people's own views of well-being, family was found to be fundamentally important to a sense of well-being for children and young people (Counterpoint Research, 2008). Along these lines, we consider that young children and their families can count on strong intergenerational family ties and solidarity to get help, as child-based social services and resources become more and more scarce in times of economic crisis. Within the Greek context, family (Georgas, 1993) and informal networks of help (church, neighbors, self-help and charity initiatives) are important resources during difficult times and crises situations (Hatzichristou, Issari, Lykitsakou, Lampropoulou, & Dimitropoulou, 2011).

Related to relationships with teachers, adolescents expect teachers not only to be supportive in academic/school matters but also in

social-emotional issues. These findings are consistent with findings reported in the literature. For instance, Lampropoulou (2008) found that Greek adolescents value teachers who care about them and have a relationship with students beyond lessons. At the school level, the results indicated that the subjective well-being of younger adolescents (first- and second-grade junior high school students, aged from 13 to 14 years old) was directly related with their relationships with teachers and school climate, while the subjective well-being of older adolescents (second- and third-grade high school students, aged from 17 to 18 years old) was related to their relationships with classmates and friends and classroom's psychological climate.

Research has shown that students' perceptions of increased social support results in higher scores on indicators related to performance, behavior, and social and emotional development (Demaray & Malecki, 2002). These researchers found a significant correlation between children's positive perceptions regarding support from parents, teachers, classmates, and friends, and children's social skills as reported by both the children and their significant others. Moreover, research confirms the importance of perceived support from teachers for the well-being of adolescents (DeSantis, Huebner, & Suldo, 2006).

More recently, special emphasis has been given to the promotion of resilience and positive school climate in schools responding to the increased psychosocial needs caused by the present circumstances. A synthetic approach to school community well-being has been proposed by Hatzichristou, Lykitsakou, Lampropoulou, and Dimitropoulou (2010b), and core concepts of school mental health related to this model include resilience, effective schools, schools as caring communities, social and emotional learning, and evidence-based interventions (Hatzichristou, 2011a, b, c; Hatzichristou et al., 2010b; Hatzichristou, Dimitropoulou, Lykitsakou, & Lampropoulou, 2009). This conceptual model for promoting school community well-being also has integrated the basic dimensions of a crisis intervention model for the school community (Hatzichristou et al., 2011).

Primary prevention programs and interventions were developed and implemented by the Center for Research and Practice in School Psychology, University of Athens, based on the described multilevel approach that combines the important parameters of the school well-being model with the dimensions of the crisis intervention model, placing an emphasis on promoting resilience and positive school climate (Hatzichristou et al., 2011). These programs have already been implemented in Greek schools at national and international level. Teachers' and students' evaluations suggest that the programs were highly successful in meeting their goals (Hatzichristou, 2012, 2013; Hatzichristou & Adamopoulou, 2013a, b; Hatzichristou et al., 2014).

As economic crises are global concerns for most educational systems worldwide, a transnational model is necessary that takes into consideration the common and diverse needs of children and systems (common and culture-specific needs and adversities) and builds on positive potential, competencies, and strengths as a means of enhancing resilience and well-being at an individual (student, teacher) and system level (classroom, school) (Hatzichristou et al., 2014). In all, understanding universal and culture-specific competencies, stressors, supports, and coping responses from the child's view is important to inform research and practice in school psychological services and develop prevention programs to promote and foster lifelong well-being for children and adolescents through interpersonal and ecological change.

For as it is not one swallow or one fine day that makes a spring, so it is not one day or a short time that makes a human being happy.

Aristotle (Nicomachean Ethics, 1098a18)

References

- Anagnostopoulos, D. C., & Soumaki, E. (2013). The state of child and adolescent psychiatry in Greece during the international financial crisis: A brief report. *European Child and Adolescent Psychiatry, 22*, 131–134. doi:10.1007/s00787-013-0377-y.
- Annas, G. J. (2013). Health and human rights in the continuing global economic crisis. *American Journal of Public Health, 103*, 967. doi:10.2105/AJPH.2013.301332.
- Axford, N. (2009). Child well-being through different lenses: Why concept matters. *Child and Family Social Work, 14*, 372–383. doi:10.1111/j.1365-2206.2009.00611.x.
- Bal, S., Crombez, G., Van Oost, P., & Debourdeaudhuij, I. (2003). The role of social support in well-being and coping with self-reported stressful events in adolescents. *Child Abuse and Neglect, 27*, 1377–1395. doi:10.1016/j.chiabu.2003.06.002.
- Bradshaw, J., & Richardson, D. (2009). An index of child well-being in Europe. *Child Indicators Research, 2*, 319–351. doi:10.1007/s12187-009-9037-7.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. doi:10.1191/1478088706qp063oa.
- Chapple, I. (2012, July 13). *Dilemma for Greek youth: Fight or flee. CNN*. <http://edition.cnn.com/2012/07/13/business/greek-bailout-generation/index.html>. Accessed 25 July 2013.
- Counterpoint Research. (2008). *Childhood wellbeing: Qualitative research study*. Research Report DCSF-RW031. <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW031!!/span-%20v2.pdf>. Accessed 20 Sep 2013.
- Crivello, G., Gamfield, L., & Woodhead, M. (2008). How can children tell us about their wellbeing: Exploring the potential of participatory research approaches within young lives. *Social Indicator Research, 90*, 51–72. doi:10.1007/s11205-008-9312-x.
- Demaray, M. K., & Malecki, C. K. (2002). The relationship between perceived social support and maladjustment for students at risk. *Psychology in the Schools, 39*, 305–316. doi:10.1521/scp.17.3.213.20883.
- Denzin, N. K., & Lincoln, Y. S. (1998). *Strategies of qualitative inquiry*. Thousand Oaks: Sage.
- DeSantis, A., Huebner, E. S., & Suldo, S. M. (2006). An ecological view of school satisfaction in adolescence: Linkages between social support and problem behaviors. *Applied Research in Quality of Life, 1*, 279–295. doi:10.1007/s11482-007-9021-7.
- Diener, E., Lucas, R. E., & Oishi, S. (2002). Subjective well-being: The science of happiness and life satisfaction. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 63–73). New York: Oxford University Press. doi:10.1177/0146167202287002.
- Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing, 2*, 222–235. doi:10.5502/ijw.v2i3.4.
- Ely, M., Vinz, R., Downing, M., & Anzul, M. (1997). *On writing qualitative research: Living by words*. London: Routledge/Falmer.
- Economou, M., Madianos, M., Peppou, L. E., Patelakis, A., & Stefanis, C. N. (2013). Major depression in the era of economic crisis: A replication of a cross-sectional study across Greece. *Journal of Affective Disorders, 145*, 308–314. doi:10.1002/wps.20016.

- Eurobarometer & European Commission. (2011). *Eurobarometer qualitative studies: Well being aggregate report*. TNS Qual+. http://ec.europa.eu/public_opinion/archives/quali/wellbeing_final_en.pdf. Accessed 15 Oct 2013.
- European Commission. (2008). *Child poverty and well being in the EU: Current status and way forward*. Brussels: European Commission. <http://ec.europa.eu/social/main.jsp?catId=751&langId=en&moreDocuments=yes>. Accessed 15 Oct 2013.
- Georgas, J. (1993). Ecological-social model of Greek psychology. In U. Kim & J. W. Berry (Eds.), *Indigenous psychologies: Research and experience in cultural context* (pp. 56–78). Newbury Park: Sage.
- Gutman, L. M., Brown, J., Akerman, R., & Obolenskaya, P. (2010). *Change in well-being from childhood to adolescence: Risk and resilience*. London: Institute of Education. <http://www.learningbenefits.net/Publications/ResearchReports/ResRep34.pdf>. Accessed 25 Oct 2013.
- Hann, C. M. (2005). *The relationships between certain family variables and the psychological well-being of Black adolescents*. Doctoral dissertation, University of the Free State, Bloemfontein. <http://etd.uovs.ac.za/etd-db/theses/>. Accessed 10 July 2013.
- Hatzichristou, C. (2011a). *Σχολική Ψυχολογία [Handbook of school psychology]*. Athens: Tipothito.
- Hatzichristou, C. (Ed.). (2011b). *Κοινωνική και συναισθηματική αγωγή: Πρόγραμμα για την προαγωγή της ψυχικής υγείας και της μάθησης στη σχολική κοινότητα. Εκπαιδευτικό υλικό Ι, Πρωτοβάθμια εκπαίδευση, Νηπιαγωγείο, Α', Β' δημοτικού: Θεωρητικό πλαίσιο και δραστηριότητες [Social and emotional learning: Program for the promotion of mental health and learning in the school community. Educational material I, Preschool and first grades of primary school: Conceptual framework and class activities]*. Athens: Tipothito.
- Hatzichristou, C. (Ed.). (2011c). *Κοινωνική και συναισθηματική αγωγή: Πρόγραμμα για την προαγωγή της ψυχικής υγείας και της μάθησης στη σχολική κοινότητα. Εκπαιδευτικό υλικό ΙΙ, Πρωτοβάθμια εκπαίδευση Γ', Δ', Ε', ΣΤ' δημοτικού: Θεωρητικό πλαίσιο και δραστηριότητες [Social and emotional learning: Program for the promotion of mental health and learning in the school community. Educational material II, Primary school education (grades 3 to 6): Conceptual framework and class activities]*. Athens: Tipothito.
- Hatzichristou, C. (Ed.). (2011d). *Κοινωνική και συναισθηματική αγωγή: Πρόγραμμα για την προαγωγή της ψυχικής υγείας και της μάθησης στη σχολική κοινότητα. Εκπαιδευτικό υλικό ΙΙΙ, Δευτεροβάθμια εκπαίδευση: Θεωρητικό πλαίσιο και δραστηριότητες [Social and emotional learning: Program for the promotion of mental health and learning in the school community. Educational material III, Secondary education: Conceptual framework and class activities]*. Athens: Tipothito.
- Hatzichristou, C. (2012). Προαγωγή της ψυχικής υγείας και ευεξίας σε επίπεδο συστήματος: Το σχολείο ως κοινότητα που νοιάζεται και φροντίζει [Promotion of mental health and well-being at a system level: The school as a caring community]. In C. Hatzichristou & H. Besevegis (Eds.), *Developmental and adjustment issues of children in school and family* (pp. 325–354). Athens: Pedio.
- Hatzichristou, C. (2013). *Connecting for caring project: Development, domains of action and implementation*. Symposium Organizer-Chair: “Multi-level Prevention and Intervention Programs for Supporting Children, Teachers and Parents in Times of Economic Crisis”. 35th Annual Conference of the International School Psychology Association, July 17–20, Porto, Portugal.
- Hatzichristou, C., & Adamopoulou, E. (2013a). *We C.A.R.E.: International e-learning and intervention program for the promotion of positive school climate and resilience in the school community*. Symposium Organizer-Chair: “Multi-level Prevention and Intervention Programs for Supporting Children, Teachers and Parents in Times of Economic Crisis”. 35th Annual Conference of the International School Psychology Association, July 17–20, Porto, Portugal.
- Hatzichristou, C., & Adamopoulou, E. (2013b). *E.M.E.I.Σ.: Teachers' training program for the promotion of a positive school climate and resilience in the school community*. Symposium Organizer-Chair: “Multi-level Prevention and Intervention Programs for Supporting Children, Teachers and Parents in Times of Economic Crisis”. 35th Annual Conference of the International School Psychology Association, July 17–20, Porto, Portugal.
- Hatzichristou, C., Dimitropoulou, P., Lykitsakou, K., & Lampropoulou, A. (2009). Προαγωγή της ψυχικής ευεξίας στη σχολική κοινότητα: Εφαρμογή παρεμβατικού προγράμματος σε επίπεδο συστήματος. [Promotion of well-being in the school community: The implementation of a system level intervention]. *Psychology. Special issue: Current issues in School Psychology*, 16(3), 381–401.
- Hatzichristou, C., Lampropoulou, A., Lykitsakou, K., & Dimitropoulou, P. (2010a). Promoting university and schools partnership: Transnational considerations and future directions. In J. Kaufman & T. Hughes (Eds.), *The handbook of education, training and supervision of school psychologists in school and community* (Vol. II, pp. 89–108). New York: Routledge.
- Hatzichristou, C., Lykitsakou, K., Lampropoulou, A., & Dimitropoulou, P. (2010b). Promoting the well-being of school communities: A systemic approach. In B. Doll, W. Phohl, & J. Yoon (Eds.), *Handbook of prevention science* (pp. 255–274). New York: Routledge. doi:10.1177/0143034311402918.
- Hatzichristou, C., Issari, P., Lykitsakou, K., Lampropoulou, A., & Dimitropoulou, P. (2011). The development of a multi-level model for crisis preparedness and intervention in the Greek educational system. *School Psychology International*, 32(5), 464–483. doi:10.1177/0143034311402918.
- Hatzichristou, C., Polychroni, F., Issari, P., & Yfanti, T. (2012). A synthetic approach for the study of aggression and violence in Greek schools. In S. R. Jimer-

- son, A. B. Nickerson, M. J. Mayer, & M. J. Furlong (Eds.), *The handbook of school violence and school safety: International research and practice* (2nd ed., pp. 141–152). New York: Routledge.
- Hatzichristou, C., Adamopoulou, E., & Lampropoulou, A. (2014). A multilevel approach of promoting resilience and positive school climate in the school community during unsettling times. In S. Prince-Embury (Ed.), *Resilience interventions in diverse populations* (pp. 299–325). New York: Springer.
- Hellenic Statistical Authority. (2011). *Publication of provisional results of the 2011 Population Census*. Hellenic Republic, July 22, Pireus, Greece. <http://www.statistics.gr>. Accessed 1 July 2013.
- Hird, S. (2003). *What is wellbeing? A brief review of current literature and concepts*. Edinburgh: NHS Health. <http://www.mentalhealthpromotion.net/?i=training.en.bibliography.1784>.
- Holloway, L., & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, 3, 345–357. doi:10.1177/1468794103033004.
- Huebner, E. S., Suldo, S., Smith, L., & McKnight, C. (2004). Life satisfaction in children and youth: Empirical foundations and implications for school psychologists. *Psychology in the Schools*, 41, 81–94. doi:10.1002/pits.10140.
- Issari, P. (2002). *The human being as communion and otherness*. Unpublished doctoral dissertation, University of California, Los Angeles.
- Issari, P. (2013, October). *The self in dialogue and images of the other in Greek antiquity and discourses on the dialogical self and the other in psychology*. Paper presented at the Psychology & the Other, The Interhuman and Intersubjective Conference, Cambridge, MA.
- Issari, P., & Anastasiades, P. (2010, September). *Dialogical self in Greek thought*. Paper presented at the 6th International Conference on Dialogical Self, Athens, Greece.
- Issari, P., & Printezi, A. (2011). Ο ‘νταής’ στο σχολείο: Αφηγηματικές αναπαραστάσεις μαθητών για την εκφοβιστική συμπεριφορά. [The ‘bully’ at school: Narrative representations of students regarding bullying]. *Contemporary Society, Education and Mental Health*, 4, 55–77.
- Kafetsios, K. (2006). Social support and well-being in contemporary Greek Society: Examination of multiple indicators at different levels of analysis. *Social Indicators Research*, 76, 127–145. doi:10.1007/s11205-005-4859-2.
- Kafetsios, K., & Sideridis, G. (2006). Attachment, social support, and well being in younger and older adults. *Journal of Health Psychology*, 11, 867–879. doi:10.1177/1359105306069084.
- Karademas, E. (2009). Σχέσεις μεταξύ της υποκειμενικής ψυχικής ευεξίας των γονέων και των παιδιών, και ο ρόλος της ψυχολογικής εγγύτητας με τους γονείς. [Relationship between subjective mental wellbeing of parents and children, and the role of psychological closeness with their parents]. *Contemporary Society, Education and Mental Health*, 2, 9–27.
- Kitzinger, J. (1994). Focus groups: Method and madness? In M. Bolton (Ed.), *Challenge and innovation: Methodological advances in social research on HIV/AIDS* (p. 172). London: Taylor & Francis.
- Kleifaras, G., & Psarra, E. (2012). Meaning in life, psychological well-being and depressive symptomatology: A comparative study. *Psychology*, 3, 337–345.
- Konu, A., Lintonen, T., & Autio, V. (2002). Evaluation of well-being in schools-A multilevel analysis of general subjective well-being. *School Effectiveness and School Improvement*, 13, 187–200. doi:10.1076/sesi.13.2.187.3432.
- Lampropoulou, A. (2008). *Υποκειμενική αίσθηση ευεξίας εφήβων: Μια πολυεπίπεδη θεώρηση ατομικών, οικογενειακών και σχολικών παραμέτρων*. [Subjective well being of adolescents’: A multilevel approach of individual, family and school parameters]. Doctoral dissertation, School of Philosophy, Department of Psychology, University of Athens.
- Lampropoulou, A. (2009). *Υποκειμενική αίσθηση ευεξίας των εφήβων και στρατηγικές αντιμετώπισης καταστάσεων άγχους*. [Subjective sense of well being of adolescents and coping strategies]. *Contemporary Society, Education and Mental Health*, 2, 29–56.
- Langsted, O. (1994). Looking at quality from the child’s perspective. In P. Moss & A. Pence (Eds.), *Early childhood education series: Valuing quality in early childhood services: New approaches to defining quality*. London: Sage. doi:<http://dx.doi.org/10.4135/9781446252048>.
- Leontopoulou, S., & Triliva, S. (2012). Explorations of subjective wellbeing and character strengths among a Greek university student sample. *International Journal of Wellbeing*, 2, 251–270. doi:10.5502/ijw.v2.i3.6.
- Levitt, M. J., Guacci-Franco, N., & Levitt, J. L. (1994). Social support achievement in childhood and early adolescence: A multi-cultural study. *Journal of Applied Developmental Psychology*, 15, 207–222. doi:10.1016/0193-3973(94)90013-2.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276. <http://www.nasponline.org/publications/spr/abstract.aspx?ID!!/span>=1423>.
- Office for Economic Cooperation and Development (OECD). (2009). Comparative child well-being across the OECD. *Doing Better for Children*. <http://www.oecd.org/els/family/43570328.pdf>. Accessed 29 Sep 2013.
- Pouliasi, K., & Verkuyten, M. (2011). Self-evaluations, psychological well-being, and cultural context: The changing Greek society. *Journal of Cross-Cultural Psychology*, 42, 875–890. doi:10.1177/0022022110381118.
- Rees, G., Bradshaw, J., Goswami, H., & Keung, A. (2009). *Understanding children’s well-being: A national survey of young people’s well being*. London: The Children’s Society.

- Robinson, D. N. (1989). *Aristotle's psychology*. New York: Columbia University Press.
- Rothman, H., & Cosden, M. (1995). The relationship between self-perception of a learning disability and achievement, self-concept and social support. *Learning Disability Quarterly*, 18, 203–214. doi:10.2307/1511043.
- Roulston, K. (2001). Data analysis and 'theorizing as ideology'. *Qualitative Research*, 1, 279–302. doi:10.1177/146879410100100302.
- Statham, J., & Chase, E. (2010). *Childhood wellbeing: A brief overview*. London: Childhood Wellbeing Research Centre (Briefing Paper 1). <http://www.cwrc.ac.uk/projects/documents/Child-Wellbeing-Brief.pdf>.
- UNICEF. (2007). *Child poverty in perspective: An overview of child wellbeing in rich countries. Innocenti Report Card 7*. Florence: UNICEF Innocenti Research Centre. http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf.
- Yfanti, T. (2013). *Βίαη και επιθετική συμπεριφορά στο σχολείο. Ατομικοί και συστημικοί παράγοντες [Violence and aggression at school: The role of individual and systemic factors in the school community]*. Doctoral dissertation, School of Philosophy, Department of Psychology, University of Athens.
- Wahlbeck, K., & McDaid, D. (2012). Actions to alleviate the mental health impact of the economic crisis. *World Psychiatry*, 11, 139–145. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3449359>.

Sexual Health, Gender Roles, and Psychological Well-Being: Voices of Female Adolescents from Urban Slums of India

6

Emiliya Adelson, Bonnie K. Nastasi, Shubhada Maitra,
Divya Ballal and Latha Rajan

Introduction

Adolescents (aged 10–19) make up more than one fifth of India's population. Adolescent girls constitute almost half of this population, with about 113 million currently living in the country (Government of India Ministry of Home Affairs, 2011). Adolescence is a critical period for all individuals throughout the world, involving numerous biological, cognitive, and social transformations. The transition from childhood to maturity is a time of particular vulnerability and presents the possibility of serious challenges. In India, a country ranked 132nd out of 148 countries on the gender inequality index (United Nations Development Program, 2013), adolescent females face numerous serious challenges that threaten their sexual and reproductive health and psychological well-being. Gender differences in nutrition, basic health care, education, employment opportunities, household and com-

munity roles, and exposure to violence are indicative of a male-dominated society where females continue to be marginalized. In the Millennium Declaration (United Nations General Assembly, 2000), world leaders made a promise to help children and adolescents in all countries to fulfill their potential. Many adolescents throughout India have benefited from their country's commitment to the Millennium Development Goals in relation to education and labor, health, sexual behavior, childbearing and maternal health, HIV, violence, and gender equality. Despite the country's efforts, many of the goals still have not been achieved. In order to meet the Millennium Development Goals, which include the empowerment of women, reduced child mortality, improved maternal health, and eradication of sexual transmitted diseases, it is necessary to effect change among the youth of the country. One major pathway to positive change in India is the development of informed interventions and policies that address sexual and reproductive health of adolescent females.

This chapter focuses particularly on psychological well-being of adolescent girls living in urban slums in India. Many individuals in this population face challenges including poverty and lack of education, and do not have access to sexual health educational opportunities that adolescents attending school may have. Stressors that impact the psychological well-being of adolescent girls overlap with issues related to sexual health and gender roles. These other factors serve as stressors that threaten psychological

E. Adelson (✉) · B. K. Nastasi
Department of Psychology, Tulane University,
New Orleans, USA
e-mail: eadelson@tulane.edu

S. Maitra
Tata Institute of Social Sciences, Mumbai, India

D. Ballal
National Institute of Mental Health and Neuro Sciences,
Bangalore, India

L. Rajan
School of Medicine, Tulane University, New Orleans,
USA

well-being and increase the risk of poor mental health in the present and future (Vindhya, 2007). In order to work towards improved psychological well-being, it is important that researchers gain a strong understanding of the specific stressors and protective factors impacting adolescent girls, from their perspective.

Sexual Health of Adolescent Girls

In a study on adolescent sexual behavior in India, Jejeebhoy (2000) found that up to 10% of all females are sexually active in adolescence. Although some adolescent females engage in premarital sexual relationships by choice, mostly while in a romantic relationship they anticipate will lead to marriage (Verma, Pelto, Schensul, & Joshi, 2004), a large number of girls are forced into nonconsensual sex. In a study of nonconsensual experiences of adolescents in urban India, Jaya and Hindin (2007) found that 42% of girls have been touched against their will, most commonly by strangers. A study of 16-year-old adolescents in Goa added to the findings, revealing that 6% of girls were forced into sexual relations (Patel, Andrews, Pierre, & Kamat, 2001). The majority of nonconsensual sexual experiences ranging from eve-teasing (a widely used Indian euphemism for public sexual harassment or molestation) to abduction often go unreported; therefore, the known statistics are likely underestimates of the actual level of sexual violence (Ministry of Health and Family Welfare, 2000). Adolescent females and women in India often respond to instances of violence or sexual coercion with fear, self-blame, and feelings of humiliation that contribute to reluctance to seek help (Sodhi & Verma, 2003).

The serious gap in adolescents' knowledge of sexual and reproductive health is reflected in unsafe sexual behaviors and the high prevalence of sexually transmitted diseases (STDs) in India. For young people in premarital sexual relationships, access to condoms and other forms of contraceptives is limited (Jejeebhoy & Sebastian, 2003). Only 28% of adolescent females and 54% of adolescent males in the 15–24 age groups have

comprehensive knowledge of HIV/AIDS (IIPS & Macro International, 2007). The NACO National Behavioural Surveillance Survey (2002) reports that over 35% of all reported AIDS cases in India occur among adolescents, and the 15–24 age group accounts for more than 50% of new HIV infections in the country. Sexually transmitted infection (STI) testing and care seeking for existing symptoms are not common practices for most individuals (Jejeebhoy & Sebastian, 2003). About one-third of adolescent females, mostly unmarried, with an STI have sought medical attention; less than half of symptomatic males have done so (NACO & UNICEF, 2002).

Although the minimum legal age for marriage for girls in India is 18 years, many adolescent girls continue to be married at a young age. Almost 50% of women are married by the age of 18, and 18% are married by the time they are 15 years old (IIPS & Macro International, 2007). Most adolescent females participate in arranged marriages that are determined by their parents and have little to no input of their own. Early marriage puts women at an increased risk of acquiring an STI from their husbands and experiencing violence within the marriage (Santhya, Jejeebhoy, & Ghosh, 2008). In addition, women that are married at an early age are less likely to be empowered to make decisions for themselves and their families and are more likely to have restricted educational opportunities (Lloyd & Mensch, 2006).

Reproductive Health Upon marriage, many adolescent females have to give up education in order to meet the traditional expectations of maintaining a household and giving birth to children in the early stages of marriage. The National Family Health Survey (2005–2006) reported that 28% of women currently aged 20–49 gave birth by time they were 18 years old and 24% of 18-year olds had already given birth or were pregnant at the time of the study. Early child-bearing leads to increased risk for mothers and infants. Young mothers are more likely to experience birthing complications and are less likely to receive adequate maternal and child care (Singh & Trapithi, 2013). Adolescents living in low-

income families in urban areas of India experience elevated risk of negative reproductive health outcomes (Jejeebhoy, 1998). In the slum areas of Mumbai, only 62% of mothers receive postnatal care within two days of the birth compared to 72% in non-slum areas (Municipal Corporation of Greater Mumbai, 2010). Singh, Rai, and Singh (2012) assessed the utilization of maternal and child health services by adolescent mothers in India and reported that underutilization of these services can lead to high maternal mortality, negative pregnancy outcomes, and worsened maternal health.

Abortion is legal in India under specific situations such as contraceptive failure and rape; however, individuals under the age of 18 are required to have consent from a parent or guardian to undergo the procedure. About two thirds of all abortions in India take place outside of authorized health services (Population Reference Bureau, 2011). Unmarried adolescent females are more likely than married or older women to undergo abortion procedures from unqualified providers in order to receive prompt and anonymous care. As a result, they are more likely to suffer abortion-related complications (Jejeebhoy, 2000).

Mental Health of Adolescent Girls

The aforementioned figures regarding sexual coercion, early marriages, and sex discrimination provide some insight into the challenges faced by adolescent females living in a society fraught with gender disparities. The numerous stressors related to sexuality and gender discrimination experienced by females contribute to feelings of helplessness, low self-esteem, and increased psychosocial stress (Gupta, 2003). Researchers in the state of Uttar Pradesh found that adolescent girls had poorer self-images than boys and felt that they were burdens to their families (Jejeebhoy, 1998). Overall, women's risk of having depression or anxiety is two to three times higher than that of men (Vindhya, 2007). Research on psychological disorders in India shows a prevalence of depressive and anxiety disorders of 6–7% in women over the age of 18. Research-

ers found that suicide is the second most common cause of death among people aged 15–29. In a study examining suicide in a slum of Mumbai, researchers found that more women committed suicide than males, and “tension,” a frequently used term which refers to a broad range of subjective distress, was identified as the most common reason for the suicides (Parker, Fernandes, & Weiss, 2003; Parker, Nagareskar, & Weiss, 2012). Despite the alarming suicide rates in India and the rising number of cases of depression and anxiety, currently estimated to affect 40–60 million people, mental health services are limited (Weiss, Isaac, Parker, Chowdhury, & Raguram, 2001). Research findings show that there is a gender gap in access to health care and that poor women from urban slums receive the least satisfactory services (Vindhya, 2007). For those women that are able to access physical or mental health care, many are treated disrespectfully and are not provided with adequate attention or information from the health-care workers (RamaRao & Anrudh, 2001).

Sexual Attitudes Regarding Adolescent Girls

India is largely a patriarchal society with conservative values regarding female sexuality (Sathe & Sathe, 2005; Verma et al., 2004). Expectations of women are strongly driven by social and cultural customs that vary depending on religion, geographic location, caste, and class (Abraham, 2001). An overarching concept, transcending all of these divides, is the idea of *izzat* (honor). Women are the family keepers of *izzat*, and family reputations are often dependent on young women's upholding of *izzat*. In most Indian societies, in order to maintain the family *izzat*, young women are expected to behave modestly and remain virgins before marriage (Chakraborty, 2010; Jejeebhoy, 2006; Sodhi, Verma, & Schensul, 2004). Prior to marriage, girls are not supposed to express any sexuality or interest in the opposite sex and are expected to maintain innocence. Violating these traditional norms may result in loss of marriageability and ruined family reputations

(Mehra, Savithri, & Coutinho, 2002). Double standards that further prevent girls from engaging in premarital sexual relationships include fear of being labeled as *chulu* (too easy) and other negative names, as well as fear of unwanted pregnancy (Sathe & Sathe, 2005). Often, upon puberty, adolescent girls become more closely monitored by family members and have their mobility and overall freedom restricted. In contrast, adolescent boys are not treated the same way but, rather, may even be encouraged to explore their sexualities.

Despite the aforementioned risks, studies show that an estimated 10% of adolescent females engage in premarital sexual relations (Jeebhoy, 2001). In slum communities, such as the one explored in this study, cramped living environments and daily chores often increase the likelihood of interactions and the development of friendships and sexual relationships between males and females (Chakraborty, 2010; Mehra et al., 2002). While increased opportunities sometimes spark consensual relations, they also increase the risk of girls experiencing sexual harassment or being coerced into sex (Mehra et al., 2002; Sodhi & Verma, 2003). A study of adolescents in Goa found that adolescent females have lower perceptions of self-efficacy than males and are less likely to believe that sexual refusal can work. The girls in this study also perceived very high external pressure from males to engage in sex (Patel et al., 2001). A study researching premarital sexual behaviors and attitudes in the slums of New Delhi found that one of the chief coping mechanisms used by adolescent girls in order to maintain *izzat* is secrecy. Whether they are participating in consensual sex, sexually harassed, or coerced into sex, in order to maintain family *izzat*, girls are unlikely to share this information with anyone. Partially for this reason, it is difficult to ascertain accurate figures regarding adolescent sexual activity (Sodhi et al., 2004).

Although attitudes of adolescents are slowly changing towards more liberal perspectives, attitudes towards sexuality are still largely conservative. In a study of 15–19 year-olds living in slums in New Delhi, researchers found that the majority of adolescents in the study reported that only married couples should have a sexual

relationship (Hindin & Hindin, 2009). When attitudes are studied by gender, it is evident that adolescent females hold more conservative values than males, likely due to the double standards that allow sex for males and not for females (Ghule, Balaiah, & Joshi, 2007; Sathe & Sathe, 2005). In a study conducted in Pune, half of the male adolescents felt that premarital sex was appropriate if both partners were in love, while only one-fourth of girls endorsed this view. A study of adolescents in Maharashtra had similar findings, with the majority of adolescents deeming casual sex immoral. Researchers found that adolescent females studying commerce/sciences had more liberal attitudes towards sexuality than males (Ghule et al., 2007). Many adolescent females in India have access to little information regarding sexuality and reproductive health. It is possible that restricted knowledge serves as an additional constraint that helps to maintain conservative attitudes among adolescent females, and worse so, contribute further to the vulnerability of this population.

Psychological Impact on Adolescent Girls

Living in an environment with traditional norms, rigid expectations, and vast gender disparities, many adolescent girls are uninformed about their bodies and health, have limited ability to make decisions for themselves, face sudden transitions from childhood to marriage, experience sexual harassment or violence, and have poor sexual and reproductive health. Additionally, millions of adolescent girls in India face the challenges of poverty, including hunger, lack of access to running water, and lack of education (UNICEF, 2012). These are factors that serve as stressors and threaten psychological well-being (Vindhya, 2007). It is imperative that researchers gain a strong understanding of the specific stressors and protective factors for this population.

Studies have begun to examine the specific stressors of adolescent females. In Sarkar's (2003) qualitative study of mental health status of adolescent school children in Kolkata, India,

students identified several stressors, including academic stressors (academic pressure, parental expectations for achievement), family stressors (such as poverty, financial difficulties, alcoholism, domestic violence, and discrimination against girl child), social stressors (e.g., political violence, corruption, and lack of infrastructure such as roads, transportation), relationship stressors (e.g., death of loved ones, loss of romantic relationships, peer pressure, and ridicule), and personal stressors (losing in a competition; being punished without faults; inability to fight against injustice). Female students particularly emphasized discrimination against females, sexual harassment and molestation, restricted freedom and independence, violence against women, and dowry as major stressors for them. Other research has identified puberty (such as first menstruation) as a frightening and embarrassing stressor for adolescent females (Bott, Jejeeboy, Shah, & Puri, 2003). Additionally, sexual development and romantic feelings serve as stressors, often causing feelings of insecurity, anxiety, guilt, and fear among girls (van Reeuwijk & Nahar, 2013). Although knowledge about sexual and reproductive health is known to serve as a protective factor (van Reeuwijk & Nahar, 2013; Singh et al., 2012), Sathe and Sathe (2005) found that 9% of adolescent girls felt guilty after learning sex-related information, 20% felt dreary after receiving information, and 32% felt tense. With this knowledge, to ensure that information acquisition does not serve as an additional stressor, researchers, intervention developers, interventionists, and educators need to carefully consider how they are delivering information to adolescent girls.

Adolescent females in India, particularly those living in slum populations, are exposed to numerous risk factors and stressors, yet protective factors exist that have the ability to improve sexual and reproductive health and psychological well-being and prevent development of mental health problems. Widely recognized protective factors include sensitive and authoritative parenting, decent educational opportunities, psychological autonomy, and good physical health (Patel, Flisher, Nikapota, & Malhotra, 2008). In the slums of India, strong family systems and close-

knit communities form and develop support systems and cultural traditions that help individuals thrive despite daily hardships and stressors. In a qualitative study of adolescent females in India conducted by Santhya et al. (2008), the majority of respondents reported access to family or social support. Social support from friends and family increases the likelihood of psychological well-being. As discussed in previous sections, increased knowledge about sexual health through sexual health education and increased supportive communication can serve a protective function against psychological stressors and risky sexual behaviors (Guilamo-Ramos et al., 2012; Singh et al., 2012). In Sarkar's (2003) study, adolescents of both genders identified suppressing their feelings, engaging in reading, drawing, writing, and listening to music as ways of dealing with stressors. Additionally, females reported adjustment and compromising as protective strategies for coping with stressors.

The statistics cited herein are evidence enough that India has made insufficient progress in improving protections for the country's adolescent female population. This research aims to gain further understanding of sexual health and psychological well-being through the direct perspectives of adolescent girls. Only recently researchers have begun using children's direct perspectives rather than using objective measures completed by adults. Not only does incorporation of a child's voice improve the quality of research, it is also vital for empowering children and adolescents and furthering the goals of the United Nations Convention on the Rights of the Child (Nastasi, 2014; United Nations General Assembly, 1989).

Methods

The data collection procedures included focus groups with adolescent girls, ecomap drawings, and ecomap stories. Data were collected by the fourth author, a master's level social worker from India with experience in conducting groups, under the supervision of the third author. Assisting her in co-facilitation of groups was a com-

munity organization staff member with experience working in the community from which participants were drawn. Both spoke Hindi, the language of communication for the focus groups. The fourth author, who also spoke English, was responsible for transcription and translation of all focus group dialogue and engaged in initial coding of the data. The coding of the data reported here was conducted by the first author, with assistance from University undergraduate research assistants who were trained in coding procedures by the first author.

Three major modifications were made to the PPWBG data collection methods (Chap. 2) by the second and third authors. First, the number of focus group sessions conducted with the adolescent girls was expanded to six (60–90 min each), in order for the participants to feel more comfortable discussing sensitive topics. Second, in addition to focusing on psychological well-being, the focus groups included discussions pertaining to sexual health and healthy intimate relationships of adolescent girls. The first session, *Social Expectations*, was designed to gather adolescents' perceptions of what is expected of them in their various roles as student, daughter, peer, and citizen. The second session, *Feelings/Emotions*, included activities that encouraged the participants to talk about the different feelings they have, what these feelings mean to them, and how participants express them. In the third session, *Stressors and Supports*, participants generated ecomaps (graphic representation of an individual's social network) and stories with the purpose of understanding the people and events that serve as stressors and supports for the participants. In the fourth session, *Relationships*, the participants defined different types of relationships and participated in a discussion about how they learned about relationships, sexuality, and sexual relationships. In the fifth session, *Promoting Well-Being and Healthy Relationships*, the participants discussed the differences between healthy and unhealthy relationships and how relationships affect personal well-being. For the final sixth session, *Celebration of Young Women*, the participants shared stories or depictions of

themselves as women. Finally, in the data analysis stage, in addition to deductively coding for the etic constructs related to psychological well-being (e.g., stressors and supports), sexual health and interpersonal relationships were coded.

Participants

Thirty-seven unmarried adolescent females, ages 12–20 ($N=14$, ages 12–14; $N=23$, ages 15–20), participated in the study. The grades of schooling completed by the girls ranged from 0 to 11. Fourteen of the girls were attending school at the time of the study. The participants were either Muslim or Hindu, and all spoke Hindi. Several of the participants spoke multiple languages including Marathi, Telugu, Kannada, English, Urdu, Arabic, and Bhojpuri.

Mumbai Site

Located on west coast of India, Mumbai is the capital city of the Indian state of Maharashtra. With a population of 20.5 million, Mumbai is the largest city in India and the fourth most populous city in the world (Government of India Ministry of Home Affairs, 2011). Similar to the religious makeup of the country at large, the religious affiliations of the residents include Hindu, Muslim, Christians, Sikhs, Buddhists, Jains, and others. The sex ratio in Mumbai is 838 females per 1000 males (Government of India Ministry of Home Affairs, 2011). Although it is known as the commercial and entertainment capital of India, Mumbai is also a city of great financial disparity. At least 20% of Mumbai residents live below the poverty line, and more than 40% of Mumbai's residents live in the 108,000 slums distributed throughout Mumbai (Government of India Ministry of Home Affairs, 2011).

"Slum" is a term used for dilapidated areas where residents experience economic hardship and constricted opportunities (Parkar, Fernandes, & Weiss, 2003). United Nations HABITAT (2007) defines a slum household as a group of

individuals living under the same roof in an urban area who lack one or more of the following: durable housing of a permanent nature that protects against extreme climate condition; sufficient living space, which means not more than three people sharing the same room; easy access to safe water in sufficient amounts at an affordable price; access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people; or security of tenure that prevents forced evictions. In the slums, the average household size is 4.5 (Municipal Corporation of Greater Mumbai, 2010).

In compliance with India's Right of Children to Free and Compulsory Education Bill of 2008, 90% of Mumbai's adolescents have completed some schooling. Due to the increasing population, many of the schools in Mumbai are overcrowded and it continues to be difficult for children, particularly those living in poverty, to access education (Municipal Corporation of Greater Mumbai, 2010). Despite these challenges, school enrollment at a primary level is increasing, and literacy levels have shown improvement. According to the 2011 Census, the male literacy rate was 91.5%, and the female literacy rate was 86.5%.

The populations living in slums are often exposed to numerous risk factors, yet protective factors exist that can enhance positive psychological well-being and buffer children and adolescents from developing mental health problems. Stressors that many slum dwellers experience include migration and displacement, poor infrastructure, unequal distribution of basic amenities, and ethnic disharmony. In addition to the aforementioned stressors, many females experience additional stressors such as domestic violence and sexual exploitation. For children and adolescents living in urban poverty, risk factors for development of mental health problems include socioeconomic deprivation, family disruption and psychopathology, early childhood insults, temperamental difficulties, violence, and intellectual impairment. In the slums, strong family systems and close-knit communities form and develop support systems and cultural traditions that help individuals thrive despite the daily hardships and stressors in their

environments (Municipal Corporation of Greater Mumbai, 2010).

Findings

In this section, the results of the analyses are discussed in three thematic subsections: sexual health, gender roles, and psychological well-being. Supplementing the thick description, tables are included to help summarize the findings. In the analysis, older adolescents and younger adolescents are distinguished at times. For purposes of this study, younger adolescents are girls aged 12–15 years, and older adolescents are girls aged 15–20 years. The following section presents the results of this study.

Sexual Health

The following definition of sexual health served as the basis for the deductive code for sexual health: "Gynecological and reproductive health, including absence of RTIs and STIs; healthy (non-risky) sexual knowledge, attitudes, beliefs, behaviors, and practices; sexual competence, defined as engaging in sexual activity that is consensual and non-coercive, with no regret, protected (against STIs and unplanned pregnancy), and based on an autonomous decision" (Nastasi et al., 2013). The following themes were identified by the adolescent girls and explain their understanding of and salient topics regarding sexual health of adolescent girls: (a) engaging in physical relationships with opposite sex prior to marriage, (b) sexual health risks, (c) sources of information, and (d) types of information that should be shared about sexual health. Descriptors of these themes are in Table 6.1.

Engaging in Physical Relationships Prior to Marriage Both younger adolescent girls and older adolescent girls discussed this theme. Across age groups, girls agreed that it is wrong to have physical relationships with males prior to marriage. An older girl further clarified physical relationships stating, "A girl should refrain

Table 6.1 Sexual health theme descriptions

Sexual health theme	Description	Group addressing theme
Engaging in physical relationships with opposite sex prior to marriage	“Wrong” to have sex prior to marriage Consequences Awareness that some girls in community engage in physical relationships prior to marriage	Younger adolescents Older adolescents
Sexual health risks	Rape Sexual harassment Eve-teasing Pregnancy STIs/STDs	Older adolescents
Sources of information	TV/movies Friends Overhearing adults Books/magazines Older sisters/female relatives	Older adolescents
Types of information that should be shared about sexual health	Education on sexual risk None; should be taught after marriage	Older adolescents

STI sexually transmitted infection, *STD* sexually transmitted disease

from kissing and hugging also until marriage.” When asked, “What makes having physical relationships with boys wrong?” the girls in the group of younger adolescents either did not respond or stated that they did not know. Older girls discussed consequences of losing honor; one stated, “She might lose her name and get insulted, if people find out.” Girls also brought up consequences of contracting STIs or STDs; however, health consequences were brought up less by the girls than social consequences, suggesting that social consequences are more salient. The older girls explained that even though the community is strict, the girls knew of young people going out at night, skipping classes to go to faraway places, or engaging in physical relationships in auto-rickshaws (three-wheel vehicle that is a common form of public transportation in Mumbai). The younger adolescent girls did not share a detailed knowledge about young people going out at night, suggesting that this behavior is more likely to occur in groups of older adolescents.

Sexual Health Risks Older adolescent girls discussed a number of sexual health risks that girls face. An older girl stated, “It’s safer for men.

Women face more risks.” Girls emphasized the risk of getting harassed on the streets, one older girl stating, “They might follow us, or say bad things. Or sing songs. It’s also embarrassing sometimes. Other people who see this might think that I’m a bad girl.” In their responses regarding sexual health risks in the community, girls provided vague responses indicating a lack of detailed and accurate knowledge on the topic of sexual health. For example, an older girl stated, “If one man has sexual relationships with more than one woman or if a woman has sexual relationships with many men, then there is a risk.” The younger group of girls did not provide any answers on the potential negative impact of sexual relations and did not discuss sexual health risks at all, suggesting that they may have even less knowledge about these topics than the older adolescent girls.

Sources of Information on Sexual Health Issues There was consensus that girls received information from television/movies, friends, reading materials, or older siblings/other female family members. One older girl stated, “We have small houses. Little girls might even see it happening between parents. Even books, magazines

have everything written. Whoever can read, will read.” Another older girl stated,

People talk about it. It spreads from one person to another and even little kids know all about it. You could call all the little kids in our *chawl* [Hindi; multi-story tenement building] and ask them, they’ll all know. It might also happen that a girl might overhear adults talking about it, because she’ll be right there making food or something. And then she might discuss what she heard with her friends and it just spreads.

These responses suggest that despite the taboo nature of discussing sexual health with girls directly and the dearth of access to accurate information, as one older girl stated, girls often “learn from the environment.”

Types of Information that Should Be Shared with Adolescent Girls About Sexual Health Girls stated that it is important to be informed about how to protect themselves from sexual risks. Some girls felt that it was wrong to gain knowledge about sexuality prior to marriage. In response to a question by the focus group leader asking older girls if it was appropriate to

gain knowledge about sexual experience through movies or books, the group responded “That is wrong.” Although sexual health is a taboo topic, most of the girls believe that it is important to have access to information that will protect them from sexual risks.

Gender Roles

An emergent code that evolved from the data originally coded under “sexual health” was “gender roles” defined as, “social and behavioral norms that are generally considered appropriate by a particular society for males or females.” The following themes were identified by the adolescent girls: (a) importance of household role, (b) girls as supporters in the family, (c) parental control/amount of freedom, (d) importance of daughters upholding family honor, (e) differential treatment of brothers and sisters, (f) societal perspectives on females, and (g) meaning of “woman.” Descriptors of these themes are in Table 6.2.

Table 6.2 Gender role themes

Gender role theme	Description	Group addressing theme
Importance of household role	Girls cooking, washing, and performing other cleaning at home Expectation that girls learn to do housework properly prior to marriage	Younger adolescents Older adolescents
Parental control/freedom	Limitations on when girls can go outside and where they can go Restrictions on activities/pursuits parents allow daughters to engage in	Younger adolescents Older adolescents
Importance of daughters upholding family honor	Importance of daughters showing respect towards parents Girls not talking back Girls not showing “loose character”	Older adolescents
Girls as supporters in family	Sons supporting family Daughters marrying and leaving home New trend of girls helping to support family Recognition of importance of women supporting themselves if husbands cannot	Younger adolescents Older adolescents
Differential treatment of brothers and sisters	Parents treating children differently by gender No differences in some houses	Older adolescents
Meaning of being a “woman”	Idea that girl becomes a woman when she has a child	Older adolescents

Importance of Household Role Both older and younger adolescent girls discussed their current responsibilities in their parents' homes and the expectations of their roles in the house upon marriage. One older girl stated, "At home, my mother tells me to wash the dishes, wash the clothes. I mean, they expect that I will do all these things by the time she gets home." Girls also discussed the importance of learning how to do housework properly so as not to get in trouble once they are married. One younger girl stated, "My mother also says—Once I get married, I will be in trouble. Because I don't do work properly. My in-laws might just chase me out." Additionally, girls expressed that boys are never expected to do housework.

Girls as Supporters in the Family Girls discussed more traditional roles of daughters leaving the home to get married and sons becoming the financial caregivers, as well as more progressive ideas about girls working and gaining skills to stand on their own if necessary. Two older girls stated "Mother thinks that her son will grow up, earn and look after her," and that the "daughter will get married and go to another house." Expressing another view, an older girl stated,

These days, girls are of more help than boys. Boys sit at home and eat, girls have aspirations, and they want to achieve things, do things. Before, I used to hear that whatever work a man does outside the house, a girl is not supposed to do, like going out and earning a living. And I used to believe the same. But now, I see that boys stay at home and girls go to work and bring home the income.

Parental Control/Amount of Freedom There was a consensus among girls that, oftentimes, there are restrictions on activities that parents allow daughters to engage in and limitations on where girls can go. Parents place restrictions on girls in order to keep them safe, to maintain the family honor, and to maintain tradition. One older girl stated, "In the community, they always say, 'Don't let the girls out at night, the place is bad.' They might get teased...girls go missing, get raped." Another younger girl said, "Parents are scared that if they don't keep their daughters under control they'll roam around more, they

won't listen to their parents, they'll act according to their own whims." Although many girls discussed the restrictions placed on them, there was some discussion of girls having freedom to go out of the home. One older girl stated, "If she has the freedom, to go out, and if she is going out, it is her responsibility that she goes and returns properly. I mean, she should keep the trust of her parents."

Importance of Daughters Upholding Family Honor Girls discussed the importance of daughters upholding family honor (*izzat*) by not showing "loose character." One of the major ways community members determine a girl's character is by watching how and with whom she interacts on the street. Oftentimes, when girls are seen talking to boys, whether it is romantic or platonic, this reflects poorly on the girl and, in turn, her family. One older girl stated, "Parents do allow us to talk, but when other people start talking, then our mothers get hurt. The mother feels—how can my daughter do something like that! But when people are talking, parents are bound to get upset, right? We do talk to boys in our neighborhood though." Another older girl stated,

A lot of girls fall in love with someone, elope with someone, or has an affair with someone in the neighborhood...and then when other people hear about it, her name will be ruined. Her parents' "head will go down" [in shame], people around will say—"see how their daughter is!" they will say she is [of loose character] or something like that.... So, parents expect that our daughter will never spoil our name, she will like the same things that we like, that she will do only what we approve of.

Differential Treatment of Brothers and Sisters Girls agreed that most parents treat children differently according to gender. The aforementioned themes discussing the roles of girls in the household, girls as supporter in the family, parental control, and importance of family honor explain some of these differences. Many girls expressed that because boys bring home money and are expected to earn for the family in the future, they are treated differently. One older girl stated, "Boys go out to work. Parents have the trust that they will work and get them money.

Girls have to do house-work now, and even after they are married—washing clothes and vessels—before and after marriage. That’s it.” Another older girl stated, “Like they say, the girl is always ‘the other’, an outsider, from the time she is born. She will marry and leave. But the son is their ‘own’, who will stay with them and look after them. They are the ones who will take the family name forward.”

Meaning of “Woman” In response to a question asking what represents a woman, girls explained that a girl feels like a woman when she gets married and has children. One older girl stated, “When a woman gets married and she has children, is when she realizes fully that she is a woman. She feels it in her body.” Another older girl supported her responding,

That’s right. When a woman has children is when she fully becomes a woman. Before, she would have wanted to dress up and put on make-up and admire herself in the mirror...but it is when she has children, that she loses interest in all that and realizes that now, she is a woman. This has happened with a friend of mine. She’s told me.

Psychological Well-Being

Throughout the course of focus group discussion, girls identified numerous stressors, supports, and reactions to stressors that they experience. The identified stressors and supports explain the way girls perceive their relationships with others. Notably, many of the stressors overlap with the aforementioned sexual health and gender role themes. These are organized into the following subcategories or systems in girls’ lives: (a) family/home, (b) friends, (c) intimate relationships, (d) school, (e) community, (f) self, and (g) others. Table 6.3 summarizes the consensual perspectives among the girls relevant to each system.

Family/Home The findings on psychological well-being within the “family/home” system are shown in Table 6.3. In this section, findings relevant to stressors, reactions to stressors, and supports are presented separately.

Stressors Girls across age groups repeatedly brought up stressors involving parents and siblings. They discussed high expectations of parents and receiving beatings and scoldings from both parents and siblings. One older girl stated, “They expect a lot of things from me. I get beaten and scolded more. They are after me! I’m tired of them being after me.” Girls also discussed the stress of having their freedom restricted (particularly after reaching menarche) and being told how to behave by parents and siblings. They talked about older brothers frequently restricting them from leaving the home and getting very angry with their sisters if they did not listen to them or if someone from the neighborhood said something about them.

Reactions to Stressors Girls discussed feeling sad, angry, scared, or resentful in response to family stressors. One younger girl stated, “I feel a little angry when someone scolds me, and most angry when someone beats me.” A behavioral response that multiple girls discussed was withdrawal through actions such as putting one’s head down, not talking to parents, or simply keeping whatever happens to oneself.

Supports There was consensus among girls that close relationships with mothers and family support of girls’ ambitions serve as supports that are likely to improve psychological well-being. An older girl stated, “With my parents, I feel loved when they let me do what I want. If I say I want to go to some class or go to the Community Center, and they let me, I feel loved.” Girls expressed that they are more likely to be close to, and receive support from, mothers than fathers. Girls also discussed having the support of other family members such as aunts, uncles, and sisters. They talked about older sisters acting like mothers, that is, having expectations of younger siblings, sharing information with them, and being there for them in times of need.

Friends Table 6.3 presents the findings on psychological well-being within the “friend” system.

Table 6.3 Psychological well-being themes by ecological system

Stressor	Reaction to stressor	Support
<i>Family/home system</i>		
Parents restricting freedom	Emotional	Family support of ambitions/ education
Brothers given more “value” in household by parents	Sadness	Close relationships with mothers
Beatings and scolding from parents and/or siblings	Fear	Parents letting daughters do something she wants
Getting caught after lying to parents	Anger	Families showing love to girls
Parents fighting with each other	Resentment	Parents treating girls like adults
Mothers not listening or understanding	Behavioral	Other family members talking to girls (aunts, uncles, sisters)
Parents expecting too much	Crying	
Lack of support for achieving goals	Not eating for a few days	
Siblings telling girls what to do/how to behave	Sitting quietly	
Beatings and scolding from siblings/ in-laws	Not talking to parents	
Siblings acting irritatingly	Keeping things to oneself	
Loved ones passing away		
<i>Friend system</i>		
Fighting with friends	Behavioral responses	Friends providing company and going places with you
Friendships ending	Go out and roam around	Talking to friends when happy or sad
Friends telling secrets to someone else	Singing songs/reciting poems	
Not having many friends	Doing housework to distract oneself	
Fear that friends might laugh at them	Throwing things	
	Breaking things	
	Crying	
	Sitting quietly/not talking to others	
	Sleeping	
	Physiological responses	
	Hands get tight	
	Heart beats fast	
	Sweating	
	Headaches	
<i>Intimate relationship system</i>		
When someone is having an affair (is romantically involved with someone) and if parents do not accept the relationship		Feeling happy when parents select an appropriate husband
When a boy likes you and you are not interested in him or the other way		
<i>School system</i>		
Poor exam results/bad grades	Emotional responses	
Having to mind the rest of the class	Fear	
	Sadness	
	Cognitive responses	
	Positive thinking	
<i>Community system</i>		
Eve-teasing: boys harassing or assaulting girls in the street	Emotional responses	Neighbors
Girls not being able to go out if parents hear about them being teased in streets	Anger	NGOs that work with girls
People in neighborhood fighting	Fear	
Not being able to study due to loud neighbors	Embarrassment	
People stealing		

NGO non-governmental organization

The findings relevant to stressors, reactions to stressors, and supports are presented separately.

Stressors Across groups, girls discussed the stress of having fights with friends and the possibility of friendships ending. One older girl stated,

When my friends are angry with me and refuse to talk, I feel really upset. Now we are good friends and we go everywhere together and then she stops talking to me, then I'm bound to feel upset, right? And we also feel upset with ourselves—"why did I have to fight with her!"

Reaction to Stressors Girls identified a number of behavioral and physiological reactions to stressors related to friendship. Girls talked about doing things to distract themselves such as "singing songs or reciting poetry," "doing housework," "sleeping," and "making something sweet and eating it." Girls also discussed more aggressive behaviors such as "throwing things" and "breaking things." In addition, girls identified physiological reactions including "hands getting tight," "heartbeating faster," "sweating," and "headaches."

Supports Girls discussed the support that comes from communicating with friends about feelings, thoughts, and problems. Beyond communicating, girls talked about friends providing each other with company, hugging, getting in trouble for another friend's sake, and giving money to friends when in need. Members of one focus group agreed with an older girl after she stated,

A good friend is one who helps us, who tells us not to do bad things...and saves us when we get beatings! Friends should be such that they are there for each other in times of need. Like when we are in trouble—it might be about money or about sharing your thoughts and your feelings.

Girls talked about having male friends that are like brothers. The girls explained that with their male friends, they are not physically affectionate but show their affection to each other by helping the other feel happy. One older girl stated, "my best friend (male) helps me out. We enjoy a lot together. He helps me more than my female friends help me. And because of that, I prefer boys as friends more than girls."

Intimate Relationships The findings on psychological well-being within the "Intimate Relationships" category are displayed in Table 6.3. In this context, "Reactions to Stressors" were not discussed.

Stressors Although the girls did not discuss engaging in romantic relationships themselves, they referred to the stressors that their friends experienced upon engaging in premarital physical relationships. Girls talked about stressful situations involving parents not approving of romantic relationships, and the belief that boys are often deceitful in relationships outside of marriage and are only with girls, "for their bodies and not their hearts." One older girl stated, "There are so many worries. If someone has an affair (is romantically involved with someone) and if the parents do not accept the relationship then that causes a lot of tension."

Supports Most girls shared the idea that it is ideal for parents to select a husband for their daughter and for a couple to fall in love after marriage. Girls expressed their belief that in an intimate relationship, the couple should provide support for one another by telling each other everything and helping each other out with any problems.

School Table 6.3 also presents the findings on psychological well-being within the "School" system. In this context, "Supports" were not discussed.

Stressors Girls identified receiving bad grades as a stressor related to school. Part of the reason for being stressed about bad grades was the potential of parents scolding girls in response to poor academic performance. One younger girl stated, "I'm scared that my parents might scold me for not doing well."

Reactions to Stressors Girls discussed feeling sad and scared in reaction to stressors related to school. Girls agreed and confirmed one girl's statement, "I feel sad when I get low marks in my exams." One girl discussed engaging in positive thinking stating, "I just think that I should do better in the next exam."

Community Table 6.3 presents the findings on psychological well-being within the “Community” system. The findings relevant to stressors, reactions to stressors, and supports are presented separately.

Stressors Girls showed consensus in their reports about eve-teasing, the act of girls being harassed in the streets by males, and also discussed the reactions of people in the community. A girl described,

They might follow us, or say bad things. Or sing songs. It’s also embarrassing sometimes. Other people who see this might think that I’m a bad girl. See, people on the road would not know that I’m trying to escape from these guys. They might see them following me and think that they’re coming with me or something.

Girls specifically discussed stressors of being threatened or grabbed or even sexually assaulted on the streets. Girls also discussed concerns of being forbidden to go out if parents hear about them being teased in the street.

Reaction to Stressors Girls discussed feeling anger, fear, and embarrassment in response to stressors within the community. One girl stated, “Both, I feel more angry, that we cannot even walk in peace in our own neighborhood. But I also feel scared sometimes, that something might happen to me.”

Supports Girls identified kind and helpful neighbors providing support within the community context. Notably, only one group of girls identified supports within the community context.

Discussion

This study aimed to identify how sexual health, intimate relationships, and psychological well-being are defined as they apply to adolescent girls. In the initial etic (deductive) stages of research, the three broad constructs of study were identified as sexual health, intimate relationships, and psychological well-being. Through the pro-

cess of emic (inductive) analysis, the construct of gender roles, an extension of the sexual health construct, emerged as an important construct for analysis. In many ways, the explanations of the constructs that emerged from the study participants’ accounts support findings from other research on adolescent girls in India; however, they also provide a more nuanced understanding of the particular population.

Younger Versus Older Adolescents

In discussing sexual health and gender roles, the two groups of older adolescents addressed a number of themes that younger adolescents did not, revealing a deeper understanding of these constructs in their lives. In focus group discussions, older adolescents discussed sexual health risks, sources of information about sexual health, and types of information that should be shared about sexual health. In contrast, the group of younger adolescent girls demonstrated a dearth of knowledge pertaining to sexual health beyond expressing the belief that physical relationships with boys are wrong. Additionally, only older adolescents discussed the following gender role themes: importance of daughters upholding family honor, differential treatment of brother and sisters, and the meaning of being a “woman.” It is not surprising that the younger group of adolescents did not discuss topics that fell under these themes.

Numerous studies support the finding that many adolescent females in India have severely limited access to information regarding sexuality and reproductive health (Bloom & Griffiths, 2007; Bott et al., 2003; Dube & Sharma, 2012; Sodhi et al., 2004). Adults, parents in particular, often do not communicate with children about these topics due to embarrassment, traditional norms, and misperceptions that discussions about these topics will lead to sexual activity (Jejeebhoy, Zavier, & Santhya, 2013). Consequently, younger adolescent girls likely have not developed opinions on these topics that they are comfortable discussing.

Integration Across Constructs

For the purpose of analysis, sexual health, gender roles, and psychological well-being were separated into distinct categories; however, in reality, these constructs overlap (see Fig. 6.1). First, to understand the adolescent girls in the study, it is vital to realize the interactional relationship between sexual health and gender roles. Gender roles, dictated through social, cultural, and economic factors, impact sexual health by influencing societal attitudes, behaviors, beliefs, and practices. In turn, the many facets of sexual health influence gender roles. Often in the analysis process, statements made by study participants were relevant for understanding both gender roles and sexual health. For example, in response to a question about talking to boys, a girl stated, “We talk to boys, but those girls roam around with the boys. If we’re just sitting and talking with boys, our parents don’t mind. But going out with them, our parents don’t like. We are expected to stay away from girls like that.”

Furthermore, the construct of psychological well-being overlapped with sexual health and gender roles. Many of the stressors and supports identified, and even the way the girls react to stressors, are related to gender roles and/or sexual health. For example, numerous stressors identified by the girls, ranging from “eve-teasing” to “differential treatment from parents,” were directly related to sexual health and gender roles in the society. Likewise, a number of identified supports such as “feeling happy when parents select an appropriate husband” are also related to sexual health and gender roles. Additionally, it is important to recognize that an individual’s psychological well-being, including the way she responds to stressors, may impact her sexual health and the way she responds to gender roles prescribed by society.

Implications and Future Directions

This study demonstrated the potential benefits of engaging adolescents as active participants in defining constructs such as psychological well-

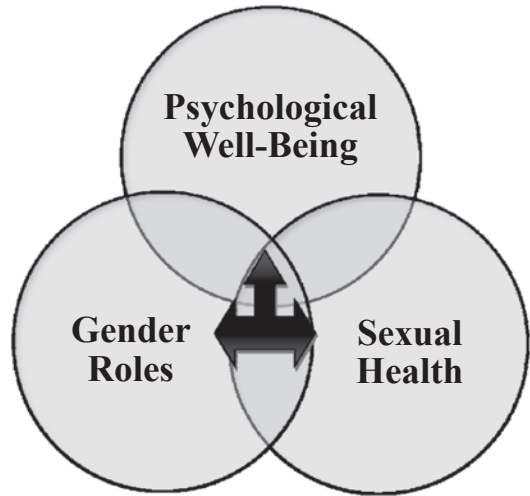


Fig. 6.1 Relationship of sexual health, gender roles, and psychological well-being. This figure illustrates the interactional relationship between sexual health, gender roles, and psychological well-being

being and sexual health, thus raising questions about the wisdom of adopting evidence-based interventions developed for other cultures without first exploring the perspectives and experiences of the target population. The overlap and interactional relationships found among sexual health, gender roles, and psychological well-being elucidate the importance of designing interventions that are multidimensional (Mensch, Grant, Sebastian, Hewett, & Huntington, 2004; Sodhi et al., 2004). For interventions to be more successful, it is necessary that an integrative approach addresses multiple issues in girls’ lives and helps to build knowledge and skills across multiple domains. Future research might examine common issues that girls grapple with more closely, such as eve-teasing. Based on research that examines such an issue in-depth, interventions could provide girls with concrete steps for addressing these issues in the moment and coping with them productively. Additionally, given that girls did not discuss any positive aspects pertaining to sexual health, along with providing accurate information, it is important for interventions to present sexuality from a healthy perspective with emphasis on valuing one’s sexuality and sexual well-being.

Conclusion

This study focuses on adolescent girls living in slums because they make up a significant segment of the population that is vulnerable to challenges that women face in India. In order to improve the gender inequality gap in India, it is imperative to empower adolescent girls. Using an etic–emic approach to qualitative analysis, the research aimed to understand psychological well-being, sexual health, and interpersonal relationships as defined by adolescent girls. The author began the inductive–deductive process of analysis using key terms defined by Nastasi et al. (2013) in their Narrative Intervention Model used to inform a sexual health intervention designed for married women in India. After initial coding, gender roles emerged as a major construct, in addition to psychological well-being and sexual health, whereas interpersonal relationships were better understood as a context in which these phenomenon occur. For the constructs of sexual health and gender roles, themes were generated by observing patterns that emerged from the data. Psychological well-being was analyzed through identification of stressors, reactions to stressors, and supports within various contexts. Findings showed overlap among sexual health, gender roles, and psychological well-being, with each influencing the other. Although these findings were strongly influenced by culture and context, the interaction of sexual health, gender roles, and psychological well-being is likely generalizable to most places in the global community where women continue to struggle with gender inequality issues.

Acknowledgments Funding for this project was provided by a faculty seed grant to the second author from Tulane University Framework for Global Health Program. The content of this document is based on the master's thesis of the first author, completed as partial fulfillment of requirements for a doctoral degree in School Psychology at Tulane University. Gratitude is extended to Apnalaya, a community-based organization in Mumbai, for assistance in recruitment and data collection.

References

- Abraham, L. (2001). Understanding youth sexuality: A study of college students in Mumbai City. *The Indian Journal of Social Work* 62(2), 233–248.
- Bloom, S. S., & Griffiths, P. L. (2007). Female autonomy as a contributing factor to women's HIV-related knowledge and behavior in three culturally contrasting states in India. *Journal of Biosocial Science*, 39(4), 557–573. <http://www.ncbi.nlm.nih.gov/pubmed/17018172>. Accessed 23 June 2013.
- Bott, S., Jejeebhoy, S., Shah, I., & Puri, C. (2003). *Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia* (pp 73–77). Geneva: World Health Organization. <http://whqlibdoc.who.int/publications/2003/9241562501.pdf>. Accessed 23 June 2013.
- Chakraborty, K. (2010). The sexual lives of Muslim girls in the bustees of Kolkata, India. *Sex Education: Sexuality, Society and Learning*, 10(1), 1–21. doi:10.1080/14681810903491339.
- Dube, S., & Sharma, K. (2012). Knowledge, attitude and practice regarding reproductive health among urban and rural girls: A comparative study. *EthnoMed*, 6(2), 85–94. <http://www.krepublishers.com/02-Journals/S-EM/EM-06-0-000-12-Web/EM-06-2-000-12-Abst-PDF/S-EM-06-2-085-12-217-Dube-S/S-EM-06-2-085-12-217-Dube-S-Tt.pdf>. Accessed 23 June 2013.
- Ghule, M., Balaiah, D., & Joshi, B. (2007). Attitude towards premarital sex among rural college youth in Maharashtra, India. *Sexuality & Culture*, 11(4), 1–17. doi:10.1007/s12119-007-9006-6.
- Government of India Ministry of Home Affairs. (2011). *Provisional population totals paper 1 of 2011*. New Delhi, India: Office of the Registrar General & Census Commissioner. http://www.censusindia.gov.in/2011-prov-results/prov_results_paper1_india.html. Accessed 23 June 2013.
- Guilamo-Ramos, V., Soletti, A. B., Burnette, D., Sharma, S., Leavitt, S., & McCarthy, K. (2012). Parent-adolescent communication about sex in rural India: US–India collaboration to prevent adolescent HIV. *Qualitative Health Research*, 22(6), 788–800. doi:10.1177/1049732311431943.
- Gupta, S. D. (2003). Adolescent and youth reproductive health in India: Status, issues, policies, and programs. POLICY Project. http://pdf.usaid.gov/pdf_docs/PNACT789.pdf. Accessed 23 June 2013.
- Hindin, M., & Hindin, J. (2009). Premarital romantic partnerships: Attitudes and sexual experiences of youth in Delhi, India. *International Perspectives on Sexual and Reproductive Health*, 35(2), 97–104. doi:10.1363/3509709.
- International Institute for Population Sciences (IIPS), & Macro International. (2007). *National family health survey (NFHS-3), 2005–2006: India* (Vol. 1). Mumbai: IIPS.

- Jaya, J., & Hindin, M. J. (2007). Nonconsensual sexual experiences of adolescents in urban India. *Journal of Adolescent Health, 40*(6), 573–580. doi:10.1016/j.jadohealth.2007.01.014.
- Jejeebhoy, S. (1998). Adolescent sexual and reproductive behaviour: A review of the evidence from India. *Social Science and Medicine, 10*, 1275–1290. pii: S0277-9536(97)10056-0.
- Jejeebhoy, S. J. (2000). Adolescent sexual and reproductive behaviour: A review of the evidence from India. In R. Ramasubban & S. J. Jejeebhoy (Eds.), *Women's reproductive health in India* (pp. 40–101). Jaipur: Rawat Publications.
- Jejeebhoy, S. (2006). *Sexual and reproductive health of young people: Expanding the research and program agenda*. Prepared for the David and Lucile Packard Foundation, Population Program Review Task Force. New Delhi: Population Council. http://www.packard.org/assets/files/population/program%20review/pop_rev_jejeebhoy.pdf. Accessed 23 June 2013.
- Jejeebhoy, S., & Sebastian, M. (2003). *Actions that protect: Promoting sexual and reproductive health and choice among young people in India*. Regional working paper No. 18. New Delhi: Population Council. <http://www.popcouncil.org/uploads/pdfs/wp/seasia/seawp18.pdf>. Accessed 23 June 2013.
- Jejeebhoy, S. J., Zavier, A. J., & Santhya, K. G. (2013). Meeting the commitments of the ICDP Programme of Action to young people. *Reproductive Health Matters, 21*(41), 18–30. doi:10.1016/S0968-8080(13)41685-3.
- Lloyd, C., & Mensch, B. (2006). *Marriage and childbirth as factors in school exit: An analysis of DHS data from Sub-Saharan Africa*. Policy research division working paper 219. New York: Population Council.
- Mehra, S., Savithri, R., & Coutinho, L. (2002, June). *Sexual behaviour among unmarried adolescents in Delhi, India: Opportunities despite parental controls*. Paper presented at the 2002 IUSSP Regional Population Conference, Bangkok.
- Mensch, B., Grant, M., Sebastian, M., Hewett, P., & Huntington, D. (2004). *The effects of a livelihood intervention in an urban slum in India: Do vocational counseling and training alter the attitudes and behavior of adolescent girls?* Population council working paper No. 194. New York: Population Council. <http://www.popcouncil.org/uploads/pdfs/wp/194.pdf>. Accessed 23 June 2013.
- Ministry of Health and Family Welfare (MOHFW). (2000). *National Population Policy 2000*. New Delhi: Government of India. <http://mohfw.nic.in/WriteReadData/1892s/FAMILYWELFARE-38385935.pdf>. Accessed 23 June 2013.
- Municipal Corporation of Greater Mumbai. (2010). *Mumbai Human Development Report 2009*. New Delhi: Oxford University Press.
- Nastasi, B. K. (2014). Empowering child voices through research. In C. Johnson, H. Friedman, J. Diaz, Z. Franco, & B. Nastasi (Eds.), *Praeger handbook of social justice and psychology: Volume 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., Maitra, S., & RISHTA team. (2013). *Manual: Narrative Prevention Counseling (NPC) for Married Women and Couples: Promoting Sexual Health, Psychological Well-Being and Healthy Marital Relationships*. New Delhi: International Center for Research on Women (ICRW).
- National AIDS Control Organisation (NACO), & UNICEF. (2002). *Knowledge, attitudes and practices of young adults (15–24 years)*. New Delhi: NACO and UNICEF.
- Parkar, S. R., Fernandes, J., & Weiss, M. G. (2003). Contextualizing mental health: Gendered experiences in a Mumbai slum. *Anthropology & Medicine, 10*(3), 292–308. doi:10.1080/1364847032000133825.
- Parkar S. R., Nagareskar, B. B., & Weiss, M. G. (2012). Explaining suicide: Identifying common themes and diverse perspectives in an urban Mumbai slum. *Social Science & Medicine, 75*(11), 2037–2046. doi:10.1016/j.socscimed.2012.07.002.
- Patel, V., Andrews, G., Pierre, T., & Kamat, N. (2001). Gender, sexual abuse and risk behaviours in adolescents: A cross sectional survey in schools in Goa. *National Medical Journal of India, 14*(5), 263–267.
- Population Reference Bureau. (2011). *Abortion Facts and Figures*. <http://www.prb.org/pdf11/abortion-facts-and-figures-2011.pdf>.
- RamaRao, S., & Anrudh, J. (2001, August). *Quality of services: Issues of measurement*. Paper presented at the annual XXIVth conference of the International Union for the Scientific Study of Population, Salvador, Brazil.
- Santhya, K. G., Jejeebhoy, S. J., & Ghosh, S. (2008). *Early marriage and sexual and reproductive health risks: Experiences of young women and men in Andhra Pradesh and Madhya Pradesh, India*. New Delhi: Population Council.
- Sarkar, S. (2003). *Gender as a cultural factor influencing mental health among the adolescents students in India and Sri Lanka: A cross-cultural study*. Unpublished doctoral dissertation. Department of Educational and Counseling Psychology, University at Albany, State University of New York.
- Sathe, A. G., & Sathe, S. (2005). Knowledge and behavior and attitudes about adolescent sexuality amongst adolescents in Pune: A situational analysis. *Journal of Family Welfare, 51*, 49–59. <http://medind.nic.in/jah/t05/i1/jaht05i1p49.pdf>. Accessed 23 June 2013.
- Singh, R., & Trapithi, V. (2013). Maternal factors contributing to under-five mortality at birth order 1 to 5 in India: A comprehensive multivariate study. *Springer-Plus, 2*(284), 1–12.
- Singh, R., Rai, R., & Singh, P. (2012). Assessing the utilization of maternal and child health care among married adolescent women: Evidence from India. *Journal of Biosocial Science, 44*, 1–26.
- Sodhi, G., & Verma, M. (2003). Sexual coercion among unmarried adolescents of an urban slum in India. In S. Bott, et al. (Eds.), *Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia* (pp. 91–94). Geneva: World Health Organisation.

- Sodhi, G, Verma, M, & Schensul S. (2004). Tradition protection for adolescent girls and sexual risk: Results of research and intervention from an urban community in New Delhi. In R. Verma, P. Pelto, S. Schensul, & A. Joshi (Eds.), *Sexuality in the time of AIDS: Contemporary perspectives from communities in India* (pp. 68–90). New Delhi: Sage.
- United Nations Children’s Fund (UNICEF). (2012). *Progress for children: A report card on adolescents*. New York: UNICEF Division of Communication. http://www.unicef.org/publications/files/Progress_for_Children_-_No._10_EN_04272012.pdf. Accessed 16 June 2013.
- United Nations Development Programme. (2013). *Human development report 2013. The rise of the South: Human progress in a diverse world*. Washington, DC: Communications Development Incorporated. www.undp.org. Accessed 17 June 2013.
- United Nations General Assembly. (1989). *Convention on the rights of the child*. New York: United Nations. <http://www.unicef.org/crc/>. Accessed 23 June 2013.
- United Nations General Assembly. (2000). *United Nations millennium declaration. Resolution adopted by the General Assembly*. New York: United Nations. <http://www.un.org/millenniumgoals/>.
- United Nations-HABITAT. (2007). *State of the world’s cities 2006/2007*. Nairobi: Press & Media Relations Unit. http://www.unhabitat.org/documents/media_centre/sowcr2006/SOWCR%205.pdf. Accessed 23 June 2013.
- van Reeuwijk, M., & Nahar, P. (2013). The importance of positive approach to sexuality in sexual health programs for unmarried adolescents in Bangladesh. *Reproductive Health Matters*, 21(41), 69–77. doi:10.1016/S0968-8080(13)41694-4.
- Weiss, M. G., Parkar, S. R., Chowdhury, A. N., & Ragu-ram, R. (2001). Global, national, and local approaches to mental health: Examples from India. *Tropical Medicine and International Health*, 6(1), 4–23. <http://www.ncbi.nlm.nih.gov/pubmed/11251893>. Accessed 23 June 2013.
- Verma, R., Pelto, P., Schensul, S., & Joshi, A. (Eds.). (2004). *Sexuality in the time of AIDS: Contemporary perspectives from communities in India*. New Delhi: Sage.
- Vindhya, U. (2007). Psychological research on gender quality of women’s lives in India: Some findings from two decades of research. *Feminism Psychology*, 17(3), 337–356. doi:10.1177/095935350707908.

Psychological Well-Being as a New Educational Boundary: Findings from Padua, Italy

7

Alessandra Cavallo

Introduction

Consciously or unconsciously, we all are seeking that balance that makes us feel, without doubts, that we have fully realized the inner potential we know we possess. From this point of view, the present day has generated a surprising paradox: On the one hand, thanks to technological progress, people are free from mere survival, offering the possibility of widening our existential horizons to dimensions unimaginable in the past. On the other hand, due to the growing cultural complexity and excessive psychological stimuli, it is now easy to find oneself living in a social context characterized by contradictory aspects that do not encourage the free expression of the diverse capabilities each of us hides (Hawoth & Hart, 2007; Norwich, 2002).

For those who work in the field of children's and teenagers' wellbeing, it becomes urgent to raise questions about the kinds of re-evaluations needed and the types of research practices that should come into being for developing educational projects that promote wellbeing. These projects are meant as formative experiences with the aim of developing and strengthening theories and practices that support social-emotional development in children and teenagers (Peterson, Park, & Seligman, 2005; Zembylas, 2007).

School is a unique environment and the only one in which children and teenagers spend most of their time together. Each person enters school with his/her own personal inheritance rooted within their family circle and the social context to which he or she belongs. During the first experience with peers and school as an institution (e.g. its rules, demands, and operations), individual wellbeing reveals itself and finds points of contact and continuity with the wellbeing of others. The school, though, is not a neutral and inert factor but an active one, and it may stigmatize pupils' needs or understand and realistically welcome them (Marks, 2009; Stanwick, Ong, & Mel, 2006).

We decided to favour a systemic research method, which considers the school as a living community with its specific aims and institutional background as a field of research. The school is a community which recognizes itself as such; it observes, analyses, and listens to itself, planning the changes aimed to correct, modify, and improve all the aspects of its life and institutional operations (Nastasi, Moore, & Varjas, 2004; Semeraro, 2009). In this perspective, psychological wellbeing is understood as an all-embracing and comprehensive dimension of being and engaging in the school. The interest for wellbeing permeates all components of the school as a community and institution, in part because wellbeing can become a component and indicator of success of the school mission (De Santis King, Huebner, Suldo, & Valois, 2006; Green & Kreuter, 1999).

A. Cavallo (✉)

Department of Philosophy, Sociology, Education and Applied Psychology, University of Padua, Padua, Italy
e-mail: alessandra.cavallo@unipd.it

A school that sets itself the task of promoting psychological wellbeing is a school that has, as its guiding principle, the objective of agreeing with the students' individual perceptions to understand their needs and potentials, being aware of the crucial role that phenomenology plays in the life of each pupil and in the process of social development (Gray, Galton, McLaughlin, Clarke, & Symonds, 2011). Thus, it is necessary for educational projects to be conceived and carried out starting from the pupils' mental representation of their individual and social wellbeing (Doll and Cummings 2008). It is a question of helping the school to reach a deeper understanding of what is happening with its students and to be more conscious of their daily problems and dynamics which characterize the educational and formative work (Currie et al., 2004; Morrison, 2008).

Why discuss wellbeing in the school? To answer this question, we ought to analyse the scientific insights of the pupils' interest in their quality of life and then offer suggestions that can facilitate interventions aimed at promoting wellbeing at school (Deci & Ryan, 2008; Hoyle, Samek, & Valois, 2008; Konu & Lintonen, 2006).

Some scientific evidence shows that wellbeing is linked to the capacity of individuals to fully realize themselves, expressing a rich and balanced personality, and being able to accept themselves and others. These parameters justify a multidimensional model of individual wellbeing in which the individual dimensions meet the social ones (DeSantis et al., 2006).

In the literature, the multidimensional definitions of health and wellbeing are consistent on three principal issues (Ben-Aryeh & Gorge, 2006; Devine & Cohen, 2007; Talbot & Verrinder, 2010):

1. *Personal satisfaction about one's own life.* This dimension is defined in terms of ability to reach one's own goals and to be properly recognized.
2. *Growth and personal development.* This concept is defined by the ability to participate in activities associated with goal attainment but also based on autonomy, expression of one's own potential, and on a general ability to give meaning to one's life.

3. *Social wellbeing.* This issue is defined as the sense of belonging to a community, positive attitudes toward the others, the ability to contribute to the improvement of one's society, and engagement in prosocial behaviours.

Thus, if a society agrees to advocate for its citizens' happiness, satisfaction, and ability to give meaning to their lives, then it should recognize that personal development is a fundamental passage toward producing social wellbeing (Searle, 2008).

From this point of view, shaping the will of each individual becomes a primary aim, so that each individual comes to an internalized and stable readiness to make conscious choices aimed at wellbeing. This aim may be realized only with time. First to come into play are the different visions of the world, the peculiarities of problem perception and problem solving, and the different lifestyles adopted in adult life but shaped by the diverse experiences encountered during one's youth (Sixsmith, Gabhainn, Fleming, & O'Higgins, 2007). Among these experiences, those encountered during adolescence have a major role. In this phase of change and growth, each individual puts to test attitudes and behaviours acquired in the family context before reorganizing and internalizing them into his/her personality (Elliott & Mihalic, 2004). Family, school, and peers are the life environments which are considered the most significant contexts for the education of the young. Thus, individual wellbeing cannot be considered as limited only to the corporal field; it also requires recognition (mainly by the responsible adults) of its mutual relations with the psychological and relational fields (Friedman, 2003).

When involved with wellbeing promotion in childhood and adolescence, it is necessary to place the development task within a framework that considers all the various forms of satisfaction—physical, social, emotional, and intellectual—as essential components for the development of human life and social progress (Collins, Murphy, & Bierman, 2004). With their entrance into primary school, children come into a world of expectations. They must learn and must show that they are learning; they must read, write, and

count; and they must work hard and not disappoint. They are expected to learn a plethora of subjects, including languages, social studies, sound and music, mathematics, physical education, visual arts, and religion. And over the years, these subjects and their demands become increasingly complex and time consuming.

Many parents often underestimate, or even deny, maladjusted or symptomatic behaviours in their children, until they interfere with academic performance (Ghuman, 2002). Frequently, behaviours of hyperactivity, emotional lability, anxious, phobic, and depressive or aggressive actions, already in existence but ignored, are not recognized for their actual maladaptive potential (Durlak, 1995; Steelea, Steelea, & Croftb, 2008). The primary school is the first structured opportunity to assess children's behavioural and social-emotional functioning (Fredrickson, 2000; Robyn, 2006; St. Leger, 2006).

From 6 years of age, behaviours, conduct, relationships, and emotions largely depend on previous experiences during infancy and early childhood. Between the ages of 11 and 14 (typically at age 12), children transition to secondary level school. In Italy, this decrees the end of childhood and entrance into adolescence. Expectations and demands change. The complexity of academic studies increases, primary school teachers are succeeded by tutors, the rules are more defined, and the atmosphere of the school environment requires a more mature level of behaviour. Also for the teachers, this passage represents an important and difficult challenge: In addition to the transference of knowledge, they must mediate the student's transition from childhood to early adolescence, with all the difficulties, responsibilities, and uncertainties this entails (Stewart-Brown & Edmunds, 2003).

The impact of greater autonomy, increasing expectations, and gradual identification with the peer group characterizes the adolescent period and is significant for the evolution of the individual. The cognitive, relational, and emotional skills acquired during childhood become crucial during this significant step into adolescence. The teacher should therefore enhance those skills, channel and reinforce them, or recover failures

and difficulties so that they do not develop into deviant behaviours and maladjustment (Cohen, 2006).

Adolescent behaviours can persist even in later life, creating the phenomenon of "prolonged adolescence" (Furlong & Cartmel, 2007). That is, although the beginning of adolescence is easily identified because it coincides with the advent of puberty, establishing its end is difficult because it does not depend solely on psychological and cultural factors but also on economical and jobs market conditions. The sharp contraction of the labour market, along with the contemporaneous rise of quality-of-life levels, forces young people to carry on being economically dependent on their families. For Italian young people, this phenomenon has considerably weakened the will to be autonomous, creating an unprecedented generation of late teenagers ("bamboccioni") rather advanced in years.

Boys and girls, even if at different times and with specific modalities, gradually acquire more and more introspective ability and depth in perceiving emotions and love. They feel a pressing push toward autonomy that manifests itself through the search for more exclusive and personal satisfactions as well as for new reference models different from those of the family. Anxiety, competitiveness, and implementation of inappropriate or contradictory behaviours are other typical signs of adolescence, likely caused by the increased pressure and expectations from family, peers, and the school (Schwarz & Kay, 2006).

The principal conflict during adolescence is due to the contemporaneous presence of two contradictory conditions: On the one hand, the marked subordination to the family; and on the other, the considerable and increasingly strong desire to be independent and self-fulfilled. Oscillating between a sense of omnipotence and deep inadequacy, adolescents often put engage in incomprehensible behaviours, rapid changes in mood, and conflicting demands which often shock parents who, in turn, also experience a deep sense of inadequacy (Stewart-Brown & Edmunds, 2003). Sometimes in these young people emerge intense dependency needs, communicative impulses, but also pretensions, anxiety,

reticence, and closures. These are all signs of the difficulties generated by the simultaneous presence of fear about the future and of an unquenchable will of independence.

In conclusion, every phenomenon can be understood only within its phenomenal sphere (e.g. psychological wellbeing), considering that the different components which constitute its whole cannot be separated. When dealing with interdependent and interactive relations among psychological wellbeing components, it is impossible to understand this process if it is not observed in all its complexity (Rowe, Stewart, & Patterson, 2007). Furthermore, psychological wellbeing of children and youth must be supported at every stage of development in schools, through a practice focused on communication, relationship, and community development (Schertz, 2006).

Current Study

Consistent with the need to understand youths' mental representations of psychological wellbeing, this chapter represents an attempt to understand Italian students' perspectives about the factors that contribute to their psychological wellbeing and the aspects of a psychologically healthy school environment. Specifically, it focuses on youth phenomenology about cultural expectations, stressors, supports, coping, and reactions to stress. Findings are presented separately for primary and secondary pupils. This research is part of Nastasi and the International Psychological Well-Being Team's (2012) *Promoting Psychological Well-Being Globally* (PPWBG) project, described in Chap. 2. No changes were made to the prescribed protocol.

In this chapter, we present our findings from focus groups and ecomaps to investigate the concepts related to children's and adolescents' wellbeing in school. The decision to focus on qualitative methods is of primary importance because it allowed us to focus on analysis within the context of the school environment and allowed us to reflect the language and terminology pertaining to each stakeholder group. The overall research plan reflects a frame of ecological development in the conceptualization of wellbeing (Nastasi,

Varjas, Sarkar, & Jayasena, 1998). Proceeding through an ecological model assumes the existence of a dynamic relational structure between the individual and the school system, ultimately affecting the individual's wellbeing in terms of self-perception, skills, and personal resource. This way of conceiving psychological wellbeing involves, for the researcher, a conscious analysis of the possible modalities of accessing the meanings that children and adolescents attribute to their own dimension of wellbeing.

The decision to focus on qualitative methods at this stage of the research reflected an understanding that research disconnected from practice or real-life experience proves inadequate to returning a fair image of the educative practices. In this sense, qualitative research seems particularly useful for the study of educational interactions in specific contexts, as it does not introduce intentional and controlled manipulations of the environment, but it analyses the structure of interactions and the change of meaning. The access to the world of meanings utilized by individuals then becomes a necessary condition for developing an efficient research. This study of the context is global because one assumes that an intimate understanding of human experience can emerge only by exploring its complexity.

Qualitative research, even if initiated within a theoretical framework that explicitly guides the researcher in the field, helps to limit the object of the research and define concepts, categories and subcategories that accompany the collection and analysis of data, with the aim of bringing forth theoretical formulations at increasing levels of ability to explain effectively the phenomena being investigated (Nastasi & Schensul, 2005). This requires interacting with the participants and context to ensure understanding of the complexity of the context in ways that are similar to those who live and work there (Nastasi et al., 2004).

In many cases, qualitative research has the dual purpose of interpreting and transforming data into interventions for emancipation. Research in the field of psychology and education is currently very focused on studying the point of view of the educational institution users, and the

trend is to conduct research with the objective of listening to children's and young people's voices (Omran & Al-Hafez, 2006; Pyhältö, 2009).

Method

For the great desire I had to see fair Padua, nursery of arts, I am arrived...and am to Padua come, as he that leaves a shallow plash to plunge in the deep, and with satiety seeks to quench his thirst.

(William Shakespeare, *The Taming of the Shrew*, Act 1, Scene 1)

Context

Student data were collected in Padua, a city located in the northeast of Italy, with a population of about 214,000 (Foresta, Castellan, Donà, & Nalon, 2011). Padua is a vibrant and youthful city that supports its cultural development through fostering community participation and providing high-profile conferences and art exhibitions. Padua continues to hold a leading position in the field of higher education, honouring the tradition that began in 1222 with the foundation of one of the oldest universities in the world (Italy's second oldest), the University of Padua. Padua is also a city that cares about the promotion of psychological wellbeing among its population, with a series of studies, projects, and policies aimed at contributing to more effective cooperation between the health/social and education sectors, resulting in better management of preventive and promotive care (Rampazzo, 2013).

Procedures

Data were collected during school years 2010–2011 from pupils of primary and secondary schools. Pupils were divided into eight groups, four primary school groups and four lower secondary and secondary school groups. These pupils participated in two sessions of data collection. The first involved the implementation of focus groups and the second included the creation and discussion of ecomaps. Focus groups and ecomaps faithfully reproduce the

participants' point of view and are very useful in planning because they provide a common language for stakeholders in different systems (school, family, health) to evaluate resources for interventions. These tools allowed us to examine the factors of support and strength, conflict and tension, and the feelings associated with these factors and the potential for change. They also allowed us to summarize the information of all the parties involved in the development of a multidimensional project.

After contacting the educational agencies we wanted to work with, and after explaining the project in detail, we obtained a formal agreement of cooperation with the several schools in Padua, identified here as follows: First Comprehensive School, Second Comprehensive School, Fifth Comprehensive School, Secondary School (Sciences), European Language Institute, Secondary School (Sciences), and Grammar School (Humanities). Thanks to the collaboration of these institutions, it was possible to involve pupils between the primary and secondary school. The groups of participants were chosen to ensure homogeneity in the socio-demographic provenance of the participants (see Table 7.1). The study involved 64 pupils in total, 32 aged 6–11 years (16 females and 16 males) and 32 aged 12–17 years (16 females and 16 males).

Data were collected over the course of two sessions with small groups of six or eight students, matched for age and socio-demographic characteristics. The sessions were designed to meet the agreement with the host school and not to interfere with the normal teaching activities. In many cases, we were given a separate room where we could accompany the participants on a journey of discovery and sharing of meanings related to wellbeing and life quality. We always tried to conduct our focus groups and ecomap interviews in a place that could ensure the privacy of the participants, far away from noise and day-to-day school activities. We were committed to following and supporting the participants' discussions and activities after a brief introduction, to facilitate the work of the group and individual involvement. We did our best to encourage each participant to express his/her ideas, to support the

Table 7.1 Pupils' socio-demographic characteristics ($n=64$)

Demographic characteristic	Demographic category	Number (n)	Percentage (%)
Age (in years)	6–8	16	25
	9–11	16	25
	12–14	16	25
	15–17	16	25
Gender	Female	32	50
	Male	32	50
Grade level	Primary	32	50
	Secondary I	16	25
	Secondary II	16	25
Fathers' education	Compulsory	17	25
	Secondary	34	54
	University degree	13	21
Mother's education	Compulsory	10	15
	Secondary	40	63
	University degree	14	12
Father's occupation level	Low (worker/craftsman)	14	22
	Average (clerk/teacher)	35	54
	High (professional/managerial)	15	24
Mother's occupation level	Low (worker/craftsman)	19	30
	Average (clerk/teacher)	36	57
	High (professional/managerial)	9	13
Family context	Married	46	72
	Divorced	13	20
	Single parent	5	8

expression of different points of view, and usually concluded by asking which topics they would want to explore in more detail.

Findings

Ecomap and focus group findings were triangulated and aggregated to identify themes about cultural expectations, stressors, coping, and reactions to stress. Triangulated findings are presented separately for primary and secondary pupils.

Primary School

Analysis of focus group and ecomap data from primary school pupils delineated a rather complex frame about the dimensions associated with psychological wellbeing at this stage of life. It also revealed the features that can support effective planning of educational interventions geared

toward health and wellbeing promotion at school. Figure 7.1, an ecomap prepared by an 8-year-old student, exemplifies which aspects of the social network are associated with the formulation of psychological wellbeing. Specifically, supportive relationships are associated with friends, stressful relationships with teachers, and ambivalent (both stress and support) relationships with parents and friends. To further illustrate, during one of the focus group sessions, a 7-year-old girl shared with her friend:

The other day I...I did not understand what the teacher said we had to do at home and she (my friend) explained me everything again and then came to my house and we did homework together. We studied, had a snack and then we played at being teachers with school notebooks. She understands me, she likes to dress like I dress myself, she likes to play the games I like most and she doesn't like the girls I don't like either: we get along famously forever and everer!

Similar to other 6–11-year-old participants, this girl acknowledged the importance of compliance

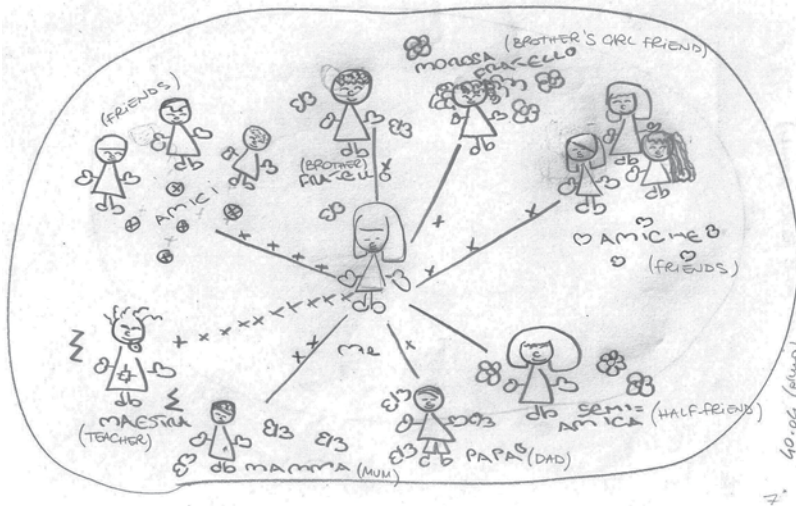


Fig. 7.1 My best friend is my other half. Ecomap designed by an 8-year-old female student

and communication among friends. A 7-year-old male shared the following about his interactions with a classmate that typify the mix of stress and support within a relationship:

Today in the canteen we played at riddles and he stopped playing because he didn't want to stick to the rule that when one guessed correctly, it was someone else's turn to play. And he went away, and he got angry. Then I do not like that when he tells you he will do something, he never does it. But, except when he acts foolishly or says a lot of swear words things, and he almost always does that. Anyway, when he is not offensive, he is even nice. In the garden he invents new games and makes all the children play. Then he is good at football and when it does not insult me, he makes me laugh. There you are!

From such brief excerpts of interviews, it is possible to observe how students, ages 6–11 years, emphasize the importance of implementing actions aimed at increasing the sensation of feeling good together, of being able to provide mutual support, and to quell conflicts. These considerations become even stronger if we analyse data related to difficulties of adaptation.

According to the participants, difficulties of adaptation in this age group are due primarily to personal issues that emerge and are negatively reinforced as a consequence of bad relations with others. A 9-year-old boy, during the individual interview, stated:

Yes, I do not get along with.... He steals the pens and felt-tips off the box. Once he stole the comics that we brought in for the Italian language lesson. The biggest problem is that he is always hitting all of us. Today we were in the garden, he dug a hole in the ground and threw the earth to all the children who passed by, we got angry with him and we jumped on him, we struck him to the ground but he would not stop and he punched at random and he hurt all of us.

With regard to the difficulties encountered in relationships, participants complained about situations in which they are systematically ridiculed and belittled in the group of peers. During an interview, a 7-year-old girl, talking about a classmate, said:

This mate here, I do not like him very much. I told you he was taking the mickey out of me also today...he makes me feel...mmm...he makes me angry because he always beats up everybody and he excludes me. Today he did not let me play...he says I'm clumsy because the two second-classes, A and B, are playing at war. Each class has its own paper balls and they must catch those of the other class...who, who is caught is out of the game...my class, the II A always wins, but...doesn't let me to play because he says I'm a girl and I'm clumsy.

During focus groups, pupils also produced statements such as:

Sometimes I feel hurt when they tease me...maybe because I say what I think and I say with whom I'm in love.... (Female, 6 years old)

The analysis of descriptions of emotions commonly experienced by participants yielded a continuum that shows, on one side, positive emotions (such as love, friendship, and fun) and, at the opposite pole, negative emotions such as melancholy, sadness, or anxiety, mostly due to the lack of time and the feeling of having to do everything too quickly for their abilities to accomplish a designated task. These feelings, which emerged primarily during focus groups and descriptions of significant relationships in positive or negative terms, could be directly linked with those who have been defined as sources of stress or of support, along with the reactions they trigger.

Regarding the importance of being able to experience positive emotions, one of the participants in a focus group (male, 10 years old) noted: "But the truth is that when one feels these emotions, he feels happier and so he is more willing to stay with others". The supporting role of positive emotions, generated by fulfilling relationships, emerges especially in the ecomaps in statements similar to those in which one of the participants, a 9-year-old boy, said:

Then there is my friend, he is very nice to me, he and I are very close. We like to play by ourselves, but also spending time with others, I don't know, he's special, I feel he is very nice and very close... we had a fight only once, but he immediately realized he was wrong and he apologized to me.

The importance of educating children to create positive relationships is emphasized by the analysis of negative emotions generated by stress. Students seem to have a clear and defined view of the sources of stress in their lives. In addition to the stress experienced due to the lack of time to complete designated tasks, stress seemed to originate in most cases from relational problems, which may take different connotations according to the personal experience of each participant.

The first source of stress can be found in diversity and living in conditions which are not reflected in the experience of others, and in having to accept such diversity. This feeling of isolation emerges most strongly from the lack of affection and friends, from being teased and bossed about, from being ignored, and also from having

to endure punishment without being able to bring across their point of view.

Not having time together seems to determine, on the one hand, feelings of deficiency and remoteness from the parent figures, and on the other hand, seems to be articulated into a range of hindrances and restrictions related to effective time management. A primary school pupil (female, 11 years old) during an interview on stressors stated:

Oh, my parents, I choose them because, like...it is not that we are always fighting because there are more times when they help me, but it really bothers me when, like...I do not want to set the table, or bring things to the table...well I do not want, and my mom instead puts her foot down and says that I have to do it...then dad joins in and the result is a big mess because if I get angry then I don't feel like going and eat with them.

A 10-year-old boy, during a focus group session says:

In my opinion, a bad teacher gives out too much homework...always gives things to study...poems to learn by heart and if we don't do one only of the five billion things she gave us to do she gets very upset...but I think, if I had a child and I gave him a lot of homework and he could not do even one...I mean...poor baby.

Such sentiments seem to reflect the difficulties that some of the participants have in expressing all their potential, as well as their inability to find the academic support they need to be able to accept themselves. The problem of managing negative emotions emerges from statements such as the following: "Yes, if I'm angry I feel like killing" (male, 8 years old). Similarly, a 10-year-old female stated:

Anger happens to me when they, like, scold me and do not listen to me and I have to shut. Otherwise I know that I will be...otherwise catastrophic things may happen...because I'm not an adult...I mean I think that sometimes adults believe they must control everything because I can't say a word. Then I get mad at them because they don't even listen to me, and I cannot say anything against it because they don't even listen to me...my fear is when I get a bad mark...because it happens sometimes...I mean that I always have to get good marks or that kind of things, otherwise terrible things happen at home.

In fact, stress responses seem to converge on the lack of communication and emotional shutting down, which are accompanied by feelings of isolation and loneliness and associated with avoidance of stressful situations. In some instances, stress seemed instead to be associated with a constellation of anger and negative emotions that resulted in the search for some verbal or physical confrontation, with the inability to modulate mood.

The importance of being able to count on adults who are capable of mediating between the negative emotions of the child and the right modalities of expression and emotion management stands out with statements such as:

I always ask for help from somebody else, the teacher, parents...otherwise, for example, if you are angry you may even feel like hitting someone, but if you ask for help from someone older, nobody hits anyone. (Female, 8 years old)

In this context, it becomes essential to be able to count on the support of parents and teachers. According to the children in this study, supportive parents can be defined as those who prove capable of protecting their child through a kind of attention and understanding that meets his/her need of emotional closeness. During the ecomaps interview, talking about their parents, pupils often expressed statements very similar to these: "Then there's mom and dad, I love them, they make me feel good..." (female, 9 years old); or, "I love it when before I go to bed, mummy listens to me as I read my book" (male, 6 years old).

The importance of being able to count on parental figures that are present and attentive to children's needs perhaps emerges more strongly during the focus group sessions, as the following statements from two students exemplify:

A good parent is one who knows...who can understand her child, let's say, so whatever he says he should not really give a damn...I mean, it means that he listens to what he has to say, try to help if situations are a bit complicated...like if he made a kind of mischief like he went to school and took a bad mark and he does not...does not want to tell. (Male, 10 years old)

A good parent educates his child, teaching them how to behave, but also helping them to learn to read and write...good parents make you see how

you should behave with others. They also teach you not to talk over another person. (Female, 6 years old)

Thus, what seems to emerge strongly is the need to be well cared for and to be able to reflect emotionally in others and experience fairness, transparency, and feelings of satisfaction.

Regarding the facilitating role of a supportive teacher, primary school pupils return a clear image that defines this figure. During data collection activities, children centred their expectations about teachers in statements such as:

When there's a lesson or that kind of things, a good teacher keeps all children attentive, because children can't do whatever they want, but good teachers make you do what they say you have to, but in a way that you like it...that you like and then you do what they say. (Female, 7 years old)

According to students in this study, a good teacher can explain not only academic subjects but also ways to relate with peers and negotiate group dynamics. For example, in explaining a supportive mediating role of the teacher, an 8-year-old boy stated:

Because a bad teacher would see children fighting and said it's not a nice thing to do but taken no more interest in it; instead in this case, she explained that they had to...they had to understand the situation.

Finally, emerging from the data is a clear association between feeling supported and the ability to give and receive help. This positive predisposition toward the others is articulated in the desire to understand others and an easier acceptance of rules and regulations dictated by the adults. What seems to be borne out from the answers is that experiencing support may result in a more positive predisposition toward the others and in a better ability to mediate between their inner needs and the rules pertaining to different contexts of life.

Secondary School

The analysis of focus group discussions and ecomaps completed by 12–17-year-olds revealed a clear picture of the elements considered essential



Fig. 7.2 You are my only world. Ecomap designed by 16-year-old female student, portraying the supportive nature of an intimate relationship

to the construction of their inner wellbeing. As exemplified by Fig. 7.2, an ecomap drawn by a 16-year-old girl, adolescents were distressed by those situations in which they perceived a state of deep loneliness and isolation. In this ecomap, we observe a life environment constituted by three relationships, only one of which is supportive. What apparently characterizes difficulties of adaptation at an interpersonal level is an attitude of closure (or termination) related to others and to social interaction. This aspect can arise as a result of repeated failures and socially manifests as a lack of inclusion.

Related to competencies, a personal expectation that was discussed is the capacity for transparency to build authentic relationships, along with the capacity to achieve goals and to be able to learn from mistakes. Relational competencies discussed by adolescents were mediating conflicts, welcoming and accepting others, being adaptable, and being a source of support for other people.

Another competency expressed by participants concerns the importance of feeling like one is part of a group and sharing your thoughts with others. This ability seems to be translated, at a personal level, as independence from what goes

on within the peer group, in managing to detach oneself from “bad company” without necessarily incurring conflict with the other group members. According to the participants, what characterizes this attitude is the ability to know how to distinguish oneself by making the right choices and working toward the acquisition of an independent and autonomous identity. This dimension is detectable in statements such as those made by two students:

I don't answer and don't get angry so I don't give them satisfaction, but then I think about what they do to me for days. I keep myself to myself and I try to endure what they do to me. Then it seems to me that when they speak ill of me, I would just want to find a little courage to answer calmly and make them understand what they have put me through, but I don't really know if I'd be able to. (Female, 14 years old)

At the same point, however, when these people are convinced of their own ideas, they are not able to understand me or do not admit having been wrong, I feel bad. After all, to my view, most problems derive from not feeling understood, or feeling misunderstood or badly used. (Male, 13 years old)

The need to rely on clarity and transparency in relations with others strongly emerges if we take into account the findings about competencies, exemplified by the statements of two students during a focus group session:

It is a person to whom you can confide secrets without fear he will be telling others. He is a person that you can trust. For example, if you have to do something that makes you cringe, he helps you through it and stays close. (Male, 12 years old, talking about a good friend)

Well, a good friend should be sincere, he must not propel stuff around and then he must know you thoroughly and help you in difficult times.... (Male, 12 years old)

With regard to the emotions described by secondary school students, negative and positive emotions were spontaneously associated with stressors and supports and adolescents' reactions to them. In fact, negative emotions are mostly associated with “bad” friends. This dimension is reflected in statements such as:

A bad friend does not exist, as such... maybe he is a friend at the beginning but then he stabs you in the back and then you exclude him from your circle of

friends and he no longer is so. (Male, 17 years old)

During an individual session, a 14-year-old girl said:

Ultimately what matters most to me is that she is vilifying me with everybody, saying things that are not even true. And I'm slowly moving away from all of them, all those classmates, who once were my friends. I think they are becoming closer to her.

Other negative emotions related to family problems. For instance, a 14-year-old girl spoke about her parents' separation, saying:

One day she left and went away, we woke up in the morning and she wasn't there. Okay she worked and went away every morning, but that morning I had noticed that her stuff wasn't there anymore and indeed in the evening she did not come back. After a while she began to talk with us and come to visit us. She hurts me like crazy, but even when she began visiting us, things did not get any better in the sense that maybe she came but would spend all the time talking on the mobile 'phone. And I realized she was completely absent minded and she would not do anything for us, or she would be looking out of the windows and for me she could well not have come....

Parents' absence, physical or psychological, seems to be a clear source of stress for the participants. During a focus group, a 13-year-old boy shared: "Yes, but if a parent is physically there, it's not automatic that he is also willing to listen to you..." What seems to emerge, then, is that the parents' presence must be properly modulated to meet the characteristics and needs of the child. In this context, during a focus group, a 12-year-old girl spoke about the characteristics of bad parenting:

It is not right then that they scream at you or concern themselves with things that you don't want to tell or share..., in a way this it's worse, and the changes they require from me to become a good daughter are the same as those that I'd be asking them to make....

Equally complex in terms of support and stress seems to be the role of teachers. On the one hand, students say that a good teacher,

Must educate, not only talk about school subjects... I had some prof. that did nothing more than explain their matter, and then I also met a prof. that when a boy was feeling downcast, she was concerned and did her best to make him come out of it, even if it was due to something that happened

outside the school. (Male, 14 years old)

To this statement, a school mate answered,

A professor indeed is not a distant figure as the principal, he is a different figure that comes more in contact with pupils and to be a good teacher in my opinion you must also know how to get close to your boys. (Male, 14 years old)

To which a 15-year-old girl intervened:

Well the teacher supported me beautifully. She's preparing me to face the catwalk and motivates me a lot. I remember when she saw a painting I did and she praised me a lot in front of the rest of the class, but also with teachers. It's great when someone recognizes your talent especially here at school where whatever we do never seem to be enough in the sense that we are required a huge commitment and considering my wishes for the future the commitment is greater and it is important to have a prof. along with us.

When school and its teachers move away from a supportive approach, the stress potential that school life may represent for some pupils is increased. A 15-year-old boy stated:

Professor... is definitely unpleasant, I hate her, and she hates us...it's execrable, for example, when she tests us on a viva [voce] she stops you creating a suspense that makes you stressed and tense. Then she expects too much. She makes a lot of unfavorable comparisons, and she even has even a wicked face. She loves to make you feel bad, to put you under pressure, to make you feel ashamed...she teases you, if you do something wrong or that she doesn't like, or if you make a mistake when you are reading something, she immediately makes one of those unpleasant jokes that put you on a very poor lighting in front of everyone.

The previous statement is reinforced by what happened during a focus group session when the following dialogue occurred amongst a group of secondary school students:

It's quite impossible to love a lesson...but anyway, a good teacher should be listening to you and be able to welcome you. We have a teacher who when she enters in the class, terror enters with her, that is not the best situation. (Male, 16 years old)

To this statement, a 16-year-old male classmate responded:

When a teacher enters the classroom and sees that the class is cowering, it is silent and doesn't take part, but then she doesn't care, she's only interested

to be shielded by this feeling of awe and this it's not a constructive relationship, it's a relationship without value, it's a submissive relationship.

To strengthen the position of the classmates, another member of the class said:

She comes in, delivers her lecture, tests us and gives us bad marks. She generates great anxiety, and then it's really hard to like her subject. (Male, 16 years old)

Such statements acquire greater significance if put in relation to those in which pupils state the characteristics of a good student. The "good" pupil is seen as one who studies hard and is committed, but who also works for the class, for example, a 16-year-old girl said: "Being a very good student is quite hard...you have to be focused on studies but you also have to help others and encouraging participation". In this context, a pleasant atmosphere also facilitates study activities. Indeed, a 17-year-old boy said: "He studies, he's constant...he's not a nerd but he's one that interacts and also helps the others". To this statement a classmate (male, 17 years old) replied:

Yes, last year I studied harder but I don't think I'm a worse student now, on the contrary, my way of thinking has changed but also the tutors are different...I feel better and it seems to take less of an effort and I am more efficient.

The role of a good pupil at school is therefore not only to study but also to demonstrate a positive attitude, mainly with classmates and teachers.

Participants agreed that dialogue, which by some has been directly associated with the possibility of receiving psychological counselling, is defined as the opportunity to be heard and to be able to freely interact with more experienced individuals. Dialogue is described by the participants as a feeling of having energy to spend, of enjoying freedom of action. Having a positive attitude is therefore based on the possibility of freely expressing oneself and being able to enjoy a progressive autonomy. Very important, in this sense, seems to be the role of relationships based on fairness and transparency. This relational strength translates into the ability to give and receive affection and into the possibility of relying on the presence of special friends with whom to share feelings of complicity, mutual presence,

and sense of belonging. A relationship's strength translates into the ability to give and receive affection, and into the presence of particular friends bound by feelings of complicity and mutual belonging.

Finally, analysis of data on expectations of youth as citizens provides an articulated and comprehensive picture of adolescents, which, on the one hand, is defined by the ability to comply with the rules of civil society, and on the other, by statements that reflect the importance of participation and commitment of citizens to the community life. For instance, a 12-year-old female stated that a good citizen is, "also active, participating, someone who helps people and organizes useful things for the others". Or, as stated by a 14-year-old boy, "A good citizen should try and speak out if something is not ok...try to get involved".

In discussing citizenship, boys from 12 to 15 years of age claimed that although civil issues concern them, they can exercise only a limited freedom of action because they are not adults. A 15-year-old boy, during a focus group, indicated, "Yes, but we have a narrower margin of action than adults, we are not allowed to vote... it's not that we are enjoying all these rights to say what we think". This response is further emphasized by a classmate (male, 15 years old) who said, "Now we're young and we are having fun...breaking rules...like with motor scooters and painting graffiti on walls". In this context it would be interesting to consider the possibility of creating educational projects that allows young people to reflect on the issues related to their role as active participants in society. The main places for socialization seem to be articulated in only a few units, that is, school, sports club, and community. For a creation of a collective wellbeing among adolescents, it would be useful to examine the role of these sources of socialization and the possible link that could be created between the activities carried out in these contexts and the school. What is essential for participating students is to be able to enjoy spaces where they can express common interests and shared ideals and may find spaces and people with whom to share thoughts and points of view.

Discussion: Implications for Intervention

Findings shows that education on wellbeing should be articulated in a general awareness of the idea that we can all learn to feel better. Well-being is not only a matter of quantity of resources but rather a problem of quality and of satisfaction of personal aims and needs. So learning to feel good should be part of everyone's daily effort and as such, it can always be improved, not so much as a technical ability, but as an attitude and an inspiration. The concept of wellbeing is thus transformed from a condition to a possibility. This change can result in a total reversal of a person's attitude toward his own existence in self-educational terms.

Individuals should learn to plan their own wellbeing and, therefore, to master the circumstances of their lives connected to different states of wellbeing as well as of ill-being (Ecclestone, 2012). Managing situational changes and learning when to ask for help are examples of skills that one can learn and whose acquisition contributes to "feeling good", a condition necessary for the global wellbeing of the individual.

In this sense, some of the variables conducive to wellbeing at school could be: (a) *reception*, considered the opening of a multiple and systemic relationship that will support the pupil over the years; (b) *care* for transparent communication and information as factors of participation and democracy; (c) *recognition* of a diversity in learning processes; (d) *practice* of team work and mutual support groups, especially during classes; (e) *organization* of spaces and times fairly distributed between teaching and social and cultural activities; and (f) *considerations* about the quality of the relations between teachers and pupils and among the pupils. Hence, schools are well advised to recognize and capitalize on the importance of identifying the contextual factors linked to the relational dynamics within the class, the only ones in which resources and responsibilities of the different actors of the school system (teachers, support teachers, students, management, and external specialists) can act with maximum efficiency. Facilitating relational conditions may

ensure a degree of wellbeing sufficient to enable teachers and students to perform efficiently and satisfactorily the required work. Wellbeing at school is not an end in itself, but it is a condition that ensures healthy foundations for teachers and students to carry out their main tasks of, respectively, teaching and learning.

The quality of life at school is shaped by the creation of relations that foster personal growth and a serene learning by young people. It is therefore necessary to establish a positive and open confrontation among students and between students and adults, where communication and interpersonal relations are marked by authenticity, respect for others, individual responsibility, and positive identification. It is imperative to develop in young people a sense of belonging to their school and class group, to promote their vision and democratic forms of participation, cooperation and solidarity, feelings of acceptance and mutual recognition, self-esteem and personal development, team work, and positive interaction models to stimulate their prosocial skills. The strengthening of these psychological and social relations can have a strong preventative role that would be expressed in the ability to establish those positive relations which would enable students to collaborate actively to the school life and in the planning and implementation of training.

In this context, the school organization, together with teaching methods, can be considered a channel that allows the components related to the pupils' wellbeing to find a space to emerge and to be funnelled into a direction that ensures a broad integration of existential and educational purposes (Atkins, Hoagwood, Kutash, & Seidman, 2010). Social actors associate and disassociate, become part of groups whose dynamics change, reconstituting itself daily. For this reason, society, in its institutional forms, has among its tasks the maintenance and security of citizens (Coleman, 2009). Welfare state failures and a lack of responses to the plurality of needs originate a sense of distrust in institutions, which in turn, is the basis of a more general sense of disinterest and ideological distancing from politics.

The approach to the problem of wellbeing in young people should be based on the search for

life's meanings, in planning dimensions that do not ignore the reality of stress and the difficulties of life, but that result in the effort of all representatives involved (family, school, institutions) to search for the positive and constructive values of staying together (Pyhältö, Soini, & Pietarinen, 2010). The closeness of a source of support often translates to feelings of greater confidence. This trust is associated with a sensation of lightness of spirit, but also with a more meaningful sense of authenticity that results in feeling more at ease with oneself, having a desire of giving one's best, and feeling more mature and capable of patience.

All interventions aimed at promoting psychological wellbeing should be based as far as possible on the identification and elimination of environmental stressors by strengthening the capacity of individuals and groups to deal with the world around them (Puolakka, Haapasalo, Konu, Åstedt-Kurki, & Paavilainen, 2014). The social support backing in this context becomes crucial to address mental and physical wellbeing, because feeling integrated into one's own social network improves the quality of life evaluation. Social support emerges as a stress moderator, reducing its impact on individual subjects and encouraging positive and adaptive feedbacks through a complex interactive relationship between the network and the individual, offering emotional support, guidelines and recommendations and, where necessary, social services and practical help.

The basic aim for those who want to concern themselves with promoting children's and adolescents' wellbeing should therefore be to motivate and involve stakeholders before crisis conditions occur, focusing on training strategies that may enhance the protective function of the social network. Family, school and community, as social systems, determine the climate and the positive or negative feedback that reaches and affects the subject. Culture and society are therefore the frame of reference with which individuals must confront themselves.

Providing education for youth wellbeing cannot mean only lessening the impact of risk factors in the younger generations. It must, at the same time, involve introducing cultural and psychological indicators that encourage cultural

and psychological care of self, attention to self-knowledge, and a critical and active view as consumer and as citizen. We all are vulnerable, prone to risks, exposed to trauma and to the explosion of violence and aggression within ourselves and in others, but the relational and interpersonal aspects help to regain balance, to face the risks of life, through strategies which reinforce the natural resources of the subject and its environment, encouraging a progressive development of potentialities for growth.

The ability to cope with dangerous situations requires that in social agencies, that is, in the family, at school, and in the civil community, personal and relational structures have to be adopted in which individual responsibility should never be separated from the collective. This should be the key element of a civil society founded on a cultural heritage and on a human and social potential capable of occupying its place in a complex world, in which the reference value is the person (Clarke, Bundy, Lee, McKee, & Becker, 2002; Cohen, McCabe, Michelli, & Pickeral, 2009; Rice & Steele, 2004). From this perspective, it is clear that it is necessary first to shape the will of the individual to promote an internal and stable propensity to consciously make choices conducive to his/her wellbeing. It is therefore mandatory to provide an educational curriculum that through knowledge (learning) induces behaviours (skills) consistent with a life model marked by global wellbeing of the person.

The vision of the world, the modalities of approach to problem solving, and the ways of life that the person adopts in his/her mature years have their roots in the diversity of childhood experiences, attitudes and behaviours that during that phase of rapid growth have been embedded permanently in his/her personality. Early intervention, starting in first years of life, is therefore the most appropriate tool to develop in new generations the attention to those factors on which individual and collective wellbeing depends (Konu & Lintonen, 2006). In addition to the family, the school has a duty to support this process, albeit through specific modalities and objectives. The school shares with the family this educational role and therefore, if the first models of correct

behaviour are structured within the family, it is up to the school, in parallel, to consolidate and provide essential educational moments for the structuring of the personality and the essential skills to be developed in a pathway leading to health and wellbeing. School contributes to the construction and definition of identity through the refinement of self-assessment, interactive and social skills and the appropriation of useful functional skills for the adaptation and integration processes.

Nowadays, the necessity to implement wellbeing promoting measures fully at school demand a renouncement of the standard approach to assume a complete attention to students' needs and aim at the creation of a "pupil-oriented school" (Collins, 2006; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Mezirow & Taylor, 2009). This includes awareness that the character of a person cannot be reduced to approved profiles, a recognition of the active role of the student in the learning process, a constant attention to personal problems, and to personality structures. It means taking into account those characteristics that, rather than hindering the learning process, can provide elements on which to focus and trigger the full development of the pupil's potential. School should be reinterpreted as being no longer just a place of learning curriculum subjects and disciplines. Education should be responsible for opposing all tendencies that leads to a unilateral interpretation of the personal, emotional, intellectual, social, cultural, and moral sphere.

The findings of this study, therefore, invite the adaptation of interventions aimed at promoting health and wellbeing no longer toward orientating lifestyles and opposing risk behaviours, but rather to invest on understanding and improving the comprehension of the meaning of wellbeing at school for children and adolescents, with a special attention to the process of teaching and learning within the context of school education. Our findings underline that the role of school in promoting the wellbeing of its students could be attributed to its ability to take charge of the needs of each student, to elicit the emergence of useful skills and a satisfactory adaptation. This role is realized in the ability to promote constructive relationships between students, teachers, and

families. In this context, it becomes important to define the reciprocal roles and promoting individual abilities. The teacher's role would thus be communicating wellbeing through an educational style that aims at upholding the values that form the basis of social harmony and at building a learning community.

What seems paramount is stimulating the question "what do I want to become as an adult" among the students and "how do I want to be a trainer" among the teachers. In this context, it is important to create opportunities for communication and contact at school, where students and teacher can jointly reflect on their mutual responsibilities.

In this context, a training process attentive to the pupil's health and wellbeing becomes the regulatory process for the development of both cognitive and socio-ethical progress that shapes itself around its central and complex function. Training is reinterpreted as self-cultivation, as a culture-oriented development, as a regulatory model to be constantly monitored and reshaped with the aim of creating the basis for a global society, characterized by a fully active and responsible citizenship for all.

References

- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration Policy Mental Health, 37*, 40–47. doi:10.1007/s10488-010-0299-7.
- Ben-Aryeh, A., & Gorge, R. M. (2006). *Indicators of children's well-being: Understanding their role, usage, and policy influence*. Dordrecht: Springer.
- Clarke, D., Bundy, D., Lee, S., McKee, N., & Becker, A. (2002). *Skills for health skills-based health education including life skills: An important component of a child friendly/health-promoting school*. WHO: Information Series on School Health. <http://www.unicef.org/lifeskills/files/SkillsForHealth230503.pdf>.
- Cohen, J. (2006). Social, emotional, ethical, and academic education: Creating a climate for learning, participation in democracy, and well-being. *Harvard Educational Review, 76*(2), 201–237. <http://www.ijvs.org/files/Publications/Social,%20Emotional,%20Ethical.pdf>.
- Cohen, J., McCabe, E. M., Michelli, N. M., & Pickeral, T. (2009). School climate: Research, policy, practice, and teacher education. *Teachers College Records, 111*(1),

- 180–213. <https://schoolclimate.org/climate/documents/policy/School-Climate-Paper-TC-Record.pdf>.
- Coleman, K. J. (2009). Learning about loss within a health education program. *Health Education, 109*, 9–24. doi:10.1108/09654280910923354.
- Collins, A. (2006). *Teaching for change: Fostering transformative learning in the classroom*. Hoboken: Jossey-Bass.
- Collins, L. M., Murphy, S. A., & Bierman, K. L. (2004). A conceptual framework for adaptive preventive interventions. *Prevention Science, 5*, 185–196. doi:10.1023/B:PREV.0000037641.26017.00.
- Currie, C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O., Barnekow-Rasmussen V. (2004). Young people's health in context: Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. Copenhagen: World Health Organization.
- De Santis King, A. D., Huebner, S., Suldo, S., & Valois, R. (2006). An ecological view of school satisfaction in adolescence: Linkages between social support and behavior problems. *Applied Research in Quality of Life, 1*, 279–295. doi:10.1007/s11482-007-9021-7.
- Deci, E. L., & Ryan, R. M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology/Psychologie Canadienne, 49*, 14–23. doi:10.1037/0708-5591.49.1.14.
- Devine, J., & Cohen J. (2007). *Making your school safe: Physically, socially and emotionally*. New York: Teachers College Press.
- Doll, B., & Cummings, J. A. (2008). *Transforming school mental health services: Population-based approaches to promoting the competency and wellness of children*. Thousand Oaks: Corwin.
- Durlak, J. A. (1995). *School-based prevention programs for children and adolescence*. Thousand Oaks: Sage.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*, 405–432. doi:10.1111/j.1467-8624.2010.01564.x.
- Ecclestone, K. (2012). From emotional and psychological well-being to character education: Challenging policy discourses of behavioural science and 'vulnerability.' *Research Papers in Education, 27*, 463–480. doi:10.1080/02671522.2012.690241.
- Elliott, D. S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science, 5*, 47–52. doi:10.1023/B:PREV.0000013981.28071.52.
- Foresta, A., Castellani, M., Donà, D., Nalon, S. (2011). *Censimento 2011: Padova si confronta*. Comune di Padova—Settore Programmazione Controllo e Statistica. http://www.padovanet.it/allegati/C_1_Allegati_18157_Allegato.pdf.
- Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment, 3*, 260–280. doi:10.1037/1522-3736.3.1.31a.
- Friedman, R. M. (2003). Improving outcomes for students through the application of a public health model to school psychology: A commentary. *Journal of School Psychology, 41*, 69–75. doi:10.1016/S0022-4405(02)00145-0.
- Furlong, A., & Cartmel F. (2007). *Young people and social change. New perspectives*. Maidenhead: McGraw Hill/Open University Press.
- Ghuman, H. (2002). *Providing mental health services to youth where they are: School and community based approaches*. Oxon: Routledge.
- Gray, J., Galton, M., McLaughlin, C., Clarke, B., & Symonds, J. (2011). *The supportive school: Well-being and the young adolescent*. Newcastle: Cambridge Scholars.
- Green, L. W., & Kreuter, M. W. (1999). *Health promotion planning: An educational and ecological approach*. Palo Alto: Mayfield.
- Hawth J., & Hart G. (2007). *Well-being: Individual, community and social perspectives†*. Hampshire: Palgrave.
- Hoyle, T. B., Samek, B., & Valois, R. F. (2008). Building capacity for the continuous improvement of health-promoting schools. *Journal of School Health, 78*, 1–9. doi:10.1111/j.1746-1561.2007.00259.x.
- Konu, A. I., & Lintonen, T. P. (2006). School well-being in Grades 4–12. *Health Education Research, 21*, 633–642. doi:10.1093/her/cyl032.
- Konu, A. I., Lintonen, T. P., & Rimpela, M. K. (2002). Factors associated with school children's general subjective well-being. *Health Education Research, 17*, 155–165. doi:10.1093/her/17.2.155.
- Konu, A. I., Alanen, E., Lintonen, T., & Rimpela M. (2003). Factor structure of the school well-being model. *Health Education, 17*, 732–742. doi:10.1093/her/17.6.732.
- Kosonen, A., Haapala, I., Kuural, S., & Mielonen, S. (2008). Health knowledge construction and pedagogical style in Finnish health education textbooks. *Health Education, 109*, 226–241. doi:10.1108/09654280910955566.
- Marks, R. (2009). Schools and health education: What works, what is needed, and why? *Health Education, 109*, 4–8. doi:10.1108/09654280910923345.
- Mezirow, J., & Taylor, E.W. (2009). *Transformative learning in practice*. San Francisco: Jossey-Bass.
- Morrison, K. (2008). *Situated learning, social-ecological resilience, and human health*. Saarbrücken: VDM Verlag.
- Nastasi, B. K. (Ed.). (2006). *Multicultural issues in school psychology*. New York: Haworth.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting psychological well-being globally project*. [Updated study procedures]. Department of Psychology, Tulane University, New Orleans.
- Nastasi, B. K., & Schensul, S. L. (2005). Contributions of qualitative research to the validity of intervention research. *Journal of School Psychology, 43*, 177–195. doi:10.1016/j.jsp.2005.04.003.

- Nastasi, B. K., Varjas, K. M., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review, 27*(2), 260–276. <http://www.nasponline.org/publications/spr/abstract.aspx?ID=1423>.
- Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, D.C.: American Psychological Association.
- Norwich, B. (2002). Education, inclusion and individual differences: Recognising and resolving dilemmas. *British Journal of Educational Studies, 50*, 482–502. doi:10.1111/1467-8527.t01-1-00215.
- Omrán, A. R., & Al-Hafez, G. (2006). *Youth: Choices and change*. WHO Publication. <http://publications.paho.org/product.php?productId=786&cat=0&page=1>.
- Organisation for Economic Cooperation and Development (OECD). (2009). *Education at a Glance 2009: OECD Indicators*. <http://www.oecd.org/education/skills-beyond-school/educationataglance2009oecdindicators.htm>.
- Peterson, C., Park, N., & Seligman M. E. (2005). Orientation to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies, 6*, 25–41. doi:10.1007/s10902-004-1278-z.
- Puolakka, K., Haapasalo, K. M., Konu, A., Åstedt-Kurki, P., & Paavilainen, E. (2014). Mental health promotion in a school community by using the results from the well-being profile: An action research project. *Health Promotion Practice, 15*, 44–54. doi:10.1177/1524839912464876.
- Pyhälä K. (2009). *Constructing pupil's pedagogical well-being throughout the comprehensive school*. Proceeding of EARLI conference.
- Pyhälä, K., Soini, T., & Pietarinen J. (2010). Pupils' pedagogical well-being in comprehensive school—significant positive and negative school experiences of Finnish ninth graders. *European Journal Psychology of Education, 25*, 207–221. doi:10.1007/s10212-010-0013-x.
- Rampazzo, L. (2013). *Joint action on mental health and well-being. WP7 on Mental Health and Schools*. Venice: Mental Health Office-Veneto Region.
- Rice, T. W., & Steele, B. J. (2004). Subjective well-being and culture across time and space. *Journal of Cross-Cultural Psychology, 35*, 633–647. doi:10.1177/0022022104270107.
- Robyn, F. (2006). Coping, attachment, and mother-child narratives of stressful events. *Palmer Quarterly, 52*(1), 125–140. <http://www.psychology.emory.edu/cognition/fivush/lab/FivushLabWebsite/papers/mpq%20asthma.pdf>.
- Rowe, F., Stewart D., & Patterson, C. (2007). Promoting school connectedness through whole school approaches. *Health Education, 107*, 524–542. doi:10.1108/09654280710827920.
- Schertz, M. (2006). Empathic pedagogy: Community of inquiry and the development of empathy. *Analytic Teaching, 26*, 8–13. <http://forms.viterbo.edu/analytic/Vol.26%20No.%201/empathicpedagogy.pdf>.
- Schwarz, E., & Kay, K. (2006). *The case for twenty-first century learning: New directions for youth development*. London: MARC Record.
- Searle, B. A. (2008). *Well-being: In search of good life*. Bristol: Policy.
- Semeraro, R. (2009). *Consulenza psicologica agli insegnanti. Progettare e valutare interventi formativi per lo sviluppo della salute e della prevenzione nella scuola*. Padova: UPSEL.
- Sixsmith, J., Gabhainn, S., Fleming, C., & O'Higgins, S. (2007). Childrens', parents', and teachers' perceptions of child well-being. *Health Education, 107*, 511–523. doi:10.1108/09654280710827911.
- Somerville, M. J. (2008). Waiting in the chaotic place of unknowing: Articulating postmodern emergence. *International Journal of Qualitative Studies in Education, 21*, 209–220. doi:10.1080/09518390801998353.
- St. Leger, L. H. (2006). Improving the quality of school health evaluations. *Health Education, 106*, 261–264. doi:10.1108/09654280610673445.
- Stanwick, J., Ong, K., & Mel T. K. (2006). Vocational education and training, health and well-being: Is there a relationship? *National Centre for Vocational Education Research Publication*. Adelaide: National Centre for Vocational Education Research Publication. https://www.melbourneinstitute.com/downloads/hilda/Bibliography/Other_Publications/pre2010/Stanwick_et_al_vocational_education_and_training_is_there_a_relationship.pdf.
- Steelea, H., Steelea, M., & Croft, C. (2008). Early attachment predicts emotion recognition at 6 and 11 years old. *Attachment & Human Development, 10*, 379–393. doi:10.1080/14616730802461409.
- Stewart-Brown, S., & Edmunds, L. (2003). Assessing emotional and social competence in preschool and primary school settings: A review of instruments. *Perspectives in Education, 21*(4), 17–40. http://reference.sabinet.co.za/sa_epublication_article/persed_v21_n4_a4.
- Sun, J., & Stewart, D. (2007). How effective is the health-promoting school approach in building social capital in primary schools? *Health Education, 107*, 556–574. doi:10.1108/09654280710827948.
- Talbot, L., & Verrinder, G. (2010). *Promoting health. The primary health care approach*. Chatswood: Elsevier Australia.
- Weare, K. (2007). Linking education and mental health: A European priority. *Health Education, 107*, 245–249. doi:10.1108/09654280710742546.
- Zembylas, M. (2007). Emotional capital and education: Theoretical insights from Bourdieu. *British Journal of Educational Studies, 55*, 443–463. doi:10.1111/j.1467-8527.2007.00390.x.

Psychological Well-Being of Children and Youth in Mexico

8

Catherine Perkins, Laura Wood, Kris Varjas and Gina Vanegas

Introduction

Interest in exploring the health and psychological well-being of children and youth worldwide has led to an increased understanding of the challenges faced by this portion of our population. It is estimated that 10–20% of children and youth around the world are affected by mental health problems which are known to have enduring effects throughout the life span (Kieling et al., 2011). Practitioners and researchers agree that addressing the mental health needs of these children is important; however, there is insufficient data from developing countries on the scope of this problem for specific populations (Belfer, 2008; Organisation for Economic Co-operation and Development [OECD], 2012). This limitation severely hampers the development of culturally specific prevention and intervention efforts (Belfer, 2008; Wells, Varjas, Cadenhead, Morillas, & Morris, 2012). In addition, current estimates suggest that up to 90% of the world's population of youth reside in low- and middle-income countries with limited resources to meet health and mental health demands (Kieling et al., 2011). One country that faces significant challenges in this regard is Mexico (ASHOKA, 2008; OECD, 2012).

Data suggest that there are more than 35 million school-age children in Mexico (Lumjambio-Irazabal, Ciscomani-Freanar, & Freyre-Martinez, 2011; UNICEF, 2009), with up to 25% of these children living in poverty (OECD, 2012; UNICEF, 2009). Wells et al. (2012) interviewed key stakeholders in Mexico regarding mental health, and they found that when financial resources were limited families focused on meeting basic needs before they could focus on other needs (e.g., mental health). Participants in this study also reported that families experiencing economic hardships often did not send their children to school, thus allowing them to help the family by working in the fields or the streets (Wells et al., 2012).

Research conducted in Mexico on psychological well-being during the past decade has primarily focused on identifying risk factors and stressors using quantitative methods, such as symptom checklists and self-report measures. Researchers (e.g., Baker, Norris, Jones, & Murphy, 2009; Borges, Wang, Medina-Mora, Lara, & Chiu, 2007) have documented that mental health disorders often have an early age of onset with low rates of initial contact for treatment. Identified mental health stressors (which could have implications for future psychiatric disorders) range from fear of harm, not having friends, failing exams, and encountering bullying and violence in schools to more severe issues (Albores-Gallo, Saucedo-García, Ruiz-Velasco, & Roque-Santiago, 2011; Garrido, 2009; Joffre-Velázquez et al., 2011;

C. Perkins (✉) · L. Wood · K. Varjas · G. Vanegas
Counseling and Psychological Services, Georgia State
University, Atlanta, GA, USA
e-mail: cperkins10@gsu.edu

Pérez & Martínez, 2010). Gonzalez-Forteza, Lira, Brambila, and Villarreal (2001) conducted a survey of 936 adolescents and found rates of reported sexual abuse at 7% for girls and 2% for boys, rates of depression at 15% for girls and 14% for boys, and rates of suicide attempts at 11% for girls and 4% for boys. A school-based study focusing on students in Mexico with learning disabilities found that such students may be at a higher risk for anxiety and depression than their typically developing peers (Gallegos, Langley, & Villegas, 2012). Baker et al. (2009) also reported that across all populations (typically developing and otherwise) the median age for the onset of anxiety disorders in Mexico is 14 years old.

Given the information provided above, it is evident that like youth in other countries, children and adolescents in Mexico face significant mental health challenges that are exacerbated by limited resources. Child and adolescent mental health services in Mexico are delivered through an underfunded and under-resourced network of providers (Espinola-Nadurille, Huicochea, Raviola, Ramirez-Bermudez, & Kutcher, 2010). It is well documented that early intervention and prevention efforts are important in order to decrease the likelihood of mental and physical health issues manifesting in later adulthood (e.g., Borges et al., 2007; Kieling et al., 2011). However, there is growing awareness that Mexico, like other countries with similar economic challenges, is not equipped with sufficient trained professionals to address the needs of these youth (ASHOKA, 2008; Kieling et al., 2011). Although it is difficult to determine the exact number of mental health professionals working in Mexico, surveys suggested that there were approximately 2.7 psychiatrists per 100,000 people, with even fewer mental health workers available in rural areas (ASHOKA, 2008). The lack of available resources suggests a need for the development of culturally sensitive prevention and intervention models that might incorporate systems-level consultation for school and community settings as a cost-effective way to access the majority of children and youth (Nastasi, Moore, & Varjas, 2004).

In order to achieve this goal, it is important to conduct culturally sensitive research on the mental health of youth in Mexico to increase the validity and acceptability of therapeutic models for prevention and intervention (Clauss-Ehlers, 2008; Hitchcock et al., 2005; Nastasi et al., 2004; Wells et al., 2012). The use of *etic*, *derived etic*, and *emic* perspectives can assist with determining the important aspects of culture needed to inform intervention development and implementation (e.g., Nastasi et al., 2004; Niblo & Jackson, 2004). The term *etic* refers to a universal idea (i.e., children and youth psychological well-being), and an *emic* perspective explores how this larger concept is viewed and experienced within the context of a specific culture (i.e., children and youth psychological well-being in the Xalapa region of Veracruz, Mexico; Nastasi et al., 2004; Varjas, Nastasi, Bernstein Moore, & Jayasena, 2005). The term *derived etic* is often applied to the cross-cultural literature and refers to a method allowing for the “development and application of indigenous scales in each culture and then making cross-cultural comparisons” (Niblo & Jackson, 2004, p. 129).

Using a combination of such approaches, one can operationalize the construct of interest (i.e., psychological well-being) by incorporating the cultural values, beliefs, and customs that shape an individual’s behavior (Varjas et al., 2005). Identified psychological stressors can then be studied within the context of these variables, providing an understanding of the risks faced by youth in Mexico as well as the compensatory coping skills that are learned within the community (Clauss-Ehlers, 2008). Another benefit of such an approach is the emergence of regional terminology used for expressing psychological distress (Weller, Baer, Garcia de Alba Garcia, & Salcedo Rocha, 2008). For example, words used to signify distress in Mexico included “susto” (fear) and “nervios” (nerves), terms for which the associated symptoms are similar to the US-derived constructs of anxiety and depression (Weller et al., 2008).

As noted above, existing quantitative studies provided preliminary information on the mental health challenges faced by students in Mexico.

Future research could expand the literature and the understanding of these needs by including qualitative components to provide an emic perspective regarding students' relationships, coping skills, and the key cultural elements that influence behavior and coping (Clauss-Ehlers, 2008; Gallegos et al., 2012; Varjas et al., 2005). Subsequent findings could be used to inform the development of culture-specific interventions appropriate for students in Mexico (e.g., Gutierrez, 2002; Nastasi et al., 2004; Varjas et al., 2005).

Rationale for the Present Study

The present study was initiated in response to a call for action by a consortium of the International School Psychology Association in conjunction with the Society for the Study of School Psychology to investigate global psychological well-being. Given the limited availability of quantitative and demographic data from the World Health Organization and other organizations related to children and adolescent mental health, research partners were interested in collecting qualitative data regarding the psychological well-being of youth in their respective countries and exploring cross-cultural comparisons. The present study was conducted to collect data regarding the psychological well-being of children and youth in Mexico. Research questions included: *What are significant stressors as identified by children and youth in Mexico? How do children and youth describe reacting to these significant stressors? What are the sources of support that children and youth identify across contexts? How do children and youth describe reacting to these sources of supports?*

Method

The current study used a transformative mixed-method design to address the research questions (e.g., Mertens, 2012). In this paradigm, researchers use multiple data collection techniques (qualitative and quantitative) in order to provide the participants with an active role in the research process. This mixed-method design fosters

researcher–community partnerships and allows for the development of culturally relevant representations of reality that empower participants in social justice development (Mertens, 2012). There was a stated desire on the part of collaborators to collect data across a range of developmental levels for this study. Consequently, information regarding the research questions presented above was collected through developmentally sensitive, culturally appropriate, small-group activities with children and youth. These activities incorporated talk (focus group discussions), drawing (Ecomaps), and storytelling components (Ecomap stories). The importance of each of these activities, and their subsequent incorporation into the study, is explained more fully in Chap. 2 of this book.

Context and Participants

Information for this study was collected in the city of Xalapa, Mexico. Xalapa is in the state of Veracruz and has the distinction of being the home of the state university, Universidad Veracruzana. According to the National Institute of Statistics and Geography, a reported seven-and-a-half million people live in Veracruz, 28% of whom are under the age of 14 years (Instituto Nacional de Estadísticas y Geografía, 2011). Forty-four percent of the population lives in rural and indigenous areas marked by poverty, as evidenced by an annual per capita income of US\$ 3600. Many youth live in conditions without public water, drainage, and electricity (Malott & Martinez, 2006). Xalapa is the capital city of Veracruz and has a population of approximately 457,928 (Instituto Nacional de Estadísticas y Geografía, 2011).

A total of 88 students, 36 boys and 52 girls, ages 6 through 16 years ($M=12$), provided data for the Ecomaps and stories in this study. Six students did not complete the demographic information form and as a result were not included in the analysis. Participants attended three schools, an urban middle school ($n=34$), an urban elementary school ($n=36$), and a rural elementary school ($n=18$) in Xalapa, Mexico.

Information regarding parental education was collected for the students who participated, with the “highest educational level” attained for both mothers and fathers ranging from completing elementary grades to obtaining a doctorate degree. As a group, mother’s educational level varied as follows: 33% of participants’ mothers reported completing elementary school; 10% middle school; 13% high school; 24% bachelor’s degree; 7% master’s degree; and 1% doctorate degree. As a group, father’s highest educational level attained varied as follows: 27% reported completing elementary school; 14% middle school; 14% high school; 22% bachelor’s degree; and 9% master’s degree.

The focus groups included a total of 68 students in 13 groups. Each group consisted of 4–11 students from the same school. Student participants ranged in age from 6 to 15 years old. There were 37 females and 31 males. At the urban primary school, there were 33 students in seven groups. These students were 6–11 years old and in first through sixth grade. The rural primary school focus groups consisted of 17 students in four groups. These students were 10–14 years old and in the fifth and sixth grades. The urban secondary school focus groups consisted of 18 students in two groups. These students were 14 and 15 years old and in the seventh and eighth grades. Although most groups consisted of same-gender students, three of the urban primary school groups were composed of both female and male students.

Data Collection Methods Specific to Mexico

Based on best practices for transformative mixed methods (Mertens, 2012), the primary author established long-standing collaborative relationships with a local university, several primary through secondary school teachers and administrators, and local community agencies while conducting study abroad programs from the USA to Mexico and Mexico to the USA. The first phase of this project was to collect data regarding psychological well-being from key stakeholders who worked with children and adolescents (Wells et al., 2012). The second phase of this

project was to collect data regarding psychological well-being from students, teachers, and administrators.

Data for the second phase of this project were collected in the months of December 2009 and May 2010. Four research team members from a university in the southeastern USA traveled to Xalapa, Mexico, to collect data. Two members (faculty member and graduate student) were proficient in Spanish, while the other two team members (faculty member and graduate student) demonstrated basic Spanish skills. Each researcher had experience traveling and working in Latin American countries as well as working with Spanish-speaking populations in the USA. All researchers associated with this project in phases 1 and 2 were female.

Project materials and consent forms were translated from English to Spanish and back-translated to ensure appropriate use of terminology and phrasing specific for this region of Mexico (translated materials can be obtained from the primary author). All procedures were approved by the Georgia State University’s Institutional Review Board (IRB). Data collection activities were conducted in Spanish, and data were transcribed and translated by the two team members who were proficient in Spanish. Interviews were reviewed by additional team members in the USA who were proficient in Spanish but did not participate in data collection to verify transcriptions in Spanish and the subsequent English translations.

Data Analysis

Two independent coders calculated scores for the Ecomap activity (see Chap. 2), compared scores, and discussed any discrepancies until an agreement was reached. If an agreement could not be reached, then the coders would meet with the two faculty members to discuss disagreements and to reach 100% consensus. The coders documented disagreements and final decisions utilizing an audit trail (Lincoln & Guba, 1985).

Two independent coders calculated interrater reliability (IRR) for the Ecomap stories generated by the students to describe a supportive and stressful relationship. Due to the length

of the stories, coding was conducted using word-processing software. The overall IRR for 21 stories was 88.14% (Bakeman & Gottman, 1986) with 100% consensus coding achieved regarding disagreements. An audit trail (Lincoln & Guba, 1985) was conducted to document disagreements regarding the deductive codes and operational definitions. The coders independently coded the remaining stories. Interrater reliability was conducted for every tenth interview to control for coder drift (e.g., Varjas et al., 2005) with an overall mean of 92.33% ($n=6$). The primary author then reviewed the content of the stories related to the deductively derived codes of *stress* and *support* to address the research questions for this study. Secondary codes were inductively derived (i.e., representing the emic of the participants) to represent the stories of the children and youth. Three members of the research team independently verified her coding, and discussions were conducted regarding any discrepancies until 100% agreement was achieved.

Two independent coders reviewed the group interviews utilizing the deductive coding scheme developed by the larger project staff. The Mexico coding team worked closely (e.g., e-mails, Skype, phone calls) with the Tulane team while developing an understanding of the deductive codes and the operational definitions. Interviews were transcribed and coded. Secondary and tertiary codes emerged that were specific to our data (i.e., inductive codes) and are presented in the results section. All 13 transcripts were coded yielding an overall interrater reliability of 87.73% (Bakeman & Gottman, 1986). Discrepancies were discussed, and consensus was reached on all transcripts to achieve 100% across all interviews.

Results

Data were analyzed quantitatively and qualitatively. Quantitative analyses were performed on Ecomaps. Qualitative analyses were performed on both Ecomap and focus group data. Quantitative and qualitative results are presented separately.

Quantitative Results

Quantitative analyses were performed on data collected from elementary and middle school students in Mexico through the use of Ecomaps (Figs. 8.1 and 8.2 are examples produced by elementary and middle school student participants, respectively). The analyses measured differences in students' reported frequency, type (i.e., stressful, supportive, ambivalent), and source (e.g., mother, teacher, peer, pet) of their relationships with others based on students' gender and school level (i.e., elementary or middle school). Independent-samples *t* tests were used to examine gender and school-level differences.

Number and Type of Relationships The average number of relationships recorded on the students' Ecomaps was 6.14. There were no significant gender differences in total number of relationships (see Table 8.1). Table 8.2 indicates that secondary students recorded significantly greater total number of relationships than elementary students (elementary: $M=5.60$, $SD=3.58$; secondary: $M=7.39$, $SD=3.32$; $t(86)=2.34$, $p=0.022$).

In regard to specific types of relationships, students had an average of 2.69 (43.40%) supportive, 2.73 (41.23%) ambivalent, and 0.85 (15.37%) stressful relationships. Of these total relationships, females recorded a significantly higher frequency of supportive relationships than males (females: $M=3.06$, $SD=2.17$; males: $M=2.17$, $SD=1.70$; $t(86)=2.06$, $p=0.04$), but not a significantly higher percentage of supportive relationships. Regarding school level, elementary students had a significantly higher percentage of stressful relationships (elementary: $M=19.01\%$, $SD=16.98$; secondary: $M=9.42\%$, $SD=14.35$; $t(85)=2.71$, $p=0.008$), while secondary students had a significantly higher percentage (elementary: $M=35.92$, $SD=29.17$, secondary: $M=49.92$, $SD=29.78$; $t(85)=2.16$, $p=0.034$) and frequency (elementary: $M=2.09$, $SD=2.98$, secondary: $M=3.79$, $SD=2.78$; $t(86)=2.65$, $p=0.010$) of ambivalent relationships.

Fig. 8.1 Ecomap by urban elementary school student from Mexico

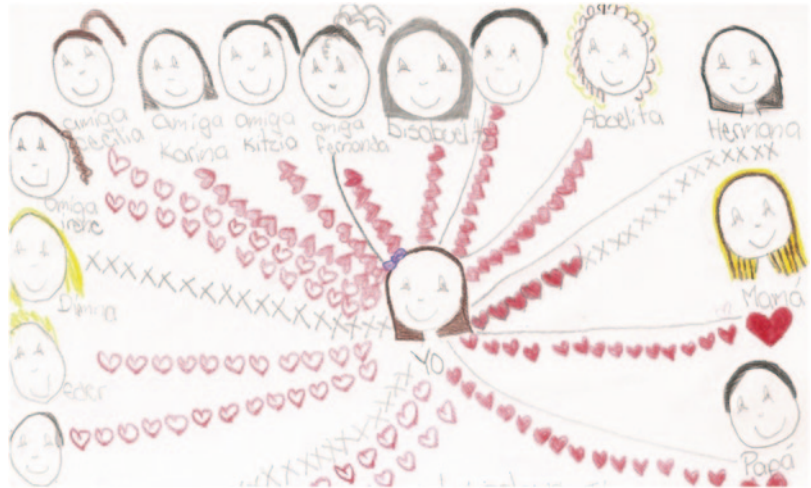


Fig. 8.2 Ecomap by urban middle school student from Mexico. The key for relationships: *apoyo*—supportive, *ambivalente*—ambivalent, *estres*—stressful



Sources of Relationships Students’ Ecomaps were coded based on the sources of the relationship as identified by the student. The following relationships were recorded on students’ Ecomaps: mom, dad, brother(s), sister(s), other family members (i.e., grandparents, stepparents, cousins, nieces, nephews, godparents, brothers- and sisters-in-law), peers (i.e., friend(s), classmate(s), significant other), school (i.e., teacher(s), school,

test), and other (i.e., nanny, researchers, pet(s), notebook, pen, unidentified). Of the students, 85.2% included a mother in their Ecomap, 67.0% included a father, 72.7% included at least one sibling, 58% included at least one other family member, 63.6% included at least one peer,

Table 8.1 Students' Ecomap relationship types based on gender

	Gender		<i>t</i>	<i>df</i>
	Girls	Boys		
Total relationships	6.75 (4.16)	5.58 (2.407)	1.52	86
Supportive frequency	3.06 (2.17)	2.17 (1.70)	2.06*	86
Supportive percentage	46.63 (24.24)	38.82 (23.68)	1.49	85
Ambivalent frequency	2.73 (3.45)	2.72 (2.25)	0.01	86
Ambivalent percentage	37.18 (30.62)	46.97 (28.57)	1.51	85
Stressful frequency	0.96 (0.99)	0.69 (0.82)	1.33	86
Stressful percentage	16.20 (16.52)	14.20 (16.92)	0.55	85

Standard deviations appear in parentheses below means
**p* < 0.05

20.5% included at least one school-related theme, and 39.8% included at least one other theme.

Compared to males, females recorded significantly more peer relationships (females: *M*=2.12, *SD*=2.42; males: *M*=1.14, *SD*=1.27; *t*(81)=2.46, *p*=0.016). Secondary students recorded father relationships significantly more often than elementary students (elementary: *M*=0.58, *SD*=0.50; secondary: *M*=0.82, *SD*=0.39; *t*(80)=2.47, *p*=0.016). Forty-one

Table 8.2 Students' Ecomap relationship types based on school level

	School level		<i>T</i>	<i>df</i>
	Elementary	Secondary		
Total relationships	5.60 (3.58)	7.39 (3.33)	2.34*	86
Supportive frequency	2.55 (1.90)	2.94 (2.24)	0.88	86
Supportive percentage	45.07 (23.48)	40.65 (25.42)	0.83	85
Ambivalent frequency	2.09 (2.98)	3.79 (2.78)	2.65*	86
Ambivalent percentage	35.92 (29.17)	49.93 (29.78)	2.16*	85
Stressful frequency	0.96 (0.84)	0.67 (1.05)	1.46	86
Stressful percentage	19.01 (16.98)	9.42 (14.35)	2.71*	85

Standard deviations appear in parentheses below means
**p* < 0.05

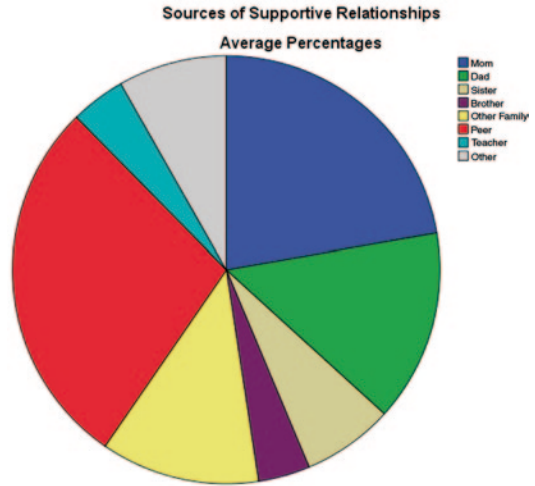


Fig. 8.3 Sources of supportive relationships. The pie chart illustrates the average percentages of supportive relationships that students report coming from various sources

percent of elementary students failed to mention their fathers compared to only 18% of secondary students.

In regard to sources of specific types of relationships, an average of 22% of supportive relationships were mothers, 15% fathers, 11% siblings, 12% other family members, 28% peers, 4% school, and 8% other sources (see Fig. 8.3). An average of 14% of ambivalent relationships were mothers, 10% fathers, 25% siblings, 24% other family members, 15% peers, 4% school, and 9% other sources (see Fig. 8.4). Mothers were never designated as stressful relationships. An average of 8% of stressful relationships were fathers, 30% siblings, 20% other family members, 22% peers, 8% school, and 11% other sources (see Fig. 8.5).

Independent-samples *t* tests were used to examine gender and school-level differences in sources of specific types of relationships. In regard to sources of support, female students recorded significantly more peer relationships compared to males (female: *M*=1.19, *SD*=1.83; males: *M*=0.50, *SD*=0.85; *t*(77)=2.39, *p*=0.019). Compared to secondary students, elementary students recorded significantly more supportive relationships coming from teachers (elementary: *M*=0.15, *SD*=0.36; secondary:

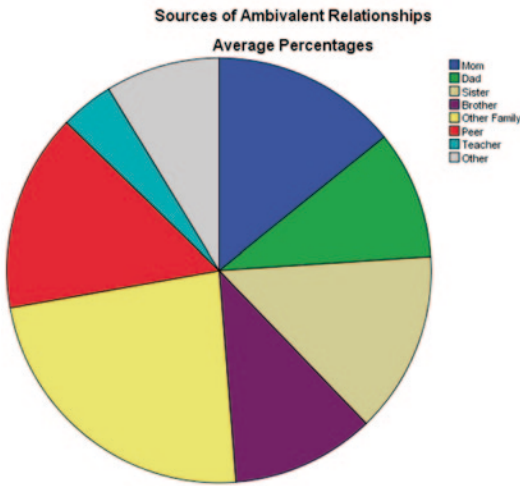


Fig. 8.4 Sources of ambivalent relationships. This pie chart illustrates the average percentages of ambivalent relationships that students report coming from various sources

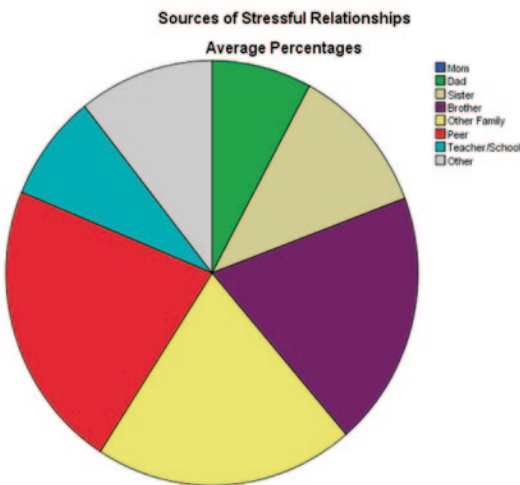


Fig. 8.5 Sources of stressful relationships. This pie chart illustrates the average percentages of stressful relationships that students report coming from various sources

$M=0.0$, $SD=0.00$; $t(54)=3.03$, $p=0.004$). None of the secondary students recorded their teachers or schools as sources of support.

Regarding sources of ambivalent relationships, there were no significant gender differences. Secondary students recorded significantly more ambivalent relationships with their mothers (elementary: $M=0.24$, $SD=0.43$; secondary:

$M=0.61$, $SD=0.50$; $t(60)=3.56$, $p=0.001$) and fathers (elementary: $M=0.13$, $SD=0.34$; secondary: $M=0.58$, $SD=0.50$; $t(49)=4.56$, $p<0.001$) compared to elementary students. Elementary students recorded significantly more ambivalent relationships with their teachers compared to secondary students (elementary: $M=0.11$, $SD=0.32$; secondary: $M=0.00$, $SD=0.0$; $t(54)=2.57$, $p=0.013$). None of the secondary students recorded their teachers or schools as sources of ambivalent relationships.

Regarding sources of stressful relationships, female students recorded significantly more stressful relationships with their brothers compared to male students (females: $M=0.23$, $SD=0.51$; males: $M=0.06$, $SD=0.23$; $t(76)=2.18$, $p=0.03$). Elementary students recorded significantly more stressful peer relationships compared to secondary students (elementary: $M=0.29$, $SD=0.60$; secondary: $M=0.09$, $SD=0.29$; $t(83)=2.10$, $p=0.039$).

Qualitative Results

Qualitative analyses were performed on data collected from elementary and middle school students in Xalapa, Mexico, through the use of Ecomap stories and focus group interviews. Quotes from the students are included throughout this section to exemplify the codes and examine the results. The data were coded for content themes without the analysis of gender or developmental variations.

Ecomap Stories

Eighty-eight students in the present study generated stories corresponding to their Ecomap. Each student provided a story for a relationship identified as supportive, and a story for a relationship identified as stressful. Coding for these stories followed the deductive–inductive method presented in Chap. 2. For the present study, the primary codes of interest relative to Ecomap stories were *sources of stress*, *reactions to stress*, *sources of support*, and *reactions to support*.

Sources of Stress Although family members were noted as the most frequently occurring source of support in Ecomap depictions of relationships, they were additionally represented in Ecomap stories of stressful relationships. Students reported a stressful event with a family member in 59 of the 88 stories (67.05%) of stressful relationships. Of these family members, siblings were identified in 25 out of 59 stories (42.37%) as the primary source of relational stress. Also represented were mothers (11 out of 59; 18.64%), fathers (10 out of 59; 16.95%), parents (1 out of 59; 1.69%), and cousins (2 out of 59; 3.39%) as sources of stress. The remaining stories of familial stress discussed a relationship event with a grandparent (1 out of 59; 1.69%), an uncle (3 out of 59; 5.08%), a niece or nephew (2 out of 59; 3.39%), or a pet (2 out of 59; 3.39%). An unidentified family member was mentioned in 2 out of 59 stories (3.39%).

Students identified situations with siblings as contentious (“brother stressed me because we got into a fight”; “one day I did something to my sister without meaning to and we started to fight and she pulled my hair”), annoying (“[my] brother delays in responding to my requests”; “they [brothers] want to play in my room while I am listening to music and I don’t like this”), and difficult (“brother knew a secret of mine and held it over my head; I spoke with him too!” “[I] have a little sister who has anxiety problems”). Most of the stressful situations with mothers and fathers centered around discipline (“He [father] scolded me because of what I told the other one which was not anything bad”; “I got in trouble for not doing what she asked me to do in that instant”), restricting activities (“He [father] stresses me when he does not let me go out”), and requiring certain actions (“She [mother] stresses me when she insisted that I finish the work from school”). Some stressful situations were related to the parental unit (“He [father] got mom a flower on Sunday for mother’s day but came home Monday drunk and mom felt sad. After that they fought but mom told me to stay out of that discussion”). There was also one story in which the stressful situation centered on a negative physical interaction (“Dad almost doesn’t like me; my dad hits me and I always cry at night in my bed”).

Stress related to cousin relationships was similar to that of siblings (“He [cousin] does not pay attention to me when I talk to him—he ignores me”; “cousin Sofia did not want to play the ‘cars’ game and she wanted to play something else. When I tried to talk to her she covered her ears!”), as was that of nieces and nephews (“niece cries a lot and causes me stress”; “nephews come to my house and scream and grab things from school—they could break them!”). As previously mentioned, uncles were only reported in three of the stories; however, the content of the situations reported were of concern (“[my] uncle killed my pets only because his wife did not like them and he ruined my life and the life of my family”; “[my] uncle started to drink and a couple of days later he grabbed my other uncle and they fought”; “he [uncle] caused me stress when I was studying and he interrupted me and I told him not to bother me”).

In addition to family members, difficulty with peers was identified as stressful in 11 out of 88 (12.50%) of the stories. Students primarily reported difficulty getting along with peers (“people talk rumors about me”; “my girlfriend wouldn’t talk to her boyfriend and we fought for her not talking to him”), and more specifically fighting with peers (“one day my friend hit me—I felt bad and then I told the teacher and I felt good”; “one time I hit my best friend and I felt bad”). Teachers were directly identified as sources of stress in 3 of the 88 stories (3.41%); however, several of the stories (11 out of 88; 12.50%) indirectly implicated the teacher as being responsible for stressful academic situations. Specific references to teachers included “My teacher tells me to hurry up”; “One day my teacher stressed me because we had an exam and I had not studied”; and “My teacher scolded me because I stood up because my eraser fell.” Numerous stressful stories focused on academic issues such as examinations, homework, and grades. In one story, the student identified a stressful neighbor (1 out of 88; 1.14%) noting, “One day my neighbor told me a bad word. I told him not to talk to me with those words—he did not respect me.” In 4 of the 88 stories (4.55%), the student focused on a stressful event such as an illness or injury rather than a relationship: falling out of the bed, being

sick, and becoming suicidal (“I started to feel very lonely and wanted to get my mom’s attention. I felt so much despair that on one occasion, I tried to take my life. When the school noticed, they called my mom and since then I have psychological help”).

Reactions to Stress Students’ stated reactions to the stressful situation centered on *feelings* (29 out of 88; 32.95%), *actions* (3 out of 88; 3.41%), and feelings and actions *combined* (56 out of 88; 63.64%). *Feeling* words used by students to describe their reaction to negative story content included the following: stressed, mad, bad, very bad, sad, very sad, insufficient, underrated, scared, tense, and worried. *Actions* reported by students in response to negative story content included: did not listen, cried, did nothing, resolved the problem, removed self, talked it out, talked to a parent, asked for help, and tried to forget it.

Sources of Support The vast majority (68 out of 88; 77.27%) of the supportive relationship stories identified a family member as the primary source of support. Of these family members, mothers were identified in 54.41% of the stories (37 out of 68), and fathers in 16.18% of the stories (11 out of 68). The remaining stories of support identified parents, as opposed to mother or father individually (5 out of 68; 7.35%), siblings (8 out of 68; 11.76%), and cousins (3 out of 68; 4.41%), as sources of support. Aunt and uncle were identified in only 1 story each out of the 68 stories of support (1.47%). Students described mothers as encouraging (“she tells me that every day will be better and to not give up”), helping with homework (“she supports me a lot with my homework...”), nurturing (“she took care of me all night when I was sick”), a source for information (“when I do not understand something she explains it to me”), and loving (“she made me understand that she would never leave me and would give me all of her support”). Fathers were described as giving helpful advice (“he gave me good advice when I needed it”), helping with school work (“when I cannot do something he helps me, when I do not understand my homework, he helps me”), teach-

ing new skills (“my dad taught me how to drive and I did it”), being generally supportive (“he always supports me by listening to me”), and taking care of the family (“one day my dad took care of me and my mom because we were both sick”). Other family members (siblings, cousins, aunt, uncle) were mentioned in relationship to helping with assigned tasks or school work (“yesterday my sister supported me with the mother’s day meal—we made hotcakes”; “one day my aunt helped me with my homework—I did a drawing”), providing emotional support (“my brothers gave me support when my grandmother died”; “I had a problem with my dad and he [cousin] told me I wasn’t alone and gave me options to solve everything”), or in one instance, physical protection (“one uncle wanted to hit me and my other uncle defended me”).

The remaining stories of support discussed a relationship event with a friend or a teacher. In 14 of the 88 stories (15.91%), the student recounted a situation in which a friend was supportive of him/her (“one day I was sick and could not come to school, I called a friend and she said that she would take my homework to school”; “friend supported me when I got mad at my mom and he told me that it was not worth being mad”). In 3 of the 88 stories (3.41%), the reporting student was the protagonist, recounting an event during which he/she helped a friend in need (“one time a friend fell and I helped her get up”; “I helped my friend with her mathematics work and she understood it. I felt happy and content”). A teacher was identified in 2 of the 88 stories (2.27%) as a source of support (“one day my teacher supported me when I didn’t understand my mathematics equations”; “one time my teacher talked with my parents when I didn’t study for an exam”).

Reactions to Support Students’ stated reactions to the support of family and friends centered on feelings (46 out of 88 stories; 52.27%), actions (9 out of 88 stories; 10.23%), and both feelings and actions combined (29 out of 88 stories; 32.95%). In 4 instances out of 88 (4.55%), there was no reported reaction to the support identified. Typical feeling responses included: good, more relaxed, calm, happy, motivated, relieved, peace-

ful, thankful, proud, loved, supported, cared for, and content. Common actions included completing a task with the support provided, giving a hug, and saying “thank you.”

An examination of stressful situations *within* the stories of support also was conducted. Of the stories that identified a specific stressor, 31 out of 88 (35.23%) were academically rooted (homework, examinations, grades), 19 out of 88 (21.59%) were related to an illness or injury (sickness, falling down, etc.); 5 out of 88 (5.68%) were related to issues with peers (conflict or rejection), and 12.50% (11 out of 88) were related to issues with family members and negative feeling states (“parents are always fighting—I don’t know why I always talk about this”; “I was sad and my mom asked me what was going on with me”). The remaining stories of support referred to a stressful situation in general terms without specifying what made it stressful.

Focus Groups

The focus group interviews were initially coded using deductive codes that were consistent across international sites. The primary codes that are of interest to the current chapter include *sources of stress*, *reactions to stress*, and *sources of support*. Primary codes were then analyzed for secondary and tertiary themes that were inductively derived from the participant voices. Figure 8.6 represents the primary deductive codes and the secondary and tertiary themes that were specific to this sample of youth from Xalapa, Mexico (i.e., emic).

Sources of Stress Stress was defined as any reference to risk factors or stressors present in the social-cultural environments of the students. Data analyses revealed four secondary themes related to sources of stress: *academics*, *family*, *peers*, and *community*. In addition, tertiary descriptive categories emerged to further define and clarify the secondary themes.

Academics Across the focus groups, students reported aspects of *academics* as a consistent and

considerable source of stress. *Academics* refer to any mention of school or work associated with school. Academic concerns that produced stress included exams, not understanding the material, too much work, speaking in front of classmates, and not completing assignments.

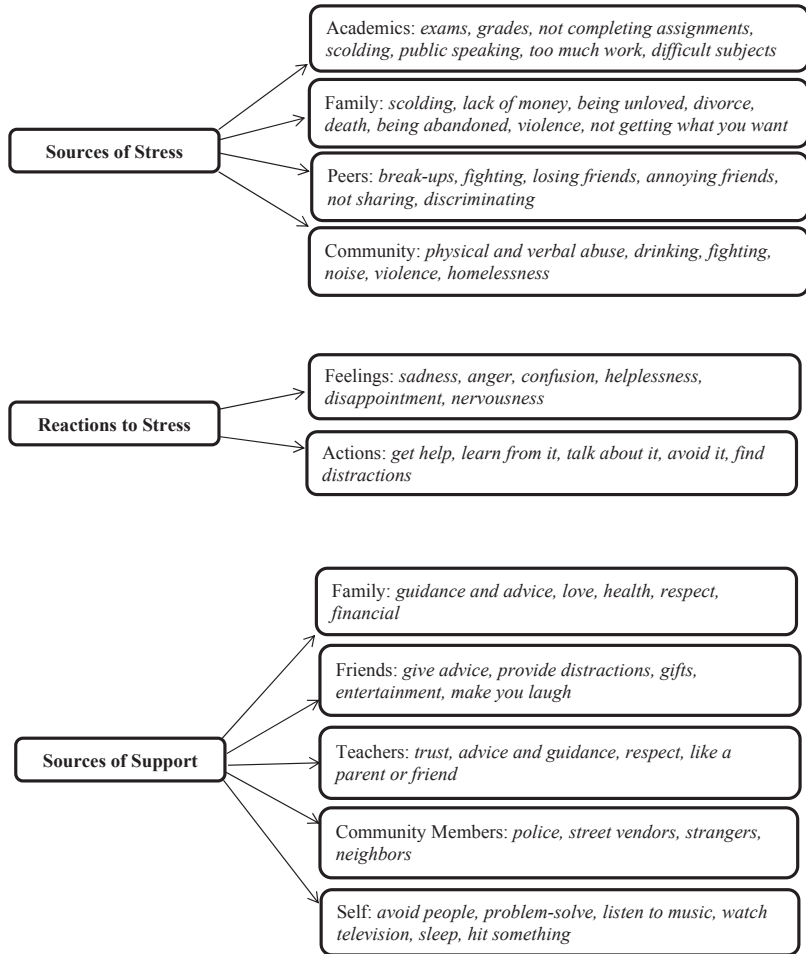
Many students identified exams as a major stressor at school. When asked about academic stressors, a rural, male primary student concisely summarized this sentiment when he stated, “The exams and books and what else? And nothing else.” A female, rural, primary student expanded on the stressfulness of exams when she explained, “Science and physics are very stressful for me because [of] the exams. The teacher gives them the highest percentage and participation is the lowest and because of that you fail the subject.” The difficulty of the material combined with the importance that is placed on tests led to high feelings of stress among the students.

A common theme identified by the student groups as a source of academic stress was having too much work or being unable to finish projects or homework. “Like if you have realized we have mentioned a lot [that] homework is the major part of all the bad feelings we feel,” explained a male student at an urban secondary school. The students reported feeling stressed related to having difficult work and/or too much work. Also, students were concerned about a parent or teacher scolding in response to bad grades or incomplete assignments. A male student from an urban secondary school summed up the complexity of stress experienced from academics:

Well, I say that you can feel stressed when you have the pressure of turning in a job, of studying excessively for an exam, [or] when you know your parents are going to see your grades with poor performance. You get stressed and even when they scold you, you sometimes get stressed because you stay thinking about why did I not do it good.

Family Aspects of the family also were identified as a source of stress. *Family* refers to any member of the students’ immediate or extended families including parents, siblings, aunts and uncles, cousins, and grandparents. Fighting, violence, and divorce between parents were all identified as family stressors.

Fig. 8.6 Primary deductive codes with secondary and tertiary inductive themes. Primary codes are in *bold*. Secondary themes are in *regular font*. Tertiary themes are *italicized*



A female, rural, primary student described situations of family conflict, “When a father is hurting the mother, it is sad to see how they fight and yell at each other they may even hit each other.” A male student at the urban primary school rationalized the separation of parents in the following way, “Sometimes parents fall in love with someone else and can go to other places and so sometimes the son can be left alone and can have a place in his heart that he lost his dad and mom.”

Along with family conflict, students also expressed feelings of stress about parental scolding. For example, an urban, secondary student explained, “You are afraid of arriving home and that your parents scold you, punish you. I mean, imagine how many ways they can punish us—the adolescents. More than anything, we are afraid

of that.” Students expressed concern about verbal and physical scolding primarily as a result of bad grades or accidentally breaking things.

Peers Another source of stress identified by the students was peers. *Peers* refer to any other children (e.g., classmates, friends) that the students interacted with them were not members of their family. In particular, tertiary themes that were identified as sources of stress related to peers included breakups, fights between friends, discrimination, losing friends, and peers that were annoying.

Some students described situations where they felt left out or abandoned by their peers. This was especially true of students in the primary grades. For example, a female student from a rural primary school explained that students her

age feel stressed “when some girls are all together in a group and leave another girl all alone.” Other primary students explained that children are left out and discriminated against for reasons such as skin color, ethnicity, looks, and character. A female, urban, primary student described her perceptions of different forms of discrimination when she explained, “You get mad because they discriminate against you.... When you are ugly, because of your language, because of your physique, because of your moral characteristics...or because of your indigenous group.” Another primary student explained that he felt discriminated against when “they make fun of you if all your group is white and you are darker. They will say you are dark, you are dark!”

Students in the secondary school tended to focus more on romantic relationships as a source of peer stress. In a focus group of male, secondary students, one student stated that students his age become stressed, “when your girlfriend dumps you or when you lose someone you love.” A male student in the same focus group further explained,

Not being in love or someone not loving you, it is the most common cause [of stress] in adolescents...to not be in love. For example, you like a girl so you already told her. You expressed your feelings to her and she does not realize it or, simply like I said, she disregards it.

Community A final source of stress identified by the students was the community. *Community* refers to people or situations outside of the home and school, such as neighbors, public spaces, or strangers on the street. Tertiary themes that emerged as aspects of the community that contributed to feelings of stress included physical and verbal violence, drinking, noise, and homelessness.

Students described the impacts of ongoing community stressors. A male student at the urban primary school complained about daily difficulties he has with his neighbors:

Well, every night my neighbors get drunk and they get crazy. You can hear them from far away and sometimes they have parties and they won't let us sleep. I feel really mad because they won't let me sleep and when I wake up, I feel really tired to go to school.

Along with ongoing community stressors, occasional acts of extreme violence in the community were mentioned by students in both the rural and urban areas. For example, a male primary student at the urban school described a situation of violence in his neighborhood:

I feel mad but what I see is people who shoot. One day...we were going to throw a party for my mom's birthday. I saw a man with a machine gun firing it and so we had to wait until everything would stop and then we came out.

Incidences of extreme violence, whether directly experienced or not, led some students to further worry about what could happen. A male student at the urban secondary school expressed his fears about social violence:

Well, we get scared. Maybe some of us get scared that this may happen to you. That between five or six they grab you and hit you, punch you or...they could kill you only for your cell phone or money.

Some students also commented on the stress of trying to take action against the violence. One female student in the rural primary school highlighted the complexity of responding to community stressors:

It would be bad that you accuse them because they would know you accused them. And if you accuse them, they could ask someone to beat you up. Well, that's what they do here in Xalapa. And you are doing a good thing but when the police take you, you just pay the bail and they let you out so it won't do much because even in jail you can smoke.

Reactions to Stress Defined as any reference to how an individual responds to or copes with stress or problems, *reactions to stress* could include emotional, cognitive, and behavioral responses. Secondary themes for reactions to the stressors identified by the focus groups included *feelings* and *actions*.

Feelings Feelings were defined as any reference to emotions including labels or an explanation for how feelings are expressed. Common feelings that the students experienced include sadness, fear, helplessness, anger, confusion, and physical symptoms (i.e., nausea).

In response to an academic stressor, a male, urban, primary student described his feelings of

nausea, “Well I feel like I’m really full as if I was going to throw up.” Another male student in the urban secondary school explained what he experiences when he deals with stress related to family problems. “Because, well, it is a feeling of impotence of not knowing what to do, of not knowing how to help, not being able to do anything.” In the same group, another student described his feelings related to relationship stressors:

And well, for me the desperation is provoked when you are unable to accomplish a goal, when that goal looks obstructed by various obstacles that you are unable to overcome...um there comes a time that you despair and here in Mexico we say that you throw in the towel, you give up, you no longer want to continue um pursuing that girl. But if you are able to get out of the desperation state you can accomplish amazing things.

Community violence often produced feelings of despair and fear. One secondary student explained the long-lasting effects that such experiences can have. “Um, some situations if it is violence that is really strong, to see that a person assassinates another person this produces aftermaths in you, a fear. It is a trauma that stays with you for your whole life.”

Actions Actions refer to any response to stress that included effects on behavior. Different actions that emerged include looking for help, talking about it, learning from the experience, and avoiding the situation through distractions.

Many students listed *distractions* such as music, television, or playing with pets and with friends as a way to get away from stressful situations. A female student at the urban primary school described her reactions to stress as, “First I relax, and then I try to find help.” Another urban, female primary student explained that when she has stress about getting a bad grade, she learns that, “the next time, you do it better.” A rural, male primary student offered another perspective on how children might learn from their experiences when he explained that, “Maybe I would learn those things [social violence] and do them when I’m older.” Another female, rural, primary student offered a similar explanation when she stated that, “Some take a bad path to help their families.”

Sources of Support Support was defined as any reference to resources or sources of social support available in the social-cultural environments that facilitated coping with stress, addressing psychological problems, or providing some sort of help or support. Students identified *family*, *friends*, *teachers*, *community members*, and *self* as sources of support. With the exception of “self,” these themes were also reported as sources of stress.

Family Family members provided the students with love, guidance, advice, and money for buying food and other items. Parents were the primary source of *family* support identified by the students. They relied on their parents for love, advice, and socialization. One female primary student at the rural school described a good parent as:

Someone who gives us their love, and if we are going down a bad path, corrects us not by hitting us or scolding us but by talking to us with love and being caring so we can understand...corrects us to not go down a bad path.

Although parents were almost always listed as sources of support, the students often differentiated which family members they would approach for different needs depending on the situation. For support related to family stressors, one male student at the urban secondary school explained his approach, “If the problem is with the parents, you go to your brother or sister. If you do not have one, you go to a grandfather or grandmother, someone who you have trust in.” When asked about sources of support for academic problems, another student in the same focus group stated that he would go, “with an older cousin that has already gone through that in high school and if he remembers he can help you. He can tell you some suggestions or advice.” The students’ responses often highlighted the importance of both immediate and extended family support.

Friends The students often emphasized the importance of *friends* as a reliable source of support and also described how they support their friends in times of need. A “good friend” was often described as being someone who was there

in the good times and the bad and also provided support through tough situations. There were two main approaches described in helping others with stressful situations: give advice and guidance or provide a distraction. A male student from the urban secondary school summarized these options when he explained:

There are two options, if the stress is caused by a school problem—help him or give him advice so that the next time he does not leave it for the last hour, so that he does not feel pressured. If it is for another reason, make him laugh and make your joy contagious to him.

Teachers Teachers played an important, supportive role in the lives of the students. Many students described their teachers as a source of guidance, advice, and respect. A female primary student at the rural school described a good teacher as someone who:

...explains to you how an activity is going to go, scolds you for leaving school or hitting a peer... also a good teacher pays attentions to you outside of class to give you advice or tell you, if you couldn't do the activity...how to do it so you can do it at home.

The support from teachers was often described as extending beyond that related to education and academic concerns. A female student at the urban secondary school described her relationship with her teachers, "Well I have a lot of trust in a teacher because I tell her my things and she helps me. She hugs me and everything, and in her I look for a lot of trust." Teachers were frequently described to be an extension of the family. A female student at the rural primary school described her teacher as, "someone who doesn't mistreat us or scold us when we make a mistake, she give us support as if she was our mother." Along with being like a family member, good teachers were described as being a friend in the school. For example, a male primary student in the urban school explained:

He is like a friend for you, he teaches you to learn, and later he gives you recess even if you do not deserve it. He assigns homework so that you can go over what was given in class that day, and you always have like a friend but in the school.

Self Students identified *self* as an important source of support. They mentioned coping skills and outlets that helped to alleviate their feelings of stress. One female primary student from the rural school explained that she tries to "think about how I can feel better...solving my own problems." Ways that students solved their own problems or were able to feel better ranged from trying to actively problem-solve, listening to music, hitting something, or trying to understand. When describing her methods of de-stressing, a female student from the urban primary school explained, "Whether you are young or old people feel happy when they hear music or dance." Another student from the urban, secondary school explained her personal coping methods:

In my case, when I am sad I try to avoid people and be alone so that I myself start again reflecting about everything that happened and looking for ways of taking away this sadness, sometimes listening to music...or screaming or sewing something but that it can take away this sadness.

Community Members Community members refer to those members of the community who were not family members or school teachers. Occasionally, the students mentioned seeking police officers or trained psychologists for support. For example, many primary students described situations where they relied on police support for help, usually when they had become separated from their parents in a busy market. Although mental health professionals were rarely mentioned, one male secondary student explained that it might be necessary to seek out help from a psychologist when he spoke about recovering from witnessing extreme social violence:

It is a trauma that stays with you for your whole life and it is necessary to turn to a psychologist so that he can help you with your problem and you are able to continue with your life like God demands.

Other students focused on members of the community, such as random passerby or street vendors. The role model community member was expected to help out fellow community members. When asked about how to differentiate between good and bad members of the community, a female student from the rural primary school explained she could tell the difference because

“the good ones are the ones that help you and the bad ones are the ones that leave.”

Discussion

This study explored sources of stress, reaction to stress, sources of support, and reaction to support for children and youth in Xalapa, Mexico, by using a transformative mixed-method design (e.g., Mertens, 2012) incorporating Ecomaps, Ecomap stories, and focus group interviews. This section includes a brief summary of the findings across all data collection techniques for each of the previously identified research questions. A discussion of the benefits and challenges of each data collection technique, with implications for future research and practice, is presented.

Sources of Stress

Stressors reported by children and youth in Mexico focused primarily on the four themes of *academics*, *family*, *peers*, and *community*. The strongest emphasis was placed on negative situations with family members and academic demands. When considering Ecomap data, the majority of stressful relationships represented were family members with most of that total attributable to conflict with siblings. These findings are further supported by data from the Ecomap stories and focus groups. In Ecomap stories, family members were identified as the primary source of stress, with siblings again making up the largest percentage of the total. Concerns about academics, peer relationships, and community were also reported in Ecomap stories as stressors, with academic concerns being primary. In the focus group data, the stressful themes (*family*, *academics*, *peers*, *community*) remained constant with a notable shift in emphasis on the part of academics over family. In group discussions, students spent considerable time discussing school assignments, examinations, and pressure to make good grades. Family concerns were represented but to a lesser degree. Concerns with peer relationships and community problems were noted less frequently

but when they were mentioned the issues presented were high in psychological intensity, including references to physical and verbal abuse, homelessness, fighting, and discrimination.

Reactions to Stress

Children and youth in this study described their reactions to stressful events through stories and focus group discussion. For both data collection methods, reactions were coded as either *feelings* or *actions*. *Feelings* words included sadness, anger anxiety, tension, confusion, helplessness, nervousness, and disappointment. Taking action included steps such as talked about it, got help, learned from it, removed self from the situation, avoided it, resolved the situation, found a distraction, told parents, and completed the work. The majority of reported reactions included a combination of both feelings and actions. Students typically identified their feelings related to the stressful situations and then reported their actions in response to the situation. *Actions* were typically adaptive in nature and rarely included behavior that contributed to the problem.

Sources of Support

Significant supports as reported by children and youth in Mexico focused primarily on *family*, *friends*, *teachers*, *community*, and *self*. The strongest emphasis was placed on positive situations with family members and friends. When considering Ecomap data, the majority of supportive relationships were family members, with friends being the second largest group represented. These data were further supported with information from Ecomap stories and focus groups. In Ecomap stories and focus group discussions, family members were the most frequently reported source of support for participating students. Students described family members as giving guidance, advice, love, respect, and monetary support. Relationships with friends, and less frequently teachers, also were reported as being supportive. On occasion in focus group discussions, commu-

nity supports were identified, although these instances were rare by comparison to other sources. In such situations, students identified the police, street vendors, neighbors, and, in one instance, a psychologist as being supportive. Both focus group discussions and Ecomap stories revealed instances in which students identified themselves as their own source of support, noting that they used problem-solving skills to cope with difficult situations.

Reactions to Support

Children and youth in this study described their reactions to being supported primarily through Ecomap stories, although similar themes also were evident with focus group discussions. Reactions to supportive interactions were coded as either *feelings* or *actions*. *Feelings* words included felt calmer, more relaxed, motivated, happy, good, loved, content, proud, thankful, and cheerful. Taking *action* included steps such as listened, thanked them, hugged them, did work, helped others, took exams, and did the right thing. Students' stories of support frequently included a family member that assisted them through a difficult situation. Reported feelings were universally positive, and actions were adaptive in nature.

Perhaps the most telling information provided by the present study was that the concerns reported by this sample of youth in Mexico were not unlike those typical of other young people around the world. In fact, the responses were notably common; concerns about family, friends, and individual school progress dominated the focus group interviews, Ecomaps, and Ecomap stories. When asked about available resources for coping with life demands (stresses), students primarily reported relying on family and friends, with a rare reference to a teacher, community member (policeman), or mental health provider. This pattern of reporting occurred among both elementary and middle school participants and did not appear to be impacted by socioeconomic status or available resources.

Although all students reported similar stresses and coping mechanisms, there were some developmental variations across schools in students' perception of their relationships. Elementary students typically viewed relationships as either supportive or stressful, whereas middle school students were more inclined to perceive that a single relationship could be both supportive and stressful (ambivalent) depending on the circumstances. This acknowledgment of the complexity of relationships is expected at higher developmental levels with polarized representations being more common at lower developmental levels (Gurucharri & Selman, 1982; Selman, 1980).

Benefits and Challenges of Data Collection Techniques

This study employed culturally relevant methodologies for data collection regarding the psychological well-being of children and youth in Mexico. Researchers utilized a mixed-methods approach (e.g., Mertens, 2012), seeking to understand the *etic* (universal) and *emic* (culture-specific) factors that contributed to reports of stress and support by youth themselves. The data collection methods utilized (Ecomaps, stories, and focus group interviews) allowed for collection of both quantitative and qualitative data. This approach enables comparison of experiences of children and youth across multiple settings within each country (e.g., urban, suburban) and cross-culturally.

Ecomap

There were several benefits related to the use of Ecomaps. For example, Ecomaps allowed for the collection of pictorial/visual data that represented the perceptions of social supports and stressors from children and youth. This pictorial data could be quantified by analyzing the descriptive information such as the total number of relationships identified by each participant and the percentage of those relationships that fell into relationship-

type designated categories (supportive, stressful, and ambivalent). Drawings are a developmentally appropriate form of expression for children and youth. Perhaps one of the most significant benefits of this technique is that students in this study voiced high acceptability regarding this task. We have used this technique in the USA and internationally with similar responses from children and youth (Chap. 2).

One of the challenges that we faced while conducting the Ecomap activity was consistent communication of the instructions across setting and student groups. For example, students with limited verbal skills, either due to their developmental level or exposure, had more difficulty understanding the task. Facilitators had to modify instructions significantly for younger students and for those from disadvantaged backgrounds. Modifications included the need for facilitators to break the task down into multiple component parts. Future use of this technique might benefit from a structured protocol for Ecomap administration considering age and verbal skills, such as that developed for data collection with young elementary students in New Orleans (Chap. 16).

Another challenge for researchers arose relative to the interpretation of the Ecomaps. For example, what does the number of social supports mean? If a child identifies five supportive relationships rather than three, is that significant? And, what about the quality of the relationships? Is there a way to determine the strength of the relationships depicted? And how do we interpret absent representations? These questions are just a few that arose during this study.

The Ecomap activity has practical utility as a technique to identify supportive and stressful relationships in multiple contexts and across developmental levels. Data can be collected and interpreted for individuals and groups, allowing for flexible administration options that can be adapted as needed. Perhaps most importantly, this technique allows for the collection of critical information without the requirement of a verbal response. Depictions representing stressful relationships and protective supports may provide valuable information for intervention particularly when working with a student who is less inclined to verbalize distress.

Ecomap Stories

Researchers noted several benefits to the use of Ecomap stories as a data collection technique. Ecomap stories allowed for content theme analysis that addressed both *etic* and *emic* perspectives of psychological well-being that can be compared across different ages, genders, ethnicities, and countries. While the Ecomap drawing activity provided information about the number, source (family, peer, etc.), and type of stressful and supportive relationships, related stories provided a description of *why* the student perceived a given relationship as stressful or supportive.

Unfortunately, one of the challenges experienced with this technique had to do with the acceptability of the activity for students. While most students enjoyed drawing activities, there was a range of responses to writing stories. The depth and detail of collected stories appeared to be largely impacted by age, verbal ability, writing skill, and motivation. For all of these reasons, many students in the present study preferred to tell their story verbally rather than write it down. The collection of written stories required a high degree of scaffolding of the task and encouragement on the part of researchers. Future research with this technique would benefit from identifying alternative ways to collect stories from students who are unwilling or unable to complete the activity as designed. One obvious alternative would be to audiotape and/or videotape student stories.

Similarly to the Ecomap data, Ecomap story themes can provide useful information for practitioners concerned with the psychosocial needs of their students. Written stories can be collected in a group setting and verbally relayed stories can be individually recorded. One of the notable advantages of using this technique is that it allows students to share their experience in their own words and with their own emphasis. They get to choose what is important to include and what is not. Stories representing stressful and supportive relationships can point to vulnerabilities experienced by students that they may not have previously identified as being a concern.

Such information would be valuable for implementing interventions across developmental levels.

Focus Group Interviews

There were multiple benefits with the use of the focus group interviews. Focus groups were conducted in all three of the data collection sites for this study. Data collection was facilitated with scripted questions that focused on the identification of good/bad qualities for specified individuals (student, friend, citizen, parent, teacher) as well as knowledge of feeling words, expressions of feelings, and situations that elicit feelings. Student acceptability for this activity was high across developmental levels; however, individual responsiveness within groups ranged considerably. One of the significant benefits of this technique was that it allowed for direct questioning of specific content knowledge and student opinions/perceptions relative to psychological constructs. The group facilitators also had the opportunity to ask follow-up questions depending on student responses.

One of the challenges of this technique was that it required a skilled facilitator for maximum results. Group size, verbal ability, and time of day are all variables that could impact results. For example, in the present study, students were eager to participate if taken out of an undesirable class activity and less eager to participate if missing a desirable activity. While large groups provided plenty of comment for analysis, staying on task was challenging for participants. Facilitators frequently had to redirect students back to the topic at hand and encourage the participation of less involved students. Additionally, data were collected via audiotaped recordings which meant that the loudest voices were the ones most likely to be heard when multiple students were speaking at one time.

Despite these challenges, the focus group technique was valuable in that it allowed for participants to share their views in their own words. A responsive and open facilitator can use the group interview to establish rapport with students

while collecting important data relative to student perspectives on a wide range of topics. Students who have never been asked their opinion regarding the topic of interest could have experienced the added benefit of feeling that their views are valued thus increasing their sense of worth.

Limitations

Of concern to researchers is the realization that due to the economic realities of education in Mexico, it is likely that both the most advantaged and disadvantaged of youth were not represented in this sample. The population sampled for this study was recruited from public school-attending youth in a largely urban area. Findings are notably representative of those from whom data were collected. It is unclear what differences might be obtained by sampling the significant portions of youth in Veracruz who attend parochial and/or private schools, as well as youth who are either living in the street or in rural and/or indigenous areas with limited access to educational services. Xalapa is home to a community service program for street children; the program utilizes a multi-tier prevention/intervention model to attack the problem of child poverty and its consequences from a sociopolitical, familial, and individual perspective. Future research might benefit from working collaboratively with this type of local organization to access participants from disenfranchised segments of the population in order to gain a more thorough representation of psychological well-being for youth in Mexico.

Conclusion

There are approximately 35 million school-age children in Mexico. The current mental health needs of these youth far exceed the mental health support and resources available. Despite a general awareness of the demand for additional mental health resources, there is limited research regarding the culture-specific nature of the mental health needs of children and youth in Mexico (e.g., Wells et al., 2012). This chapter addressed

a significant gap in the literature by providing in-depth descriptions regarding the psychological well-being of children and youth in rural and urban areas around Xalapa, Mexico.

Acknowledgments We would like to thank the families, students, and school personnel who participated in this study. Additional recognition is extended to Catalina Morillas Doddridge, Andrea Leonard-Morgan, Alison Marendt, and Jennifer Gonzalez for their various contributions to this project. Funding for this work was provided by the Georgia Association of School Psychologists, the College of Education Office of International Programs at Georgia State University, and the Office of International Initiatives at Georgia State University.

References

- Albores-Gallo, L., Saucedo-García, J., Ruiz-Velasco, S., & Roque-Santiago, E. (2011). El acoso escolar (bullying) y su asociación con trastornos psiquiátricos en una muestra de escolares en México (Spanish). *Salud Pública De México*, 53(3), 220–227.
- ASHOKA. (2008). *Mental health care for youth in modern Mexico: Current policy and recommendations*. <http://www.corstone.org/html/downloads/CorStoneMEXICO.pdf>. Accessed 11 Sept 2012.
- Bakeman, R., & Gottman, J. M. (1986). *Observing interactions: An introduction to sequential analysis*. New York: Cambridge University Press.
- Baker, C., Norris, F., Jones, E., & Murphy, A. (2009). Childhood trauma and adulthood physical health in Mexico. *Journal of Behavioral Medicine*, 32(3), 255–269.
- Belfer, M. L. (2008). Child and adolescent mental disorders: The magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry*. doi:10.1111/j.1469-7610.2007.01855.x.
- Benjet, C., Borges, G., Medina-Mora, M. E., Zambrano, J., & Aguilar-Gaxiola, S. (2009). Youth mental health in a populous city of the developing world: Results from the Mexican adolescent health survey. *Journal of Child Psychology and Psychiatry*, 50, 386–395. doi:10.1111/j.1469-7610.2008.01962.x.
- Blasco, M. (2004). ‘Teachers should be like second parents’: Affectivity, schooling and poverty in Mexico. *Compare: A Journal Of Comparative Education*, 34(4), 371–393. doi:10.1080/0305792042000294797.
- Borges, G., Wang, P., Medina-Mora, M., Lara, C., & Chiu, W. (2007). Delay of first treatment of mental and substance use disorders in Mexico. *American Journal of Public Health*, 97(9), 1638–1643. doi:10.2105/AJPH.2006.090985.
- Clauss-Ehlers, C. S. (2008). Sociocultural factors, resilience, and coping: Support for a culturally sensitive measure of resilience. *Journal of Applied Developmental Psychology*, 29, 197–212. doi:10.1016/j.appdev.2008.02.004.
- Espinola-Nadurille, M., Huicochea, I. V., Raviola, G., Ramirez-Bermudez, J., & Kutcher, S. (2010). Child and adolescent mental health services in Mexico. *Psychiatric Services*, 61, 443–445. doi:10.1176/appi.ps.61.5.443.
- Gallegos, J., Langley, A., & Villegas, D. (2012). Anxiety, depression, and coping skills among Mexican school children: A comparison of students with and without learning disabilities. *Learning Disability Quarterly*, 35, 54–61. doi:10.1177/0731948711428772.
- Garrido, E. (2009). Patronos, estereotipos y violencia de género en las escuelas de educación básica en México. (Spanish). *Revista De Estudios De Género. La Ventana*, 4(30), 7–45.
- Gonzalez-Forteza, C., Lira, L. R., Brambila, L. E. V., & Villarreal, C. R. (2001). Sexual abuse and suicide attempt associated with recent depressive distress and suicide ideation in adolescents. *Salud Mental*, 24(6), 16–25.
- Gurucharri, C., & Selman, R. (1982). The development of interpersonal understanding during childhood, preadolescence, and adolescence: A longitudinal follow-up study. *Child Development*, 53(4), 924–927.
- Gutierrez, G. (2002). Ethnopsychological method and the psychological assessment of Mexican Americans. *Hispanic Journal of Behavioral Sciences*, 24, 259–277. doi:10.1177/07399863020204003001.
- Hitchcock, J. H., Nastasi, B. K., Dai, D. C., Newman, J., Jayasena, A., Bernstein Moore, R., Sarkar, S., & Varjas, K. (2005). Illustrating a mixed-method approach for validating culturally specific constructs. *Journal of School Psychology*, 43, 259–278.
- Instituto Nacional de Estadísticas y Geografía. (2011, Marzo). *Perspectiva Estadística Veracruz de la Ignacio de la Llave*. <http://www.veracruz.gob.mx/wp-admin/wp-content/uploads/2011/11/perspectiva-ver.pdf>. Accessed 22 Sept 2012.
- Joffre-Velázquez, V., García-Maldonado, G., Saldívar-González, A. H., Martínez-Perales, G., Lin-Ochoa, D., Quintanar-Martínez, S., & Villasana-Guerra, A. (2011). Bullying en alumnos de secundaria. Características generales y factores asociados al riesgo (Spanish). *Boletín Medico Del Hospital Infantil De Mexico*, 68(3), 193–202.
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rohde, L. A., Srinath, S., Ulkuer, N., & Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, 378, 1515–1525. doi:10.1016/S0140-6736(11)60827-1.
- Lever, J. P. (2008). Poverty, stressful life events and coping strategies. *The Spanish Journal of Psychology*, 11(1), 228–249.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park: Sage.
- Lunjambio-Irazabal, S., Ciscomani-Freanar, F., & Freyre-Martinez, R. (2011, November) *Sistema Educativo de los Estados Unidos Mexicanos, principales cifras, ciclo escolar 2010–2011*. http://www.sep.gob.mx/work/models/sep1/Resource/1899/2/images/principales_cifras_2010_2011.pdf. Accessed 29 Oct 2012.

- Malott, M. E., & Martinez, W. S. (2006). Addressing organizational complexity: A behavioural systems analysis application to higher education. *International Journal of Psychology, 41*, 559–570. doi:10.1080/00207590500492773.
- Medina-Mora, M. E., Borges, G., Benjet, C., Lara, C., & Berglund, P. (2007). Psychiatric disorders in Mexico: Lifetime prevalence in a nationally representative sample. *The British Journal of Psychiatry, 190*, 521–528. doi:10.1192/bjp.bp.106.025841.
- Mertens, D. M. (2012). Transformative mixed methods: Addressing inequities. *American Behavioral Scientist, 56*(6), 802–813. doi:10.1177/0002764211433797.
- Nastasi, B. K., Varjas, K., Bernstein, R., & Jayasena, A. (2000a). Conducting participatory culture-specific consultation: A global perspective on multicultural consultation. *School Psychology Review, 29*, 401–413.
- Nastasi, B. K., Varjas, K., Schensul, S. L., Silva, K. T., Schensul, J. J., & Ratnayake, P. (2000b). The participatory intervention model: A framework for conceptualizing and promoting intervention acceptability. *School Psychology Quarterly, 15*, 207–232.
- Nastasi, B. K., Moore, R., & Varjas, K. (2004). *School-based mental health service: Creating comprehensive and culturally specific programs*. Washington, DC: American Psychological Association.
- Niblo, D., & Jackson, M. (2004). Model for combining the qualitative emic approach with the quantitative derived etic approach. *Australian Psychologist, 39*, 127–133. doi:10.1080/00050060410001701843.
- Organisation for Economic Co-operation and Development (OECD). (2010). *Higher education in regional and city development: State of Veracruz, Mexico, Higher Education in Regional and City Development*. OECD Publishing. <http://dx.doi.org/10.1787/9789264089013-en>.
- Organisation for Economic Co-operation and Development (OECD). (2012). *OECD family database, CO2.2: Child poverty*. Paris: OECD. www.oecd.org/social/family/database.
- Pérez, V., & Martínez, L. (2010). Diferencias en el miedo reportado por niños y niñas de 9 a 12 años de edad. *Suma Psicológica, 17*(2), 163–168.
- Selman, R. (1980). *The growth of interpersonal understanding: Developmental and clinical analyses*. New York: Academic.
- Todd, J. E., & Winters, P. (2011). The effect of early interventions in health and nutrition on on-time school enrollment: Evidence from the oportunidades program in rural Mexico. *Economic Development & Cultural Change, 59*(3), 549–581.
- UNICEF. (2009). *Study on poverty and disparities in childhood: The case of Mexico*. [http://www.unicef.org/socialpolicy/files/Mexico_ChildPovertyandDisparitiesReport\(1\).pdf](http://www.unicef.org/socialpolicy/files/Mexico_ChildPovertyandDisparitiesReport(1).pdf). Accessed 29 Oct 2012.
- Varela, R. E., Sanchez-Sosa, J. J., Biggs, B. K., & Luis, T. M. (2009). Parenting strategies and socio-cultural influences in childhood anxiety: Mexican, Latin American descent, and European American families. *Journal of Anxiety Disorders, 23*, 609–616. doi:10.1016/j.janxdis.2009.01.012. Accessed 22 Sept 2012.
- Varjas, K., Nastasi, B. K., Bernstein Moore, R. R., & Jayasena, A. A. (2005). Using ethnographic methods for development of culture-specific interventions. *Journal of School Psychology, 43*(3), 241–258.
- Wang, Y., Storr, C. L., Green, K. M., Zhu, S., Stuart, E. A., Lynne-Landsman, S. D., Clemans, K. H., Petras, H., Kellam, S. G., & Ialongo, N. S. (2012). The effect of two elementary school-based prevention interventions on being offered tobacco and the transition to smoking. *Drug and Alcohol Dependence, 120*, 202–208. doi:10.1016/j.drugalcdep.2011.07.022.
- Weller, S. C., Baer, R. D., Garcia de Alba Garcia, J., & Salcedo Rocha, A. L. (2008). Susto and nervios: Expressions for stress and depression. *Culture, Medicine and Psychiatry, 32*(3), 406–420.
- Wells, L., Varjas, K., Cadenhead, C., Morillas, C., & Morris, A. (2012). Exploring perceptions of the mental health of youth in Mexico: A qualitative study. *School Psychology International, 33*(6), 579–595. doi:10.1177/0143034311409978.
- White Kress, V. E., Eriksen, K. P., Rayle, A. D., & Ford, S. J. W. (2005). The DSM-IV-TR and culture: Considerations for counselors. *Journal of Counseling & Development, 83*(1), 97–104.

Mariny León and Amanda Clinton

Introduction

Early in February 2013, National Public Radio (NPR; Greene, 2013a, b) produced a week-long series of reports highlighting current issues on the island of Puerto Rico. The strengths mentioned in the broadcast served as a contrast to the severe realities currently faced by Puerto Ricans residing on the island (Greene, 2013a, b). Duly noted in the NPR stories were the myriad positive aspects of life in Puerto Rico, such as strong family ties that cross generations and the Latin-Caribbean music and rhythms that create a particular warmth and positive energy. The beauty and joy of Puerto Rico's people and its lifestyle are, however, marred by poverty, emigration, and violence. Indeed, the NPR reporter questioned whether the current scenario in Puerto Rico—one where the unemployment rate is at 14% (Greene, 2013b) and violent crime surpasses levels in the USA as a whole by a factor of six (Greene, 2013a)—will provide Puerto Rican youth the kind of environment needed to be able to grow, prosper, and, ultimately, take advantage of future opportunities. This chapter addresses one particular aspect of the issue of youth and health, that of psychological well-being, in a sample of Puerto Rican children and adolescents,

their families, and their teachers. In the upcoming pages, stressors and supports as viewed by children, parents, and educators are discussed within the context of life on the Caribbean Island of Puerto Rico.

The Island of Puerto Rico: Demographics and Health Care

Puerto Rico is a very small island, measuring approximately 100 miles long and 30 miles wide. Puerto Rico, situated approximately 1000 miles south of Miami and 700 miles north of Venezuela, was claimed by Christopher Columbus under the Spanish flag in 1493. The island remained colonized under Spanish rule for approximately 400 years prior to being ceded to the USA upon Spain's defeat in the Spanish-American war (Ayala & Bernabe, 2009). In 1917, President Wilson signed a bill making Puerto Rico an official US Territory and granting its residents US citizenship. Puerto Ricans continue to carry US passports and are American citizens, although, as a protectorate, they cannot vote in federal elections (presidential) and the island has no voting representation in Congress; residents possess voting rights only at the island level (local candidates). However, federal programs offering supports such as food stamps, low-income housing programs, student loans, and Medicare and Medicaid are available to the island's residents.

According to the 2010 US Census (U.S. Census Bureau, 2010b), Puerto Rico, whose

M. León (✉)
Universidad Interamericana, San Germán, Puerto Rico
e-mail: mariny.leon@upr.edu

A. Clinton
University of Puerto Rico, Mayagüez, Puerto Rico

population is 98.8% Hispanic and home to over 3.9 million residents, is “the poorest state in the nation.” The average income in Puerto Rico is estimated at nearly US\$ 27,000 per year in 2010 (U.S. Census Bureau, 2010b). According to the Puerto Rico Community Survey of 2007–2011 (U.S. Census Bureau, 2012a), approximately 1.1 million children and adolescents, or 28% of the island’s population, range in age from 0 to 19 years. Nearly 504,000 of the island’s residents are school-aged children: 355,115 students were enrolled in grades prekindergarten through grade 8, while 148,520 students registered between 9th and 12th grades in 2008 (U.S. Census Bureau, 2010a).

The Puerto Rico Health Department (Departamento de Salud de Puerto Rico, 2012) reported that 37.2% of children on the island live in homes headed by a female, adding that “the impact of childhood poverty on health and well-being is well known” (p. 52) and more common in single-parent homes. The low socioeconomic conditions on the island impact the public system overall, including education and health care. Although impoverished families receive access to public health centers through the Puerto Rican government, these services function poorly. That is, they exist largely in name due to the extremely limited availability of practitioners and sites, resulting in long wait times and required travel distance.

The majority of the island’s children, an estimated 95%, possess health insurance of some kind (Kaiser Family Foundation, 2010). However, this government-sponsored health care suffers from severe access limitations. The Puerto Rican Department of Health Title V funding proposal (Departamento de Salud de Puerto Rico, 2012) highlights serious problems with the public system of 330 primary health centers even in terms of service provision for very basic care, such as infant vaccinations.

When parents attempt to access the system, difficulties and challenges regarding actual service delivery for children and adolescents in need of health care are rampant. One example includes long wait times that extend to the better part of the day, as noted by this vignette:

One has to write down their name on the list at seven o’clock when they [the doctor] open the office. But the pediatrician can arrive anytime between eleven or twelve noon and even later around one o’clock. Sometimes I make number 20 and I end up leaving the office between four or five o’clock in the afternoon. The pediatrician is only in the office on Tuesdays and Wednesdays. (Departamento de Salud de Puerto Rico, 2012, p. 75)

Other issues include doctors who charge patients for services that should be provided for free. A serious lack of specialists, such as pediatricians, psychiatrists, and other specialists who work with children is evident:

I got up, you know, around four o’clock in the morning. I was the first to arrive and when I got there she [the pediatrician’s secretary] said, “Ah, the doctor gets here around 9:30 am.” I returned home and when I got back to the office, she [the secretary], told me, “Look, the pediatrician is in another town today. You have to go to [name of town].” (Departamento de Salud de Puerto Rico, 2012, p. 76)

Mental Health and Puerto Rican Youth

In the face of this dire lack of services, youth in Puerto Rico still demonstrate significant need for mental health supports. The Puerto Rico Health Department Needs Assessment (Departamento de Salud de Puerto Rico, 2012) specifically states that “the principal health conditions [during adolescence] are related to unhealthy behaviors and psychosocial factors” (p. 57). High-risk-taking behaviors include traumatic accidents, unprotected intercourse resulting in pregnancy and the spread of sexually transmitted infections (STIs), smoking, drug use, delinquency, and suicide. Results from the biannual Administration of Mental Illness and Anti-Addiction Services (ASSMCA) Survey by the Puerto Rico Department of Health (2010), titled “Monitoring the Future,” showed that during 2005–2007, adolescents suffered from a range of serious mental health issues. In terms of specific mental health diagnoses, the survey results indicated alcohol use and abuse as the most prevalent mental health concern among Puerto Rican adolescents (19.4%), followed by attention-deficit/hyperactivity disorder (13.1%),

major depressive disorder (11.5%), and conduct disorder (4.8%). As is commonly observed in gender comparisons in other cultures, female Puerto Rican adolescents demonstrated higher rates of depression (14.8%) than males (8.2%). Conversely, and also in line with research from other settings, adolescent males on the island were more frequently identified as presenting with conduct problems (6.7%) than females (2.9%).

Mental health conditions are also of concern for children between the ages of 5 and 14 years in Puerto Rico. According to the Departamento de Salud de Puerto Rico (2012), pediatricians participating in the Annual Meeting of the American Academy of Pediatricians, Puerto Rico Chapter, indicated mental health issues among the top reasons for patient referrals. The report mentions that “the most common conditions seen at the office are: upper respiratory infections, obesity, and hyperactivity syndrome” (p. 57). Thus, the second and third most common reasons for which parents of elementary- and middle-school-aged children seek a pediatrician’s assistance are mental health issues, notably hyperactivity or are physical health problems linked to psychosocial factors, such as obesity (Jacobson & Melnyk, 2012; Lu et al., 2012; Tiffin, Arnott, Moore, & Summerbell, 2011).

In terms of specific mental health diagnoses, the following conditions were indicated as most frequent among children from 5 to 14 years of age (Departamento de Salud de Puerto Rico, 2012): hyperkinetic syndrome of childhood (59.2%), adjustment disorders (10.1%), affective psychoses (5.7%), neurotic disorder (5.5%), and, finally, specific delays in development (5.3%). In terms of school-based services, the US Department of Education (2012) reported that, from 2008 to 2009, 21% of school-aged children in Puerto Rico were classified as requiring educational supports. The 103,118 students on the island who qualified for school-based special education services were categorized in the following order of frequency: specific learning disabilities, speech and language impairment, mental retardation, autism, emotional disturbance, multiple disabilities, hearing impairment,

visual impairment, orthopedic impairment, and “other” (p. 58; cf. Departamento de Salud de Puerto Rico, 2012).

Mental health concerns extend to the preschool population in Puerto Rico as well. The Departamento de Salud de Puerto Rico (2012) reports that the most common concern from parents and teachers of preschoolers is developmental delays (58.7%), which represent over half of the diagnoses at this age. Next, but at a much lower level, mental health conditions include hyperactivity (17.5%), psychoses with origin specific to childhood (7.7%), adjustment disorders (5.3%), and emotional disturbance (3.5%).

Social Emotional Development in Puerto Rico

A notable amount of the Puerto Rico Health Department Needs Assessment (Departamento de Salud de Puerto Rico, 2012) is dedicated to the serious concerns expressed by Puerto Rican parents and professionals regarding social-emotional well-being in children between the ages of 5 and 14 years. The report states, “In virtually all health dialogues with health professionals (staff, members of regional boards, and the Healthy Start Consortium), the socio-emotional development of children was an issue of great concern” (p. 80). Respondents to the needs assessment survey indicated specific concerns regarding suicide, depression, and attentional problems in Puerto Rican children. Survey respondents also made mention of the high levels of violence on the island, particularly domestic violence, and its negative impact on the island’s youth. Health professionals who contributed to the report made specific requests for improvements in family education and child rearing, as well as increased resources for mental health providers. The section of the report on socio-emotional development in elementary and middle school-aged children concluded: “While mental health is seen as a serious issue, mental health services are extremely scarce for children...[and there is] little capacity to tend to the needs of cases in Puerto Rico” (p. 81).

Similar concerns have been expressed for both preschool and adolescence. In terms of preschoolers, approximately 34,000 between the ages of 1 and 4 years are enrolled in Head Start programs on the island. Of those, 10.6% were classified as being overweight and 5.2% diagnosed with a conduct disorder (Departamento de Salud de Puerto Rico, 2012). The Puerto Rican government indicated that 39.2% of children whose mothers are enrolled in the Women Infants and Children (WIC) program, a federal support provided to mothers and children until age 5 who meet federal poverty guidelines and are at nutritional risk (US Department of Agriculture, n.d.), are considered overweight for their age and height.

Regarding adolescents and mental health in Puerto Rico, respondents to the Puerto Rico needs assessment (Departamento de Salud de Puerto Rico, 2012) mentioned “mental health as a serious issue in the adolescent population” in “most health dialogues” (p. 87). Critical issues within this age group included “suicidal ideas, suicidal attempts, depression and low self-esteem” (p. 87). Youth may receive up to six mental health visits without parental authorization according to Law 408. Several factors were indicated as prohibitive for youth who wished to take advantage of this right. First and foremost among these barriers is an “insufficiency of mental health services for the adolescent population” (p. 87). Other issues raised were related to the broader concern about a lack of mental health providers, highlighting problems including the lack of the Administration of Mental Health and Anti-Addiction Services to meet the mental health needs of Puerto Rican adolescents and broad layoffs of psychologists by the Department of Family Services. Other barriers were cultural and educational, such as stigma indicated by the view that mental health services are for “crazy people” and the fact that few adolescents know they have a right to psychological services without the permission of their parents or legal guardians.

A developing area of need in terms of psychological well-being for Puerto Rican adolescents is aggression and violence. When high school

students are asked about the most serious problems in their schools, a majority identify fighting between friends and among students. Some youth who responded to the Puerto Rico Mental Health Youth Health Promoters Program indicated “a lot of pressure to provoke fighting” as a result of conflicts over jealousy, gossip, and teasing (Departamento de Salud de Puerto Rico, 2012). Although provoking fights was rarely seen as justified by youth, defending oneself was considered acceptable. As one adolescent explained:

Whenever you have a problem with another person and they want you to fight with that person they start shouting many things at you. They pressure you to hit the person. You think, I am not going to let them tell me those things...I better hit. (Departamento de Salud de Puerto Rico, 2012, p. 87)

The Need for Mental Health Services in Puerto Rico

The recognition of mental health and well-being as areas of concern by professionals, parents, and many young people on the island of Puerto Rico is reflected in the words of one respondent to the Puerto Rico needs assessment (Departamento de Salud de Puerto Rico, 2012):

A child living in a family with no good mental health, this family is unable to give the child a good example of how to deal with situations in a correct way. If the child always sees that the family members often shout at each other, use aggressive gestures and raise their fists, they [children] will most likely perceive the world in a twisted way. When you go out you see mothers who scream at the small children, threatening them to “break their faces.” The child’s socioemotional health gets adversely affected (p. 84).

Recommendations for improving psychological well-being for children and youth include parental education programs, positive child-rearing workshops, resources for psychologists, and prevention and intervention in the schools. Although mental health is seen as a serious issue in Puerto Rico, few resources are provided to help inform the public; develop, implement, and evaluate programs; or provide serious psychological services on an individualized basis.

In summary, the most recent data on Puerto Rican children and youth indicate serious mental health needs. Many youngsters are diagnosed with mental health conditions for which very few services are available. Others may neither have a diagnosis nor demonstrate behaviors reaching a threshold level for receiving a diagnosis. However, regarding these children, health professionals have made it clear to the government of Puerto Rico that further development is required in terms of understanding and work in these areas as well; a significant need for prevention and intervention exists and must be addressed. The current study aims to further elucidate these critical areas in mental health specifically within the Puerto Rican context. The current study describes data from a Puerto Rican sample that was collected as part of the *Promoting Psychological Well-Being Globally* (PPWBG; Nastasi & International Psychological Well-Being Research Team, 2012) project.

Methodology

Data for the Puerto Rican sample were collected from August to December of 2011. Two private schools, both of Catholic origin, participated. Each school is considered in the middle range for tuition fees and both are located on the western side of the island. The US Census Bureau (2012b) reported that the median income in Puerto Rico in 2011 was US\$ 18,600 with a margin of error of US\$ 358, suggesting that the middle-range two-parent family similar to those of participants in the current study would have a household income of approximately US\$ 40,000.

Participants

Participants included 41 students (ages 5–17 years), 13 teachers, 10 parents (8 mothers, 2 fathers), and 8 school support personnel (security and cleaning staff). Students were recruited according to school-level groupings: 6 elementary school children, ranging in age from 5 to 10 years; 16 middle school students, ages 11–14 years old;

and 19 high school students, ages 15–17 years. In terms of gender, the sample consisted of 19 girls and 22 boys. The elementary school participants included two females and four males; middle school, seven females and nine males; high school, ten females and nine males. All students were Hispanic Puerto Ricans.

Procedures

Data for the present study were collected at two medium-sized private Catholic schools in a mid-sized town on the island of Puerto Rico. In order to gather data, contact was made with the school principals, and an orientation about the PPWBG project offered to the schools' administrators. Upon receiving permission from the school principals, a brief written summary of the project and a consent form were sent home with children who met the age requirements for participation in the project. Students who returned parental consent forms were scheduled for interviews.

The focus group interviews were conducted in the following manner: Boys and girls met in separate groups on different days. They were interviewed by the same undergraduate student from the University of Puerto Rico. Student interviews were carried out in the same classroom in their school. The group interview for parents was conducted in a different classroom at their child's school. Those parents who were unable to attend an in-person interview due to work and family constraints were interviewed individually over the phone by psychology students. Of the ten parents who participated in the study, four attended a focus group meeting and six were interviewed individually via phone. Teachers and school support personnel interviewed individually in school premises by undergraduate students of psychology. Teachers were interviewed in their classrooms and support personnel was interviewed in their primary office building which is located on school grounds separate from the main structure.

Data were coded according to the criteria established for the PPWBG study (described in Chap. 2). First, students were divided by age and grade. Subsequently, responses to each question

were categorized depending on its content. The labeling of interview data by speaker (respondent) permitted the coding of responses at individual as well as collective (group) levels. The same process was followed for parent, teacher, and school personnel responses.

Limitations

Certain factors affected the data collection, mostly the dropout rate of the participants, which was approximately 20%. As with many school-based projects, finding adequate space to complete interviews presented a challenge. Typically, interviews were conducted in offices or classrooms, where ambient noise was evident, ventilation was inadequate, or other school workers would need to enter on occasion. Furthermore, this sample is limited by including private school students only, and those who attend a Catholic school. It may be that students in other academic settings have different stressors or distinct support systems.

Results

This section presents findings from focus groups, and individual interviews conducted with adults and students. Findings are organized by source or participant group: school support personnel, classroom teachers, parents, and students. For each source, findings are organized around themes based on questions posed to the respective participants.

School Support Personnel

School support personnel included janitors and security guards. They were asked to respond to questions regarding definitions of psychological well-being and psychologically healthy environment, factors affecting psychological well-being of students, the roles of parents and community members in facilitating well-being of children and youth, and methods for promoting their

well-being. The findings for each topic are summarized in this section.

Defining a Psychologically Healthy Environment

When asked to describe a “psychologically healthy environment,” school support personnel explained that a psychologically healthy environment is one that facilitates engagement in work that is rewarding in some way. More specifically, they indicated that a positive environment facilitates sharing with others, effectively being a good influence or example by working well within the system, and encouraging social interaction and engagement among others, particularly students, teachers, parents, and staff.

Psychological Well-Being and Students

Personnel at the participating schools shared the observation that the psychological well-being of children and adolescents is affected by a variety of factors. Specific factors mentioned included interfamily relationships (abuse, mistreatment, etc.), physical health (both the students and that of their caregivers and relatives), the home environment (fighting, stressors, divorce, etc.), and the economy.

Role of Parents and Community

School support personnel stated that family support is critical. Personnel generally indicated that school and family must be supportive of children and youth, but set reasonable limits as well. That is, support staff recommended a combination of rules combined with warmth and caring. In terms of the roles of community and society, school personnel indicated a need for society to guide and educate children and youth as well as to contribute to the overall well-being of youngsters on their island.

Methods for Promoting Psychological Well-Being

School support personnel recommended several methods for promoting the psychological well-being of children and adolescents in the school context. These were: (a) being understanding when students need to talk about their lives, (b) emphasizing respect between students and adults in the school setting, (c) establishing firm rules that help reduce conflicts and aggression,

and (d) providing education about conflict management to the staff at the school.

Classroom Teachers

Teachers responded to questions about the roles of teachers, parents, and students. They provided information about the cultural expectations for students and adults (teachers, parents, and community members) and the responsibilities of adults for promoting psychological well-being of children and adolescents. Teachers also responded to questions about students' stressors and behavioral challenges.

Teacher Expectations Teachers indicated expectations of students within their particular classrooms, while also sharing some general expectations for teachers and teacher–student interactions. Teachers working with children in middle school and high school expressed the desire to be supportive of their students, in combination with a strong commitment to student learning. In terms of behavioral expectations, the teachers concurred that teaching their students to be responsible, cooperative, internally motivated to learn, and succeed academically is all important. The teachers further emphasized the importance of respect, both between students and between teachers and students. Overall, the teachers indicated a strong desire to help their students learn academics while also guiding them as they develop into upstanding citizens. Furthermore, interest and enthusiasm for learning were of key importance for teachers and students.

Role of the Teacher in Student Psychological Well-Being Participating teachers saw themselves as key to facilitating development of the qualities related to student well-being. The teachers shared an interest in helping their students distinguish between positive and negative influences and encouraging students to trust that they can share their concerns with teachers. Should a student face a particular challenge in life, teachers felt it was important for them to listen and talk with their students about the problem,

thereby facilitating psychological well-being. The teachers reported that they see themselves as being “frontline” responders in that they feel responsible for knowing their students well enough to recognize when a student may be in need of help and support.

Roles of Parents and Community The roles teachers considered key for parents in terms of facilitating psychological well-being of students are for mothers and fathers to set a positive example for their children. Teachers indicated the importance of parents modeling problem-solving and respect and reinforcing the same. Furthermore, teachers stated that parents must be figures of authority for children and must teach values in the home. Teachers also think that parents must spend time with their children in order to help them progress academically and develop emotionally. In this way, parents will be aware of the well-being of their children and need for further support. In addition to emphasizing the role of parents themselves in a child's well-being, teachers shared that extended family members also can help youth develop in an emotionally and intellectually positive manner by spending time with them and supporting good study habits.

In terms of teacher perspectives of the role of the community and society, some contradictions were observed. Some teachers (47%) stated that the role of society is to help children develop as civic-minded individuals. This implies providing parent education regarding child rearing, fostering study habits, emphasizing the importance of studying, and cultivating the development of values through training and modeling. Other teachers (53%) placed a lesser emphasis on the role of society and community in teaching skills or knowledge to children. Instead, they put greater emphasis on society and community as providers of extracurricular activities and infrastructure, such as libraries and community centers. These teachers further suggested that society and community offer events for the public that allow parents and children to spend free time together.

Stressors Teachers reported that the most common source of stress for their students was

grades. This was followed by stress related to making and maintaining friendships, family problems, and low self-esteem. Teachers indicated the belief that their reports represent an accurate reflection of student stressors since it is common for students to approach teachers when they have problems and seek teacher guidance. Students who do not typically look to their teachers for support tend to demonstrate behavioral changes when they are under stress; these students become more withdrawn or act out, their mood becomes more volatile, and their grades start slipping. In general, educators indicated they reach out to students under these circumstances and attempt to offer them support. When this is ineffective, the teachers contact the child's parent or legal guardian.

In terms of addressing student stress, teachers offered a variety of solutions. Typically, the first response is to attempt to alleviate the problem. If the student indicates the issues are at home, teachers will counsel the student informally, find school-based supports, or, when necessary, contact the authorities. When a student is under significant stress due to academic pressure or learning challenges, attempts are made to help the student address this issue. This may be through discussions with the teacher to help improve confidence or tutoring on specific topics.

Teachers who participated in the interviews expressed concerns that there are few resources to help their students when they are under significant stress or face problems. Teachers shared that, in addition to themselves, parents, the school's guidance counselor, the principal, and other personnel do their best to help students when they are in need. However, the teachers specifically bemoaned the lack of mental and behavioral health professionals, particularly psychologists, in the school setting. The educators believe that one reason students often seek inappropriate means of alleviating stress is that there are no dedicated mental health resources in schools in Puerto Rico.

Behavioral Challenges Teachers reported that their primary disciplinary concern is the lack of values among students toward property and

other persons, as well as failing to respect adults. They manage these challenges by implementing rules and making expectations as clear as possible. Students also are penalized, as necessary, for breaking classroom rules. Even though the teachers reported to prefer dialoguing with students and achieving compromise as their primary means of discipline, they stated that sometimes disciplinary measures such as reprimands or a referral to the director's office can be more effective. For this reason, teachers indicated that they carefully consider their responses to inappropriate behaviors.

Disciplinary measures taken when students consistently break classroom rules and fail to follow school policy typically consist of removal of privileges. Students may lose opportunities to have social activities, such as parties in the classroom, or lose bonus points toward their grades. If the problem is not resolved through removal of privileges, teachers meet with parents and/or refer the child to the guidance counselor or principal. When teachers face these significant problems, they seek the support of their colleagues in helping make determinations about how to proceed. If these prior efforts do not result in behavior change from a student, the school has a discipline board that is consulted.

Parents

Mothers ($n=8$) and fathers ($n=2$) were interviewed in group or individual format. They were questioned about their expectations for children and adolescents, the stressors experienced by children, and the behavioral challenges they faced in socializing their children. They also responded to questions about the role of parents, school, and community in supporting their children's psychological well-being. Findings are organized by topic.

Parent Expectations Mothers and fathers of students indicated that their predominant expectation was that their children finish high school, continue their studies at a vocational or college level, and, ultimately, achieve their goals. They

also expected their children to become good citizens who contribute to their communities and recognize right from wrong. Furthermore, parents shared that they would like their children to give 100% effort to their endeavors in order to become responsible and respectable adults. Finally, parents emphasized the expectation that their children would have faith in God.

Role of the Parent in Promoting Student Psychological Well-Being Parents said that the way they best contribute to the well-being of their children is by being good role models and providing positive examples for their sons and daughters to follow. Responses from parents indicated consensus that a parent is the person who facilitates responding to a child's needs and guiding the development of character. Parents further shared that they believe it is important to be available to one's children, to help them, and to continue to grow themselves, as parents and persons, in order to encourage positive psychological development in youngsters.

Role of Schools and Community in Promoting Student Psychological Well-Being Parents said that the role of teachers and schools was to educate their children. However, parent responses indicated recognition of an expansion of the role of educators: Whereas the school setting might have previously been largely focused on academics, it now includes development of morals and values. Furthermore, the parents in the Puerto Rican sample indicated that the role of the community is to provide a positive environment in which children can socialize and be able to develop as professionals. However, parents expressed concerns that community and society often espouse norms and values that contradict those taught in the home. They worry that society has become a negative influence and the government and religious organizations within the community often offer examples that cause more harm than good.

Stressors Parents indicated that the stressors their children experience are based largely on societal pressures. For example, parents indicated

that disorders such as bulimia and anorexia result from portrayals of "the perfect look" for young women. Furthermore, parents indicated that the pressure to be "cool" and "in style" weighs on them and their children. Additionally, school assignments and demands cause stress. Often, their children must balance being in class, completing homework, and attending extracurricular activities. Parents shared that they perceive peer pressure as a stressor in that their children try to be someone they are not in order to obtain acceptance at school and in social circles. Their children and teens further demonstrate frustration when they are not allowed to do what they want or when they set expectations extremely high (i.e., achieving perfection) for the activities in which they engage.

Parents said that they perceive high levels of stress in their children and adolescents by observing their behavior. For example, their child might close themselves in their room, refuse to talk or eat, seem flat in terms of affect, or demonstrate significant sadness and lose their sense of humor. Parents attempt to address these situations by counseling their children through advice or sharing time together to help encourage relaxation and distraction (i.e., going for a walk, seeing a movie, and playing a game). Sometimes they pray with their child. In general, parents in Puerto Rico stated that communication is critical to helping their youngsters manage stress. Parents indicated that when they were unable to help their child, they were willing to seek professional help or to consult the extended family.

Behavioral Challenges Parents noted that the TV, music, and the Internet compete with them as behavioral examples for their children. In general, parents indicated that it is difficult to manage all of the demands on their time (i.e., home, work, and relationships) and that consistently managing their child's behavior is not easy. On occasion, for example, the parents disagree about how to address behavioral issues. However, respondents indicated a consistent interest in establishing norms and following through with them. Parents prefer to begin with positive communication.

Common disciplinary techniques reported by Puerto Rican parents included removing privileges, grounding children, or discussing issues of right and wrong when problems arise. Many respondents shared an inclination toward spanking, stating that “time-out” does not work. When parents need further support to address disciplinary issues, they talk to church clergy, family members, or professionals.

Students

Students were interviewed on a number of topics. They were asked to identify the cultural expectations for youth in the role of student, friend, and citizen and the roles of teachers and parents. They also were questioned about common emotional experiences of youth. Findings are summarized by topic.

Defining “Good” and “Bad” Students Students were asked to distinguish the characteristics of “good” and “bad” (or poor) student. They described a “good student” as one who is dedicated to their school responsibilities and completes his or her work, one who earns good grades, and on who listens to and respects the teacher. The majority of respondents (75% of individuals within focus groups) indicated that being respectful to the teacher and kind to peers is a highly desired characteristic in the school setting. A “bad student” was described as one who earns low grades, in large part due to his or her inappropriate behavior and lack of following school rules. Furthermore, “poor students” typically are unwilling to improve, choosing to continue in their pattern of irresponsible decisions. The most common description of a “poor student,” reported by 85% of students in focus group interviews, is one who does not respect anyone.

Defining Friendship According to student respondents, a good friend is a person who is always willing to offer support and give advice. This friend is available through good and bad times. True friends demonstrate unconditional

respect, confidence, fidelity, and acceptance of one another. Students indicated that a person who cannot be considered a friend is one who “uses you,” is a hypocrite, lies or misleads you, and is not available in times of need. In general, this person pretends to be a good friend but treats you badly, often criticizing you, and is someone in whom you cannot confide, since they give away secrets. Bad friends are also cruel and engage in behaviors like talking about you behind your back.

Defining Citizenship A good citizen is cooperative and helpful, according to students. That is, a good citizen worries about other people, the community, and the environment. Respondents in this study consistently used descriptions such as “a person who is respected by others” to define a good citizen. The opposite of a good citizen is someone who pays little attention to community or environment and instead focuses on his or her own needs. This person may go further than ignoring his or her surroundings to the point of damaging them. That is, a bad citizen is one who steals, pollutes, or litters and does not follow laws designed for the well-being of everyone. In summary, this person cares only for his/ herself.

Defining Parenthood A “good” parent is a person who is consistently available to his or her children and offers them unconditional support, even when the child is experiencing the worst possible circumstances. Student participants in these interviews stated that a good parent worries about his or her children and desires the best for them. In addition to providing emotional support and security, students described a good parent as one who provides children with food to eat, a home to live in, and an “emotionally healthy” (i.e., a nurturing or positive/abuse-free) environment. In addition, parents offer advice and understanding when their children seek this from them. In contrast, a “poor” parent demonstrates little interest in, or care for, his or her children. Poor parents also may physically and emotionally abuse children, fail to provide them emotional support, and, furthermore, dedicate little time to the children.

Defining the Role of Teachers According to student respondents, a “good” teacher is someone who worries about and cares for students. Teachers express their concerns for students specifically by working hard to teach well and ensure student learning. Furthermore, teachers are professionals that students respect and who possess the ability to help children. Good teachers were further defined as being very patient individuals. “Poor” teachers were described as those who are disinterested in student learning and academic progress. These teachers also commonly demonstrate a lack of respect toward students and may yell in the classroom, are highly impatient, or even embarrass students in front of their peers. Poor teachers were also defined by inadequate teaching skills and a lack of mastery of material they are charged to teach their students.

Commonly Experienced Emotions Reported by Students

Student participants reported commonly experienced emotions as including happiness, concern, anger, love, and sadness. Participants described how they expressed feelings, how they identified them in others, and, in the case of feelings of distress (concern, anger, and sadness), how they coped with the feelings or helped others cope. The only feeling that all age groups shared was happiness. Sadness was expressed by children (ages 5–10), but not by adolescents (ages 12–17). In contrast, only adolescents talked about concern, anger, and love.

Happiness In general, when the students are happy, they dance, play, and laugh. Happiness is typically observed by children and adolescents through outright expressions such as smiles and laughter. Students identify happiness in their peers by paying attention to behavior. In addition to noting laughter as a sign of happiness, children reported recognizing happiness through increased sociability and playfulness and facial expressions. Students express their happiness the same way they perceive it in others, that is, laughter, smiles, and facial expressions. More emphatic

ways of expressing happiness include dancing or singing. The respondents in these interviews stated that happiness can occur through a domino effect. That is, if one person is happy, it tends to lead to others feeling happy as well. By default, people maintain the good ambiance making the happiness last.

Concern This feeling was identified by adolescents (12–17), not younger children (ages 5–11). Results regarding this item should be interpreted with caution as responses suggest students answered the question in terms of how they feel about or worry for others, rather than addressing their source of their own concerns. Students indicated that they know when others are preoccupied by noticing a person in deep thought who seems distracted, overwhelmed, or as if they are trying to make a decision. The students express “preoccupation” by talking about the source of these thoughts and attempting to act in a manner distinct from their typical patterns. In order to feel better when they are deeply concerned, students try to focus on something different or even ignore the source of the problem. On occasion, they mention they prefer to address the issue directly to resolve it and alleviate the stress. The best way to help someone who is preoccupied, according to this sample of Puerto Rican youth, is to offer advice.

Anger Similar to worry/concern, this feeling was identified by adolescents (12–17 years of age) rather than children (5–11 years of age). In general, students experience anger when they find themselves in the middle of a disagreement or when being mistreated, like being insulted, pushed, or hit. Students shared that they can identify an angry person by their mood, attitude, and facial expressions. Specifically, an angry person is negative, does not smile, tends to glare at others, and shows body signs of being tense and upset. When they themselves become angry, adolescents reported a tendency to express their anger by breaking and throwing objects, yelling or screaming at others, and hurling insults. Normally, however, respondents said they try to find someone to help them calm down and deal with

the situation that is causing them to feel angry. When this is not possible, they attempt to distract themselves and calm down before the situation escalates. In terms of helping their peers work through angry feelings, adolescents shared that they are willing to listen to their friends and let them vent and talk about their problems.

Love Similar to the aforementioned emotions, with the exception of happiness, love was selected only by adolescent participants. The majority of teens (95%) in this study indicated that they feel warmth and caring in association with feelings of love. However, many also mentioned that it is important to love oneself before focusing on gaining the love of others. Adolescents relate love with tranquility, happiness, and caring about themselves and others. In terms of identifying others who are experiencing love, students said a person who is in love becomes more lovely and happy than usual, particularly when he or she is close to the person that generates this feeling. They also reported the presence of “a sparkle in their eye” as a major behavioral indicator of love. However, there is also the most direct way of showing love, telling someone you love them. The most common way to express love was described by students as hugging, kissing, and telling others you love them. Similar to the response regarding happiness, love was described by adolescents as having a domino effect on people.

Sadness Sadness was identified by children (5–11 years of age), not adolescents. Children between the ages of 5 and 11 indicated they feel sad when their toys are taken away, when they are grounded or scolded, and when they fight with others. The main way children recognize sadness in others is when they observe someone cry or when someone indicates that they prefer being left alone. The young respondents in this study indicated that they express their sadness by engaging in fights with others, screaming and yelling (25%); crying (65%); or being alone (10%). To deal with the sadness, children typically ask parents or another authority figure for help. They also try to distract themselves by

playing or sharing with others. Sometimes, if they notice another child is sad, an attempt will be made to talk to him or her and make them feel better.

Conclusions

Data from the Puerto Rico Department of Health (Departamento de Salud de Puerto Rico, 2012) make it clear that psychological well-being is an area that requires greater attention and resources on the island. The situation regarding poverty, stress, and violence on the island has become so severe that it has been covered in news reports, such as the NPR series mentioned at the outset of this chapter. The results from interviews with school personnel, teachers, parents, and students highlight the critical need for mental health support. Although students possess numerous strengths and understand emotions, they clearly face myriad circumstances and challenges that require additional preventive and intervention services. This need was specifically indicated by their teachers.

Certainly, addressing psychological well-being is a complex proposal under any circumstances. In Puerto Rico, where cultural and identity issues combine with economic challenges and significant poverty and violence (Departamento de Salud de Puerto Rico, 2012), this may be an even greater challenge. It is generally recognized that many well-trained professionals leave the island to pursue opportunities in the USA (Caribbean Business News, 2013; U.S. Census Bureau, 2010a) and this is true of psychologists. In order to provide the support for parents and teachers interested in providing positive contexts for their children, an effort should be made to retain mental health professionals.

Psychologists could directly address issues highlighted as critical by teachers, parents, and other educators. For example, problem solving was designated as an important need. Numerous universal prevention programs, most with Spanish language versions, could be administered in the school setting to help improve these skills. These could include programs such as *Life Skills*

Training (Botvin & Griffin, 2004) and *Promoting Alternate Thinking Strategies or PATHS* (Greenberg, Kusche, Cook, & Quamma, 1995). Stress related to school and social pressures could also be addressed by psychologists and/or mental health teams using instruction in methods such as time management, exercise, and healthy habits.

Given the significant need on the island, further work in culturally and developmentally appropriate methods for helping children, youth, and their families acquire appropriate skills to address mental health issues is of great importance. Puerto Rico is an island with inspiring natural beauty, a rich cultural heritage and, above all, caring people who are oriented toward family and community. In order to ensure that its children and youth live the healthiest, happiest lives possible, it is important to address their psychological well-being.

References

- Ayala, C. J., & Bernabe, R. (2009). *Puerto Rico in the American century: A history since 1898*. Chapel Hill: University of North Carolina Press.
- Botvin, G., & Griffin, K. W. (2004). Life skills training: Empirical findings and future directions. *The Journal of Primary Prevention*, 25, 211–232. doi:10.1023/B:JOPP.0000042391.58573.5b.
- Caribbean Business News (Staff Writers). (2013, January 18). Census: PR ‘brain drain’ picking up. *Caribbean Business*. <http://www.caribbeanbusinesspr.com/news/census-pr-brain-drain-picking-up-80281.html>. Accessed 4 Jan 2013.
- Departamento de Salud de Puerto Rico. (2010). *Monitoring the future: Administration of Mental Illness and Anti-Addiction Services (ASSMCA) Survey*. <http://www.salud.gov.pr/Programas/ProgramaMadresNinosAdolecentes/Documents/Seccion%20de%20Monitoreo/PR%20NEEDS%20ASSESSMENT%202010–2015.pdf>. Accessed 4 Jan 2013.
- Departamento de Salud de Puerto Rico. (2012). *The Puerto Rican Health Department's needs assessment 2012–2015*. <http://www.google.com.pr/#q=www.salud.gov.pr+health+needs+assessment+2012-2015>. Accessed 4 Jan 2013.
- Greenberg, M. T., Kusche, C. A., Cook, E. T., & Quamma, J. P. (1995). Promoting emotional competence in school-age children: The effects of the PATHS curriculum. *Development & Psychopathology*, 7, 117–136. doi:10.1017/S0954579400006374.
- Greene, D. (2013a, February 6). Puerto Rico’s battered economy: The Greece of the Caribbean? (Radio series). <http://www.npr.org/2013/02/06/171071377/>. Accessed 4 Jan 2013.
- Greene, D. (2013b, February 7). Don’t give up on us: Puerto Ricans wrestle with high crime. (Radio series). <http://www.npr.org/2013/02/07/171071473/>. Accessed 4 Jan 2013.
- Jacobson, D., & Melnyk, B. (2012). Primary care healthy choices intervention program for overweight and obese children and their parents. *Journal of Pediatric Health Care*, 26, 126–138. doi:10.1016/j.pedhc.2010.07.004.
- Kaiser Family Foundation. (2010). *State Health Facts 2010 data sheet*. www.statehealthfacts.org. Accessed 4 Jan 2013.
- Lu, E., Dayalu, R., Diop, H., Harvey, E. M., Manning, S. E., & Uzogara, S. G. (2012). Weight and mental health status in Massachusetts, National Survey of Children’s Health, 2007. *Maternal and Child Health Journal*, 16(Suppl 2), S278–S286. <http://link.springer.com/article/10.1007%2Fs10995-012-1145-1>. Accessed 4 Jan 2013.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting Psychological Well-Being Globally project*. (Updated study procedures). Department of Psychology, Tulane University, New Orleans, LA.
- Tiffin, P. A., Arnott, B., Moore, H. J., & Summerbell, C. D. (2011). Modelling the relationship between obesity and mental health in children and adolescents: Findings from the Health Survey for England 2007. *Journal of Child & Adolescent Psychiatry Mental Health*, 5, 31. doi:10.1186/1753-2000-5-31.
- U.S. Census Bureau. (2010a). *Poverty status of families by family type, nativity, and U.S. citizenship status and householder: 2009*. <http://www.census.gov/population/foreign/data/cps2010.html>. Accessed 4 Jan 2013.
- U.S. Census Bureau. (2010b). *2010 census shows America’s diversity*. <http://2010.census.gov/news/releases/operations/cb11-cn125.html>. Accessed 4 Jan 2013.
- U.S. Census Bureau. (2012a). *Puerto Rico community survey: 2007–2011 PRCS 5-year*. http://www.census.gov/acs/www/data_documentation/summary_file/. Accessed 4 Jan 2013.
- U.S. Census Bureau. (2012b). *Household income for states: 2010 and 2011*. <http://www.census.gov/prod/2012pubs/acsbr11-02.pdf>. Accessed 4 Jan 2013.
- U.S. Department of Agriculture. (n.d.). <http://www.fns.usda.gov/wic/women-infants-and-children-wic>. Accessed 4 Jan 2013.
- U.S. Department of Education, National Center for Education Statistics. (2012). *The condition of education 2011 (NCES 2011–045), Indicator 6*. <http://nces.ed.gov/fastfacts/display.asp?id=96>. Accessed 4 Jan 2013.

Mapping Psychological Well-Being: The Case of Children and Adolescents in Romania

10

Valeria Negovan, Vlad Petre Glăveanu
and Elena Stănculescu

Introduction

Understanding children and adolescents' psychological wellbeing is a global imperative. Conducting this type of research in Romania, a country that underwent major transformations in the past two decades at a political, economic, and social level, is even more pressing. Both the family life and school system of the country have been subjected to significant changes (Mărginean, 2002; Robila, 2004; Schifirnet, 2007; Stănculescu, 2010), raising important questions about children's experiences amidst such changes and to what degree their life, education, and wellbeing are affected by them. This is particularly important because an accurate identification of how the main actors of the school system in Romania (students and teachers) make sense of psychological wellbeing is central for the development of healthy schools and communities, aligned with international standards for contemporary education.

As such, the effort to “map psychological wellbeing” among Romanian children and adolescents

is motivated by a series of objective factors. First and foremost, educators and psychologists in this country lack a unified conceptual framework of wellbeing as well as a clear understanding of its development, main actors, determinant factors, and consequences (Băban, Crăciun, Balazsi, Ghenea, & Olsavszky, 2007). Second, although such models exist in the broader literature (Bradshaw, Rees, Keung, & Goswami, 2010; Bradshaw & Keung, 2011; Cummins & Lau, 2005), they cannot be directly applied in Romania without taking into account the cultural specificities of this particular developmental and educational context. Research conducted in this setting would be able not only to generate a context-specific model of wellbeing but also potentially enrich global frameworks by highlighting the role of cultural differences. Thirdly, on a practical note, the educational system in Romania has been experiencing in the past years a deep-seated process of restructuring (The Ministry of Education, Research and Youth, 2007; Zamfir, 1997) and, as a consequence, it is in dire need of a solid ground on which to build programmes for optimising student learning and wellbeing and improving student–teacher relations. The research reported in this chapter has the potential to address these theoretical and practical issues.

The present study was conducted as part of the project *Promoting Psychological Wellbeing Globally*, initiated and coordinated by Bonnie Nastasi, under the auspices of the International School Psychology Association (ISPA) and the Society for the Study of School Psychology

V. Negovan (✉) · E. Stănculescu
University of Bucharest, 90, Panduri Avenue, Bucharest,
Romania
e-mail: negovanvaleria.ro@gmail.com

E. Stănculescu
e-mail: elistapsy@yahoo.com

V. P. Glăveanu
Aalborg University, Kroghstræde 3, 9220, Aalborg,
Denmark
e-mail: vlad@hum.aau.dk

(SSSP). The research performed in Romania followed the general objectives and methodology of the project (see Chap. 2) while being sensitive to the specificity of the local population and attuned to the tradition of Romanian school psychology (Negru & Băban, 2009; Stevens, Constantinescu, & Butucescu, 2011). In particular, we followed a grounded approach to uncovering what educational communities understand by psychological health in the case of children and adolescents, in an effort to support the development of evidence-based programmes for promoting students' wellbeing through individual and ecological change. This chapter reports data collected from students and adolescents through the use of ecomaps, individual stories, and focus group interviews. Before outlining the main findings, we offer below a brief summary of existing literature on the Romanian setting and a review of the (few) sources that consider wellbeing in this context.

Growing Up in Romania

In order to "locate" our findings about children and adolescents' psychological wellbeing, we need to reflect on what is characteristic for the Romanian context, particularly in what children, families, and education are concerned. However, to understand this context, we must start from some basic notions about the historical and social coordinates of the country. Romania is a country situated in southeastern Europe, with a population of about 21 million, slightly more than half living in urban settings (Robila, 2004). The relatively high percentage of people living in rural areas points to one defining characteristic of the Romanian culture, its proximity to nature, connection to the land, and values related to family and community life. Another important sociocultural feature relates to the country's Latin origins, a unique element among the predominantly Slavic cultures of Eastern Europe. Indeed, Romanians seem to have "preserved an awareness of their Latin origins throughout the centuries, . . . serving both as a means of defence and self-preservation" (Treptow, 1997, p. 74). These origins are reflected in the use of a romance language and a

self-representation that brings this ethnic group closer to Italian, French, and Spanish communities and their association with warm, passionate, and extravert personalities (Oakland, Ilescu, Dincă, & Dempsey, 2009; Triandis, 1995).

However, unlike the former, Romania has been, due to its geographical location, subjected to very different historical influences, starting from its initial belonging to the Byzantine world (Treptow, 1997). As a consequence, the religion of the country is Christian orthodox, and this adds further complexity to our cultural portrait. Orthodoxy is characterised by the importance of religious rituals and central role of the church in the life of the community. Nonetheless, this influence has been contested in Romania during decades of communism following World War II. The communist regime, in addition to affecting the state's economic infrastructure (Robila, 2004; Volgyes, 1995; Zamfir, Postill, & Stan, 2001), brought a new, collectivist mentality, based on interpersonal distrust and dependency on the state. The slow transition to democracy and a market economy disappointed many Romanians, and it still affects the population's sense of self-efficacy more than two decades after the fall of communism (and despite Romania's accession to the North Atlantic Treaty Organization [NATO] and the European Union). Economic hardships, experienced recently due to the 2008 global financial crisis, continue to impact the lives of many Romanians and leave their mark on families, school, and society.

Although there is no real consensus on whether Romania as a culture is collectivistic or individualistic, there is little doubt that its people there is little doubt of the importance of unity of family, friends and group to the identity of ethnic Romanians (Trimbăţ, Lin, & Clark, 2007). The Latin and Orthodox coordinates of this national group, as well as the historical legacy of imposed collectivism, created a cultural context in which sociality as a value and family life as a context of development gain prominence. In addition, Romanians have inherited a society based on hierarchies and bureaucracy, something that suggests relatively high levels of power distance. Riel (1997) talks in this regard about ethnic

Romanians' display of more indirect communication, an approach adopted in order to avoid offending others. This feature is also reflected in the education of children, who are taught early on the rules of being polite with others, both family members and strangers. In Romania, "one of the most important missions for parents is transmitting and teaching their children attitudes and values" (Robila, 2004, p. 149). To achieve this, parents place heavy emphasis on children's education and providing them with the best conditions to study, including "paying for private language, music, dance and sport classes" (Stănculescu, 2010, p. 325).

In summary, in Romania, the child is considered a central value of the family (Denham, Caal, Basset, Benga, & Geangu, 2004; Robila, 2003; Robila & Krishnakumar, 2004; Zamfir, 1997) and the "object" of parents' investment, regardless of economic difficulties. Within the family, "the main duty of children is to study, and parents do whatever they can to support them" (Robila, 2004, p. 149). This general observation has strong implications for the wellbeing of children. For as long as they perform well in school (achievements usually reflected in good grades and positive teacher reports), parents are happy and supportive. However, poor results in school and disrespect for family members can lead to strained relationships, to scolding or even punishing children. This also raises the question of children's agency within the family and the school. In addition, an understanding of "the child as a social actor" (Stănculescu, 2010, p. 318) has re-emerged relatively recently in the Romanian literature on the topic, a signal that further work is needed to understand and theorise Romanian children's place within their community and the broader society.

Children's and Adolescents' Wellbeing in Romania

A general exploration of Romanian literature on the topic of child and adolescent psychology reveals a growing body of research on topics such as the cognitive development of preschool

children, attachment styles, school readiness, the developmental social psychology of identity, self-awareness and self-understanding in adolescence, adolescent personality, self-knowledge and vocational orientation in adolescence, values in adolescence, relationships between parents and adolescents, high-school students' anxiety and coping strategies in academic assessment, emotional and behavioural difficulties, and drug addiction in adolescence. Despite this increasing variety, researchers have not been concerned, by and large, with the explicit study of children and adolescents' positive aspects of psychological functioning, namely their psychological and subjective wellbeing.

The concept of wellbeing itself, and, in particular, in relation to children and adolescents, has only recently started to preoccupy psychologists in Romania, after being a point of focus in the sociological and psychosociological literature (usually associated with quality of life). Lacking a "local" psychological methodology for the study of this concept, a series of Romanian researchers participated in European or international surveys of children and adolescents' wellbeing, not all of them using indicators of a psychological nature.

Romania was thus represented in a several large-scale studies such as the opinion survey of children and young people in Europe and Central Asia (United Nations Children's Fund [UNICEF], 2001), the Third European Quality of Life Survey (Anderson, Dubois, Leoncikis, & Sándor, 2012) and, most importantly, the Health Behaviour in School-aged Children (HBSC; Currie et al. 2004, 2008; Currie, Gabhainn, Godeau and the International HBSC Network Coordinating Committee, 2009; Currie, Zanottim, & Morgan et al., 2012), one of the first and best known international surveys of children/adolescent health and wellbeing. The 2009/2010 report of the HBSC survey (Currie et al., 2012) offered a review of children's wellbeing with the aim of understanding why some children feel unhappy with their lives, and what can be done to improve their situation. The Romanian participants in this extensive survey contributed, for instance, to our understanding of internal and external assets for Romanian adolescents' health (Băban & Crăciun, 2010). In sum-

mary, the international surveys cited above (as well as others: Land, Lamb, Meadows, & Taylor, 2007; Menchini, Marnie, & Tiberti, 2009), managed to test different indicators of wellbeing specific for children and/or adolescents.

For instance, in an attempt to develop a multidimensional index of wellbeing for children living in Central and Eastern European countries and the Commonwealth of Independent States, Richardson, Hoelscher, and Bradshaw (2008) offered a comprehensive image of children's life situations, taking into consideration children's own points of view beyond traditional indicators. Their index includes seven dimensions of wellbeing: material situation, housing, health, education, personal and social wellbeing, family forms and care, and risk and safety. Using this index, the authors concluded that Romanian children display a medium level of wellbeing (considering its different dimensions and components). The 2009 report of this study places Romania among countries with a personal wellbeing below average (Bradshaw & Richardson, 2009).

Another study, using the (Screening for and promotion of health-related quality of life in children and adolescents) KIDSCREEN-10 Index (an instrument created for detecting mental health problems and lower levels of wellbeing in 8–18-year-olds) was conducted in 41 countries including Romania (Erhart et al., 2009). Findings showed lower scores of wellbeing for older children and girls, with gender differences increasing with age. Another research study by Grob, Little, Wanner, and Wearing (1996) focused on the effects of sociocultural contexts on psychological wellbeing and perceived control in adolescence in 14 Western and Eastern countries and the USA. Although Eastern adolescents generally obtained lower scores of wellbeing, they also showed more perceived control by comparison to Western adolescents. Overall, however, Diener and Diener (1995) concluded that, in relation to levels of happiness, the Romanian adult population occupies the bottom position among both Western and Eastern countries.

In addition to these international surveys, another category of studies is represented by correlational research trying to establish relationships between wellbeing (or some of its dimensions such as satisfaction with life or happiness) and

factors considered to be either antecedents or consequences of wellbeing (Muntele Hendreş 2004, 2009), for example, physical health (Roşeanu, 2006), socio-demographic variables (Bălăţescu, 2004, 2007a, b, 2009; Vorone, Vorobyov, & Negovan, 2012), implication in volunteering activities (Negovan, 2007), perception of social support (Negovan, 2008), positive development (Negru & Băban, 2009), personal temporal perspective and motivation (Roşeanu & Drugaş, 2009), self-determined motivation (Dincă, Negovan, Gherghinescu, Danciu, & Savu, 2010), parental style (Negru, Damian, & Băban, 2010), perception of family support (Popa, 2012), and proactive coping and place attachment (Bogdan, Rioux, & Negovan, 2012).

Correlational studies are mostly based on self-report questionnaires. Romanian authors adapted, in this regard, widely known scales or theoretical models used by prominent representatives of positive psychology. For instance, Negovan (2007, 2008, 2010), using samples of late adolescents (college students), explored the dimensions and correlates of psychosocial wellbeing, adapting frameworks promoted by Diener (1984), Seligman (2002), Ryff (1989) and Keyes (1998, 2007). These studies revealed positive relationships between the dimensions of psychosocial wellbeing (subjective, psychological, and social), dimensions of optimal psychological and social functioning and academic achievement, and volunteering activities. Significant differences were observed between first-year and third-year students, the former showing higher scores on psychological wellbeing.

Other studies highlighted positive relations between subjective wellbeing in adolescence and optimism, resources of the self (such as self-esteem, general self-efficacy, social self-efficacy), and negative relations with interpersonal stress, and loneliness (Stănculescu, 2008a, b, 2009). In addition, Brassai, Piko and Steger (2011), exploring Romanian samples, found that high levels of meaning in life are very important during adolescence, due to their protective role against poor psychological wellbeing, depressive tendencies, or substance abuse.

In summary, although Romania was represented in some of the major international surveys

related to wellbeing in recent years, and the category of correlational studies—mainly on samples of adolescents—is constantly growing, there is no unified conceptual model of wellbeing constructed in the Romanian context. We currently know little about the dimensions or factors of wellbeing, the main actors that shape its level, and the ways in which children and adolescents in Romania experience stress or support and react to them. This is partially because there are almost no qualitative studies investigating these aspects, studies that would bring to the fore the perspectives of children and adolescents, and offer rich data on personal experiences of stress and support among this population. Most of the current research does not inquire into what children think about their housing, neighbours, access to transport, play space, or recreation (Bradshaw & Richardson, 2009), and, as a consequence, Romanian NGOs started conducting their own studies, interviewing children about their subjective experience of growing up in their families and communities (Stănciulescu, 2010). The present study expands these efforts in an effort to address existing gaps in the literature.

Methodology

This study utilised the methodology of the *Promoting Psychological Wellbeing Globally Project*, as described in Chap. 2 of this book. This section presents information about implementation of the study within the Romanian context, including participants, materials, and procedures, for data collection and analysis.

Participants

The Romanian sample was represented by students from two public schools (an elementary school and a high-school) in Bucharest, Romania, both with upper middle academic achievements (as defined by student results). Both these schools enjoy a good reputation among parents for facilitating student access to higher education. The elementary school includes grades 1–8; the high school serves 9th–12th-grade students. The elementary school, with a total number of

750–800 students, is situated in a medium-sized neighbourhood in Bucharest, with a heterogeneous population in terms of living standards. These characteristics are similar for the high school, serving a slightly higher number of students (approximately 1000).

The study included a total of 64 students, 32 of whom were between the ages of 6 and 11 years (16 girls, 16 boys) and the other 32 between the ages of 12 and 17 years (16 girls, 16 boys), selected based on convenience stratified sampling. All were ethnic Romanians and their religion was Christian Orthodox. Most of their parents had completed high school or university education. Family income was average (compared to national standards) and, for the vast majority of participants, the parents were married (except for five cases of divorce and three single parents).

Materials

The research in Romania followed the general methodology of the project (see Chap. 2), based on the use of ecomaps, interviews for collecting student stories, and focus groups with students, parents, and teachers. Materials for the research included interview questions and demographic forms, focus group discussion questions, and ecomap activities. In addition, standardised instructions were offered on how to elicit data about stressors and supportive elements during interviews. For the purposes of this chapter, we focus only on students' ecomaps and their associated stories (recalling a supportive and a stressful situation), as well as focus group discussions with students.

Procedure

The translation of all research from English to Romanian followed the back-translation procedure and confirmation of the interpretative validity of the translated version (by a third party). Before completing the translation, each item was checked for content validity and cultural relevance by a panel of university students and schoolteachers. All items were considered

relevant. After translation, two English-speaking academics verified if the instructions had the same meaning as in English—especially for terms such as psychological wellbeing, stressor, coping mechanism, etc.—and also ensured that culture-specific language was suitably used. The back-translation (from Romanian to English) was performed independently by two bilingual university students. The back-translation did not suggest that rewording was needed for any of the items. Further, a pilot study was conducted to verify that the translated version of the questions was appropriately understood by participants. In order to check the comprehensibility/clarity of the items, two students from each class were interviewed after participating in the research.

In parallel, the research team obtained ethical clearance for the study from the University's Institutional Review Board. Following this, the principals from both schools were contacted and a partnership was created with an NGO (Perspectives on Innovation Science Knowledge; PISC) to ensure access and prepare materials necessary for the study. Informed consent for the research was obtained from both students and parents. Before the fieldwork, 12 university students were trained as volunteers for data collection.

Data collection took place during the 2007–2008 academic year, and the Romanian project team comprised two faculty researchers and ten students from the Faculty of Psychology and Education Sciences. Focus group and ecomap activities were recorded in both audio (with the help of tape recorders) and written form (by the interviewers). Interviewers were instructed to record as much as possible during the discussion and use audiotapes as a supplement for checking the accuracy and completeness of their record. The ecomap activity and focus groups (which lasted approximately one hour) took place at the school. Students were actively engaged in these activities and enthusiastically received the ecomap task. All data were transcribed by university teacher-and-student pairs for written data and by PISC volunteers for audio data. Transcripts were crosschecked and reunited into a single account. They were then translated into English by proficient English speakers.

Data Analysis

A total of 64 ecomaps and associated stories about a supportive and stressful situation were analysed for the frequency of terms referring to the following categories: sources of stress (person/role, situation, or event), sources of support (person/role, situation, or event), reactions to stress and support (behavioural, cognitive, or emotional), and students' conception of happiness and sadness. The focus group discussions were analysed for the above categories and words that reflect valued competencies, specific expectations, and norms (for what it means to be a good student, friend, citizen, teacher, and parent).

Ecomaps, stories, and focus group discussions were subjected to content analysis. The main coding categories (e.g. stressful, supportive, and ambiguous relationships, reactions to stress and reactions to support, etc.) were suggested by the international team of the project. However, these categories were only loosely defined, and this allowed some flexibility in interpreting and applying the codes in a culture-sensitive manner, taking into account children's own understandings of their life experience. For some of the constructs studied here (conceptions of happiness/sadness, valued competencies) a thematic summary was preferred for being closer to the actual answers. Quality criteria for qualitative research (see Gaskell & Bauer, 2000) were observed, especially reflexivity and triangulation (codes and their application were discussed by three members of the Romanian team and also checked by the international team of the project), transparency and procedural clarity (in relation to participants and also in reporting the findings), and thick description (whenever possible in the report children's answers are offered verbatim). Since parts of this content analysis resulted in numerical values, chi square tests and contingency tables were used to determine any significant relations between variables. The effect size indicator for contingency tables was Cramer's V . The size of Cramer's V was interpreted similarly to the size of a correlation coefficient. Similar mixtures of quantitative and qualitative analyses based on drawings and interviews with Romanian children were successfully used in the past (Glăveanu, 2013).

Findings

The data from ecomaps and associated stories, as well as focus groups with students, have been explored in three successive stages. Initially, the ecomaps were coded for relations and their type (stressful, supportive, ambivalent). Then ecomaps, stories, and focus groups were analysed for sources of stress and support, reactions to stress and support, and students' conceptions of happiness and sadness. Finally, the focus group material was coded for competencies and expected behaviours (what makes a good student, citizen, friend, teacher, and parent). For each of these, we present the results (including descriptive statistics and illustrations) and potential differences between students, primarily age differences and gender differences, thus broadly defining a 2 × 2 segmentation of the data.

Ecomaps: Relations and Their Nature

Actors. The participants' environment, as depicted in ecomaps, is "populated" by 35 different *actors* (persons but also pets) with whom students specify a number of 552 relations. Among the most numerous actors located in ecomaps were members of the nuclear family (parents, siblings, grandparents; 211), members of the extended family (aunts/uncles, cousins; 95), members of the school environment (teachers, colleagues; 142), friends (95), neighbours (12), romantic partners (13), pets (11), and others (4). A segmentation of these data by age and gender is offered in Table 10.1. As observed, in Romanian

students' ecomaps, references to members of the family (nuclear and/or extended) predominate (211 and 95, respectively), followed by actors from the school environment (140), and friends (73). This suggests a basic dichotomy between the "internal" universe of the child (represented by household and family) and the "external" world of school and friends, both constitutive segments of a child's lifeworlds.

As depicted in Table 10.1, younger students (6–8, 9–11) included in their ecomaps more persons from the extended family (29 and 39, respectively) compared to older students (12–14 and 15, 17; 14 and 13, respectively). Students between 12 and 14 years of age depicted more friends (37) in comparison to all other age groups. Finally, students between 15 and 17 years included in their ecomaps more persons from the school environment (42) than any other age category. All these differences are statistically significant ($\chi^2(21, N=552)=72.58, p<0.001$, Cramer's $V=0.21, p<0.001$). For members of the nuclear family, although their number decreases with age, the difference is not statistically significant.

Moreover, a significant difference was found for gender ($\chi^2(34, N=552)=56.63, p=0.017$, Cramer's $V=0.31, p=0.017$), such that boys tended to draw more representations of friends (40 vs 25, respectively) and teachers (48 vs 24) than girls. Girls' drawings revealed more representations of the grandmother (22 vs 12) and classmates (30 vs 11), compared to boys. The other actors were depicted relatively equally by the two genders (see Fig. 10.1, ecomaps of a boy and girl in the 6–8 age group).

Table 10.1 Types of actors in ecomaps by age and gender

Type of actors	Number of instances per age and gender								Total
	6–8 years		9–11 years		12–14 years		15–17 years		
	Male	Female	Male	Female	Male	Female	Male	Female	
Nuclear family	25	33	30	26	26	24	19	28	211
Extended family	14	15	20	19	6	8	8	5	95
School persons	13	21	18	13	20	13	17	25	140
Friends	15	4	6	0	19	18	7	4	73
Neighbours	0	3	1	2	2	3	0	1	12
Romantic partner	0	0	3	3	1	0	3	3	13
Pets	0	4	0	0	3	3	1	0	11
Others	0	2	0	0	1	0	1	0	4

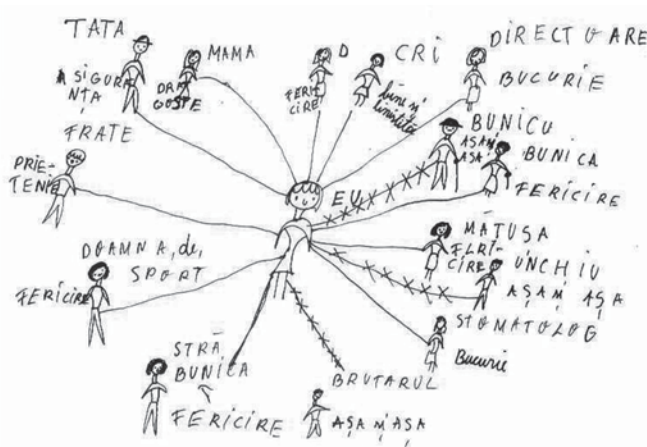
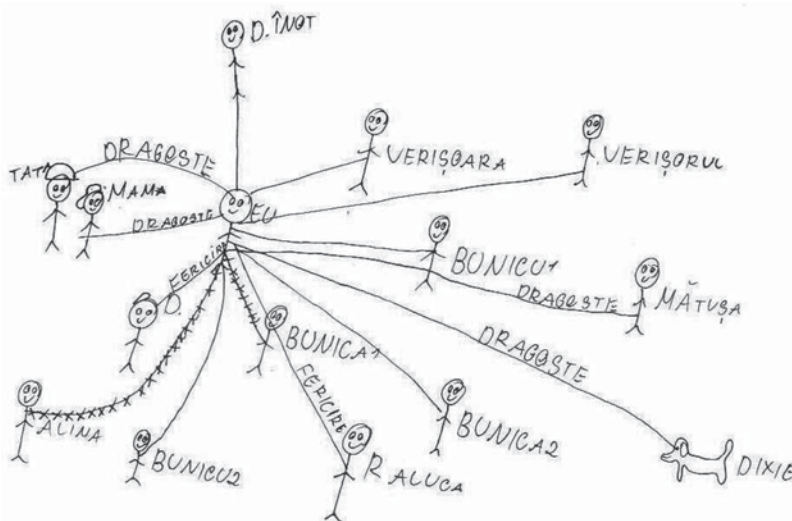


Fig. 10.1 Illustration of a boy’s and girl’s ecomap from the 6 to 8-year-old age group. Supportive relationships are denoted as (—), stressful as (XXX)

Types of relationships. Romanian children reported an overwhelming number of positive, supportive connections (394), compared to stressful (25) or ambivalent ones (133). There were some significant differences in the types of relationships included in ecomaps based on student’s age ($\chi^2(9, N=552)=38.35, p<0.001$, Cramer’s $V=0.15, p<0.001$). A segmentation of the data by age and gender is presented in Table 10.2. From the 25 stressful relationships, most appeared in the drawings of students aged 15–17 (15 vs 3 and 4 at lower ages). From the 394 sup-

portive relationships, most were depicted by students from lower age groups (112 and 108), and least by 15–17-year-olds. Students from the 12 to 14 age group defined relationships with others as ambivalent in greater proportion (48) than any other age category (29, 29, and 27). Differences between males and females in terms of type of relationship were not significant, although a slightly higher number of supportive relations were reported by girls (202 vs 192).

A cross-tabulation between types of actors and types of relationships (see Table 10.3) showed

Table 10.2 Types of relationships depicted in ecomaps by age and gender

Type of relationships	Number of instances per age and gender								Total
	6–8 years		9–11 years		12–14 years		15–17 years		
	Male	Female	Male	Female	Male	Female	Male	Female	
Supportive	50	67	63	46	46	49	35	45	401
Stressful	3	0	1	2	2	2	7	8	25
Ambivalent	14	15	14	15	30	18	14	13	133

Table 10.3 Types of actors by types of relationships in ecomaps

Type of actors	Type of relationships			Total
	Supportive	Stressful	Ambivalent	
Nuclear family	163	3	42	208
Extended family	67	6	22	95
School members	76	14	48	138
Friends	59	1	12	72
Neighbours	7	0	4	11
Romantic partners	11	1	1	13
Pets	9	0	2	11
Others	2	0	2	4
Total	394	25	133	552

that most supportive relationships were associated with members of the nuclear (163) and extended family (67), followed by school members (76) and friends (59). Most stressful (14) and ambivalent (48) relationships were experienced at school. An analysis of age differences in this regard revealed significant differences only for stressful ($\chi^2(12, N=25)=33.20, p=0.001$, Cramer's $V=0.66, p<0.001$) and supportive relationships ($\chi^2(12, N=394)=68.81, p<0.001$, Cramer's $V=0.24, p<0.001$). Of the 14 stressful relationships with others at school, 13 were reported by the 15–17-year-old age group. Of the 163 supportive relationships, most are established with members of the nuclear family for 9–11-year-olds (51), followed by 6–8-year-olds (42). Of the 59 supportive relations with friends, 30 were reported by the 12–14 years age group. Of the 76 supportive relations with members of the school environment, 26 appeared in the ecomaps of 6-8-year-olds. Gender differences were not significant, but the data pointed to some trends. Of the 25 stressful relationships, focusing on extended family and school environment, 4 for boys and 2 for girls were associated with the extended family and 6 for boys and 8 for girls with persons from the school environment. Of

the 394 supportive relations in ecomaps, most referred to members of the nuclear family (73 for boys and 90 for girls), extended family (31 for boys, 36 for girls), friends (38 for boys, 21 for girls), and persons from the school environment (36 for boys, 40 for girls). Ambivalent connections (133) described the relationships of 24 boys and 18 girls to members of their nuclear family and 26 boys and 22 girls to persons from the school environment. In summary, boys tended to report more stress from family or extended family members than girls, especially at a younger age. Also, older girls reported more stress coming from friends and teachers than older boys. In terms of support, girls, especially of an older age, tended to indicate greater support than older boys from family, extended family, and teachers. Moreover, for females, the data evinced a clear increase in support from friends, as one moves from lower to higher ages which points to interesting age and gender differences.

While drawing the ecomaps, students were asked, *What exactly makes a relationship stressful, supportive, or ambivalent?* A total of 394 answers were collected for supportive connections, 25 for stressful, and 133 for ambivalent.

In terms of what makes a relationship *stressful*, reasons offered were behavioural and affective (e.g., gives me a bad mood, is harsh and gets angry easily, makes bad jokes that annoy me, threatens me, offends me, shows me contempt), and references to stressful relationships with teachers were made (e.g., does not know how to make himself liked by kids, does not understand what he/she teaches, teachers make me write a lot, they are too serious, too demanding, create an unpleasant atmosphere in class). Finally, sanctions (including physical sanctions) were mentioned by students.

In contrast, relationships marked as *supportive* in ecomaps were characterised by the following: The person buys the student different things (e.g., candy, toys, etc.), helps (including understanding things, to solve problems, giving advice when in trouble, etc.), takes care of the participant, and “is good”. Ambivalent relationships were combinations of the above, for example, “bakes me cookies but she is always telling me how much she is doing for me”, “buys me lots of things I need but also yells at me”, “defends me but also scolds me”, and so on. Some surprisingly thoughtful considerations also motivated ambivalence: “I can laugh with him, but I cannot tell him everything”, “we have different opinions”, “gives bad grades but has a good heart”, “irritates me but he is strong”.

Sources of and Reactions to Stress and Support

The 64 ecomaps, associated stories, and four focus group transcripts were analysed in terms of the frequency with which they referred to sources of stress and sources of support (people, situation, or events). In comparison to the older age groups, only participants between 1st and 4th grades mentioned the family, grandmother, mother, neighbour, teacher, and uncle as sources of support in their ecomaps. Romantic partners played supportive roles for older students (5th–10th grade). Both age categories mentioned the mother as a person who generally offers support. In terms of gender differences, only girls

referred to boyfriend, coach, neighbour, friend, sister, teacher, and uncle. In contrast, only boys mentioned family, girlfriend, and grandmother as sources of support. Both categories, but predominantly boys, mentioned the father and mother, as well as friends. When it comes to stressful persons, only younger participants (1st–4th grade) referred to brother, grandfather, and baker; only 5th- to 10th-grade students mentioned family, bodyguard, girlfriend, and uncle. Both age groups identified cousins, mother, sister, teacher, and colleague. Finally, girls included aunts, brother, family, grandparents, and uncle among their sources of stress; only boys mentioned bodyguards, girlfriend and sister; and both genders referred to cousin, friend, teacher, and uncle.

From the 104 situations considered to generate stress, many denote school situations (e.g., getting a bad grade, having too much homework, being pressed to study hard) and make reference to the relationship with parents (e.g., being punished, scolded, parents not keeping promises). Regarding Romanian children and adolescents' reactions to stress, 263 instances were identified in the dataset. Among these, 44 were coded as expressing behavioural reactions, 45 emotional, and 13 cognitive. For instance, a story that includes all types of reaction is: “One day, my grandmother made the cookies I love. I wanted to hug her but she said she didn't want to because she is tired after working hard for me. I got sad and I ate three cookies to make her even sadder!” (Girl, 1st grade, 7 years). Behavioural acts to stress reported in stories included negative reactions (e.g., aggressive physically or verbally, breaking something, complaining, crying, screaming, cutting paper, making bad jokes, hitting the table or the ground, leaving home), positive reactions (e.g., laughing, apologising, asking for help, buying gifts, talking to friends, studying more, mending a mistake, being more careful next time), and avoidant behaviour (e.g., going to sleep, chewing gum, closing oneself in a room, hiding under the bed). Younger students in our sample tended to ask (including for help) or tell others about the stressful situation, while older participants tended to accept, explain, or try to persuade others. Affective reactions comprised

different negative emotions, including feeling gloomy, afraid, angry, ashamed, capricious, depressed, exhausted, fearful, hateful, lonely, nervous, sad, stressed, upset, or disappointed. Finally, cognitive responses to stress included analysing the situation, avoiding the subject, calling for a reasonable behaviour, concentrating on the object of fear, focusing the attention on another event, etc. Younger children usually try to understand what they did wrong, while older children and adolescents give some thought to the situation and the people involved.

The situations or events defined as supportive (141) also denote school (e.g., getting a good grade or help with homework) and family references (e.g., going on trips, receiving presents) alongside leisure activities (e.g., playing sports, walking, watching TV, talking to friends). A number of 46 reactions to support were identified in the dataset. For example, "Mother was reading a book to me. She asked me to repeat after her and I knew everything she had read. She cuddled me. I hugged her" (girl, 1st grade, 7 years). A total of 37 of these reactions were considered to express behavioural responses, 21 emotional, and 3 cognitive (double coding was possible). Behavioural reactions included buying something and giving gifts, going out with friends, laughing, singing, smiling, and feeling full of energy. Emotions that accompanied support were typically positive, for example, being happy, feeling good, experiencing joy; cognitions refer to keeping in mind the needs of others, what makes them happy, and the like. Behavioural reactions to support are more frequent for younger participants (who also mention thanking others), whereas all groups point out behaviours such as hugging. Reactions through feeling and cognition were more specific for older students. In terms of gender, behavioural and affective reactions were more frequent for boys than girls. In summary, Romanian participants include more comments related to their reaction to stressful situations than to supportive situations and more behavioural than affective or cognitive reactions to both stress and support. Some age and gender differences were noted, although, because of small sample size, they do not generally reach statistical significance.

To contextualise these reactions to both stress and support, it is useful to consider also children and adolescents' conceptions of the feelings they experience, in particular happiness and sadness. For each of these, in focus group discussions, participants answered the following questions: *What makes persons of your age feel these emotions? How can you tell someone is feeling these emotions? How do persons of your age express these emotions? What can a person do when feeling these emotions? What can you do for a friend who is feeling these emotions?*

In relation to happiness, students mentioned 45 experiences or situations that produce happiness (e.g., spending time with friends, good grades, material possessions, love, being given attention, being independent, taken care of, understood, when people around are proud of you, when you have a family or a goal in life), 16 indicators for recognising people who are experiencing happiness (e.g., smiling, filling full of energy, laughing, behaving nicely), 22 ways of signalling happiness (e.g., smiling, laughing, jumping around, making jokes, signing, giving gifts, going out with friends), 8 modalities of dealing with happiness (e.g., buying something, going to the park, playing, sharing things with others), and 13 ways of behaving in relation to friends who are happy (e.g., being happy with them, helping them, laughing with them, giving them attention).

In relation to sadness, participants generated 38 things or situations that generate sadness (e.g., bad grades, too much homework, parents asking questions they do not know how to answer, parents not having enough time or not pampering them, not keeping their promise, also being ill, having a headache), 20 indicators for recognising people who experience sadness (e.g., being red in the face, frowning, feeling lonely, tired, depressed, not talking to others, crying), 20 ways of signalling sadness (e.g., crying, fighting with others, wanting to be alone, not speaking much, or wanting anything), 15 modalities of dealing with sadness (e.g., buying gifts, hugging, solving problems, focusing the person's attention on something else, offering help), and 19 ways of behaving in relation to friends who are sad (e.g., buying them a gift, spending time with them,

playing, comforting, giving attention, helping and encouraging them, changing the subject, trying to convince their friend to go out, thinking of something to make him or her happy).

Valued Competencies and Cultural Expectations

In order to understand the cultural context of psychological wellbeing, we need to reflect on the competencies, values, and expectations associated with being a “good student”, “good friend”, “good citizen”, “good parent”, and “good teacher”. Answers for these roles, collected from focus groups’ discussion, define the cultural behaviours and values that are expected in Romania from children (now and in the future), as well as behaviour and values children expect from people around them.

A total of 30 answers were offered for what characterises a *good student*. Younger children (first and second grade) mentioned that a good student is courageous, good, obedient, and submissive; knows how to be a good colleague; behaves well with teachers; knows how to read; loves and helps others; is smart; and studies well. Third- and fourth-grade participants referred to good students as being compliant, smart, not doing stupid things, and paying attention in class. Respondents from the 5th to the 8th grade conceptualised the good student as someone who does not fight or skip class, is hard working, has an exemplary behaviour towards others, gets good grades, wants to study, is intelligent, ambitious, and wise. Finally, adolescents (grades 9 and 10) referred to caring about colleagues and helping them, coming to school because she/he likes it, knowing what to study and how much to study, and being modest (not a “show-off”). The characteristics offered for a “good friend” make reference more to what a friend does or does not do, that is, the presence or absence of behaviours such as understand the good and the bad, helps you study, shows you your flaws without offending you, does not fight, does not leave you during hard times, does not advise you to do something bad, does not let you copy or cheat; rather

than characteristics of the person, such as honest, smart.

A “good citizen” was described with the help of 28 features; out of these, 5 referred to characteristics of a good citizen (good, civilised, moral, peaceful, not racist) and 23 to the behaviour of a good citizen, what he/she does. The latter includes verbs such as he or she cares (about others, about the environment), helps (poor people, his country, etc.), and respects (everyone’s rights, his country, other people, the law). Students also described the opposite of good citizens, such as those who betray their country or people, go to another country and do something bad, let other people influence them, make a mess, steal, drop garbage on the street, or abandon children. Overall, the aspect of loving and protecting one’s country was dominant (particularly for students in the 5th–8th grade). No statistical age differences were evident on the whole, although younger children often referred to concrete behaviours (such as not stealing or dropping garbage on the street, planting trees and flowers), whereas older children tended to discuss more general issues that relate to human rights, the environment, morality, and the like.

A *good teacher* was described by 43 competencies. These include primarily aspects that relate to the teacher–student relationship, such as coming with pleasure to class, knowing what children want and helping them, stimulating students, giving them good grades, knowing how to explain a lesson, not giving too much homework, not lecturing too much, and not being harsh and speaking badly with students. Fundamentally, a good teacher helps students (understand, progress, write well), and he/she does not get mad for mistakes, scream, or scold. He or she is fair to students, teaches them what is good and what is bad, and encourages them to do good, evaluates adequately, has a sense of humour, and is tolerant while knowing how to impose limits and make others respect him or her.

A *good parent* shares some of the characteristics with a good teacher. In focus groups, students generated 48 attributes for the good parent, and they included being good, friendly and generous, not too harsh, cooking food, helping

with homework, advising children and listening to them, offering moral, emotional, and financial support. Most of all, a good parent is the one who loves his or her children and tries to understand them. Good parents should be an example for their children, communicate well with them, and take care of their education, and they should not abandon their children, criticise them too much, favour one child alone, or use force or offensive words.

In summary, Romanian children and adolescents, independent of age or gender, tend to offer internally consistent descriptions of what it means to be a good student, friend, citizen, parent, and teacher. Because stress can be experienced when breaking such cultural expectations associated with particular roles (or when seeing others break them), it is important to reflect not only on how students behave but also how they think they should behave. These brief, idealised “portraits” can thus help us contextualise children and adolescents’ reactions to both stress and support.

Discussion: Romanian Coordinates in Children’s and Adolescents’ Psychological Wellbeing

The present research is among the first to explore the universe of actors, relations, and reactions that define psychological wellbeing among Romanian children and adolescents. Previous studies have rarely considered this population despite the great practical significance of gathering information on the topic. Moreover, there is a potential theoretical contribution to be made to the general literature on wellbeing, substantiating current efforts aimed at understanding cultural variations in the constitution, and expression of this construct. Unlike large-scale cross-cultural surveys, some of which included data from Romania (Currie et al., 2008, 2012; Halman 2001; UNICEF 2001, 2007), this study followed a qualitative, emic approach, trying to bring children’s voices to the front and not to impose pre-established models. The use of ecomaps is ideal in this regard. It facilitates the active participation of children and

adolescents and invites them to “map” their own socio-psychological space of relations. In addition, personal stories and focus group discussions complemented this type of data and brought to the fore “local” conceptions and experiences. In this final discussion, we summarise our main findings paying particular attention to the specific elements of the “Romanian context”, and thus interpret results in a contextual, culture-sensitive manner. It is hoped, therefore, that our study offers not only important, practical information for psychologists, teachers, and parents in Romania but can also contribute to a better understanding of psychological wellbeing as a multifaceted, cultural construct.

Considering the 64 ecomaps, we need first to observe the relatively high number of actors referred to by children and adolescents, a total of 35 different people (and pets) mentioned 552 times. This suggests a rich world of social relations Romanian participants are immersed into, all contributing, to some extent, to their state of wellbeing. The deeply social element of psychological wellbeing has been repeatedly emphasised in the literature. For example, the Good Childhood Report (Rees et al., 2012, p. 58) acknowledges “the central importance of children’s relationships for their subjective well-being”. Relationships are so significant that they find a place in current measurement instruments, for instance the Personal Wellbeing Index-School Children (Cummins & Lau, 2005). Bradshaw and Richardson (2009) highlight as well the fact that children’s evaluations of the quality of their relationships with key adults in their lives contribute to their overall level of wellbeing, especially if these relationships are perceived as nurturing. In Romania, this social dimension tends to come even more to the fore considering the cultural specificity of the country. Trimbilas et al. (2007) discussed in this regard the vital importance of family, friends, and the social group for ethnic Romanians. It was therefore expected, and confirmed also by our research, that family, teachers, and friends play a determining role for children’s wellbeing (see also *The Good Childhood Report 2012*, Rees, et al., 2012). What needs to be considered further

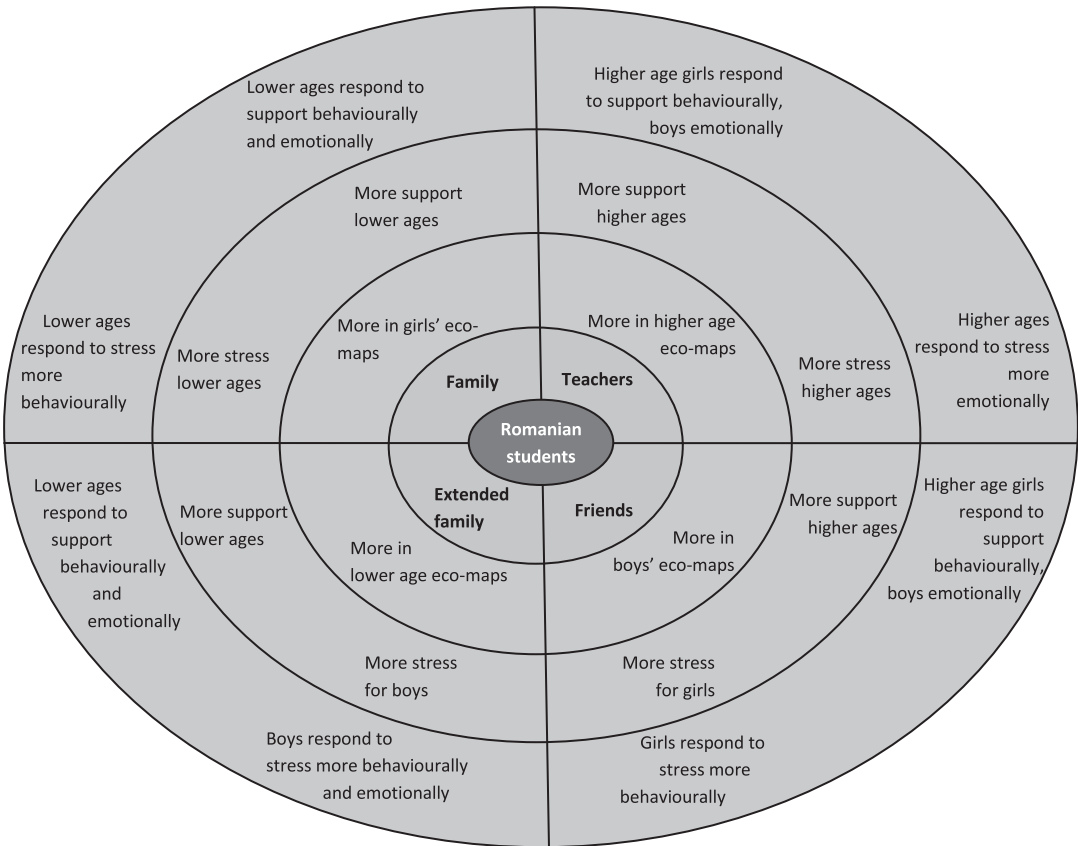


Fig. 10.2 Summary of findings: actors and relationships, stress and support, and reactions to stress and support. The four concentric circles depict (starting with innermost circle): 1 The four most frequent categories of actors

mentioned in ecomaps, 2 The age and gender groups that mention them the most, 3 Stress and support experienced based on age and gender, 4 Dominant reaction to stress and support based on age and gender

is the exact nature of these relationships as well as age and gender differences in their expression.

Figure 10.2 depicts the general tendencies reflected in the data, including the four most frequent categories of actors mentioned by Romanian participants in their ecomaps: (a) members of the nuclear family, (b) members of the extended family, (c) teachers, and (d) friends. These are present in most ecomaps, with some differences based on the age or gender of the respondent (see the second inner circle). The third concentric circle identifies these groups of Romanian students who experience the highest levels of support and also of stress from members of the four categories. Finally, in the fourth circle, we have information regarding the dominant reaction to stress and support specific for participants of a certain age or gender.

There are several interesting age and gender differences in what actors in ecomaps are concerned. For instance, younger participants (aged 6–8 and 9–11 years) refer preponderantly to members of their extended family (e.g., grandparents, aunts and uncles, cousins), students 12–14 years old depict mostly friends, and students 15–17 years old include mostly persons from the school environment. Meanwhile, members of the nuclear family are found in ecomaps throughout these different age groups, a finding that is consistent with results from the 2009/2010 HBSC project (Currie et al., 2012). What these differences reveal is a developmental trajectory, children of younger ages starting from an initial immersion into the family universe and its private sphere, and gradually engaging, as they grow, with people from the wider social environment—

teachers, school colleagues, and friends. On the other hand, the consistent presence of nuclear family members in the ecomaps points to strong connections with one's family throughout the life, a defining characteristic of Romanian culture and its family-oriented values (Robila, 2004). The role of the family for socialising and educating children is reflected also in the substantial presence of extended family members, especially for younger children.

Regarding gender differences, boys tend to refer more to teachers and friends in their ecomaps, while girls depict, on average, more members of their nuclear family and colleagues from school. These data seem to contradict previous findings (Glaser, Horne, & Myers, 1995), showing that girls have more negative perceptions of parents and family support. In Romania, the family environment tends to be more protective of girls than boys, something that relies also on specific gender stereotypes depicting girls as more vulnerable, especially outside the home. In contrast, boys tend to relate in ecomaps especially with "external" actors, including teachers at school. The HBSC project (2005/2006, 2009/2010; Currie et al., 2008, 2012) also found that boys aged 11–15 are more likely to go out with friends; this was true for most countries included in the research. It could be hypothesised that this contributes to the formation of certain gender roles in Romania (and elsewhere) that cultivate girls' shyness in social relations and encourage boys to develop an outgoing personality.

Observing the nature of these social connections, one of the main findings of our study is represented by the overwhelming number of positive relations reported by children (394), when compared to ambivalent (133) and stressful relationships (25). This result itself is in need of interpretation as it stands in stark contrast to more general findings, on adult samples, placing Romanians in middle–lower positions based on general levels of subjective wellbeing (Anderson et al., 2012). We can assume here either that children tend to be more protected, in Romania, from experiencing the hardships of adult life or, equally, that a more positive perspective on the

environment is something specific for childhood and adolescence. The former assertion would also encourage us to distinguish between material and nonmaterial dimensions of wellbeing (e.g., educational performance and health status). Both these assumptions can be "tested" only by future comparisons between children and adults in different countries. It might be also the case that the ecomap methodology itself favours references to supportive relationships by simply making children and adolescents reflect on their social environment since, as noted by Frost and Frost (2000, p. 733), "an individual's psychological wellbeing cannot be understood without including one's whole being as part of an in-group, namely the family and one's social world".

Furthermore, the very few stressful relationships depicted appeared mostly in ecomaps from students 15–17 years of age, whereas most ambivalent relations were found in ecomaps by 12–14-year-olds. This could be associated with relational difficulties specific for adolescence (Stănculescu, 1998, 2010), a period that poses a clear identity crisis and makes relationships more tense, especially with family members. Finally, our data show that girls tend to report a slightly higher number of supportive relationships than boys (although not a statistically significant difference).

Equally important are the reasons, offered by children and adolescents, for why certain relationships are positive, while others are stressful or ambivalent. Most explanations relate to behaviour and affective reactions from others. For instance, supportive relationships are marked by the act of helping the participant in either general terms or, more particularly, helping them with specific problems (for instance with schoolwork). Also, especially for lower ages, others are supportive when they buy the child things (e.g., toys, candy, etc.). "Taking care" is another general indicator of supportive relationships, something that reminds us of the protective family environment specific for the Romanian culture, where children are considered a value and their education requires collective efforts (Robila, 2004). This cultural emphasis on education and

“good behaviour” not only triggers support but also can be perceived as stressful by children. Indeed, most support but also most stress from members of the nuclear family is reported by participants of lower ages (see Fig. 10.2). In this context, parents (and also teachers) can be stressful because they reproach, scold, are dissatisfied with the child’s performance, give a lot of homework or bad grades, and can also be “too demanding”. *The Good Childhood Report* (Rees et al., 2012) captured as well certain ambivalence towards school, with a great proportion of children being unhappy about certain aspects of school life while, on the other hand, showing a high degree of commitment to achieving high grades. The latter “cultural imperative” tends to be present in a country like Romania.

Age and gender differences were also evident (mostly at the level of tendencies) in general stress and support patterns within our sample. These patterns are related to the three main “poles” (captured by Fig. 10.2) of relations with family, friends, and teachers. With regard to family, tendencies show that boys experience more stress from (nuclear and extended) family members than girls. Moreover, although all lower age girls (younger) include family roles in their ecomaps, all higher age (older) boys depict teacher roles. Interestingly, when it comes to friends, young boys tend to include them more in their ecomaps (compared to young girls), but this tendency is reversed with age. Indeed, there is some increase in the support received from friends (and teachers), as perceived by girls, only when one moves from lower to higher ages. However, overall, girls of higher age still experience more stress coming from friends and teachers than boys do. This emerging “dichotomy” between genders when it comes to the private sphere (family) and the “external” sphere (of the school, of friends, etc.) is worthy of attention. Also, although relations with members of the nuclear family show the highest levels of both stress and support for lower ages, relations with teachers (the school environment) reveal a similar mixed pattern of high support and also high stress for older participants. The HBSC project (Currie et al., 2012) notes actually a decrease, across countries, in

reports of students liking school between the ages of 11 and 15. Perceived school pressure, on the other hand, increases with age. This raises the important question for teachers and parents of how they can reduce stressful experiences in the classroom (related to assessment, homework, etc.), while continuing to cultivate children’s strive to achieve academically.

Another question deriving from the above refers to how children and adolescents respond to both stress and support. This has been one of the concerns of the present research, and our findings point to interesting combinations of behavioural, affective, and cognitive reactions, with some age and gender differences. For instance, behavioural reactions to support are more common at lower ages. Saying “thank you” for instance is a common way of responding to help, something reinforced in the family as part of teaching the child to be polite and act in a civilised manner. The indirect communication strategies mentioned by Riel (1997), used in order not to offend others, find their roots in family advice (in Romania being polite is considered to reflect one’s “7 years at home”, meaning the education received before going to school). Higher age students react to support more through feeling and cognition, compared to lower age participants, something that might reflect a developmental tendency. Gender differences can be observed for reactions to stress. Both reactions through behaviour and feeling are, in this regard, present more in the case of boys compared to girls. This finding suggests that, in the Romanian context, boys might sometimes be more “expressive” when faced with stressful situations, a tendency that needs to be explored further (since our research included only a limited number of stress reactions). More differences in reactions to stress and support are included in Fig. 10.2.

Knowing how children and adolescents in Romania respond to stressful and supportive situations is of great practical relevance for parents, teachers, school psychologists, and others who work with students in a school or family context. These data are complemented by findings related to how students understand happiness and sadness, and how they recognise these emotional

states in others and relate to them. For instance, our data show that Romanian children have rather complex representations of these emotional reactions, pointing to a range of situations that can cause happiness or sadness (from personal to social contexts) and a variety of possible responses to them (again combining behavioural, affective, and cognitive elements). Some of the answers to the question, “What can you do for a friend who is feeling sad?” reveal a somewhat sophisticated understanding of emotional states, for instance, trying to spend time with the person, to distract his or her attention, to reconcile him or her with the person or situation that generated sadness, or to show signs of support.

In the end, we need to acknowledge the fact that both sources and expressions of happiness and sadness are, to some extent, culturally bound. Therefore, knowing for instance what can make a child or adolescent happy—in Romania—talks as much about this emotion as it does about the cultural norms that contribute to a state of wellbeing. Our group of students offered diverse reasons for happiness, again related mostly to social relations at home, at the school, and in the context of friendships (and, later on, in romantic relationships). What makes Romanian children happy? Getting good grades, being loved, receiving attention, having material objects such as a computer, having a pet, being the centre of their family, being understood, taken care of, and seeing other people around them happy. One’s own sense of wellbeing is often directly influenced by the wellbeing of significant others. And making others happy relates also to performing well one’s (culturally defined) social role, being a good child, a good student, a good friend and, at a broader level, a good citizen.

It is highly significant that children and adolescents in our sample have a rather unitary representation of what it means to be a good citizen, constructed around notions of human rights, patriotism, and moral values. This is even more significant in Romania, a country that is still marked by troubling memories of totalitarianism and a forced centralised economy, and where the civil society remains relatively weak compared to other democracies. Citizenship and civil activism

(Casas, Bălătescu, Bertran, Gonzales, & Hatos, 2009; Voicu & Voicu, 2007; Voicu & Voicu, 2003) are virtues we need to be preoccupied with, and it is essential to reflect in the future on the relation between wellbeing and this societal identity dimension. Children and adolescents are not simply “emerging” citizens but social actors in their own right and, as such, fostering their sense of agency and responsibility can contribute not only to increased levels of psychological wellbeing but also, and most importantly, to the “wellbeing” of the society they belong to.

Lessons Learned

In conclusion, findings from the present study have, for the Romanian context, some important methodological, practical, and theoretical consequences. From a methodological point of view, they reveal the utility of qualitative methods for the psychological study of wellbeing, particularly among children and adolescents. These methods, and particularly the ecomap, are perfectly equipped to capture the complexities of such a multidimensional construct, being able to help researchers generate as well as test many of their hypotheses. These types of methods are, however, seldom used in Romania, despite their numerous advantages, and this chapter hopes to have demonstrated, once more, their efficacy and value. At a practical level, the researchers and student volunteers, as well as schoolteachers who facilitated data collection, appreciated greatly this new and interesting opportunity for opening up a dialogue with elementary and school and high school students about the sources and expressions of stress and support in their lives. The enthusiasm, spontaneity, and earnestness with which students engaged in the tasks proposed to them confirm the need of using similar methods more often, perhaps as part of longitudinal studies. For members of the research team as well, this project offered a great opportunity to work together and strengthen the collaboration between university students and senior academics. Our gratitude is of course extended to the international network that facilitated numerous opportunities for knowledge

exchange through participation in different meetings during several ISPA conferences.

Inspired by these exchanges, we started to reflect more and more on the cultural dimensions of children's drawings and stories, including the words they use, and this helped us understand not only the "pictorial" and "linguistic" coordinates of wellbeing better but, we can argue, understand children themselves a bit better. This leads us to the theoretical contribution. It was our aim here to uncover some context-specific patterns in the expression of children and adolescents' wellbeing in Romania. Although the size of the sample does not allow us to generalise specific findings indiscriminately, this research helped us reveal some interesting relations between stress, support, gender, and age that can and should be explored further. Considering only our results about culturally valued competencies, it would be interesting to conduct future research on the role of citizenship and civil activism in shaping wellbeing, at least among adolescents. From a broader perspective, such investigations can have powerful implications not only for children and adolescents but also for the Romanian society as a whole. They could also contribute to the creation and application, in Romania, of a much-needed ecological and developmental framework for conceptualising psychological wellbeing (Nastasi, Varjas, Sarkar, & Jayasena, 1998).

References

- Anderson, A., Dubois, H., Leoncikas, T., & Sándor, E. (2012). *Eurofound (2012), Third European Quality of Life Survey—Quality of life in Europe: Impacts of the crisis*. Luxembourg: Publications Office of the European Union. <http://www.eurofound.europa.eu/surveys/eqls/2011/index.htm>. Accessed 28 Nov 2012.
- Băban, A., & Crăciun, C. (2010). Internal and external assets and Romanian adolescents' health: An evidence-based approach to health promoting schools policy. In A. Morgan, D. Davies, & E. Ziglio (Eds.), *Health assets in a global context: Theory, methods, action*. New York: Springer.
- Băban, A., Crăciun, C., Balazsi, R., Ghenea, D., & Olsavszky, V. (2007). *Romania: facing the challenge of translating research into practice—policy and partnerships to promote mental health among adolescents*. România: Raport OMS. http://www.euro.who.int/_data/assets/pdf_file/0005/84623/E91921.pdf. Accessed 8 Nov 2012.
- Bălăţescu, S. (2004). Corelate sociodemografice ale satisfacţiei cu viaţa în România postdecembristă. O analiză de tendinţă. In C. Zamfir, & E. Zamfir (Eds.), *Starea societăţii româneşti. Volumul conferinţei anuale a Asociaţiei Române de Sociologie şi a Asociaţiei Române de Promovare a Asistenţei Sociale*. Oradea: Editura Universităţii.
- Bălăţescu, S. (2007a). Bani n-aduc fericirea? Influenţa venitului asupra bunăstării subiective în România postdecembristă. In F. Chişea, I. Cioară, A. Hatos, M. Marian & C. Sas (Eds.). *Cultură, dezvoltare, identitate. Perspective actuale* (pp. 295–306). Bucureşti: Editura Expert.
- Bălăţescu, S. (2007b). Bunăstarea subiectivă în noile ţări membre ale UE: o evaluare comparativă a tendinţelor. *Sociologie românească*, 5(3), 23–41.
- Bălăţescu, S. (2009). Bunăstarea subiectivă a elevilor de liceu şi studenţilor. Studiu folosind "Personal Wellbeing Index". *Anuarul Institutului de Istorie „G. Bariţ” din Cluj-Napoca, Series Humanistica*, 7, 147–157.
- Bogdan, C., Rioux, L., & Negovan, V. (2012). Place attachment, proactive coping and well-being in a university environment. *Procedia - Social and Behavioral Sciences* (vol 33, pp. 865–869). doi: 10.1016/j.sbspro.2012.01.245.
- Bradshaw, J., & Keung, A. (2011). Trends in child subjective well-being in the UK. *Journal of Children's Services*, 6(1), 4–17. doi:<http://dx.doi.org/10.5042/jcs.2011.0122>.
- Bradshaw, J., & Richardson, D. (2009). An index of child wellbeing in Europe. *Child Indicators Research*, 2(3), 319–351. doi:<http://dx.doi.org/10.1007/s12187-009-9037-7>.
- Bradshaw, J., Rees, G., Keung, A., & Goswami, H. (2010). The subjective well-being of children. In C. McAuley & W. Rose (Eds.), *Child well-being: Understanding children's lives*. London: Jessica Kingsley.
- Brassai, L., Piko, B. F., & Steger, M. F. (2011). Meaning in life: Is it a protective factor for adolescents' psychological health? *International Journal of Behavioral Medicine*, 18, 44–45. doi:<http://dx.doi.org/10.1007/s12529-010-9089-6>.
- Casas, F., Bălăţescu, S., Bertran, I., Gonzales, M., & Hatos, A. (2009). *Similarities and differences in the PWI of Romanian and Spanish adolescents aged 13-16 years-old*. IX ISQOLS Conference Istituto degli Innocenti, Florence, July 19–23.
- Cummins, R., & Lau, A. (2005). *Personal Wellbeing Index—school children* (3rd ed.). Melbourne: School of Psychology, Deakin University. http://www.deakin.edu.au/research/acqol/instruments/wellbeing_index.htm. Accessed 23 Nov 2012.
- Currie, C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O., & Rasmussen, V. B. (Eds.) (2004). *Young people's health in context. Health behaviour in school-aged children (HBSC) study: International report from the 2001/2002 survey*. Copenhagen: WHO Regional Office for Europe.
- Currie, C., Gabhainn, S. N., Godeau, E., Roberts, C., Smith, R., Currie, D., Pickett, W., Richter, M., Morgan, A., & Barnekow, V. (Eds.) (2008). *Inequalities in young people's health: International report from the*

- HBSC 2005/06 survey. WHO policy series: Health policy for children and adolescents (Issue 5). Copenhagen: World Health Organization, Regional Office for Europe.
- Currie, C., Gabhainn, S. N., Godeau, E., and the International HBSC Network Coordinating Committee (2009). The health behaviour in school-aged children: WHO collaborative cross-national (HBSC) study: Origins, concept, history and development 1982–2008. *International Journal of Public Health*, *54*, 131–139. doi:<http://dx.doi.org/10.1007/s00038-009-5404-x>.
- Currie, C., Zanottini, C., Morgan, A., et al. (2012). *Social determinants of health and well-being among young people. Health behavior in school aged children (HBSC) study: International report from the 2009/2010 survey* (Health Policy for Children and Adolescents, n° 6) Copenhagen: WHO: World Health Organization, Regional Office for Europe, available from Internet: <http://www.euro.who.int>. Accessed 28 Nov 2012.
- Denham, S., Caal, S., Basset, H. H., Benga, O., & Geangu, E. (2004). Listening to parents: Cultural variations in the meaning of emotions and emotion socialization. *Brain, Cognition, Behavior*, *6*, 321–350.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, *95*(3), 542–575. doi:[10.1037/0033-2909.95.3.542](https://doi.org/10.1037/0033-2909.95.3.542).
- Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, *68*, 653–663. doi:[10.1037/0022-3514.68.4.653](https://doi.org/10.1037/0022-3514.68.4.653).
- Dincă, M., Negovan, V., Gherghinescu, R., Danciu, B., & Savu, V. (2010). Un studiu asupra adaptării în mediul academic în anul 2009: Inventarul stării de bine subiectiv și psihosocial; Scalele de evaluare a profilului motivational/A study regarding adaptation in the academic environment in the year 2009: The subjective and psychosocial inventory of well being; motivational scales. In M. Dincă (Ed.). *Campul universitar—o cultura a provocărilor / The academic field—a culture of challenges* (pp. 151–154). București: Editura universitară.
- Erhart, M., Ottova, V., Gaspar, T., Jericek, H., Schnohr, C., Alikasifoglu, M., Morgan, A., & Ravens-Sieberer, U. (2009). Measuring mental health and well-being of school-children in 15 European countries using the KIDSCREEN. *International Journal of Public Health*, *54*(2), 160–167. doi:[10.1007/s00038-009-5407-7](https://doi.org/10.1007/s00038-009-5407-7).
- Frost, K. M., & Frost, C. J. (2000). Romanian and American life aspirations in relation to psychological well-being. *Journal of Cross-Cultural Psychology*, *31*, 726. doi:[10.1177/0022022100031006004](https://doi.org/10.1177/0022022100031006004).
- Gaskell, G., & Bauer, M. (2000). Towards public accountability: Beyond sampling, reliability and validity. In M. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound* (pp. 336–350). London: Sage.
- Glaser, B. A., Horne, A. M., & Myers, L. L. (1995). A cross-validation of the Parent Perception Inventory. *Child & Family Behavior Therapy*, *17*(1), 21–34. doi:[10.1300/J019v17n01_02](https://doi.org/10.1300/J019v17n01_02).
- Glăveanu, V. P. (2013). Creativity development in community contexts: The case of folk art. *Thinking Skills & Creativity*, *9*, 152–164. doi:[10.1016/j.tsc.2012.11.001](https://doi.org/10.1016/j.tsc.2012.11.001).
- Grob, A., Little, T. D., Wanner, B., & Wearing, A. J. (1996). Adolescents' well-being and perceived control across 14 sociocultural contexts. *Journal of Personality and Social Psychology*, *71*(4), 785–795. doi:[10.1037/0022-3514.71.4.785](https://doi.org/10.1037/0022-3514.71.4.785).
- Halman, L. (2001). *The European values study: A third wave*. Tilburg: EVS, WORC, Tilburg University.
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, *61*(2), 121–140. doi:[10.2307/2787065](https://doi.org/10.2307/2787065).
- Keyes, C. L. M. (2007). Promoting and protecting mental health as flourishing. *American Psychologist*, *62*, 95–108. doi:[10.1037/0003-066X.62.2.95](https://doi.org/10.1037/0003-066X.62.2.95).
- Land, K. C., Lamb, V. L., Meadows, S. O., & Taylor, A. (2007). Measuring trends in child well-being: An evidence-based approach. *Social Indicators Research*, *80*, 105–132. doi:[10.1007/s11205-006-9023-0](https://doi.org/10.1007/s11205-006-9023-0).
- Mărginean, I. (2002). Calitatea vieții percepute în România. In I. Mărginean & A. Bălașa (Eds.), *Calitatea vieții în România* (pp. 61–108). București: Editura Expert.
- Ministry of Education, Research and Youth/Ministerul Educației, Cercetării și Tineretului (MECT). (2007). *Starea învățământului din România 2007*. București. www.edu.ro/index.php/articles/8907/.
- Menchini, L., Marnie, S., & Tiberti, L. (2009). *Child well-being in Eastern Europe and Central Asia: A multidimensional approach*. Innocenti Working Paper No. 2009-20. Florence: UNICEF Innocenti Research Centre.
- Muntele Hendreș, D. (2004). Starea subiectivă de bine între predictorii și efecte. *Analele Științifice ale Universității "Al.I.Cuza"*. *Psihologie*, *XIII*, 73–94.
- Muntele Hendreș, D. (2009). *Starea subiectivă de bine (Subjective well-being)*. Iași: Editura Universității Alexandru Ioan Cuza.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, *27*(2), 260–276.
- Negovan, V. (2007). The psychodynamics of subjective well being related to university students' involvement in volunteering activities. In M. Anitei, M. Popa, L. C. Mincu & A. M. Pap (Eds.). *Proceedings of the centenary of psychology at the University of Bucharest* (pp. 1055–1069). București: Editura Universității.
- Negovan, V. (2008). Percepția suportului social din partea persoanelor semnificative, reușita academică și starea de bine psihic și social în mediul universitar / The perception of social support from significant others, academic achievement and psychological and social well-being in the university environment. *Revista de Psihologie Școlară*, *1/2*, 70–79.
- Negovan, V. (2010). Dimensions of students' psychosocial well-being and their measurement: Validation of a students' Psychosocial Well Being Inventory. *Europe's Journal of Psychology*, *6*(2), 85–104.
- Negru, O., & Băban, A. (2009). Positive development in school settings: School environment influences on perceived school adjustment in a Romanian adoles-

- cent sample. *Cognition, Brain, Behavior: An Interdisciplinary Journal*, 13, 253–267.
- Negru, O., Damian, L., & Băban, A. (2010). Parents and children in Romania: The influence of family culture dimensions on parental involvement in children's academic life. *Journal of Child and Adolescent Psychology / Revista de Psihologia da Criança e do Adolescente*, 1, 31–48.
- Oakland, T., Iliescu, D., Dincă, M., & Dempsey, A. (2009). Temperament styles of Romanian children. *Psihologia Sociala. Psihologia câmpului social. Buletinul Laboratorului Universitatea Al. I. Cuza, Iași*, 22(II), 70–85.
- Popa, N. L. (2012). Perceptions of family support among children of Romanian migrants. *Procedia. Social and Behavioral Sciences*, 46, 4097–4101. doi:10.1016/j.sbspro.2012.06.206.
- Rees, G., Goswami, H., Pople, L., Bradshaw, J., Keung, A., & Main, G. (2012). *The Good Childhood Report 2012: A review of our children well-being*. London: The Children's Society. http://www.childrensociety.org.uk/sites/default/files/tcs/good_childhood_report_2012_final_0.pdf. Accessed 28 Nov 2012.
- Richardson, D., Hoelscher, P., & Bradshaw, J. (2008). Child well-being in Central and Eastern European Countries (CEE) and the Commonwealth of Independent States (CIS). *Child Indicator Research*, 1/3, 211–250.
- Riel, B. (1997). Profiles in culture: Getting to know the Romanian people. *Relocation Journal & Real Estate News*, 11(2), 14–19.
- Robila, M. (2003). Romanian families. In J. Ponzetti (Ed.), *International encyclopedia of marriage and family* (2nd ed., vol. 3, pp. 1370–1373). New York: Macmillan Reference USA.
- Robila, M. (2004). Child development and family functioning within the Romanian context: Families in Eastern Europe. *Contemporary Perspectives in Family Research*, 5, 141–154. doi:10.1016/S1530-3535(04)05009-5.
- Robila, M., & Krishnakumar, A. (2004). The role of children in Eastern European families. *Children & Society*, 18(1), 30–41.
- Roșeanu, G. (2006). Evaluarea sănătății sociale și a stării de bine psihologice. In R. Rășcanu (Ed.), *Introducere în psihodiagnoza clinică* (pp. 24–44). București: Editura Universității din București.
- Roșeanu, G., & Drugaș, M. (2009). Investigarea relației dintre perspectiva temporală personală, motivație și stare de bine subiectivă. *Analele Universității din Oradea, Fascicula Psihologie*, XVI, 108–121.
- Ryff, C. D. (1989). Happiness is everything or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. doi:http://dx.doi.org/10.1037//0022-3514.57.6.1069.
- Schifirnet, C. (2007). *Formele fara fond, un brand romanesc*. Bucharest: Comunicare.ro.
- Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free.
- Stănculescu, E. (1998). *Sociologia educatiei familiale. II. Familie si educatie in societatea romaneasca*. Iași: Polirom.
- Stănculescu, E. (2008a). High-school students' psychological well-being. The 30th ISPA Colloquium: School Psychology in a Changing Society. Utrecht, Holland.
- Stănculescu, E. (2008b). Psychological correlates of the social skills. *Revista de Psihologie*, 54, 57–65.
- Stănculescu, E. (2009). Psychological aspects of loneliness in school-children. In *Conference proceedings cercetarea psihologica moderna: Directii si perspective* (pp. 25–32). București: Editura Universitara.
- Stănculescu, E. (2010). Children and childhood in Romanian society and social research: Ideological and market biases and some notable contributions. *Current Sociology*, 58(2), 309–334.
- Stevens, M. J., Constantinescu, P.-M., & Butucescu, A. (2011). Aspirations and well-being in Romanian and U.S. undergraduates (Aspirațiile și starea de bine la studenții americani și români). *International Journal of Psychology*, 46, 436–445.
- Treptow, K. (1997). (Ed.) *A history of Romania* (3rd ed.). Iași: The Center for Romanian Studies, The Romanian Cultural Foundation.
- Triandis, H. C. (1995). *Individualism and collectivism*. Boulder: Westview.
- Trimbitas, O., Lin, Y., & Clark, K. D. (2007). Arta de a cere scuze în cultura românească/Use of apology in ethnic romanian culture. *Human Communication*, 10(4), 401–420.
- United Nations Children's Fund (UNICEF). (2001). *Young Voices Opinion Survey of children and young people in Europe and Central Asia*. Geneva: UNICEF.
- United Nations Children's Fund (UNICEF). (2007). *Education for some more than others? A regional study on education in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS)*. Geneva: UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States. www.efareport.unesco.org/.
- Voicu, B., & Voicu, M. (2007). *Valori ale românilor: 1993-2006. O perspectivă sociologică*. Iași: Institutul European.
- Voicu, M., & Voicu, B. (2003). Volunteering in Romania. In P. Dekker & L. Halman (Eds.), *The values of volunteering* (pp. 143–160). New York: Kluwer.
- Volgyes, I. (1995). The legacies of communism: An introductory essay. In Z. Barany & I. Volgyes (Eds.), *The legacies of communism in Eastern Europe* (pp. 1–19). Baltimore: Johns Hopkins University Press.
- Vorone, S., Vorobyov, A., & Negovan, V. (2012). Are dimensions of psycho-social well-being different among Latvian and Romanian University students? In M. Anitei, M. Chraif, & C. Vasile (Eds.), *Procedia—social and behavioral sciences* (Vol. 33, pp. 855–859). doi:http://dx.doi.org/10.1016/j.sbspro.2012.01.243.
- Zamfir, C. (Ed.) (1997). *For a society centered on the child*. Department of Child Protection, UNICEF, European Commission, European Council, USAID, World Bank, Bucharest.
- Zamfir, C., Postill, K., & Stan, R. (Eds.) (2001). *Poverty in Romania: Causes, anti-poverty policies, recommendations for action*. Bucharest: UNDP, IQL.

Psychological Well-Being Research with Children in Samara, Russia

11

Irina Chaus, Inna Matasova
and Mariia Shatalina

Introduction

In order to understand the Russian context of child well-being, we explored the social–economic factors and the history of research on child stress. The current social–economic situation in Russia has influenced the level of risk to which youth are exposed, particularly as it relates to family relations. In modern Russian society, family relations are marked by a cultural disconnect between the younger and older generations, triggered by the dissolution of the Union of Soviet Socialist Republics (USSR). National views were mixed before, during, and after the dominant zeitgeist of the 1990s became the negation of “all things Soviet” and the celebration of pluralism as the antithesis of ideological unification (Andreeva, 2008). This was expressed in the recognition and expression of diverse values, ideologies, behavioral norms, and, of course, personal economic status. With greater ownership of personal wealth and property, monetary and property gains became a social measure of success (Dubrovina, 2000). Still, parents and elders of the transition period, from 1990 to 2000, remained carriers of Soviet-system values, and their predominant worry was the potential difficulty adapting to the

large-scale changes, which frequently ended with failure or even tragedy (Zdravomyslova, 2008). Thus, during the latter part of the twentieth century, threat of cultural rupture between generations of children and parents and disruptions in socialization processes were imminent, threatening to amplify the distance between “the world of the child” and “the world of the adult.” The distance between the generations refers to differences of values, behavioral norms, and strategies of self-realization and is characterized by an increasing lack of understanding and conflict between the old and young generations. This gap manifests itself in the relations within the family, as well as in other spheres of social interaction. The parental family still remains the key institute of socialization of the rising generation, but the family is characterized by conflict of relationships amplified by the gap between child and adult worlds. Growth of social and psychological problems of children and the teenagers living in the large cities became one of direct displays of the impact of this generational gap (Dubrovina, 2000)

The traditional Russian family unit has continued to lose its stability in modern society (Gurko, 2008; Gurko & Orlova, 2011). For instance, according to Russian researchers (e.g., Gurko & Orlova), young spouses’ beliefs about marriage have changed considerably, and increasingly the family is viewed as a “vital project” (i.e., when the young man refers to the creation of the family as a business, not taking into account the spiritual

I. Chaus (✉) · I. Matasova · M. Shatalina
Moscow City Pedagogical University Samara Branch, 76
Samara st. Stara Zagora, Samara 443081, Russia
e-mail: ispasamara@gmail.com

value component of marriage). In 1991, 83 % of wives and 81 % of husbands agreed with the statement, “Marriages are relations for all life, it should not be terminated except for extreme circumstances”; in 2012, only 46 and 56 % agreed, respectively (Gurko, 2008). Young spouses in half of cases did not consider the presence of a stepparent as a problem for children (i.e., not creating problems related to adjusting to a new family situation or having to maintain relationships with both mother/father and stepmother/father), which indirectly testifies to acceptance of the concept of family as including a stepparent (Gurko & Orlova, 2011).

Increasingly, young mothers aspire to work outside of the household. It is especially characteristic for “professional” women to be anxious about the loss of income, qualifications, or potential career growth in the event of a long break (leave) from working connected with the care and education of children. That is, the care of one child within 3 years reduces pension accumulation of women by 7–11 % in comparison with those who do not have children or are not using leave (Baskakov & Baskakova, 2011). Besides, the material standards of a life in transition to a consumer society are continuing to rise. The constant stress connected with the pressures of social standards of life negatively affects the parent’s psychological well-being and is one of the main reasons for parental violence against children (Vasilyev, 2011).

Parents’ ideological orientations that transfer conformist values to their children are detrimental to children’s ability to independently control their behaviors and moods. At the same time, parents pass their fears of modern society to their children, increasing the likelihood of deviant behavior and mood lability in children and adolescents (Vasilyev, 2011). According to the Russian attorney general (Janchenko, 2012; <http://crimestat.ru>), teenagers accounted for almost 10 % of all criminal offenses. During the past year, there has been a clear trend toward reductions in consistently high proportions of relapses and transitory economy and social life.

Another feature of the modern Russian society is the recent influx of migrant populations from

Tajikistan, Armenia, Azerbaijan, and others in the past 15 years (Janchenko, 2012). According to the UN (Report of UN, September, 2013), Russia has become a country of migrants. Based on the number of foreigners, 11 million, Russia ranked second in the world. Migration has been concentrated in major cities, such as Moscow, Saint Petersburg, Ekaterinburg, Samara, Saratov, and others (<http://www.1tv.ru/news/social/241817>). Increased migration flows, lesions in multinational military territory caused by aggravated social problems, and insecurity about the future give rise to xeno- and migranto-phobia (Belinskaya & Stefanenko, 2007). Rejection occurs on the basis of fear of unknown cultural beliefs, practices, and traditions and sometimes envy about the economic successes of foreigners (Belinskaya & Stefanenko, 2007). The emergence of such feelings is often triggered by mass media propaganda. This phenomenon of “migranto-phobia” is reflected in modern secondary school.

The concept of stress in children is new in Russian psychology. Recent research has shown that children as well as their parents suffer from fears, excessive demands, and unbearable psychological pressure. According to research by the Ministry of Education, every third child is under stress (Onishina, 2007). The reasons may vary and include parents’ divorce, illness of a close relative, stress of someone who they live with, difficulties with education, mockery by classmates, transfer to another school, and the loss of the things that are close to heart.

According to Vasilyev (2011), many situations at school are stressful for the child. First, the work demands placed on children can be stressful. Often children consider school the equivalent of parents’ work. For them, all the stress factors are concentrated in coercion, excessive exercises, competition, communication problems, and the need to adapt. This stress is common to all junior students of the past 20 years. Second, criticism, condemnation, and ridicule are familiar to many children. Even if part of a game, some children take ridicule literally, especially if repeated. Stress becomes sharper if the remark comes from an adult. The child may gradually develop so-called syndrome of the accused, that is, from the

constant criticism and condemnation in front of classmates, the student considered to be lagging behind in class loses self-confidence. Such stress can take a toll on the person for many years into adulthood. Related to public condemnation is harassment at school or physically or verbally aggressive actions from other students or teachers aimed at one person (e.g., chicanery, intimidation, attacks on personal things or the person him/herself). Third, pressure and one's desire to achieve can be a stressor. The child's reward is his/her parents' praise and pride. The pressure to achieve is commonly influenced by family or cultural background. Some families do not pay much attention to marks (grades), while others oblige a child to strive for success and always get the best results in class. Furthermore, for some parents, this is still not enough. Increased demands on children also create stress for them. High expectations for themselves and the need for control can result in self-imposed stress, regardless of parents' views. Such children are perfectionistic by nature and afraid of any failure. The children themselves determine minimally acceptable levels of performance, are afraid of not achieving their best, and are continually dissatisfied. Finally, the need to be recognized for one's accomplishments can be a stressor. If not recognized, the child can feel incompetent, not outstanding, and sometimes speaks about it to other people. The child refuses to show persistence, constantly talks badly about him/herself, and/or compares him/herself with others viewed as more worthy. Sometimes such behavior expresses the child's desire for recognition from parents and teachers and the need for support from adults to believe in themselves (Vasilyev, 2011).

Longitudinal studies of the Russian Institute of Physiology (Bezrukih, Sonkin, & Farber, 2002) revealed school risk factors that provoke stress and affect the health, functioning, and development of children. The following pedagogical factors were found and are presented in the order of the strength of influence: (a) stressful teaching; (b) intensification of the educational process; (c) discrepancy methods and techniques based on educational age and functionality of students, excluding age-related psychological characteristics;

(d) irrational organization of training activities; (e) functional illiteracy of teachers, that is, when the teacher, in spite of obtaining a higher education, is illiterate in speech, or speaks and writes with errors; and (f) lack of focus on the formation of health and healthy lifestyles (Bezrukih et al., 2002).

The most important risk factors related to schooling are stressful pedagogical tactics due to time constraints, failure, or adults' frustration (e.g., teachers and parents). One of the stressors at school is the imposed time limits for academic activities. The constant "time pressure" that a student experiences for 10–11 years of schooling has been associated with negative physiological effects. This pressure may be related to the increase in the volume and intensity of education, the use of technology, and current teaching methods. The success of modern school is often determined by indicators such as performance speed. That is, the common use of a stopwatch to time performance can lead to mental health difficulties and severe mental disorders. Thus, pedagogical stress tactics are an important influence on the mental and physical health of schoolchildren. In combination with the stress tactics of the teacher, increased intellectual, physical, and emotional overload at school and the mismatch of educational techniques and technologies create conditions for the development of neuropsychiatric disorders (Onishina, 2007).

Based on their extensive experiences in Russian schools, the authors of this chapter identify the teacher as a potential risk factor. The teacher may know the content area, but may not know the child's individual characteristics and capabilities. Schools need teachers who are aware of their responsibility for the development of emotional comfort and health of schoolchildren as well as knowledge acquisition, and who know how to defend the interests of the child. The teacher is primarily responsible for the organization of a comfortable educational environment conducive to learning. Thus, the mental health of teachers is important, and the promotion of their mental health is an urgent task of the modern education system.

Vasilyev (2011) conceptualizes the main differences between children's positive and negative stress reactions on the basis of the following factors:

1. *Choice*. When the situation is chosen by the child, he/she is more likely to experience "stimulation" rather than stress. Stress occurs when the task is set not by the child and the situation imposed from the outside.
2. *Degree of control*. Stress can arise when the child is unable to control the situation and is forced to remain in a passive role. Thus, when the external pressure becomes greater than the child can control or manage, the level of stress increases.
3. *Ability to foresee or prevent the consequences*. Although it is difficult to adapt to the new situations when effects are known in advance, it is more difficult to adapt to new conditions if subsequent events cannot be foreseen.
4. *Fulfillment of commitments*. When fulfilling commitments, children are absorbed in their work, take care of their family and friends, and are surrounded by peace. They have a stable system of values and know the meaning and purpose of their actions.
5. *Challenge*. A challenge is not seen as a stressor, but rather as an opportunity for growth and reason to increase activity to overcome the challenge.

Conceptualizations of Psychological Well-Being in Russia

Research on psychological well-being has been conducted by a number of psychologists in Russia, including Ananjev (2001), Bratus (1994, 1997), and Dubrovina (2000), among others. In conducting this research, Russian psychologists have used terms such as personal health or psychological health and provide definitions for these terms. Bratus (1994, 1997) created a multilevel model of psychological health, termed *personal health*. The levels included: (a) psychic health, determined by neurophysiological activity, (b) individual psychological health, connected with realization of personal intentions, and

(c) personal semantic, the highest level denoting personal health, characterized by the quality of relationships. Another Russian psychologist, Yermolayeva (2003), proposed *psycho-ecological balance*, defined as experience of well-being, stability, and self-reliance. Dubrovina (2000) distinguished "psychological health" from "mental (psychic) health," terms that are used synonymously in Russian literature. *Mental health* is associated with mental processes and mechanisms, whereas *psychological health* is associated with the whole person. Psychological health includes mental health and the development of the child during all stages of ontogenesis as the basis of mental health.

Most Russian psychologists write about *psychological balance* as a main criterion for psychological health (Nastasi, Chaus, Matasova & Shatalina, 2009). Psychological balance determines adaptation, adequacy of perception, the match of psychic reactions to the intensity of external stimuli, adequacy of self-estimation and situational estimation, ability to change behavior according to changes in the social environment, and responsibility for others, including intimate others. The education system in Russia is one of the mechanisms for facilitating the socialization and development of children. The school context provides an education environment, a psychological and pedagogical reality that influences personal and interpersonal development of students (Baeva & Sevikin, 2005).

Psychological safety occurs in an environment (e.g., school) in which most participants have a positive attitude toward the context, high levels of satisfaction, and protection from the interaction of psychological violence (Regush & Orlova, 2011). Thus, a safe educational environment is one that ensures psychological safety, in which most students (and teachers) have positive relationships, high levels of school satisfaction, and feel themselves protected from psychological violence in interactions with each other (Regush & Orlova, 2011). Psychological protection of students provides for successful adaptation, development of social competence and positive orientations toward society, social and self-acceptance, and self-regard. Thus, psychological

protection is an important condition for harmonic development of children. In contrast, *risk factors* in the educational environment include insufficient supply of teaching personnel, logistics, low activity of students and teachers, aborted social skills, level of education and culture, and personality characteristics of participants in the educational process. All these factors constitute a threat to the educational environment and personal development (Baeva & Sevikin, 2005).

Addressing the reality of schools is possible through the relationships among the participating entities, that is, students, parents, teachers, and school administration. Therefore, attention to these relationships is critical. The problem of social and psychological protection of students and their psychological safety is one of the most widespread topics of discussion related to humanization in Russia. Nowadays, we may consider Russian modern school as the object of high risk (Baeva & Sevikin, 2005). However, psychological safety is currently the primary valued characteristic of an education environment, such that schools provide systems of safeguards for the sustainable development and protection for children against internal and external threats (Baeva & Sevikin, 2005). Sources of psychological harm for students in schools may present different kinds of risk factors. These include: (a) stress tactic of pedagogical influence, such as giving time limits for exercise or practice, or calling public attention to students' mistakes and failures, with an emphasis on personal qualities; (b) imbalance between pedagogical methods and technologies and personal or age-specific possibilities; (c) irrational organization of educational process, such as lack of or reduction of time for breaks, the daily concentration of controlled activity and testing, and extensive homework; (d) regulation of nutrition, activities, learning, and rest; and (e) insufficient psychological competence of teachers (Baeva & Sevikin, 2005).

Especially important is protection from violence in the educational environment. Psychological violence has a psychic or mental influence, which reduces moral, psychological, and life status of person, and inflicts physical or psychological sufferings (Regush, 2003). The main

danger in the interaction among members of the educational process is psychological trauma, which inflicts harm to positive development and psychic health of children, and interferes with the growth of self-actualization of children (Andreva, 2008). Psychological protection of students provides for successful adaptation, development of social competence and positive orientations to society, acceptance of social groups and social norms of behavior, self-acceptance, and self-regard.

In order to provide for psychological safety in school, it is necessary to consider individual and psychological characteristics of students and promote and support their psychological development and well-being. The current chapter describes our efforts to identify those characteristics in order to promote the psychological well-being and psychological safety of students in Russia. Using focus group interviews with primary, middle, and secondary school students in Samara, Russia, we garnered youth perspectives about culturally valued competencies, stressors, supports, and reactions to stress and coping. The study was part of the ongoing *Promoting Psychological Well-Being Globally* (PPWBG; Nastasi & International Psychological Well-Being Team, 2012) project.

The Russian Context

The Russian Federation is the largest of the 21 republics that make up the Commonwealth of Independent States. It occupies most of eastern Europe and North Asia, stretching from the Baltic Sea in the west to the Pacific Ocean in the east and from the Arctic Ocean in the north to the Black Sea and the Caucasus in the south. It is bordered by Norway and Finland in the northwest; Estonia, Latvia, Belarus, Ukraine, Poland, and Lithuania in the west; Georgia and Azerbaijan in the southwest; and Kazakhstan, Mongolia, China, and North Korea along the southern border (<http://www.masterstudies.ru/Rossija/>).

Samara, known from 1935 to 1991 as Kuybyshev, is the sixth largest city in Russia and the administrative center of the Samara region.

It is situated in the southeastern part of European Russia at the confluence of the Volga and Samara Rivers, on the east bank of the Volga. The land within the city limits is approximately 46,597 ha (115,140 acres) with a population of over 1.17 million people (1,172,348 people in 2014), the seventh most populous city in Russia. The metropolitan area, the third most populous in Russia, is home to over 2.5 million people (<https://ru.wikipedia.org/wiki/Camapa>). Ethnic composition is plural, including Russian, Tatars, Chuvash, Mordva, Ukrainians, Armenian, Belarusians, Germans, Bashkirs, Jews, Uzbeks, Roma, Tajiks, Mari, Georgians, Moldovans, Udmurt, Koreans, Poles, and others (<http://worldgeo.ru/russia/reg63/>; <http://worldgeo.ru/russia/lists/?id=33&code=63>).

Samara is a leading industrial center in the Volga region and is among the top ten Russian cities in terms of national income and industrial production volume. Samara is known for the production of aerospace launch vehicles, satellites and various space services, engines and cables, aircraft and rolled aluminum, and block-module power stations; refining, chemical, and cryogenic products; gas-pumping units; bearings of different sizes and drilling bits; automated electrical equipment; airfield equipment; truck-mounted cranes; construction materials; chocolates made by the Russia chocolate factory; Rodnik Vodka; Zhiguli beer; and food processing and light industrial products.

Samara has 188 schools of general education, lyceums, high schools, and the college of continuous education (from elementary to higher education). Samara is a major educational and scientific center of the Volga area. It houses 12 public (state) and 13 commercial (private) higher educational institutions, such as universities, academies, and institutes, and 26 colleges. Samara is the home of the Samara State Aerospace University (SSAU), one of Russia's leading engineering and technical institutions. SSAU faculty and graduates have played a significant role in Russia's space program since its conception. Samara is also the hometown of Samara State University, a well-respected higher education institution in European Russia with competitive programs in

law, sociology, and English philology. Scientific research is also carried out in Samara. The Samara Research Center of the Russian Academy of Sciences incorporates the Samara branch of the Physical Institute, Theoretical Engineering Institute, and Image Processing Systems Institute.

Method

The study in Samara was conducted during the academic year 2009–2010, according to the procedures of the PPWBG (see Chap. 2). All study materials were translated from English to Russian by K. Kalinin, the head of department of International Relationship of Samara Branch of Moscow City Pedagogical University.

Context of Schooling

The schools where data were collected are typical urban schools, serving between 800 and 1500 students. The full course of education in Russia before 1986 was 10 years (primary school, 3 years; secondary school, 5 years; upper secondary school, 2 years). When a 4-year course of elementary (primary) school was introduced as an experimental alternative, students then had the opportunity to select a 3-year (10-year total education) or 4-year primary education program (11-year total). If they selected the 3-year program, they would matriculate from third to the fifth grade.

At the time of data collection, the compulsory school years consisted of 11 grades, with 10 or 11 years across different schools. Since 2011, state law requires a full course of education equal to 11 years and consisting of primary (one-step), secondary (two-step), and upper secondary (three-step) levels. Primary school education (one step) consists of 4 years from grades 1 to 4. Primary education provides basic skill and knowledge necessary for life and any kind of work, including reading, minimal grammar writing, elementary mathematics, and elementary skills of handicraft (to work with scissors, glue, paper, and other materials). There are also general developing

subjects like music, sports, choreography, and arts. In addition, students are taught about natural and social phenomenon, a subject called *The World around Us*. Since 2005, a foreign language component was incorporated into school curricula, focusing primarily on English, German, and French. One teacher is responsible for providing almost all the subjects (except sports and music), typically no more than four subjects per day. Each class is housed in its own room.

Secondary school consists of grades 5 to 9. Secondary school provides basic knowledge of the main directions of sciences. Every course is taught by a specialist in the relevant discipline and fixed with its own room; students typically move from room to room to attend their classes during the study year. Every class is determined by the class leader, that is, one of the teachers in the school who does not always teach, and, in some schools, is free from teaching altogether. The class leader is officially responsible for the class, solves administrative and organization problems, and is connected with whole learning of the class. The full array of learning disciplines is about 20 and includes algebra, geometry, physics, inorganic and basic chemistry, basics of organic chemistry, biology, Russian language, literature, history, social science, geography, foreign language, computer science, music, arts, handicraft, and sport. The student's study load is about six studies (subjects) per day.

After completing secondary school, pupils must pass the state final certification in mathematics, Russian language, and two disciplines of their choice. If students receive a "satisfactory" mark or higher, they earn a Certificate of Secondary Complete General Education and pass to the upper school to continue their studies and prepare for entering universities or other higher education institutions. Some students continue their studies in professional colleges or other specialized educational institutions. If a pupil does not pass the required exams, his/her parents or legal representative may choose one of the following alternatives: (a) get a certificate of 9 years education, without the opportunity to progress to 10th and 11th grade, (b) repeat 9th grade and retake the exam the following year, (c) for a student who

has received one certificate, after 1 year, he/she is entitled to retake the exams.

The basic role of upper secondary-level education is to prepare students for entrance to higher educational institutions. In Russia, the upper secondary classes last 2 years and include grades 10 and 11, with a typical study load of no more than 7 per day. The upper secondary courses consist of more in-depth learning of the subjects studied in "lower" secondary school as well as new disciplines of study. In time, the students convert their educational profile to the direction of learning according to their unique propensities. The available profiles of learning vary across schools. At the completion of these studies, pupils pass the US Exam and exams in Russian language and mathematics. Passing exams on other disciplines is voluntary, so pupils typically choose the disciplines necessary for passing to a particular university.

Participants

Sixty-four students (32 boys, 32 girls), aged 6–17 years, participated in the study. Focus groups were organized by age group (6–8 years; 9–11 years; 12–14 years; 15–17 years), with 16 students (8 boys, 8 girls) per group. Demographic data beyond age and gender were not collected for this sample.

Procedures

Participants were selected by random sampling. A random list of participants was generated using the lists of class registers at participating schools. Parents of students who were in the sample were invited to the school for an interview, where they were provided with a detailed explanation of the study's purpose and procedures. If they agreed to allow their children to participate, they signed a consent form. Focus group interviews, including ecomaps (see Chap. 2), were conducted after lessons were completed, either in the schoolroom or in the office of the school psychologist located in the school. The school psychologist conducted

focus groups and two university students of the fifth grade of the Faculty of Psychology (Samara Branch of Moscow City Pedagogical University; SF MGPU) assisted with note-taking and transcription. After all data were collected and transcribed, the translator, K. Kalinin, translated all data from Russian to English. Translated data were coded by staff of laboratory of psychology of development (SF MGPU) using the deductive coding scheme described in Chap. 2.

Findings

Findings are organized by the major code categories and subcategories (as defined in Chap. 2):

- *Valued Competencies*: Personal, social, behavioral, academic/occupational, physical/athletic
- *Coping Mechanisms*: Individual, problem focused; individual, emotion focused; social support, problem focused; social support, emotion focused; communal, problem focused; communal, emotion-focused
- *Stressors*: Peer relationships, intimate partner/romantic interest, family, academic/occupational, relationship with adult, financial, community/society, environmental
- *Supports*: Peer/colleague; teacher, sibling, mother, father, other guardian, friend, intimate partner, elder or authority figure, other (e.g., refusing support)
- In addition, age and gender differences in category or subcategory descriptors were noted. Some students did not talk about certain subcategories.

Valued Competencies

Analysis of focus group data revealed that students described the competencies or meanings of different social roles (student, friend, citizen, etc.) in both positive and negative ways. In addition, differences across gender and age were evident.

The personal subcategory (e.g., “serious,” “responsible,” “peaceful”) was used by girls

more often than boys, especially in group of 12–14 years old. The social subcategory was more salient for girls than for boys in all groups, and they used it more often when describing the valued competencies of good (or bad) citizen, such as “obeying rules and laws,” “being respectful,” “[being a] polite person,” and “to be an example for others.” Reference to academic competencies varied by age and gender. The academic subcategory was more salient for younger than for older boys, with younger boys citing, “to receive good marks,” “to do homework,” and “to listen to teacher very attentively.” In contrast, the academic subcategory was more salient for older (ages 15–17 years), compared to younger, girls. The 15–17-year-old girls indicated, “Good students study well for good future profession (with good salary)” to describe academically competent.

Descriptions of competencies varied across age groups. For example, “good pupil” was described by boys and girls of groups 6–8 years and 9–11 years as “the pupil, who studies well” and “receives good marks.” These characteristics represent external indicators of academic activity. For 12–14-year-old boys and girls, the “good pupil” was described as “the pupil who does his homework,” “takes part in school life,” and “observes the rules of school.” The 15–17-year-old students described the “good pupil” as “responsible pupil or pupil who is able to use the knowledge, listens to requirements.” The 6–8-year-old group described characteristics of “bad pupil” using external indicators or instances from the educational process, such as “bad student receives bad marks, has bad discipline.” The description of “bad student” in all other groups was based on internal motivation of student, for example, “student who does not want to study.”

The descriptions of “the good teacher” also yielded differences by age group. At younger school ages (6–8-year-old and 9–11-year-old), students again used external characteristics, for example, “the teacher who gives good marks, does not abuse.” Pupils in the age group of 12–14-year-olds referred to both external and personal characteristics of the teacher, for example, “clearly explains, also fair.” The 15–17-year-

old students relied on professional characteristics, such as “the professional in a field of knowledge, can give rise to an interest to subject (make learning interesting, exciting, fun).”

Descriptions of “good friend” in the groups of 6–8 and 9–11-year-old students showed the predominance of external characteristics, for example, “the good friend walks and plays together with me” or “just with me,” “can help with my homework, if I don’t know how to do it.” Similarly, the descriptions of “bad friend” relied on external characteristics, such as “fights and takes offence.” The students from the group of 12–14 and 15–17-year-olds more often used personal characteristics to describe a friend, for example, “faithful, honest,” “understand my feelings,” “can keep my secrets.”

In conclusion, we found age differences in representations of valued competencies. In descriptions of competencies for friend, pupil, and teacher, children of 6–8 and 9–11 years drew on external indicators reflected in behaviors (i.e., behavioral subcategory). Students in the age group of 12–14 and 15–17 years old drew on internal characteristics (Personal subcategory). Thus, representations of valued competencies are based on external characteristics for younger pupils and internal characteristics for older pupils. Personal qualities become valued for older students, suggesting the formation of value representation.

Coping Mechanisms

In the exploration of coping mechanisms, we analyzed children’s responses to focus group questions and ecomap narratives. To manage or overcome stressful situations, children reported using problem-focused or emotion-focused behavior, escaping, independent search for constructive solutions to the problem, seeking help, and support from friends and parents.

In the children’s ecomap stories of coping, they made no mention of communal problem-focused or emotion-focused coping mechanisms, suggesting these might not be relevant to or common among Russian students. Before the dissolution

of the Soviet Union, we had no official religious communities, instead we had trade unions and political organizations for adults (Communists Party) and for children (i.e., “Oktyabryata” for students from primary school, Pioneer Organization for secondary school, and Komsomol Organization or “Young Communists” for high school). These organizations were institutes of socialization. However, children not only adopted ideology, social norms of interactions, and team collaborations but also were able to receive support from these organizations in different problem situations (e.g., conflict with peers, problems with academic achievement such as low scores at school).

After the 1990s, the social situation changed (Shcherbakova, 2007). Children’s political organizations were abolished; girls and boys became just students (not “Pioneer” or “Young Communist”). Social norms also changed. Today’s students prefer to confront difficult situations on their own and solve their problems in school or in the family without help from any “communities.” They demonstrate more autonomy than their parents or elder relatives. Today, children have to find their own coping strategy, sometimes through imitations (automatically), sometimes consciously (make own patterns of behavior, using analysis of the situation and their own capacities). Their parents may use normative ways that they learned in childhood in Soviet period, when the standards of solutions were fixed in society as socially approved and with strong control in the educational environment.

With regard to individual coping mechanisms, emotion-focused mechanisms were more predominant than problem-focused mechanisms both for girls and boys in every age group. Problem-focused social support was more salient for girls in the 12–14 years old age group, that is, they seek social support to solve problems. Emotion-focused social support was more salient for younger girls in the 9–11 years age group, that is, receiving emotional support from other people (peers or adults) was more valued than support for solving problems for this age group.

Stressors

More salient sources of stress for younger (6–8 and 9–11 years) students were problems with family and adults. For example, these pupils reported the following stressors: “can’t understand why teacher abuses,” “quarrels with parents,” “knows about “scandal between mother and father,” “all attention to sibling,” or “parents are upset and too tired.” Older (12–14 years) students reported additional sources of stress in peer relationships, such as social rejection or exclusion from others, “being alone, awful to be without any companies.” For the eldest girls (ages 15–17 years), problems related to financial well-being also were salient stressors.

Supports

Sources of support varied with age. For younger students (6–8 and 9–11 years), the mother was the most salient; at this age, the relationships with mother are very close. For both boys and girls, aged 12–14 years, this position of “supportive person” belongs to friends. For the eldest girls (15–17 years), the teacher was reported as more important as a supportive person than friend or mother, perhaps suggesting they are searching for role models. Some boys from the eldest group (15–17 years) indicated refusal of support, suggesting the importance of autonomy and solving all problems by themselves and presenting themselves as adults (Mukhina, 2006). However, other student groups indicated that, in stressful situations, they can ask somebody for help and support.

Findings from Ecomaps

On ecomaps, students of all groups drew more supportive than ambivalent or stressful links with persons with whom they interact in their life (at school, at home, in sport sections or musical and art school, in yard, etc.). In all groups, mothers, fathers, siblings, relatives, and friends were consistently indicated relationships. The analysis of

student ecomaps also showed children’s subjective appraisals of their social environments differ across age and gender. The analysis of number of links (i.e., relationships) drawn on ecomaps indicated that that 15–17-year-old girls and 6–8-year-old boys had more links/relationships than in other age–gender groups.

In the girls’ groups, the number of relationships increased with ages; in 6–8-year age group, the number of relationships was fewer than in older groups, and the highest number of relationships was in the 15–17-year age group. Girls from the 15–17-year-old group included more connections with friends and siblings than younger girls. Only older girl groups included relationships with boyfriends and teachers, which reflected supportive and ambivalent relationships. Also, only the ecomaps of 15–17-year old girls contained images of pets as supportive.

The number of categories of persons included on ecomaps increased with age. For example, on the ecomaps by 6–8-year-old girls, there were figures of parents, siblings, relatives (aunts, uncles, grandmothers, grandfathers), and friends; 9–11-year-old girls also included figures of classmates; 12–14-year-old girls included figures of teacher (one picture) and director (one picture); and girls 15–17 years old included figures of pets (two pictures), boyfriends (two pictures), and teachers (on all pictures in this group).

The 15–17-year-old girls demonstrated differentiation of relationships with their peers. They drew supportive and ambivalent links between themselves and friends, and between themselves and classmates. They also differentiated between supportive and ambivalent relationships for both friends and classmates. Further, they indicated a greater number of supportive relationships, compared to ambivalent relationships, with friends. In contrast, they indicated more ambivalent relationships, compared to supportive relationships, with classmates.

A similar pattern was reflected in boys’ ecomaps. The 15–17-year-old boys drew more categories of persons than boys from other age groups. For example, they drew relationships with girlfriends, all of whom were identified as supportive. However, the boys did not depict

relationships with teachers or classmates. Their relationships with friends were reflected in the equal numbers of supportive and ambivalent links. These findings suggest that relationships with classmates are not as salient to 15–17-year-old boys as they are to girls in that age group. In contrast, 12–14 year-old boys identified classmates as network members, and they were appraised as both stressful and ambivalent. The boys of two age groups (9–11 and 6–8-year-old) drew figures of teachers and coaches. For 9–11-year-old boys, relationship with teachers and coaches were supportive; for 6–8-year-old boys, these relationships were more ambivalent, with twice the number of ambivalent links compared to supportive. Furthermore, the youngest boys (6–8 years) drew figures of friends but not classmates.

The analysis of age and gender differences in number of relationships reflected on ecomaps suggests that 15–17-year-old girls and 6–8-year-old boys have more connections in their social environments compared to other age and gender groups. However, 15–17-year-old girls depicted more of their relationships as supportive (63 links across all ecomaps in this group) than ambivalent (41 links across the group) or stressful (six links drawn by only three girls). Thus, although solely stressful relationships are minimal, older girls tend to depict their relationships as either solely supportive or a mix of support and stress (i.e., ambivalent). Boys (ages 6–8 years) drew more supportive (53 links) than ambivalent relationships (nine links; six with teachers drawn by four boys; one with father by one boy; two with friends by two boys) or stressful (no 6–8-year-old boys included stressful relationships). This suggests that younger boys perceive their relationships with adults (parents or relatives) and peers (friends) as generally supportive.

The least difference among supportive, stressful, and ambivalent relationships was evident for 15–17-year-old boys. Across all ecomaps for this age–gender group, students depicted 22 “supportive” (mainly with friends and siblings), 19 “ambivalent” (including 10 with friends), and 6 “stressful” (4 with aunts and grandmothers). One boy of this group drew ambivalent relation-

ships with people of other nationalities (“not Russian”). Also in this group, 50% of boys drew “ambivalent” links with one of their parents and one boy with both mother and father. From these data, we conjecture that for boys of this age, relationships with other people do not feel as safe as they do for young boys. It is possible that this difference reflects both developmental level and experiences. Today, young people orient to self-dependence and more separation from adults, especially from their parents and other elder relatives (Gurko, 2008).

Discussion

This international project permits not only understanding of cultural-specific definitions of well-being but also the examination of different aspects of psychological well-being. Research on the problems related to children’s well-being is important for Russian school psychology. Psychological well-being of children and adolescents is a prerequisite for maintaining their health and facilitating superior learning and development. At the present time, we see a rapid increase in the number and variety of risks in the social environment, and modern children are frequently confronted with increasing demands on their ability to withstand a variety of adverse environmental influences. These experiences threaten subjective well-being. Results of the study of external and internal factors of psychological well-being can help school psychologists to support students, on the one hand, to minimize the effect of external stressors on children, and, on the other hand, to strengthen their personal capacity to constructively deal with difficult situations in life.

The approach to the investigation of psychological well-being used in this international project opens up new possibilities for studying the social–psychological health of children in different social and psychological conditions of development, for example, well-being of children with special abilities, children from single-parent families, students who go to bilingual school, or psychological factors that influence well-being such as parent–children interaction styles,

characteristics of relationships with teachers, and social roles and positions in the peer group. Such research is necessary for providing for optimal conditions for development of students' potential in the educational environment.

References

- Ananjev B. G. (2001). *Man as object of experience*. SPb.: Piter, Series "Dasters of Psychology."
- Andreeva, A. V. (2008). *Technology as the basis of spiritual support of the educational process in order to ensure its safety psychological*. News of the Russian State Pedagogical University by Gercen A.I., â, 74–2, pp. 23–29.
- Baeva, I. A., & Sevikin, V. V. (2005). *Safety of education environment, psychological culture and psychological health of students*. News of State Pedagogical University by Gercen A.I. Ðž.5, â, 12, pp. 7–19.
- Baskakov, V. N., & Baskakova, M. E. (2011). *About pensions for men and women*. Moscow: The Moscow Philosophical Fund.
- Belinskaya, E. P., & Stefanenko, T. G. (2007). *Ethnic socialization of the teenager*. Moscow: MPSI, NPO "MODEK".
- Bezrukih, M., Sonkin, V., & Farber, D. (2002). *Age physiology (Physiology of Child Development)*. Moscow: Academy.
- Bratus, B. S. (1994). *Psychology. Morals. Culture*. Moscow: Moscow State University.
- Bratus, B. S. (1997). The problem of human psychology. *Questions of Psychology*, 5, 3–20.
- Dubrovina, I. V. (2000). *Mental health of children and adolescents*. Moscow: Academia.
- Gurko, T. A. (2008). Trends in the development of parenthood's institute. In M. K. Gorshkov (Ed.), *Russia reformed. Yearbook* (Vol. 7, pp. 121–141). Moscow: Institute of Sociology, Russian Academy of Sciences.
- Gurko, T. A., & Orlova, N. A. (2011). *Personal development of adolescents in different types of families*. Moscow, SOCIS, â10, pp. 99–108.
- Janchenko, P. A. (2012). *Sociological analysis of juvenile crime, as one of the manifestations of delinquent behavior: Regional aspect*. Proceedings of the Russian State Pedagogical University. A.I. Herzen â, 133, pp. 307–315.
- Mukhina, B.C. (2006). *Psychology. Phenomenology development*. Moscow.
- Nastasi, B., Chaus, I. N., Matasova, I. L., & Shatalina, M. A. (2009). *Complex diagnostic of psychological well-being of participants of educational process: Methodical manual*. Samara: SFMGPU Publishing House.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting Psychological Well-Being Globally project*. [Updated study procedures]. Department of Psychology, Tulane University, New Orleans.
- Nurgaliev, R. G. (2008, November). *Minister of internal affairs of the Russian federation: The first 10 months juvenile crime has decreased by 15.7 %*. Newsru.com. Retrieved from <http://www.newsru.com/russia/19nov2008/nurgaliev.html>. Accessed 10 June 2015.
- Onishina, V.V. (2007). *Training stress and ways to neutralize*. Source: <http://education.simcat.ru/school50/zdorovie/11>. Accessed 10 June 2015.
- Regush, L. (2003). *Safety of training in school*. Abstract of Russian Conference "Psychological Cultura and Psychological Safety in Education" (November, 27–28). St. Petersburg, pp. 182–185.
- Regush, L., & Orlova, A. (Eds.). (2011). *Pedagogical psychology*. St. Petersburg: Piter.
- Shcherbakova, E.M. (2007). *Socio-economic situation in Russia: 15 years before and after the reforms of the 1990s*. Russia in the world: 2007 Analytical Annual Center of the theoretical analysis of environmental problems, International Independent University of Environmental and Political Sciences. Moscow: MNEPU, pp. 85–128.
- Vasilyev, N. V. (2011). *Education today and tomorrow: Overcoming the crisis*. Moscow: ZAO "Moscow," Economy".
- Yermolayeva, M.V. (2003). *Basics of psychology and acmeology*. Moscow: Publishing House "Axis-89".
- Zdravomyslova, E. A. (2008). Nannies: Commercialization of care. In E. Zdravomyslova & A. Temikina (Eds.), *The new life in modern Russia: Gender research of daily occurrence* (pp. 94–136). St. Petersburg: The European University.

Websites (sources of statistical information about Russia)

- <http://crimestat.ru/>. World geography in Russian, Lists and Tables.
- <https://ru.wikipedia.org/wiki/Самара>. Wikipedia, the free encyclopedia Samara, Information about Samara region in Russian.
- <http://worldgeo.ru/russia/reg63/>. Information about Samara region in Russian.
- <http://worldgeo.ru/russia/lists/?id†=33&code=63>. World geography in Russian.
- <http://www.masterstudies.ru/Rossija>. MSc in Russia, the portal for students.

Olga Orosova, Beata Gajdosova and Anna Janovska

Introduction

During recent years, the strivings of experts in all areas of science studying human life have not only focused on the elongation of life but also on improving its quality. In psychological science, it is especially the subjective experience and cognitive evaluation of oneself that influence the feelings of satisfaction and well-being (Diener & Suh, 1997). Currently, studies of quality of life focus on the process of evaluating quality of life and subjective perceptions of an individual. The description of quality of life is usually based on subjective indicators such as satisfaction with life and subjective well-being (Diener & Suh, 1997). Different scientific disciplines approach the study of quality of life from their point of view. Within Slovak culture, an implicit emphasis concerning quality of life is put on health, followed by food, accommodation, ownership, modern technologies, etc. (Kováč, 2007). In the introduction of this chapter, views of experts and research findings about the quality of life and well-being, especially among children and adolescents in Slovakia and the Czech Republic, are presented. The Czech Republic has been included because

of its close cultural interrelatedness and common history.

In Slovakia, the experts in psychology started with an intensive exploration of quality of life and its related constructs including subjective well-being after 2000 (Kováč, 2007). This work has been done mainly by Kováč (2007) and Džuka (2012). Concerning quality of life, psychology focuses on its subjective dimension which can be expressed in terms of subjective well-being and psychological and social well-being. Quality of life is thus closely connected with terminology such as subjective well-being, life satisfaction, happiness, and health.

During recent years, much attention has been paid, in the international and Slovak published work, to two constructs, subjective quality of life and subjective well-being. According to Džuka (2012), the research in the area of quality of life is currently proceeding in four streams. First, both constructs (quality of life and well-being) mean the same and are interchangeable. Second, building on the World Health Organization (WHO, 1995) definition, quality of life is considered as a multidimensional construct, and subjective well-being is its integral part (The WHOQOL-Group, 1994). Third, subjective well-being is used as an indicator of quality of life. Fourth, both constructs are approached separately in research.

Kováč (2007) introduced his modification of the WHO definition (1995) of quality of life and considers quality of life to be an emotional–cognitive psychological reflection of a general long-term state of an individual. It is based on

This work was supported by the Slovak Research and Development Agency under the contract No. APVV-0253-11.

O. Orosova (✉) · B. Gajdosova · A. Janovska
Pavol Jozef Šafárik University, Košice, Slovak Republic
e-mail: olga.orosova@upjs.sk

the comparison between real, experienced life, and an ideal defined by one's personal values in the context of a society, civilization, and culture, and results in the pursuit of a better life for an individual and his/her world. Kovac defines the psychological components of quality of life as follows: *Satisfaction (vs. dissatisfaction)* is a cognitive component with a permanent positive emotional evaluation of the state of an individual and his/her relationships with his/her community, with people, institutions, work, environment, cultural, spiritual phenomenon, etc. *Well-being (vs. ill-being)* is in the first place an emotional component of quality of life with dominance of positive experiences, absence of negative physical sensations, positive self-evaluation, dominance of meaningful activities, or an optimistic view of life and the world. Well-being is usually considered as an indicator of health and success of an individual in his/her community. Ill-being, on the other hand, is the result of fatigue, suffering, aging, frustration, conflicts, stress, depression, etc.

Kováč's (2007) model of quality of life was constructed from the psychological point of view and consists of three levels. The first level is constructed from a *basic existential* (universal) level, which is the same for all people and includes areas such as good bodily state, normal psychological functioning, functioning social relationships (e.g., in a family), sufficient material and social resources, maintenance of a healthy living environment, and essential abilities for survival. The second level, the *mezzo* level, is individually specific and defined as civilization. The third and the highest (meta-level) is the *cultural-spiritual* level. This model assumes that every area at the basic level has its qualitatively improved representation on the mezzo- and meta-levels. The author shows that, for example, a bodily state at the basic level becomes good health on the second level and then healthy aging and, at the end, a natural death on the meta-level. The model does not specify the relationships between the different levels. However, multifactorial causality can be assumed, although, this is yet to be confirmed empirically. The influence of the basic level on the higher levels is likely to be manifested only

during extreme situations. At the top, above the three levels, there is a universal factor called the meaning of life which can be understood as a multifaceted principle of quality of life.

The research on quality of life and well-being in Slovakia has mostly applied questionnaire methods, using mainly translations and adaptations of internationally used questionnaires, such as WHOQOL-BREF (Slovak version; Kováč, 1999), Bern Questionnaire for Well-Being (BFW; Slovak version; Džuka, 1995), and Lifestyle Satisfaction Scale (LSS): Multidimensional Scale of Life Satisfaction for Children (Slovak version; Medved'ová (as cited in Kováč, 2007)). Before 1989 (the Velvet Revolution and the fall of Communism), several original questionnaires had been developed but mainly for addressing work satisfaction (Kováč, 2007).

The organization of conferences and scientific meetings regarding quality of life in Slovakia started in the 1990s. The first of such scientific events was a 1-day workshop held in 1994 entitled "Quality of Life and Environment—Psychological and Medical Aspects." Several events dedicated to the psychological aspects of quality of life followed, focusing on prevention of drug dependence, psychiatric disorders, and legal and educational issues. Until now, the most important meeting concerning the quality of life and well-being of Slovak experts in psychology has been the conference organized by the Psychological Institute of the Faculty of Arts at Prešov University which took place in 2004 under the title "Psychological Dimensions of Quality of Life." The main organizers of this scientific conference were Bačová, Džuka, and Žiaková (Kováč, 2007).

Research studies addressing quality of life have been carried out in different population groups. However, only a few studies have specifically focused on children and adolescents (Mareš & Neusar, 2010). This area of research is in its infancy, and, to the present day, there have been no clear concepts of life satisfaction for children or adequately developed instruments for measurement (Medved'ová, 2003). Life satisfaction during adolescence is critical for understanding existentialistic problems and, prospectively,

for successful coping with difficult life situations (Komárik, 1999).

Mareš and Neusar (2010) have introduced four categories of problems in quality of life based on research carried out with children and adolescents:

1. *Growth and development.* Developmental stages through which a child goes differ regarding the perception of quality of life. The perception of a child or an adolescent of his/her life and its quality, health, and illness, can be different from the perception of adults and researchers. Children and adolescents have their own views regarding success, difficulties, problems, and how to solve them.
2. *Health condition.* Children and young people generally have better health than other age groups. In the case of illness, the course and spectrum of illness are usually different from that at other stages of life.
3. *Personality.* Children's personality is in development and shows certain instability. Children perceive stressors and their influence differently from adults and prefer different coping strategies. Finally, they often do not possess the freedom of making decisions concerning their life as these decisions are made by adults for them.
4. *Social factors.* The influence of social, cultural, ethnic, and religious factors is more significant in children and adolescent populations than among adults.

The next focus of the discussion is the findings of research conducted in Slovakia and the Czech Republic on the topic of well-being among children and adolescents.

In Slovakia, the well-being of children and adolescents topic has been studied by Uhliaríková (2010) who focused on the differences in life satisfaction among adolescents in relation to the type of family in which they had grown up. This research also related to how they perceived arguments and conflicts in their family. According to the findings, the highest level of life satisfaction was among both boys and girls who lived only with their mothers. Significant differences were found regarding satisfaction with oneself and satisfaction with spending free time. The author

concluded that satisfaction with life was more influenced by the quality of family relationships, functionality of the family, and overall family atmosphere than by whether children only lived with their mothers. Daily occurrence of arguments and conflicts significantly decreased life satisfaction of adolescents.

Šupalová and Kováč (2004) conducted their study on a sample of university students and did not find any statistically significant differences among young adults from families with both biological parents, those living only with their mother, and those living with their mother and her new partner, in subjectively perceived quality of life and in the level of subjective well-being. These authors found gender differences, in that maturing boys in comparison to maturing girls perceived their quality of life to be higher and experienced higher habitual and actual subjective well-being and higher physical well-being. The authors concluded that the positive perception of quality of life and long-term experience of subjective well-being of young adults was positively influenced by positive emotional relationships between parents and children, appropriate level of performance expectations by both parents, quality of the relationship between the parents, high cohesiveness of the family, few conflicts in the family, clearly formulated rules and duties of the individual members of the family, and the encouragement of prosocial behavior in the family. These results are in line with the view of Jakabčič and Poláková (2004) that family and upbringing are among the most important factors that contribute to life satisfaction. Moreover, these factors contribute to forming personal qualities in the early years of life and influence an individual's lifestyle and values.

Šlěšková, Salonna, Madarasová Gecková, Van Dijk, and Groothoff (2004) showed unequivocal findings concerning gender and age differences in perception of vitality and mental health among Slovak secondary school students, even though girls rated their vitality and mental health significantly worse in comparison to boys. The authors concluded that during the secondary school years, mental health is influenced more by other factors than by gender or age. Developmental tasks that

the adolescents have to manage, stress at school, conflict with parents, peer pressure, and risk behavior significantly influence the mental health of adolescents.

Some authors in Slovakia have focused their attention on specific populations of children and young people. School satisfaction of Roma children has been researched by Kretová (2004). She explored subjective satisfaction defined as the cognitive component of subjective satisfaction. In general, the Roma children expressed their satisfaction with school and, in particular, positive relationships and absence of conflict. However, they perceived school as part of their duty and not as an investment in the future. They did not perceive school as a foundation from which they could benefit in the future.

Jakabčic and Poláková (2004) explored psychological well-being among students with mental disabilities. They conducted a study on a sample of 271 students from the 5th to 8th grades from the whole of Slovakia. Approximately, 30% of students reported that they experienced irritability, various worries, anxiety, and fear; about 40% reported high degree of nervousness; and 42% explosiveness and problems with self-control.

Mareš and Neusar (2010) conducted a research study in the Czech Republic to find out what children perceived by the term “quality of life,” how they understood it, and, furthermore, what children perceived as a bad, normal, and excellent life. The sample consisted of children between 8 and 15 years old who attended primary schools in Czech towns. A high quality or good life was seen as having parents and having a good relationship with them, being cared for, at least average grades at school, having enough to eat and a place to live, and having friends. The description of a bad or poor life consisted of categories such as bad grades, having a bad relationship with parents, having only a few friends, boredom, and drug use. The differences between the characteristics of a normal life versus an excellent life were a matter of intensity and not quality (e.g., regular life was defined by having enough money; excellent life, having lots of money). Within the most frequently repeated categories, the authors did not find any age differences.

Emotions constitute an important part in every area of human life, its quality, and the experience of well-being. As in adults, the emotions and handling of emotions is important for children and adolescents. The issue of hedonistic balance was addressed by Czech psychologists, Polačková, Šolcová, Lukavský, and Slaměnik (2008). They found that among the 20 most frequently experienced emotions in adolescence, positive emotions (e.g., joy, happiness, excitement, enthusiasm) dominated. Negative emotions among the top 20 were represented only by fatigue and laziness. Within this study, the authors also addressed the issue of expressing versus suppressing emotions. These adolescents showed the highest tendency for accurate (genuine) expression of emotions compared to healthy adults, and adult patients hospitalized in an internal clinic or on a long-term recuperating stay financed by their health insurance. Adolescents reported that they express their positive emotions to the same extent that they feel them. Concerning negative emotions, they reported the same tendency of genuinely expressing more than one third of these emotions including laziness, aggression, rage, dissatisfaction, and worry. The tendency for a total suppression of emotions was reported for jealousy, self-pity, humiliation, pretense, loneliness, emptiness, and despire.

The concept of psychological well-being developed by Ryff is based on the eudemonic background of subjective well-being; the basic principle is self-realization and the development of potentials and talents (Ryff & Keyes, 1995; Ryff & Singer, 2008). How one leads his/her life is important, and influences the quality and frequencies of experiencing individual emotions and satisfaction with life. The content of the dimensions of psychological well-being includes the ability to determine one's life, internal regulation of behavior, independence, self-evaluation based on one's own standards, ability to resist social pressure, being part of a community which appreciates one's individuality, and the ability to manage and control the environment in which one lives. Such findings support the inclusion of stress and coping, when exploring levels of well-being.

Coping during childhood has been addressed frequently in Slovak and Czech scientific literature (Farkašová, 1998; Ficková, 1995; Macek, 1999; Mareš, Kohoutek, & Ježek, 2003; Medved'ová, 1995; Řehulková, Blatný, & Oscecká, 1995). Ficková (2009) has explored the use of proactive and reactive coping strategies and found that adolescent boys more often used problem-oriented strategies and certain escape strategies (behavioral disengagement, humor); adolescents girls more often used emotion-focused strategies, especially searching for emotional and instrumental support and also certain escape strategies (problem existence denial, mental disengagement, alcohol/drug use).

A short-term longitudinal research study of coping with stress among adolescents, conducted by Czech authors, Mareš, Kohoutek, and Ježek (2003), showed that after 3 years the most stable coping strategies were emotional control and problem avoidance which are probably closely connected with personality characteristics. During the process of maturity, an increase of active strategies and seeking social support among peers occurs. However, searching for support among adults had a decreasing tendency.

In Slovakia, coping in relation to well-being has been addressed by Medved'ová (2003) with a sample of 10–14.5 year olds. Among boys, life satisfaction was associated with active strategies; for girls, life satisfaction was associated with only one strategy, problem solving. Overall, life satisfaction among girls was closely related to searching for social support. Passive coping strategies (distraction and avoidance) were found to be associated inconsistently but positively with psychological well-being among boys, while a negative trend was found among girls. The study also revealed that coping with distress among boys was related to satisfaction with oneself and partial satisfaction with one's friends, and, among girls, to the family environment and to some extent school. The author found significant relationships, for boys, between coping with the environment, family satisfaction, and satisfaction with oneself; there were no significant associations between satisfaction with the environment, school satisfaction, and coping with stressful

events. Among girls, there were no significant associations between coping with the environment and well-being in family and school. Satisfaction with oneself, one's environment, and friends seem to be the most important for girls.

Mareš et al. (2002) have addressed social support and the development of prosocial behavior among children. They pointed out that until now little attention has been paid to the specific role of prosocial behavior among children. From the developmental perspective, the maturation of cognitive abilities allows a child of 8 years to perceive situations from different perspectives. The child is able to express empathy toward people in various situations (deprivation, pressure, anxiety, and disability) and is generally capable of prosocial behavior. A child is able to interpret the context of a particular situation, assesses whether a person needs help, what kind of help, and considers whether he/she is able to provide such help. After the help is offered and accepted, the child carries out the helping behavior. This kind of helping can have long-term positive or negative consequences for the child. For example, if the helping behavior proved successful or effective, it supports the confidence of the child and increases his/her feelings of competency.

School is the environment where young people probably spend most of their time during a working day, so it is important to address school-related factors and their association with well-being. Sarková, Orosová, and Gajdošová (2007) explored these factors among Slovak adolescents, based on a model of school well-being proposed by Finnish authors Konu and Rimpäle (2002). They found that identification with a class and positive perception of relationships in school were significantly related to psychological well-being and self-esteem, especially among girls. Among boys, a positive relationship toward the class was significantly related to self-esteem, but the relationship between perception of relationships at school and self-esteem were not significant.

The quality of life and well-being research in children and adolescents in this cultural environment has been summarized, with an emphasis on the findings related to the aims and

content of the *Promoting Psychological Well-Being Globally* project (PPWBG). A review of the literature specific to the culture of Slovak and related populations yielded no studies using qualitative techniques such as interviews, narratives, ecomaps, or qualitative data analysis. Thus, the current study may be the first for Slovak and related populations using such methods.

Methodology

The data collection in Slovakia was carried out in 2010 in primary and secondary schools in Kosice, which is the second largest city in Slovakia with a population of 250,000. The selection of schools was based on their availability. Two focus group sessions were arranged, each consisting of four individual focus groups with boys and girls in different age categories. A total of 58 students (29 male, 29 female) participated in the following age groups: 6–8 years, 7 boys and 7 girls; 9–11 years, 6 boys and 6 girls; 12–14 years, 8 boys and 8 girls; and 15–17 years, 8 boys and 8 girls. Then nationality of the participants was 86% Slovak, 3.5% Hungarian, 3.5% Albanian, 3.5% Roma, and 3.5% undeclared. With regard to religion, 60% were Roman Catholics, 3.5% Greek Catholics, 3.5% Lutherans, 3.5% atheist, and 29% did not declare their religious affiliation. The majority of the students' parents (79%) were married, and these students lived in the household with both parents. In 12%, the parents were divorced, 6.9% were families with a single parent, and, in 1.72% families, there was a widowed parent, and the students lived in a household with the mother and siblings. Furthermore, 9 students were the only children, 29 students had one sibling, 5 students had three siblings, 2 had four siblings, and 1 had six siblings. On average, families had four members. The highest education of the mothers was 50% university, 34.5% secondary, 6.9% apprentice school, 5.2% elementary, and 3.5% unknown. The highest education of the fathers was 48.3% university, 34.5% secondary, 13.8% apprentice school, and 3.5% elementary. The focus group sessions were conducted by the authors of this chapter and were carried out with the agree-

ment of the school officials, the participating students, and their parents. The focus groups were conducted using the standard methodology of the PPWBG project, as described in Chap. 2.

Findings

Focus group data were analyzed using the procedures outlined in Chap. 2. Findings are organized based on major code categories—valued competencies, feelings (emotions), and stress. The five-factor model of personality was used to organize and interpret the empirical findings regarding personality characteristics. This model consists of five individual factors that have been shown to be heritable and universal across cultures (Costa, Jr., Terracciano, & McCrae, 2001): Extraversion (warmth, gregariousness, assertiveness, activity, excitement seeking, positive emotions), emotional stability (anxiety, angry hostility, depression, self-consciousness, impulsiveness, vulnerability), agreeableness (trust, straightforwardness and altruism, compliance, modesty, tender-mindedness), conscientiousness (competence, order, dutifulness, achievement, self-discipline, deliberation), and openness to experience (fantasy, aesthetics, feelings, actions, ideas, values).

Valued Competencies

This section presents findings of students' descriptions of valued competencies based on focus group interviews. Questions about competencies focused on the following roles: student, friend, citizen, parent, and teacher. Findings for each role are presented separately.

Valued Competencies of Student Students' descriptions of a *good student* were coded using the deductive scheme for valued competencies category presented in Chap. 2: personal characteristics/abilities, academic abilities, and behavior. The descriptions of respondents reflected a diversity of personal characteristics or abilities. From the perspective of the Big Five personality factors (Goldberg, 1990), a good student was

mainly described by all age groups as having those characteristics that correspond with the conscientiousness factor, which refers to individual differences in the propensity to follow socially prescribed norms for impulse control, to be task and goal directed, to be planful, to delay gratification, and to follow norms and rules (John & Srivastava, 1999); thus, the individual might be described as obedient, scrupulous, diligent, honest, responsible, confident, and fair. This was followed by a description which corresponded with two other Big Five factors, openness to experience (studious, wise, and clever) and agreeableness (pleasant, polite, good, and kind).

Older students described a good student almost exclusively using personality characteristics, whereas younger students described a good student in terms of behavior, such as teacher says that he/she has good behavior, gets compliments, follows the school rules, does not yell, does not disturb, is not rude to the teachers, and does not tell on classmates. In the age group 6–14 years for both genders, academic abilities were described predominantly by good results/marks, paying attention during class, and fulfillment of school duties. A good student was described by the younger age groups in terms of behavior, primarily by those behaviors a good student would not do. Additionally, the youngest age group (ages 6–8) also showed that they valued a compliment given by the teacher and not telling on other students. In the age group 11–14 years and older, politeness, not being rude to the teacher, and following the school rules were dominant aspects of the descriptions.

Those characteristics for someone who is *not a good student* was most aptly described with the category of adjustment difficulties, especially by aggression toward classmates and the teacher and overall socially unacceptable behavior and bad manners. The area of academic characteristics/abilities was described by all age and gender groups as bad marks/results and failure. Furthermore, not paying attention in class, not fulfilling one's duties, and bad behavior were mentioned. The personality of "not a good student" was described mostly as the opposite of the agreeableness factor or in other words by characteristics

which represent the other end of the continuum of this factor (stuck up, arrogant, cheeky, awkward).

Valued Competencies of Friend The students' descriptions of *a good friend* corresponded with the code categories of valued competencies, support, feelings, and role, with the most frequent category of valued competencies (personality characteristics) and support. The *valued competencies* category was saturated with personality characteristics/abilities and behavior. Descriptions using personality characteristics were dominant in all age groups. The mostly valued characteristics were those that corresponded with the agreeableness factor (kind, helpful, ungrudging, understanding, caring, thinks about you, sociable). The younger age groups also noted the ability to keep a secret (keep a promise, faithful, reliable, responsible) which can be considered as corresponding with the factor conscientiousness. In addition, characteristics typical for extraversion (adventurous) were evident. Descriptions using behavior were dominant among younger age groups and especially regarding support. For the younger age groups, a good friend was mostly described as the one who provided support, particularly informational support, evaluative support, and emotional support.

The students described *not a good friend* with characteristics that fall into the category of not only adjustment difficulties (personality characteristics/abilities) but also characteristics which could be included in the categories of feelings and roles. Behavior was found to be the most accurate way to describe a "not" good friend. The strongest emphasis was put on impoliteness to others, direct aggression, indirect aggression, refusing to help, and dysfunctional communication. Among the younger students, fights were seen as unacceptable; deception was seen as unacceptable in all age groups. "Not a good friend" was described by characteristics of agreeableness (malicious, grudging, thinks only about him/herself, is not nice, is not respectful) and conscientiousness (does not keep a promise, does not keep a secret, unjust, crook, schemer, hypocrite, bastard). In addition, for girls, emotions played an

important role when describing not a good friend (someone who does not like you).

Valued Competencies of Citizen The description of a *good citizen* included categories of valued competencies (personal characteristics or behavior), support, and roles from which the most apt were behavior and support. Behaviors used to describe a good citizen were good manners, behaves honestly, adheres to the law and follows the rules, is ecofriendly to the environment and, if needed, is able to provide support to others directly or by providing information. In contrast, “not a good citizen” was characterized by not respecting any laws or rules, behaving carelessly to others and the environment, and not providing help to others if needed.

Valued Competencies of Parent The description of a *good parent* included categories of valued competencies, support, and feelings. Three trends were observed. First, in the of valued competencies–personality characteristics category, the description of characteristics corresponded with the content of the Big Five factors, conscientiousness (keeps a promise, responsible, hard-working, strict, does not just do anything he/she wants) and agreeability (kind, trusts, caring, helps children, perceptive, says what he/she means, honest to children). Second, the valued competencies—caring category for children, interest in children, spending time together, and participating in activities with children were dominant. Third, in the support category, emotional support was reported by boys and girls, ages 6–8 years; with increasing age, informational support became more important. In addition, informational support was observed to change its form with increasing age from support concerned with solving tasks to support concerned with the ability to understand. The feelings category was described with terms such as love, unconditional love, and a feeling that a parent always wants the best for them and makes them happy. Boys and girls, aged 12–15 years, described *not a good parent* as unfaithful, unreliable, and aggressive. The descriptions in all age categories were predominantly behaviors, including aggression, denial of care, denial of support, and denial of love.

Valued Competencies of Teacher The description of a *good teacher* consisted of the categories of valued competencies, support, feelings, and socialization. In the valued competencies–behavior category, academic abilities dominated in the description (ability to explain clearly and ability to educate, or didactic abilities) followed by personality characteristics, especially those corresponding with the agreeableness factor (nice, friendly, understanding). Furthermore, the benevolence category was dominant for 6–8 year olds; all ages groups used descriptors that referred to caring and justice. Concerning social support, informational support was considered as the most important in all age groups. The main socializing activity was related to upbringing. The feelings category was reported by girls (likes us) and socialization was reported by boys (teaches students manners).

Students described *not a good teacher* with a wider range of personality characteristics/abilities than was used to describe a good teacher. In the academic abilities category, the descriptions of didactic incompetency and a lack of interest were used. “A not good teacher” was most aptly described by all age groups with the adjustment difficulties–behavior category, characterized by aggression, perceived injustice, being strict, and a moral failure. Regarding support, informational support was mainly described and was represented by refusing to help and ignoring student interest.

Feelings (Emotions)

In an unstructured discussion, students were asked to generate words to describe different feelings. This section presents findings regarding students’ description of happiness, sadness, anger, fear, and confusion.

Feelings of Happiness The characteristic expressions for “happiness,” across all age and gender groups, were the typical synonyms such as joyful. Regarding the Big Five personality factors, the expressions of students mostly corresponded with the emotional stability factors (satisfied, not stressed, healthy, understanding, calm,

stable, merry, without regrets, does not take an offence easily, satisfied, calm) and agreeableness (merciful, "smiley," good, fortunate, helping, sharing, content, excited, not possessive, does not take an offence). In the valued competencies category, the boys and girls, aged 6–8 years, described situations when they were allowed to do something and situations when they were given something. The boys and girls, aged 9–14 years, valued their own success, significant or special events/occasions, such as birthdays and Christmas, or simple positive feedback from the social environment such as a smile. The oldest age group characterized happiness with feelings of satisfaction, peace, calmness, joy, and love.

Responses to the question what makes children/adolescents happy included experiencing success (when I win the first place, when I successfully finish something), having functioning relationships (friends, love, classmates, family), and gaining academic success (good mark). Regarding support, respondents described emotional, evaluative (compliment), and instrumental support (we help someone). Mental health was expressed with statements such as "not having problems and leading a normal life."

Responses to the question about how we identify whether someone is experiencing joy most frequently fell into the behavior category, that is, he/she smiles. The students knew how to identify happiness in others. In their responses to the question what students do when they are happy, they used descriptions that can be included in the categories of feeling (joyous, satisfied, calm, in good mood) and behavior (laughs, smiles, gets a good mark and is very excited, has a gold medal, jumps, screams for joy, is nice and kind, jumps for joy, "crazy," can tell by the eyes, joyous, funny, enjoys her/himself, jumps from happiness, cries from happiness, is kinder, throws about compliments, funny, hyperactive).

Regarding the question about what they could do regarding their emotions to make themselves feel better, the students saw the provision of support, especially emotional or informational, as important. Emotional support was described in different forms depending on age. In the youngest age group (6–8 years), boys and girls de-

scribed emotional support in the form of a game; for 9–11 year olds, it was understood as a gift; for 15–17 year olds, it meant sharing happiness and taking the pressure off in difficult situations. To the question about what they could do to make their friend feel better, respondents answered similarly, in that they could provide emotional and evaluative support.

Feelings of Sadness The description of "sadness" included dissatisfaction, unhappiness, worries, and rage. Among the sources that elicited feelings of sadness were the descriptions of behaviors which represented (a) events, that is, someone is yelling at him/her, parents having a fight and splitting up, a pet running away, getting beaten up, getting a chocolate bar stolen, or teenagers making their parents angry; (b) difficult situations of losses or shortages; (c) difficulties such as funerals, disappointment in love, betrayal, illness, death (somebody dying), child in an orphanage, having a stepparent, losing a friend, losing a family member, and receiving sad news. Among the oldest age group (15–17 years), girls reported private life problems, and boys mentioned lack of money and lack of sexual experiences. Students from the middle-age group (ages 12–14 years) described situations which concerned mocking, humiliation, and bullying. The sources of sadness which were related to the school environment appeared in all age groups (do not get a stamp, bad mark, suspension from school, problems at school).

To the question of how sadness is identified, the students responded with losing one's good mood as being the most characteristic feeling and crying accompanied by physiological manifestation of fatigue being the dominant behavioral indicator of sadness. Both boys and girls, aged 6–8 years, mentioned not being able to focus on studying or wearing black clothes as expressions of sadness. The oldest age groups (boys and girls, aged 15–17) reported anger and aggression, withdrawal, a need to be silent, not talking, and avoiding groups as expressions of sadness.

Students reported emotional, informational, and evaluative supports as forms of coping with feeling of sadness. Concerning the sadness of

their best friend, they elaborated on the forms of support and mentioned emotional support in different forms such as giving gifts, playing together, talking, and expressing emotional closeness.

Feelings of Anger Feelings of anger were described as related to emotional instability, illness, physical aggression, and conflict. The sources that elicited feelings of anger differed according to age. For the youngest age, they were represented by set boundaries and fights. In the age group of 9–11 years, the feeling of injustice elicited anger. Dominant sources of anger in the age group of 12–14 years for both girls and boys were mockery, injustice, provocation, irritation, deceit, and doing something negative on purpose. In addition, intrusion on privacy, jealousy among girls, and duties at school were reported by older students as sources of anger. Students recognized anger in behavior by verbal and physical aggression and bodily expressions. Coping strategies to overcome feelings of anger were varied and mostly focused on abreaction. Among the oldest groups, it was fighting among boys and seeking help among girls. Both groups reported abreaction with boys reporting eating, watching cartoons, smoking, and girls reporting trying to think about something else and crying. For example, when helping a friend who was experiencing anger, the students reported emotional, informational, and instrumental support (give him a present, a good word, visit him so he stops noticing it, talk, listen, talk it all out, calm, hug, play music, lend him something, find out why, ask about the cause). Typically, both girls and boys reported emotional support expressed by communication.

Feelings of Fright/Being Scared For the youngest students, associations with the feeling of being frightened or scared were related to specific startling situations. Among the older students, it was associated with the feeling of being scared which for boys was related to being taken off guard, surprised, out of control, frightened in a specific situation, and, for girls, being abused, bullied, and ill. Sources that elicited the feelings of being frightened in the youngest students were associated with a failure related to school. The

oldest boys reported blackmail, fighting, and sex, and the oldest girls reported situational changes, unexpected situations, something that “I don’t like,” and novel/first-time situations. Bodily expressions, such as tremors and shaking, were the most characteristic indicators of being frightened. The most characteristic behavior was crying among the youngest students and oldest girls. Various types of bodily expressions and withdrawal were mentioned by the oldest age groups for both genders.

Students described coping with being frightened by using strategies, such as escaping, mostly identified by the older girls. In addition, seeking emotional, informational, and instrumental help and reporting of a situation were identified. Different kinds of support and especially emotional support were described by all age groups and by both genders in the case of helping a friend. The manifestation of emotional support changed according to age. The youngest group chose playing, gifts, and talking. The oldest boys offered distraction and girls’ affections (i.e., soothing and hugging) and a feeling of companionship.

Feelings of Confusion Students described being confused with adjectives which can be considered an expression of the personality factor—emotional instability, loss of direction, and problems with understanding. Confusion was manifested as inappropriate behavior, and lack of cognitive activity such as not thinking, not paying attention, and unable to decide. Situations that caused confusion were demanding situations such as parental divorce described by the oldest students, and low performance in academic tasks described by youngest students especially girls. Students reported signs with which they could identify the feeling of confusion with alternative feelings, characteristic of emotional instability (anxious, scared, startled, nervous), and typical behavior and bodily expressions among younger age groups (cries deeply, bites his/her nails, scratches, nervously moves the leg, big eyes, half-open mouth, shakes); and deficits in cognitive capacities reported by the oldest girls and boys (makes mistakes, is confused in his/her head, just does not work, does not know what he/

she is talking about, is not focused, thinks and talks nonsense).

When describing what students do when they are confused, they reported inappropriate behaviors. Confusion affected body functions and cognitive functioning. Students described the ability to verbalize the confusion as a way to ask for help mainly in the younger age group. When describing coping strategies, as reactions to confusion caused by stress, they reported searching for emotional, instrumental, or evaluative support. Among the oldest group, the boys described escape as a relief; the girls described looking for solitude and trying to avoid their classmates. When providing support, the students chose emotional, instrumental (help to find an expert), informational, and evaluative support. The most characteristic was the informational support such as helping to figure out a problem.

Stress

Students described the following subcategories of stress: academic stress, relationships with friends, relationships with partners, interpersonal power, irretrievable losses, and significant changes. The sources of stress and meaning of stress changed with age. The sources of stress were described similarly across genders. Academic stress was important for both genders, was a dominant concern among younger students, and was perceived not only as a source of stress but also as an adjustment difficulty (i.e., insufficient academic competency). Stressors connected with friendships changed with age and became stressors connected with partnerships. The interpersonal power subcategory (mockery, humiliation, physical aggression, fight) was more frequently reported by younger students (ages 6–11) of both genders, but not by older students. The irretrievable loss/change category was cited by older boys and girls, linked with strong and unique ties with the closest people.

In the categories of reactions to stress and feelings (responses to a question about how the students would feel in a described stressful situation), students described negative emotions ex-

pressing subjective ill-being. Students of all age groups were able to express negative affectivity; however, the repertoire and accuracy of expressing their emotions increased with age. Finally, boys and girls did not differ in the way they expressed their emotions.

After describing the situations that elicit stress, and describing their feelings related to the sources of stress, the students were asked to answer the question: What would you do? How would you react? The reaction category was divided into subcategories: emotional reactions, such as feeling bad, horrible, good for nothing, sadness, grief, anxiety, nervousness, beside oneself, humiliation, shame, awkwardness, worthlessness, disappointment, loneliness; cognitive reactions, such as I will have a think, learn from the experience; and behavioral reactions (active, passive). Across the age categories, the students identified behavioral reactions to stress. Active behavioral reactions were described as aiming to solve a problem, seeking help, and distraction. Passive reactions (sit down, keep to myself) were evident in every age group although less frequently mentioned than active reactions. The sources of support in response to stress were divided into three categories: informal, formal, and professional. Informal support was provided by people in close informal relationships, formal was provided by formal authorities (teacher), and professional support was provided by professionals (doctors, psychiatrist). With increasing age, the number of people who could be asked for support increased. People from the closest relationships (informal supports) were most frequently sought as the source of help. The possibility of self-help increased with age as well. Formal support was reported among the young and middle-age groups of boys, and its significance decreased with age. Professional help was sought only in exceptional cases. When a friend was chosen as a source of support, it was more likely to be someone of the same gender. Students' reactions to stress were coded as cognitive (experience leaves a mark), behavioral (careful when choosing a partner), or emotional. Emotional reactions were described by all age groups and among both genders as negative reactions to stress (loss of trust, distrust

of a new relationship, carelessness, disgust, they suffer, irritable).

Students were asked to generate stories for stressful and supportive relationships based on their ecomaps. Students reported as stressful those situations that elicited deficiency in the area of personal characteristics/abilities, academic characteristics/abilities (I did not go to school, I did not get ready for school), behavior (interpersonal help), or misunderstanding. Deficiencies in personal characteristics/abilities were expressed only by girls aged 9–14 years. The most richly described category was behavior, interpersonal power, across all age groups, and for both genders. It included multifaceted problems where power was used. With increasing age, there was increasing mention of yelling, fights, harming, lying, arguments, and humiliation as a reaction from formal authorities (teacher, neighbor); breaking of norms such as attack by a stranger, being caught by a policeman, and similar forms of formal public bodies. Stress from misunderstanding (realization that a conflict is caused by the lack of understanding) was also mentioned.

The description of problematic relationships changed with age. Students of both genders reported the closest informal relationships with younger siblings as problematic. In the younger age groups, they described similar problems with classmates. Relationships with parents were seen as problematic for all ages but mainly in the youngest (6–8 years) and oldest groups (15–17 years). Friendships were reported as sources of stress among boys and girls of age 12–17 years. Stress from dealing with strangers and formal officials, such as a policeman, increased with age.

Stories about stressful relationships yielded negative emotions for every age and gender group. Sarcasm when describing negative emotions appeared in the oldest age group (15–17 years). Most frequently described were the emotions of anger, sadness, or overall “not feeling good.” Ambivalent emotional experiences were centered in the age group of 12–14 years for both girls and boys.

Reactions to stress were categorized as cognitive or behavioral. Cognitive reactions included facets of problem solving such as communica-

tion, explanation, justification, argument, and seeking help from others. Reactions to stress among girls and boys differed. Boys, aged 9–14, reported cognitive reactions such as arguments; boys, aged 9–17 years, reported behavior reactions such as fighting. Persuasion and attempting to explain a situation were reported by boys, aged 12–14 years. Girls, aged 9–17 years, reported reactions such as trying to take things back, undoing, apologizing, and admitting one’s fault. Passive reactions to stress (I will wait, I went to lie down, I covered myself with a blanket, I lie down) were described among the younger children of both genders. Seeking help was a frequently applied strategy among girls and boys across all age groups.

Stories about supportive relationships were related to the provision of social, informational, emotional, and evaluative support. Evaluative (taken in a group, compliment from mom, time spent with a friend, friend stood by me, support from a friend), emotional (caring form parent or grandma, birth of the brother, interest from a friend, being accepted by God), and informational types of support (provides help, taught by grandma, sister helped me, help a stranger in need) were found in all age categories and for both genders.

The array of people who can be approached in order to gain support increased with age. In the younger age groups, supporting relationships were mainly found among family members and relatives. With increasing age, the role of friends and even oneself became more dominant sources of support. The relationship with parents was perceived across all age groups and for both genders as a source of support.

Events related to supporting relationships elicited various emotional experiences in students. Feelings and emotions were divided into subcategories: basic emotions with positive valence, ambivalent emotions, social emotions, emotions expressed as images, and universal emotions. Positive basic emotions were described for every age and for both genders similarly, for example, well, merry, content, pleasant, better, very good, happy, super, awesome, impossible to describe, self-confidence, great, excellent, enthusiastically,

and good feeling about oneself. Universal emotions were also described in all ages and by both genders, for example, thankful, loved, in love, feeling love, and fulfilled with meaning. Descriptions of social emotions increased with age especially empathy although only minimally (happy through the happiness of others). Boys and girls, aged 12–14 years, described ambivalent emotional reactions (surprised, good and bad, mixed feelings of happiness, crazy). The oldest boys and girls expressed their emotions also metaphorically, for example, feeling like being suffocated, like I am going to explode, and like “have just seen the devil.”

The reactions to situations described in relation to supportive relationships were interpreted in terms of cognitive and behavioral reactions. Cognitive reactions can be defined as verbal reactions and as decision-based acts (I expressed gratefulness, I asked for, said good bye, asked, apologized, finished, split, helped somebody). Students were able to express gratitude verbally across all age groups and both genders. Behavioral reactions or intentions to act were used as a way to handle stressful situations. Active behavioral reactions were present across all age groups and both genders (I jumped, drank tea, skied, do things, ate, swam, had fun, laughed, told jokes, screamed). Students also were able to express their reaction to support with physical affection (gave a kiss, hug, have many kisses).

Discussion and Conclusion

The students described the areas of competencies in terms of culturally required and accepted tendencies as well as culturally unacceptable tendencies by referring to personal characteristics or abilities, academic abilities, and behaviors regarding specific social roles of a student, friend, citizen, parent, and teacher. The students from younger age groups described a *good* and a *bad* (not good) person representing these roles, especially by behavior, whereas older students relied more on personal characteristics or abilities. Behavior also was used more often to describe “not a good” student, friend, citizen and teacher.

When positive models were described, personality characteristics were used more frequently. The provision of social support and help was used to describe a good friend, parent, teacher, and citizen.

The most frequently cited personality characteristics/abilities were those that corresponded with the Big Five personality factors, particularly conscientiousness and agreeableness. Agreeableness and conscientiousness were present in descriptions of a good student, parent, citizen, teacher, and friend. In addition, the openness to experience factor was present in the description of a good student. “Not a good” citizen, parent, teacher, friend, and student were described with adjectives that corresponded with the low end of the factors, conscientiousness and agreeableness. “Not a good parent” was described with characteristics which are typical of the emotional instability factor.

Academic abilities were predominantly described by getting good results/marks, paying attention, and fulfillment of school duties in the age group 6–14 years for both genders. Specific abilities used to describe the teacher were didactic ability, ability to ignite interest, teaching ability, and ability to explain material clearly. Following versus not following the rules, politeness/honesty versus impoliteness/dishonesty, and the value of being environmentally friendly versus carelessness to the environment were descriptors for desired versus undesired forms of behaviors of a student, friend, citizen, parent, and teacher.

According to Fontana (2010), one of the most ambitious research studies concerning the personality of a teacher was carried out by Ryan in 1960. He found that important personality characteristics of a successful teacher were warmth, understanding, friendliness, responsibility, stability, inventiveness, and enthusiasm. He also found that the importance of these characteristics declined with increasing age of the taught children. Based on the findings of the current study, it can be concluded that warmth, understanding, and approachability were considered as important characteristics not only among younger but also among the older students in this Slovakian sample.

In the Czech Republic, Holeček (1997) carried out a research study in which he applied an Australian rating scale containing three types of criteria for characteristics of a good teacher: personality characteristics, didactic abilities, and educational and psychological characteristics. The scale was administered to secondary school students and, from their point of view, a teacher should be friendly, just, honest, respecting the individuality of students, should not mock students, and should possess good teaching skills. This research also showed that a successful teacher should be able to maintain order in class and be appropriately dominant. Similar results have been shown in a study by Bendl (2001) who used a sample of 13-year-old students and found that the preferred characteristics were being strict, positive attitude toward students, and interesting classes. It can be concluded that these results correspond with those of the current study.

Regarding emotions, the students in this study were able to identify experienced emotions in themselves and others. They were also able to not only identify the sources of happiness but also the stressors related to sadness, anger, fear, and confusion. They reported having coping mechanisms to manage emotions and knew how to provide support to others, especially a friend who was experiencing these emotions. The sources of stressors for these basic emotions were different depending on age. The sources of anger in the 6–8 years age group were prohibitions and fights; in the age group of 9–11 years, it was feelings of being treated unfairly. Mockery, injustice, and viciousness were the main sources of anger for boys and girls, 12–14 years of age. And finally, invading one's privacy, jealousy among girls, and school responsibilities were the sources of anger among 15–17 year olds.

Gender differences were found in the expression of emotions and coping mechanisms for anger and fear. The expression of verbal aggression and physiological reactions were more frequent among girls; physical aggression was more frequent among boys. Regarding coping strategies, boys preferred either escape or attack, whereas girls preferred strategies such as thinking about something else or crying. Gender simi-

larities were found for happiness, sadness, and confusion. In terms of confusion, finding professional help for addressing the specific area of cognitive function was suggested.

The selection of people who can be approached in order to gain support increased with age. In the younger age groups, supporting relationships were found mainly among family members and relatives. With increasing age, the role of friends and even oneself became a more dominant source of support. Nevertheless, the relationship with parents was perceived across all age groups and for both genders as a source of support. The importance of functioning relationships with parents and friends was considered as the basic characteristics of well-being by students of 8–14 years of age also in the study of Mareš and Neusar (2010).

Supporting or ambivalent relationships in our study were connected with the ability to provide and receive support. The significance of instrumental, informational, emotional, and evaluative support was seen in relation to supporting relationships. Informational support was the most dominant type and, with increasing age, the value of evaluative support increased. In particular, this concerned the value, resilience, self-worth, and self-esteem of an individual.

The significance of emotional support differed according to age. The youngest age groups reported the value of activities performed with the people they were closest to such as giving a present or providing care when ill. With increasing age, these changed not only to showing an interest, affinity, and being ready to help but also to ease the situation with teasing or a joke. Informational support also changed with age. From help with learning, it changed to help with understanding, goal setting, listening to other people's experiences and feelings, listening to what was important for a student in a given particular situation, and helping to find supporting arguments.

Students were able to receive support. The reaction to most of the situations that were related to support was gratitude across all age groups. They could express their gratitude verbally and nonverbally, appropriate to age. Both girls and boys regardless of age reacted to supportive relationships

with positive emotions and, with increasing age, their ability to be empathic improved. Interestingly, ambivalent feelings (good and not good) regarding supporting relationships were detected among boys and girls, aged 12–14 years.

The description of problematic relationships changed with age. The younger students, for both genders, reported the closest informal relationships, such as those with siblings, as problematic. Similarly, they described problems with classmates, grandparents, and relatives. The relationships with parents were not only seen as important but also problematic in all age categories and especially in the youngest (6–8 years) and oldest (15–17 years) groups. Among students, ages 12–17 years, friendships were mentioned as sources of stress for both genders. Friendships as sources of stress were extended with the beginning of boyfriend and girlfriend relationships. In addition, students reported stress caused by formal public relationships (e.g., policeman, stranger). Concerning stressful relationships, students reported those situations that elicited feelings of incompetency in the area of personal characteristics/abilities and academic characteristic/abilities. These were reported sporadically by boys but dominantly by girls aged 9–14 years.

Medved'ová (2003) also showed gender differences regarding coping and well-being among adolescents. Among boys, satisfaction with themselves, and partially their friends, was very important when coping with distress. Among girls, it was the satisfaction with the family, environment, and sometimes school. Similarly, other research studies conducted in Slovakia have pointed out the importance of satisfaction with oneself in the context of coping with stress among girls (Medvedova, 2003). In particular, poorer self-esteem among girls has been related to the tendency to use emotion-focused rather than problem-focused strategies (Ficková, 2009; Šlésková et al., 2004).

The misuse of power across all age groups, and for both genders, contained multifaceted forms of using direct and indirect forms of aggression. Aggression was described similarly whether it concerned informal family relationships or formal relationships and was described in the forms of

yelling, fighting, harming, lies, arguments, and humiliation caused by parents, siblings, relatives, grandparents, teachers, neighbors; breaking norms such being attacked by a stranger or caught by a policeman. In addition, there was a mention of stress caused by misunderstanding and, among the oldest groups, there also was stress from ir-retrievable losses and changes.

Negative emotions as reactions to a stressful relationship were described in all age groups and by both genders. The most frequent were emotions of anger, sadness, or a general bad feeling. Descriptions of ambivalent emotional experiences were concentrated in the age group of 12–14 years for both genders. Behavioral reactions to stress were influenced by gender stereotypes and differed for boys and girls. Boys reported an argument as a reaction to a stressful situation in the age group of 9–14 years and a fight in the age groups 9–17 years. Persuasion and an attempt to explain the situation were used by boys aged 12–14. Girls aged 9–17 years reacted to stress by trying to undo and apologize and by admitting their fault. Concerning the behavioral reactions, passive reactions were admitted and described in the younger age groups by both genders. Active behaviors were dominant in older students. These results are consistent with those reported by Fickova (2009), who showed that adolescent girls more frequently used strategies aimed at emotional coping and searching for support in contrast to adolescent boys who preferred problem-oriented strategies and certain avoidance strategies.

Seeking help as a reaction to stressful situations was frequently used by boys and girls in all age categories. With increasing age, the variety of people who could be asked for help increased as well. People from close informal relationships were most frequently approached for help and, with increasing age, self-help increased as well. Seeking formal help, such as from teachers, was described among the youngest boys, and its significance decreased with age. Only in special cases, students sought professional help.

The avoidance of seeking professional help by students who were in a difficult situation and barriers for doing so were studied by Mareš et al. (2002). This avoidance could be caused not only

by anxiety, worries, feelings of shame and incompetency, or fear of dependence but also a lack of information or a lack of trust in professionals. In this research, it was observed that if a friend was chosen as a source of support, then they were of the same gender as the one who asked for the support. However, this changed when students started to have girlfriends and boyfriends. A similar tendency was found by Mareš, Kohoutek, and Ježek (2003) who showed that seeking help from adults decreased with age as peers became the main source of support.

One of the key results of this research was that students perceived the need for support in stressful situations from their parents in all age groups, although its form changed with age. The importance of family and family upbringing in relation to well-being has been emphasized by Jakabčič and Poláková (2004) and Uhliariková (2010). The current research shows that many different roles of parents can be found such as educational, psychohygienic, emotional, protective, and socializing. In the youngest age group (6–8 years), the children needed help from their parents with managing duties at school, getting along with classmates, and getting along with siblings. In this age group (6–8), the children appreciated the time they spent with their parents, activities they did together, and common experiences they had together.

In the middle-age group (9–14 years), the need for help remained but the content changed. It was more important to manage a role in the class and cope and be resilient against the aggression of classmates. The students from the oldest age group (15–17 years) appreciated parent's help in the form of understanding and helping to figure things out in a difficult life situation such as choosing an occupation. These results correspond with other research findings. For example, Macek (2003) showed that parents had a permanent influence on the formation of self-system, self-image, self-esteem, feeling of self-efficacy, and identity regardless of whether they were positively or negatively evaluated by the children. The influence of a peer group could be stronger in the case of an absence of family.

According to Čapek (2010), expectations of parents regarding school vary. While 50% expect

education and confidence, 22% expect learning manners and discipline, 18% orientation in the world, and 10% basic skills. The co-participation of family and school for these goals is crucial given the long-term nature and significance of this influence. For a school psychologist working with a family, this can be a challenge. Our findings support the importance of helping parents realize that their supporting behaviors towards their children are necessary even when their children are older. The emphasis on the importance of cooperation between the school and the parents of older students (optimal participation of parents), communication between school and parents (optimal information flow), and coordination between the school and parents (optimal integration) is important. These forms of parental involvement are relevant not only to those parents who avoid cooperation but also those who are indifferent and need an impetus to start cooperating. Counseling, intervention, diagnostic, and prevention activities of school psychologists as well as incorporating family into this process are possible ways to improve the quality of health in schools. Students in our study expressed the need for high-quality didactic abilities and the ability to explain the material, when talking about teachers. Specifically for the younger-aged children, the teacher was sought to provide help with challenging situations. Similarly, the teachers could gain help from a school psychologist to support the self-esteem, self-worth, and personality of the children and apply aspects of humanistic education.

References

- Bendl, S. (2001). *Školní kázeň: Metody a strategie*. Praha: ISV nakladatelství.
- Costa, P. T., Jr., Terracciano, A., & McCrae, R. R. (2001). Gender differences in personality traits across cultures: Robust and surprising findings. *Journal of Personality and Social Psychology*, 81(2), 322–331.
- Čapek, R. (2010). *Třídní klima a školní klima*. Praha: Grada. ISBN:978-80-247-2742-4.
- Diener, E., & Suh, E. (1997). Measuring quality of life: Economic, social, and subjective indicators. *Social Indicators Research*, 40, 189–216.
- Džuka, J. (1995). Faktorová analýza modifikovanej verzie Bernského dotazníka subjektívnej pohody. *Československá psychologie*, 39(5), 512–522.

- Džuka, J. (2012). Subjektívne hodnotenie kvality života: Definícia, meranie a východiská ďalšieho výskumu. *Československá psychologie*, 46(2), 148–156.
- Farkašová, E. (1998). Preferred coping strategies in the context of personality tendencies in grade school children. *Studia Psychologica*, 40(4), 308–311.
- Ficková, E. (1995). Preferovanie copingových stratégií vo vzťahu k rôznym problémom detí a adolescentov. *Psychológia a patopsychológia dieťaťa*, 30(1), 87–92.
- Ficková, E. (2009). Reactive and proactive coping with stress in relation to personality dimensions in adolescents. *Studia Psychologica*, 51(2–3), 149–160.
- Fontana, D. (2010). *Psychologie ve školní praxi*. Praha: Portál.
- Goldberg, L. R. (1990). An alternative “Description of personality”: The Big-Five factor structure. *Journal of Personality and Social Psychology*, 59, 1216–1229.
- Holeček, V. (1997). Některé aspekty úspěšnosti učitele. In M. Kantor (Ed.), *Výchova a vzdělávání v českých zemích na prahu třetího tisíciletí* (pp. 198–203). Plzeň: ČAPV a Ped. Fakulta ZČU.
- Jakabčič, I., & Poláková, D. (2004). Kvalita života mentálne postihnutých žiakov. In J. Džuka (Ed.), *Psychologické dimenzie kvality života*. Prešov: Prešovská univerzita v Prešove [online]. [cit. 2012–10-08]. <http://www.pulib.sk/elpub2/FF/Dzuka3/32.pdf>.
- John, O. P., & Srivastava S. (1999). The Big Five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin, & O. P. John (Eds.), *Handbook of personality: Theory and Research* (2nd ed., pp. 102–138). New York: Guilford Press.
- Komárik, E. (1999). *Pedagogika emocionálne a sociálne narušených*. Bratislava: Comenius University.
- Konu, A., & Rimpelä, M. (2002). Well-being in schools: A conceptual model. *Health Promotion International*, 17(1), 79–87.
- Kováč, D. (1999). *WHOQOL-BREF, slovenská verzia*. Bratislava: Ústav experimentálnej psychológie SAV.
- Kováč, D. (2007). Psychology of the quality of life in the activities of Slovak psychologists. *Studia Psychologica*, 49(2), 101–116.
- Kretová, E. (2004). Subjektívna spokojnosť rómskych detí so školou v súvislosti so subjektívne vyjadrenými perspektívami do budúcnosti. In J. Džuka (Ed.), *Psychologické dimenzie kvality života*. Prešov: Prešovská univerzita v Prešove [online]. [cit. 2012–10-08]. <http://www.pulib.sk/elpub2/FF/Dzuka3/32.pdf>.
- Macek, P. (1999). *Adolescence. Psychologické a sociálne charakteristiky dospievajících*. Praha: Portál.
- Macek, P. (2003). *Adolescence*. Praha: Portál.
- Mareš, J., & Neusar, A. (2010). Silent voices: Children’s quality of life concepts. *Studia Psychologica*, 52(2), 81–100.
- Mareš, J., Benešová, J., Dostálek, M., Dvořáčková, A., Ježková, J., Komárek, D., et al. (2002). *Sociální opora u dětí a dospívajících II*. Hradec Králové: Nucleus.
- Mareš, J., Kohoutek, T., & Ježek, S. (2003). Stratégie a efektívnosť zvládania v kontexte prežívania subjektívnej pohody v rannej adolescencii. In M. Svoboda, P. Humpolíček & J. Humpolíčková (Eds.), *Sociální procesy a osobnost—sborník příspěvku* (pp. 206–213). Brno: Psychologický ústav FF MU.
- Medved’ová, E. (1995). Rodina ako sociálna opora zvládania (coping) stresu u pubescentov. *Psychológia a patopsychológia dieťaťa*, 30(2), 171–182.
- Medved’ová, E. (2003). Stratégie a efektívnosť zvládania v kontexte prežívania subjektívnej pohody v rannej adolescencii. In M. Svoboda, P. Humpolíček, & J. Humpolíčková (Eds.), *Sociální procesy a osobnost—sborník příspěvku* (pp. 214–217). Brno: Psychologický ústav FF MU.
- Medved’ová, E. (2004). Zdroje stresu a zdroje jeho zvládania deťmi a adolescentmi. *Psychológia a patopsychológia dieťaťa*, 39(2–3), 108–120.
- Poláčková Šolcová, I., Lukavský, J., & Slaměnik, I. (2008). Emoční frekvence, regulace a celková hedonická bilance u dospívajících a dospělých. *Československá psychologie*, 42(6), 537–554.
- Řehulková, O., Blatný, M., & Osecká, L. (1995). Adolescents’ coping styles: A relation to the temperament. *Studia psychologica*, 37(3), 159–161.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.
- Ryff, C. D., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13–39.
- Sarková, M., Orosová, O., & Gajdošová, B. (2007): Konceptuálny model well-beingu na školách. In O. Orosová, I. Rajničová-Nagyová, & A. Madarasová Gecková (Eds.), *Psychológia zdravia. Význam agentúry pre vedu a výskum pre rozvoj vedeckého bádania na Filozofickej fakulte*. (Univerzity P. J. Šafárika v Košiciach). Košice: Harlequin Quality.
- Šléšková, M., Salonna, F., Madarasová Gecková, A., Van Dijk, J.P., & Groothoff, J. (2004). Niektoré aspekty duševného zdravia mladých ľudí v Košickom kraji. In J. Džuka (Ed.), *Psychologické dimenzie kvality života*. Prešov: Prešovská univerzita v Prešove [online]. [cit. 2012–10-08]. <http://www.pulib.sk/elpub2/FF/Dzuka3/32.pdf>.
- Šupalová, J., & Kováč, T. (2004). Rodina ako primárny zdroj kvality života detí. In J. Džuka (Ed.), *Psychologické dimenzie kvality života*. Prešov: Prešovská univerzita v Prešove [online]. [cit. 2012–10-08]. <http://www.pulib.sk/elpub2/FF/Dzuka3/32.pdf>.
- The WHOQOL-Group. (1994). The development the World Health Organization Quality of life assessment instrument: The WHOQOL. In J. Orley, W. Kuyen (Eds.), *Quality of life assessment. International perspectives* (pp. 41–57). Berlin: Springer.
- Uhlířiková, J. (2010). Analýza životnej spokojnosti adolescentov v kontexte rodiny a rodinného prostredia. *E-psychologie. Elektronický časopis ČMPS*, 4(4) 10–18.
- World Health Organization. (1995). *The World Health Organization Quality of Life Assessment. Field Trial Version for Adults. Administration Manual*. Geneva: WHO.

Youth Perspectives About the Factors that Contribute to Psychological Well-Being in Negombo, Sri Lanka

13

Asoka Jayasena, Amanda P. Borja
and Bonnie K. Nastasi

Introduction

The World Health Organization (WHO, 2001) defines psychological well-being as the state in which an individual is capable of being a positive, contributing member of his or her own society, while working toward his or her full potential and adaptively coping with one's stressors. However, the specific factors that influence these outcomes are not universal across contexts, but rather, they are determined by the interaction between the individual's resources and his or her culture and environment (Nastasi, Varjas, Sarkar, & Jayasena, 1998b). Thus, this chapter explores youth phenomenology about the variables germane to the psychological well-being of Sri Lankan preadolescents and adolescents. Based on Nastasi et al.'s (1998b) psychological well-being model (see Chap. 1, this volume for a full description), the authors specifically focus on the identification of culturally and developmentally valued competencies, sociocultural stressors, sociocultural supports, and culturally and developmentally relevant reactions to stress and coping skills.

Sri Lanka: Geography, History, Economy, and Government

Sri Lanka is a small, independent island nation lying off the southern tip of India and home to over 20 million diverse people, approximately 24% of whom are under the age of 15 (Sri Lanka Department of Census and Statistics, 2012b). The island's central location in the Indian Ocean and its abundance of natural resources have made it susceptible to a long history of foreign invasions, immigration, and international commerce, all of which have contributed to its present diversity and population density (De Silva, 1981; Jayasena, 1989). The Sinhalese (the ethnic majority), Sri Lankan Tamils (second largest group), Indian Tamils, and Ceylon Moors are just a few of the many ethnic groups that reside on the island, speaking Sinhala, Tamil, Vedda, and/or English. In addition, an indigenous group known as the "Veddas" live in a few sheltered pockets across the island. They speak a distinct language and engage in many rituals that bear few similarities to the rituals of the more predominant ethnic groups.

For many millennia—since the time before Christ—the religious majority has been Theravada Buddhism, and current census data estimate that approximately 70.2% of the population subscribe to Buddhist beliefs and traditions (Sri Lanka Department of Census and Statistics, 2012a). Religious minority groups include the

A. Jayasena (✉)
Walden University, Minneapolis, MN, USA
e-mail: naduni86@gmail.com

A. P. Borja · B. K. Nastasi
Tulane University, New Orleans, LA, USA

Hindus (12.6%), Muslims (9.7%), Catholics (6.1%), and other Christians (1.3%; Sri Lanka Department of Census and Statistics, 2012a). This wide range of cultures has shaped extant cultural patterns of Sri Lanka, derived from a blend of the indigenous cultures and the plethora of influences from trade, colonization, and religious activities (Arasaratnam, 1986).

Cultural diversity has contributed immensely to the rich culture of Sri Lanka. However, since the time of the Aryan arrival on the island (roughly 500 BC), the relationship between the two main ethnic groups has not always been harmonious. Explanations for this can be found in recorded history, indicating Tamil support for foreign invasions that resulted in transitions of power and degradation of existing culture. Most recently, a Tamil rebel group initiated a civil war that lasted for almost 30 years. The ethnic disturbances which ended in 2009 resulted in heavy loss of human and economic resources to both the Sinhalese and the Tamils. Though rehabilitation and redevelopment work has commenced, it will take many years to restore lost resources and return to the conditions prevalent before the civil war.

Still, Sri Lanka's economy and national government has continued to evolve and, in many ways, grow. (Central Bank of Sri Lanka, 2012). Although its economy has remained heavily reliant on agriculture for over half a millennium (Peebles, 2006), its private and public industries are growing increasingly diversified and are slowly and steadily generating more revenue (Central Bank of Sri Lanka, 2012). However, Sri Lanka is still considered a low- to middle-income country, with an economy that struggles to retain all its employable citizens and a purchasing power parity of just over US\$ 5000 (Ganegodage & Rambaldi, 2011; Karunathilake, 2012). Within Sri Lanka's democratic socialist government, the current financial strain limits the types and expanse of the country's targeted public support, a constitutional principle that guides much of its state's policy (Sri Lanka Constitution, (2000), Chapter 6). According to its constitution, the government is obliged to work

toward "the equitable distribution among all citizens of the material resources of the community and the social product, so as best to subserve the common good" (Sri Lanka Constitution, (2000), Chapter 6, Article 27(2e)). Thus, the government—for many decades—has attempted to provide free population-based services that meet the basic needs of the Sri Lankan people, namely, that of health care and education (Isenman, 1980). However, current public provisions are minimal, and the equitable distribution of health and education services is becoming more difficult to attain. In spite of this, Sri Lanka has maintained low infant mortality and high literacy rates, which is uncharacteristic of most low- to middle-income countries (Karunathilake, 2012). Some believe that these outcomes are largely due to religious traditions (De Silva, 2002).

The Education Landscape in Sri Lanka

Because schooling has been perceived as a means of promoting economic development and reducing inequity, the Sri Lankan public education system has dominated the education landscape since independence from Britain in 1948; private schools total less than 3% of the total number of schools in the country (Jayaweera, 2007b). As it stands, schools are funded either by the central government or by the smaller provincial governments (Jayaweera, 2007b). With two separate governing bodies, education access and quality varies greatly, with nationally funded schools receiving greater funding than provincial schools. Thus, national schools tend to provide higher quality education, but typically only the socially elite gain access to these schools (Gunatileke, 1988). As national schools comprise only 20% of the public school system, the majority of Sri Lanka's children have no choice but to attend provincially funded schools, a school network that is riddled with even greater inequalities (Jayaweera, 2007b).

Currently, provincial schools are categorized as Type I AB, Type I C, Type II, or Type III schools, depending on the number of grade levels

provided and the types of courses offered at the senior secondary level (Ministry of Education, 2010). Type I AB schools serve grades 1–13 and offer both science and liberal arts tracks in grades 12–13. Although they offer the most comprehensive services, only 6% of provincial schools are Type I AB schools, and these schools are disproportionately concentrated in major city centers (Jayaweera, 2007b). Type I C schools also serve grades 1–13, but they do not offer science tracks. They comprise approximately 18% of all provincial schools. Unlike Type I schools, Type II schools serve only grades 1–11, and Type III schools offer only grades 1–5. Approximately, 75% of provincial schools are Type II and III schools, and students in rural areas typically have access only to these two categories of schools (Varjas, Nastasi, Moore, & Jayasena, 2005). Consequently, a large number of students are forced to study in the social sciences and humanities streams, tracks that result in a succession of disadvantage for students who are interested in pursuing university-level education as well as competing in an already limited job market (Jayaweera, 2007b).

Sri Lankan children from low-income backgrounds are at a systematic educational disadvantage (UNICEF, 2006). They face a higher likelihood of being educated in schools with greater teacher vacancies, poorer educational resources, lower quality teachers, and exposure to instruction in only one language (Arunatilake, 2006). Children with disabilities and those who live on the streets have even less access to quality education, and school completion rates for these vulnerable youth are gravely low, especially if they reside in remote or rural villages, plantations, impoverished villages affected by the 2004 Tsunami, and areas affected by the 30-year ethnic disturbance (Jayaweera, 2007b). Jayaweera (2007b) estimates that approximately 5% of Sri Lanka's 3.94 million school-aged children (ages 5–14) never enter school.

Gender differences in school completion rates also exist. Given the labor market's reliance on young males for manual labor and farming, males of low socioeconomic status are more likely than females to quit school before the secondary level.

Chances of dropping out are even greater if these males are raised in families who rely on agriculture or fishing for subsistence living and small profits (Karunathilake, 2012). School completion rates from 2001 highlight this disparity: 86.3% of school-aged females completed junior secondary school as compared to only 79.1% of males (Jayaweera, 2007b).

Although schools have been identified as the ideal site for promoting children's social, emotional, and behavioral (SEB) resilience amidst social ills (Strein, Hoagwood, & Cohn, 2003; Weiss et al., 2012), the national and provincial governments of Sri Lanka have not organized to provide such services. Indeed, the notion of serving the SEB needs of children in school is a recent idea and perceived as secondary to children's academic needs (globally, Hendren, Weisen, & Orley, 1994; specific to Sri Lanka, Perera, 2004). Currently, only national schools in Sri Lanka allocate funds for counseling services, and typically these services are reserved for the most severely ill. Thus, aligned with international efforts to strengthen the psychological health and prevent dysfunction among all children (Nastasi, Pluymer, Varjas, & Bernstein, 1998a; see Chaps. 1 and 2 of this volume), Sri Lankan schools are in need of a system that allows for a population-based approach to children's SEB learning. In order to do so, standards of healthy psychological functioning must be established, along with an understanding of the stressors and supports that affect youth and the coping strategies they use to manage those stressors and supports.

The Status of Mental Health in Sri Lanka

Understanding of and interest in Sri Lankan children's mental health has been a reactive endeavor following the devastation of the 2004 Tsunami (WHO, 2012). Prior to the disaster, mental health services were widely disparate, heavily concentrated in major urban centers, and focused only on curative services for the most severely ill in psychiatric hospital settings (WHO, 2012). Without a public mental health organizational structure, attention to children's diverse SEB needs

was not viable, even with a high suicide rate, a civil war, youth insurrection, and tensions caused by high unemployment rates (Nayanah, 2010; WHO, 2012). Thus, the 2004 Tsunami not only sparked an international response to Sri Lankan children's immediate needs (Watters, 2010) but also served as a catalyst for the formal relationship established between the WHO and the Sri Lankan central government. This partnership resulted in an updated national mental health policy as well as the creation of a humane centralized mental health system in 2005. Rather than focusing only on a targeted population of the severely ill, the new policies have encouraged the development of promotive, preventive, curative, and rehabilitative services and programs (Sri Lanka Ministry of Health, 2013). Based on the system's needs and strengths and the population needs, the WHO (2012) prioritized 11 goals for the Sri Lankan government to meet by the year 2016. The 11 areas focused on the following: (a) an increase in service provisions; (b) improvements in personnel training and competencies; (c) increased access to mental health clinics and services, especially in rural regions and in areas affected by the ethnic conflict; (d) the dissemination of information; and (e) suicide and alcohol/substance abuse prevention (WHO, 2012). Although far from perfect, 77% of Sri Lanka's health districts now provide some form of mental health service, as compared to 38% prior to the Tsunami (WHO, 2012).

Despite the support from the WHO and several other NGOs, the three decades of conflict and effect of the Tsunami have had a great impact on the mental well-being of the population of Sri Lanka (WHO, 2008). According to this WHO report, there has been an increase in the severe and common mental disorders, especially among the economically deprived, with approximately 3% of the population in Sri Lanka suffering from some kind of mental illness. In addition, Sri Lanka has one of the highest suicide rates in the world, with an average of 6000 deaths per year and about 100,000 attempting to commit suicide (Nayanah, 2010). Abuse of alcohol is also a common problem, especially in war-affected areas.

Research on Psychological Well-Being in Sri Lanka

In response to concerns about the status of mental health and related services for children and youth in Sri Lanka, the first and third authors led a team of researchers in 1996 to understand cultural and phenomenological definitions of mental health, adjustment difficulties, cultural mechanisms for socialization, social stressors faced by adolescents, coping mechanisms, and available resources for safeguarding mental health (Nastasi et al., 1998b). Conducted in 18 schools around Kandy, the second largest city in Sri Lanka, focus group data were collected through 51 focus group interviews, 33 groups with children and 18 groups with teachers (Nastasi et al., 1998b). The interview questions were generated through collaboration of the first and third authors (teacher educator/educational sociologist and school psychologist, respectively) with a local child psychiatrist who had experience in Sri Lankan schools. Questions focused on mental health issues, particularly as related to academic functioning and adjustment difficulties, as well as family strengths and problems (see Nastasi et al., 1998b for full report of methods and initial results). Results from this research resulted in the development of culture-specific self-report instruments of perceived competence, stress and coping (Hitchcock et al., 2005, 2006; Nastasi et al., 2007), and a classroom-based curriculum for promoting psychological well-being (Nastasi et al., 1999).

Subsequently, in 1999, the culture-specific curriculum (Nastasi et al., 1999) was implemented in one school in the central province of Sri Lanka, with students in grades 6–11, using a randomized controlled trial and a mixed-methods approach to program evaluation (Nastasi et al., 2010). The 18-session program was delivered by the teachers with ongoing consultation from project staff (with expertise in school psychology and education). Students who completed the program (compared to those in a no-treatment control group) perceived that they would be less likely to experience adjustment problems in response to future stressors, suggesting they felt better pre-

pared to cope with stressors. In addition, male participants (compared to controls) expected to experience lower levels of distress in response to future stressors; females, in contrast, anticipated higher distress levels if faced with stressors in the future. Qualitative findings also supported and extended formative research findings (reported in Nastasi et al., 1998b): Primary stressors reported by intervention participants were those related to difficulties in relationships (e.g., conflict with family or peers); secondarily, students reported academic and societal stressors. Common coping strategies proposed by students in simulated program activities were problem focused, for example, addressing a conflict directly with the source (e.g., talking to other person). Students proposed both individual and communal (e.g., with help from peers or adults) responses. Males were more likely to use problem-focused coping, and females more likely to use emotion-focused coping.

To facilitate long-term psychological well-being of students affected by the December 2004 Tsunami, a modification of the original curriculum was implemented in two schools in the southern province of Sri Lanka 15–18 months post tsunami. The original curriculum developed was modified to accommodate the need for a brief intervention focused specifically on facilitating long-term coping with stressors in the aftermath of the tsunami. Modifications included shortening the program from 18 to 10 sessions, strengthening the focus on emotional awareness and regulation, and adding a focus on environmental stressors (Nastasi & Jayasena, 2006). In addition, a program to support parents as they helped their children cope with the aftermath of tsunami was implemented. Findings derived from student products generated during curriculum activities indicated that, 15–18 months post tsunami, students (grades 5–9) were coping with common developmental stressors (e.g., relationship difficulties) as well as tsunami-related stressors (Nastasi et al., 2011). The latter included not only experiences during the tsunami but also the subsequent effects on their lives (e.g., loss, displacement). The team's work in the western and southern provinces illustrated the potential

for addressing psychosocial needs of students through school-based programming.

This program of research and development led by the first and third authors is unlike the majority of mental health research conducted in Sri Lanka. Based on a thorough review of the current literature, most research on Sri Lankan youth mental health is primarily deficit based, focusing only on predominant adolescent adjustment difficulties (e.g., Eddleston, Sheriff, & Hawton, 1998; Konradsen, van der Hoek, & Peiris, 2006; Liyanage et al., 2013; Miller, Fernando, & Berger, 2009). In contrast, the empirical work by the first and third authors utilized a comprehensive approach to understanding youth psychological well-being, exploring constructs of well-being, stress, and support. The chapter reflects a continuation of these efforts, extending the exploration of factors that contribute to youth psychological well-being to the western province of Sri Lanka.

Negombo, Sri Lanka (Gampaha District, Western Province)

Data collection was concentrated in the city of Negombo, a semi-urban fishing city on the west coast of Sri Lanka in Gampaha district, western province. It is one of the most heavily populated cities in Sri Lanka and a home to over 120,000 people, and it is the second largest city in the western province (Peebles, 2006). Being a rich coastal city, Negombo was the target of international trade and many foreign invasions for over 1300 years, including trade with Arab Muslims for about 1000 years and colonization by the Portuguese for 150 years, the Dutch for over 140 years, and the British for over 200 years (Peebles, 2006). Evidence of the Arabic and European influence is ever present today. For instance, the largest minority group in the city is the Ceylon Moors—descendants of the Muslim cinnamon traders—and the majority is the Sinhalese Roman Catholics, a remnant of the Portuguese missions (Jayaweera, 2007a). Blended with the local Buddhist traditions, the culture of Negombo is a unique and vibrant mixture of international ideas and lifestyles.

Being one of the most populated cities in the country, the education and population-based mental health needs of Negombo's children are similar to the average nationwide needs. For instance, in the Gampaha district, just over 60% of students with ages of 15 and 19 are not attending school, which is comparable to the nationwide statistic of 50% (Sri Lanka Department of Census and Statistics, 2001). Also similar to national statistics, the city's vulnerable (e.g., those living in poverty, lacking education, or with disabilities) are highly susceptible to negative educational and mental health outcomes. As a fishing metropolis, the city's poor rely on fishing for commercial profit and family subsistence. According to Arunatilake (2006), formal schooling can act as an economic cost for families, conflicting with the child's time to earn money and contribute to family living, based on the degree to which families require child assistance to generate revenue and food from their fishing businesses. And with high rates of unemployment among educated youth, education does not present as a wise investment for children and families, at least at face value (Little, 2011). In 2002, approximately 7% of Negombo's residents lived below the poverty line (Sri Lanka Department of Census and Statistics, 2002). Furthermore, the lack of adequate funding and sufficient overhead plagues the provincial schools of Negombo. For instance, only 72% of schools in the western province provide enough desks and chairs for all students. Additionally, only about 92% of schools in this province have enough teachers to meet the needs of their students (Arunatilake, 2006).

Current Study

Given the sparse data regarding youth well-being in Sri Lanka, the aim of the chapter is to present youth perspectives about factors that influence child well-being in Negombo, namely, youth standards of competence, stressors, supports, and coping strategies.

The chapter builds on the Nastasi and the International Psychological Well-being Team's (2012) *Promoting Psychological Well-Being*

Globally (PPWBG) project spearheaded by the third author and editor of the present volume.

Method

Data were collected using focus groups and ecomap drawings, consistent with the procedures described in Chap. 2 (Psychological Well-Being Project). Thus, only variations from the detailed methodology are highlighted here.

Researcher Characteristics

The research team was led by two primary investigators (PIs), the first and third authors of the chapter. The first author, Jayasena, is a female Sri Lanka national who speaks both English and Sinhala. In addition to being the primary liaison for establishing the necessary partnerships to conduct the research, she acted as one of two translators during data collection. The co-PI, Nastasi, is a female American national whose primary language is English and who has worked with Professor Jayasena in Sri Lanka since the 1990s. Both PIs and one research assistant (RA) were present during data collection, translation and transcription, preliminary analysis, and initial member checking with stakeholders to ensure accurate interpretation of the data. The RA—a Sinhalese male consultant from a local education resource agency—acted as a language and cultural liaison within the community and schools. The second author, Borja, a female Pacific Islander American whose primary language is English, assumed primary responsibility for final analysis of the data.

Participants and Sites

Focus group and ecomap data were collected from two schools in Negombo during 2010–2011 school year. School 1 was a Type II Provincial school, serving a student body of males and females from grades 6 to 10 (ages 12–16). School 2 was an all-girl's Type I AB national school, serving students from grades 9 to 13 (ages 14–18).

Table 13.1 Student demographics across the two schools

		Middle school (grades 6–8)	Secondary school (grades 9–13)	Total
School 1	Females	40 (27)	17 (14)	57 (41)
	Males	44 (37)	20 (19)	64 (56)
School 2 ^a	Females	–	37 (36)	37(36)
	Males	–	–	–
–	Total	84 (64)	74 (69)	158 (133)

Numbers in parenthesis indicate the number of ecomaps collected from students

^a School 2 was an all-girls secondary school

Across the two schools, focus group data were collected from 94 females and 64 males, of whom 78 females and 56 males completed ecomap drawings (see Table 13.1).

Materials and Procedure

Consistent with the materials described in Chap. 2, focus group interviews and ecomap drawings and narratives were used to gather youth perspectives about the factors that contribute to psychological well-being. Focus group and ecomap procedures were consistent with the protocols described in Chap. 2. However, due to time constraints, a few focus group questions were not asked of certain groups, that is, middle school and secondary school males (SSM) were not asked about their stressors; SSM also were not queried about their reactions to stressors and supports. Furthermore, due to time constraints, ecomap narratives were not collected from students at school 1. Only students from school 2 were asked to provide narratives in conjunction with their drawings. All materials (questions, ecomap instructions, consent, and assent forms) were translated into Sinhala by a translator who worked under the guidance of the first author.

Participant Recruitment Researchers partnered with a member of each school's administrative team to organize the distribution and collection of parent consent forms. All students were invited to participate in focus groups, but only those who received parental consent were permitted to participate. For parents who could not read or write, face-to-face oral consent was

permitted, along with written documentation of the conversation.

Data Collection, Translation, and Transcription

After receiving parental consent, students were randomly assigned to gender- and age-specific groups. Due to time constraints and the small size of the research team, group sizes were larger than recommended sample size (see Chap. 2 of this book). Across the two schools, approximately 10–30 students were placed in single groups, totaling four middle school groups (grades 6–8) and five secondary school groups (grades 9–13). Groups met once with the researchers for approximately 1 h each, and students completed the interviews and ecomap drawings in one session. Due to the inability to garner consent to audiotape focus groups from all students' parents, focus groups were not audio recorded for later transcription and translation. Instead, student responses were translated immediately on-site by the PI and then were verified by the RA. The co-PI transcribed all translated responses. Data collection was completed over the course of 2 weeks.

Although the researchers in Sri Lanka followed the focus group and ecomap protocols from the global project, due to the large group sizes and short sessions, minimal information was collected about stressors, supports, and reactions to stress and supports. SSM, for instance, were not asked about stressors and reactions to stress, but all other groups either spontaneously shared their insights or shared their ideas in response to the researcher's questions. Ecomap data provided additional information about social stressors and supports for all age and gender groups.

Data Analysis Data were analyzed using the deductive–inductive approach detailed in Chap. 2 of this book. Following data analysis, the researchers met with participants to present focus group findings and conduct *member checks* about the accuracy of initial interpretations (see Nastasi, 2008). Students agreed with the proposed themes, and focus group data were more carefully analyzed a second time to ensure that all themes were identified and properly contextualized. Ecomap drawings also were qualitatively and quantitatively analyzed to identify patterns of social support and stress and patterns related to age and gender. The sources of stress and support were inductively categorized based on the type of relationship (e.g., family, community). Frequencies of stress and support were computed by category, and a total stress-support index (SSI-Total) was calculated across categories (see Chap. 2).

Results

Participants across age groups, schools, and genders shared their beliefs about the factors that influence youth psychological well-being, with a

specific focus on culture-specific competencies, stressors, supports, and reactions to stress and supports. Through their ecomap drawings (see, e.g., Fig. 13.1), they also shared their perspectives about their social stressors and supports.

Expectations About Preadolescents and Adolescents in Negombo

A component of psychological well-being, culturally relevant expectations, provides an indication of the standards that youth work toward to receive reinforcement or avoid punishing consequences from relevant persons (Harter, 1999; Nastasi, Moore, & Varjas, 2004). Failure to meet culturally relevant standards bears implications for psychological well-being (Higgins, 1987). Thus, this section describes preadolescent and adolescent beliefs about the expectations that are relevant to their socialization and psychological well-being, derived from focus group data. Data were analyzed for specific roles (student, friend, citizen) and multiple roles (i.e., relevant to two or more roles). We present data related to multiple roles first (Table 13.2).

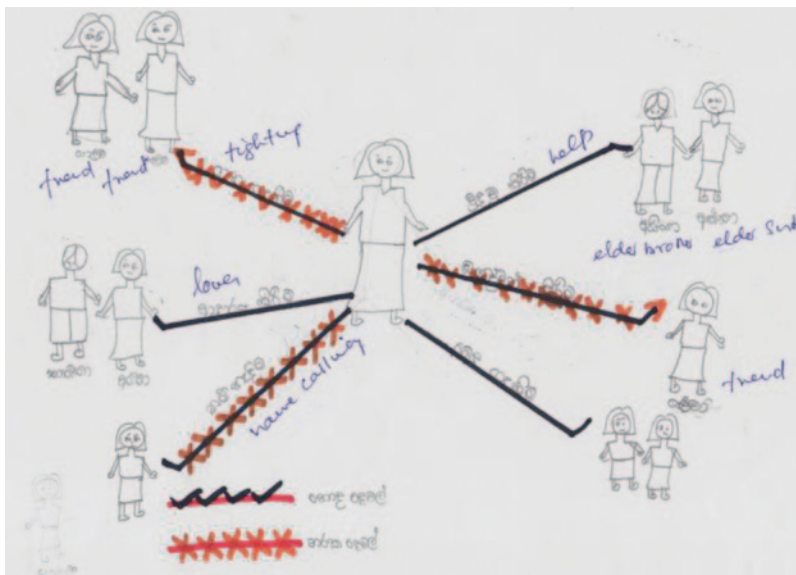


Fig. 13.1 Ecomap from female student participant in Sri Lanka. The student distinguished supportive (—) from stressful relationships (XXXX), labeled the type of rela-

tionship (e.g., friend, elder brother), and indicated reason for designation of stress (name calling) versus support (help)

Table 13.2 Themes regarding expectations of youth in multiple roles

Expectations about youth in multiple roles	Middle school		Secondary school	
	Females	Males	Females	Males
<i>Academics</i> : Remains committed to academics	✓ ^e	✓ ^a	✓ ^b	✓ ^b
<i>Prosocial functioning</i> : Is helpful toward others	✓ ^a	✓ ^a	✓ ^a	✓ ^c
<i>Prosocial functioning</i> : Keeps friends on “the right path”	✓ ^f	✓ ^d	✓ ^d	✓ ^a
<i>Prosocial functioning</i> : Cooperates with/gets along well with others	✓ ^d	✓ ^a	✓ ^c	✓ ^a
<i>Prosocial functioning</i> : Obeys/respects adult/societal rules	✓ ^a	✓ ^a	✓ ^b	✓ ^b
<i>Community responsibility</i> : Protects public property	✓ ^g	✓ ^b	✓ ^g	✓ ^g
<i>Individual characteristics</i> : Has a “good personality”	✓ ^d	✓ ^a	✓ ^d	✓ ^f

^a Theme discussed in all roles (students, friends, and citizens)

^b Theme discussed in roles as students and citizens

^c Theme discussed in roles as friends and citizens

^d Theme discussed in roles as students and friends

^e Theme discussed only in role as student

^f Theme discussed only in role as friend

^g Theme discussed only in role as citizen

Expectations About Youth in Multiple Roles Table 13.2 presents the themes related to expectations of youth in multiple roles; to be included, the theme had to be indicated in at least two different roles by at least one participant group. For the purpose of discussion, the themes depicted in Table 13.2 were organized into several broad categories: academics, prosocial behaviors, community-oriented responsibilities, and individual personality characteristics (e.g., being honest (middle school females, MSF) and being fair (middle school males, MSM)). Each is discussed separately.

Academics All participant groups indicated the types of behaviors that demonstrate academic commitment, and, with the exception of MSM, all groups discussed the outcomes that students should produce if committed to their studies. Although the specific behaviors varied, one common activity that all students discussed was “studying.” Other behaviors included attending classes (reported by MSF, MSM, and secondary school females (SSF)), completing homework (MSM, SSF, and SSM), balancing extracurricular and academic commitments (SSF), “cultivat[ing] good habits” (SSM), and avoiding relationships that might interfere with academic responsibilities, namely, relationships with boys (SSF). In addition, middle and SSF shared the belief that students should be genuinely interested in engaging in these academic behaviors.

With the exception of MSM, all participant groups emphasized that a commitment to academics should entail a devotion to success and achievement. MSF, for instance, noted that passing examinations is an important competency. This expectation is consistent with familial and societal pressures placed on children to pass exams, as they bear implications for the types of schools and curricula to which children are subsequently exposed (Balasuriya & Hughes, 2003). SSM also suggested that student achievement ultimately affects the reputation of the school, which they perceived as a reason for working toward success.

Prosocial Functioning A dominant theme across multiples roles was the youth’s ability to function successfully within and contribute positively to the larger group, also known as prosocial functioning (see Table 13.2). The students in the present sample discussed four specific prosocial competencies, and the first related to the value of helpfulness. That is, all participant groups reported that assisting friends who are in trouble as well as in emotional distress is a valued competency; secondary school students and MSM shared that this help can simply be in the form of “stay[ing] with you” when times are tough. SSF added that help with school work also is expected among friends.

Among middle school students, material generosity was discussed as a competency that

clustered with the theme of helpfulness. These students defined generosity as sharing food and school supplies with peers who need it, as well as giving money or help to the needy and “the helpless” (MSM).

In the role of the citizen, all participant groups shared that serving their country’s needs is a form of helpfulness that youth should engage, and SSM added that this expectation also is a competency of the student. As one SSF shared, “[Good citizens] work for the benefit of [the] whole country and not just for self.” Some discussion ensued about the intentions that should underlie youth’s service to their country, that is, whether service should be voluntary or obligatory through pay or status. One MSF indicated that paid service is appropriate, but one SSM disagreed, arguing that service should be provided without expecting “status” or rewards in return.

Second, consistent with the notion of collective responsibility, most participant groups indicated that good students, friends, and citizens are able to keep their peers on “the right path.” Only MSF discussed this competency solely within the context of being a student. However, all groups explained that youth play an active role in helping each other make the right choices. For example, an SSF shared that, “As a friend, [they should] point out correct path,” and an SSM noted that, “If I do wrong, [a good] friend puts you in [the] right way.” In spite of these expectations, all groups acknowledged that some peers do engage in some wrongdoing, and if so, those peers should not “motivate others to do wrong things” with them. MSM offered a preventative strategy, however, namely, to avoid “keep[ing] bad company.” Additionally, SSM indicated that youth should engage in socially appropriate behaviors so as to be “role models” for their peers. This competency is identified as an indirect form of guidance because role modeling does not necessarily involve active prevention or intervention with peers.

In addition to moral guidance, SSF indicated that friends also should help each other improve their social status. That is, “[a good friend is] one who doesn’t isolate you because you are poor, or

not capable or ugly; but [a good friend] will try to get [the] person to the same [high] standards.”

The final two prosocial competencies that participants discussed related to cooperative behaviors and obedience. First, all groups indicated that students, friends, and citizens should get along well with their peers. Participants highlighted several examples of cooperation, including: (a) avoiding the use of verbal and/or physical aggression (reported by all groups), (b) being friendly (noted by all male participant groups), (c) being agreeable and not bothersome (all groups), (d) being considerate of others’ needs (all groups), and (e) being able to work and play with peers (MSM). These examples highlight the ways in which youth are perceived as successfully functioning within their peer network.

In addition to cooperating with peers, all participant groups revealed that youth their age, in the roles of student and citizen, are expected to cooperate with adults and other authority figures by showing signs of respect and obeying their rules and expectations. Although most participant groups were vague about their definitions of respect, they shared a comprehensive list of individuals, concepts, and institutions that they should respect: parents (noted only by middle school students), teachers (MSM and SSF), elders (middle school students and SSF), animals (MSM), “beggars” (MSM), religion (middle school students), school or public property (MSM), country (middle school students), and the rules and regulations of country and culture (secondary school students). Only middle school students indicated that respect for religion should include other people’s religions, and only SSF explained what they meant by respect for country, that is, that one should not “criticize [the] policies and principles of country for own benefit.”

As a sign of respect, MSM shared that youth should “worship parents before coming to school.” In Sri Lanka, due to the influence of Buddhism, one way of showing respect and gratitude is by worshipping the person or persons to whom you are grateful. This practice has been inculcated through teachings in Buddhism, that is, endorsed in the *Maha Mangala Sutta* preached

by Lord Buddha that states *in pali* “pujacha puja-neeyan,” which means worship those who should be worshipped. Therefore, almost all Buddhist children who are brought up in keeping with the Buddhist values kneel down and worship their parents, elders, and Buddhist priests. Priests are worshipped by everybody, but in a Buddhist home where Buddhist values are upheld, the children never leave the home without worshipping the parents and other elders in the house. This is seeking blessings from them.

Students also shared a list of those that youth are expected to obey, such as their teachers (all groups) and the rules of their country/society (all groups). All female groups indicated that youth are expected to obey school rules, and MSM shared that young people should obey their elders, aunts, and church/religion. Both middle school students and SSF suggested that youth should obey their parents.

Students also provided a long list of rules by which youth are expected to follow, but many of the listed behaviors lacked complete consensus among participant groups. These rules included behaviors that are expected in the classroom, the home, and in the community. Expectations were presented as behaviors to avoid as well as behaviors in which to engage.

Only two rules demonstrated complete consensus among participant groups. The first was related to drug use and abuse. All groups acknowledged that youth should not use or “get hooked on drugs: tablets that give mental satisfaction, alcohol, injections, smoking.” The second was related to involvement in criminal or illegal activities, such that youth should not be engaged in such things (all groups). MSF, for instance, indicated that youth should not “kill others” or “rape little girls,” and both male participant groups expressed that youth should not steal money or food from school or friends.

Although both middle school students and SSF discussed the importance of obedience to parents, only MSM and SSF offered specific rules associated with this competency. First, both groups shared that youth should do whatever their parents ask of them. As one SSF explained, “parents spend money for [our] betterment, [so

we should] use the money per parents’ wishes.” Second, MSM indicated that verbally and/or physically fighting with parents is an act of disobedience.

MSM and SSF also shared a short list of specific behaviors that youth should abide while in school. MSM indicated that students are “not to shout” and should remain “very clean” while in school. SSF noted that “you can’t be throwing papers all about.”

Finally, MSM and SSF discussed the importance of being moral/ethical youth, but only MSM offered specific examples of moral behaviors. They indicated that watching or looking at “blue” or pornographic films or photos is unacceptable and that “go[ing] to church every day” is a sign of moral competence.

Altogether, these findings suggest that Negombo youth define prosocial competence as the degree to which youth can act as cooperative members of society—in both peer and adult circles—and the extent to which they can promote others’ survival and development. Based on the data, prosocial functioning in Negombo appears to be a complex constellation of actions that implicate a major responsibility for others over the self.

Community Responsibility Related to the expectation of serving one’s country, all groups indicated that youth are responsible for their community, namely, by protecting public property. Most participant groups discussed this expectation in the role of the citizen, but MSM highlighted it as a competency of youth in the roles of student and citizen. Additionally, SSF indicated that protecting public property not only entails “look[ing] after public property” but also includes preventing its destruction.

Individual Personality Characteristics All participant groups described individual personality characteristics that youth are expected to possess as students, friends, and/or citizens. Although the identified qualities lacked complete consensus among groups, some traits reflected some agreement, and some were repeated in multiple roles by at least one participant group. These

characteristics included honesty (noted by middle school students and SSF), trustworthiness (MSM and secondary school students), and being happy for, not envious of, other youths' progress or success (MSM and SSF). Other individual qualities that groups discussed included being patient (both female participant groups), having self-confidence without "vanity" (SSF), being fair (MSM), and possessing "determination and courage" (SSF).

Role-Specific Expectations Although most expectations were discussed across multiple roles, some competencies were specific to individual roles. These are presented separately for roles of student, friend, and citizen.

Expectations About Youth as Students In the role of student, MSM shared that more than just respecting parents, youth are expected to love them. In addition, related to the expectation about academic behaviors and outcomes, MSM indicated that being intelligent—a trait, not a behavior or outcome—is an expectation of youth in Negombo.

Expectations About Youth as Friends Like expectations about students, most peer competencies were repeated in multiple roles. However, one group of SSF expressed a micro-specific theme (i.e., a theme discussed by only one group) that was, in fact, micro-specific among their gender and grade-level group. This group of SSF indicated that peers should be of equal age and of similar social classes. Their views are reflective of the reality in Sri Lanka that distinct social class groupings still persist, in spite of socialist policies and Buddhist admonishment toward discriminatory practices (Vimaladharm, 2003).

Expectations About Youth as Citizens In addition to the competencies expected of youth in multiple roles, participants shared expectations that were unique to the role of young citizens. As shown in Table 13.3, most themes met with some degree of consensus, with two of the themes demonstrating complete agreement among participant groups. First, all groups noted that youth

Table 13.3 Role-specific expectations: expectations about youth as citizens

Expectations about youth as citizens	Middle school		Secondary school	
	Females	Males	Females	Males
Show love for and loyalty to their country	✓	✓	✓	✓
Protects the natural environment	✓	✓	✓	✓
Long-term goal oriented			✓	✓
Self-sufficient			✓	

must show love and loyalty for their country, such that they do not "betray" or "engage in disloyal activities." Second, all groups indicated that as young citizens, youth must help to protect the natural environment through the preservation of natural resources, such as water, and pollution prevention, such as throwing garbage in their proper receptacles. As one SSF stated, citizens should not "destroy resources: vegetation, natural resources, younger generation."

Perhaps indicative of their developmental maturity, secondary school students shared additional ideas about citizen competencies that reflect concerns about adulthood as well as for "future generations." That is, secondary school students discussed the importance of thinking about one's future as well as the future of the country and younger generations. They reported that youth should have long-term goals and should be concerned with the long-term consequences of their actions. Additionally, one group of SSF noted that young citizens should be self-sufficient, that is, not "always try to live on others." The perceived importance of self-sufficiency reflects general cultural valuing of self-respect which prevents even those in need (e.g., those living in poverty) from asking for help (e.g., food, clothing, and other requirements; Baker, 2000). In summary, this sample of youth perceived a number of expectations to be applicable across multiple contexts (e.g., school, society, peer group). With the exception of citizen competencies, most identified expectations were discussed in at least two different role contexts, suggesting that they may be particularly important and salient for youth in the Negombo community.

Youth Stressors, Supports, and Reactions to Stressors and Supports

As noted, focus group data collection was limited due to time constraints, and only female groups were able to share their phenomenology about stressors, reactions to stressors, and reactions to supports (both male and female groups discussed sources of support). However, supplementary data about stress, support, and coping were drawn from ecomaps (see Fig. 13.1), which were completed by the majority of male and female participants (see Table 13.1), so as to further inform focus group data. Findings in this section are based on combined focus group and ecomap data sources.

Youth Stressors and Supports Only female participants discussed stressors that youth in Negombo experience. Most themes met with complete consensus across groups, but MSF added a few micro-specific ideas, such as stress triggered by physical and/or verbal peer-to-peer aggression, death and/or illness in the family, falling and getting physically hurt, and “getting lost.”

In general, stressors that met with complete consensus were specific to contexts that were indicative of the self and different ecologies, namely, the home and school. First, indicative of the self, all female groups discussed stressors that were linked to the youth’s ability, or inability, to meet culturally defined performance expectations. That is, they indicated that academic and athletic performance failures are sources of stress, such as getting “low exam marks” or “when last in class/competition.” Parallel to this idea, MSF noted that being the best student in class is a source of support, suggesting a direct relationship between the youth-identified competency (i.e., academic commitment) and psychological well-being (i.e., stress and support). In other words, meeting academic expectations is associated with positive feelings and support, whereas failing to meet such expectations is associated with feelings of distress.

Second, female groups discussed two themes about stressors that stem from the home and

school contexts. The first was related to task demands. At home, females shared that “wash[ing] the rice” and “scrap[ing] the coconut” were stressful activities. At school, they indicated that their academic workloads were sources of stress, such as “the number of tuition [tutoring] classes.”

A second stressor that female participant groups noted was punishment by adult authority figures. These groups spoke about both physical and verbal forms of punishment, namely, “beating” and “scolding” by parents and teachers. However, parents (both female groups) and teachers (SSF) also were identified as sources of support. In fact, data from the students’ ecomap drawings demonstrated that across gender and grade levels, most students in this sample viewed their parents as supports (97% of males; 95% of females). In focus groups, middle school and SSF participants shared that parents are particularly supportive when they are understanding of youth difficulties and when they provide emotional comfort.

Finally, relevant to their home lives, female participant groups shared that family economic problems, that is, living in poverty, are sources of stress that ultimately lead to other stressors. MSF, for instance, shared that in order to make money, some parents have to work abroad, and ultimately, living without parents is distressing. Although female participants did not share much more about this stressor, migration for economic opportunities among poor, rural parents is a well-known phenomenon in Sri Lanka and much of the economically developing world (Hewage, Kumara, & Rigg, 2011).

Ecomap data provided additional information about sources of social stress for both adolescent females and males. Students included in their ecomaps a variety of persons who triggered stress in their lives, including parents, siblings, extended family, peers, school staff, community members, celebrities/public figures, religious authority, and even themselves. Although many individual differences were evident, a number of general patterns related to sources of stress were clear. First, across gender and grade levels, 56% of the adolescents in this sample perceived a number of community members to be stressful,

primarily, their neighbors. Other stressful community members included police officers, postmen, village leaders, elders, and fishermen.

A second pattern that emerged was the stress triggered by individuals who break rules or threaten the safety of others. Thirteen percent of all ecomaps contained at least one of these individuals, including drug addicts and drug dealers, alcoholics, robbers, gangs, and other criminals.

Finally, the ecomap data revealed that this sample of youth tended to include not only friends who were supportive in their social networks but also those who triggered feelings of stress and ambivalence. Of the students who completed ecomaps, approximately 65% included peers in their social networks (14% of MSF; 12% of MSM; 58% of SSF; 16% of SSM), and of those students, 30.1% indicated that all of their friends and peers (e.g., “bad friend,” “drug-addicted friend,” “prefects”) were completely stressful to them; 6% noted a peer network that was all ambivalent; 25.3% reported one that included both supportive and stressful/ambivalent relationships; and 38.6% indicated a peer network that was completely supportive. Although tests of significance were not conducted, calculated frequencies clearly highlight the prominence of stressful and ambivalent peers in Sri Lankan youths’ lives, such that the majority of students who completed ecomaps (~61.4%) reported relationships with at least one peer who was a source of stress or ambivalence. However, ecomap patterns also suggested that reports of totally stressful peer relationships tend to decrease by secondary school (from 43.5% in middle school to 25% in secondary school), and, in general, total reports of supportive peers increase slightly from 41.9% in middle school to 52.4% in secondary school.

In the face of such stress, all participant focus groups, including male groups, identified friends and parents as sources of support, and SSF indicated that teachers also are supports. In fact, patterns from ecomap drawings demonstrated that most of the individuals in these students’ lives are supportive, with students reporting an average of 63% supportive individuals in their total networks (a range of 14–100%). Second-

ary school students reported slightly more supports than their middle school counterparts (66% compared to 60%, respectively). Furthermore, on an aggregate level, most network members were indicated as supports: 85.7% of immediate family members (parents and siblings), 56.7% of extended family members (grandparents, uncles/aunts, cousins, and other relatives), 81.6% of school staff, 50% of peers, 92.5% of religious leaders, and all depictions of mental health professionals were labeled as supportive.

In focus groups, female participants shared specific support strategies that involve interpersonal interactions, including giving/receiving compliments and gifts (MSF) and providing/receiving help and/or emotional support “in all circumstances” (SSF), but especially when needed or when “in trouble” (both female groups). SSF reiterated the helping theme on their ecomaps, reinforcing the idea that helping friends in times of need is an especially important type of support.

In addition to interpersonal forms of support, MSF highlighted two self-support strategies. First, these females noted that they feel happy when participating in leisure activities, such as going on trips or attending parties. Second, related to the expectation of academic success, MSF acknowledged that being the best or “first in class” is a source of support, suggesting the importance of affirmations related to culturally relevant expectations.

Reactions to Stressors and Support With the exception of SSM, all participant groups shared a few ways that youth react to stressors and supports. SSM were not asked about reactions to stress and supports, and due to time limitations, minimal data were collected from other participant groups and minimal consensus was reached. Ecomap data also did not provide additional information about youth reactions to stressors, other than indicating feelings of dislike in response to stressors. In fact, only two themes were discussed with some consensus about youth reactions to stressors. First, MSM and SSF shared that sadness is a common emotional reaction to stress, and MSF noted that anger is one as well. Second, in response to stress, both female par-

ticipant groups shared that common behavioral reactions involve facial responses, such as crying or having “red eyes” (MSF).

MSF noted micro-specific themes about behavioral coping strategies. They indicated that, in response to stress, they “boycott food,” use verbal and/or physical aggression—such as “throw[ing] books” and “scold[ing] parents”—and even “isolate self.” Unfortunately, due to the sparse nature of the data, saturation was not reached and implications about the representativeness of the students’ responses cannot be made with much certainty. However, the present data do show a bias toward stress responses that are high in emotionality and low in solution-focused coping.

In response to supports, MSM and SSF indicated that feeling happy is associated with feeling supported, and SSF added that feelings of love also are associated with support. MSF shared that they laugh, dance, sing, and engage with others more positively when they are feeling supported. Unfortunately, similar to the discussion about stress reactions, saturation was not reached and implications about the representativeness of the students’ responses cannot be made with much certainty.

Overall, in spite of the scarce data about youth stressors, supports, and reactions to stress and support, this sample’s phenomenology suggests a sophisticated awareness of the stressors that affect Negombo youth. Specifically, their responses highlighted stressors stemming from the self and multiple ecologies, namely, the school, the home, and in the case of the self-related stressor, a connection between a culturally identified competency and psychological well-being was implicated. Ecomap data provided additional information about the individuals in these settings who function as stressors, supports, and both stressors and supports. In general, the data indicated that although this sample reported generally supportive social networks, specific attention to their peer groups shows that most of the youth in this sample maintain relationships with at least one peer who triggers stress or feelings of ambivalence. In response to stress, this sample emphasized emotional and physiological reactions to stress, with minimal descriptions of coping strat-

egies that might assuage such reactions or allow them to cope with their stressors. However, due to time constraints, it is very likely that the participants might have provided more information, so a lack of discussion does not necessarily equate to a lack of knowledge or salience about other reactions and coping strategies.

Discussion

The purpose of this chapter was to present youth perspectives about the factors that influence youth psychological well-being in Negombo, Sri Lanka, namely, youth standards of competence, sociocultural stressors and supports, and youth reactions to stressors and supports. To do so, middle school and secondary school students responded to questions about culturally valued competencies, stress, supports, and reactions to stress and supports in a focus group format. The majority of students also completed ecomap drawings, which provided additional information about youth social stressors and supports.

Expectations About Youth

Students were asked to detail their phenomenology about youth competencies in the roles of student, friend, and citizen. Although participants discussed some expectations that were specific to each role, most competencies were repeated and considered relevant across multiple roles, namely, academic commitment, prosocial functioning, community responsibility, and individual personality. The special focus on these four domains implicates a number of socialization factors relevant to Negombo youth. First, repetition across roles may suggest that the identified competencies may be particularly salient to this group of youth as well as to other relevant individuals within their various social contexts, such as teachers, parents, peers, and adults in the community. These competencies, after all, are consistent with national norms about the importance of education and the majority Buddhist and Catholic beliefs about communal responsibil-

ity (Caspersz, 2005). Thus, it is likely that these competencies are continuously emphasized by one's self and surrounding individuals and may even be uniformed across settings.

Second, aligned with theories of self-competence (Harter, 1999) and Nastasi et al.'s (1998b) conceptual model of psychological well-being, these perceived expectations may point to specific standards of self-worth among youth in Negombo. Thus, this participant sample provided insight into the domains that are relevant to bolstering youths' sense of self-worth and, ultimately, their sense of well-being. Thus, practitioners can use the list competencies as culture-specific indicators of well-being and determine effective methods of socializing those values, particularly in the school setting. Because immediate and extended family members, peers, teachers, and religious leaders were identified as potential support resources, these stakeholders can play important roles in this task, particularly when they approach the task in a helpful, supportive manner.

The current findings also are consistent with Nastasi et al.'s (1998b) findings about culturally valued competencies in Sri Lanka's central province, suggesting that the local expectations may reflect national cultural norms. That is, similar to the current study, students in the prior study revealed that youth in Sri Lanka are expected to be performance-driven in school, cooperative and respectful to both adults and peers, positive influences on each other, helpful to citizens and country, and loving and loyal to country. "The socially competent person respects and cares for others, provides an example to and guides others (e.g., 'in the correct path'), does not impede the well-being of others, and considers others as 'brothers and sisters' despite ethnic differences" (Nastasi et al.'s 1998b, p. 267). However, the 1998 study included additional competencies that were not mentioned in the current study, such as being an independent thinker, being accepting of and correcting one's mistakes, and possessing coping and problem-solving skills. Although the current study did not provide information different from the 1998 study, repetitive patterns implicate the trustworthiness of both datasets, saturation

related to some themes, and ultimately promote understanding of Sri Lankan youth well-being.

Due to the lack of differential patterns between male and female groups (and limited data for adolescent males), the data did not suggest gender differences in beliefs about the competencies that youth are expected to possess. Middle and secondary school students also held similar beliefs, so developmental differences were not evident. However, older students indicated competencies that emphasized goal- and future-oriented behaviors, whereas middle school students did not. Otherwise, expectations for youth were fairly consistent across age and gender. In fact, SSF shared that expectations were not entirely different between genders, but they also acknowledged that adults are "more protective of girls" and "boys are allowed to roam anywhere and girls are not."

Stressors, Supports, and Reactions to Stressors

Findings related to stress, support, and coping were derived primarily from female participants. Their responses indicated insight into the common stressors that youth experience, stemming from the self (i.e., performance failures) and multiple ecologies (i.e., the home and school). Additionally, one stressor was directly linked to a participant-identified expectation, that is, the expectation to excel academically. Female participants acknowledged that failure to meet this expectation was a source of stress, and it is aligned with national pressures to outperform others in order to access the limited opportunities for quality education (Jayaweera, 2007b). This feeling is especially heightened among lower socioeconomic populations, whose future opportunities are particularly dependent on access to education. This sample's perspectives suggest that systemic changes related to educational access and equity are necessary to promote Sri Lankan psychological well-being.

Although only females shared information about stressors in the focus group format, eco-

map data provided additional information about social stressors among both male and female participants. Among patterns identified, the most salient was this sample's acknowledgment of at least one peer network member who was a source of stress or ambivalence. Just over 60% of these youth identified such a peer, such as a drug-addicted friend or a school prefect. Drawing from the focus group data, this characteristic of youths' peer networks helps to explain this sample's acknowledgment that "bad" peers do exist, and rather than dismissing them, they explained that they expect such friends not to "motivate others to do wrong things." However, a tension may still exist for these youth, as a salient competency that they described was helping their peers "stay on the right path." With a high likelihood of maintaining contact with "bad friends," this tension may suggest a developmentally and contextually specific need for these youth to learn strategies for effectively helping their peers meet culture-specific competencies. Follow-up studies will need to be conducted with youth to determine culturally and developmentally relevant ways to do so.

In discussing sources of support, participants listed people and strategies that can function as sources of strength and well-being. All participant groups agreed that parents and friends are important individuals in their support networks, and these perspectives reinforce what is known in etic publications about youth support networks, that is, that parents and peers are influential forces on the child's well-being (Brooks, 2013; Gifford-Smith & Brownell, 2003). Furthermore, from the ecomap data, students identified other sources of support that are not regularly identified in the literature, such as priests, village leaders, and elders (House, Umberson, & Landis, 1988). This discovery is especially useful to practitioners who work with children in Negombo, as it indicates potential support resources for the child in the event that parents, peers, teachers, and others are unable to provide youth with supports.

Related to strategies of support, female participants emphasized interpersonal and self-strategies that were directly linked to participant-identified competencies, namely, the provision of

help and excellence in academics. Their perspectives are consistent with the notion that affirmations related to culturally relevant competencies are critical to an individual's well-being (Harter, 1999).

In discussing reactions to stressors, this sample emphasized emotional and physiological reactions to stress, and MSF offered a short list of behavioral coping strategies (e.g., boycotting food and isolating self). However, due to the sparse nature of the data, implications about coping strategies and reactions to stress cannot be readily made. Similarly, details about reactions to supports were limited, but the available data also were emotion-focused with some details about behavioral reactions that youth engage when supported (e.g., laugh, dance, and sing).

Limitations and Areas of Future Study

Given the study's limited sample from a select area in Sri Lanka, the perspectives of these youth may not generalize to other youth in Sri Lanka, particularly in areas that experienced a greater degree of devastation from the 2004 Tsunami or in regions that were affected by the civil war. Even themes that were repeated in multiple roles and evinced complete consensus among all participant groups should be considered within the context of this sample's ecological experiences. Further, minimal data were collected about youth stressors, supports, and coping strategies. This limitation greatly restricts transferability, even among Negombo youth. However, initial member checking with student participants suggest that themes were representative of youth perspectives about competencies, stressors, supports, and reactions to stressors and supports. Furthermore, previous mixed-methods research with Sri Lankan adolescents in central province revealed similar themes, suggesting relevance to other locales in Sri Lanka (Hitchcock et al., 2005). Still, future research can continue to explore Sri Lankan youth phenomenology about culturally relevant factors that contribute to children's psychological well-being, particularly from the perspectives of the following populations: young children, youth

from the northern regions of the country, and ethnic minority groups, such as the Sri Lankan Tamils. Exploring the perspectives of diverse samples could ensure a more representative depiction of psychological well-being in Sri Lanka.

Another limitation of the current study was the researchers' inability to audio record the focus group sessions. Having to translate and transcribe translated data on-site adds a margin of error that is introduced when only one individual translates participant views. Because interpretation of meaning is an element of language translation, a degree of subjectivity is involved, thus requiring that multiple individuals independently translate the same transcript and reach consensus about meaning (Erkut, 2010). This method of translation helps to mitigate any bias that might interfere with translating from Sinhala to English. However, without consent to audio record, the researcher's ethical obligation to respect participant autonomy supersedes any concern for the ideal translation situation. Furthermore, the research team engaged in steps to mitigate concerns about language bias. First, translators' languages of origin were Sinhala, and both were fluent in English. They also were Sri Lankan nationals, well aware of Sri Lankan nuances and colloquialisms. One translator was even a resident of Negombo. Second, data were analyzed immediately after data collection to ensure accuracy with student participants. Participants concurred with the derived themes, suggesting that translations were accurately completed. Thus, although imperfect, the research team helped to alleviate concerns for inaccuracies or bias.

Conclusion

The chapter revealed youth phenomenology about the factors that influence youth psychological well-being, with emphasis on culture-specific competencies, stressors, supports, and reactions to stressors and supports. Youth perspectives provided insight into areas of future research as well as ideas for culturally and developmentally relevant interventions.

References

- Arasaratnam, S. (1986). Aggression and inter-ethnic conflict: Sinhala Tamil relations in modern Sri Lanka. In J. Boucher & D. Lands (Eds.), *International perspectives on ethnic conflict: Antecedents and dynamics*. Beverly Hills: Sage.
- Arunatilake, N. (2006). Education participation in Sri Lanka – why all are not in school. *International Journal of Educational Research*, 45, 137–152. doi:10.1016/j.ijer/2006/11/001.
- Baker, V. J. (2000). A village school in Sri Lanka. *Anthropology and Education Quarterly*, 31(1), 109–116. <http://onlinelibrary.wiley.com/doi/10.1525/aeq.2000.31.1.109/pdf>. Accessed 5 Oct 2012.
- Balasuriya, L., & Hughes, R. (2003, November). *Education and employment: Sri Lanka at the crossroads*. Paper presented at the 9th International Conference on Sri Lanka Studies, Matara, Sri Lanka.
- Brooks, R. B. (2013). The power of parenting. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (2nd ed., pp. 443–459). New York: Springer.
- Caspersz, P. S. J. (2005). *A new culture for a new society*. Kandy: Satyodaya Consumer Seva.
- Central Bank of Sri Lanka (The Monetary Board). (2012). *Annual report of the Monetary Board to the Honorable Minister of Finance for the year 2012* (63rd Annual Report). http://www.cbsl.gov.lk/pics_n_docs/10_pub/_docs/efr/annual_report/AR2012/English/content.htm. Accessed 4 Aug 2014.
- De Silva, K. M. (1981). *A history of Sri Lanka*. London: C. Hurst and Company.
- De Silva, W. (2002). The family: Continuity and change. In S. Jayaweera (Ed.), *Women in post independence Sri Lanka* (pp. 211–244). Colombo: VijithaYapa Publications.
- Eddleston, M., Sheriff, M. R., & Hawton, K. (1998). Deliberate self-harm in Sri Lanka: An overlooked tragedy in the developing world. *British Medical Journal*, 317, 133. doi:2048/10.1136/bmj.317.7151.133.
- Erkut, S. (2010). Developing multiple language versions of instruments for intercultural research. *Child Development Perspectives*, 4(1), 19–21. <http://web.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=e9c363f1-9943-4e6c-8b5d-9f31bacde00%40sessionmgr113&vid=2&hid=112>. Accessed 5 Oct 2012.
- Ganegodage, K. R., & Rambaldi, A. N. (2011). The impact of education investment on Sri Lankan economic growth. *Economics of Education Review*, 30, 1491–1502. doi:10.1016/j.econedurev.2011.08.001.
- Gifford-Smith, M. E., & Brownell, C. A. (2003). Childhood peer relationships: Social acceptance, friendships, and peer networks. *Journal of School Psychology*, 41, 235–284. doi:10.1016/S0022-4405(03)00048-7.
- Gunatileke, G. (1988). *The extent and nature of the structural mismatch in the labour market*. Colombo, SL: Institute of Policy Studies.

- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford.
- Hendren, R., Weisen, R. B., & Orley, J. (1994). *Mental health programmes in schools*. Geneva: World Health Organization, Division of Mental Health. http://whqlibdoc.who.int/HQ/1993/WHO_MNH_PSF_93.3_REV.1.pdf. Accessed 5 Oct 2012.
- Hewage, P., Kumara, C., & Rigg, J. (2011). Connecting and disconnecting people and places: Migrants, migration, and the household in Sri Lanka. *Annals of the Association of American Geographers*, 101, 202–219. doi:10.1080/00045608.2010.532741.
- Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review*, 94, 319–340. doi:10.1037/0033-295X.94.3.319.
- Hitchcock, J. H., Nastasi, B. K., Dai, D. Y., Newman, J., Jayasena, A., et al. (2005). Illustrating a mixed-method approach for validating culturally specific constructs. *Journal of School Psychology*, 43, 259–278. doi:10.1016/j.jsp.2005.04.007.
- Hitchcock, J. H., Sarkar, S., Nastasi, B. K., Burkholder, G., Varjas, K., & Jayasena, A. (2006). Validating culture- and gender-specific constructs: A mixed-method approach to advance assessment procedures in cross-cultural settings. *Journal of Applied School Psychology*, 22(2), 13–33. doi:10.1300/J370v22n02_02.
- House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology*, 14, 293–318. doi:10.1146/annurev.so.14.080188.001453.
- Izenman, P. (1980). Basic needs: The case of Sri Lanka. *World Development*, 8, 237–258. doi:10.1016/0305-750X(80)90012-1.
- Jayasena, P. H. A. N. S. (1989). *Schooling and its context in Sri Lanka: A study of effects of communal tensions on two ethnically mixed schools*. Unpublished dissertation, Monash University, VIC, Australia.
- Jayaweera, S. (2007a). *Gender, education and socialisation*. Colombo: Center for Women's Research.
- Jayaweera, S. (2007b). *Schooling in Sri Lanka*. In A. Gupta (Ed.) & A. Sadovnik & S. Semel (Series Eds.), *Going to school in South Asia: The global school room* (pp. 167–194). Westport: Greenwood.
- Karunathilake, I. M. (2012). Health changes in Sri Lanka: Benefits of primary health care and public health. *Pacific Journal of Public Health*, 24, 663–671. doi:10.1177/1010539512453670.
- Konradsen, F., van de Hoek, W., & Peiris, P. (2006). Reaching for the bottle of pesticide—A cry for help: Self-inflicted poisonings in Sri Lanka. *Social Science & Medicine*, 62, 1710–1719. doi:10.1016/j.socscimed.2005.08.020.
- Little, A. W. (2011). Education policy reform in Sri Lanka: The double-edged sword of political will. *Journal of Education Policy*, 26, 499–512. doi:10.1080/0268093.9.2011.555005.
- Liyanaige, I. K., Wickramasinghe, K. W., Ratnayake, H. E., Palmer, P., Matthews, D. R., & Katulanda, P. (2013). Use of illicit substances among schoolchildren in Colombo District, Sri Lanka. *Substance Abuse*, 34, 137–142. doi:10.1080/08897077.2012.726961.
- Miller, K. E., Fernando, G. A., & Berger D. E. (2009). Daily stressors in the lives of Sri Lankan youth: A mixed methods approach to assessment in a context of war and natural disaster. *Intervention*, 7(3), 187–203. <http://www.ourmediaourselves.com/archives/73pdf/73%20miller.pdf>. Accessed 5 Oct 2012.
- Ministry of Education (2010). *School census report*. Ministry of Education, Isurupaya. Battaramulla, Sri Lanka.
- Nastasi, B. K. (2008). Advances in qualitative research. In T. Gutkin & C. Reynolds (Eds.), *The handbook of school psychology* (4th ed., pp. 30–53). New York: Wiley.
- Nastasi, B. K., & International Psychological Well-Being Research Team (2012). *Promoting Psychological Well-Being Globally project*. [Updated study procedures]. New Orleans: Department of Psychology, Tulane University.
- Nastasi, B. K., & Jayasena, A. (2006). *Mental health promotion post-tsunami curriculum*. Weligama, Sri Lanka. Walden University, USA. Centre for Women's Research (CENWOR), Colombo, Sri Lanka.
- Nastasi, B. K., Pluymer, K., Varjas, K., & Bernstein, R. (1998a). Mental health programming and the role of school psychologists. *School Psychology Review*, 27(2), 217–232. <http://web.b.ebscohost.com.libproxy.tulane.edu:2048/ehost/detail?sid=1df6e721-5da7-466c-8fb8-9ff7d54b129%40sessionmgr115&vid=2&hid=128&bdata=JnNpdGU9ZWhvc3QtbnG12ZSZZy29wZT1zaXRl#db=tfh&AN=898747>. Accessed 5 Oct 2012.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998b). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276. <http://www.nasponline.org/publications/spr/abstract.aspx?ID=1423>. Accessed 5 Oct 2012.
- Nastasi, B. K., Varjas, K., Bernstein, R., Hellendoorn, C., Brewster, M., Hitchcock, J., Kowal, M. P., & Jayasena, A. (1999). *Program for mental health promotion in Sri Lankan schools: Curriculum manual & instructional guide*. (Developed for implementation in the Central Province Schools, Kandy, Sri Lanka). Albany: School Psychology Program, University at Albany, State University of New York.
- Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, D.C.: American Psychological Association.
- Nastasi, B. K., Hitchcock, J. H., Burkholder, G., Varjas, K., Sarkar, S., & Jayasena, A. (2007). Assessing adolescents' understanding of and reactions to stress in different cultures: Results of a mixed-methods approach. *School Psychology International*, 28(2), 163–178. doi:10.1177/0143034307078092.
- Nastasi, B. K., Hitchcock, J. H., Varjas, K., Jayasena, A., Sarkar, S., Moore, R. B., Burden, F., & Albrecht, L. (2010). School-based stress and coping program for adolescents in Sri Lanka: Using mixed methods to facilitate culture-specific programming. In K. M.

- T. Collins, A. J. Onwuegbuzie & Q. G. Jiao (Eds.), *Toward a broader understanding of stress and coping: Mixed methods approaches. The Research on Stress and Coping in Education Series* (Vol. 5, pp. 305–342). Charlotte: Information Age Publishing.
- Nastasi, B. K., Jayasena, A., Summerville, M., & Borja, A. (2011). Facilitating long-term recovery from natural disasters: Psychosocial programming in tsunami-affected schools of Sri Lanka. *School Psychology International*, 32, 512–532. doi:10.1177/0143034311402923.
- Nayanah, S. (2010). Sri Lanka struggles with mental health burden. *The Lancet*, 375(9718), 880–881. doi:10.1016/S0140-6736(10)60370-4.
- Peebles, P. (2006). *The history of Sri Lanka*. Westport: Greenwood.
- Perera, H. (2004). Mental health of adolescent school children in Sri Lanka. *Sri Lanka Journal of Child Health*, 33, 78–81. doi: http://dx.doi.org/10.4038/sljch.v33i3.642. Accessed 5 Oct 2012.
- Sri Lanka Constitution. (2000). Chapter 6, Article 27. <http://www.priu.gov.lk/Cons/1978Constitution/Introduction.htm>. Accessed 5 Oct 2012.
- Sri Lanka Department of Census and Statistics. (2001). *Census of population and housing 2001*. http://www.statistics.gov.lk/PopHouSat/Pop_Chra.asp. Accessed 5 Oct 2012.
- Sri Lanka Department of Census and Statistics. (2002). *Headcount index and population below poverty line by DS Division – Sri Lanka: 2002*. <http://www.statistics.gov.lk/poverty/small%20area%20reportNEW.pdf>. Accessed 5 Oct 2012.
- Sri Lanka Department of Census and Statistics. (2012a). Population by religion according to districts, 2012. *Sri Lanka census of housing and population*. <http://www.statistics.gov.lk/PopHouSat/CPH2011/index.php?fileName=pop43&gp=Activities&tpl=3>. Accessed 4 Aug 2014.
- Sri Lanka Department of Census and Statistics. (2012b). Population by sex and age, 2012. *Sri Lanka census of housing and population*. <http://www.statistics.gov.lk/PopHouSat/CPH2011/index.php?fileName=pop41&gp=Activities&tpl=3>. Accessed 4 Aug 2014.
- Sri Lanka Ministry of Health. (2013). *Vision.About us*. Ministry of Healthcare and Nutrition. http://203.94.76.60/health/eng/index.php?option=com_content&view=article&id=297&Itemid=82. Accessed 4 Jul 2014.
- Strein, W., Hoagwood, K., & Cohn, A. (2003). School psychology: A public health perspective I, Prevention, populations, and systems change. *Journal of School Psychology Review*, 35, 23–38. doi:10.1016/S0022-4405(02)00142-5.
- UNICEF. (2006). *Excluded and invisible. State of the world's children*. New York: UNICEF. http://www.unicef.org/sowc06/pdfs/sowc06_fullreport.pdf. Accessed 5 Oct 2012.
- Varjas, K., Nastasi, B. K., Moore, R. B., & Jayasena, A. (2005). Using ethnographic methods for development of culture-specific interventions. *Journal of School Psychology*, 43, pp. 241–258. doi:10.1016/j.jsp.2005.04.006.
- Vimaladharma, K. P. (2003). *Women in the Kandyan Kingdom*. Kandy: Varuni Publishers.
- Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. New York: Free Press.
- Weiss, B., Ngo, V. K., Dang, H., Pollack, A., Trung, L. T., Tran, C. V., Tran, N. T., et al. (2012). A model for sustainable development of child mental health infrastructure in the LMIC world: Vietnam as a case example. *International Perspectives in Psychology: Research, Practice, Consultation*, 1, 63–77. doi:10.1037/a0027316.
- WHO (World Health Organization). (2001). *Through children's eyes: A collection of drawings and stories from the WHO global school contest on mental health*. http://apps.who.int/iris/bitstream/10665/67177/1/WHO_NMH_MSD_WHD_01.2.pdf. Accessed 5 Oct 2012.
- WHO (World Health Organization). (2008). *Mental health fact sheet*. WHO Country Office, Sri Lanka. 278 Baudhaloka Mawatha, Colombo 7. http://www.whosrilanka.org/LinkFiles/WHO_Sri_Lanka_Home_Page_Mental_Health_Factsheet.pdf. Accessed 14 May 2012.
- WHO (World Health Organization). (2012). WHO country cooperation strategy: Sri Lanka, 2012–2017 – Democratic Socialist Republic of Sri Lanka. (New Delhi, India: World Health Organization, Country Office Sri Lanka). *BMC Public Health* 2007, 7, 13. doi:10.1186/1471-2458-7-13.

Children of Tanzania: Culturally Specific Resilience and Vulnerability

14

Robin Spencer Peterson and Martha Jane Giles

Introduction

The United Republic of Tanzania is a country comprising the union of the countries of Tanganyika and Zanzibar in 1964. It is located on the eastern coast of sub-Saharan Africa with Kenya on the northern border: Rwanda, Burundi, Uganda, and the Democratic Republic of the Congo to the West and Zambia, Malawi and Mozambique to the south. It is bordered on the east by the Indian Ocean. As of December 2012, the estimated population of Tanzania was 47.8 million, over 50% of whom were under the age of 18 (World Health Organization, WHO, 2014). Ninety-nine percent of the population is native African and identified by tribal affiliations comprising 120 language groups; the remaining 1% is made up of European, Asian, and Arab descendants. The people of Tanzania are divided into approximately 62% Christians, 35% Muslims, and 3% followers of indigenous religions. The population distribution is extremely uneven, with density varying from 1 person per square kilometer (3/mi²) in arid regions to 51 per square kilometer

(133/mi²) in the well-watered mainland highlands, and 134 per square kilometer (347/mi²) on Zanzibar. More than 80% of the population is rural, with tribal agriculture being the most prevalent. Nearly 75% of the gross national product (GNP) stems from the country's agribusiness, primarily coffee, and spices, although only 4% of the country's land is arable for agricultural endeavors (United Republic of Tanzania, Bureau of Standards, 2013). On average, the annual per capita income is US\$ 1230, and the life expectancy for men and women is 48 years (WHO, 2007). Tanzania designates 18.2% of the national budget for health care, which comes to about US\$ 45 annually per person (United Republic of Tanzania, 2009). The Tanzanian Ministry of Health and the World Health Organization (WHO, 2014) report that 7% of the total health budget is allocated to mental health by the Tanzanian government, whereas mental illness is expected to be 75% of the disease burden in Tanzania by 2030. Tanzania is ranked 6th highest in the world for death rates due to HIV/AIDS (Central Intelligence Agency, CIA, 2014). One out of 16 individuals in Tanzania is an orphan, and more than 50% of the population is under 18 years of age. This leaves many of the children of Tanzania without parents who would normally provide support and advocacy.

With 99% of the population being native African and having a specific tribal affiliation, it is difficult to describe a national, traditional Tanzanian culture. Each tribe has its own customs and belief systems, but there are some overarching similarities consistent with collectivist cultures.

Portions of this chapter were originally written as part of Robin Peterson's Doctoral Dissertation at Walden University.

R. S. Peterson (✉)
Arusha Mental Health, Arusha, Tanzania
e-mail: robin@dorobo.co.tz

M. J. Giles
Walden University, Minneapolis, Minnesota, USA

Each of these groups operates within an extended family or clan structure. The clan structure provides for mutual support and a hierarchy to ensure the common good of the clan. Elders in the clan provide decision making and resolution of disputes and perform ceremonial roles. The role of women and girls within the clan system can be described as caretaking. They take care of the smaller children, livestock, weed gardens, and daily chores in the home including cooking, laundry, cleaning, gathering firewood, and water.

The Tanzanian Development Vision 2025 (Tandari, 2001) states that the Tanzanian government and government policy are working toward high-quality livelihood, peace, stability and unity, good governance, a well-educated and learned society, and a competitive economy capable of producing sustainable growth and shared benefits. In pursuit of these goals, the document specifically states that equal empowerment of men and women, boys and girls, young and old, and able-bodied and disabled is a goal of the government. This document outlines the plan to redress all gender and racial imbalances and includes law and education. Tandari's (2001) document also calls for reforming culture, particularly to ensure equality between male and female citizens and nondiscrimination based on sex, age, ethnicity, or disability. The inherent strengths of the Tanzanian culture, described by Tandari (2001), are national unity, social cohesion, peace, and stability. One of the driving forces is a commitment to, and empowering of, positive cultural values.

In June 2001, the president of Tanzania (President Mkapa) spoke to the International Labour Organization regarding the situation of child labor in Tanzania that interferes with psychological, physiological, and social development (for complete discussions of this subject, see *Special High-level session, 2001*). President Mkapa specifically mentioned enslavement, and the worst form of enslavement he named was the sex trade. Child sexual abuse in Tanzania is related to poverty and lack of support services (Kisanga, Nystrom, Hogan, & Emmelin, 2011). President Mkapa (*Special high-level session, 2001*) spoke of an international responsibility to support na-

tional plans and policies against child labor and the root causes of the enslavement of children.

Of particular interest in the *Special high-level session (2001)* are five main points emphasized by the Tanzanian President Mkapa: (a) tension between traditionalism and modernity; (b) disparity between urban and rural populations in economic reforms; (c) cultural practices of early marriage; (d) sexual abuse; and (e) early pregnancies, as they prevent girls from completing their formal education. In his address to the International Labour Organization (*Special high-level session, 2001*), President Mkapa emphasized his commitment to policy reforms at all levels of society to keep more children in school and better prepare them for the challenge of being responsible and participatory adults. With over 50% of the total population being under 18, this is a critical commitment.

The specific group that provided the data for this study is a collection of people in a suburban area outside of Arusha, Tanzania, called Olasiti. This is not a tribally homogenous group of people, but a cluster of persons living outside of a major city. The Arusha district has a population of over one million people of mixed ethnicities, tribal affiliations, and nationalities. The village setting consists of traditional peoples (i.e., the Waarusha) in addition to immigrants from other tribes, mainly emigrating from rural areas. Traditional Tanzanian tribal structures and customs have been lost as families and individuals have formed new communities in this area that do not maintain the individuals' previous tribal structure. An additional issue is the lack of adults to protect and advocate for youth due to the mortality rate through the spread of HIV/AIDS. Moreover, of particular interest in this study is the status of women and girls.

Women and the Law

Historically, the law has not encouraged the rights of girls or women. In spite of a 1996 law permitting pregnant girls to return to school after maternity absences, it has been a widespread practice to

force pregnant adolescent females out of school (Tanzanian Ministry of Education & Vocational Training, 2014). In Zanzibari law, a pregnant woman may be jailed if she is unmarried and under 21 years of age (Kaiser, 1996). In 1997, one in five girls at the secondary school level quit school due to pregnancy (Tanzanian Ministry of Education & Vocational Training, 2014). Though there are laws that protect the rights of women to own property (*Land Act and Village Land Act, 1999*), in reality, these laws are not consistently enforced and many women do not know how to access support services. Even with existing and new laws protecting girls' rights to inherit land, implementation of the law is still a problem for children with limited education, limited resources, and little support outside of the family members who are often the perpetrators of injustice, or are absent.

In November of 2009, the *Law of the Child Act* (LCA) was adopted, replacing several outdated laws and incorporating more comprehensive child protection statutes (Law Reform Commission of Tanzania, 1994) in accordance with the Convention for the Rights of the Child (United Nations, 1994). Improvements brought about by this law addressed important issues of discrimination, the right to a name and a nationality, the duties of parents, the general duties of children, the right to have an opinion, protection from hazardous work and exploitative child labor, and the right to protection. The new law rectified many inconsistencies in the previous laws, but there are still many vague statements which may allow injustices and some inconsistencies which may be exploited (Global Network of Religions for Children Peace Clubs, GNRC, 2009). For example, there are no definitions of "abuse" in the law, which renders a great deal of the document meaningless; it is difficult to implement law when the basic concepts are not defined in a culturally agreed upon and specific manner (GNRC, 2009).

Although LCA (2009) acknowledges many important factors required for children to grow well and develop as healthy individuals, it still falls short of the United Nations guidelines. The United Nations Convention of the Rights of the Child was ratified by the Tanzanian government

in 1994, but LCA of 2009 was the first attempt to put those guidelines into effect at the national level in Tanzania (*Tanzania passes landmark Law of the Child*; UNICEF, 2009).

Educational Practice and Psychological Well-Being

The power differentials between students and teachers, teaching methods, curriculum, disciplinary methods, and parent expectations all play a part in the poor educational outcomes among Tanzanian youth (Mohamed & Banda, 2008). Without serious intervention, these problems perpetuate poorly educated children and adolescents, and may serve to maintain a social system of male gender and age dominance (Mohamed & Banda, 2008). Girls are particularly disadvantaged when it comes to education. According to the Tanzanian Bureau of Statistics (*Mental Health Atlas*; World Health Organization, WHO, 2005), the literacy rate in Tanzania is 70%, with rates at 80% for males and 57% for females. This is due to several factors, not the least of which is early pregnancy and marriage. Girls also are expected to work at home and are often unable to pass exams which would allow them into secondary school because of poor teaching, limited curriculum and materials, and time-consuming household duties (United Republic of Tanzania, Bureau of Statistics, 2012).

Corporal punishment is the most frequently used form of punishment in Tanzanian schools (Feinstein & Mwahombela, 2010). Children are punished for infractions from tardiness to misbehavior. Most students, teachers, and parents do not know of the laws that restrict corporal punishment in secondary schools. Only the headmaster may apply corporal punishment and may only use four strokes, not six strokes as previous laws allowed (*Corporal punishment of children, 2014*). Researchers (Abolfotouh, El-Bourgy, El Din, & Mehanna 2009; Elbla, 2012) have studied corporal punishment in developing nations and found it to be contraindicated in psychological well-being. The findings suggest that corporal punishment can lead to depression, anxiety, and lowered self-worth. The continued use of corporal punishment in schools underscores that fact

that although there are laws in effect to protect and provide for children, specifically females, they are often unknown or ignored.

Commitment to Positive Changes for Girls

Tanzania is committed to positive change for girls. Evidence of this commitment is found on several levels in Tanzanian laws and policies (*Special high-level session*, 2001; Tandari, 2001). The psychological well-being of Tanzanian girls is intertwined with the mitigating factors faced by people in developing countries. There are many limitations to health care in Tanzania, including a lack of resources and a quickly growing population. To use the information collected on the psychological well-being of girls in Tanzania in any real way, it must be put into context of culture and the realities of a developing economy.

Sitta (*Impeding Tanzanian efforts*, 2007) identifies physical and sexual violence, economic problems, and psychological and emotional abuse as the main challenges facing females in Tanzania today. She claims that the Tanzanian government has made progress to better support females in these areas; however, she also calls for a concerted effort to publicize the problem, educate policy makers and stakeholders, and demand enforcement of existing laws for the protection of girls. The Tanzanian government developed a plan of action in 2001 to combat violence (*Special high-level session*, 2001), but it has still not reached the target population.

Background to the Research

The confluence of poverty and local and national attitudes about child rights, especially young girls' rights, raise important issues regarding the differences in research in developing countries in contrast to developed nations. That is, the level of poverty and the definition of disadvantaged and vulnerable are notably different in developed and developing nations. In a similar vein, the definition of success and positive outcomes is some-

times different. Success in a developing country may be as basic as survival and the ability to endure daily life, rather than obtaining a high school diploma and getting a job to supply daily needs (Greenblatt & Robertson, 1993). Different assumptions about success, failure, and standards of resilience are both regional and a factor of gender. To understand these assumptions, one must look at the cultural and gender-based beliefs of the individuals involved.

Bronfenbrenner (1992) ecological theory serves as the foundation for conceptualizing resilience and vulnerability in this study. His theory holds that there are five environmental systems that influence development of the individual: (a) the microsystem, the immediate environment, or context within which the individual functions and that directly influences the individual (e.g., family, neighborhood, school, and peers); (b) the mesosystem, the connections between systems (e.g., relationship between family and school) which indirectly influence the individual; (c) the exosystem, which represents the environment in which the immediate context is embedded and which has indirect influence on the individual (e.g., teachers' beliefs about girls as influenced by external factors); (d) the macrosystem, the culture in which microsystem, exosystem, and mesosystems are embedded and that influences interactions in the microsystem; and (e) the chronosystem, the developmental stages or pattern of environmental events and transitions (e.g., death of a loved one). Furthermore, the individual is considered an active agent who can influence the environment. Thus, the individual's characteristics and behaviors influence the interaction with and reactions of the social agents within the ecosystem, and the interaction between the individual and the ecosystem is considered to be reciprocal.

Consistent with Bronfenbrenner's theory, Brook, Morojele, Zhang, and Brook (2006) proposed a categorization scheme for ecological contexts that was used to inform data analysis and interpretation in this study. Also informing analysis and interpretation were a set of risk and protective factors identified via a comprehensive literature review. We used Brook et al.'s scheme

(depicted in Appendix A) as the basis for categorizing risk and protective factors within respective ecological contexts: proximal (personal), intermediate (peers, school, family and community), and distal (national and international policy).

Research on Vulnerability and Resilience in Developing Countries

The situation in Tanzania is daunting, as suggested by several social science researchers (Kurowski, Wyss, Abdulla, & Mills, 2007). Resources are limited, and traditional structures are breaking down due to immigration and displacement (WHO, 2005). The healing institutions replacing traditional Tanzanian structures are not as effective as the previous ones in establishing or maintaining psychological well-being. Poverty and limited access to education and resources are especially difficult challenges for vulnerable populations.

Spencer et al. (2006) define *vulnerability* as the balance of risk and protective factors in the child's life. As there is no research in Tanzania regarding these factors, a comprehensive literature review served to identify both risk and protective factors as a basis for the semantic differential scale (see Appendix A) that, in turn, guided data analysis for this study. The limited research conducted in other developing countries suggests that many of these risks and protective factors are similar within developing nations.

Luke (2003) studied transactional sex (i.e., sex for remuneration) in sub-Saharan Africa, a phenomenon not unique to Africa, but nonetheless a serious risk factor for girls in developing nations. Results indicated that adolescent African girls are especially vulnerable because of a weaker bargaining position, economics, many available sex partners, lack of knowledge, and lack of maturity for decision making. Furthermore, young girls bring high status to older men and are presumed to be less likely to have HIV, making them especially vulnerable in the sex trade.

According to data available from the Demographic and Health Survey (The United States

Agency for International Development, USAID 2012), large numbers of 15–19-year-old unmarried girls in East Africa were exchanging sex for money, gifts, or favors. In the 12 months prior to the respective periods (specific year/years in parentheses), the percentages were: Kenya (1998), 20.9%; Zambia (1996), 38.4%; Uganda (1995), 31%; and Chad (1996–1997), 28.7%. The percentages of unmarried men who gave or received money, gifts, or favors in the same 12-month period were: Zambia (1996), 39.3% and Chad (1996–1997), 49.6%. These data suggest that sexual behavior exchanged for remuneration is a risk factor for adolescent girls in East Africa.

According to the Joint United Nations Program on HIV/AIDS (UNAIDS, 2004), 57% of the adults with HIV in sub-Saharan Africa are female, and nearly 30% of girls have been sexually molested and abused before the age of 18 years. The United Nations International Children's Emergency Fund (UNICEF, 2011) conducted a national study in 2009 to examine violence against children and women. They found that, specific to Tanzania, 3 out of every 10 girls experienced at least one forced sexual encounter prior to the age of 18. One third of females who reported having their first sexual experience prior to 18 also reported that they were an unwilling partner.

Given these statistics, effective interventions are especially important in countries where resources are very limited and poverty is the normal state of the population. Kazdin (2008) discussed the need to improve patient care by bridging the gap between clinical research and culturally appropriate practice. Unfortunately, current intervention research conducted in Tanzania primarily focuses on medical and disease issues, to the neglect of psychological well-being research. Consistent with Kazdin's (2008) claims, the need exists in Tanzania to examine the spiritual, psychological, and economic issues facing these vulnerable populations. The factors that influence vulnerability and resilience may provide the basis for research that can be applied to developing intervention programs and strategies to enhance resilience.

Looking Toward the Future

According to existing research (Bender et al., 2007; Gralinski-Bakker et al., 2004; *Impeding Tanzanian efforts*, 2007; Place, Reynolds, Cousins, & O'Neill, 2002; *Special high-level session*, 2001; Spencer et al., 2006; Tandari, 2001), there are many possible directions for the positive development and resilience of all vulnerable people, particularly girls, in Tanzania. Schools, families, and community-based mental health programs have proven to be the most effective forms of service provision in other developing countries and may work well in Tanzania (Nastasi, Moore, & Varjas, 2004). To facilitate sustainable, long-term gains, schools and community programs could use research to inform efforts to meet the needs of the local culture. However, instead of relying on existing research from other parts of the world, reliable data about resilience and vulnerability is needed for the Tanzanian population. The current study provides such a database that can inform strategies to build resilience in the local context.

Summary

Kurowski et al. (2007) describe the health-care problems in Tanzania as daunting. Needs are great, and resources are limited. Makame and Grantham-Mcgregor (2002) suggest that intervention programs need to meet basic physical needs as well as provide psychosocial support, counseling services, and training for teachers and caregivers. This makes intuitive sense and would be more effective if services and definitions of well-being are generated by key stakeholders within the local community (Nastasi et al., 1998). The research reported in this chapter defines resilience and vulnerability from the perspectives of children in this local context in Tanzania and identifies risk and protective factors as they are recognized by members of the village in northern Tanzania. These data, in turn, could provide the basis for developing much-needed interventions for vulnerable populations. A sense of belonging in the community is just as impor-

tant as basic physical needs, consistent with other cultures (Gralinski-Bakker et al., 2004). Mental health may become as high a priority as other health issues, given the dire warnings from the World Health Organization (WHO, 2014) that mental health will comprise 75% of the total disease burden by 2030. The research in the current study identified traditional Tanzanian networks helpful in protecting children and which may be supported for the purpose of fostering resilience. This determination was critical in terms of caring for the increasing numbers of orphaned and vulnerable children in Tanzania and the family members and communities struggling to meet their needs with limited resources. Culture-specific understanding of constructs of resilience and vulnerability can inform the development of culturally appropriate interventions relevant to various social contexts (e.g., families, schools, and service providers) and national policy.

Methodology

Researchers and interventionists contend that assessment of the needs of the population is an important first stage in developing programs, and such assessment needs to take into account specific cultural and contextual factors (Gouws et al., 2005; Tibandebage & Mackintosh, 2005). Psychological well-being has not been examined for the population of children in the local context of Tanzania where we conducted our research.

Qualitative research, and particularly, phenomenological methods are most appropriate for understanding complex social constructions (Creswell, 2007). These methods provide an understanding of lived experiences and the meanings of these experiences from the perspectives of participants. In this instance, phenomenological methods can facilitate our understanding of the complex lived experiences and meanings related to resilience and vulnerability of children living in northern Tanzania. In this study, phenomenological methods were used to answer two questions: (a) What risk, vulnerability, and protective factors related to psychological well-being have children living in northern Tanzania

experienced? (b) What environmental factors influence those experiences? This approach is most appropriate because it facilitates the description of the phenomenon of psychological well-being, particularly with regard to resilience and vulnerability, through the specific vocabulary and perspectives of individuals in the specific culture of Olasiti village, in northern Tanzania (Creswell, 2007; Nastasi et al., 2007).

Design of the Study

The current study used a qualitative phenomenological design to collect data about the culturally specific experiences of resilience and vulnerability in a northern Tanzanian population. It described environmental factors which are perceived as beneficial or detrimental to psychological health. Existing research provided an extensive list of risk and protective factors related to resilience and vulnerability, and those factors were compared to the data collected in a northern Tanzanian population. No research is available that indicates that resilience and vulnerability are the same in the Tanzanian culture as identified in other cultures. Therefore, the goal of this study was to identify risk and protective factors, particularly for girls in Tanzania, which would also permit comparison to existing research from other cultures.

The data for the current study were obtained from participants in the target area of northern Tanzania between June of 2008 and November of 2009, following the cross-site protocol for the

Promoting Psychological Well-Being Globally (PPWBG) study outlined in Chap. 2. The Tanzanian Commission of Science and Technology granted permission and research clearance based on a research prospectus for gathering this data in 2008.

Participants

Participants specific to the northern Tanzanian population under the PPWBG study included 25 children (ages 6–12 years), 37 adolescents (ages 13–17), 25 teachers, 23 parents, and 7 service providers or administrators (see Table 14.1 for a breakdown by group and sex). The participants were purposively chosen as representative of the population in terms of demographics and social context. The participants were all living in the same geographical location. The sampling was intended to be representative of the local community, and quotas for the different groups were determined in advance. Children were chosen based on age and gender, and a representative number of them were orphaned children; that is, the percentage of orphans in the study was reflective of the percentage of orphans in the village of Olasiti in relation to the overall population of Olasiti. The adolescents also were chosen by age and gender, and a representative number of them were in boarding school as opposed to living at home. Adult participants were either parents of school-aged children or teachers of children or adolescents. Seven participants were health-care providers within the Arumeru district, in

Table 14.1 Study participants by group and gender

Participants	Male	Female
Children, 6–12 years old	13	12
Adolescents, 13–17 years old	19	18
Primary school teachers	0 ^a	8
Secondary school teachers	11	6
Parents	11	12
Service providers/administrators	4	3
Total	58	59

^a No male primary school teachers were included in the sample because all primary school teachers in this village were female

the Arusha Region of Tanzania, and were either school administrators or nursing staff working in the government health service.

Data Collection

Data were collected using focus groups, individual interviews, and, with students, ecomaps, based on the procedures for the PPWBG study (see Chap. 2). Data were collected in the primary language of the participants, Kiswahili. The data used to describe the lived experience of the participants in this study were translated and transcribed in Kiswahili, using the back-translation method. The Kiswahili was recorded verbatim, translated to English, and translated back to Kiswahili by people well versed in both languages. Attention to language and nuance was reliable, as it was exactly the same from the original translation. The transcriptions and tentative translations were done by the investigator (first author) and were checked and verified by other bilingual members of the Arusha Mental Health Trust in 2008.

Data Analysis

The data analysis was primarily done by the principal investigator (first author); some clarifications were provided by colleagues at the Arusha Mental Health Trust. Cultural issues arising in the data coding were managed by the researcher with the advice and assistance of bilingual translators who were members of the Tanzanian culture being researched. Many conversations ensued about the perceptions of different cultural expectations and the understanding of behaviors associated with resilient people. For example, in some cultures, a resilient child is one who strikes out on her own, moves to a new town, gets a job and remains single until her late 30s; this is not necessarily considered resilient in the Tanzanian context. A better example of resilience might be to finish secondary school, marry at 20, start a small business, and get along well with in-laws.

The data analysis was altered in several places according to the advice of Tanzanian colleagues ensuring that the protective factors were categorized according to members of this culture and not the culture of the researcher who was originally from the USA.

One variation from the cross-site protocol (described in Chap. 2) was that ecomaps (drawings) completed by younger children were analyzed by talking with the children about the social connections they included in the drawings; these data provided information on the situations and people regarded as most important in the children's lives. The relative power and influence of each person identified were noted and subunits or components of different areas identified. For example, the child may have grouped family members together and separately from teachers and medical staff. The components grouped together indicate socially cohesive units, which may work in concert with, or in opposition to, other subunits (Schensul, LeCompte, Trotter, Cromley & Singer, 1999). To guide analysis, a semantic differential scale (Appendix A) was developed through a comprehensive review of the existing literature on resilience and vulnerability, to yield factors delineated by ecological context: proximal (personal), intermediate (peers, school, family, and community), and distal (national and international policy), as described by Brook, Morojele, Zhang, and Brook (2006). Appendix A shows the resilience and vulnerability factors specific to respective ecological contexts (based on existing research) that were endorsed by the respective participant groups (i.e., mentioned in the focus groups, interviews, or ecomaps). This table depicts the similarities and differences between the data collected in the northern Tanzanian population and existing research findings (that do not include Tanzania).

Member Checking

Member checks were conducted over the course of 2009 and 2010 to confirm the investigator's interpretation of psychological well-being as it

was manifested in thoughts, feelings, and behaviors in this cultural context. Two workshops, held by two different NGOs in the area, allowed the researcher an opportunity to share preliminary findings with individuals working with children in multiple capacities. The first workshop was conducted with the Caucus for Children's Rights, an organization based in Arusha, comprising Arusha Municipal Council members and nongovernmental organizations based in Arusha, and committed to the protection of children. At a two-day workshop, 25 Tanzanian members of the Caucus provided data for a document outlining essential children's needs to ensure their optimal development and that the government must support for the development of the nation. A second workshop, with 62 members of different African ethnic groups from East Africa, was focused on human development. At the end of that workshop, the group put together specific criteria for positive development and services and products which could be provided to children, adolescents, and adults for positive development. This information was recorded, became part of the follow-up and member checks, and affirmed the factors of human development identified in the original data collection from a different group of people.

Researcher Bias

Reducing researcher bias in data collection, coding, and interpretation can pose many challenges, especially in cross-cultural research. In terms of *epoche* (Moustakas, 1994), an important part of reducing bias is to acknowledge the influence of one's values and beliefs about positive human development and what constitutes success and wellness, during the process of data collection, coding, and interpretation. The primary researcher for this study, although working and living in Tanzania since 1982, was born and raised in the USA and has a bias against corporal punishment and opinions on how and why children should be protected by family, community, and government. The researcher was raised in an individualist culture, whereas Tanzanian culture is more col-

lectivist. In doing this research, it was important to maintain neutrality in the way questions were framed, and answers interpreted, coded, translated, and analyzed. That bias in this cross-cultural research was a challenge, but was reduced by (a) awareness and open acknowledgment of the possibility of bias; (b) checking meaning at the time of data collection; (c) consultation with colleagues in the Arusha Mental Health Trust about data collection, analysis, and interpretation; and (d) member checks throughout the process and in subsequent workshops.

This study was trustworthy because of the assistance of third party, bilingual colleagues who challenged the researcher and guaranteed culturally appropriate data collection, translation, coding, and analysis. The assistance of Tanzanian Kiswahili-speaking colleagues in the Mental Health Trust and other supportive NGOs was essential in appropriately categorizing people, situations, and emotional and behavioral responses of children and adults when the interpretation of verbatim statements was counter to the researcher's cultural expectations. The researcher also kept a journal to record thoughts during data collection.

The beliefs and values of parents and teachers from the target culture were reflected in the data and thus helped to ensure that coding/interpretation was culturally relevant even when the researcher's interpretation differed. For example, children stated that they were not angry about being physically hit as long as they thought the reason was fair and that they understood the reason for the punishment. Thus, physical punishment was coded as a stressor only when the child identified it as a stressor. Another example comes from the researcher's journal; a male secondary school teacher defined depression as "a loss of ability." After a lengthy conversation with a group of parents and teachers, the researcher suggested that losing concentration and memory was a symptom of depression, and not the definition of depression. The adults agreed to this eventually and named several other behavioral manifestations of depression like crying, loss of appetite, and loss of sleep. Furthermore, the emotional

feelings, behaviors, and situations described in the data were accurately interpreted according to two-member checking groups previously described.

Findings and Interpretation

Resilience is defined as an individual's capacity to attain psychological, spiritual, physical, and emotional well-being in the face of adversity (Ungar, Ghazinour & Richter, 2013); *vulnerability* is defined by those risk factors which impede that capacity. This study's findings (summarized in Appendix A) show that the factors of resilience and vulnerability fall within the social-ecological framework of child development (Bronfenbrenner, 1992). Physiological needs are recognized as the most important factor; in addition, safety was mentioned by nearly all of the respondent groups. The need for interaction with others, as in the ecosystem, is confirmed in the data as being part of a family structure, peer group, and social network. Obedience and conforming to cultural norms were identified by all participant groups. Having friends and caring adults were identified as protective factors and situations which enhance positive development. Access to education and doing well in school were agreed upon as fundamentally important.

All of the participant groups recognized underlying protective factors such as good nutrition and basic necessities, housing, and clean water. These factors, together with being part of a family and having access to education, were considered most important. Obedience and conforming to cultural norms, identified by all groups as protective factors, manifest primarily in the ability to maintain relationships within the family, extended family, and community.

All participant groups of children, adolescents, and adults in the study mentioned the behaviors seen in people who are suffering and vulnerable. These included somatic symptoms, physical weakness, crying, loss of appetite, withdrawal and isolation, lack of energy or enthusiasm, noncommunication, sadness, and loss of concentration and memory.

Precursor to the Ecosystem: Child Characteristics and Needs

Resilience in children requires that they are protected and cared for through provision of basic physiological needs, safety, and medical care. Ecosystem factors impacting resilience and vulnerability include physical and temperamental factors which influence the way an individual interacts with the environment. Physical problems with children, including physical disability, hyperactivity or low energy, and mental or developmental disability are recognized as vulnerability factors. Similar to those populations in existing research, these are populations which require special protection, care, and consideration. Malnutrition and lacking basic needs for health were recognized by all of the respondents as vulnerability factors, as was a lack of personal safety. The respondents point out that the single most pervasive threat to the safety and care of children is substance abuse, specifically alcohol. A phenomenon commonly described in existing research is supported by the Tanzanian respondents: Children who are living with alcoholism are at serious risk of neglect and abuse and furthermore are likely to continue the pattern of substance abuse into the future.

Ecosystem

Within the overarching theme of relationship, respondents discussed three types of relationships interchangeably: family, teachers, and peers. Children were expected to be respectful of family and teachers, a norm which all of the respondents endorsed. In relation to peers, the predominant theme was to avoid negative peers and have high expectations of peers.

Parents reported that they expect young people "to be respectful of parents and elders" and "to solve the problems which are facing the family, including ignorance, famine, and poverty and disease," and "to help the parents attain a certain standard of living." All respondent groups identified as psychologically healthy, an individual who has a good economic situation, gets along

well in the community, and “conforms and obeys the community” while still being “self-sufficient and independent.” Children who are identified as psychologically healthy are more likely to succeed from the respondents’ perspective. Parents described “good” children as those who “[live] with others in the family, the community, and the wider district;” “live with others and see the needs of others;” and “follow the rules at school.” Findings indicated an interactive dynamic in which the family influences the child, and the child’s behavior reflects how well the family is raising the child.

Children and adolescents described “good” parents as people who are “closely tied to each other” and who “listen.” They indicated that physical, emotional, and spiritual care are important, such that parents need to “look after,” “calm,” advise,” “guide,” “teach,” “teach manners and courtesy (etiquette)” and to “teach them to be prosperous” and “how to live with others.” Consistently mentioned risk factors were poverty and alcohol abuse by parents, usually fathers.

In terms of peer relationships, young people stated that friends are important because they “laugh with you,” “help you,” and “play with you.” Adolescents specifically noted that a vulnerable person is one who has “no love for peers,” “does not cooperate with peers,” and who is “lonely.” It was reported that although peer relationships are important, family relationships are of primary importance.

According to teachers, good family relationships provide a forum for parents “to explain the things needed for a healthy life, [a life which] builds the community straight away and which makes the community pure and secure for the health of all.” Care providers in the community stated that if the family structure “is in place, it is enough.” If families are supported to be nurturing and provide safety and security for their children, the children and the community in turn “will go on well, it is enough. This is the one most important thing.”

Traditionally, in this group of respondents, parents expect their children “to look after the property which the family has accumulated for future generations,” “to care for parents and

grandparents,” and “to build them homes and to buy cows to support the family.” Children are expected “to be able to help parents maintain a certain standard of living.” The child is expected to do these tasks even in the face of family abuse, alcoholism, and nonsupport. Particularly for elderly women, children are the social network that will support them in their old age, and a “good” child is one “who lives with others and sees the needs of others” and who “follows the rules.”

Children and adolescents of both sexes stated clearly that “living without a family will bring problems” and increases vulnerability. The sentiments from children, adolescents, parents, teachers, and care providers indicate that, without a family structure and without a peer group for nurturance, support, and protection, an individual is likely to be unhappy and to act in socially unacceptable ways.

Sex Roles

Being male was recognized as a resilience factor, while being female or a member of a sexual orientation minority was recognized as a risk factor in both existing research (Gore et al., 1992; Lin et al., 2007; Makame & Grantham-Mcgregor, 2002; Rosenblum et al., 2005; Solorio et al., 2006) and in the data collected in Tanzania. Sexual choice and forced early marriage, mentioned by the adolescent girls, male teachers, and the care providers, served as the foundation for the discussion of gender roles. Both parents and children mention that “marrying at a young age” and becoming pregnant at a young age are barriers to education and in turn are barriers to success. Adolescent males and females suggest that teachers and parents discriminate between girls and boys, and that many families do not invest in girls’ education because they are expected to marry. Marriage and pregnancy means “leaving school early,” which also was discussed as a risk factor. On the other hand, statements such as “to value tradition” and “to conform and obey the community” often mean that young girls marry early and become pregnant before they finish their education.

Sexual and marriage choice were identified as important factors in research conducted in Ethiopia, another developing country (Erulkar et al., 2006). These factors were mentioned in the current study by adolescent females, service providers, and administrators. Interestingly, one care provider indicated that marriage choice was a point of contention between the school and traditional families. Most schools base their educational practices on the British school system. According to the British system, school is seen as the primary way for children to succeed, whereas traditional practices and culture encourage girls to marry young and bear children. Teachers within the school system identify that “girls suffer because they marry and bear children too early.” This difference in the definition of success causes a great deal of friction between teachers and administrators, and parents from traditional tribal backgrounds who may encourage their female children to marry early and leave school.

Adolescent girls stated that they were able to use their gender to trade sex for money to buy things that they needed. One 14-year-old girl said that she was glad she could do that, as she had something to trade when she needed shoes and no one would buy them for her. In coding the data, it was unclear to the investigator whether she would consider being female a resilience factor or a vulnerability factor. On the one hand, in North American and European research (such as that reviewed in this chapter), trading sex for money and material goods is generally thought of as risky and life threatening due to the possibility of illness and violence and is considered abusive for girls under 18 years of age. On the other hand, from the perspective of the desperate 14-year-old who needs shoes, one might interpret that being female is an asset, at least in the short term. Her resilience was in her belief that her sex is an asset for getting what she needs, and getting her needs met on her own develops autonomy; she was not suffering from low self-esteem or claiming that she was sexually abused. And, as noted in the literature review for this chapter, trading sex for money and material goods is common practice. None of the male respondents mentioned sex trading at all, and the data did not reveal any in-

formation on their feelings and thoughts on this subject.

In the face of distressing challenges, young females mentioned that they need a caring adult to talk to, persistence, an ability to work hard, and an ability to listen well and ask for help when there is someone who might be able to assist. Positive adaptations mentioned specifically by young adolescent girls also included an ability to recognize opportunities, cooperate, and be grateful, recognizing that others are “not as lucky.” Male adolescents tend to run away from problems and try to manage on their own more often than girls; they also express anger more often than sadness. The differences in the male and female expression of distress are summarized well by one of the secondary school teachers:

Normally, when the boys are feeling badly they are disorderly (chaotic, messy), they fight with each other, and they say bad things. The girls sit by themselves, they cry, and they feel that all people do not love her and do not care. They sit quietly. But if you ask if they have a problem, they all say there is no problem.

Female children specifically mentioned “too many children” as a vulnerability factor. As girls, they reported that they get less food and no education when money and other resources are limited. They also felt that fights between parents and neighbors and bad community relationships were problematic for healthy development. Male secondary school teachers listed traditions and traditional beliefs as a stressor for children, but they also acknowledged that the ability to meet expectations as defined by traditional Tanzanian belief structures and norms indicates “good character.”

Reward and Recognition

Self-esteem needs, in terms of rewards and recognition of good behavior, were affirmed by a great majority of the respondents. Recognition of good behavior takes the form of material rewards in both primary and secondary school, as noted by children and teachers. Children mentioned clothes, shoes, and school supplies as valuable

indicators of the adults' pride in them. Male and female children and adolescents mentioned material gifts as an expression of pride.

Education

All of the respondents identified education as a necessity. "A good education is the backbone of a good life," stated one of the respondents. The respondents did not appear to question the need for education for all children. Rather than discuss the importance of education, the discussions centered on issues between teacher and parents, and teachers and students. Care providers noted that teachers, care providers, and school administrators are often in conflict with parents because teachers give the children different information than they are getting at home. For instance, religious and traditional Tanzanian beliefs are often different from what is taught in school, and the teachers find themselves in the middle of a controversy. In the words of one teacher:

Many young people are "caught on the spear" of changes in the society. At home these things in education collide with their progress in the community. For example, many young people are in school getting an education, participating without discrimination between each other. But when they go home the girls are sent off course with heavy responsibilities and the example in the society is at odds with the responsibility of the leadership as they are being taught.

Girls within the school are taught alongside boys and have the same expectations as boys, yet at home they are often relegated into a lesser standing.

Outward Signs of Resilience

Care providers stated that a healthy child or adolescent has a positive outward appearance. One person stated that "a person who looks smart and neat" is an intelligent and well-adjusted person. Emphasis was placed on clothes and shoes as valued rewards for children, which is consistent

with the contention that looking well dressed and well groomed is an indicator of being competent and doing well.

Obstacles to Change

All of the participant groups mentioned alcoholism as a major problem in the healthy development of children. Alcohol abuse was recognized as a source of sequelae of trouble: Money is spent on alcohol instead of food, medical care, and school expenses, and alcohol abuse often results in domestic violence, abuse, and conflict with community members and the extended family.

Summary

The findings were viewed through Bronfenbrenner's (1992) socioecological model, paying particular attention to the importance that participants placed on specific descriptions of strengths and vulnerabilities. All participants identified safety, security, and health as primary in the development of psychological well-being. Without food or shelter, the participants did not feel that healthy development could take place. The interaction with others, particularly family and teachers, was viewed as important to development. Thus, basic physical needs and social relationships were identified as critical to resiliency in this culture. In contrast, culture and laws were identified as key vulnerability factors in the development of psychological well-being for girls.

Suggestions for Intervention

The findings suggest several areas that are paramount for the development of resilience in Tanzanian youth. The first are safety and security, which in many instances is absent for youth who have lost parents to the HIV/AIDS pandemic. The second are the laws and traditions that affect youth and increase vulnerability.

Caring for Children

The participants all identified the most important factor in building resilience as having a caring adult to shelter, protect, and nurture a child. This person does not necessarily have to be the mother, but the evidence that a committed and responsible caregiver is fundamental to a child's welfare and resilience is immense. In the Tanzanian context, this poses a serious challenge in terms of models of care for orphaned, neglected, and abused children in the custody of organizations outside family structures.

Good peer and family relationships were overwhelmingly considered important for resilience. The findings suggest the need for advocacy for interventions to establish, support, and maintain functional family structures and parenting strategies. Another serious vulnerability factor is being orphaned and having no adult in the extended family to care for and shelter a child. The HIV/AIDS pandemic has left a large portion of children vulnerable, and the existing facilities are inadequate to accommodate the number of orphaned children. There is an immediate need for improved social services and regulations for orphanages and other nongovernmental organizations claiming to provide services that the government cannot provide. In addition, the findings suggest that orphaned and abandoned children need good family and peer relationships, which means that organizations caring for children need to be made aware of the social needs of children, in addition to food, shelter, and education. Furthermore, corporal punishment, although restricted by law, is commonly used in the schools (Mohamed & Banda, 2008) in spite of research evidence that corporal punishment is contraindicated for psychological well-being (Abolfotouh et al., 2009; Elbla, 2012).

Gender Equality

Equality between male and female children and adults is a macro-level, systemic issue. Inequality affects each child's access to social, educa-

tional, legal, and other opportunities. The LCA (2009) reduced discriminatory factors for girls, but discrimination still exists, as acknowledged by the Tanzanian government (*Special high-level session*, 2001; Tandari, 2001). For example, the LCA discriminates between males and females in terms of marriageable age; females are allowed to marry at 15 and boys at 18 years of age. The literacy rate is much lower for girls than boys (WHO, 2005). The reduced literacy rate can be attributed to girls leaving school early due to pregnancy and/or early marriage. According to the Tanzanian Development Vision (Tandari, 2001), the Tanzanian government is aware of and committed to rectifying this discrimination. Tandari's (2001) call for the reformation of culture is ambitious and determined; the reality is that existing laws need to be implemented and children protected according to the rights imparted the government.

Support Services

Parents and children recognized that healthy children are able to express themselves, express their sadness, and find people to help them when they need it. In this culture, where children are living in poverty and deprivation and often are not protected by families, the emotional needs are recognized but available services in schools and communities are inadequate. A solution could be the introduction of school-based counselors and psychologists and community-based mental health services.

The respondents acknowledged that children in this culture, like children in other cultures, need help managing negative emotions, inappropriate behaviors, and difficult situations, but neither the national budget nor the Ministry of Health of Tanzania reflects this need (Kurowski, Wyss, Abdulla & Mills, 2007; WHO, 2007). Practicing clinical psychologists are not recognized as professionals, and there is currently no licensing process for psychologists. The budget for health services is small because the country is poor, and the model of care is "integrated,"

meaning that mental health-care services have no separate funding. These facts indicate a need to change attitudes and policy and to include mental health care in the national budget, school curriculum, and community-level service provision.

Communication

Teachers and school administrators are often at odds with parents. Many parents are not well educated, and when school and government officials try to teach nontraditional concepts, there is an angry push back from the parents. Bridging the gap between parents and teachers might include adult education and including parents in curriculum development might help to reduce conflicts and bridge the gap between parents and teachers. This study's findings bring to light an important challenge in initiating social and cultural change when there is resistance to talking about changes in cultural norms and practice. Addressing the gap between parents and teachers is time-consuming and expensive, but without such understanding, teachers are likely to be treated with mistrust and children to live between two worlds without a clear positive direction.

Researcher's Reflection

Protective factors which seem obvious and undeniable are physiological needs, medical care, food, shelter, and education. These were overwhelmingly represented in existing literature and

in the data collected from the respondents in Tanzania. The data collection materials were excellent for this purpose, as participants were guided to comment on important areas of life (friends, parents, teachers, citizenship, and public responsibility) with open-ended questions that provided information about feelings, thoughts, body responses, and behaviors in different contexts. The data were comprehensive and gave the investigator important information in all areas of human experience which in turn allowed an in-depth understanding and interpretation.

Conclusion

The current study provides culturally appropriate information that can be used to work toward social change in Tanzania. Effective interventions can be accessed through established resilience building strategies and empirically supported interventions designed in developed countries over the past 30 years. With consideration of how existing strategies might be adapted, the vast majority of the research on resilience is applicable to this Tanzanian context, and clinicians may confidently use them in clinical work. In terms of influencing social policy, resilience building is twofold. First, it creates and sustains safe environments for vulnerable people. Second, it actively promotes personal and social development which, in turn, builds competence, confidence, and resilience.

Psychological well-being factors	Participant groups										
	Male children	Female children	Male adolescents	Female adolescents	Female primary teachers	Female secondary teachers	Male secondary teacher	Female parents	Male parents	Caregivers	
Distal ecological layer: socio-demographic factors											
Access to education, good teachers <-> Ignorance, inability to gain education ^b	*	*	*	*	*	*	*	*	*	*	*
Independence from external factors and resources <-> Dependence on external resources	*	*	*	*	*	*	*	*	*	*	*
Societal resources (i.e., food, cash or work) <-> Poverty, unemployment	*	*	*	*	*	*	*	*	*	*	*
Safe vocations or work <-> Dangerous or exploitative work: mining and transactional sex ^b	*	*	*	*	*	*	*	*	*	*	*
Access to health care, housing, and recreation <-> No access to basic needs, such as health care and housing, and no options for recreation	*	*	*	*	*	*	*	*	*	*	*

^a The Semantic Differential Scale was developed through a comprehensive review of the existing literature on resilience and vulnerability to yield factors that are relevant to respective ecological contexts: proximal (personal), intermediate (peers, school, family and community), and distal (national and international policy), as described by Brook, Morojele, Zhang and Brook (2006). This table depicts the extent to which the participant groups in this study endorsed these factors. An asterisk (*) in any given cell indicates the group (e.g., children, adolescents) that mentioned the resilience or vulnerability factor in the context of focus groups, interviews, or ecomaps (for students). These comparisons thus summarize the similarities and differences between the data collected in the northern Tanzanian population and existing research

^b Issues specific to women and girls

References

- Abolfotouh, M., El-Bourgy, M., El Din, A., & Mehanna, A. (2009). Corporal punishment: Mother's disciplinary behavior and child's psychological profile in Alexandria, Egypt. *Journal of Forensic Nursing, 5*(1), 5–17. doi:10.1111/j.1939-3938.2009.01025.x.
- Bender, K., Thompson, S., McManus, H., Lantry, J., & Flynn, P. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child Youth Care Forum, 36*, 25–42. doi:10.1007/s10566-006-9029-4.
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vast (Ed.), *Six theories of child development: Revised formulations and current issues* (pp. 187–250). London: Jessica Kingsley.
- Brooke, D., Morojele, N., Zhang, C., & Brook, J. (2006). South African adolescents: Pathways to risky sexual behavior. *AIDS Education and Prevention, 18*(3), 259–272. doi:10.1093/heapro/daq026.
- Central Intelligence Agency. (2014). *The world factbook*. <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html>.
- Corporal punishment of children in the United Republic of Tanzania Report. (2014). Prepared by the global initiative to end all corporal punishment of children (www.endcorporalpunishment.org), last updated February 2014.
- Creswell, J. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. London: Sage.
- Elbla, A. (2012). Is punishment (corporal or verbal) an effective means of discipline in schools? Case study of two basic schools in Greater Khartoum/Sudan. *Procedia—Social And Behavioral Sciences, 69*, 1656–1663. doi:10.1016/j.sbspro.2012.12.112. (International Conference on Education & Educational Psychology, ICEEPSY 2012)
- Erulkar, A., Mekbib, T., Simie, N., & Gulema, T. (2006). Migration and vulnerability among adolescents in slum areas of Addis Ababa, Ethiopia. *Journal of Youth Studies, 9*(3), 361–374. doi:10.1080/13676260600805697.
- Fenstein, S., & Mwashembela, L. (2010). Corporal punishment in Tanzania's schools. *International Review of Education, 56*, 399–410. doi:10.1007/s11159-010-9169-5.
- Global Network of Religions for Children (GNRC). (2009). Peace Clubs in Dar es Salaam, position paper on “The bill to enact the law of the child act (2009)”, presented to Parliamentary standing committee (Community Development) October, 2009. <http://www.mcdgc.go.tz/data/positionpapergnrc.pdf>.
- Gore, S., Aseltine, R., & Colton, M. (1992). Social structure, life stress and depressive symptoms in a high school-aged population. *Journal of Health and Social Behavior, 33*, 91–113.
- Gouws, E., Bryce, J., Pariyo, G., Schellenberg, J., Amara, J., & Habicht, J. (2005). Measuring the quality of child health care at first-level facilities. *Social Science & Medicine, 61*, 613–625. doi:10.1016/j.socscimed.2004.12.019.
- Gralinski-Bakker, J., Hauser, S., Stott, C., Billings, R., & Allen, J. (2004). Markers of resilience and risk: Adult lives in a vulnerable population. *Research in Human Development, 1*(4), 291–326.
- Greenblatt, M., & Robertson, M. (1993). Life styles, adaptive strategies, and sexual behaviors of homeless adolescents. *Hospital and Community Psychiatry, 44*, 1177–1180.
- Impending Tanzanian efforts to implement women's convention were male domination, physical violence, emotional abuse, Women's Anti-Discrimination Committee told*. (2007). United Nations General Assembly, Committee on Elimination of Discrimination against Women, 845th & 846th Meetings (AM & PM). Online document found on www.un.org/News/Press/docs/women1695.doc.htm.
- Kaiser, P. (1996). *Culture, transnationalism, and civil society: Aga Khan social service initiatives in Tanzania*. Westport: Praeger.
- Kazdin, A. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance knowledge base, and improve patient care. *American Psychologist, 63*(3), 146–159. doi:10.1037/0003-066X.63.3.146.
- Kisanga, F., Nystrom, L., Hogan, N., & Emmelin, M. (2011). Child sexual abuse: Community concerns in urban Tanzania. *Journal of Child Sexual Abuse, 20*, 196–217. doi:10.80/10538712.2011.555356.
- Kurowski, C., Wyss, K., Abdulla, S., & Mills, A. (2007). Scaling up priority health interventions in Tanzania: The human resources challenge. *Health Policy and Planning, 22*, 113–127. doi:10.1093/heapol/czm012.
- The Village Land Act. (1999). <http://www.mawallainitatives.com/THE%20VILLAGE%20LAND%20REGULATIONS%20OF%202001.pdf>. Accessed 12 April 2012.
- Law of the Child Act (LCA). (2009, November). Text of the Tanzania child laws found online at www.parliament.go.tz.
- Law Reform Commission of Tanzania. (1994). Published online at <http://www.lrc.go.tz/acts/>.
- Lin, K., McElmurry, B., & Christiansen, C. (2007). Women and HIV/AIDS in China: Gender and vulnerability. *Health Care for Women International, 28*, 680–699. doi:10.1080/07399330701465010.
- Luke, N. (2003). Age and economic asymmetries in the sexual relationships of adolescent girls in sub-Saharan Africa. *Studies in Family Planning, 34*(2), 67–86.
- Makame, V., & Grantham-Mcgregor, S. (2002). Psychological well-being of orphans in Dar Es Salaam, Tanzania. *Acta Paediatrica, 91*(4), 459–465. doi:10.1080/080352502317371724.
- Mohamed, H., & Banda, F. (2008). Classroom discourse and discursive practices in higher education in Tanzania. *Journal of Multilingual & Multicultural Development, 29*(2), 95–109. doi:10.1080/0143-4632/08/02 095-15.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks: Sage.

- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276.
- Nastasi, B., Moore, R., & Varjas, K. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, D.C.: American Psychological Association.
- Nastasi, B., Hitchcock, J., Burkholder, G., Varjas, K., Sarkar, S., & Jayasena, A. (2007). Assessing adolescents' understanding of and reactions to stress in different cultures: Results of a mixed-methods approach. *School Psychology International*, 28(2), 163–178.
- Place, M., Reynolds, J., Cousins, A., & O'Neill, S. (2002). Developing a resilience package for vulnerable children. *Child and Adolescent Mental Health*, 7, 162–167. doi:10.1111/1475-3588.00029.
- Rosenblum, A., Magura, S., Fong, C., Cleland, C., Norwood, C., Casella, D., Truell, J., & Curry, P. (2005). Substance use among adolescents in HIV-affected families: Resiliency, peer deviance, and family functioning. *Substance Use and Misuse*, 40, 581–603. doi:10.1081/JA-200030816.
- Schensul, J., LeCompte, M., Trotter, R., Cromley, E., & Singer, M. (1999). Mapping social networks, spatial data & hidden populations. *Ethnographer's Toolkit* (Vol. 4, pp. 147–157). Plymouth: Altimira.
- Solorio, M., Milburn, N., Andersen, R., Trifskin, S., & Gelberg, L. (2006). Health care service use among vulnerable adolescents. *Vulnerable Children and Youth Studies*, 1(3), 205–220. doi:10.1080/17450120600973437.
- Special High-level session on the launch of the time bound programme on the worst forms of child labour in the Republic of El Salvador, the Kingdom of Nepal, and the United Republic of Tanzania*. (2001, June 12). International labour conference, 89th session, address by his excellency Mr. Benjamin Mkapa, President of the United Republic of Tanzania. www.ilo.org/public/english/standards/relm/ilc/ilc89/a-mkapa.htm.
- Spencer, M. B., Harpalani, V., Cassidy, E., Jacobs, C., Donde, S., Goss, T., Miller, M. M., Charles, N., & Wilson, S. (2006). Understanding vulnerability and resilience from a normative development perspective: Implications for racially and ethnically diverse youth. In D. Chicchetti & E. Cohen (Eds.), *Handbook of developmental psychopathology* (Vol. 1, pp. 627–672). Hoboken: Wiley.
- Tandari, C. (2001). *The Tanzania development vision 2025*. Department of Poverty Eradication, Vice President's Office. <http://www.tanzania.go.tz/vision.htm>.
- Tanzania. (2013). National Bureau of Statistics www.nbs.go.tz. Accessed 8 Aug 2014.
- Tanzanian Ministry of Education & Vocational Training. (2014). Published online at <http://www.moe.go.tz>. Accessed July 2014.
- Tibandebage, P., & Mackintosh, M. (2005). The market shaping of charges, trust and abuse: Health care transactions in Tanzania. *Social Science & Medicine*, 61, 1385–1395. doi:10.1016/j.socscimed.2004.11.072.
- The United Republic of Tanzania. (2012). *Aid Management Platform System Aid Disbursement Report*. www.mof.go.tz/mofdocs/.../Flash%20Report%20Dec%202012.pdf. Accessed 22 July 2014.
- UNAIDS. (2004). *United Republic of Tanzania*. <http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania/>.
- UNICEF. (2009). *Tanzania passes landmark Law of the Child* (Nov 2009). www.unicef.org/infobycountry/Tanzania_51662.html.
- UNICEF. (2011). *Violence against children in Tanzania*. http://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf.
- United Nations. (1994). *Convention on the rights of the child*. https://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=IV-11&chapter=4&lang=en.
- Ungar, M., Ghazinour, M., & Richter, J. (2013). What is resilience within the ecology of human development? *Journal of Child Psychology and Psychiatry*, 54(4), 348–366. doi:10.1111/jcpp.12025.
- United Republic of Tanzania. (2009). *Poverty and human development report*. Dar es Salaam: Mkuki na Nyota.
- United Republic of Tanzania, Bureau of Statistics. (2012). *Demographic and Health Surveys (DHS) program*. www.measuredhs.com.
- Village L and Act. (1999). <http://www.tic.co.tz/media/The%20Land%20Act%201999.%20Cap%20113.pdf>.
- World Health Organization (WHO). (2005). *Mental health Atlas*. http://www.who.int/mental_health/evidence/mhatlas05/en/.
- World Health Organization (WHO). (2007). *United Republic of Tanzania*. <http://www.who.int/countries/tza/en/>. Accessed 18 Aug 2014.
- World Health Organization (WHO). (2014). *United Republic of Tanzania*. <http://www.who.int/countries/tza/en/>. Accessed 18 Aug 2014.

Longing for a Balanced Life: Voices of Chinese-American/ Immigrant Adolescents from Boston, Massachusetts, USA

Chieh Li and Huijun Li

Introduction

This chapter presents the voices from a high-achieving and highly stressed group of Chinese American/immigrant adolescents (C-A/IAs). We chose this group for the study because their strong grade point averages (GPA) and standardized test scores can obscure their high risks for distress, consequently their psychological needs and struggles are often neglected (Fulgini & Witkow, 2004). From our own experience as Chinese American (C-A) parents and school psychologists, we have seen many C-A/IAs struggling with multiple demands and culturally conflicting expectations between the home and school and between parents and peers.

Current research supports our concerns about the need to attend to the psychological well-being of Chinese immigrant children. Hernandez and Denton (2003) reported that among immigrant children from 36 countries, young Chinese immigrant children (ages 3–6) ranked eighth (75%) in being exposed to multiple risk factors for developing social and emotional problems. Furthermore, the number of young Chinese immigrant children who were more likely to develop

problems such as emotional distress jumped to the third on the list, preceded only by Mexican and Haitian immigrant children (Hernandez & Denton, 2003). When surveying the major concerns of Chinese adult immigrants in Boston ages 35–60, Chen (2008) found that mental health was ranked as the top concern for themselves and their families. The above findings led to our investigation on the stressors that affect the psychological well-being of C-A/I students. To understand the C-A/I students from a broader perspective, we briefly review the sociocultural context, the major stressors in C-A/I children's life, and the need for the C-A/I's cultural perspectives on psychological well-being.

Sociocultural Context

In this study, C-A/IAs refer to ethnic Chinese adolescents who have at least one parent born outside of the USA. Currently, there are 3.8 million C-A/I in the USA, 69.0% of whom are foreign born (2,386,392; U.S. Census Bureau, 2010). This group is diverse in culture, language, worldview, and socioeconomic status. Currently, 56% of C-As are in the labor force (NYU Center for the Study of Asian American Health, 2007). The median household income of C-A is US\$ 65,060. However, 13.9% are living below the poverty level. Furthermore, 46% of Chinese immigrant households contain an adult who does not speak English fluently, and 82.2% households include

C. Li (✉)

Department of Counseling & Applied Educational
Psychology, Northeastern University, 404 International
Village, Boston, MA 02115, USA
e-mail: c.li@neu.edu

H. Li

Florida A & M University, Tallahassee, Florida, USA

an adult who speaks a language other than English at home.

Chinese immigrants come to the USA with dreams of a better life for their families, especially for their children. This outlook can drive children to succeed in school and can provide them with resilience to overcome difficulties in life. Chinese parents value education, and view education as the way to blunt the edge of discrimination for the next generation (Louie, 2004). They are particularly committed to their children's education, and they have high expectations for their children's academic success (Mansell, 2011). In general, Chinese students study hard and earn high grades in school (Fulgini & Witkow, 2004). However, the parents' high commitment and expectation level, along with other stressors from home, school, and the community at large, can serve as a double-edged sword. On the one hand, Chinese immigrant students study hard and achieve academically in school (Fulgini & Witkow, 2004). On the other hand, Chinese immigrant children, along with other Asian American students, tend to report poorer psychological and social adjustment, creating an "achievement/adjustment paradox" (Qin, 2008, p. 22).

Chinese immigrant children are exposed to multiple stressors within home and school, including lack of English proficiency (Davies, 2008), misunderstandings between teachers and parents due to language and cultural barriers (Vazquez-Nuttall, Li, & Kaplan, 2006), conflicting expectations between home and school (Li & Vazquez-Nuttall, 2009), and growing acculturative gaps between parents and children (Hwang, 2006; Hwang & Myers, 2007). Acculturation refers to changes in the behaviors, attitudes, values, and identities of individuals when they adjust to the new culture (Berry, 1980). Poverty (Reardon-Anderson, Capps & Fix, 2002; Wight, Chau, & Aratani, 2010) and racial discrimination (Krieger, Sidney, & Coakley, 1999; Louie, 2004) are also significant stressors. All these issues may affect C-A/IAs' psychological well-being. However, voices of C-A/I children, especially school age children, are not yet represented in the research.

Lack of Culture Specific Interpretations of Psychological Well-Being

Culture shapes the views and expressions of psychological well-being. Understanding how people view and describe their well-being and concerns in a cultural context is crucial for health psychology and related fields (Sue & Sue, 2008; U.S. Department of Health and Human Services, 2001). One of the problems is that if C-A/I children are stressed to the extent of seeking help from professionals, the professionals may face difficult methodological challenges (Butcher & Williams, 2009). The largest obstacles may stem from a lack of existing information on culture-specific interpretations of psychological well-being and mental health. That leads to challenges in conceptualizing mental health problems, using culturally appropriate terms to talk about the clients' concerns, and identifying and measuring psychological symptomatology in different cultural contexts (Li, Friedman-Yacobian, Min, Gnong, & Seidman, 2013). Therefore, unique cultural explanations for the problems could account for their underutilization of clinical services (U.S. Department of Health and Human Services, 2001). These issues are more pronounced for recent immigrants (Sue, Zane, & Young, 1994).

Typically, C-As' perceptions of psychological well-being and mental health are influenced not only by their native culture but also the American culture. According to previous research (Ballard, 1994; Helman, 1985), native culture has more fundamental influence on immigrants than Western cultures. However, a thorough literature search has not found any studies on Chinese or C-A or Chinese immigrant students' perspectives on psychological well-being in the past 20 years.

Current Study

Given the relatively large Chinese immigrant population in the USA and the large proportion of less acculturated immigrants in this group, the amount of stress that children are exposed to, and

the significantly large proportion of children at risk of developing social and emotional issues, it is essential to develop culturally appropriate prevention and intervention services for this population. The first step is to obtain C-A/I students' views on psychological well-being and other culturally valued competencies as cultural references, as well as their perceptions of stressors and supports in their lives. The current study provided an opportunity for C-A/IAs to share their views on culturally valued competencies (including psychological well-being and role expectations of a student, friend, citizen, teacher, and parent), individual and cultural stressors, their coping responses, types of support and/or stress to or from others, and what parents, teachers, school counselors/psychologists, and school/community can do to help C-A/IAs to reduce stress and promote psychological well-being. The research questions were stated in Chap. 2 of this book.

Methods

As part of a multisite global effort to examine culture-specific perspectives of stressors, coping, support, and psychological well-being, we used the same qualitative methods described in Chap. 2, including focus groups, individual interviews, and structured activities (ecomap drawing and story writing) with C-A/IAs. Our data analyses followed the uniformed method of coding and analysis of data described in Chap. 2. The theme generation for stages 2, 3, and 4 were conducted by the two authors and a research scholar (who are bilingual with doctoral level school or counseling psychology training backgrounds). The coding results were compared and discussed among the researchers until reaching a consensus. Due to the bilingual and bicultural feature of the C-A/IAs group, a self-developed questionnaire and the *Suinn–Lew Asian Self Identity Acculturation Scale* (SL-ASIA; Suinn, Ahuna, & Khoo, 1992) also were administered to obtain participants' sociocultural and linguistic background and acculturation level.

Participants

Participants were 33 C-A/IAs in a large northeastern city of the USA. The criterion for inclusion in this study was that participants had to be ethnic Chinese adolescents who had at least one parent born outside of the USA. Participants were first- (foreign-born US residents) and second-generation (born in the USA who have at least one foreign born parent) immigrants of two age groups: 10–12 and 15–17. This group consisted of 11 boys and 22 girls. The average age was 13.5 (SD=2.9). Sixty-five percent were born in the USA and 33% were born in Mainland China. The mean number of years living in the US was 10.99 (SD=4.61).

Among the participants, 75% reported that they speak both English and Chinese (either Mandarin or Cantonese). As to their preferred language at home, 37% reported English, 44% reported Chinese, and 19% were bilingual. Regarding preferred language with friends, 100% reported English. Among the C-A/IAs, 88.4% were living with both biological parents, 9.3% with their biological mother (single-parent household), 95.3% reported that their parents were married, and 84% reported living in a household with three to five people. According to the C-A/IAs, 12% of their parents have an elementary to high-school-level education, 44% held bachelor's or master's degrees, and 24% had a PhD degree. The average GPA of participants was 3.91 (SD=0.83), ranging from 3 (mostly Bs) to 5 (mostly As).

Results from the Suinn-Lew Asian Self Identity Acculturation Scale (SL-ASIA) (Suinn et al., 1992) indicate that participants' acculturation level ranged from 2 (less acculturated) to 5 (highly acculturated) out of a scale of 5. The mean score was 3.20 (SD=0.403). This means that findings from the current study represent the views of fairly well acculturated C-A/IAs.

Measures

The study measures included focus group interviews (described in Chap. 2), ecomap activities

(described in Chap. 2), demographic/participant questionnaire, and an acculturation scale. The following is a more detailed description of the demographic/participant questionnaire and the acculturation scale.

Participant Questionnaire This questionnaire was an expansion of the demographic questionnaire used by the larger study. The participant questionnaire included gender, age, birth place, years living in the USA, language spoken, family composition, size, and socioeconomic status, and self-reported academic (GPA) and social functioning (number of friends) as well as religion and perceptions of its impact on daily life. The questionnaire also asked participants what they like and what they worry about themselves, their home, and school. (See Appendix.)

Suinn-Lew Asian Self Identity Acculturation Scale (SL-ASIA; Suinn et al., 1992) The SL-ASIA was developed for Asian Americans of a wide range of ages from older adults to youth and of a wide range of immigration generation from first to fifth generation. SL-ASIA measures cultural preferences, ethnic interaction, generational identity, affinity for ethnic identity and pride, and food preferences on a scale of 1–5 with 1=least acculturated, 5=highly acculturated. Cronbach's alpha for the SL-ASIA was 0.79, reflecting reasonable internal consistency of the scale.

Procedures

Participant Recruitment Both authors actively conducted joint and individual outreach in C-A communities representative of different social economic status and immigration status. The participants were mainly identified during community outreach. C-A community leaders, adolescents, and parents also helped spread our recruiting flyers (which were approved by our university research integrity review board) among potential participants. Individuals who met the participating criterion (ethnic Chinese adolescents who have at least one parent born outside of the USA) were included in the study.

Data Collection The participants first completed the participant questionnaire and AL-ASIA, followed by the focus groups (or individual interviews) and ecomap activities. Both authors were involved in data collection and analyses. Three Asian American high-school students and two college freshmen assisted the authors in the recording and logistics of the focus groups. The authors followed the same procedures described in Chap. 2, with the exception of a few additional questions for the interviews. Additional questions focused on participants' perception of the relationship between religion and stress, coping, and psychological well-being (see Appendix for specific questions). Due to the different levels of bilingualism and proficiency in English and Chinese as well as time and transportation constraints among C-A/IAs, the authors conducted the sessions at a convenient location for the participants and in their preferred language, English or Bilingual. Accommodation to participants also included going to their home to conduct a session (administered the participant questionnaire and AL-ASIA, followed by an interview with the same questions asked in the focus group, and then the ecomap activity). Five girls and two boys, ages 10–17, were interviewed at home based on their needs for accommodation.

Data Analysis

The focus groups, interviews, and ecomaps were analyzed following standard project procedures (see Chap. 2). Analyses were separately conducted for gender and age level. Descriptive analyses of the demographic information and the SL-ASIA acculturation scale were conducted with SPSS Version 19.

Findings

Results from the analyses provided preliminary answers to the research questions stated in Chap. 2. This section presents C-A/IAs' views of culturally valued competencies, individual and

cultural stressors, and source of support as well as how C-A/IAs cope with stress and support each other. The section begins with major themes generated from the focus groups and interviews, and concludes with participants' suggestions for parents, teachers, school counselors, psychologists, and administrators on ways they can help C-A/IAs to reduce stress.

In describing each theme, we use the C-A/IAs' own words to maintain the cultural flavor. It should be noted that although there are commonalities among the responses within a certain group who are of similar acculturation levels and socioeconomic backgrounds (e.g., 15–17-year-old girls), individual differences in worldviews exist for many reasons. Different religious and socialization influences may be among the possible factors.

Culturally Valued Competencies

Culturally valued competencies are intended to reflect adolescents' internalized cultural norms regarding positive and negative functioning, and thereby providing a cultural reference to understand their experiences of stress, coping, and support. Themes related to competencies included psychological well-being and role expectations of student, friend, citizen, teacher, and parent. The following findings reflect consensus across gender and developmental level, unless otherwise indicated.

C-A/IAs' Perspectives on Psychological Well-Being As a group, the C-A/IA participants provided comprehensive and holistic definitions for psychological well-being. To many of them, psychological well-being is shaped by physical, psychological, academic, and social conditions. The following provide a profile of a psychologically healthy person as described by this group of C-A/IAs:

1. *Being happy and having the ability to achieve and maintain happiness.* That includes "feeling content, not worried, not stressed very easily," "able to act in a way to bring about

happiness or manipulate your surroundings to achieve/maintain happiness."

2. *Having a positive outlook.* That means "to see the virtuous, positive, the bright side of human kind."
3. "Psychological well-being is when your mind is at peace, when you are *at peace with yourself and well balanced.*"
4. "*Knowing yourself/self-awareness.* That means "you know who you are and the meaning of your life"; "When you are upset, you are aware, be able to let it go. It's not you are always happy. It's that you understand your emotions."
5. *Mentally healthy.* That is "how healthy your mind is." "Normal, but there's no such thing as 'normal...'; "not doing crazy things," "not doing anything that they know will harm them"; "not drinking/ smoking"; "be balanced with all the emotions," "emotions are not too extreme"; and "be mentally stable, so if they get a certain emotion, they'll know how to handle it."
6. *Self-regulation.* The C-A/IAs explained, "It's not that you don't feel angry at all, but when you feel angry you know how to deal with it"; "able to handle stress"; "can control their emotions"; and "go along with society's rules."
7. *Being reflective.* That includes "the ability to learn from one's own mistakes."

As to what factors influence psychological well-being of children and adolescents, the C-A/IAs identified multiple factors, including physical health (that influences emotional health), academic performance, friendship, media, self-perception and perception/treatment from others, and social activities.

C-A/IAs' Role Expectations The C-A/IAs portrayed culturally valued competences expected for those in the role of student, friend, citizen, teacher, or parent. Mutual beneficial and constructive interpersonal relationships were embedded in participant descriptions for all roles.

Student In general, the C-A/IAs described a "good" student as one who (consistent with

expectations) listens, follows teacher's directions, studies, completes homework on time, is respectful and attentive in class, gets along well with peers, follows school rules, does not disturb the class or peers, and does not "goof off." Some also described a good student as creative.

Citizens C-A/IAs recognized that a good citizen should follow the law, and do no harm to others, the community, country, or environment. The 15–17-year-olds also included attitudes and behaviors such as respecting others' opinions, not littering, volunteering in the community, believing in the greater good, and benefiting the community as a whole, not just one particular group. In the words of one respondent, "They want to make the world a better place."

Friends The C-A/I adolescents expect a good friend to be trustworthy, understanding, accepting, caring, and supportive. Good friends listen to and help each other when in need, and should also be able to share interest and joy. As one adolescent reported, "A not good friend only cares about themselves."

Teachers In the C-A/IAs' minds, a good teacher is good at teaching and classroom management, and is caring, approachable, patient, and does not give up on students. The older adolescents articulated the characteristics of a good teacher in a more sophisticated manner. For example, good teachers "teach skills necessary for school and for life," "make learning enjoyable," "teach students in a way that cultivates learning," "encourage students [to] work independently," are "sensitive to student needs and provide help when needed," "help to direct a student to the right path," and "know when to be serious and when to have fun." Furthermore, "a good teacher is observant, keen, and open-minded to the different approaches of learning various students have. They understand thoroughly what they are teaching and won't make learning harder through conventional ways of teaching or through their lack of knowledge on the subject they teach."

Parents In general, the C-A/IAs believe that "good parents take care of their children, are

always there for children, are patient, provide a good environment for children to study, and have two-way communication with children." The 10–12-year olds also hope parents can help them with schoolwork when in need. The 15–17-year-olds want parents to be a friend/mentor who gives helpful advice and encourages children. They maintain that "good parents give necessary criticism for feedback, but are not too mean and won't make their children feel hurt in any way." "Good parents do not criticize children too much. They do not abuse children." "They listen to a child and give their thoughts thoughtful considerations." "They set limits for children reasonably and give children enough freedom for their rightful age." "They spend fun/quality time together with children." In addition, "good parents have appropriate self-discipline, do not do drugs or involve [themselves] in illegal activities."

Individual and Cultural Stressors

Through the focus groups, interviews, and ecomap activities, C-A/IAs identified a large number of stressors in their lives at school and home (see Tables 15.1, 15.2, 15.3, and 15.4). In the *patterns* column of the tables, the stressors are presented as themes. Across age and gender the outstanding stressors are related to interpersonal, academic/performance, home, school, and culture. The main sources of stress are parents, teachers, peers, tests, heavy loads of homework, family economic difficulties, family conflicts, and cultural conflicts.

C-A/IAs' Perceptions of Cultural Stressors An overarching stressor for C-A/IAs is cultural conflicts between children and parents and between home and school. This is reflected in different expectations from teachers, peers, and parents as well as different cultural norms. When compared to mainstream American parents, the C-A/IAs perceive that Chinese parents place greater emphasis on academic achievement than on social and emotional needs of children. C-A/IAs feel sad or frustrated that they have much greater pressure for academic achievement and

Table 15.1 Stressors by age for males

Middle (age 10–12)	Secondary (age 15–17)	Themes: types of stressors (across ages)
Tests/MCAS	Fail a test	<i>Interpersonal</i>
Have a lot of homework	Bad grades	Yelled at by parents
Study but get a bad grade	Too much work	Unreasonable teachers
Get in trouble	Not enough sleep	Disappointed by a friend
Yelled at by teachers or parents	Teachers when they are unreasonable	Peer pressure
Home alone	Peer pressure	Conflicts with family members
Worries about safety/getting lost	High expectations (from parents)	<i>Academic/performance</i>
Fears (of dogs, darkness, after a scary video game)	Parents when they yell at me	Tests
Not able to do fun outdoor activities-	When I am disappointed by a friend	Too much homework
Fail to meet a personal goal	If I cannot get into a class	Fail a test/bad grade
Being interrupted (e.g., during study, video game, piano practice, by sib- lings and parents)	When my computer's running very slow	Cannot get into a class (age 15–17)
When people talk too much	Being sick	Get in trouble (age 10–12)
Conflicts with family members/sib- lings due to daily minor issues	Not having a stable home	Fail to meet a personal goal
Struggle in video games	American friends have lenient parents and can get away with things (but I do not)	<i>Home</i>
Waking up early (5:30 a.m.)		Worries about safety
(Sports) games		Home alone (age 10–12)
Losing a sport/game		Not having a stable home
		Family problems
		Strict parenting
		<i>Health</i>
		Being sick (waking up early)
		Not enough sleep (age 15–17)
		<i>Competition</i>
		Video games (age 10–12)
		Losing a sport/game equipment
		<i>Cultural</i>
		High expectations (from parents)
		American friends have lenient parents and can get away with things (but I do not)

^aFindings, reflecting student voices, based on focus groups, interviews, and ecomaps
MCAS: Massachusetts Comprehensive Assessment System

less time to play or relax since their parents have much higher academic expectations of them than their peers' parents.

Two responses exemplify the stresses related to parental expectations. One describes a stressful situation: "with grades, they (parents) expect so much out of you and sometimes it's not possible to get an A+ with a certain teacher." Another depicts the heightened sense of anxiety prior to giving a report card to parents or asking for their permission to go out and spend time with friends: "If you know how they're [parents] going to react to a grade or if you want to go somewhere, you feel kind of stressed asking them or giving them your report card or a paper to sign or something because they're going to make a big deal over it or start lecturing you."

With the high expectations of academic achievement and the increasing difficulties for students to get into the top colleges (that C-A/IAs feel their parents want them to apply for), C-A/IAs' days are filled with academic and extracurricular activities that are supposed to strengthen their college application. A large number of C-A/IAs (especially those from the middle-class families) also attend Chinese language schools on the weekend where the completion of daily homework is expected, have piano or other music lessons, art, dance, swimming or other skill lessons, and mathematics or other academic lessons. Furthermore, these activities continue into the summer, leaving these students with minimal time off from school. The days for the 10th–12th graders are even longer, often going beyond midnight.

Table 15.2 Stressors by age for females

Middle (age 10–12)	Secondary (age 15–17)	Themes: types of stressors (across ages)
Tests/quizzes/MCAS	School and academic work	<i>Interpersonal</i>
Grades	Tests	Peer gossip
Too much homework	Many things to do(coursework, college application)	Being ignored by peers
No friends	Sports (pressure to perform well)	Broken relationship
Public speaking	Parent pressure to get good grades	No friends
Embarrassment	Cultural difference between children and parents	Moody teacher/teacher mad at you
Forget about homework	Moody, temperamental teacher	Overcontrolling parents (age 15–17)
Get into trouble	Ineffective teaching style	Boys (age 10–12)
Chaotic/noisy classroom	Derogatory comments on Asian students from Asian teachers based on stereotypes of Asian students	<i>Academic/performance</i>
Teacher getting mad at you	Overcontrolling parents	Tests
Racist people	Unreasonably high expectation of children’s academic performance	Too much homework
Boys	Parents making false assumptions (like you have a boyfriend)	Test/grades
Losing things	Parents fight	Many things to do(coursework, college application; age 15–17)
Family conflicts	Peer gossip	Parent pressure to get good grades
Health problems of family members	Being ignored by peers	Chaotic/noisy classroom (age 10–12)
Money problems	Broken relationship	Ineffective teaching (age 15–17)
Safety issues	A friend’s death	Get in trouble (age 10–12)
Mother not home (at work, on business trip)	Tragic events in the media	<i>Home</i>
		Family conflicts/parents fight
		Safety issues
		Money problems
		Health problems of family members
		Mother not home (at work, on business trip)
		Parents making false assumptions (age 15–17)
		<i>Incidental</i>
		A friend’s death
		Tragic events in the media
		Public speaking
		Embarrassment
		Forget about homework
		Lose things
		<i>Cultural</i>
		Unreasonably high expectation of children’s academic performance
		Cultural difference between children and parents
		Derogatory comments on Asian students from Asian teachers based on stereotypes of Asian students
		<i>Racism</i>
		Racist people

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps

MCAS: Massachusetts Comprehensive Assessment System

Many of them take four to five advanced placement (AP) courses, working hard for an A and a perfect test score of 5 for each subject, while also preparing for the scholastic assessment test (SAT), aiming to achieve perfect scores. On top of working for top grades and studying for col-

lege entrance tests, these students have college applications to complete. Many students experience pressure from their parents to apply to premier universities and colleges, such as Harvard and other Ivy League schools, and to rigorous majors. One C-A/IA voiced this concern about

Table 15.3 Sources of stress by age and gender

	Middle (ages 10–12)	Secondary (ages 15–17)	Themes: sources of stress (across ages)
Males	Teachers	School	Teachers
	Parents	Home	Parents
	Little siblings	Parents	Peers
	Self	Teachers	Siblings
		Peers	Self-anxiety, health condition
		Friends	Friends
		Self-health condition	School
		Computer	Home
	<i>Ecomap</i>	<i>Ecomap</i>	Computer
	School	School	
My own anxiety	Upper classmen in school		
Females	Teachers	Parents	Teachers
	Peers	Teachers	Parents
	Parents	Peers	Peers
	Self	Relationships	Siblings
	Bullying	School work	Relationships (age 15–17)
	Home safety	Tragic events	Grandparents/aunt/cousin
		Cultural stereotypes	Other Asian kids and their
	<i>Ecomap</i>	<i>Ecomap</i>	parents
	Tests/examinations/MCAS	School work	Self
	Performing	Tests/SAT	Schoolwork
	Teacher	Peers	Tests/examinations
	Aunt	Teacher	Performing
	Cousin	School	School
	Siblings	Getting sick	Bullying
	Aunt	Grandparent	Home safety
	Chores	Uncle, aunt	Getting sick
	Babysitting	Society	Tragic events
		Fall/school starts	Cultural stereotypes
		Other Asian kids and their parents	Society
		Running	Babysitting
	Chinese peers	Running	

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps
SAT: scholastic assessment test, *MCAS*: Massachusetts Comprehensive Assessment System

being overwhelmed and stressed, “There are so many things to do” but “not much time to sleep.”

The C-A/IAs experience other stressors beyond academic performance. They often live under an authoritarian parenting style, which, according to C-A/IA participants, includes one-way communication (i.e., parents talk, children listen), parents not listening to children, not respecting children’s opinions, and very strict rules (e.g., very limited time allowed for the Internet or socializing with friends).

Within-Group Differences by Age and Gender in Perception of Stressors The stressors identified by participants vary by age and gender. For

example, under academic stress/stress at school, a stressor for a 15–17-year-old is “can’t get into a class (that he/she wants to take),” but for a 10–12-year-old is “get into trouble (in school).” Under stress at home, to be “home alone” is identified as a stressor by the 10–12-year-olds, but not by the 15–17-year-olds. In addition, the awareness of internal sources of stress increases by age. The 15–17-year-olds identified their own anxiety as a source of stress, but the 10–12-year-olds did not.

Gender differences were found in types of stressors, that is, boys reported stress from health problems and competition, whereas girls report stress from racism and incidents such as a friend’s

Table 15.4 Sources of both stress and support by age and gender

	Middle (ages 10–12)	Secondary (ages 15–17)	Themes: sources of both stress and support (across ages)
Males	Parents	Parents	<i>People</i>
	Teacher	Teachers	Parents
	Siblings	Brothers	Teachers
	Classmates	Friends	Friends
	Cousin	Cousins	Classmates/teammates
	Grandparents	Uncle	Siblings
	Class	Teammates	Cousins
	School		Aunts/uncles/grandparents
	Uncle/aunt		<i>Place (age 10–12)</i>
	Travel		School
	People		Class
Friends		<i>Activity (age 10–12)</i>	
		Travel	
Females	Parents	Parents	<i>People</i>
	Teacher	Teachers	Parents
	Siblings	Siblings	Teachers
	Aunt	Friends	Siblings
	Cousin	Supervisor	Friends
	Friends	Phone	Peers
	School	Computer	Aunts/grandparents
	MCAS	Peers/classmates	Coach (age15–17)
	Shopping	Grandparents	Church people (age15–17)
	Traveling	Community	<i>Place</i>
		School	School
		Coach	Community (age15–17)
		School coursework	<i>Activities</i>
		Tests/college application	Test/MCAS
		Concerts	Shopping (age10–12)
		Sports competitions	Traveling (age10–12)
		Church people	School coursework (age15–17)
		College application (age15–17)	
		Concerts (age15–17)	
		Sports competitions (age15–17)	

Findings, reflecting student voices, based on ecomaps and represent relationships coded “ambivalent”
 MCAS: Massachusetts Comprehensive Assessment System

death and tragic news from media. Gender differences also were evident in how stressors were articulated. For example, boys described specific cultural stressors, whereas girls described both specific cultural stressor and the nature of the problem. The following is an illustration. Boys described stress as “high expectations from parents” and by saying “American friends have lenient parents and can get away with things [but I don’t],” whereas girls characterized stress as “unreasonably high expectations of children’s academic performance” and “cultural difference between children and parents.” Furthermore,

girls reported experiencing derogatory comments from Asian teachers based on stereotypes of Asian students, implying that Asian students are expected to be high-achieving academically but they are not; boys did not report this same experience.

Source of Support

C-A/IA participants identified numerous sources of support in their ecomaps and focus groups (see Table 15.5). Across age and gender, the most

Table 15.5 Sources of support by age and gender

	Middle (ages 10–12)	Secondary (ages 15–17)	Themes: sources of support (across ages)
Males	Friend	Friends	Friends
	Siblings	Parents	Siblings
	Teacher	Guidance counselor	Parents
	Parents	Teacher	Teachers
	Coach	Sibling	Guidance counselor (age 15–17)
	Family	Aunt	Classmates/peers (age 15–17)
	Computer	Cousin	Aunt/uncles/grandparents
	Holiday activities	Classmates/peers	Cousin
	Vacation	Neighbor	Online strangers who do not judge
	Fun activities at school and elsewhere	Online strangers who do not judge	Neighbor (age 15–17)
	Video game		Religion (age 10–12)
	Grandparents		Family (age 10–12)
	Cousins		Fun activities (age 10–12)
	Aunts, uncles		Vacation (age 10–12)
	Religion		Video game (age 10–12)
		<i>Age difference</i>	
		The older focus on people, the younger focus on both people and activities	
Females	Parents	Friends	Friends
	Friends	Siblings	Siblings
	Teacher	Parents	Parents
	Siblings	Grandparents	Teacher
	Gardening	Peers/classmates	Cousins
	Volunteering	Teacher	Books
	Pets/dog	Teammates	<i>Responses from age 10–12 only</i>
	Report cards	Boyfriend	Pets/dog
	Weddings	Self	School
	Books	Invisible friend (online)	Volunteering
	Outdoor activities (ice skating/ tennis)	Music	Gardening
	School	Environment	Outdoor activities (ice skating/tennis)
	Cousin	Kids (in summer camp)	Report cards
		Relatives	Weddings
		Aunts, uncle	<i>Responses from age 15–17 only</i>
		Cousins	Teammates
		Dance studio	Boyfriend
		Swimming pool	Peers/classmates
		Books	Boyfriend
		Entertainments	Self
		Reading	Invisible friend online
		Geometry	Grandparents/aunt, uncle
		Daydreaming	Dance studio
		Planning	Swimming pool
		Drawing	Entertainments
		Listening to music	Reading
		Cook	Geometry
	Church	Daydreaming	
	Trips	Planning	
		Drawing	
		Listening to music	
		Cook	
		Church/revered	
		Trips	

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps
 The sources of support are listed by frequency from the top to the bottom. The most frequent is listed first

recognized source of support is people. Among people, the number one source of support is friends, followed by siblings, teammates, parents, teachers, guidance counselors, family, extended family members, boyfriends (identified by the 15–17-year-old girls), and neighbors (identified by the 15–17-year-old boys). The 15–17-year-old boys and girls also listed online virtual friends as a source of support. The 10–12-year-olds listed pets as a source of support. C-A/IAs also identified places (e.g., school by 10–12-year-olds; entertainment, dance studios, swimming pools, and churches by 15–17-year-olds), materials (video games by the 10–12-year-old boys; books and music by all), and activities (reading, drawing, listening to music, cooking, volunteering, participating in fun activities, and outdoor physical activities) as sources of support. A few 10–12-year-olds also identified religion, whereas the 15–17-year-old girls identified self as a source of support and listed activities they could do themselves to foster their psychological well-being. One source of support identified across age and gender is extended family. This is consistent with the Chinese cultural value and support system of extended family.

Age and gender differences were observed in the type of relationships, materials, and activities identified as sources of support. In addition, girls

identified more sources of support than boys, including internal resources and relaxing activities. The fact that more females participated in the study may have contributed to this finding.

Source of Both Stress and Support

In the ecomap activity, participants designated sources (people, activities, places) that provided both support and stress (what we labeled as ambivalent; see Table 15.4). The mean number of relationships (across age and gender; labeled supportive, stressful, or ambivalent) was nine, with totals ranging from 3 to 19. Figure 15.1 illustrates one respondent's ecomap. Of the relationships, 36.4% were ambivalent, compared to 18.8% stressful and 44.8% supportive. On average, each individual perceived three relationships in his/her life as ambivalent. The main supports were parents, teachers, friends, siblings, and relatives; these were also identified as the primary stressors (see Tables 15.1, 15.2, and 15.3). Similarly, activities such as traveling, shopping, and sports were characterized as both relaxing and stressful (Table 15.4). Finally, school was identified as a source of both support and stress for these students.

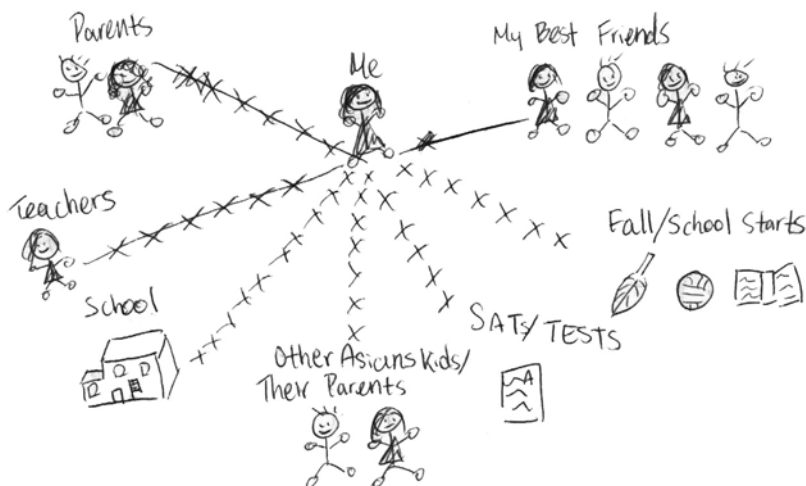


Fig. 15.1 Example of an ecomap. Support is symbolized by a straight line (i.e., _____). Stress is symbolized by xxxxx. Ambivalent is symbolized by xxxxx over a straight line

Table 15.6 Reactions to stress/coping strategies by age for males

Middle (ages 10–12)	Secondary (ages 15–17)	Themes: reaction to stress/coping strategies (across ages)
<i>Emotions</i>	<i>Emotions</i>	<i>Emotions</i>
Get sad and mad (when getting a bad grade)	Upset/have tears	Sad/upset
Get frustrated	Confused	Worried
	Worried	Mad
	Get mad	Frustrated
<i>Expressions of emotions</i>	<i>Expressions of emotions</i>	<i>Expressions of emotions</i>
Cry	Look not energetic	Not talking
Fight (with brother who keeps bothering me)	Raise voice	Cry
	Swear, fight	Fight
	Fight	Swear
	Not talking	Look not energetic
		Raise voice
<i>Thoughts</i>	<i>Thoughts</i>	<i>Thoughts</i>
Not reported	“It’s only a game” (in sports)	“It’s only a game” (in sports)
<i>Actions</i>	<i>Actions</i>	<i>Actions</i>
Talk to someone	Talk to friends	Talk to friends/someone
Seek support/help from others	Ask friend/teacher* for help for academic problems	Seek help from friends, teacher for academic problems
	Talk to teacher ^a to clear the confusion	Talk to guidance counselor (age 15–17)
	Talk to guidance counselor	Go online and talk to strangers they do not judge (age 15–17)
	Go online and talk to strangers they do not judge	Not parents (because they would not understand me well due to) culture gap, difficult, age difference
	Not parents (because they would not understand me well due to) culture gap, difficult, age difference	
		<i>Age differences</i>
		Responses from the older students include (1) perception of cultural differences and cultural value issues, (2) talk to guidance counselor, and (3) talk to strangers who don’t judge, whereas the younger students’ responses do not include these

^aFindings, reflecting student voices, based on focus groups, interviews, and ecomaps. In response to the question of which teacher, Chinese or American, you would feel comfortable to talk to, acculturated students feel American teachers understand them better. It is more about values than ethnicity, for example, Chinese teacher who was raised in America (would understand C-A students more)

How Do C-A/IAs Cope with Stress?

The coping responses to stress (generated from the focus groups, ecomaps, and interviews) were coded as involving emotions, thoughts, or actions (see Tables 15.6 and 15.7). Overall, the emotional responses are similar across age and gender, although the older children generated more expressions of emotions, (e.g., descriptions of physical changes when being anxious). However, age difference in the category of *thoughts* is salient. Younger respondents (ages 10–12) did not report cognitive coping strategies, whereas older

respondents (ages 15–17) reported cognitive processes or strategies as illustrated by the following: “Think of pleasant things” when stressed out; think “It’s only a game” to convince the self not to be upset about a basketball game. The older (compared to younger) groups also generated a more extensive list of coping skills. Responses from the 15–17-year-old boys included: (a) talk to guidance counselor and (b) talk to strangers who do not judge. In response to the question “which teacher, Chinese or American, you would feel comfortable to talk to?” more acculturated (who scored higher on the SL-ASIA) 15–17-year-old boys say that American teachers understand them

Table 15.7 Reactions to stress/coping strategies by age for females

Middle (ages 10–12)	Secondary (ages 15–17)	Themes: reactions to stress/coping strategies (across ages)
<i>Emotions</i>	<i>Emotions</i>	<i>Emotions</i>
Stressed	Stressed	Stressed
Scared	Nervous	Nervous
Nervous	Worried	Worried
Disappointed	Pissed/angry	Pissed/angry
Angry		Disappointed
		Scared
<i>Expression of emotions</i>	<i>Expression of emotions</i>	<i>Expression of emotions</i>
Crying	Crying	Crying
Sweating (from being nervous)	Irritable	Sweating
Heart was pounding	Perceived by others as mean	Heart was pounding
	Kick	Irritable
	Throw tantrums	Perceived by others as mean
		Kick
		Throw tantrums
<i>Thoughts</i>	<i>Thoughts</i>	<i>Thoughts</i> (age 15–17 only)
Not reported	Think of pleasant things (e.g., vacation)	Think of pleasant things (e.g., vacation)
	It is almost the end of the school year, just 2 more weeks	It is almost the end of the school year, just 2 more weeks
	Not to think about it/not think too much	Not to think about it/not think too much
<i>Actions</i>	<i>Actions</i>	<i>Actions</i>
Ask parents/teachers for help	Watch TV for hours	Constructive outlet:
Talk to friends	Eat a lot	Write about it
Talk to siblings	Calm down	Share with friends
Play with dog	Call or text a friend for help (for academic problem)	Do something to feel better/calm down:
Play piano	Overcome school stress on one’s own	Watch TV for hours
Play video games	Bravely made public speech with parental support	Eat a lot
	Do something to feel better (listen to music, play on computer, dance, play piano)	Play with dog
	Take a rest/relax	Play piano
	Try to be balanced	Play video games/play on computer
		Listen to music
		Take a rest/relax
		Try to be balanced (age 15–17)
		Reach out for help
		Ask parents/teachers for help depending on the nature of the problem
		Text or talk to friends
		Talk to siblings
	<i>Constructive outlet</i>	<i>Age differences</i>
	Write about it	(1) Older—more aware of cognitive strategies (think of pleasant things), and
	Share with friends	(2) More extensive list of coping strategies including what strategies they are using and what they can do

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps. Girls’ coping actions include both individual actions by themselves and seeking support from others (adults, peers), whereas boys’ responses only include seeking support from others

better. They expressed, “It’s more about values than ethnicity. For example, a Chinese teacher who was raised in America [would understand Chinese American students more].”

Gender difference is observed in the student responses about coping. Girls’ coping skills include engaging in individual actions by them-

selves and seeking support from others (adults, peers), whereas boys’ responses only included seeking support from others. The coping actions of 15–17-year-old girls were more strategic, including (a) using constructive outlets (write about it, share with friends); (b) doing something to feel better/calm down (listen to music, play with dog, try to be balanced); and (c) reaching out for help (ask friends, parents or teachers for help depending on the nature of the problem). One respondent explained why she would seek peer support to overcome her stressed emotion: “When I am upset, I rely most on my close friends because a lot of the time they understand exactly how I feel and [know] what to say or how to help me feel better.”

Not all coping responses (see Table 15.7) were considered positive. For example, watching TV

for hours or eating a lot could have negative impacts on their well-being.

How Do C-A/IAs Help Each Other to Cope with Stress?

The C-A/IAs have generated (from the focus groups and interviews a list of practical strategies that they use to support each other for each kind of problems (academic, interpersonal conflict, loss of loved ones) and the need of the person (problem solving, emotional support). See Tables 15.8 and 15.9. Their approaches to assisting someone afflicted by stress could be categorized in two types of support—emotional and instrumental. For example, when asked what to do to help a sad or upset peer, the 10-year-olds suggested: “Ask what’s wrong,” “tell jokes,” “buy them

Table 15.8 Types of support/supportive relationships by age for males

Middle (ages 10–12)	Secondary (ages 15–17)	Themes: types of support (across ages)
Be supportive and helpful (e.g., ask what’s wrong)	Listen to them	<i>Help with problem solving</i>
Get them distracted by telling jokes	Give them space/leave them alone	Helps to cognitively understand the situation
Getting them something to eat	Support them	Helps to solve the problem
Buy them soda	Simply sympathize for them	Encourage you to seek help when needed
Sneak them candy	Give them food or money	Teach you skills to succeed with academic work, sports, etc
Give them space	Talk to them and spend time with them	<i>Emotional support</i>
Encourage to communicate with parents if the source of stress is from parents	Try to comfort and allow him/her to express his/her feelings	Peer support
Seek help from adults, such as parents and teachers	Tell parents or other friends	Listen, let you vent feelings, accept
Parental support in resolving sibling conflicts/fights	Try to handle it yourself before going to a counselor	Spend time with him/her
Parental guidance and encouragement	Always be there for you	Calm (with food, money)
Parental support of school work/test	Spend time together/have fun together	Encourage, cheer up
Family support during competitions	Have shared interest	Make you laugh, play, distract you from the negative thoughts and feelings
Comfort when feeling upset	Listen to you when you are in trouble, allow you to vent your feelings	Parental/teacher support
Friendship	Help you when you have trouble with assignments	Resolving conflicts
Be friends with you in a new school	Also gives you positive feedback	Guidance and encouragement
Sibling support	Help you to calm down when you lose control of anger	Pets are supportive buddies at home
Pets are supportive buddies at home, especially when parents are busy at work		They keep you company when parents are busy at work
Peers cheer you up		<i>Age differences</i>
Coach gives you tips to win		More independent from adults and instrumental help at older ages
Teacher helps me prepare for a test		More sensitive to personal space and preference when coping with stress

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps

Table 15.9 Types of support/supportive relationships by age for females

Middle (ages 10–12)	Secondary (ages 15–17)	Themes: types of support (across ages)
Help	Making them laugh by doing something funny	<i>Help with problem solving</i>
Talk to	Share happiness	Helps to solve the problem
Spend time together	Provide comfort	Help with difficult academic assignments
Ask what happened	Provide a listening ear and consultation	<i>Emotional support</i>
Tell a joke	Help them think about something more pleasant	Peer support
Give candy	Supportive (if you have a problem, then they listen to you and they help you out)	Ask what happened
Help me solve problems	Help with difficult academic assignments	Listen
Encourage me before an examination or performance	Trustworthy	Help them think about something more pleasant
Comfort me when I am upset	Having fun together	Spend time together
Take care of me when I am sick	Caring	Share happiness
		Provide comfort, candy
		Encourage them
		Tell a joke
		<i>Parental support</i>
		Take care of me when I am sick

Findings, reflecting student voices, based on focus groups, interviews, and ecomaps

soda,” and “sneak them candy.” A 17-year-old responded, “It depends how close the person is to me. If she is close to me, I would observe and find what help she (or he) needs. I would offer to talk to her (or him), to give her (or him) support. If she seemed to need more help, I would talk to an adult or a school psychologist.” A 15-year-old responded, “Assess why they’re having a problem and how to fix it. You need to work on it yourself first, and if that doesn’t work, ask family members, peers, etc. for help. If that doesn’t work, seek professionals for help.”

Age differences in types of support to or from others were noted. Older adolescents (ages 15–17) reported independent and/or instrumental approaches to support that were characterized by multistage problem solving, sensitivity to personal space and individual needs or preferences, and awareness of available resources (e.g., professional help for serious problems). An example of multistage problem-solving strategy is first, offering support to the stressed friend individually; second, seeking additional support from peers and family members; and third, seeking professional help as the last resort.

The C-A/IAs in this study shared their prevention approaches for psychological well-being (e.g., see Tables 15.8 and 15.9). A representative approach is maintaining a balanced life. For example, one C-A/IA explained how she maintained her well-being when under multiple pressures: “I run, exercise, hang out with friends, leisure, do whatever to keep a balance of life.” Other C-A/IAs shared similar approaches of participating in activities to maintain a balanced life.

C-A/IAs’ Suggestions

The C-A/IA participants seemed very pleased to have an opportunity to voice their views, concerns and solutions to minimizing stress and improving psychological well-being. They shared stories of their daily struggle of meeting multiple demands and coordinating conflicting expectations. They expressed longing for understanding from parents, teachers, and others. Table 15.10 highlights the C-A/IAs’ appeal to and suggestions for parents, teachers, school counselors/school psychologists, and schools and communi-

Table 15.10 Suggestions from Chinese American/immigrant adolescents for adults at home and school/community

	Suggestion	Explanation ^a
Parents	Be understanding	Includes (a) being aware of cultural barriers children experience at home and school and (b) being aware of generation gaps
	Be more supportive	Includes being available but not overprotective
	Be a good role model	Model good behaviors for children, e.g., parents should not watch TV too much if they do not want children to do that
	Keep good physical and mental health	Parents' health, both physical and mental, is very important to children's well-being. In order to take care of children, parents should take care of themselves
	Keep appropriate communication with children	Includes not to criticize so much and not to yell so much
	Be democratic	Express opinions but not force it upon a child, because children need space to grow
	Teachers	Provide a balanced environment
Use educational model of prevention		
Develop a good teacher–student relationship		To allow students to approach teachers in case of need
Be able to listen		
Ease bullying		
Space out school assignments		To allow students to control their own time
School counselors/ psychologists	Educate students on a wide variety of topics on mental health	
	Take the time to check students	To allow the students to see that the school counselors are there to help them
	Help students solve problems	
	Have fun with students	To put their minds at ease
	Help children feel comfortable	To allowing them to express themselves freely
School/community	Promote diversity and acceptance	By implementing more racially, socioeconomically, and culturally aware policies to make sure students of all backgrounds feel comfortable in their learning environment
	Keep school safe, comfortable, with respect, no bullying	
	Support family and community members	
	Have supportive and approachable teachers and staff when a student struggles	
	Teach right values	
	Balance between freedom and control for students	
	Maintain appropriate communication between adults and children	
	Work out problems	

Findings, reflecting student voices, based on focus groups and interviews

^a Participants offered explanations for some (but not all) of their suggestions. Explanations are provided when available

ty on ways they can help reduce stress and facilitate a balanced life for this population of highly achieving and highly stressed adolescents.

In summary, the C-A/IAs made systemic and practical suggestions to important adults at home and school to help reduce stressors in their lives. Their common recommendations for parents and teachers are to be understanding and supportive, and balance between freedom and control for children. They also emphasized listening and appropriate communication between adults and children as well as promotion of diversity and acceptance in the school and community. Most of the suggestions called for changes in learning or home environments that would nurture the psychological well-being for all children.

Discussion

Through focus groups, individual interviews, and ecomaps, C-A/IA described the sources of stress and support in their daily lives. They identified significant cultural stressors between children and parents and between home and school. These cultural stressors stem from conflicting expectations placed on the students by teachers, peers, and parents. Additionally, distinct cultural norms and values among these groups, as well as contrasting parenting styles between Chinese and mainstream Americans, were considered sources of stress. Conversations with C-A/IAs revealed common perceptions of Chinese parents placing greater emphasis on academic achievement than on social and emotional needs of children. Consequently, C-A/IAs described feelings of sadness or frustration when discussing how the intense pressure for academic achievement resulted in less time for socialization or relaxation, and how these high academic expectations differed from their mainstream peers' parents. C-A/IAs also reported additional stressors, such as authoritarian parenting style at home, and experiences of racial discrimination and cultural stereotyping within their schools and community.

Overall, the critical stressors identified by C-A/IAs align closely with the relevant literature within the field (Hwang & Myers, 2007; Li & Vazquez-Nuttall, 2009; Louie, 2004). However, their responses also further extend the literature by providing a broad list of ambivalent relationships that are sources of both support and stress. Their ecomap stories illustrate how people (e.g., parents, teachers, friends, siblings), activities (e.g., music lessons, sports) and places (e.g., home, school) can be sources of both support and stress.

Through these discussions, C-A/IAs also described their ideals of a good student, friend, citizen, teacher, and parent, and their conception of psychological well-being. The C-A/IAs' key characteristics of ideal persons across the roles are fulfilling one's own duties, being responsible, trustworthy, understanding, caring, loving, and respectful. For teachers and parents, they emphasized competence, modeling, patience, and balance between discipline and nurturing. C-A/IAs demonstrated a sophisticated understanding of psychological well-being. That includes multiple dimensions: Being happy and having the ability to achieve and maintain happiness, having a positive outlook, knowing who you are, being reflective, aware of your own emotions, able to self-regulate, at peace with yourself, and well balanced. Additional prevalent themes related to psychological well-being are personal values, interpersonal relationships, and living environment. The C-A/IAs' approaches to psychological well-being revealed significant strengths in coping with stress and maintaining mental health and supporting each other. Many of these students emphasized finding a balance in life and reducing stress when discussing their perceptions of psychological well-being.

The responses of this group of adolescents reflect Chinese cultural values of balance, self-reflection, self-control, and relationship. They also reflect the cultural belief in optimism and harmony with the environment. The C-A/IAs' insightful responses enriched literature that informs culturally relevant and strength-based interventions for the population.

Lastly, the C-A/IAs provided comprehensive and practical suggestions to parents, teachers, school counselors/ psychologists, and schools/ communities in how interventions could be tailored to this population. These suggestions should inform teachers, parents, school counselors, school psychologists, and other professionals in developing culturally responsive promotion of mental health for C-A/IAs and other culturally diverse students.

Limitations of the Study

There is great diversity within C-A/IAs. We observed age, gender, and individual differences in the students' perceptions of stressors, supports, and coping strategies in the current study. The findings from the current study only reflect the views of fairly acculturated youth from a large northeastern city of the USA. The study used a convenience sample that may be skewed. Additionally, there were more girls than boys in the sample, and the majority of the students were fluent in English, high achieving in schools, and from highly educated, middle-class, two-parent families.

Future Directions

First, this study calls for a cross validation with stratified sample. Second, future studies are needed to explore how school psychologists, counselors, and educators can use the knowl-

edge generated from the current study to advance culturally responsive intervention for C-A/I and other culturally diverse students. Third, we should consider the C-A/I children's views and preferred methods when designing culturally responsive interventions for these children.

Concluding Remarks

C-A/IAs shared many stories of their daily struggles to meet multiple demands, coordinate conflicting expectations, as well as a longing for understanding from parents, teachers, and others. Across age and gender, a loud and clear voice came out from many stories: Reduce stress and return to a balanced life.

Acknowledgments The authors want to thank all participants and community leaders for their support. Particular thanks go to Dr. Bonnie K. Nastasi for initiating this global project as well as all research assistants and volunteers for their assistance to the focus groups, interviews, and transcriptions, with much appreciation to Dr. Janine Roberts for editing the manuscript, and to Mr. Colin Cox and Ms. Anastasia Nabatkhorian for their assistance in the manuscript preparation. The authors also want to thank Bouve College of Northeastern University for the Kenerson Faculty Scholarship and Commonwealth Research Center of Beth Israel Deaconess Medical Center, and Harvard Medical School, for their partial funding to this project.

Appendix

Student Participant Questionnaire

亲爱的同学：

对于什么是心理健康, 每个人有自己的理解. 不同文化, 不同宗教, 不同性别, 同年龄的人对心理健康和怎样促进心理健康, 有不同的看法. 您的看法是什么? 请回答下面的问题来帮助我们多角度看心理健康. 感谢您的参与! 请不要在此问卷上写您的名字, 您的回答是匿名的。

Dear Student,

Each person has her/his own understanding of mental health. People from different cultures, religions, gender, and age see mental health differently. What is your view? Please answer the following questions. Thank you very much for helping us to gain multicultural perspectives through your answers to the questions. Please do not write your name so that your answers are anonymous.

学生概况 Student Background

年龄 Age (years): _____ 年级 Grade _____

性别 Gender: _____女 female _____男 male

语言 Language(s): _____

在家里喜欢使用的语言 Preferred language at home: _____

民族 Ethnic Origin: _____ 出生地 Birth Place: _____

来美国多少年 Number of Years in U.S.: _____

来美国的原因 Reason Coming to U.S.: _____

父亲学历 Father education level: a. 小学 Elementary School b. 高中 High School;
c. 大学 College d. 硕士 Masters e. 博士 Doctoral

母亲学历 Mother education level: a. 小学 Elementary School b. 高中 High School;
c. 大学 College d. 硕士 Masters e. 博士 Doctoral

有多少人住在家里 How many people live in your household? _____

和谁住在一起 With whom do you live? (circle as many as it relates to you)

- a. 父母 biological parents b. 生母继父 Biological mother and stepfather
c. 生父继母 biological father and stepmother d. 母亲 mother e. 父亲 Father

f. 祖父祖母 grandparents

g. 兄弟 brother(s)

h. 姐妹 Sister(s)

父母期望你获得的学历 What is the highest level of education your parents want you to attain?

a. 高中 High School

b. 大学 College c. 硕士 Master Degree

d. 博士 Doctoral Degree e. 不知道 don't know f. 还没有讨论过 not yet discussed

g. 尊重我的选择 respect my decision

你想要获得的最高学历 What is the highest academic degree you want to get?

a. 高中 High School

b. 大学 College c. 硕士 Master Degree

d. 博士 Doctoral Degree e. 不知道 don't know f. 还没有讨论过 not yet discussed

g. 尊重我父母的决定 respect my decision

你长大后想做什么工作 What profession are you planning to do when you grow up?

你的成绩 What is your grade average this year? A. Most As B. Most A-s C. Most Bs
D. Most Cs

你有几个好朋友 How many close friends do you have? _____

宗教 Do you believe in any religion? ____ 有 Yes ____ 没有 No

什么宗教 Which religion? __ 基督教 Christianity, __ 天主教 Catholics,

__ 伊斯兰教 Islam, __ 无神论 atheist, __ 佛教 Buddhism,

__ 其它 other (specify):

什么时候开始参加宗教活动 When did you start to practice it? _____ (age)

你对本宗教的哲理了解的程度? How much do you know of your religion?

1= very little

2=fair amount

3= very well

你经常参加本宗教的活动吗? How active are you in your religious group?

1< once per month 2=monthly 3 =weekly 4= twice per week 5> twice per week

你觉得宗教对你的日常生活影响有多大? How much do you think your religion impacts your daily life?

1= not at all

2= a little 3=a fair amount

4=quite a lot

5= all aspects of life

你最喜欢自己什么方面? 请举三个。 What are the 3 things you like most about yourself?

你最喜欢学校什么方面？请举三个。What are the 3 things you like most about school?

你最喜欢你的家庭什么方面？请举三个。What are the 3 things you like most about your home?

学校哪些方面让你最担心？请举三个。What are the 3 things that make you worried at school?

你的家庭哪些方面让你最担心？请举三个。What are the 3 things that make you worried at

home?

什么让你担心自己？请举三个。What are the 3 things that make you worried about yourself?

什么可以让你在家更快乐？What would make you happier at home?

谢谢！Thank you. Questions adapted from Huijun Li and Chieh Li (2009)

References

- Ballard, R. (Ed.). (1994). *Dash Pardesh: The South Asian presence in Britain*. London: Routledge.
- Berry J. W. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), *Acculturation: Theory, models and some new findings* (pp. 9–25). Boulder: Westview Press for the American Association for the Advancement of Science.
- Butcher, J. N., & Williams, C. L. (2009). Personality assessment with the MMPI-2: Historical roots, international adaptations, and current challenges. *Applied Psychology: Health and Well-Being*, 1, 105–135. doi:10.1111/j.1758-0854.2008.01007.x.
- Chen, A. L.-T. (2008, April). *Implementation challenges for addressing health and health care disparities in health centers and the community*. Poster presentation at the 2008 annual meeting minority health policy fellows presentations, Boston.
- Davies, A. Z. (2008). Characteristics of adolescent Sierra Leonean refugees in public schools in New York City. *Education and Urban Society*, 40, 361–376. doi:10.1177/0013124507304453.
- Fulgini, A.J., & Hardway, C. (2004). Preparing diverse adolescents for the transition to adulthood. *The Future of Children*, 14(2), 99–119 (<http://futureofchildren.org/futureofchildren/publications/journals/>).
- Hernandez, D.J., & Denton, N.A. (2003). *A profile of America's future: Young children in immigrant families in New York City*. Foundations for child development. <http://fcd-us.org/sites/default/files/AProfileofAmericasFuture.pdf>.
- Helman, C. G. (1985). Psyche, soma, and society: The social construction of psychosomatic disorders. *Culture, Medicine and Psychiatry*, 9, 1–26. doi:10.1007/BF00048535.
- Hwang, W. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Culture, Race, and Ethnicity in Psychotherapy*, 43(4), 397–409 (<http://www.apa.org/pubs/journals/special/5704304.aspx>).
- Hwang, W., & Myers, V. F. (2007). Major depression in Chinese Americans: The roles of stress, vulnerability, and acculturation. *Social Psychiatry and Psychiatric Epidemiology*, 42, 189–197. doi:10.1007/s00127-006-0152-1.
- Krieger, N., Sidney, S., & Coakley, E. (1998). Racial discrimination and skin color in the CARDIA study: Implications for public health research. *American Journal of Public Health*, 88, 1308–1313. doi:10.2105/AJPH.88.9.1308.
- Li, C., & Vazquez-Nuttall, E. (2009). School consultants as agents of social justice for multicultural children and families (special issue). *Journal of Educational and Psychological Consultation*, 19, 26–44. doi:10.1080/10474410802462769.
- Li, H., Friedman-Yakoobian, M., Min, G., Gngong, A., & Seidman, S. (2013). Asian American youth at risks for psychosis: A case study. *Journal of Nervous and Mental Diseases*, 201, 484–489. <http://dx.doi.org/10.1097/NMD.0b013e3182948084>.
- Louie, V. S. (2004). *Compelled to excel*. Stanford: Stanford University Press.
- Mansell, W. (2011). Hidden tigers: Why do Chinese children do so well at school? *The Guardian*. <http://www.guardian.co.uk/education/2011/feb/07/chinese-children-school-do-well>.
- NYU Center for the Study of Asian American Health. (2007). *Community health needs and resource assessment: An exploratory study of Chinese in NYC*. New York: NYU Center for the Study of Asian American Health.
- Qin, D. B. (2008). Doing well vs. feeling well: Understanding family dynamics and the psychological adjustment of Chinese immigrant adolescents. *Journal of Youth and Adolescence*, 37, 22–35. doi:10.1007/s10964-007-9220-4.
- Reardon-Anderson, J., Capps, R., & Fix, M. E. (2002, 26, Nov). *The health and well-being of children in immigrant families*. Series B, No. B-52. Washington, D.C.: Urban Institute. www.urban.org/UploadedPDF/310584_B52.pdf
- Sue, D.W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed). New York: Wiley.
- Sue, S., Zane, N., & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 783–817). New York: Wiley.
- Suinn, R. M., Ahuna, C., & Khoo, G. (1992). The Suinn-Lew Asian self-identity acculturation scale: Concurrent and factorial validation. *Educational and Psychological Measurement*, 52, 1041–1046. doi:10.1177/0013164492052004001.
- U.S. Census Bureau. (2010). *Race reporting for the Asian population by selected categories: 2010 census summary file 1*. www.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP8&prodType=table2010
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—a supplement to mental health: A report of the surgeon general*. Rockville: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from the National Center for Biotechnology Information website: <http://www.ncbi.nlm.nih.gov/books/NBK44243/>
- Vazquez-Nuttall, E., Li, C., & Kaplan, J.P. (2006). Home-school partnerships with culturally diverse families: Challenges and solutions for school personnel (special issue). *Journal of Applied School Psychology* 22, 81–102. doi:10.1300/J370v22n02_05.
- Wight, V. R., Chau, M., & Aratani, Y. (2010). *Who are America's poor children? The official story* (issue brief). Retrieved from the National Center for Children in Poverty website: http://www.nccp.org/publications/pdf/text_912.pdf

Emic Perspectives of Risk and Support: Voices from Lower Elementary Students in New Orleans, Louisiana, USA

16

Patrick B. Bell, Jorge M. Verlenden, Allisyn L. Swift,
Heather L. Henderson and Bonnie K. Nastasi

Introduction

To understand the systemic factors that promote or inhibit the development of psychological, academic, and social competence for children in the USA, the public school systems are a paramount context to investigate. Roughly 45 million children spend their childhood and adolescence attending state-regulated public schools (National Center for Education Statistics, 2012). It is within public school ecologies that most children begin a 12-year, full-time, government-mandated interaction with other children and adults as well as the legal-, legislative-, and social-systemic factors that potently influence their developmental trajectories. American children are developing in local contexts at the intersection of regional, ethnic, racial, religious, political, economic, and linguistic diversity. Defining any given American racial or ethnic group, including the current white¹ majority, is difficult and imperfect when considering the influence of location (e.g., rural, northeastern, Alaskan), class (i.e., the spectrum from extreme poverty to affluence), acculturation (e.g., recent

immigrant, American-born), and city and community values, identities, and expectations.

Therefore, our chief aim is not to tell a broad strokes story of “America’s children,” but rather to situate a specific group of New Orleans elementary school students’ perspectives on risk, protection, and well-being in both a broad, US context and their unique, culture-specific context. Our introductory discussion highlights broader macro- and exo-system themes regarding risks, protections, and trends in psychological well-being (PWB) outcomes for urban youth of color—black youth specifically—as this ecological narrative most closely aligns to our participants and local population. In the 2012 school year, 90% of public school students in New Orleans were black (Cowen Institute for Public Education Initiatives (CIPEI), 2012). Following this introduction of the distal, yet potent systemic factors, the study findings provide a deeper layer of investigation into what our specific child participants are telling us regarding their stressors and supports as they attempt to successfully develop and navigate their public school.

¹ The racial constructs of white and black are used as alternatives to ethnic constructs that may incorrectly infer identity (e.g., African American, Cuban American, etc.).

P. B. Bell (✉) · J. M. Verlenden · A. L. Swift ·
H. L. Henderson · B. K. Nastasi
Department of Psychology, Tulane University, 2007
Percival Stern Hall, 6400 Freret Street, New Orleans,
LA 70118, USA
e-mail: pbell1@tulane.edu

The Macrosystem² of Public Schools: Mindsets and Legislation

Public schools are currently operating in a chrono-system typified by shifting mindsets (and

² This chapter is organized according to the levels of ecological systems theory (see Chap. 2) and proceeds from

therefore, legislation) regarding how best to ensure that children succeed academically. The first shift emerged from legislation and racial tensions embodied in the civil rights movement of the 1950s and 1960s; American public schools have moved out of the age of segregating and often relegating children of color or with disabilities to ineffective schools and into an age of inclusion and accountability for all. Embodied in the passage of the No Child Left Behind Act (NCLB, 2002) is a history of educational inequities systematically related to, most often, race, class, and ability. Under NCLB, public schools are now charged with closing race-, class-, and disability-based achievement gaps by providing rigorous instruction to all children and as monitored by the state via annual standardized tests. A second shift is one away from a “wait-to-fail” model in which students only receive individual academic, social, emotional, or behavioral supports once severe academic deficits and/or psychopathology manifest to models that champion prophylaxis, early screenings, and monitoring student response to evidence-based interventions (e.g., Fuchs, Mock, Morgan, & Young, 2003; National Association of School Psychologists [NASP], 2010). Finally, public schools are currently renegotiating discipline procedures in a shift away from harsh or exclusionary discipline (i.e., suspensions, corporal punishment) and toward more positive behavioral discipline (e.g., Sugai et al., 2000) and self-discipline via PWB promotion (e.g., collaborative for academic, social, and emotional learning (CASEL), 2003).

No Child Left Behind (2002) and the Age of Accountability The origins of the NCLB (2002) lie in President Johnson’s “War on Poverty” and the passing of the Elementary and Secondary Education Act (ESEA, 1965). The ESEA was a reaction to mounting evidence that children in low-income schools excessively underperformed as compared to their middle-class, largely white counterparts (Fege, 2006). ESEA granted federal money to schools serving at least 40% of students

in poverty; however, despite assistance, a gap between middle- and low-income children widened. Fifteen years after ESEA, Congress chartered a committee that analyzed national learning data; the committee alarmingly titled their report, *A Nation at Risk* (U.S. National Commission on Excellence in Education [USNCEE], 1983). This report sparked urgency about America’s failure to educate its children, and specifically, children of color; at that time, roughly 40% of minority youth were functionally illiterate (USNCEE, 1983). Since *A Nation at Risk*, the risk factors and negative outcomes for youth in poverty and youth of color have become an ethical concern and a national priority; the past 30 years have witnessed attempts to hold schools and teachers accountable for student achievement via policy, litigation, and legislation—most recently, the reauthorization of ESEA as NCLB (Jorgensen & Hoffmann, 2003). At its core, NCLB continues ESEA’s mission to improve academic outcomes by providing funds to underprivileged schools; however, current funding is now tied to a system of accountability (Merell, Ervin, & Peacock, 2012). Specifically, NCLB mandates that students take and achieve yearly growth on proficiency tests in core content areas (e.g., reading). Schools that demonstrate adequate yearly progress (a state determined benchmark of success as evidenced by standardized assessments) are rewarded—typically with money or nominal titles (e.g., “distinguished school”). However, schools that fail to make progress receive sanctions that range from allowing parents a choice to change schools to state takeover and chartering schools to independent or private organizations (USDOE, 2008).

The NCLB Act (2002) produced a host of supportive and risk factors, both intended and unintended, that manifest similarly across public school ecologies. The supportive aspects of NCLB include mandated attention to (a) prevention and intervention (e.g., Safe and Drug-Free Schools programs), (b) data-based decision-making strategies, (c) individualized instruction and student support, (d) higher standards for student learning and teaching quality, (e) objective indicators of student growth, and (f) prioritizing

the most distal (i.e., chrono-, macro-system) to the most proximal (meso-, micro-system).

research-based methods (National Association of School Psychologists [NASP], 2003). However, NASP (2003) also noted that NCLB and large-scale assessments have far-reaching unintended consequences that manifest as risks at local levels. These include decisions to retain (i.e., “repeat” a grade) or refuse to graduate students based on a single test; practices that precipitate secondary risk such as school dropout (Heubert & Hauser, 1999). Another unintended risk is the narrowing of school curricula; schools teach students to survive and pass high-stakes tests instead of teaching comprehensive curricula that include the arts, physical education, social sciences, health, and technology (NASP, 2003). Further, because schools and teachers are rewarded or punished based on outcomes, teachers report that students now develop in more stressful classroom environments that subsequently lead to increased referrals to special education (often disproportionately in lower-income, minority populations), more fads and “quick-fix” programs, and exacerbated teacher stress that leads to burnout and talent shortages (Guglielmi & Tatrow, 1998; NASP, 2003). Although NCLB brought attention to elements of public schooling that are now recognized as best practice, data suggest it did not solve the problem of educational inequity. In 2011, more than half of US public schools did not make adequate yearly progress (USDOE, 2011), and as high as 86% of urban, black public school eighth graders are not reading with grade-level proficiency on standardized tests (Children’s Defense Fund (CDF), 2012). Even as this chapter is written, newer—though contested—initiatives are emerging to respond to the difficulties in actualizing NCLB’s mission, such as the Common Core movement. Although districts and schools have enormous flexibility in the way state standards are addressed, the Common Core movement seeks to nationalize learning standards across states to promote a deep understanding of the most critical content (Council of Chief State School Officers, National Governors Association Center for Best Practices, 2010). The impacts of NCLB and shifting mindsets toward universal, equitable education were far reaching and illustrate complex distal factors

indirectly affecting local child development. One systemic reaction to the challenges of actualizing NCLB was local and governmental movements to address PWB deficits and skills known to interfere with or enhance learning, respectively.

Population-Based Movements to Promote Psychological Well-Being Children’s PWB is an intricate construct receiving overdue but growing attention in public schools (Adelman & Taylor, 2006). It appears that accountability and rigor (i.e., NCLB) were necessary, but not sufficient to actualize equity in academic achievement. Although upwards of one in five children experience a psychological impairment that significantly impacts school functioning, 80% of these youth receive no intervention; the probability of receiving services incrementally declines when a child is low income, is living in the American South, is enrolled in public-funded insurance, and is black (CDF, 2010; Cook, Barry, & Busch, 2012; Department of Health and Human Services [USDHHS], 1999; President’s New Freedom Commission on Mental Health [PNFC], 2003). Public schools and school psychologists have traditionally operated with a “wait-to-fail” model of service that activates resources only when diagnosable psychopathology develops (Gresham, 2002; Martinez & Nellis, 2008). However, paradigms of practice are shifting toward population-based models, characterized by approaches rooted in a public health perspective that emphasize universal promotion and prevention, and selected and indicated interventions (e.g., NASP, 2010). Two such population-based models for PWB are the positive behavioral supports (PBS; Sugai et al., 2000) and social-emotional learning (SEL; CASEL, 2003) frameworks.

Positive Behavioral Supports The PBS framework infuses preventative, effective, and positive (as opposed to punitive and exclusionary) methods of behavioral discipline into school policy (Sugai et al., 2000). PBS urges schools to use behavioral data to plan, implement, and evaluate a continuum of multitiered, evidence-based services ranging from school-wide prevention to individual functional behavior assessments

(Sugai et al., 2000). Multiple research agendas indicate that schools that apply school-wide PBS models with integrity significantly improve outcomes for youth as evidenced by reductions in disciplinary action, more positive student appraisals of school climate, reductions in bullying, and increases in scores on standardized measures of achievement (Bradshaw, Koth, Bevans, Ialongo, & Leaf, 2008; Horner, Sugai, & Anderson, 2010; Simonsen et al., 2011). However, amidst this growing zeitgeist of prevention and positive support, there exist a myriad of behavioral risk factors and negative outcomes operating at national levels for youth of color and of low income. One potent risk is that, although decades of research demonstrate the effectiveness of positive discipline, public schools continue to react to behavior challenges by increasing the type, duration, and intensity of punitive measures such as time-out, suspension, expulsion, corporal punishment, and zero tolerance (i.e., consistent and swift suspension for unsafe or “otherwise unacceptable” behavior; American Civil Liberties Union, 2009; Evenson, Justinger, Pelischek, & Schulz, 2009; NASP, 2001; Skiba, 2000; Sugai & Horner, 2002). The high prevalence of such punitive and ineffective measures to discipline students—particularly youth of color—is a large component of what is now considered a “cradle-to-prison pipeline” (CDF, 2012) and represents the effects of historical and institutionalized racism and deep-seated racial biases and stereotypes—particularly targeted toward black males. Black youth made up 18% of the total American public school population in 2012, but were disproportionately indicated in corporal punishments (40% of all cases), multiple out-of-school suspensions (46%), grade retentions (42%), and expulsions (39%). In the same year, black males of traditional college age made up 36% of the prison population, but less than 5% of the total college student population and young black males were more than 4.5 times more likely to be detained in juvenile detention centers than their white peers, 60% of them for nonviolent offenses (CDF, 2012). Although scholars assume complex etiologies of the racial disparity in PWB indicators, consensus exists concerning the deleterious consequences of harsh

and ineffective discipline, specifically punitive school environments (CDF, 2011, 2012; Fenning & Rose, 2007; Taylor & Kouyaté, 2003).

Social–Emotional Learning Proponents of SEL maintain that the poor outcomes in well-being and academics are due in great part to late or insufficient attention to psychological determinants of learning—factors consistently shown to be malleable, teachable, and predictive of academic success (CASEL, 2013; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Greenberg et al., 2003; Hoagwood & Johnson, 2003; Masten et al., 2005; National Research Council, 2012). Currently, over 200 controlled studies demonstrate that this malleable and powerfully protective skill set includes (a) self-awareness and the abilities involved in recognizing one’s emotions, thoughts, behaviors, strengths, and sources of confidence; (b) responsible decision making and problem-solving; (c) self-management and self-regulation; (d) social awareness skills such as perspective taking, empathy, diversity appreciation, and adapting to social–cultural norms and ethics; and (e) relationship skills that involve initiating and maintaining healthy relationships (CASEL, 2013).

Population-focused models and SEL also have become the best practice zeitgeist of school psychology (e.g., NASP, 2010). However, successful and sustained population-based campaigns in public schools have not caught up with the spirit of the field (Hess et al., 2012). Therefore, much like recent and promising movements for academic excellence (NCLB) and positive, protective discipline (PBS), the SEL movement is proving difficult to actualize in natural settings. The risks and barriers to SEL programming typically fall into categories of (a) service delivery issues such as lack of multiple, coordinated systems of care, lack of professional and financial resources, and lack of clarity on why and how children should be assessed; (b) federal and state policy issues such as lack of strategies and funding for early detection and intervention and lack of coordinated mental health policy; (c) family-level issues including limited access, inadequate compliance to follow-ups, and stigma and apprehension

due to experiences with culturally incompetent services; and (d) uncertainty in how to serve special populations, including immigrant children, homeless youth, youth in justice and welfare systems, and children in communities with high rates of violence (CDF, 2003; PNFC, 2003; USDHHS, 1999, 2000, 2001, 2002). A final difficulty in institutionalizing PWB programs rests in a failure of researchers and practitioners to adequately understand the culture, vision, and priorities of each school (Greenberg et al., 2003; Sarason, 1996). This lack of attention to the ecological and cultural specificity of a school poses serious threats to acceptability—perceived congruence between programs and culture—that negatively affects program integrity, outcomes, and sustained efforts to promote PWB (Nastasi & Schensul, 2005).

The NCLB, PBS, and SEL macrosystem factors are powerful influences that evolved in part from growing recognition of the disproportionality of negative outcomes for youth of color and of low income. To address the more proximal manifestations of these risks and supports, we next explicate the exo-systems unique to urban schools, black communities, and lastly, post-Hurricane Katrina New Orleans.

The Exo-Systems of Urban Public Schools and Communities

Recent investigations suggest that although complex, urban ecologies share common assets and risks at both school-system and family-community levels that distinguish them from rural and suburban US contexts (American Psychological Association (APA), 2005). At the school-system level, urban schools are required to do more with less. Urban public schools serve larger student populations and with greater proportions of students with exceptional needs, all the while attempting to secure financial resources from declining local tax bases and lower-than-average state funding (Miranda & Olivo, 2008; Weiner, 2006). School-level risk factors also include greater likelihoods of teacher shortages and, thus, a higher percentage of first-year teachers

and those with nontraditional training and emergency certification (Council of the Great City Schools, 2000; U.S. General Accounting Office [USGAO], 2002). Academically healthy urban schools exist, and we must laud the resilience and passion of many urban educators, PWB champions, and urban youth and families; however, the academically excellent urban school remains an exception to the norm of underachievement (Miranda & Olivo, 2008; Noell & Gansle, 2009). Finally, the USGAO (2002) detected systematic variability between urban and suburban schools in that urban schools had greater teacher-to-student ratios, greater local poverty, fewer library resources, and lower parent involvement—variables consistently correlated with the academic health of a school.

Studies involving urban youth and communities also identify assets and risks at family and community levels. In 2011, Hart Research Associates (HRA), on behalf of the Black Community Crusade for Children, interviewed over 1000 black community leaders, caregivers, and youth to elucidate emic perspectives on the risks and assets present in their family and community ecologies. The overarching theme in their national sample was that urban ecologies had not significantly improved for black children over the past decade and disenfranchised youth of color were falling even further behind (HRA, 2011). Participants identified economic isolation, parent unemployment, higher imprisonment rates, community violence, failing schools, addiction, negative cultural influences (e.g., media glorification of drugs), and fractured communities (e.g., due to violence) as impediments in the development of urban black youth (HRA, 2011). Optimistically, black communities share powerful protective factors; to actualize the optimal development of youth of color, schools need to reorganize themselves in ways that reinvigorate these supports (Miranda & Olivo, 2008; Myers, Lewis, & Parker-Dominguez, 2003). For example, youth of color that overcome disproportionate stressors typically share family- and community-level supports such as (a) strong and positive racial and ethnic identity development, (b) connectedness to a warm and effective school, (c) parental

warmth, (d) approach- or active-coping (often relationship-based) strategies, (e) access to community-based spiritual and recreational organizations, and (f) mastery of culturally valued skills and mindsets such as self-reliance, interpersonal awareness, problem-solving skills, learning orientations, and persistence (e.g., values for life model, Taylor & Kouyaté, 2003; see also HRA, 2011; Miranda & Olivo, 2008; Myers et al., 2003). The paramount charge to urban schools, therefore, has been to create *meso*-systems of influence (e.g., home-school, community-school partnerships) that respect and foster cultural values, identify unique local assets, and authentically collaborate to capitalize on these assets (Centers for Disease Control and Prevention, 2009; Jumper-Thurman, Edwards, Plested, & Oetting, 2003).

New Orleans' Unique Manifestations of Macro- and Urban Exo-System Factors

The urban school and family microsystems in New Orleans manifest many if not most of the aforementioned risks and assets surrounding urban youth of color. Long-standing risks such as New Orleans' poverty rates greater than twice the national average, inadequate housing, a dearth of health and wellness services, community violence and murder rates ten times greater than the national average, failing schools, and complex trauma (i.e., continued and multiple traumatic exposures) compound the existing trauma of 2005 Hurricane Katrina and the slow recovery (Murali & Oyebode, 2004; USGAO, 2009; Wellford, Bond, & Goodison, 2011). Five years after Katrina, 60% of local youth presented with serious emotional and behavioral disturbances; less than half received services (Children's Health Fund and the National Center for Disaster Preparedness, 2010; USGAO, 2009). Local media portrayed these risks as a children's "mental health crisis" (e.g., Grant, 2009; Maldonado, 2009; Smith, 2009).

Despite these risks, New Orleans has witnessed a school-reform effort unprecedented in

any American city—78% of New Orleans youth attend charter schools (CIPEI, 2012). Charter schools are a recent school-reform effort and operate on assumptions that parent choice, competition, innovative practices, and school-level decision-making autonomy (e.g., on budgeting, curriculum, hiring, and firing) will lead to dramatic student achievement (Hadderman, 1998; Morse, 2010). A recent report from the CIPEI (2012) identified proximal risk and protective factors in the New Orleans public school system. Data revealed some New Orleans' specific protections for students: (a) master plans in place to ensure that school buildings for every child are renovated and physically safe; (b) a more equitable, single application system for parent application to the wide array of independent charter schools; (c) upward trends in achievement data—particularly for elementary schools; and (d) decreased teacher recruitment activities indicating that the local teacher shortage may abate (CIPEI, 2012). Regarding proximal risks, the CIPEI (2012) detected the following: (a) Although some specific schools are dramatically improving student learning, city-wide achievement results are mixed; (b) doubts are growing about long-term sustainability of the charter movement; and (c) parents are expressing growing distrust of cultural outsiders operating charters and imposing one-sided values. This last risk represents a salient shift in the cultural landscape of New Orleans. Before the school-reform movement, schools served the parents (often alumni) and children of the local neighborhood; however, New Orleans now operates on city-wide access, meaning that the local school culture no longer reflects the neighborhood context but instead serves students from all over the city.

Concluding this introductory analysis of important factors of risk and protection in the ecologies of American public schools brings us full circle. We both began and end by noting that although there are trends in issues facing urban schools and communities, it is imperative to engage local stakeholders—including students themselves—to understand the salient ecological factors proximally affecting child development.

Following, we move to a depiction of our local microsystem, its manifestation of the macro- and exo-system factors discussed, and the perceptions of risk, support, and values from the voices of the children within it.

The Microsystem: Elementary Charter School in New Orleans

Our research was conducted at an elementary charter school in New Orleans (hereafter, “ECSNO”). The student population was predominantly black (99%) and over 90% of students qualified for the free- or reduced-price lunch program—a proxy indicator of low socioeconomic status. The school’s mission statement, like many others in New Orleans, emphasizes academic rigor and achievement; they have an extended school year (August 15–June 10), extended school day (7:45 a.m. to 3:45 p.m.), and after-school tutoring for identified students (3:45–5:00 p.m.), believing that additional time in school will lead to greater achievement (New Orleans Parent Organizing Network [NOPON], 2012). Most, but not all, school staff was white, nontraditionally trained and temporarily certified,³ and early in their teaching careers. In the same year as data collection, ECSNO earned a “B” from the state—a grade based on NCLB testing outcomes and attendance rates (NOPON, 2012). Although ECSNO’s mission statement for their “scholars” (their preferred term for “students”) is heavily focused on college readiness and academic rigor, it also values strong character. During our early partnership building with ECSNO stakeholders, educators revealed that they were generally confident in their academic efficacy but struggled with the character, mental health, and behavior-

management aspects of their instructional program. Results from universal screenings—part of our larger research activities—supported local concerns. Teacher reports on a standardized PWB screener indicated that, across grade levels, between 39 and 59% of students were at risk for behavioral or emotional disturbance (Nastasi & Bell, 2012). These data served as an urgent impetus to better understand the type, severity, and sources of risks facing ECSNO students as well as information regarding the protective factors present to help assuage this risk. The Promoting Psychological Well-Being Globally (PPWBG) project (Nastasi, 2008; Nastasi & International Psychological Well-Being Research Team, 2012; see also Chap. 2) served not only as the driver for this chapter but also our applied work with the students, families, and educators at ECSNO.

Methods Modifications

The PPWBG-New Orleans primary research team included four school psychology doctoral students under the direction of Drs. Nastasi and Cunningham⁴ of Tulane University. Student participant data for this project are presented in Table 16.1. Data collection procedures included student focus groups, ecomaps drawings, and ecomap stories. Four major modifications were made to the PPWBG procedures described in Chap. 2. First, given developmental attention spans and ECSNO’s emphasis on maximizing instructional time, students were pulled for brief (30 min) and multiple data collection sessions. Sessions were altered to vary the research tasks and maintain student interest. For example, session activities were designed to shift after each 10-min block; one block may include drawing oneself on the ecomap, the next, a 10-min discussion on stressors, and the final block returning to the ecomap to draw important relationships. A second modification was the deconstruction of

³ In the USA, college graduates who have not been trained in a teacher education program within a university setting may be certified via alternate routes, such as state and national organizations. Typically, alternate route certification involves an intensive, 5-week training in pedagogy and student teaching, followed by a year of continued coursework and coaching. After this full year, they may qualify for full teaching certification.

⁴ Michael Cunningham, PhD, is a professor of psychology at Tulane University, with a specialization in developmental psychology.

Table 16.1 Characteristics of the ECSNO student sample ($n=42$)

Sex	Race/ethnicity	Grade level
60 % female	98 % black	29 % kindergarten
40 % male	2 % Latino	42 % first grade
		29 % second grade

ecomap drawings into smaller steps. First, the child drew himself/herself on a separate index card, that card was then glued in the center of a larger sheet of paper—to avoid self-drawings taking up an entire sheet of paper. Then, children were provided with visual examples of ecomaps (drawn by one member of the research team and used in every group) at each stage of completion; one demonstrating the constellation of important people and institutions and the other with coded relationships. A third modification was the explicit use of positive reinforcement (i.e., food snacks and sticker rewards) to encourage active participation, successful transitions between tasks, and to show gratitude for participation. Finally, initial data collection revealed that multiple students were reporting suspected abuse; therefore, the team worked with the school mental health coordinator to create a protocol for reporting suspected abuse and ensuring follow-up and referrals were made.

Results

Results from the New Orleans site were coded using emergent coding procedures (c.f., Chap. 2). After emergent codes were identified within grade-level data, data were compared across grade levels to assess salience. Specifically, we organized emergent codes into categories: (a) *consensus* across kindergarten, first-, and second grades; (b) *some agreement* (i.e., two groups, but not all endorsing the code); and (c) *grade-specific* codes (single grade endorsing the code). We analyzed ecomaps for new codes and to triangulate the existing focus group codes. Table 16.2 presents a distillation of all emergent codes. However, the results discussed hereafter include only the codes with high salience (i.e., consensus column) and include verbatim quotes to illustrate the data underlying each code.

Valued Competencies

Focus group questions targeting valued competencies elicit the explicit behavioral, cognitive, affective, or social knowledge and skills indicative of adaptive functioning in the local context. In their role as students, themes included (Table 16.2, consensus column): (a) following classroom rules, (b) earning positive and avoiding negative consequences, and (c) respect and manners. Competencies in friendship were (a) helping and service and (b) not being mean. Finally, competencies outside of school or in the neighborhood included (a) obeying adults and (b) inhibiting aggression.

At School: Following Classroom Rules Scholars spoke mainly of being a good student in terms of complying with classroom rules. Students spoke about following the teacher’s instructions and rules by saying students should “...sit in ‘S.T.A.R.’ (i.e., (S)it still, (T)rack the speaker with your eyes, show (A)mbition (i.e., answer questions), and (R)aise your hand to speak). Another student spoke to procedural rules: “A good student...walk[s] into the classroom and say[s] hello to your teacher and walk[s] to your seat to do your work.” “[Bad students] don’t listen to the teacher,” provided a supporting counterexample.

At School: Earning Positive Rewards and Avoiding Negative Consequences Students spoke often about the ECSNO clip system, a behavioral management system composed of clothespins (i.e., clips) that a teacher moves up or down a consequence ladder toward rewards (“stars”) or checks (“punishments”), respectively. Students considered to be behaviorally competent are those whose clips move up. “In class we have clips,” one student explained, “if you get a star, that’s good...When you get two checks

Table 16.2 Emergent codes for psychological well-being (PWB) domains from focus groups and ecomaps

PWB domain	Consensus	Some agreement (grade level)	Grade level specific (grade level)
Competency: role—student	Follow classroom rules Earn positive consequences Avoid negative consequences (subtype: clips)	Kindness (K, 1) Support peers (K, 2) Academic, behavioral success (1, 2) Problem-solving abilities (1, 2)	Grit and challenging oneself (1) Follow D.R.E.A.M.-TEAM school values (K)*
Competency: role—friend	Respect Helping and service Is not mean	Make amends (K, 2)	Defends you (1)
Competency: roles—neighbor/ outside of school	Listen and obey adults Inhibit aggression	Engage in play (types: old friends; to make friends) (1, 2) Cooperative play (K, 1) Patience/frustration tolerance (K, 1) Manners and respect (K, 2)	Engage in gender-normed activities (K) Report crime (1) Do chores (2) Respect property/neighbor- hood (1) Give holiday presents to family (K)
Stressors	Family death, separation Physical aggression (types: peers; domestic) Social exclusion Bad neighbors Adult meanness Punitive discipline (type: physical/corporal) Sibling conflict	Neighborhood violence/crime (1, 2) Media/scary movies (1, 2) General worrying (1, 2)	Mosquitoes (K) Vandalism (1) Vampire masks (1) Having a lie told about you (2) Teasing (2) Bad dreams (2) Ghosts/shadows (2) Being bossed around (2)
Reactions to stress	Avoid/ignore people Help seeking Aggression (types: physical; social; self-directed) Self-calming techniques Physiological	Emotional reaction (K, 1) Disobedience (K, 2)	Try to earn rewards (2) Try to engage in play (K) Redemption (2)
Supports	Peer support and play (Source: same-age family members and school mates) Receptive adults/known teenagers Physical affection Self-calming to regulate heightened emotions Engaging in pleasant activities Pets Gifts/tangibles	Talking about feelings (K, 2)	Seeking and earning positive consequences and avoiding future negative consequences (2)
Reactions to support	Experience positive emotions Happy facial expressions	(n/a)	Playful behavior (K)

A version of this table presented to elementary charter school in New Orleans (ECSNO) stakeholders included verbatim quotation samples to illustrate each code. Letters and numbers in parentheses in the “some agreement” and “stakeholder specific” columns represent the grade levels—(K)indergarten, (1)st grade, and (2)nd grade—that endorsed the code *D.R.E.A.M.-TEAM was an ECSNO created acronym to depict a system of values including, [D]iscipline, [R]espect, [E]nthusiasm, [A]chievement, [M]ake a difference, and [TEAM]work

you have to go home.” Another student spoke of being a “*dream* scholar” [a student whose clips consistently moves to the highest positive rung]; “...if you [are] a DREAM scholar, you get to go to Fantastic Friday [a celebration to positively recognize students].”

At School: Respect and Manners Competent students show respect to peers and adults. Respect to peers emerged primarily from counterexamples that reflected disrespectful behavior. For example, a bad student “[calls] another student an ‘idiot’ and ‘stupid’ and all kinds of words that you shouldn’t say in school.” Another group discussed “messiness” (i.e., disrespect) and explained, “[A bad student] messes with you and teases you, even after you tell them to leave you alone.” Respect toward teachers also was valued. One student illustrated: “A bad student talks back to the teacher and talks behind teacher’s back while the teacher is talking.” Students also valued manners as in the admonishment: “Use your manners. Say ‘please’ or ‘thank you,’ [and] you gotta be waiting ‘til somebody [is done with their] turn.”

In Friendships: Helping and Service As a friend, students valued service to others, particularly focused on helping friends feel better emotionally and physically. “When your friend is sick and they [are] at home, you make them hot cocoa and you have to help them do stuff because that’s what friends do, and if they have to go to the doctor, you can [go with] them.” Helping can come in many forms such as helping when a student is getting teased, helping with schoolwork, or helping to maintain appropriate behavior. For example, “If you can’t figure it out [a math problem], a good friend could help.” Help also related to the aforementioned clip system as a good friend would be “helping you get your clip moved up.”

In Friendships: Not Being Mean Many students mentioned that good friends are “not mean to you and do not tease you to your face.” Another student added that a friend will not “brag and tease you about what you have when they have something better.” Still another added that a good friend does not “talk bad about you...[or] hit, push, or call [you] names...this is being a mean friend.”

In the Neighborhood/Outside of School: Obeying Adults A competent child at home and in the community follows adult directions. For exam-

ple, almost every focus group had some variant of one child’s comment that a good child “listens to [their] mama always and pays attention to her.” Another student validated this expectation with a disturbing, but contextually relevant rationale: “A good student would listen to [their] mom or dad or grandma because if you [don’t] listen to them you, you [could] go where you aren’t supposed to go and then [bad neighbors] are gonna shoot at you.” Students also talked about obeying rules at church: “When the pastor or priest is talking, you track them [with your eyes] and listen to them.”

In the Neighborhood/Outside of School: Inhibiting Aggression Students agreed that using physically aggressive behavior was undesired across contexts. “A bad kid is when they fight and hit people and slap people and punch people,” explained one student. Students also agreed that destruction of property was a behavior that was undesired, for example, “When [bad children] break things.”

As depicted in Table 16.2, a variety of other competencies emerged either with some agreement or specific to a grade-level group; however, illustrating each code extends the limits of this chapter. The absence of consensus for less salient codes may reflect developmental differences (e.g., first and second grade mentioned more advanced “problem-solving abilities”) or perhaps do hold consensus, but for unknown reasons did not emerge across grade levels. Regardless, some less salient codes may become potent targets in further planning (e.g., competencies such as “making friends” and “frustration tolerance” align to aforementioned SEL skills; CASEL, 2003).

Student Stressors

Student perceptions of stressors emerged from two types of focus group questions. One set explicitly asked students, “What challenges/stressors do children your age experience?” Another set were induced from follow-up questions about things, people, or events that caused them to experience unpleasant emotions (i.e., sad, angry,

and scared). Stressors with complete consensus include: (a) family death and separation, (b) physical aggression, (c) social exclusion, (d) adult meanness, (e) punitive discipline, and (f) negative sibling interactions.

Death and Separation Students experienced stress when separated from family members. Sometimes the separation existed between living relatives, for example, “My mom [doesn’t] want my Dad to be by me. I want him to live with us but my momma [doesn’t]. I want to call my dad to go somewhere—I never do—I never go places with my Daddy.” They also spoke of separation via death as stressful; one student shared, “Six months ago somebody who was important to me died, it was my friend’s mom.” Finally, one student alluded to separation and death: “My mom tells me that my grandma has to stay in the hospital and [won’t] come home.”

Physical Aggression Students mentioned being physically hurt by someone as stressful. One said, “If somebody hits you, it makes you feel mad.” Many students expressed that “fights with friends” were stressful, particularly “when somebody hits you in the face and doesn’t say sorry.” Finally, students also reported threats of physical aggression as stressful. For example, “My mom’s old boyfriend said he was going to kill our mom and [he] might kill us.”

Social Exclusion Another stressor salient to this group was social exclusion, which typically happened in peer situations. For example, one student explained, “[It is stressful] when they say they don’t like you, or they say they[‘re] not your friend anymore...[that] breaks your heart...[and] if somebody break[s] your heart, that means that they’re not being nice to you.” Another type of social exclusion was from access to play or treats, as one student shared: “[It makes] me sad [when] nobody plays or gives me [any] cake, when nobody shares with [me].”

Adult Meanness The concept of “adult meanness” emerged exclusively from ecomap inter-

views. Notwithstanding, this concept garnered consensus across grades. Perceptions of unwarranted, extreme, and inconsistent meanness from adults clustered together to form this code. For example, “If I want to talk, [the bus driver] won’t let us talk...because he wants to listen to the radio; the bus driver whooped⁵ us. He used his belt.” Another student explained that it was stressful when “my [mother] slaps me in my face just to be funny with her friends when they visit.” Finally, at school, one student illustrated the adult meanness code by recounting having “[felt] angry at [my teacher] because she moved people’s clips down when they don’t know why the clip got moved down. She is mean and I feel mad like when she yells at us to move our clip down for tying our shoes when standing in line...she takes her anger out on us; she teaches us about letting out our anger without being mean but she looks at us mean when she gets angry and sends us to the end of the line.”

Punitive Discipline Punishment-based consequences emerged as a stressor; this code is different from adult meanness in that the intended consequence is to modify children’s behavior. For example, one student was sad when “I get two checks [clip moved down].” Another student indicated stress when teachers “yell at you because you did something wrong and they will yell and yell.” Many others mentioned punishment at home, for example, “When my mom makes me go in the corner with my hands up [a form of corporal punishment].” Another student said, “When my dad comes in and yells at me.” Finally, many students mentioned that getting “whoopings” was stressful.

Sibling Conflict Sibling conflict was another code that derived solely from ecomap interviews and that reached consensus. Students in all grades mentioned examples of stressful encounters with siblings. For example, one student said, “My

⁵ “Whoop” is a local term akin to spanking. It typically involves hitting a child either with the hand or with an instrument (e.g., a belt).

little sister pulls on [my] ear and bites on [my] ear, screams and makes me distracted when I do my homework.” Another explained, “Me and my brother mostly don’t get along. He likes to beat me up and he won’t let me go into his room but he comes into my room.”

Similar to the valued competencies, a variety of stressors did not reach full consensus. However, some grade-specific stressors map onto aforementioned, known risks cited in research literature and may be important in PWB promotion planning (e.g., exposure to neighborhood violence). The culture-specific stressors that children endorse become powerful within a model of PWB promotion designed to reduce risk and to identify children experiencing intense or numerous stressors via, for example, a school-specific measure of risk using emic descriptors of stressors.

Reactions to Stress

The stressors discussed in focus groups were presented back to elicit common reactions; for example, groups that mentioned discipline as a stressor were asked, “When a child’s clip moves down, what do they do? How do they feel?” For most groups, the primary reaction was “being mad,” and stress responses were manifestations of, or attempts to regulate, anger. Four salient reactions emerged: (a) avoiding/ignoring people; (b) help seeking; (c) physical, social, and self-directed aggression; (d) and using self-calming, affect-regulation techniques.

Avoid or Ignore People In response to stress, students described avoiding the stressor. Students retreated to their rooms, ran away from situations, and turned their faces away to avoid continued interaction. One student explained, “I go to my room and [don’t] come out.” Another said, “I run and slam the door and lock it and sit in my room.” Students also said that they deliberately ignored stressors, for example, “I would just ignore them and ignore them.” Students also described strategies for ignoring stressful individuals or situations. “I hum to myself. I cover

my face,” said one student; another added, “I put my arms and head inside [my] shirt.”

Help Seeking Informing others and seeking help were dominant reactions to stress. “You can tell somebody about your feelings to make you feel better,” explained one student. Family members, teachers, and peers were identified as helpers. One student said, “You can tell the teacher, tell the principal, and tell your momma or your dad.” Students also described peers as helpers in times of stress. One student offered, “There [are] a lot of things [a friend] can do when someone is sad... When someone is sad, you help them get better.”

Physical, Social, and Self-Directed Aggression Aggression was a salient reaction to stress and was expressed toward others, objects, and the self. For example, “[When] I get really angry I push people. I feel like fighting them.” Another student reported, “I [am] mean to the teacher when I’m angry and kick the teacher’s stuff down and [don’t] pick it back up or say sorry.” Regarding relational aggression, “I would hurt them back by calling them names or ignoring them.” Another child explained self-harm: “When I get mad, I throw everything down on the floor... get [my] toy and hit [myself].” Other aggressive stress reactions included, “classroom outbursts,” “hitting people,” “kicking chairs,” and “punching the wall.”

Use of Self-Calming and Affect-Regulation Techniques Children spoke in detail about specific calming and emotion-regulation techniques such as deep breathing and positive thinking. “They can calm [them]selves down by thinking calm thoughts, like thinking about a time you went to the park. And you can count from five to zero.” Another student advised, “Take a thousand deep breaths.” Self-calming techniques also included distraction. For instance, one student explained, “I have a friend. Every time she is scared she wants me to put on music.” Other related self-calming strategies included “sleeping,” “taking a walk,” “cold rags on your face,”

“writing music,” “play[ing] on the computer,” “brushing my doll’s hair,” and “dancing.”

Physiological Responses Students discussed an array of physical responses including “fast heartbeats” and “shivering.” However, the primary physiological response was crying. “One time... somebody at my table said [my] picture wasn’t beautiful and [I] started crying.” Another explained, “When my mom whoops me, I be crying.”

Perspectives of Supports

When experiencing stress, the sources of support described by students included both internal and external supports such as classmates, friends and family, and teachers. Regarding types of support, opportunities to play either with another person or alone was one of the most commonly reported. Other types of support included (a) physical affection, (b) self-calming techniques, (c) engaging in pleasant activities, and (d) playing with pets.

Play, Encouragement, and Help In response to the question, “What do you do for a friend who is feeling upset?” children most often expressed providing encouragement and help through opportunities to play. For example, one student suggested, “Go[ing] to play in the park together.” Another said, “You can play football in the grass with them; you can help them on the field...like real football players.” Help and encouragement in general were discussed. For instance, one child offered consolation to a friend who had been teased: “I knocked on her door and she came to answer her door and I said, ‘Just ignore the other kids that don’t like you. When they say you[re] ugly, you say, ‘I’m not really ugly, I’m beautiful and pretty...’ I told her that she was beautiful and pretty.”

Supportive Adults and Teenagers Students mentioned family members and other known adults as members of their support system. For example, “I will go to my mother and my sister and my dad. If my mom is doing something,

I go to my dad. If my dad is doing something, I go to my sister. If [she can’t help], I go back to my mom.” Other specific adults included teachers, grandparents, uncles and aunts, the ECSNO principal, and police officers. Children also described their teenaged siblings as sources of support, as in one student’s example: “[My sister] used to go to my soccer games but now she’s in high school. I understand [that] because she’s a teenager she won’t be able to go to all my games, but I know inside of my heart she’ll always be there for me.”

Physical Affection Students noted physical affection as a way to make others feel better. “Give them a hug,” and “Pat [them] on the back when [they] get hurt” were discussed in every grade-level group. Students also reported that “rubbing backs” was a common method of soothing used by parents and adults at home to relieve their stress.

Self-Calming Students listed several self-calming strategies, often as directly instructed by the teacher, as important sources of support. One student mentioned smiling to improve mood. Another spoke of changing thoughts: “[I would] think calm thoughts like you’re dancing with a best friend [who] knows how to dance.” Finally, another spoke to the ECSNO practice of deep breathing in explaining, “Since [I’m] angry, [I can] go in that corner. I would count from 1 to 10 and take 100 deep breaths.”

Engage in Pleasant Activities Slightly different than general play, students also mentioned engaging in pleasant activities or events as sources of support. For example, one student mentioned that after being upset, his family took him downtown. “We went on the streetcar. We went to Canal Street. I got a lot of stuff.” Time spent in pleasant activities often occurred with family and peers, and typical activities included, “swimming,” “reading,” “playing video games,” and “watching football.”

Pets Pets offered support to many students, both through the previously discussed physical touch

and also feelings of love. One child said her dog made her "...so, so happy, I took her for a walk, and she licked my hand and she gave me a big hug." Another explained going to his dog when upset: "I love him, he loves me, I'm happy about him, he's happy about me; Roody loves me because when he barks he's trying to talk to me."

Reactions to Support

Students were also asked how they can detect when someone is experiencing positive feelings (such as happiness), and how students react when they are experiencing or have received support. Students described these reactions to support in terms of experiencing positive emotions and demonstrating these emotions through facial expressions.

Positive Emotions Student reactions to support were generally described as sensations and feelings of happiness. The most commonly described feelings were "great," "being happy," and feeling "good inside" when they experienced internal or external support. They also hinted at the positive emotion from self-efficacy in responding appropriately to stress, as one child explained, "When they help [themselves] feel better, people feel good about themselves."

Facial Expressions Students explained that facial expressions were another common reaction to support. For example, one student said that when you "...make a smile on your face, it means that somebody made you happy." Another student explained, "I see that their whole face is going up like this [demonstrating a wide smile]." When happy, another student said, "My face goes up in the air and I start laughing."

Discussion

Across our child participants at ECSNO in New Orleans, Louisiana, there was general agreement that a competent student mastered the skills and behaviors involved in following classroom rules,

earning positive and avoiding negative consequences, respecting others, helping those in need, avoiding meanness, obeying adults in different environments, and inhibiting aggression. Risk factors are hypothesized to impede children in their development of the aforementioned valued competencies. Our children presented variables that they recognized as stressful that included family deaths and separations, physical aggression from peers or at home, social exclusion, bad neighbors, adult meanness, punitive discipline, and sibling conflict. However, in the face of stress, our participants highlighted common supports such as peer support through play, receptive adults or teenagers, physical affection, self-calming techniques, engaging in pleasant activities, pets, and receiving gifts.

Our children's depictions of their most proximal school and home microsystems equip us as scientists and practitioners to appreciate a fuller ecology in which we strive to promote our dual goals of academic achievement and PWB. An essential insight from our data was that even young participants were quite attuned to, and could make explicit, the norms, values, and expectations that the adults in their environments hold for them. More specifically, in our full data set that includes parent, teacher, and administrator perspectives on the same domains presented herein, 13 valued expectations emerged. Our children discerned 11 of these, oblivious only to the adult values of internal motivation—an abstract concept—and understanding Louisiana culture and history. Our children are keenly aware of the expectations in their ecology; nonetheless, high numbers of ECSNO students screened as having behavioral and emotional risks (Nastasi & Bell, 2012)—indicating that a sizeable proportion of students struggles to succeed in these behavioral, academic, and social-emotional competencies. The issue is not that they do not understand or value what a good student is expected to do; there is disconnect between knowledge and skill mastery. This disconnect is likely an overload of inhibiting factors or dearth of promoting factors to assist children in successfully developing these skills in their day-to-day realities. The emergent questions

from this observation become practical, and our results represent one step in cataloguing these factors to best hypothesize which protections to boost and which stressors to mitigate. What are the messages we can take from the children to inform PWB and academic planning? We believe there are three stark conclusions from our results, each with implications for future research and practice.

Our first conclusion involves the importance of relationships. The parents, teachers, and administrators at ECSNO, in our broader research project, provided an inventory of stressors and challenges that almost perfectly reflected our introduction on known risk factors in the chrono-, macro-, and exo-systems for urban youth of color (Nastasi & Bell, 2012). Parents spoke of their children's challenges developing in a society of racism and with few financial and professional resources; teachers addressed the growing pressures of accountability to rigorous standards vis-à-vis a student population entering kindergarten already academically behind their more affluent peers. However, our children provided no references to distal influences in their ecology (e.g., NCLB). The children depict both their stressors and supports almost entirely in reference to their immediate personal relationships. Children acknowledge that a power dynamic exists in their relationships with adults (i.e., "listen to your mama;" "listen to your teacher"); however, they experience stress when this relational power is expressed inconsistently, with an overreliance on punishment, by way of double-standard (e.g., "she teaches us about letting out our anger without being mean, but she looks at us mean when she gets angry") or with corporal methods (e.g., "whoopings"). Of the most salient codes for both student stressors and supports, all but one involved interpersonal (and even human-animal) relationships. This observation holds potential for both practical application and future, broader research. We are becoming acutely aware that the social and affective characteristics of classrooms may be equal, perhaps better, predictors of learning than the instructional and cognitive characteristics (Doll, Spies, LeClair, Kurien, & Foley, 2010; Wang, Haertel, & Walberg, 1997).

However, champions for PWB currently struggle with translating this research on social-emotional competence into local settings and promoting sustainability of PBS and SEL approaches.

A second conclusion we observed in these data related to the tension between the PWB supports students value as effective and the supports schools traditionally employ. Specifically, physical affection and play were valued supports to children; however, both lie in opposition to typical educational practice. Regarding human touch, research has never wavered as to the benefits of human contact, and indeed, Western medicine is beginning to embrace touch for its therapeutic benefits (e.g., Brody, 2012). However, touch is controversial in schools; lawsuits and fear of child sexual abuse have led many schools to adopt no touch policies and create unequivocal professional distance from children (Andrzejewski & Davis, 2008). Play is a fundamental mechanism through which young children learn. However, in the age of accountability, knowing how to read has undoubtedly triumphed over knowing how to play, manage friendships, and navigate conflict prosocially and nonaggressively. In US schools, if recess is available at all, it is often used as the reinforcer to be removed in a negative punishment behavioral management paradigm (e.g., Pellegrini, 2005). The dilemma of this conclusion, therefore, is how to best negotiate responding to students in ways they perceive as supportive while also ensuring their safety (i.e., from inappropriate touch) and balancing learning and support to include play.

A third stark observation involved the ever-present issue of school discipline. Since the founding of our nation, public school administrators and teachers have been granted vast discretion over the procedures and policies for maintaining safety and order in school buildings (Jacob, Decker, & Hartshorne, 2011). However, an overreliance on harsh and exclusionary discipline (i.e., corporal punishment, suspension, and expulsion) and the discriminatory application of such methods toward students with disabilities and children of color have continually called into question the constitutionality of punishment-based discipline (CDF, 2012; Jacob et al., 2011).

Discipline and order are necessary at school and home to socialize children to behavioral expectations; however, discipline and punishment are not synonymous. Our children were not necessarily opposed to rules, expectations, and “clips”—indeed some reveled in the joy of getting their clip moved up. They did note, however, that punishment (e.g., yelling, whoopings, “going home,” i.e., suspension, clips) was a source of stress. Both schools and broader research agendas must constantly assess their vision for competent students against the methods used to socialize behavior and determine whether the methods used for discipline are working for the children to whom they are intended to “teach.” Our guess is that they currently do not, as a national cradle-to-prison pipeline would not exist (CDF, 2012).

Beyond these observational musings, we also believe our methods and results—although host to limitations of external validity—provide guidance to both practitioners and future research. The cultural specificity of our results represents both its chief strength (i.e., internal validity) and its greatest limitation (i.e., external validity). We believe that future research and practice might benefit from negotiating this tension, such as the field of implementation science that seeks to translate broad research with strong external validity into cultural niches to facilitate cultural specificity, only to disseminate back to science generalizable conclusions about the process at local levels (e.g., Fixsen et al., 2005). More incisively, it is our process that is generalizable, and the results for each school or system will inherently always be culture specific and therefore highly internally valid. For example, at ECSNO, the strong internal validity of these data meant that PWB planning at the school level was well positioned to reflect and capitalize on shared strengths and visions for student competence while better understanding the discrete stressors active in the microsystem. After this reflection, conducted in administrator and teacher meetings, ECSNO has established universal mental health screenings, is initiating school-wide PBS planning for the upcoming school year, and because of the PPWBG data, a universal SEL program will move out of its pilot year and into

full operation and evaluation. Efforts to date and preliminary analyses hint that the attention to cultural specificity (presented herein) have enhanced teacher and parent acceptability (i.e., perceived value and congruence with cultural norms) and have allowed the system to successfully accommodate programs and mindsets related to SEL and child PWB (Bell, Summerville, Nastasi, MacFeters, & Earnshaw, 2015). These data provided a blueprint to assess vision against reality and to make data-informed plans to promote PWB that were fortified with local specificity.

References

- Adelman, H. S., & Taylor, L. (2006). *The school leader's guide to student learning supports: New directions for addressing barriers to learning*. Thousand Oaks: Corwin.
- American Civil Liberties Union. (2009). *A violent education: Corporal punishment of children in U.S. public schools*. Washington, DC: American Civil Liberties Union. Retrieved from http://www.aclu.org/files/pdfs/humanrights/aviolenteducation_execsumm.pdf. Accessed 3 June 2013.
- American Psychological Association (APA). (2005). *Toward an urban psychology: Research, action, and policy*. Washington, DC: American Psychological Association.
- Andrzejewski, C. E., & Davis, H. A. (2008). Human contact in the classroom: Exploring how teachers talk about and negotiate touching students. *Teaching and Teacher Education*, 24, 779–794. doi:10.1016/j.tate.2007.02.013.
- Bell, P. B., Summerville, M. A., Nastasi, B. K., MacFeters, J., & Earnshaw, E. (2015). Promoting psychological well-being in an urban school using the participatory culture specific intervention model. *Journal of Educational and Psychological Consultation*, 25, 1–18. doi:10.1080/10474412.2014.929955.
- Bradshaw, C. P., Koth, C. W., Bevans, K. B., Jalongo, N., & Leaf, P. J. (2008). The impact of school-wide positive behavioral interventions and supports (PBIS) on the organizational health of elementary schools. *School Psychology Quarterly*, 23, 462–473. doi:10.1037/a0012883.
- Brody, H. (2012). On talking and touching in medicine. *Journal of Pain, Palliative Care, and Pharmacotherapy*, 26, 165–166. doi:10.3109/15360288.2012.676619.
- Centers for Disease Control and Prevention. (2009). *School connectedness: Strategies for increasing protective factors among youth*. Atlanta: U.S. Department of Health and Human Services. Retrieved from:

- <http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf>. Accessed 3 June 2013.
- Children's Defense Fund (CDF). (2003). *Promoting children's mental health screens and assessments: Children's mental health resource kit*. Washington, DC: Children's Defense Fund. <http://www.childrens-defense.org/child-research-data-publications/data/childrens-mental-health-resource-kit.pdf>. Accessed 3 June 2013.
- Children's Defense Fund (CDF). (2010). *Mental health fact sheet, March 2010*. Washington, DC: Children's Defense Fund. www.childrensdefense.org. Accessed 3 June 2013.
- Children's Defense Fund (CDF). (2011). *The state of America's children: 2011*. Washington, DC: Children's Defense Fund. <http://www.childrensdefense.org/child-research-data-publications/data/state-of-americas-children-2011-report.html>. Accessed 3 June 2013.
- Children's Defense Fund (CDF). (2012). *Portrait of inequality 2012: Black children in America*. Washington, DC: Children's Defense Fund. <http://www.childrensdefense.org/child-research-data-publications/data/portrait-of-inequality-2011.html>. Accessed 3 June 2013.
- Children's Health Fund and the National Center for Disaster Preparedness. (2010). *Legacy of Katrina: The impact of a flawed recovery on vulnerable children of the Gulf Coast—A five-year status report*. New York: Columbia University Mailman School of Public Health.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2003). *Safe and sound: An educational leader's guide to evidence-based social and emotional learning (SEL) programs*. Philadelphia: Mid-Atlantic Regional Educational Laboratory, The Laboratory for Student Success (LSS). http://www.communityschools.org/assets/1/AssetManager/1A_Safe_&_Sound.pdf. Accessed 3 June 2013.
- Collaborative for Academic, Social, and Emotional Learning (CASEL). (2013). *Effective social and emotional learning programs: Preschool and elementary school edition*. Chicago: Collaborative for Academic, Social, and Emotional Learning. <http://casel.org/guide/>. Accessed 3 June 2013.
- Cook, B. L., Barry, C. L., & Busch, S. H. (2012). Racial/ethnic disparity trends in children's mental health care access and expenditures from 2002 to 2007. *Health Services Research, 48*, 129–149. doi:10.1111/j.1475-6773.2012.01439.x.
- Council of Chief State School Officers, National Governors Association Center for Best Practices. (2010). *Common core state standards*. Washington, DC: Council of Chief State School Officers, National Governors Association Center for Best Practices. <http://www.corestandards.org/in-the-states>. Accessed 3 June 2013.
- Council of the Great City Schools. (2000). *Urban schools face critical teacher shortage*. Washington, DC: Council of the Great City Schools.
- Cowen Institute for Public Education Initiatives (CIPEI). (2012). *The state of public education in New Orleans: 2012 report*. New Orleans: Tulane University. <http://www.coweninstitute.com/wp-content/uploads/2012/07/SPENO-20121.pdf>. Accessed 3 June 2013.
- Doll, B., Spies, R. A., LeClair, C., Kurien, S., & Foley, B. P. (2010). Student perceptions of classroom learning environments: Development of the ClassMaps survey. *School Psychology Review, 39*, 203–218.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*, 405–432. doi:10.1111/j.1467-8624.2010.01564.x.
- Evenson, A., Justinger, P., Pelischek, E., & Schulz, S. (2009). Zero tolerance policies and the public schools: When suspension is no longer effective. *NASP Communicative, 37*, 2–3. <http://www.nasponline.org/publications/cq/mocq375zerotolerance.aspx>. Accessed 3 June 2013.
- Elementary and Secondary Education Act (ESEA), 20 U.S.C. § 70. (1965). <http://www.law.cornell.edu/uscode/text/20/6301>. Accessed 3 June 2013.
- Fege, A. F. (2006). Getting Ruby a quality public education: Forty-two years of building the demand for quality public schools through parental and public involvement. *Harvard Educational Review, 76*, 570–586.
- Fenning, P., & Rose, J. (2007). Overrepresentation of African American students in exclusionary discipline: The role of school policy. *Urban Education, 42*, 536–559. doi:10.1177/0042085907305039.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Fuchs, D., Mock, D., Morgan, P. L., & Young, C. L. (2003). Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities Research & Practice, 18*, 157–171. <http://onlinelibrary.wiley.com/store/10.1111/1540-5826.00072/asset/1540-5826.00072.pdf?v=1&t=hh10182k&s=15b67ae4c13f5e6d63c37f5e1b2d9cbd03f31ee5>. Accessed 3 June 2013.
- Grant, J. (2009). *Breakdown: In crisis, New Orleans cuts mental health efforts*. <http://abcnews.go.com/Blotter/story?id=8296501&page=1#.T5NkAM3RNgo>. Accessed 3 June 2013.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist, 58*, 466–474. doi:10.1037/0003-066X.58.6-7.466.
- Gresham, F. (2002). Responsiveness to intervention: An alternative approach to the identification of learn-

- ing disabilities. In R. Bradley, L. Danielson, & D. Hallahan (Eds.), *Identification of learning disabilities: Research to practice* (pp. 267–529). Mahway: Erlbaum.
- Guglielmi, R. S., & Tatrow, K. (1998). Occupational stress, burnout, and health in teachers: A methodological and theoretical analysis. *Review of Educational Research, 68*, 61–99.
- Hadderman, M. (1998). *Charter schools*. Eugene: ERIC Clearinghouse on Educational Management. (ERIC Document Reproduction Service No. ED422600).
- Hart Research Associates (HRA). (2011). *The state of Black children and families: Black perspectives on what Black children face and what the future holds*. Washington, DC: Children's Defense Fund. <http://www.childrensdefense.org/programs-campaigns/black-community-crusade-for-children-ii/bccc-assets/the-state-of-black-children.pdf>. Accessed 3 June 2013.
- Hess, R. S., Short, R. J., & Hazel, C. E. (2012). *Comprehensive children's mental health services in schools and communities*. New York: Routledge.
- Heubert, J. P., & Hauser, R. M. (1999). *High stakes: Testing for tracking, promotion and graduation*. Washington, DC: National Academy.
- Hoagwood, K., & Johnson, J. (2003). School psychology: A public health framework. *Journal of School Psychology, 41*, 3–21. doi:10.1016/S0022-4405(02)00141-3.
- Horner, R. H., Sugai, G., & Anderson, C. M. (2010). Examining the evidence base for school-wide positive behavior support. *Focus on Exceptionality, 42*, 1–14.
- Jacob, S., Decker, D. M., & Hartshorne, T. S. (2011). *Ethics and law for school psychologists*. Hoboken: Wiley.
- Jorgensen, M. A., & Hoffmann, J. (2003). *History of the no child left behind Act of 2001*. Upper Saddle River: Pearson Education, Inc.
- Jumper-Thurman, P., Edwards, R. W., Plested, B. A., & Oetting, E. (2003). Honoring the differences: Using community readiness to create culturally valid community interventions. In G. Bernal, J. E. Trimble, A. K. Burlew, & F. T. L. Leong (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 591–607). Thousand Oaks: Sage.
- Maldonado, C. (2009). *New Orleans' mental health crisis*. <http://www.bestofneworleans.com/gambit/new-orleans-mental-healthcrisis/Content?oid=1972425>. Accessed 3 June 2013.
- Martinez, R. S., & Nellis, L. M. (2008). Response to intervention: A school-wide approach for promoting academic wellness for all students. In B. Doll & J. A. Cummings (Eds.), *Transforming school mental health services: Population-based approaches to promoting the competence and wellness of children* (pp. 143–164). Thousand Oaks: Corwin.
- Masten, A. S., Roisman, G. I., Long, J. D., Burt, K. B., Obradovic, J., Riley, J. R., Boelcke-Stennes, K., & Tellegen, A. (2005). Developmental cascades: Linking academic achievement and externalizing and internalizing symptoms over 20 years. *Developmental Psychology, 41*, 733–746. doi:10.1037/0012-1649.41.5.733.
- Merrell, K. W., Ervin, R. A., & Peacock, G. G. (2012). *School psychology for the 21st century: Foundations and practices*. New York: Guilford.
- Miranda, A. H., & Olivo, J. C. II. (2008). Best practices in urban school psychology. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology* (Vol. 5, pp. 1809–1818). Bethesda: The National Association of School Psychologists.
- Morse, T. E. (2010). New Orleans' unique school reform effort and its potential implications for special education. *Education and Urban Society, 42*, 168–181. doi:10.1177/0013124509349570.
- Murali, V., & Oyeboode, F. (2004). Poverty, social inequity and mental health. *Advances in Psychiatric Treatment, 10*, 216–224.
- Myers, H. F., Lewis, T. T., & Parker-Dominguez, T. (2003). Stress, coping and minority health: Biopsychosocial perspective on ethnic health disparities. In G. Bernal, J. E. Trimble, A. K. Burlew, & F. T. L. Leong (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 377–400). Thousand Oaks: Sage.
- Nastasi, B. K. (2008). *Promoting psychological wellbeing globally project [Study procedures]*. Department of Psychology, Tulane University, New Orleans.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting Psychological Well-Being Globally project. [Updated study procedures]*. Department of Psychology, Tulane University, New Orleans.
- Nastasi, B. K., & Bell, P. B. (2012, October). *A participatory approach to creating culturally sensitive programs in a multiple-risk southern school community*. Invited paper presented at the School Mental Health Research Summit. Sponsored by the Center for Intervention Research in Schools & The Center for School Mental Health. Salt Lake City.
- Nastasi, B. K., & Schensul, S. L. (2005). Contributions of qualitative research to the validity of intervention research. *Journal of School Psychology, 43*, 177–195. doi:10.1016/j.jsp.2005.04.003.
- National Association of School Psychologists (NASP). (2001). *Zero tolerance and alternative strategies: A fact sheet for educators and policymakers*. Bethesda: National Association of School Psychologists. http://www.nasponline.org/resources/factsheets/zt_fs.aspx. Accessed 3 June 2013.
- National Association of School Psychologists (NASP). (2003). *NASP position statement on using large scale assessment for high stakes decisions*. Bethesda: National Association of School Psychologists. http://www.nasponline.org/resources/factsheets/highstakes_fs.aspx. Accessed 3 June 2013.
- National Association of School Psychologists (NASP). (2010). *Model of comprehensive and integrated school psychological services*. Bethesda: National Association of School Psychologists. http://www.nasponline.org/standards/2010standards/2_PracticeModel.pdf. Accessed 3 June 2013.
- National Center for Education Statistics. (2012). *Digest of education statistics; 2012*. Washington, DC: U.

- S. Department of Education. http://nces.ed.gov/programs/digest/d12/tables/dt12_063.asp. Accessed 3 June 2013.
- National Research Council. (2012). Education for life and work: Developing transferable knowledge and skills in the 21st century. In J. W. Pellegrino & M. L. Hilton (Eds.), *Committee on defining deeper learning and 21st century skills, board on testing and assessment and board on science education, division of behavioral and social sciences and education*. Washington, DC: The National Academies.
- New Orleans Parent Organizing Network (NOPON). (2012). *New Orleans parent's guide to public schools*. New Orleans: Abbey Printing. <http://neworleansparentsguide.org/files/NOLA%20Parents%20Guide%202012.pdf>. Accessed 3 June 2013.
- No Child Left Behind (NCLB) Act of 2001, Pub. L. No. 107–110, § 115, Stat. 1425 (2002). <http://www2.ed.gov/policy/elsec/leg/esea02/107-110.pdf>. Accessed 3 June 2013.
- Noell, G. H., & Gansle, K. A. (2009). *Technical report: Teach for America teachers' contribution to student achievement in Louisiana in grades 4–9—2004–2005 and 2006–2007*. Baton Rouge: Louisiana State University. http://www.nctq.org/docs/TFA_Louisiana_study.PDF. Accessed 3 June 2013.
- Pellegrini, A. D. (2005). *Recess: Its role in education and development*. New York: Psychology.
- President's New Freedom Commission on Mental Health (PNFC). (2003). *Achieving the promise: Transforming mental health care in America*. Rockville: President's New Freedom Commission on Mental Health. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. http://www.michigan.gov/documents/NewFreedom-MHReportExSum_83175_7.pdf. Accessed 3 June 2013.
- Sarason, S. B. (1996). *Revisiting "The culture of the school and the problem of change"*. New York: Teachers College Press.
- Simonsen, B., Eber, L., Black, A., Sugai, G., Lewandowski, H., Myers, D., & Sims, B. (2011). Positive behavioral interventions and supports in Illinois: Lessons learned for large-scale implementation. *Journal of Positive Behavior Interventions*, 14, 5–16.
- Skiba, R. (2000). *Zero tolerance, zero evidence: An analysis of school disciplinary practice* (Policy Research Report #SRS2). Bloomington: Indiana Education Policy Center.
- Smith, S. (2009). *4 years after Katrina, New Orleans' mental health system still in crisis*. Retrieved from: http://articles.cnn.com/2009-08-28/health/nola.mentalhealth.katrina_1_mental-health-mental-illness-beds?_s=PM:HEALTH. Accessed 3 June 2013.
- Sugai, G. & Horner, R. H. (2002). The evolution of discipline practices: School wide positive behavior supports. *Child and Family Behavior Therapy*, 24, 23–50. doi:10.1300/J019v24n01_03.
- Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A. P., Turnbull, H. R., Wickham, D., Reuf, M., & Wilcox, B. (2000). Applying positive behavioral support and functional behavioral assessment in schools. *Journal of Positive Behavioral Interventions*, 2, 131–143. http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1031&context=gse_fac. Accessed 3 June 2013.
- Taylor, J., & Kouyaté, M. (2003). Achievement gap between black and white students: Theoretical analysis with recommendations for remedy. In G. Bernal, J. E. Trimble, A. K. Burlew, & F. T. L. Leong (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 327–356). Thousand Oaks: Sage.
- U.S. Department of Education (USDOE). (2008). *Consolidated state application accountability workbook for state grants under Title IX, Part C, Section 9302 of the Elementary and Secondary Education Act (Public Law 107–110)*. Washington, DC: U.S. Department of Education.
- U.S. Department of Education (USDOE). (2011). *Total number of public schools making AYP: 2010–11*. <http://www.eddataexpress.ed.gov/data-element-explorer.cfm/tab/data/deid/11/>. Accessed 3 June 2013.
- U.S. Department of Health and Human Services (USDHHS). (1999). *Mental health: A report of the Surgeon General*. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Washington, DC: U.S. Department of Health and Human Services. <http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS>. Accessed 3 June 2013.
- U.S. Department of Health and Human Services (USDHHS). (2000). *Report of the Surgeon General's conference on children's mental health: A national action agenda*. Washington, DC: U.S. Department of Health and Human Services. <http://www.ncbi.nlm.nih.gov/books/NBK44233/>. Accessed 3 June 2013.
- U.S. Department of Health and Human Services (USDHHS). (2001). *Mental health: Culture, race and ethnicity*. Washington, DC: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. <http://www.ct.gov/dmhas/lib/dmhas/publications/mhethnicity.pdf>. Accessed 3 June 2013.
- U.S. Department of Health and Human Services (USDHHS). (2002). *Bright futures in practice: Mental health practice guide*. Washington, DC: Health Resources and Services Administration, Maternal and Child Health Bureau. www.brightfutures.org/mental-health/index.html. Accessed 3 June 2013.
- U.S. General Accounting Office (USGAO). (2002). *Per-pupil spending differences between selected inner city and suburban schools varied by metropolitan area*. Washington, D.C.: U.S. General Accounting Office. <http://www.gao.gov/new.items/d03234.pdf>. Accessed 3 June 2013.
- U.S. Government Accountability Office (USGAO). (2009). *Hurricane Katrina: Barriers to mental health*

- services for children persist in greater New Orleans, although federal grants are helping to address them.* Washington, DC: U.S. Government Accountability Office. <http://www.gao.gov/new.items/d09563.pdf>. Accessed 3 June 2013.
- U.S. National Commission on Excellence in Education. (1983). *A nation at risk: The imperative for educational reform: A report to the Nation and the Secretary of Education, United States Department of Education.* Washington, D.C.: U.S. National Commission on Excellence in Education. http://datacenter.spps.org/uploads/SOTW_A_Nation_at_Risk_1983.pdf. Accessed 3 June 2013.
- Wang, M. C., Haertel, G. D., & Walberg, H. J. (1997). Learning influences. In H. J. Walberg & G. D. Haertel (Eds.), *Psychology and educational practice* (pp. 199–211). Berkeley: McCatchan.
- Weiner, L. (2006). *Urban teaching: The essentials.* New York: Teachers College Press.
- Wellford, C., Bond, B. J., & Goodison, S. (2011). *Crime in New Orleans: Analyzing crime trends and New Orleans' response to crime.* Washington, DC: U.S. Dept. of Justice. http://modiphy.dnsconnect.net/~nolaipm/main/uploads/File/All/BJA_report_on_crime.pdf. Accessed 3 June 2013.

Cross-Cultural Patterns of Children's Phenomenology About Stressors and Supports

17

Amanda P. Borja, Bonnie K. Nastasi, Emiliya Adelson
and Zainab J. Siddiqui

Introduction

Knowledge of children's stressors and supports provides a basis for understanding children's social-emotional risk, promotional, and protective factors. In fact, the link between children's well-being and perceived stressors and supports is well-established in the literature (Aldwin, 2007; Chu, Saucier, & Hafner, 2010; Lazarus & Folkman, 1984). However, the types of stressors and supports that affect youth are highly variable and have been shown to be affected by sociocultural and environmental factors (Hitchcock et al., 2005). In spite of these variations, a priori categories of stressors and supports are predominantly used to explore children's experiences of stress and supports, which often fails to capture the diversity of experiences of children worldwide (Harrison, Stewart, Myambo, & Teveraishe, 1997). To date, a comprehensive and systematic analysis of global children's phenomenology about their stressors and supports is non-existent. Thus, cross-cultural analyses are needed to build on current understanding of global children's stressors and supports. Not only can cross-cultural analyses systematically identify patterns

of stressors and support but they also can help to systematically isolate the environmental and sociocultural factors that can influence children's phenomenology about their stressors and supports (Liamputtong, 2010). To propel the field toward a better understanding of children's stressors and supports, this chapter presents the findings of a qualitative cross-cultural analysis using children's phenomenology generated from Nastasi and International Psychological Well-Being Research Team (2012) *Promoting Psychological Well-Being Globally* (PPWBG) project. We begin with a review of research on stressors and supports for child and adolescent populations.

Children's Stressors

The study of children's exposure to stressors is a well-developed area of research, and this research has demonstrated that child-relevant stressors are greatly diverse, differing according to the child's maturation level, sociocultural context, and environmental demands (Aldwin, 2007). However, some stressors are well established in the international literature, such as exposure to community violence (e.g., Overstreet, Dempsey, Graham, & Moely, 1999), interpersonal aggression (e.g., Nastasi, Jayasena, Summerville, & Borja, 2011), and academic performance failures (e.g., Frydenberg, Lewis, Ardila, Cairns, & Kennedy, 2001). Further, stressors can stem from the child's cognitions about him or herself (e.g., Chung & Mohanty, 2014), from others in his or her social circles

Portions of this chapter were originally written as part of Amanda P. Borja's Doctoral Dissertation at Tulane University

A. P. Borja (✉) · B. K. Nastasi · E. Adelson ·
Z. J. Siddiqui
Tulane University, New Orleans, LA, USA
e-mail: ap.borja1@gmail.com

(Huang & Menke, 2001), extant sociocultural systems (e.g., Datnow & Cooper, 1997), and the environment (e.g., Nastasi et al., 2011).

Self-based stressors are defined as stressors that stem from the child's cognitions about him or herself, although they are inherently linked to the child's experiences with sociocultural expectations. Thus, person-based stressors are diverse, but children in research have commonly identified at least three. They include concerns about identity (e.g., Chung & Mohanty, 2014; Cunningham, Mars, & Burns, 2012; Datnow & Cooper, 1997); academic, social, and behavioral performance outcomes (DuongTran, Lee, & Khoi, 1996; Huang & Menke, 2001; Nastasi et al., 2011); the future (Byrne & Mazanov, 2002; DuongTran et al., 1996); and one's physical health (Ryan-Wenger, Sharrer, & Campbell, 2005; Silverman, La Greca, & Wasserstein, 1995).

Perhaps reflective of the highly social nature of children's upbringing, most stressors reported by children occur within the context of social interchanges between the child and other persons or between/among others that the child knows. Although some stressors are unique to individual ecologies (e.g., home, school, peers), most *interpersonal stressors* are applicable across multiple settings, implicating (a) children's phenomenology about healthy and unhealthy social interactions and (b) the salience of certain stressors in children's lives. Among those identified, interpersonal aggression and violence is one of the most common, but specific manifestations within a given setting are highly variable (e.g., Hjern, Alfvén, & Östberg, 2008; Jackson & Warren, 2000; Nastasi et al., 2011; Ryan-Wenger et al., 2005; Silverman et al., 1995). Some examples include teasing in school (Nastasi et al., 2011), parents being mean to or yelling at their children (Ryan-Wenger et al., 2005), parents fighting with each other (D'Imperio, Dubow, & Ippolito, 2000; Huang & Menke, 2001), and hearing others use "foul language" (Nastasi et al., 2011, p. 525). Other interpersonal stressors that apply across ecologies include punishment by authority figures and the death/loss, illness, and/or injury of loved ones, particularly family and close friends (e.g., D'Imperio et al., 2000; Jackson & Warren, 2000; Nastasi et al., 2011; Silverman et al., 1995).

Some interpersonal stressors are specific to the individual ecologies in which the child is socialized, such as the home, school, and neighborhood. Specific to the child's home/family life, for instance, children have indicated that parents can be sources of stress, such as when they use drugs or alcohol (e.g., Huang & Menke, 2001; Nastasi et al., 2011), place strict restrictions on children's social lives (e.g., DuongTran et al., 1996), and have high, sometimes unrealistic expectations about the responsibilities, behaviors, and performance that children should exhibit at home and at school (e.g., D'Imperio et al., 2000; DuongTran et al., 1996). Specific to peers, children have indicated that the lack of friendships and/or playmates is a source of distress (e.g., Huang & Menke, 2001), and among adolescents, peer pressure (Cunningham, 1999).

Children also have reported stressors that stem from extant sociocultural systems, and most often, they indicate exposure to and distress about poverty in their communities (e.g., Mosavel, Ahmed, Ports, & Simon, 2013), particularly when it coexists with pervasive community violence and violent crimes (e.g., D'Imperio et al., 2000; Frydenberg et al., 2001; Huang & Menke, 2001; Mosavel et al., 2013), drug use and drug dealings (e.g., Huang & Menke, 2001; Mosavel et al., 2013; Nastasi et al., 2011), and a lack of police intervention (Mosavel et al., 2013). Children also have reported the effects of poverty or scarcity at the school-wide level, such as the poor condition of resources at schools (Nastasi et al., 2011). For example, among a sample of Sinhalese fifth, seventh, and ninth graders in Sri Lanka, adolescents reported that the shortage of school supplies, clean water, toilets, and playground equipment (during the recovery period following 2014 tsunami) was all child-relevant stressors (Nastasi et al., 2011). In addition to poverty, children have reported that racism and racial discrimination are sociocultural stressors that can affect youth's functioning (e.g., Cunningham, 1999; Datnow & Cooper, 1997).

Although most stress studies do not explore environmental stressors relevant to children, when given the opportunity, children have freely indicated that extreme environmental conditions, some natural elements, and pollution are

child-relevant stressors (Frydenberg et al., 2001; Nastasi et al., 2011). For instance, Sinhalese youth in grades 5, 7, and 9 reported that tsunamis, landslides, monsoons, big animals, and other environmental concerns are all stressors (Nastasi et al., 2011). According to youth in that study, natural disasters like tsunamis and floods are stressful because of the large-scale destruction that they can cause, such as damage to the community water system and destruction to people's homes (as experienced in their own community following 2014 tsunami). Thus, children have been shown to demonstrate useful insight into the environmental factors that can be stressful to youth, and more studies are needed that can engage children's perspectives about stressors in the physical environment.

In sum, the literature on children's stressors offers a wealth of knowledge about the factors that youth consider distressing, implicating potential risk factors in children's development. However, given the diversity in extant findings, more studies are needed that explore internationally diverse children's perspectives about their stressors and supports, particularly using a cross-cultural and inductive approach. In extant research, understanding of children's stressors has been generated from respondent-based (self-report) surveys, forcing a limit on the types of stressors that youth can report. Thus, this study aims to build on the international database not only by studying populations of children that have yet to be studied but also by using a systematic cross-cultural approach and qualitative research methods to identify patterns of similarities and differences that reflect child and adolescent perspectives.

Youth Supports

Understanding children's supports is important for identifying socioculturally relevant facilitative and protective factors that are potentially available to youth. Unfortunately, knowledge of children's supports is largely based on theory and research about supports among primarily European American adults (see Barrera, 1986; Cohen & Wills, 1985; Tardy, 1985), in spite of the fact

that current support research has demonstrated that relevant supports can vary greatly across the developmental life span (Demaray & Malecki, 2003; Dubow & Ullman, 1989). In line with adult research, most studies on youth supports have identified emotional, instrumental/tangible, informational, esteem/appraisal, and companionship supports as the dominant support typologies, although some variations in definition and use exist across studies.

Emotional support is the constellation of interactions that maintain, enhance, or encourage positive emotions, independent of or in the face of a negative emotional state (Tardy, 1985). Among the extant categories of supports, emotional support is the most widely studied, and its relationship to children's well-being is well established, especially when the support is provided by family and friends (e.g., Cheng, 1998; Richman, Rosenfeld, & Bowen, 1998). Further, even though perceptions of received emotional supports from adults tend to decrease as youth get older (e.g., Demaray & Malecki, 2003), their link to well-being remains the same, suggesting that emotional support remains an important aspect of healthy development.

Instrumental/tangible support refers to interactions that provide material aid and/or tangible resources to the child, such as money, food, and/or clothing (Cohen & Wills, 1985), and *informational/guidance support* describes interactions that help children understand, process, and generate solutions for managing or improving their life events, particularly those that are appraised as stressful or challenging (Cohen & Wills, 1985). Unlike emotional support, however, received instrumental and informational supports have not demonstrated consistent correlations with well-being and development (Cohen & Wills, 1985; Malecki & Demaray, 2003); and likely due to this inconsistency, their effects have not been extensively studied among children (Malecki & Demaray, 2003). However, theorists suggest that both types of support do in fact sustain one's psychological health, but only if it is (a) desired; (b) perceived as nonthreatening, beneficial, and/or non-costly; and/or (c) appraised as warranted or necessary (Vangelisti, 2009). A number of stud-

ies have demonstrated that adults—principally parents and sometimes teachers—tend to be the primary sources of children’s informational support (e.g., Hombrados-Mendieta, Gomez-Jacinto, Dominguez-Fuentes, Garcia-Leiva, & Castro-Travé, 2012; Malecki & Demaray, 2003).

Esteem/appraisal support refers to the interactions that serve to enhance a person’s self-esteem or self-worth, such as when others recognize, accept, and actively promote the person’s sense of overall worth and domain-specific competence (e.g., academic, athletic, citizen; Cohen & Wills, 1985; Harter, 1999). Like instrumental and informational support, enacted esteem support and its effects are not frequently researched in the literature, and at present, studies suggest that esteem support on its own may not actually correlate with indicators of well-being and development (Malecki & Demaray, 2003).

Companionship support refers to interactions that are leisurely and/or fun, theorized to promote group affiliations and provide desirable options for reducing stress (Cohen & Wills, 1985). Although an undoubtedly important concept for youth, child studies on the effects of companionship support are nonexistent, but numerous studies have explored the characteristics of its enactment from parents, teachers, and other youth (DeRosier & Kupersmidt, 1991; Furman & Buhrmester, 1985; Reid, Landesman, Treder, & Jaccard, 1989). For instance, a number of studies have demonstrated that peers are the primary source of companionship support among the US (e.g., DeRosier & Kupersmidt, 1991; Furman & Buhrmester, 1985; Reid et al., 1989) and European Australian youth (Shute, DeBlasio, & Williamson., 2002). However, cross-cultural analyses with children from Costa Rica and the USA (DeRosier & Kupersmidt, 1991) as well as from Indonesia and the USA (French, Rianasari, Pidada, Nelwan, & Buhrmester, 2001) have suggested that cultural values related to collectivism and individualism may affect this companionship pattern. That is, whereas the US children consistently reported that their friends most frequently provided companionship support, Costa Rican (Grades 4–6) and Indonesian youth (Grades 5–8) indicated that their mothers and siblings most frequently fulfilled their companionship needs.

Researchers in both studies suggested that the prominence of the family in their cultures may have contributed to the resultant patterns. They also noted that collectivistic values may either delay or stifle the child’s desire to remove themselves from their families and affiliate more closely with peers, a pattern that has been observed to begin during middle childhood in individualistic cultures.

In addition to the explication of specific support categories, some studies have explored the cumulative effects of received supports using measures that cover various support types (e.g., Colarossi & Eccles, 2003; Davidson et al., 2008; Malecki & Demaray, 2003, 2006). The results of these studies suggest that the general enactment of social supports is a protective factor in the child’s life, buffering the relationship between presented risks and potential negative outcomes. However, similar to studies on children’s stressors, the majority of studies on youth supports are derived from respondent-based surveys that used adult theories and adult-based factor structures to understand youth’s supports. This pattern has resulted in a major gap in the literature because children are invaluable sources of their own social experiences, and research has shown that children can meaningfully contribute to the research process (Hogan, 2005; Nastasi, 2014). Thus, to gain a better sense of developmentally and culturally relevant support behaviors, more exploratory studies with diverse and international youth are needed to better understand the types of supports applicable to children (Gordon, 2011; Hitchcock et al., 2005), and the present study aims to accomplish just that.

The Present Study

As part of the PPWBG project (see Chap. 2), this chapter describes the results of a cross-cultural analysis aimed at understanding children’s phenomenology about their stressors and supports. The methodology and findings are like none other in the current literature. In addition to using an open-ended approach to data collection, the present study used systematic methods to engage and analyze the perspectives of youth

from 14 different communities within 12 different countries. Thus, the implications of the present study are far-reaching and important for practical, methodological, and theoretical purposes.

Method

The chapter examines focus group data collected between 2008 and 2012 as part of Nastasi and International Psychological Well-Being Research Team (2012) PPWBG project. Overall, the PPWBG team conducted focus groups with 880 students from 14 cities across 12 countries, ages 4 to 19 years, in grades kindergarten to 12 (see Chap. 2). Partnerships were established with schools and community agencies in Africa (Arusha, Tanzania), the Americas (Manaus, Brazil; Xalapa, Mexico; Boston, New Orleans, and Puerto Rico, USA), Asia (Mumbai, India; Negombo, Sri Lanka), and Europe (Tallinn, Estonia; Athens, Greece; Padua, Italy; Bucharest, Romania; Samara, Russia; Kosice, Slovak Republic). With the exception of Puerto Rico, focus group data from all partnered sites were made available to the chapter's authors. Because Puerto Rico's focus group data were not readily accessible, they were not included in the present analysis.

Most sites (~57%) engaged the perspectives of children from middle income backgrounds, but a large proportion of sites (~43%) generated the phenomenology of economically vulnerable youth. In Xalapa (Mexico), Mumbai (India), and Padua (Italy), data were collected from participants of low-income socioeconomic status (SES). In Arusha (Tanzania), Manaus (Brazil), and New Orleans (USA), data were collected from participants of low- to middle-income SES. In Padua (Italy), data were collected from participants of middle-income SES. In Boston (USA), data were collected from participants of middle-income to high-income SES. In Negombo (Sri Lanka), Athens (Greece), Central Estonia (Estonia), Bucharest (Romania), Kosice (Slovakia), and Samara (Russia), data were collected from participants of low-, middle-, and high-income SES. Site-specific investigators typically led focus groups.

As indicated in Chap. 2, youth were asked a series of questions in focus groups about cultur-

ally relevant competencies, stressors, supports, and reactions to stressors and supports. They also were asked to complete ecomap drawings. The findings presented in the chapter are drawn only from youth focus group narratives about stressors and supports. For more details about the data collection procedures, refer to Chap. 2.

The PPWBG Team

Under the leadership of Dr. Bonnie Nastasi at Tulane University, the PPWBG (2012) research team consisted of 30 coprincipal investigators (co-PIs; i.e., site-specific investigators). At the time of data collection, most co-PIs were residents of the cities they were researching, with the exception of Dr. Nastasi (Tulane University) who worked closely with researchers in Sri Lanka and India, and the Georgia State University research team who worked closely with researchers in Mexico. Most co-PIs were female (90%), formally educated at the graduate level in either Europe or USA, and most were school or educational psychologists working within the university setting. Additionally, resident researchers were either native or nonnative fluent speakers of their respective country's official language. (For more detailed information on the PPWBG research team, refer to Chap. 2.)

The cross-site data analysis team was led by Dr. Bonnie Nastasi and consisted of Tulane University graduate student researchers and undergraduate research assistants. The graduate students were doctoral students studying school psychology. The team consisted of a majority of female members and one male: one Pacific Islander American female; four European American females and one European American male; one African American female and a Pakistani female. The majority was educated in the USA, but the Pakistani female received most of her professional training in Pakistan.

Under the guidance of Dr. Nastasi, all team members completed an initial training to ensure understanding of the project guidelines as well as the cross-site data analysis process. Training entailed the use of pedagogical, practical, and evaluative components so as to ensure all mem-

bers' conceptual understanding of the analysis process, encourage independent proficiency in analysis, experience team consensus building, and allow for team members to evaluate each other's competence and make suggestions for the entire team. Although initial training took place over the course of a few hours in one day, training, support, and development was an ongoing process provided by Nastasi and Borja, the first author of this chapter, who was extensively trained by Nastasi prior to the larger team training session.

Cross-Site Data Analysis

Focus group data were first analyzed by country using the first two stages of the three-stage analysis process described in Chap. 2 (i.e., deductive coding and inductive thematic analysis). Although each country was asked to provide their inductively derived themes, it was not required, as the PPWBG cross-site analysis team completed stage 2 analysis with or without the previously analyzed data. This was done to ensure the use of parallel language for thematic analysis across sites, a step necessary for completing a cross-cultural analysis. However, if stage 2 data were provided by partnered countries, they were then used to verify the accuracy of the PPWBG cross-site analysis team's interpretations. Only two countries offered access to their analyzed data (Brazil and Greece), and although themes were written slightly differently across sites, the aggregated narratives that supported the creation of their respective themes were consistent between the PPWBG cross-site analysis team and each country, suggesting that the procedures used across sites were consistent and resulted in similar inductions.

To conduct the cross-site analysis, all stage 2 themes were organized into one of three spreadsheets (using Microsoft Excel) containing all primary, middle, or secondary school data. Data were organized into columns labeled according to site and gender (e.g., Slovakia—Females) and rows labeled according to inductive theme. Nar-

ratives were pasted into single cells under their appropriate columns and relevant rows. This format was not only visually efficient; it also allowed for easy manipulation when organizing themes across countries. Under the supervision of the first author (Borja), undergraduate research assistants were primarily responsible for the appropriate transfer of data to their respective databases.

Throughout the cross-site analysis process (including training), teams of two to three graduate students were assigned a primary, middle, or secondary school spreadsheet and tab (i.e., either stressors or supports). Because narratives had been previously analyzed, these teams were responsible for verifying the accuracy of inductively derived themes as reflected by their associated narratives. Teams were allowed to rename themes as appropriate, but only after a consensus building process. As part of the training process, all members of each team were required to independently review themes and make independent decisions about the accuracy of generated themes. Then, similar to the consensus-building process described in Chap. 2, team members discussed their decisions and attempted to reach consensus about them. If consensus was not reached, themes and their respective narratives were deemed "unusable" and consequently were not included in the final cross-site comparison. To prevent the loss of data and to create an audit trail, the reorganized database was saved as a new one, resulting in two comprehensive databases for each school level (primary, middle, and secondary).

After establishing proficiency and understanding, teams worked together and built consensus about generated themes through ongoing discussions, and one member was responsible for typing and organizing the data so that similar themes were aligned across rows. At the end of this process, themes were typed into the first column of the database, allowing for a quick view of all available themes and the sites that endorsed them. This method of analysis was advantageous as it (a) provided ongoing assurance that themes were appropriately and uniformly defined and

applied across countries and where appropriate; (b) allowed an open forum for diverse perspectives to be shared and questioned, thereby encouraging meaningful discussions and reflections about the research process and outcomes; and (c) perhaps most importantly, ensured that each member's phenomenology did not cloud the participants' phenomenology (Nastasi & Schensul, 2005; Saldaña, 2013). Thus, this ongoing process of modeling, discussion, and consensus building helped to ensure the trustworthiness of the data analysis process and outcomes.

Data analysis was focused on identifying grade level (primary, middle, and secondary) and country-by-gender (male, female, or mixed gender) patterns of stress and supports. Gender differences were not analyzed because some sites provided only mixed gender data or, in some cases, were unable to recruit male or female counterparts. Thus, within each grade-level group, degrees of convergence were calculated according to the percentage of country-by-gender groups—herein referred to as *site groups*—that discussed relevant themes at least once (see Tables 17.1 and 17.2). Convergence did not include the number of times that each site group discussed each theme because theme frequencies can misleadingly suggest salience (Creswell, 2009). Instead, site groups were identified as either having discussed or not discussed a specific theme or subtheme. Table 17.1 defines the selected categories of convergence and their definitions, and Table 17.2 lists the site groups used to calculate convergence at the primary, middle, and secondary school levels. In total, 18 groups were identified in the primary school, 19 groups in the middle school, and 19 groups in secondary school (see Table 17.2).

Table 17.1 Degrees of cross-site convergence used for inductive analysis of narratives

Degree of convergence	Definition
High convergence	75% or more of sites discussed the identified theme
Moderate convergence	51–74% of sites discussed the identified theme
Low convergence	25–50% of sites discussed the identified theme
Minimal convergence	Less than 25% of sites discussed the identified theme
Site specific	Only one site discussed the identified theme

Ensuring Trustworthiness

A number of techniques were incorporated to increase trustworthiness and decrease interpreter bias, which might occur when conducting inductive cross-cultural analysis (van de Vijver & Leung, 2000). First, as previously detailed, an accountability system was designed to record and track each stage of the data analysis process, involving the creation of new databases when data were reorganized or relabeled. This process created an *audit trail* for the research team to verify that the findings were the result of a systematic procedure that truly promoted the participants' views (Nastasi & Schensul, 2005). Second, the use of data analysis teams helped to reduce individual interpreter bias. Finally, the use of a reflexive process during and after each stage of analysis encouraged meaningful discussions about selected interpretations.

Results

Across sites, youth provided narratives about the people, behaviors, thoughts, and contexts that can be stressful or supportive. Consistent with existing research, most stressors and supports discussed by children across grade-level groups (primary, middle, and secondary) were interpersonal in nature, and children most frequently cited family members, peers, and the self as sources of stress and support. However, across site and grade-level groups, a great diversity of stressor and support themes were discussed. The present results highlight only general patterns and themes.

Table 17.2 Data collection focus groups by site, grade level, and gender

Country	Primary school				Middle school				Secondary school			
	Female	Male	Mixed gender	NC ^a	Female	Male	Mixed gender	NC ^a	Female	Male	Mixed gender	NC ^a
Brazil	✓	✓			✓	✓			✓	✓		
Estonia	✓	✓			✓	✓			✓	✓		
Greece	✓	✓			✓	✓			✓	✓		
India				✓				✓	✓			
Italy			✓				✓				✓	
Mexico	✓	✓			✓	✓						✓
Romania			✓				✓				✓	
Russia	✓	✓			✓	✓			✓			
Slovakia	✓	✓			✓	✓			✓	✓		
Sri Lanka				✓	✓	✓ ^b			✓	✓ ^b		
Tanzania	✓	✓				✓			✓			
The USA—Boston			✓		✓	✓			✓	✓		
The USA—New Orleans			✓					✓	✓	✓		
Total no. of groups ^c	7	7	4		8	9	2		10	7	2	

Focus group gender groupings determined the number of “groups” that was used to calculate the degree of convergence at the primary, middle, and secondary school levels, although gender differences were not analyzed due to nature of grouping (female, male, mixed gender) and missing data by gender for some sites

^a NC not collected

^b The Sri Lanka middle and secondary school male groups provided information about their supports but not about their stressors. Thus, the total number of middle and secondary school groups that were used to calculate convergence for stressors was 18, and for supports, 19

^c Total groups by grade level include 18 for primary school, 19 for middle school, and 19 for secondary school

Stressors

Participating children shared a plethora of narratives about their stressors, which led to the inductive generation of a multitude of diverse themes (see Appendix A for a full list of stress themes). As indicated by Fig. 17.1, primary, middle, and secondary school students shared stories that generated increasing numbers of themes (29, 41, and 44, respectively). The greatest number of stress themes was expressed by secondary school students. Additionally, middle and secondary school students tended to discuss a greater number of stressors that were broadly applicable to multiple people, settings, and activities, whereas primary school students tended to indicate stress triggers that were specific to the home, school, or friends. In spite of these changes across development (i.e., grade level), high convergence among site groups (i.e., greater than 75% agreement) at

the primary, middle, and secondary school levels indicated the family (namely, parents) and the self (i.e., one’s own behaviors, thoughts, and feelings) as children’s primary sources of stress. Peers also were identified as a primary source of stress, but whereas primary school students showed moderate convergence about this, middle and secondary school students showed high convergence. Other sources of stress that were met with moderate or lower levels of agreement included teachers and neighbors or community members; however, secondary school groups did not discuss community members as potential sources of stress.

The stress themes (listed in Appendix A) were clustered into five inductively generated aggregate categories: (a) stressors related to interpersonal interactions/relationships, (b) stressors related to the self, (c) stressors related to physical surroundings/settings, (d) stressors related to

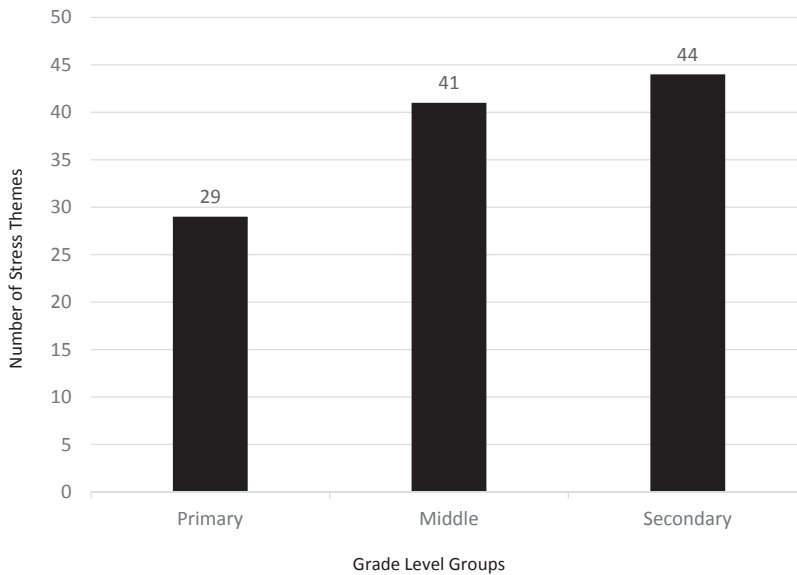


Fig. 17.1 *Stress themes by grade-level groups.* Number of themes about stressors discussed by each grade-level group

sociocultural systems, and (e) stressors related to supernatural or coincidental occurrences, although only secondary school females in India (i.e., “ghosts”), Russia (i.e., “bad luck/misfortune”), and New Orleans (i.e., “bad luck”) discussed these latter incidences as stressors. In this section, each cluster is described and illustrated with individual respondent’s words.

Stressors Related to Interpersonal Interactions or Relationships As shown in Fig. 17.2, the majority of themes across grade-level groups were related to interpersonal interactions or relationships. Specifically, high convergence was consistently met among site groups at the primary, middle, and secondary school levels about distress triggered by verbal and physical aggression from others, including from adults. Examples of verbal aggression included teasing (e.g., “If somebody teases you badly, I feel hatred. I get mad,” Italy middle school student, unknown gender), ridiculing (e.g., “There is hysterical sadness when other people hurt you with words,” Greece primary school female), and arguing (“In my case, it is having an argument with a friend, [or] in the family,” Brazil secondary school male). Examples of physical aggression primarily focused on being beaten by peers as a form of

bullying or as a way to resolve conflicts. It also involved physical beatings by adult authority figures, specifically within the context of being punished (which also was discussed as a stressor across grade-level groups with low convergence). At a site-specific level, secondary school females from India added that sexual violence is a form of physical aggression that is distressing to girls in India.

Two additional interpersonal themes showed moderate to high levels of convergence—performance demands or expectations and loss. First, youth indicated that performance demands and expectations were child-relevant stressors, but the theme showed moderate convergence at the primary school level and high convergence at the middle and secondary school levels. Second, children indicated distress related to death, loss (end of relationship), illness, or injury of their loved ones. Although the theme was met with moderate convergence across grade-level groups, some slight variations about the meaning of “loss” were evident across site and grade-level groups. Across grade levels, site groups discussed the end of a friendship as a common form of loss (moderate convergence), but middle and secondary school students noted that in addition to friends, the end of a romantic relationship is distressing.

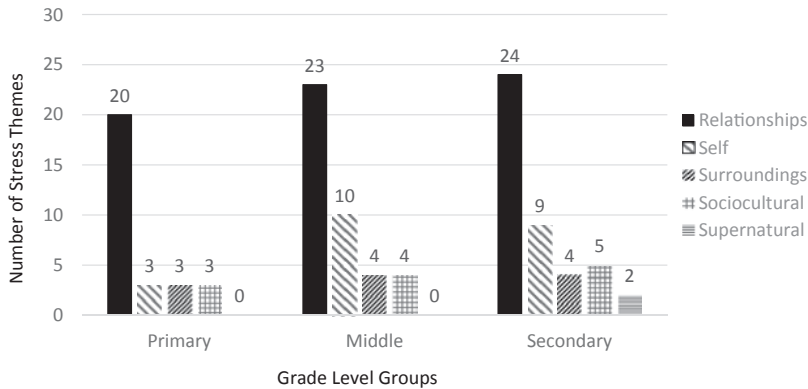


Fig. 17.2 *Stress themes by type and grade-level group.* Number of stress themes related to each of the five inductively generated aggregate categories, by grade-level group

Although primary school students did not discuss the loss of romantic partners, they were the only grade-level group to share that being home alone or temporarily without their parents was distressing. Adolescents from Tanzania, Sri Lanka, and India discussed a similar theme, but the context in which they discussed it was different. Namely, Sri Lankan secondary school participants spoke about the distress caused by their parents working abroad to provide for the family; in Tanzania, middle and secondary school students indicated that permanently “living with nonbiological parents” or being “orphaned” was a stressor; and in India, participants (only secondary school) shared that the threat of being abandoned by parents due to the child’s shameful behaviors was a relevant stressor. In all of these examples, economic, sociocultural, and developmental factors shaped the types of loss that were relevant and distressing to participants.

Stressors Related to the Self Participating children also discussed stressors stemming from the self, with older children tending to discuss more themes about self-related stressors (see Fig. 17.2). Among primary school students, self-related themes were related only to distress about meeting academic expectations. Specifically, they reported that distress can be triggered when “I do not [know] what to do” (Estonia Primary School Female; low convergence), and the thought of failing is ever present (minimal

convergence). However, more so than that, primary school students noted that actual academic and athletic failures are distressing (moderate convergence). Similarly, middle school students noted the same themes but presented with different levels of convergence (low, low, and high, respectively). Furthermore, the Tanzanian and Greek site groups added that more than just academic failures, behavioral and moral failings are distressing. Related to this idea, the groups in Mexico shared that children are distressed when their own actions hurt other people. Most other themes that middle school participants shared were either site specific or showed minimal to low convergence, such as the distress caused by one’s negative emotional or cognitive state (low convergence).

Secondary school students also discussed self-related stressors tied to the expectations of others, but their discussions were limited to personal failures in the areas of academics, behavior, and social relationships (moderate convergence). Although they did not explicitly indicate distress resulting from a lack of knowledge or skills needed to fulfill their expectations, a few site groups reported that a lack of help and the inability to ask for needed help are distressing (low convergence). All other themes were either site specific or were met with minimal to low convergence, such as when one’s actions hurt others (minimal convergence) or, in the case of the female groups in India and New

Orleans, being pregnant as an adolescent (minimal convergence).

Stressors Related to Physical Surroundings or Settings, Sociocultural Systems, or Supernatural/Coincidental Occurrences Although not predominantly discussed across grade-level groups, some site groups indicated that one's physical surroundings as well as larger sociocultural systems can trigger distress among children (see Fig. 17.2). The most commonly cited setting-based stressors across grade-level groups were the school (minimal convergence at primary school; low convergence at both middle and secondary school) and natural environment (minimal convergence across grade-level groups), such as animals, the dark, and the weather. Regarding sociocultural systems, a few site groups at each grade level indicated that poverty or economic problems, the media, and pervasive community violence are distressing to children. At the middle and secondary school levels, a few site groups indicated social and political injustice or inequality as distressing to youth. This theme met with minimal convergence at the secondary school level, and only Greek females discussed this theme at the middle school level.

Supports

Just as children shared many unique narratives about their stressors, they also shared numerous narratives about their supports. The same inductive process was used to generate diverse themes (listed in Appendix B). Primary, middle, and secondary students provided narratives that generated increasing numbers of themes (25, 27, and 32, respectively). Again, the greatest number of themes was expressed by secondary school students. High convergence (i.e., greater than 75% agreement) among the different sites at the primary, middle, and secondary school levels indicated that parents and peers (e.g., best friends, romantic interests (at middle school and secondary school levels), casual friends, and classmates) are primary sources of support. Extended fam-

ily members (e.g., cousins, grandparents, aunts), teachers, and other school staff (e.g., coach) also were identified as supportive people. Secondary students expressed high convergence for extended family as supports, while middle and primary school students showed moderate convergence. About teachers as supports, middle school students showed high convergence, whereas primary and secondary school students had moderate convergence. Siblings, community members (e.g., neighbors, mental health professionals, and online community), religious deities, and pets also were discussed as supportive relationships, but these themes were met with low to moderate levels of agreement. The self was discussed as a source of support at moderate convergence for primary, middle, and secondary school students.

Support themes (listed in Appendix B) were clustered into three inductively generated aggregate categories: (a) supports related to interpersonal interactions/relationships, (b) supports related to the self, and (c) supports related to engaging in activities. These categories are discussed separately and illustrated using children's words.

Supports Related to Interpersonal Interactions or Relationships As shown in Fig. 17.4, the majority of themes across grade-level groups were related to interpersonal interactions or relationships. High convergence was met among site groups at the primary, middle, and secondary levels about emotional support provided by the aforementioned support figures. Examples of emotional support include comforting one verbally (e.g., "to elevate his spirit by saying he can do it and tell him to calm down and take it easy"), providing physical affection (e.g., "I just hold her hand, I give her a hug, I try to protect her"), and using humor (e.g., "someone else makes a joke that will make me feel more joyful"). High convergence also was met at all three grade level groups for the theme of advice or helping to problem solve. At the secondary school level, all sites discussed this theme. Students discussed both giving help and/or advice (e.g., "help a friend to solve his problem by providing different options") and receiving help and/or advice from

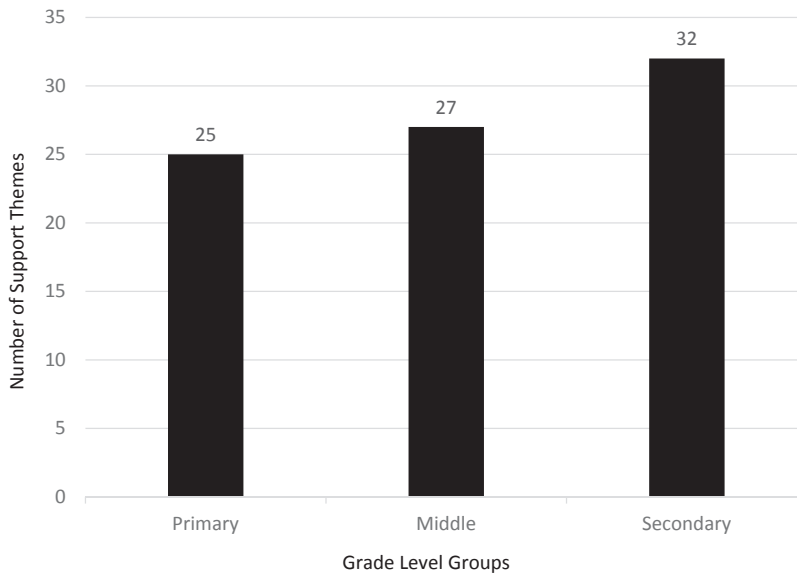


Fig. 17.3 *Support themes by type and grade-level group.* Number of support themes related to each of the three inductively generated aggregate categories, by grade-level group

supportive others (e.g., “teacher helps me prepare for a test”).

Although no other interpersonal themes consistently met with high convergence across all grade-level groups, other themes showed moderate convergence across at least two groups. Students shared the theme of talking/listening (e.g., “let the friend tell you so that she can take it out on you”) across all three grade-level groups at a level of moderate convergence. Middle school and secondary school students also discussed empathy (moderate convergence). A middle school girl from Greece described this theme stating, “A good friend is the one who feels sad when you are sad and is happy when you are happy.” Empathy was a site-specific theme for primary school students, only discussed by primary school boys living in Greece. In addition, middle school and secondary school students discussed the importance of trustworthiness, loyalty, and unconditional support (e.g., “make him understand that whatever happens, I will be there for him and will support him and won’t leave him”) at a moderate convergence level. A site-specific theme related to the idea of unconditional support, discussed by the group of secondary school girls interviewed

in India, was the idea of loved ones supporting a student’s dreams and aspirations.

Primary, middle, and secondary school students all discussed the theme of giving and receiving rewards. This included tangible gifts (e.g., “getting something I really like, maybe new clothes), words of praise (e.g., “teachers say nice things to us”), physical affection (e.g., “if your mom really loves you she’ll kiss you”), and permission to engage in desirable activities (e.g., “when dad allows us to sleep long”). Primary school students discussed this theme at a level of high convergence, while middle and secondary school students discussed it at a moderate level of convergence.

Supports Related to Self The idea of the self as a support was discussed with moderate convergence across groups, with older students discussing more themes about self-related supports (see Fig. 17.3). Cognitive (e.g., “think good, positive thoughts”), behavioral (e.g., “defeat the fear by doing that thing slowly, step by step”), and emotional (e.g., “crying it out”). Self-support strategies were discussed by middle and secondary school students (moderate convergence). Seeking time for oneself was another theme discussed by

middle school (low convergence) and secondary school students (moderate convergence). Middle and secondary school students discussed the theme of success/achievement of goals at a level of moderate convergence. For example, a secondary school student from Romania expressed this idea stating, "When you manage to do something by yourself, you are happy, you feel complete." Middle school students from Greece discussed the site-specific theme of transitioning from a child to a teenager. They described physical and psychological changes, as well as increases in independence and opportunity.

Supports Related to Engaging in Activities Engaging in desired activities alone or with others was discussed at primary school (high convergence), middle school (moderate convergence), and secondary school (moderate convergence) levels. Across the three groups, celebrating holidays together and sharing food with others (e.g., "when it's the birthday party and they invite me and give me some cake and let me play") were identified at low convergence. Students also discussed playing with friends, going on trips with parents, watching movies and sports with others, and many other activities. Students also discussed engaging in activities on their own, such as going on walks, playing on the computer, reading, and many more. The season/weather (e.g., "good climate") was discussed at a level of moderate convergence in secondary school and specifically by Estonian boys at the middle and primary school levels. This theme was included in the category of engagement in activities because students always discussed the weather within the context of the activities they were engaging (e.g., "When I go to the mosque, I feel the cool breeze").

Discussion

This chapter explored the cross-cultural variations in stressors and supports reported by children and adolescents in response to focus group questions detailed in Chap. 2. The analyses yielded a multiplicity of stressors and supports

(see Appendices A and B). Most important to our research was the inductive identification of major categories of stressors and supports that children and adolescents identified, thus reflecting their emic perspectives. The five major categories of *stressors* across sites and grade levels included those related to (a) interpersonal interactions or relationships, (b) self, (c) physical context, (d) sociocultural systems, and (e) supernatural or coincidental occurrences. As depicted in Fig. 17.2, the majority of themes were related to interpersonal relationships, regardless of grade level. Similarly, the three major categories of *supports* were those related to (a) relationships, (b) self, and (c) activities. Again, the majority of supports across grade level were those related to interpersonal relationships (see Fig. 17.4). In fact, even the self-related themes corresponded with interpersonal themes, such that most were concerned with meeting expectations of significant others. Recall the inclusion of culturally valued competencies in our conceptual model (Fig. 1.3; Chap. 1). Our findings suggest that valued competencies, reflected in cultural expectations from adults or society, can serve as stressors when children and adolescents struggle to meet those expectations. This is consistent with the work of Harter (1999) which confirms the role of perceived competence, in relation to competencies valued by significant others, as a potential contributor to self-esteem and overall well-being.

The variations in the number of subthemes discussed by grade-level groups reflected increasingly more types of stressors and supports from primary to secondary levels (see Figs. 17.1 and 17.3). These developmental variations may reflect increasing exposure to diverse experiences and increasing cognitive maturity as children approach adolescence (Bost, Vaughn, Boston, Kazura, & O'Neal, 2004). In addition, peers as sources of both stress and support increased from primary to secondary level, highlighting the increasing importance of peers as children approach adolescence.

Our analysis was focused on the level of consensus across site and grade groups, with moderate to high levels of consensus guiding our identification of important themes and subthemes. This

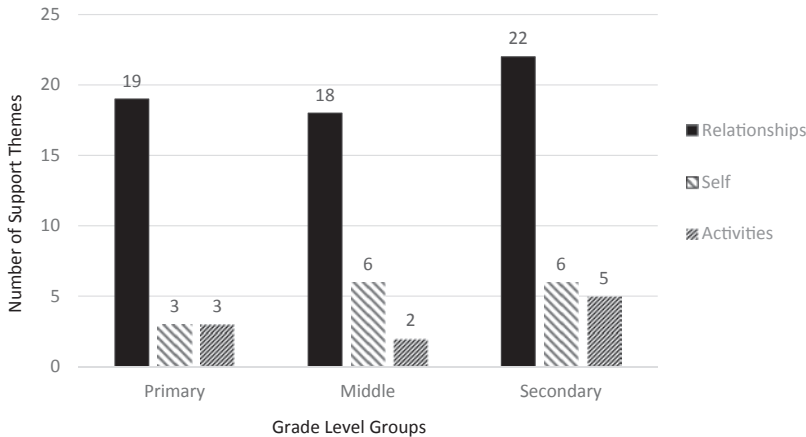


Fig. 17.4 Support themes by grade-level group. Number of themes about supports discussed by each grade-level group

cross-cultural analysis suggested that variations in the experiences of children and adolescents with regard to both stress and support are more likely to be explained by developmental than cultural factors, although, as noted in this chapter, there were clearly cultural (site specific) influences. For example, the descriptions of parental absence as a stressor among adolescents suggested sociocultural variations. Adolescents in Sri Lanka identified parents working abroad as a source of stress due to parental absence, as it is common for parents in Sri Lanka to go abroad to work and leave the children with the other parent or a caregiver at home. Adolescents in Tanzania characterized parental absence as being orphaned or living with nonbiological parents; representative of the population, some of the participants were orphaned and/or living in boarding schools. Adolescents in India talked of the “threat” of abandonment by parents if they engaged in shameful behavior, reflecting the level of shared concern about bringing shame to one’s family. We chose to emphasize themes that reflected consensus or convergence across culture-specific sites and developmental levels, only highlighting some of the variations by site and grade level. Readers are encouraged to consult site-specific chapters in this volume (Chaps. 3–16) for more detail on site-specific findings.

A few caveats are warranted. First, all descriptions of stress and support were generated by participants in response to open-ended questions.

Thus, we assumed that students identified what was most important or salient for their respective age–site–gender group. However, the failure to identify specific themes does not necessarily indicate lack of importance. The purpose of qualitative inquiry, especially in this case, was to elicit the potential range of stressors and supports among children and adolescents across multiple sites. Further, the purpose of the study was not to portray a normative perspective, so cross-site or site-specific results should not be interpreted as representative of the population. As we discuss further in the final chapter of this volume, identification of the potential range of stressors and supports through qualitative inquiry might be a first step in further exploration of what is normative through quantitative inquiry.

Conclusion

As we noted in the introduction to this chapter, the purpose of the PPWBG project was to explore the psychological well-being of children and adolescents cross-culturally and to contribute to better understanding of what Arnett (2008) referred to as the neglected 95% of the population. Arnett’s review of journals published by the American Psychological Association revealed that most of the research published in these journals reflected only 5% of the world’s population.

He, along with others (Nastasi & Varjas, 2011; Trimble, Scharrón-del-Río, & Hill, 2012), have raised concerns about the exporting of research and theory developed in the USA to other countries and to underrepresented groups in the USA as well. It was these concerns expressed at the initiation of this project (see Chap. 1) that guided our research purpose and methodology.

This chapter provides an overview of the themes related to stress and support generated by children and adolescents across different sites in 12 countries. The findings reflect different levels of consensus across site and developmental level. Those themes that achieved high-to-moderate levels of consensus provide an approximation of an aggregate global view. Those themes achieving low to no consensus reflect experiences that are more likely tied to context, culture, or developmental level. The site-specific Chaps. (3–16) also provide some insights about cultural and developmental variations.

As we discuss further in the final chapter of the book, we viewed this research as an initial step in expanding our understanding of psychological well-being across context and culture. Future research is needed to confirm and extend these findings. Furthermore, although we caution against universal generalization of findings, we do encourage site-specific researchers to consider their findings in the context of the larger picture presented here. We return to discussion of application of site-specific findings in the concluding chapter.

Appendix A: Stress Themes

Interpersonal Stressors

- Alcoholism among loved ones
- “Bad relationships” (nonspecific)*
- Being blamed for something*
- Being judged or criticized by others*
- Caregivers who show or say that they do not love their children
- Confronting/problem solving with a friend about a problem between them
- Illness/injury*
- Interpersonal physical/verbal/relational aggression*
- Loss/death (including potential loss)*
- Not having friends or someone to play with*
- Others’ negative emotions or actions, directed or not directed at the person of interest*
- Others’ (adults, peers, society) expectations of youth in different domains (e.g., as students friends)*
- Others’ distressing experiences, that is, stress due to empathy
- Parent-to-child conflict
- Parent-to-parent conflict*
- Performance demands (i.e., type of work and workload)*
- Physical presence of others
- Pressure to do well in school
- Punishment by authority figures*
- Receiving bad news from others
- Rules/restrictions
- Separation from caregivers or other loved ones
- Threat of physical or verbal harm
- Unrequited romantic love
- Violation of personal property (i.e., when personal belongings are broken, stolen, or touched by others)
- When one’s actions hurt others*
- When others are “too honest”
- When others break trust*
- When others do not listen to or understand the child’s point of view*
- When others fail to meet the child’s expectations*
- When others “get into somebody’s business that has nothing to do with them”
- When others intentionally scare or startle*
- Micro-specific:
 - Parents’ reactions (nonspecific)
 - Not having teachers to talk to
 - Not receiving help from teachers

Self Stressors

- Being pregnant
- Breaking rules/having “done something wrong”

- Existing negative emotions or thoughts in oneself*
- Having an important decision to make
- Inability to ask for help
- Memories of bad events
- Not knowing how to or what to do to complete a task*
- Potential/actual failures*
- Routine/monotony
- “Staying still too long”
- Transition/developmental change
- Micro-specific:
 - Bad dreams
 - “Miss instructions in class”

Contextual/Situational Stressors

- Damaged personal property
- Dark*
- Natural environment*
- School*
- Unexpected events/new experiences*
- Uncertain future (e.g., of country)
- Micro-specific:
 - “Dirty environment”

Sociocultural Stressors

- Media*
- Neighborhood/community crime/violence*
- Social/systemic injustices/inequality
- Micro-specific:
 - “Lack of money”
 - Economy* (economy was not micro-specific at secondary school level; in fact, it was most predominant sociocultural stressor theme)

Supernatural Stressors

- Misfortunes due to chance
- Micro-specific:
 - Ghosts

*Denotes stress themes repeated across grade-level group (e.g., interpersonal physical, verbal, relational aggression)

Appendix B: Support Themes

Supports Related to Interpersonal Interactions/Relationships

- Extended family (e.g., grandparents, cousins, aunts)*
- Parents*
- Siblings*
- Peers*
- Romantic relationships
- School staff (e.g., teachers, counselors, coaches) *
- Religious deities
- Community members (e.g., neighbors, mental health professionals, community members)*
- Animals/pets*
- Talking to others*
- Humor as emotional support*
- Giving/receiving rewards*
- Advice/helping to problem solve*
- Help (nondescript)
- Empathy
- Trustworthiness/dependability*
- Praise/encouragement*
- Emotional support *
- Being with others who are happy
- Removing others from stressors
- Micro-specific:
 - Good health of loved one
 - Loved one supporting child’s aspirations
 - Having shared interests
 - Parents providing food and water

Support Related to the Self

- Using cognitive, behavioral, emotional strategies*
- Accomplishing goals/achievement*
- Seeking time for oneself
- Having no stress/worries
- Micro-specific:

- Learning
- Good health of self
- Child to teenager transition
- Using alcohol/drugs
- Cell phone

Supports Related to Engaging in Activities

- Engaging in desired activities with self or others*
- Eating/sharing food with others
- Celebrations/holidays
- Providing others with company
- Natural environment
- Weather

*Denotes support themes repeated across grade-level group (e.g., advice/helping to problem solve, accomplishing goals/achievement)

References

- Aldwin, C. M. (2007). *Stress, coping, and development: An integrative perspective*. New York: Guilford.
- Arnett, J. J. (2008). The neglected 95 %: Why American psychology needs to become less American. *American Psychologist*, *63*(7), 602–614. doi:10.1037/0003-066X.63.7.602.
- Barrera, M., Jr. (1986). Distinctions among social support concepts, measures, and models. *American Journal of Community Psychology*, *14*, 413–445. doi:10.1007/BF00922627.
- Bost, K. K., Vaughn, B. E., Boston A. L., Kazura, K. L., & O'Neal, C. (2004). Social support networks of African-American children attending Head Start: A longitudinal investigation of structural and supportive network characteristics. *Social Development*, *13*(1), 393–412. doi:10.1111/j.1467-9507.2004.00274.x.
- Byrne, D. G., & Mazanov, J. (2002). Sources of stress in Australian adolescents: Factor structure and stability over time. *Stress and Health*, *18*, 185–192. doi:10.1002/smi.940.
- Cheng, C. (1998). Getting the right kind of support: Functional differences in the types of social support on depression for Chinese adolescents. *Journal of Clinical Psychology*, *54*(6), 845–849. http://web.b.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=5dd8dd78-9b53-4bae-99c8-cc79c6ade6d1%40sessionmgr114&vid=1&hid=106. Accessed 1 Aug 2014.
- Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, *29*, 624–645. doi:http://dx.doi.org/10.1521/jscp.2010.29.6.624.
- Chung, Y., & Mohanty, J. (2014). Between two worlds in Asia: Korean youth in Singapore. *Journal of Population Research*, *31*, 1–14. doi:10.1007/s12546-014-9130-8.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*, 310–357. doi:10.1037/0033-2909.98.2.310.
- Colarossi, L. G., & Eccles, J. S. (2003). Differential effects of support providers on adolescents' mental health. *Social Work Research*, *27*(1), 19–30. http://web.b.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=1fc67b39-37cb-435b-8f6a-89169f7e9c44%40sessionmgr115&vid=2&hid=126. Accessed 14 July 2014.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks: Sage.
- Cunningham, M. (1999). African American adolescent males' perceptions of their community resources and constraints: A longitudinal analysis. *Journal of Community Psychology*, *27*(5), 569–588. http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=bbdc5862-7be8-41a1-b4a3-f8a234e6a613%40sessionmgr4004&vid=2&hid=4209. Accessed 1 Aug 2014.
- Cunningham, M., Mars, D. E., & Burns, L. J. (2012). The relations of stressful events and nonacademic future expectations in African American adolescents: Gender differences in parental monitoring. *The Journal of Negro Education*, *81*(4), 338–353. http://bsc.chadwyck.com.libproxy.tulane.edu:2048/search/displaylibpCitation.do?fromPage=viewContents&SearchEngine=Opentext&area=iibp&id=00432987&date=20121000&journalID=00222984.
- D'Imperio, R. L., Dubow, E. F., & Ippolito, M. F. (2000). Resilient and stress-affected adolescents in an urban setting. *Journal of Clinical Child Psychology*, *29*, 129–142. doi:10.1207/S15374424jccp2901_13.
- Datnow, A., & Cooper, R. (1997). Peer networks of African American students in independent schools: Affirming academic success and racial identity. *Journal of Negro Education*, *66*(1), 56–72. http://www.jstor.org/stable/2967251. Accessed 18 Aug 2014.
- Davidson, L. M., Demaray, M. K., Malecki, C. K., Ellonen, N., & Korkiamaki, R. (2008). United States and Finnish adolescents' perceptions of social support: A cross-cultural analysis. *School Psychology International*, *29*, 363–375. doi:10.1177/0143034308093675.
- Demaray, M. K., & Malecki, C. K. (2003). Importance ratings of socially supportive behaviors by children and adolescents. *School Psychology Review*, *32*(1), 108–131. http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=982015e7-6e62-4429-ae24-20234efd1692%40sessionmgr113&vid=2&hid=126. Accessed 3 May 2014.

- DeRosier, M. E., & Kupersmidt, J. B. (1991). Costa Rican children's perceptions of their social networks. *Developmental Psychology, 4*, 656–662. doi:10.1037/0012-1659.27.4.656.
- Dubow, E. F., & Ullman, D. G. (1989). Assessing social support in elementary school children: The survey of children's social support. *Journal of Clinical Child Psychology, 18*, 52–64. doi:10.1207/s15374424jccp1801_7.
- DuongTran, Q., Lee, S., & Khoi, S. (1996). Ethnic and gender differences in parental expectations and life stress. *Child and Adolescent Social Work Journal, 13*, 515–526. doi:10.1007/BF01874304.
- French, D. C., Rianasari, M., Pidada, S., Nelwan, P., & Buhrmester, D. (2001). Social support of Indonesian and U.S. children and adolescents by family members and friends. *Merrill-Palmer Quarterly, 47*(3), 377–394. <http://web.b.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=3fb5abf9-66cc-4c3e-bda0-20767ad25050%40sessionmgr198&vid=2&hid=128>.
- Frydenberg, E., Lewis, R., Ardila, R., Cairns, E., & Kennedy, G. (2001). Adolescent concern with social issues: An exploratory comparison between Australian, Colombian, and Northern Irish students. *Peace and Conflict: Journal of Peace Psychology, 7*, 59–76. doi:10.1207/S1532794PAC0701_05.
- Furman, W., & Buhrmester, D. (1985). Children's perceptions of the personal relationships in their social networks. *Developmental Psychology, 21*, 1016–1024. doi:10.1037/0012-1649.21.6.1016.
- Gordon, A. T. (2011). *Assessing social support in children: Developmental and initial validation of the Social Support Questionnaire for Children*. (Doctoral dissertation). Louisiana State University, Baton Rouge, Louisiana.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford.
- Hitchcock, J. H., Nastasi, B. K., Dai, D. Y., Newman, J., Jayasena, A., Bernstein-Moore, R. et al. (2005). Illustrating a mixed-method approach for validating culturally specific constructs. *Journal of School Psychology, 43*, 259–278. doi:10.1016/j.jsp.2005.04.007.
- Hjern, A., Alfvén, G., & Östberg, V. (2008). School stressors, psychological complaints and psychosomatic pain. *Acta Paediatrica, 97*, 112–117. doi:10.1111/j.1651-2227.2007.00585.x.
- Hogan, D. (2005). Researching 'the child' in developmental psychology. In S. Greene & D. Hogan (Eds.), *Researching children's experience: Approaches and methods* (pp. 22–41). Thousand Oaks: Sage.
- Hombrados-Mendieta, M. I., Gomez-Jacinto, L., Dominguez-Fuentes, J. M., Garcia-Leiva, P., & Castro-Travé, M. (2012). Types of social support provided by parents, teachers, and classmates during adolescence. *Journal of Community Psychology, 40*, 645–664. doi:10.1002/jcop.20523.
- Huang, C., & Menke, E. M. (2001). School-aged homeless sheltered children's stressors and coping behaviors. *Journal of Pediatric Nursing, 16*, 102–109. <http://dx.doi.org/10.1053/jpdn.2001.23153>.
- Jackson, Y., & Warren, J. S. (2000). Appraisal, social support, and life events: Predicting outcome behavior in school-age children. *Child Development, 71*(5), 1441–1457. <http://web.b.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?sid=4563db68-e291-4dfe-af11-c886b9c69668%40sessionmgr115&vid=1&hid=128>.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Liamputtong, P. (2010). *Performing qualitative cross-cultural research*. Cambridge: Cambridge University Press.
- Malecki, C. K., & Demaray, M. K. (2003). What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal, and instrumental support. *School Psychology Quarterly, 18*, 231–252. doi:10.1521/scpq.18.3.231.22576.
- Malecki, C. K., & Demaray, M. K. (2006). Social support as a buffer in the relationship between socioeconomic status and academic performance. *School Psychology Quarterly, 21*, 375–395. doi:10.1037/h0084129.
- Mosavel, M., Ahmed, R., Ports, K. A., & Simon, C. (2013). South African, urban youth narratives: Resilience within community. *International Journal of Adolescence and Youth, 18*, 1–11. doi:10.1080/02673843.2013.785439.
- Nastasi, B. K. (2014). Empowering child voices through research. In Johnson, C., Friedman, H., Diaz, J., & Franco, Z., & Nastasi, B. (Eds.), *Praeger handbook of social justice and psychology: Volume 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting Psychological Well-Being Globally project*. [Updated study procedures]. Department of Psychology, Tulane University, New Orleans, LA.
- Nastasi, B. K., & Schensul, S. L. (2005). Contributions of qualitative research to the validity of intervention research. *Journal of School Psychology, 43*(3), 177–195.
- Nastasi, B. K., & Varjas, K. (2011). International development of school psychology. In M. A. Bray & T. J. Kehle (Eds.), *Oxford handbook of school psychology* (pp. 810–828). New York: Oxford University Press.
- Nastasi, B. K., Jayasena, A., Summerville, M., & Borja, A. P. (2011). Facilitating long-term recovery from natural disasters: Psychosocial programming for tsunami-affected schools of Sri Lanka. *School Psychology International, 32*, 512–532. doi:10.1177/0143034311402923.
- Overstreet, S., Dempsey, M., Graham, D., & Moely, B. (1999). Availability of family support as a moderator of exposure to community violence. *Journal of Clinical Child Psychology, 28*(2), 151–159. <http://web.b.ebscohost.com/ehost/detail?sid=637c2a08-3ea2-4004-b4fc-0eddbfab0ee9%40sessionmgr113&vid=1&hid=128&bdata=JnNpdGU9ZWhvc3QtG1ZSZzY29wZT1zaXRl#db=a9h&AN=1986960>. Accessed 14 July 2014.

- Richman, J. M., Rosenfeld, L. B., & Bowen, G. L. (1998). Social support for adolescents at risk of school failure. *Social Work, 43*, 309–323. doi:<http://dx.doi.org.libproxy.tulane.edu:2048/10.1093/sw/43.4.309>.
- Reid, M., Landesman, S., Treder, R., & Jaccard, J. (1989). My family and friends: Six- to twelve-year-old children's perceptions of social support. *Child Development, 60*, 896–910. doi:[10.1111/1467-8624.ep9676174](https://doi.org/10.1111/1467-8624.ep9676174).
- Ryan-Wenger, N. A., Sharrer, V. W., & Campbell, K. K. (2005). Changes in children's stressors over the past 30 years. *Pediatric Nursing, 31*(4), 282–291. <http://web.a.ebscohost.com.libproxy.tulane.edu:2048/ehost/pdfviewer/pdfviewer?vid=3&sid=77d0e68c-9ce3-4bf9-96b8-e5d2e438bd76%40sessionmgr4002&hid=4106>. Accessed 4 Aug 2014.
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks: Sage.
- Shute, R., DeBlasio, T., & Williamson, P. (2002). Social support satisfaction of Australian children. *International Journal of Behavioral Development, 26*, 318–326. doi:[10.1080/01650250143000201](https://doi.org/10.1080/01650250143000201).
- Silverman, W. K., La Greca, A. M., & Wasserstein, S. (1995). What do children worry about? Worries and their relation to anxiety. *Child Development, 66*, 671–681. doi:[10.1111/1467-8624.ep9506152717](https://doi.org/10.1111/1467-8624.ep9506152717).
- Tardy, C. H. (1985). Social support measurement. *American Journal of Community Psychology, 13*, 187–202. doi:[10.1007/BF00905728](https://doi.org/10.1007/BF00905728).
- Trimble, J. E., Scharrón-del-Río, M. R., & Hill, J. S. (2012). Ethical considerations in the application of cultural adaptation models with ethnocultural populations. In G. Bernal & M. M. Domenech Rodríguez (Eds.), *Cultural adaptations: Tools for evidence-based practice with diverse populations* (pp. 45–67). Washington, DC: American Psychological Association. doi:[10.1037/13752-003](https://doi.org/10.1037/13752-003).
- van de Vijver, F. J. R., & Leung, K. (2000). Methodological issues in psychological research on culture. *Journal of Cross-Cultural Psychology, 31*, 33–51. doi:[10.1177/0022022100031001004](https://doi.org/10.1177/0022022100031001004).
- Vangelisti, A. L. (2009). Challenges in conceptualizing social support. *Journal of Social and Personal Relationships, 26*, 39–51. doi:[10.1177/0265407509105520](https://doi.org/10.1177/0265407509105520).

Facilitating Children and Adolescents' Psychological Well-Being: A Practitioners' Model and Research Example

18

Helen Y. Sung and Michael Cunningham

Introduction

The world of the twenty-first century has allowed people to live and work with others from across the globe, influencing the perception of psychological well-being across cultures. However, our current understanding of psychological well-being is limited to clinical definitions originating in Western culture, namely, from the USA and Western Europe (Watters, 2010). In fact, current understanding of mental health is largely determined by the deficit-based descriptions found in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V; APA, 2013; ICD-10, WHO, 2010). Diagnoses are based on the symptoms that impair daily functioning, but, in many cases, attention to context, culture, and environment is ignored or minimized, limiting potential efforts toward systemic preventions and interventions (McDermott & Spencer, 1997). Consequently, a growing pandemic of mental health problems has been evident in the USA, affecting over 75 million people a year (Kessler et al., 2005). Without preventive efforts, the number of children and adolescents with emotional and behavioral problems only increases (Borba, 2001; Shaw & Woods, 2003). Although we are

familiar with diagnoses of various psychological disorders, we have limited information on how to prevent them (Sheridan & Gutkin, 2000).

Understanding mental health issues of racial and ethnic minority (REM) youth in the USA is a complex undertaking, requiring consideration of sociocultural risk, protective, and promotive factors, especially in relationship to systems of power that systematically marginalize REM youth (Spencer, 2006). This marginalization is particularly evident in the empirical literature about REM youth, as an emphasis on deficits and risks has perpetuated the belief that youth of color present with more mental health challenges (Spencer, 2006). However, data suggest otherwise. In a nationwide sample of 1400 children in the USA (aged 5–17 years), McDermott and Spencer (1997) reported that most psychopathology was distributed proportionately across racial and social class backgrounds. In fact, patterns of maladjustment displayed by European American (EA) participants were not uniformly common among racial and ethnic minorities, with REM groups manifesting variable propensity for pathology. McDermott and Spencer's (1997) study is important because the results point to the failure of the DSM-IV (APA, 1994) to address ethnic/racial or socioeconomic distinctions and to acknowledge differential emergence of pathology across demographic strata. Notably, the challenge of addressing ethnic/racial or socioeconomic distinctions is still current.

Research points to the family, school, and community as systems that impact children's

H. Y. Sung (✉)
Alliant International University, San Francisco,
California, USA
e-mail: nature-nurture@comcast.net; hsung1@Alliant.edu

M. Cunningham
Tulane University, New Orleans, Louisiana, USA

social–emotional development (Spencer, 2006). Yet, these contextual influences have been viewed as separate entities that have minimal impact on the child’s functioning and development (McDermott & Spencer, 1997). This chapter highlights the integration of influencing factors that impact children’s and adolescent’s social and emotional development. When optimal conditions are identified, educational professionals may be able to detect warning signs earlier to prevent more serious problems.

The Social Systems

Bronfenbrenner’s (1979) ecological systems theory describes the child’s development within the context of relationships in the child’s environment and proposes a set of integrated systems: (a) the microsystem, which is a set of roles, expectations, and interactions that are characteristic of a single setting, such as the home, school, or neighborhood; (b) the mesosystem, or the roles, expectations, and interactions that result from the relationship among multiple microsystems; (c) the exosystem, reflecting the decisions made about each microsystem that indirectly affect the child; and (d) the macrosystem, encompassing societal norms and values. These systems interact and influence the child’s exposure to environmental and sociocultural risk and protective factors at the home, school, and neighborhood. For instance, families may not always be able to place high priorities on their children’s social–emotional well-being due to lack of parental awareness of children’s emotional needs and different priorities (Borba, 2001; Shaw & Woods, 2003; Sung, 2010). At the school level, the push in the last decade for academic accountability and excellence has diminished many schools’ focus on their students’ social–emotional needs, providing services and attention to only the neediest minority of children (Civic Enterprises, Bridgeland, Bruce, & Hariharan, 2013). However, schools, communities, and families play critical roles in promoting children’s social–emotional health (Nastasi, 1998), and the school is the best location for children to receive a continuum of ser-

vices that can target the full range of their social–emotional needs (Doll & Cummings, 2008). In fact, for some families, schools might be the only source of mental health support and intervention (Strein, Hoagwood, & Cohn, 2003).

Gutkin (2008) explained that school professionals must think in terms of an ecological model by training parents and teachers to make a positive difference in children’s environments. It is not enough to treat the individual child when the environment does not change. Bandura (1986) stated that children learn through modeling or vicarious learning. Children observe and learn from adults in their lives. Thus, interventions at the child, adult, organizational, and state/national levels are necessary to sustain effective change (Ringeisen, Henderson, & Hoagwood, 2003).

Henderson (1995) argued that a child is impacted not only by the immediate environment but also by the community and culture of the society. Societal policies and cultural beliefs shape how families and schools operate. For instance, because intelligence and achievement are highly valued in modern society, parents, teachers, and schools tend to focus on grades and test scores (Hayes, 2012). Those who are considered to be successful are often rewarded and those with higher educational degrees and test scores have greater opportunities (Hayes, 2012). Yet, intelligent people in high positions sometimes make poor decisions, suggesting that factors beyond intelligence and academic achievement are critical (Goleman, 1995; Hayes, 2012).

Today’s macrosystem in the USA is defined by a culture of hierarchy, competition, and materialism (Hayes, 2012), which in turn impacts children’s emotional well-being. Current policies and practices may not safeguard against inappropriate exposure to media, instant gratification, promiscuity, and violence. For instance, with increasing pressure to compete and meet material demands, Sung (2008) found changes in parental availability over time. Teachers reported that parents are busier and provide less supervision of their children (Sung, 2008), in spite of the fact that youth are increasingly exposed to media and the Internet (Tisone & Goodell, 2013). Although exposure to global ideas promotes progress and

growth, the risk of exposure to inappropriate or violent media and/or interchanges is greater and can also affect children's social-emotional functioning (Jones, Mitchell, & Finkelhor, 2012).

The emotional well-being of children also is shaped by the beliefs and values of the people in their environment. For instance, in a participatory mental health study with adolescents in Sri Lanka, Nastasi, Varjas, Sarkar, and Jayasena (1998) highlighted the influence of culture on emotional well-being. Youth participants reported that males were treated differently from females, such that females' thoughts and feelings were often ignored while males' voices were given more credence. Thus, participants reported that young women tend to suppress their thoughts and feelings and cope quietly with emotional abuses. Sung (2010) also identified culturally based parenting beliefs and values that influence parent-child interactions, which in turn, influence the development of emotional intelligence. For instance, Sung (2010) noted that a punitive environment in the home can contribute to low emotional intelligence because children are not expected to be thinkers or problem solvers. Children with low emotional intelligence have been found to be at higher risk for mental health disorders (Taylor, 2001). To better understand the cultural and relational influences on children and adolescents, this chapter presents findings from two studies, which examined the construct of emotional well-being from the perspective of educational practitioners and adolescents, respectively.

Study 1 examined educational practitioners' perspective about the conditions that influence the emotional well-being of children and adolescents within the contexts of school, family, and community. Educational practitioners (school psychologists and school administrators) were selected because of their role in making decisions about and working with children and adolescents and their families. The following questions guided the study: What are the beliefs and values that promote emotional well-being? What aspects of community, school, and family promote emotional well-being? What are the culture-specific educational factors that influence emotional well-being in children and adolescents? What

are the priorities in Eastern (Asian heritage) and Western (European heritage) belief systems, as reflected in views of participants from Eastern and Western cultural backgrounds, that impact emotional well-being?

Study 2 examined African American adolescents' perceptions of supports and challenges in the school context. Specifically, we were interested in understanding emotional well-being from the adolescent's perspective. In this study, future expectations were examined to indicate emotional well-being. As indicated in the extant research (e.g., Cunningham, Corprew, & Becker, 2009; Trask-Tate, Cunningham, & Lang-DeGrange, 2010; Wyman, Cowen, Work, & Kerley, 1993), adolescents with higher future expectations are resilient and work toward higher levels of academic achievement. This study addressed similar research questions as those addressed in study 1: What aspects of community, school, and family promote emotional well-being? In doing so, we examined correlates of future expectations with domain-specific social supports (e.g., community support, school support, and family support).

Methods

This section details the methods for both studies. The participants and procedures for data collection and analysis are delineated separately for study 1 and study 2.

Study 1

Participants Educational professionals working at elementary and high school levels participated in the study. Three focus groups were conducted with seven school psychologists and five principals. Of the seven psychologists, two worked in high schools, two in both preschool and elementary school settings, one in both middle and elementary schools, and three in elementary schools. The five principals worked in elementary schools.

For the purpose of exploring broad cultural differences, participants with Eastern and Western

cultural backgrounds (i.e., heritage) were recruited. Two psychologists and two principals were from Eastern heritage (Chinese, Japanese, and East Indian), three principals and five school psychologists from Western heritage (EA). These professionals were all educated in the USA and comprised first- through third-generation immigrants. Most EA participants were at least second- or third-generation immigrants from European countries. While acculturation plays a role in self-identity, social scientists explain that cultural norms tend to get passed down from generation to generation (Matsumoto, 1999). Eastern heritage generally values hierarchy, collectivism, and compliance. Western heritage generally values individualism and self-reliance (Kim & Choi, 1994; Kitayama & Markus, 1994). These educational professionals were able to reflect on the disadvantages of extreme polarities; their perspectives reflect the need for balance between the two extremes.

Procedures The call for participation in the study was announced at the elementary and high school district psychologists' meetings in southern San Francisco, California. Several principals and administrators were notified of the study by email. Participation was voluntary and informed consent was obtained. The interviews were conducted in focus group format. The first group consisted of three psychologists, the second group four principals, and the third group five psychologists and a principal. The inclusion of both psychologists and school administrators provided for triangulation of data (Creswell, 1998).

Data Collection This study was a part of the *Promoting Psychological Well-Being Globally* (PPWBG; Nastasi & International Psychological Well-Being Team, 2012) project to identify stakeholder perspectives of emotional (psychological) well-being within respective cultural contexts, including the perspectives of children, adolescents, and adults (parents, teachers, school administrators, and support staff). The PPWBG project used qualitative research methods, primarily focus group and individual interviews; procedures and specific interview questions are presented in Chap. 2.

In this study, educational professionals' perspectives were obtained through focus group interviews, using PPWBG interview questions specifically developed for administrators and mental health support staff (see Chap. 2). The interview questions were open-ended for rich descriptions of the participants' phenomenology of emotional well-being (Lincoln & Guba, 1985). The questions were related to the roles of parents, teachers, and community. Community and school supports and parental reactions to the supports were discussed. Stressors perceived to have an impact on family and children were identified. All the participants had the opportunity to respond to each question and to react to responses of other group members.

Data Analysis All interviews were audio-recorded and transcribed. The transcripts were coded using the coding scheme from the PPWBG project (see Chap. 2), which is based on previous research on psychological well-being (Nastasi et al., 1998). Coded data were then subjected to theme analysis consistent with procedures for the larger study.

Study 2

Participants Two-hundred six African American high school students were recruited to participate. The majority of the participants were female ($n=136$) and between the ages of 13 and 18 ($M=15.79$, $SD=1.19$). All participants attended a center for science and mathematics in a large urban southern city in the USA, which is a voluntary program for students who are interested in completing advanced or specialized classes in science and math. Students are considered high achieving due to their interest in these academic areas and because they all make special efforts to attend this school. Admissions to the school are based on the merit of a teacher-student interview, such that no form of standardized testing is used to determine eligibility. Students spend half their day at their districted public high school and the other at the center for science and math.

Demographics for the participant population are similar to the rest of the school district, which has the second highest number of low-performing public schools in the state. We label the students as high-achieving and low resource for several reasons. As reported in past evaluations, approximately 80% of students attending receive free lunch (Foney & Cunningham, 2002) and 46% live in single-parent (mother-headed) households. Despite these challenges, recent graduating classes demonstrated a college acceptance rate of 93% (Foney & Cunningham, 2002), which is much higher than the rest of the district and state. This acceptance rate is similar to self-reported information. We asked the students, "How many years do you think you will go to school?" The students responded that they wanted to go to graduate or professional school (63.8%), 4-year college or university (34.3), vocational or trade school (1.4%), and only one student said high school.

Procedures Data were collected via self-report survey as part of the Youth Empowerment Project (Cunningham, Hurley, Foney, & Hayes, 2002), the aim of which was to identify contributors to success among "at-risk" adolescents. Participants completed a survey packet during the school day; completion time was approximately 1 h. Graduate and advanced undergraduate research assistants administered the survey. The survey format was comprised of a set of demographic questions and several subscales, each assessing different constructs. A description of survey measures follows.

Measures The likelihood portion of Spencer's (1989) *Future Expectations* Scale was employed to assess future expectations. The measure is a modification of Jessor's (1993) scale of successful adolescent outcomes for adolescents who reside in high-risk settings. Students rated how likely a number of listed outcomes would occur within 10 years in the future. There are 15 questions on this scale, and each question is evaluated on a scale of 0 through 3. A score of 0 indicates low perceived likelihood of the event; a 3 indicates a high perceived likelihood. Thus, a high

score indicates that students have high expectations of experiencing positive outcomes (i.e., "have a good job or be politically active," etc.). The scale demonstrated good internal consistency ($\alpha = 0.81$).

Support from Adult Family Members was measured with constructs extracted from a larger *Social Support* scale (i.e., Munsch & Blyth, 1993; Munsch & Wampler, 1993). The students responded to 28 questions that asked about people who want them to become a success, give them advice, and the importance of their advice and suggestions. Twenty questions that addressed perceived social support from adults were used in the current analysis. The *Adult Social Support* construct had a Cronbach's alpha of 0.89. The scale's subcomponents included the following: the *Family Social Support* subscale (e.g., mother, father, aunt, uncle, and grandparents; $\alpha = 0.81$); the *School Social Support* subscale (e.g., teachers, school administrators, and school club leader/sports coach; $\alpha = 0.86$); and the *Community Social Support* subscale included neighbors and church members/leaders ($\alpha = 0.79$).

Data Analysis The data for this study were descriptive and correlational. Means and standard deviations were computed. The data were standardized, and Pearson two-tail correlations were computed. Standard probability levels were used to discuss statistical significance (see Table 18.1).

Results

In this section, we present results from both studies. Findings are organized based on several broad themes that emerged from qualitative and quantitative analyses: psychological well-being, attitudes and priorities, parental roles, educational priorities, community responsibility, ecological perspective, and cross-cultural comparison. Findings from study 1 reflect the perspectives of school psychologists and principals gathered through focus groups. Study 2 findings reflect perspectives of adolescents obtained through structured surveys.

Table 18.1 Means, standard deviations, and zero-order correlations, study 2 ($n=206$)

	1	2	3	4	5	6	7
Mean	15.77	0.65	2.01	2.33	1.72	1.65	2.64
Standard deviation	1.17	0.48	0.60	0.58	0.84	0.92	0.36
1. Age	–	0.13*	–0.10	–0.09	–0.04	–0.11	0.02
2. Sex (male=0, Female=1)		–	–0.07	–0.05	–0.07	–0.05	0.08
3. Adult support (1–3)			–	0.83****	0.83****	0.81****	0.33****
4. Family support (1–3)				–	0.45****	0.49****	0.29****
5. School support (1–3)					–	0.62****	0.20***
6. Community support (1–3)						–	0.33****
7. Future expectations (1–4)							–

* $p < 0.10$; ** $p < 0.05$; *** $p < 0.01$; **** $p < 0.001$

Psychological Well-Being

Results from study 1 indicate that, from the perspective of school psychologists and administrators, emotionally healthy adults, adolescents, and children can maintain relationships, are empathetic and flexible, and have good coping skills. They have a sense of belonging and have balance in their lives. Emotionally healthy individuals have a sense of autonomy and feel competent in their own abilities. They care for others as they contribute to the wellness of others. They are aware of emotions, feel comfortable about sharing emotions, and are resilient. They are content, show happiness, and are willing to learn. They can adapt to change and can “pick oneself up” when faced with difficulties.

The sense of autonomy and competence may be related to setting and achieving goals. Similar patterns are noted in study 2 data from adolescent participants. As indicated in Table 18.1, students’ future expectations were above average. On a scale of 1–4, the mean was 2.64 with an SD of 0.36. Additionally, support from all the adults, as reported by adolescents, had a statistically significant relation to future expectations ($r=0.33$, $p < 0.01$).

Attitudes and Priorities

Qualitative analyses in study 1 indicated that beliefs and values within the culture at home, school, and community impact the emotional well-being of children and adolescents. Respon-

dents indicated that striving for a goal is important for emotional well-being. Through participation in sports and teamwork, adolescents feel connected and strive for a common goal. The willingness to learn is an attitude that indicates emotional well-being. The value of relationships, especially within the family, adds to the foundation for emotional well-being. Also, the attitude of self-directedness and the sense of empowerment indicate emotional well-being. When all the people involved in children’s and adolescents’ lives have the sense of shared responsibility, people are united in the promotion of emotional well-being. As new information is added and technology advances, high priority must be placed on training and educating teachers and parents about the current issues influencing children and adolescents.

Study 1 findings are supported with the adolescent data of study 2, namely, in that students feel connected when they feel supported at school. For example, the correlation between school support and future expectations was statistically significant ($r=0.20$, $p < 0.01$), which suggests that psychological well-being as measured by future expectations is associated with having school officials who provide social support.

Parental Roles

Respondents in study 1 discussed parental roles. They indicated that parents are the single most important socialization agents in the child’s life.

Even before the child starts school, he or she is with the parents. In early childhood, parents socialize and create an environment for the child to thrive. One respondent said that the child spends first 5 years of life mostly with parents. They also added that parents are expected to provide for the child's basic needs such as food, shelter and clothing, and opportunities for diverse experiences and stimulating environments. Respondents agreed that promoting a happy atmosphere where positive relationships are encouraged at home adds to the child's emotional well-being.

Parents' roles are to nurture their children emotionally, connect with the community, and stay involved in their children's education. Parents' knowledge about the emotional and developmental needs of their children can help them to be proactive parents. Their support in educational interventions and educational goals also can help children to value education. Additionally, being a listening parent instead of a critical parent encourages acceptance, competence, and creativity. The parents' willingness to learn, develop skills, and wisdom increases their ability to respond to daily challenges in ways to promote emotional well-being. Ultimately, however, parents who are connected with other parents have more resources.

Consistent with the view that the supportive parent nurtures competence in children (study 1), study 2 found that parent support was significantly related to adolescents' positive future expectations. Specifically, the family support construct included mother and father collectively (e.g., parent support) and separately (e.g., mother support and father support). As indicated in Table 18.2,

parent social support and mother social support had statistically significant correlations to future expectations (e.g., $r=0.16$, $p<0.05$ and $r=0.19$, $p<0.01$, respectively). Father social support was not statistically significant ($r=0.09$, $p=n.s.$). However, when statistically controlling for single-parent household, the relationship between father social support and future expectations approaches statistical significance ($r=0.11$, $p=0.10$). Additionally, more variance is accounted for by the relationship of mother social support to future expectations ($r=0.20$, $p<0.01$).

Educational Priorities

School psychologists and principals in study 1 suggested that learning cannot happen without emotional well-being and that schools play a critical role in fostering emotional well-being. They identified emotional well-being as more important than academics. One of the responsibilities of the school is to teach good citizenship. Teachers can show care for all students by staying connected with them even when they leave the classroom. Teachers are models, in the classroom, for problem solving, communication, and emotional awareness. School is a place for students to practice social skills, manage their emotions, and engage in perspective taking. One respondent stressed the importance of finding success in all children and magnifying their strengths to build confidence. Others agreed that when students feel successful, they are more likely to take risks, ask questions, and maintain enthusiasm for learning.

Table 18.2 Partial correlations in study 2, controlling for single-parent households ($n=206$)

	1	2	3	4	5	6
Mean	15.77	0.65	0.43	2.73	0.15	2.64
Standard deviation	1.17	0.48	0.60	0.58	0.84	0.36
1. Age	–	0.13*	–0.09	–0.06	–0.07	0.02
2. Sex (male—0, female—1)		–	–0.13*	–0.02	–0.15**	0.08
3. Parent support (1–3)			–	0.60****	0.90****	0.16**
4. Mother support (1–3)				–	0.20***	0.19**
5. Father support (1–3)					–	0.09
6. Future expectations (1–4)						–

* $p<0.10$; ** $p<0.05$; *** $p<0.01$; **** $p<0.001$

Giving students a chance to succeed, no matter how small, can become a “beacon of light” when they experience challenges later in life.

Study 2’s results are consistent with patterns found in study 1. The correlation between school social support and future expectations is statistically significant ($r=0.20, p<0.01$). These adolescent-reported results suggest that future expectations are associated with supportive school environments.

Community Responsibility

Study 1 explored community responsibilities for child emotional well-being. Respondents agreed that the community has responsibility for being culturally aware in today’s global society. The community can share ideas and expertise to support the family and children. Although it may not always be true, the businesses in the community need to strive for common good instead of the bottom line. The community’s priority on education and family translates into win–win for all. One respondent expressed that the opportunity for parents to connect through family events and recreation keep parents from feeling isolated. They agreed that shared responsibility for promoting emotional well-being among children and adolescents also includes the community.

Similar to the other domains of social support, the adolescent reports of community social support, which includes neighbors and adults from the students’ religious communities, indicate that future expectations are associated with perceived social support from one’s community (e.g., $r=0.33, p<0.001$).

Ecological Perspective

The responses of educational professionals in study 1 suggested an ecological perspective, reflected in agreement that family, school, and community contribute to the emotional well-being of children. These contexts/systems are interrelated and influential as children’s environment impacts their functioning ability, leading to enhanced or

hindered emotional development. The long-term effect on quality of life is reflected in reaching goals, problem solving, interpersonal skills, and maintaining relationships. Respondents agreed that collective responsibility and raising awareness at all levels need to be a priority.

Cross-Cultural Comparison

The inclusion in study 1 of educational professionals with different heritages across Eastern and Western regions of the world permitted exploration of cross-cultural differences in perspective. The Korean heritage and North American experience of the researcher (first author) were useful. As a Korean American researcher, emerging cultural themes were identified due to researcher’s awareness and sensitivity. Interpretation involves making sense of the data (Lincoln & Guba, 1985). Hunches, insights, and intuition are additional forms of interpretation (Creswell, 1998). The researcher was instrumental in interpretation of this section of qualitative ethnographic study (Strauss & Corbin, 1998). Consensus among the educational professionals regarding the indicators of emotional well-being in children and adolescents were evident. Yet, some emerging themes were in response to the respondents’ cultural belief system. Indications of both Western beliefs of individualism, self-esteem, and self-reliance and Eastern beliefs of collectivism, competition, and hierarchy that may influence emotional well-being were noted (see Fig. 18.1).

The educational professionals of Western backgrounds prioritized emotional awareness, emotional regulation, listening to children, and having a consistent caregiver as indicative of emotional well-being. On the other hand, the educational professionals of Eastern backgrounds valued feelings of contentment, flexibility, being a contributing member to community, and extended family involvement. Furthermore, the Western heritage professionals focused on partnerships between the school and home and maintaining a balance across academic, social, and leisure times. Similarly, Eastern heritage

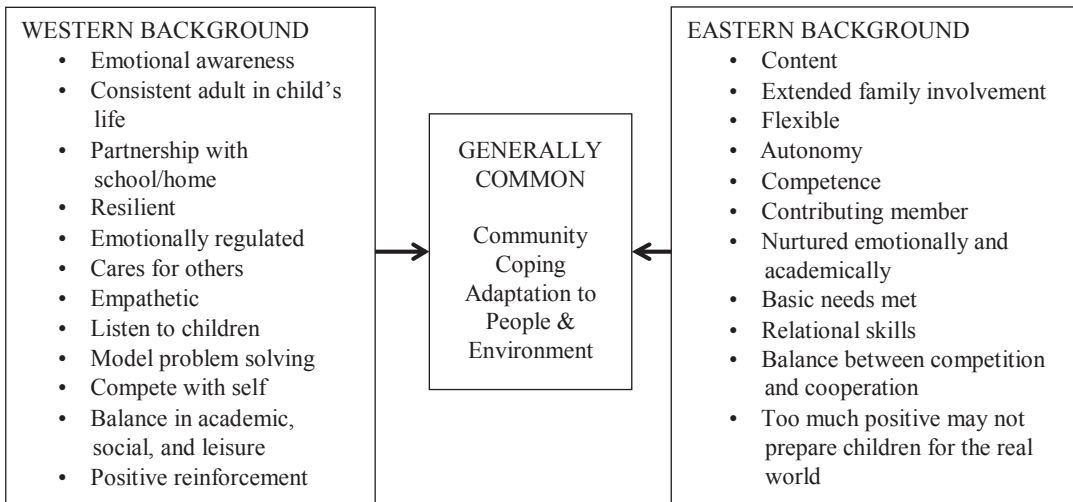


Fig. 18.1 *Difference in perception among educational professionals from Eastern and Western cultural backgrounds.* (Note: The center column presents themes that are agreed upon among participants, regardless of cultural background and reflect characteristics of emotional well-being, including the individual's ability to function and

gain support within the community, maintain relationships with people, and adapt to environmental demands. Common themes from participants with Western (European) backgrounds are on the *left* and common themes from participants with Eastern (Asian) background are on the *right*)

professionals highlighted parental nurturing of children's emotional and academic growth. They also expressed the need for balancing competition and cooperation. Finally, the Western heritage professionals prioritized resilience, empathy, children's expression, modeling problem solving, and positive reinforcement. In contrast, Eastern heritage professionals highlighted the need for autonomy, competence, relational skills, getting the basic needs met, and they believed that too many "positives" may not prepare children for the real world.

The participants responded based on their belief system, influenced by their awareness of areas to improve what they already know about the perceived shortcoming in the culture they understand. For example, Western professionals expressed the importance of parent support in the school's efforts and the concept of a village raising a child. Eastern professionals described the need for autonomy and self-efficacy. All educational professionals expressed the concerns of children growing up in today's society and preparing them appropriately to achieve emotional well-being.

Discussion

The promotion of emotional well-being involves the collective community. The responsibilities of parents, teachers, local community, and the society were evident in these studies, consistent with Bronfenbrenner's (1979) ecological systems theory.

In discussing psychological well-being, participants in study 1 emphasized the importance of family relationships that nurture children's emotional and academic development, demonstrate autonomy and flexibility, fulfill children's basic needs, and promote feelings of competence. Professionals of Western heritage backgrounds discussed the importance of positive reinforcement, listening to children, being a role model and a stable caregiver, and collaboration between home and school. Although professionals agreed on all factors needed for emotional well-being, priorities among the participants were noted. This study not only enhanced the cross-cultural understanding but also gave descriptions of characteristics that indicate emotional well-being. In general, the participants expressed that an emotionally well person is someone who is caring,

empathetic, resilient, competent, flexible, and contributes to one's environment. These descriptions are similar to characteristics of a person with high emotional intelligence (Baron & Parker, 2002; Ciarrochi, Forgas, & Mayer, 2001; Goleman, 1995).

Consistency was also found from a sample of urban African American adolescents in study 2. Although the extant literature is plagued with more examples of challenges than of successes for this population of young people, by using the ecological model, we were able to demonstrate that psychological well-being, as measured by future expectations, is associated with supportive adults in the students' home, school, and community settings.

The participants in study 1 were highly educated professionals, working in the school system. The focus group discussions triggered thoughtful ideas about the conditions that promote emotional well-being regardless of culture. Valuable contributions were made to fostering emotional well-being from both Eastern and Western perspectives. Sung (2010) found that the adolescent with high emotional intelligence had parents who were able to take the best of Eastern and Western belief systems, moving away from the extreme polarities. The participants in this study expressed the need for balance between opposing views. The respondents also focused on the positive contribution of both belief systems. Respondents not only acknowledged the priorities of respecting elders, social responsibility, and self-awareness common in Eastern belief but also of respecting individuality, shared parenting, communication, and emotional expressions typical in Western culture as positive influences on emotional development. By accepting the best of what each culture offers, the chance for maximizing emotional well-being increases.

Both studies described the roles of parents, teachers, school, and community. First of all, it is the close interaction within the family and the positive nurturing that occurs emotionally and intellectually. The parents listen to their children and model behaviors that are valued. The parents are involved in the child's life. When a problem arises, they are on the same team when solving problems rather than being at odds. Second,

the school is structured for early interventions. When the culture of the school is collaborative and proactive, teachers work together to support one another and model problem solving. Third, the local community and the society have critical roles to play. For example, economic profit at all cost could be damaging to children when the parents are not available to supervise closely for many different reasons. With shared responsibility, people at all levels could collaborate to promote emotional well-being in children.

As Bronfenbrenner (1979) stated, the culture of dominance, competition, and materialism have an impact on children's emotional well-being. The policies that are in place may not safeguard against inappropriate exposure to media, instant gratification, and violence. Because children do not grow up in isolation, we need to take a serious look at the larger social ecology and the cultural beliefs that maintain the detrimental influence on children. The collaboration between home and school must be the common practice. Gutkin (2008) explained that parents and teachers could be educated to make a positive difference in the children's environment. With knowledge about the influencing factors, parents and teachers are positioned to create an environment that will promote emotional well-being. Specific communication techniques and interaction patterns can be learned. When we increase emotional well-being in children and adolescents, it will have a profound impact on the future. We will have better leaders, educators, entrepreneurs, and scientists who make decisions that benefit humanity, are empathetic to human needs, recognize and adapt to change, work effectively with people from across the globe, and bring people together for common good.

Implications

Study 1 is part of the larger psychological well-being study highlighted throughout this volume. This study has implications for parents, teachers, administrators, and policy-makers cross-culturally. Results suggest influencing factors at home, school, and the community for supporting the emotional needs of children. Study 2's focus

on adolescents mirrors the findings from study 1. By addressing psychological well-being from the adolescent's perspective, we are able to discern correlates of psychological well-being. The growing number of children with emotional difficulties across the globe draws a pessimistic picture of the future. Sears and Sears (2002) indicate that children have common emotional needs not much different from adults. Applying Maslow's hierarchy (Gumaer, 1984), the first priority is fulfilling basic needs such as food, shelter, and clothing. Next, children need security in their lives with trusting and loving caregivers, including, but not limited to, parents (biological or otherwise), aunts and uncles, and grandparents. Children need to feel safe and have a sense of belonging. When these basic needs are met, intellectual and social-emotional self-improvement may result. Knowledge and awareness of cross-cultural differences and similarities can enable people to draw from Eastern and Western cultures and philosophies. These cultural values allow parents, teachers, and community leaders to create a better environment for children and adolescents that promotes emotional well-being. All children deserve the opportunity to grow up emotionally well.

The implications of the ideas discussed in both studies encourage researchers and practitioners to address psychological well-being in addition to the traditional foci on psychological challenges. The focus on psychological well-being from multiple perspectives affords pathways to preventive psychological care that is context specific, developmentally appropriate, and culturally sensitive.

References

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D.C.: Author.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs: Prentice Hall.
- Baron, R., & Parker, J. D. (Eds.). (2002). *The handbook of emotional intelligence*. San Francisco: Jossey-Bass.
- Borba, M. (2001). *Building moral intelligence: The seven essential virtues that teach kids to do the right thing*. San Francisco: Jossey-Bass.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press.
- Ciarrochi, J., Forgas, J. P., & Mayer, J. D. (2001). *Emotional intelligence in everyday life: A scientific inquiry*. Philadelphia: Psychology Press.
- Civic Enterprises, Bridgeland, J., Bruce, M., & Hariharan, A. (2013). *The missing piece: A national teacher survey on how social and emotional learning can empower children and transform schools*. (Research report for the Collaborative for Academic, Social, and Emotional Learning). <http://static.squarespace.com/static/513f79f9e4b05ce7b70e9673/t/526a2589e4b01768fee91a6a/1382688137983/the-missing-piece.pdf>. Accessed 8 May 2014.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks: Sage.
- Cunningham, M., Hurley, M., Foney, D., & Hayes, D. (2002). The influence of perceived contextual stress on self-esteem and academic outcomes in African American adolescents. *Journal of Black Psychology*, 28, 215–233. doi:10.1177/0095798402028003003.
- Cunningham, M., Corprew, C. S., & Becker, J. E. (2009). Understanding the role of future expectations in high-achieving African American adolescents living in urban neighborhoods. *Urban Education*, 44, 280–296. doi:10.1177/0042085908318715.
- Doll, B., & Cummings, J. A. (2008). *Transforming school mental health services*. Thousand Oaks: Corwin Press.
- Foney, D.M., & Cunningham, M. (2002). Why do good kids do bad things? Considering multiple contexts in the study of antisocial fighting behaviors in African American urban youth. *Journal of Negro Education*, 71, 143–157.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam Books.
- Gumaer, J. (1984). *Counseling and therapy for children*. New York: The Free Press.
- Gutkin, T. B. (2008, March). *Ecological school based consultation: Responding to America's mental health and educational pandemic within a public health context*. Paper presented at the annual convention of the California Association of School Psychologists, Millbrae.
- Hayes, C. (2012). *Twilight of the elites: America after meritocracy*. New York: Random House.
- Henderson, Z. P. (1995). Renewing our social fabric. *Human Ecology*, 23, 16–19.
- Jessor, R. (1993). Successful adolescent development among youth in high-risk settings. *American Psychologist*, 48, (2)117–126.
- Jones, L. M., Mitchell, K. J., & Finkelhor, D. (2012). Trends in youth internet victimization: Findings from three youth internet safety surveys 2000–2010. *Journal of Adolescent Health*, 50, 179–186. doi:10.1016/j.jadohealth.2011.09.015.

- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593–602. doi:10.1001/archpsyc.62.6.593.
- Kim, U., & Choi, S. (1994). Individualism, collectivism, and child development: A Korean perspective. In P. M. Greenfield & R. R. Cocking (Eds.), *Cross-cultural roots of minority child development* (pp. 227–257). Hillsdale: Lawrence Erlbaum.
- Kitayama, S., & Markus, H. R. (Eds.). (1994). *Emotion and culture: Empirical studies of mutual influence*. Washington, D.C.: American Psychological Association.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.
- Matsumoto, D. (1999). Culture and self: An empirical assessment of Markus and Kitayama's theory of independent and interdependent self-construals. *Asian Journal of Social Psychology*, *2*, 289–310.
- McDermott, P. A., & Spencer, M. B. (1997). Racial and social class prevalence of psychopathology among school-age youth in the United States. *Youth and Society*, *28*, 387–414. doi:10.1177/0044118X97028004001.
- Munsch, J., & Blyth, D. A. (1993). An analysis of the functional nature of adolescents' supportive relationships. *Journal of Early Adolescence*, *13*, 132–153. doi:10.1177/0272431693013002001.
- Munsch, J., & Wampler, R. S. (1993). Ethnic differences in early adolescents' coping with school stress. *American Journal of Orthopsychiatry*, *63*, 633–646. doi:10.1037/h0079482.
- Nastasi, B. K. (1998). A model for mental health programming in schools and communities: Introduction to the mini-series. *School Psychology Review*, *27*, 165–174. doi:1998-10077-001.
- Nastasi, B. K., & International Psychological Well-Being Research Team. (2012). *Promoting psychological well-being globally project*. [Updated study procedures]. Department of Psychology, Tulane University, New Orleans.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, *27*(2), 260–276. doi:1998-10077-008.
- Ringeisen, H., Henderson, K., & Hoagwood, K. (2003). Context matters: Schools and the "research to practice gap" in children's mental health. *School Psychology Review*, *32*, 153–168. doi:2003-99697-001.
- Sears, W., & Sears, M. (2002). *The successful child*. New York: Little, Brown and Company.
- Shaw, R., & Woods, S. (2003). *The epidemic: The rot of American culture, absentee and permissive parenting, and the resultant plague of joyless, selfish children*. New York: HarperCollins.
- Sheridan, S. M., & Gutkin, T. B. (2000). The ecology of school psychology: Examining the changing our paradigm for the 21st century. *School Psychology Review*, *29*(4), 485–502. doi:2000-14347-001.
- Spencer, M. B. (1989). *Patterns of developmental transitions for economically disadvantaged Black male adolescents*. Proposal submitted to and funded by the Spencer Foundation, Chicago.
- Spencer, M. B. (2006). Phenomenology and ecological systems theory: Development diverse groups. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology, Vol. 1: Theoretical models of human development (6th ed.)* (pp. 829–893). New York: Wiley.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks: Sage.
- Strein, W., Hoagwood, K., & Cohn, A. (2003). School psychology: A public health perspective-1. Prevention, population and systems change. *Journal of School Psychology*, *41*(1), 23–38. doi:10.1016/S0022-4405(02)00142-5.
- Sung, H. Y. (2008). Teachers' perspectives on change in student population and the need for emotional intelligence in education. *Journal of Educational Practice for Social Change*, *4*, 2–16. <http://www.jepsc.org/back-issues.html>
- Sung, H. Y. (2010). The influence of culture on parenting practices of East Asian families and the impact on emotional intelligence of older adolescents. *School Psychology International*, *31*, 199–214. doi:10.1177/0143034309352268.
- Taylor, G. J. (2001). Low emotional intelligence and mental illness. In J. Ciarrochi, J. P. Forgas, & J. D. Mayer (Eds.), *Emotional intelligence in everyday life: A scientific inquiry* (pp. 76–81). Philadelphia: Psychology Press.
- Tisone, D., & Goodell, J. (2013). The interaction between human development and social media: Implication for school based family counselors. *International Journal of School-Based Family Counseling*. <http://school-basedfamilycounseling.com/journal.html>. Accessed 8 May 2014.
- Trask-Tate, A., Cunningham, M., & Lang-DeGrange, L. (2010). The importance of family: How social support moderates the relation between negative life events and depressive symptoms in African American girls. *Research on Human Development*, *7*, 164–182. doi:10.1080/15427609.2010.504458.
- Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. New York: Free Press.
- World Health Organization (WHO). (2010). *International statistical classification of diseases and related health problems, 10th revision (ICD-10)*. Geneva: Author. <http://www.who.int/classifications/icd/en/>
- Wyman, P.A., Cowen, E.L., Work, W.C., & Kerley, J.H. (1993). The role of children's future expectations in self-system functioning and adjustment to life stress: A prospective study of urban at-risk children. *Development and Psychopathology*, *5*, 649–661. doi:10.1017/S0954579400006210.

Future Directions in Promoting Psychological Well-Being Globally

19

Bonnie K. Nastasi and Amanda P. Borja

Introduction

As we described in Chap. 1 of this book, the impetus for the *Promoting Psychological Well-Being Globally* (PPWBG) project was the interest of international school psychologists in studying children's psychological well-being cross-culturally and the challenge of doing so in a way that addressed the following concerns:

How do we study children's mental health across multiple countries given the potential variations in worldviews and meaning across cultures and languages? Moreover, how do we engage in research without imposing "Western" definitions of mental health such as those generated in United States? How do we avoid the use of the term "mental health" given potential negative connotations (and stigma) through association with the term "mental illness"? (Nastasi & Borja, Chap. 1, this volume)

We attempted to develop what D'Augelli (2003) referred to as *culturally sensitive methodology*. Speaking of the challenges of developing methodologies that permit cultural analysis, D'Augelli (2003) describes the process as "the systematic deconstruction of embedded meanings... followed by reconstruction of some kind" (p. 348). The data collection and analysis methods (described in Chaps. 2 and 17, this volume) of the PPWBG project were an attempt to do just that, to deconstruct meanings of psychological

well-being from the perspectives of children and adolescents and then reconstruct them through cross-cultural analysis. The deconstruction process is best reflected in the site-specific chapters (Chaps. 3–16), whereby site researchers identified themes and patterns across age and gender groups within the specific cultural context. The reconstruction process, depicted in the cross-site analysis (Chap. 17), was designed to capture congruence across informants from different sites and age–gender groups in order to reflect "universal" meanings. We, of course, offer the reconstruction of meanings based on selected sites across 12 countries. As an initial step in understanding universal meanings, we acknowledge the limitations of population representation.

The methodology for the PPWBG project was primarily qualitative and ethnographic, consistent with the purpose of understanding psychological well-being from a cultural perspective. As described in Chap. 1 (this volume), several conceptual models provided the foundations for the project: Bronfenbrenner's (1989, 1999) ecological systems theory (EST); a conceptual model of psychological well-being that reflects an integration of emic and etic perspectives based on our prior research (Nastasi et al., 1998, 2004); a child rights perspective based on the UN (1989) Convention of the Rights of the Child, with particular attention to representing children's voices; and, PCISM (Nastasi et al., 2004), a participatory research model for developing culture-specific

B. K. Nastasi (✉) · A. P. Borja
Tulane University, New Orleans, LA, USA
e-mail: bnastasi@tulane.edu

interventions. We return to these models as we discuss findings and future directions.

Conceptual Interpretations: Going Full Circle

As we discussed in Chap. 1, conceptual foundations framed our etic perspective for exploring children's psychological well-being cross-culturally. In this section, we discuss the study findings in the context of respective foundations.

Ecological Systems Theory

As reflected in Fig. 1.2, the multiple systems in which the child is embedded are critical for understanding current level and development of competence, in this case, of psychological well-being. The cross-cultural findings (Chap. 17) support the role of significant others within the various microsystems as seen in Fig. 1.2 (e.g., family, school, peer group, and community). In particular, the highest level of convergence (greater than 75% of site groups) was found for interpersonal relationships and interactions as a source of stress and/or support. Particularly important as sources of stress were the family and peer group (microsystems), with the peer group increasing in importance as students approached adolescence. School and community/neighborhood microsystems, although important, achieved lower levels of convergence across sites and developmental levels. The developmental differences in the importance of different contexts support the consideration of chronosystem factors, for example, peers as sources of stress showed high convergence among middle and secondary school students but only moderate convergence for primary level (see Chap. 17 for details).

Sources of support that realized high convergence across site and developmental groups were parents and peers, with developmental variations for school staff and extended family. For example, whereas middle school students identified school staff as sources of support with

high convergence, primary and secondary students reached moderate convergence. Other developmental differences were evident in types of peer supports. For example, whereas students at all three grade levels identified best friends, classmates, and casual friends as supports, only middle and high school students identified romantic interests. Lower levels of convergence were evident for siblings, community members, religious deities, and pets as source of support (see Chap. 17 for details.)

The examination of findings from an ecological–developmental perspective has implications for enhancing our understanding of the role of significant others in supporting well-being. For example, identifying important sources of stress and support can inform development of assessment and intervention tools, as well as contribute to theory development. Although we highlighted convergence in themes, the variations across groups in level of importance and description of what constitutes support and stress need to be considered. Also critical to our understanding of stress and support was the identification of the self as a source of both stress and support, thus the individual at the center of the ecosystem. We return to the discussion of the self in the next section.

Conceptual Model of Psychological Well-Being

The conceptual framework for defining psychological well-being (Fig. 1.3) includes both individual (culturally valued competencies, personal resources, and vulnerabilities) and cultural (norms, resources, stressors, agents, and practices) factors. This model guided our development of data collection and analysis methods (see Chap. 2, this volume). We were intentional in our efforts to understand these categories of individual and cultural factors cross-culturally. As reflected in the site-specific chapters (Chaps. 3–16), researchers were asked to focus on culturally valued competencies, stressors, and supports within the conceptual framework,

whereas the cross-site analysis (Chap. 17) focused specifically on stressors and supports.

In the previous section, we described stressors and supports related to interpersonal relationships and interactions. Children's identification of key relationships facilitates understanding of *socialization agents* (e.g., parents, teachers, and peers) and *practices*, as well as *cultural norms* related to relationships (see Fig. 1.3). For example, children's discussions of what constitutes stress and support within key relationships provide evidence of influential practices related to socialization that may facilitate or inhibit well-being. Most important was the high level of convergence regarding verbal and physical aggression from both peers and adults as a source of distress. These included physical beatings in the context of discipline/punishment by adults as well as the use of physical aggression to resolve peer conflicts. In contrast, descriptions of supports suggested that emotional care (comforting) or instrumental help (e.g., to solve a problem) from others was consistently identified by students. These findings further address the importance of peer and adult interactions in facilitating psychological well-being.

In addition to significant others, children also identified the self as an important source for both stress and support. These findings are helpful in understanding the role of individual factors, *culturally valued competencies*, *personal vulnerabilities*, and *personal resources* as well as cultural factors such as *cultural norms* (see Fig. 1.3). Perhaps most important is children's identification of their personal difficulty in meeting expectations as a key source of stress. These findings are important for understanding not only the relationship between self-perceptions and psychological well-being but also the role of culturally valued norms and competencies as sources of distress and personal vulnerability. The failure to meet expectations of others encompassed self-perceptions of academic, behavioral, and moral failings (see Chap. 17). Such findings can facilitate identification of potential triggers for distress and dysfunction based on expectations related to valued competencies. Coupled with the findings

about the types of interpersonal interactions that convey stress or support to children, adults can be better equipped to consider how expectations are communicated, and how one responds when expectations are not met (examples can be found in Chaps. 3–17).

As discussed in Chap. 17 (this volume), sources of stress and support extended beyond the interpersonal and personal to *social-cultural factors* (specifically, social-cultural stressors and resources). Though to a lesser extent, children also identified physical surroundings, settings, and sociocultural systems as sources of distress; these sources typically yielded low-to-moderate convergence, which suggests that they are more likely to be influenced by local context. For example, the contextual-related stressors included poverty and community violence, which we would expect to vary across communities. Similarly, social-political injustice and inequality were identified by middle and secondary students at some sites, perhaps suggesting variations in social-political conditions or in individual awareness of such injustices. With regard to supports, students identified different types of activities as sources of support. These findings also reflect potential contextual variations in social-cultural resources. For example, students discussed activities related to holidays and celebrations, or excursions to movies or sports events. The availability and accessibility to different activities is likely to vary; however, the critical factor is the engagement in pleasurable activities either alone or with others as a potential source of support. Moreover, the identification of personal, interpersonal, and contextual resources as mechanisms for support in times of difficulty and distress provides evidence of children's coping strategies.

Perhaps what is most important about the identification of cultural and individual factors related to psychological well-being through focus group interviews was the opportunity to capture children's voices. The use of open-ended data collection methods and inductive analysis provided a unique opportunity to facilitate child participation in research. We discuss this further in the next section.

Child Rights

As we discussed in Chap. 1 (this volume), the UN (1989) Convention on the Rights of the Child was a critical underpinning of this research. In particular, we endeavored to conduct what Alderson (2012) referred to as *rights-respecting* research through the use of research methods that ensured representation of children's voices and active participation of children to inform our understanding of psychological well-being from a global (cross-cultural) perspective. The use of focus groups with children and adolescents provided the context for gathering their perceptions of individual and cultural factors that contributed to well-being. Further, we used a combined deductive–inductive (i.e., abductive) approach to data analysis that facilitated capturing children's voices through their descriptions. As highlighted in site-specific and cross-site chapters (Chaps. 3–16 and 17, respectively), the themes that emerged from the inductive analyses were illustrated with children's words (voices). We offer this research as an example of how one might engage in research that respects and promotes the rights of children.

As described in Nastasi (2014), there are several levels of participation to ensure child voice in research, including (a) examining child perceptions, (b) examining child experiences, (c) facilitating child–adult communication, (d) informing decision-making, and (e) participatory research with children as coresearchers. At a minimal level, representing children's perspective is achieved through self-report measures; however, such measures are typically developed based on existing theory and research without input from children. The use of more inductive methods such as qualitative interviews can facilitate the representation of children's voices and can be used to capture their perspectives and experiences in their own words. Such methods can be used to facilitate adult–child communication and child representation in decision-making. The maximum level of participation is the engagement of children as coresearchers. An excellent example of children as coresearchers is found in Plotnik et al.

(2013), in which children were research partners through the stage of dissemination, even coauthoring the cited article.

Of critical importance to representing child voices are research methodology and researcher competence. First, the research methods need to provide a context for capturing children's thinking. This typically requires using not only qualitative methods, such as interviews but also involves the use of nonverbal methods, such as drawing, photography, play, etc. For example, as we describe in Chap. 2 and depict in site-specific chapters (this volume), the ecomap provides the context for children to depict their social networks in graphic form and then serve as a stimulus for eliciting descriptions and narratives about those relationships (see also Nastasi, Jayasena, Summerville, & Borja, 2011). Keat, Strickland, and Marinak (2009) described a method involving photo-narration in which children, aged 3–5 years, took photographs of their home/neighborhood experiences and then narrated those experiences during individual adult–child conversations.

Also critical are the competencies of researchers. Engaging children as active participants in research requires skills in building rapport, communicating, enlisting and maintaining interest and cooperation, and managing behavior and potential power struggles (Nastasi, 2014; see also Bromstrom, 2012; Dalli & One, 2012). And perhaps most critical, and familiar to those who have worked with children, is flexibility and problem solving to handle potential challenges, for example, related to varying social–emotional, language, cognitive, and behavioral needs of individual children (Nastasi, 2014). In the case of focus groups, researchers also need to be prepared to manage the group dynamics among children or adolescents.

In carrying out the PPWBG project, the participation of school psychologists as researchers was especially advantageous, as the researchers were already skilled in interacting with children for the purposes of assessment and intervention. The data collection at each site was directed by a school psychologist who was responsible for training and supervision of research assistants.

We could thus be confident that site-specific researchers were competent in working with children and prepared to deal effectively with any challenges related to data collection. Most importantly, the researchers were committed to capturing child voices in order to represent their experiences and perspectives related to psychological well-being.

The data collection and analysis that characterized the PPWBG project was intended to represent child voices. As we described in Chap. 1 (this volume), we considered this as an important step in the cycle of program development and evaluation. We return to this topic in the next section.

Completing the Cycle of PCISM

The PCISM (Fig. 1.1) characterized the procedural process that guided our research. The PPWBG project was designed to achieve steps I through VI, concluding with research findings and a conceptual model for subsequent intervention design at specific sites (see Chap. 1). Chapters 3–16 describe the outcomes of each site, and Chap. 17 presents results of cross-site analyses. As we describe in earlier sections of this chapter, the cross-site findings contributed to our understanding of psychological well-being initially based on EST and a conceptual model of well-being as the integration of individual and cultural factors. Both site-specific and cross-site outcomes could inform subsequent intervention development, using PCSIM steps VII through X. We draw on intervention development and evaluation work conducted in the New Orleans site (see Chap. 16) to illustrate steps VII–X, including program design, implementation, evaluation, capacity building, and translation.

New Orleans Illustration The implementation of PCSIM steps VII–X (Fig. 1.1) evolved over a 4-year period (see Bell, Summerville, Nastasi, MacFetters, & Earnshaw, 2015, for full report), through a process of participatory consultation by the research-intervention team. The formative data collection (relevant to PPWBG project)

described in Chap. 16 (this volume) was conducted in year 1, and involved data collection, using focus groups or individual interviews with students, parents, teachers, and school administrators. Additional data collection in year 2 involved implementation of universal mental health screening for the purpose of school planning for comprehensive mental health services. The combination of focus group and screening data, along with school record data related to discipline and academic performance, provided a more complete mixed methods picture of the mental health (psychological well-being) needs of the student population. Thus, the integration of qualitative (e.g., focus groups) and quantitative (screening measure, school record data) facilitated decision-making. The mental health screening data in particular indicated elevated risk for social–emotional–behavioral problems among 53% of the student population and provided the impetus for subsequent development of comprehensive mental health services (Bell et al., 2015). The focus group data, particularly from students, suggested that behavioral difficulties (often viewed as a discipline issue) were manifestations of student distress. For example, children described aggressive responses to stress such as, “hitting people,” “kicking chairs,” and “punching the wall;” or “I [am] mean to the teacher when I’m angry and kick the teacher’s stuff down and [don’t] pick it back up or say sorry” (Bell et al., Chap. 16, this volume). These, as one might expect, were behaviors that met disciplinary consequences, such as getting clips moved down (a visual representation of unacceptable behavior viewed by children as punishment), or other punishing consequences such as “whoopings” from parents or being sent home (suspension). Students, in turn, described these consequences as additional stressors. Information such as this was critical to informing the school’s understanding of the dynamics related to student stress and subsequent solutions. Moreover, using the school’s explicit values, the research-intervention team in consultation with school staff identified universal social–emotional learning (SEL) programming (tier I services) that was consistent with school’s values and informed by mixed methods data

collection. In addition, subsequent assessment of students identified as at-risk resulted in provision of mental health services at tier II (for at-risk or mild problems) and tier III (for those with identified disorders), through either on-site services or referrals to community agencies. The research-intervention team also worked with the school staff to develop and implement program evaluation and institute annual universal screening. In the interest of capacity building and institutionalization, the school hired a full-time mental health professional and contracted for additional services through local mental health agencies and practicum and internship placements. Critical to these developments was the school–university partnership that began with consultation and the school’s agreement to participate in the PPWBG project. A full description of the 4-year process of implementing PCSIM can be found in Bell et al. (2015). In addition, further information on the use of mixed methods research for program development and evaluation using PCSIM can be found in Nastasi and Hitchcock (Nastasi and Hitchcock, 2015).

Future Directions

The illustration from the New Orleans site (Bell et al., this volume, Chap. 16; Bell et al., 2015) demonstrates site-specific application of research findings generated by the PPWBG project to inform program development. In this section, we discuss possible future directions stemming from the project. We address not only application of the study’s specific findings but also implications for further research related to ecological systems theory, psychological well-being, and child rights. We also discuss implications for addressing the unexamined 95% of the world’s population that Arnett (2008) discusses.

Application of PPWBG Project Findings

Consistent with the intent of the project, the findings described in Chaps. 3–17 have the potential to inform conceptualization of psychological

well-being at both site-specific and cross-cultural levels and generate further research to define psychological well-being from a cultural perspective. One potential application is that demonstrated in the previous section, the use of the formative research data to inform model and program development, thus completing the PCISM cycle. Each site is encouraged to engage in similar efforts.

As we have acknowledged, the study was not intended to represent the total population in the respective countries, and thus caution should be exercised in generalizing findings. However, site-specific and cross-site findings could lead to further research to confirm or disconfirm findings in other contexts and with broader populations. One way to do that is to repeat the data collection in other settings, and thus expand the database. Another is to develop measures based on this formative research in order to test applicability to broader populations. Hitchcock and colleagues (Hitchcock et al., 2005, 2006; Nastasi et al., 2007) demonstrate development of culture-specific self-report measures of psychological well-being for adolescents through the use of mixed methods research, using qualitative methods to identify and define constructs and then mixed qualitative–quantitative methods to validate measures with a broader sample from the same population. Such measures can also be used to evaluate site-specific intervention programs (e.g., see Nastasi et al., 2010).

Future Research Directions

Recalling the appeals from international agencies (e.g., UNICEF, 2014; WHO, 2013), discussed in Chap. 1 (this volume), we return to the discussion of future research related to global initiatives for promoting children’s mental health or psychological well-being. UNICEF (2014), for example, called for innovation that encompassed participatory approaches to social change, engaging children in research, promoting and protecting child rights, and programs that could be adapted to the local context and culture. WHO (2013), in its Mental Health Action Plan for 2013–2020, called

for evidence-based interventions that took into account culture.

In our own work, we have incorporated conceptual foundations that emphasize the integration of individual, developmental, and cultural factors and the rights of children to be heard and to have a voice in decision-making that affects them (see Chap. 1, this volume). We have used research methods embedded in an ethnographic framework to facilitate in-depth understanding of psychological constructs from cultural perspectives, in order to combat the trends in American psychology that Arnett (2008) speaks about, that is, representing only 5% of the world's population in scientific research. As we conclude this volume, we encourage researchers to consider the use of qualitative and mixed methods research to further our understanding of psychological constructs, such as those related to psychological well-being, in order to broaden the scope of psychological science to encompass the global population.

With the aforementioned considerations in mind, we make the following recommendations for future research.

- Extend the investigation of children's perspectives and experiences related to psychological well-being to other sites and countries, thus continuing to build on the findings from PPWBG project.
- Apply research findings from local settings to development and evaluation of intervention programs, for example, using PCSIM.
- Develop quantitative measures from qualitative data in local sites in order to extend data collection to a population level.
- Investigate further the relevance of children's ecological systems to their psychological well-being, for example, through more in-depth study of the role of significant others in respective microsystems (family, peer group, school, etc.), how children conceptualize these relationships in terms of reciprocity, and how the influence of those relationships changes over time.
- Continue to investigate ways in which research can be used to promote and protect child rights.

Final Thoughts

This book has been the culmination of multiple years of work by 30 research partners and their associates from 12 different countries, which grew out of a meeting at an International School Psychology Association (ISPA) conference. The product is a testament to the competencies and commitment of school psychologists around the globe, and the willingness of individual researchers and practitioners to devote their time and energy to enhance our knowledge of psychological well-being. Most importantly, this group of researchers were committed to engaging in innovative research methods in order to represent the voices of children and adolescents and encourage psychologists and educators to consider the views of children and adolescents as they engage in decision-making about practice, research, and policy related to psychological well-being at local and global levels.

References

- Alderson, P. (2012). Rights-respecting research: A commentary on 'the right to be properly researched: research with children in a messy world'. *Children's Geographies*, 2009, 7, 4. *Children's Geographies*, 10(2), 233–239. doi:10.1080/14733285.2012.661603.
- Arnett, J. J. (2008). The neglected 95%: Why American psychology needs to become less American. *American Psychologist*, 63(7), 602–614. doi:10.1037/0003-066X.63.7.602.
- Bell, P. B., Summerville, M. A., Nastasi, B. K., MacFeters, J., & Earnshaw, E. (2015). Promoting psychological well-being in an urban school using the Participatory Culture Specific Intervention Model. *Journal of Educational and Psychological Consultation*, 25, 1–18. doi:10.1080/10474412.2014.929955.
- Brostrom, S. (2012). Children's participation in research. *International Journal of Early Years Education*, 20(3), 257–269. doi:10.1080/09669760.2012.715407.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development* (Vol. 6, pp. 187–249). Greenwich: JAI.
- Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational Models. In S. L. Friedman & T. D. Wachs (Eds.), *Measuring environment across the life span: Emerging methods and concepts* (pp. 3–28). Washington, DC: American Psychological Association.
- Dalli, C., & One, S. T. (2012). Involving children in educational research: Researcher reflections on chal-

- lenges. *International Journal of Early Years Education*, 20(3), 224–233. doi:10.1080/09669760.2012.715408.
- D'Augelli, A. R. (2003). Coming out in community psychology: Personal narrative and disciplinary change. *American Journal of Community Psychology*, 31, 343–354.
- Hitchcock, J. H., Nastasi, B. K., Dai, D. C., Newman, J., Jayasena, A., Bernstein-Moore, R., Sarkar, S., & Varjas, K. (2005). Illustrating a mixed-method approach for identifying and validating culturally specific constructs. *Journal of School Psychology*, 43(3), 259–278.
- Hitchcock, J. H., Sarkar, S., Nastasi, B. K., Burkholder, G., Varjas, K., & Jayasena, A. (2006). Validating culture- and gender-specific constructs: A mixed-method approach to advance assessment procedures in cross-cultural settings. *Journal of Applied School Psychology*, 22, 13–33.
- Keat, J. B., Strickland, M. J., & Marinak, B. A. (2009). Child voice: How immigrant children enlightened their teachers with a camera. *Early Childhood Education Journal*, 37, 13–21. doi:10.1007/s10643-009-0324-1.
- Nastasi, B. K. (2014). Empowering child voices through research. In C. Johnson, H. Friedman, J. Diaz, Z. Franco, & B. Nastasi, (Eds.), *Praeger handbook of social justice and psychology: Vol. 3. Youth and disciplines in psychology* (pp. 75–90). Santa Barbara: ABC-CLIO/Praeger.
- Nastasi, B. K., & Hitchcock, J. (2015). *Mixed methods research and culture-specific interventions: Program design and evaluation*. (The new mixed methods research series). Thousand Oaks: Sage.
- Nastasi, B. K., Varjas, K., Sarkar, S., & Jayasena, A. (1998). Participatory model of mental health programming: Lessons learned from work in a developing country. *School Psychology Review*, 27(2), 260–276.
- Nastasi, B. K., Moore, R. B., & Varjas, K. M. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, DC: American Psychological Association.
- Nastasi, B. K., Hitchcock, J. H., Burkholder, G., Varjas, K., Sarkar, S., & Jayasena, A. (2007). Assessing adolescents' understanding of and reactions to stress in different cultures: Results of a mixed-methods approach. *School Psychology International*, 28(2), 163–178.
- Nastasi, B. K., Hitchcock, J. H., Varjas, K., Jayasena, A., Sarkar, S., Moore, R. B., Burden, F., & Albrecht, L. (2010). School-based stress and coping program for adolescents in Sri Lanka: Using mixed methods to facilitate culture-specific programming. In K. M. T. Collins, A. J. Onwuegbuzie, & Q. G. Jiao (Eds.), *Toward a broader understanding of stress and coping: Mixed methods approaches. The research on stress and coping in education series* (Vol. 5, pp. 305–342). Charlotte: Information Age Publishing.
- Nastasi, B. K., Jayasena, A., Summerville, M., & Borja, A. (2011). Facilitating long-term recovery from natural disasters: Psychosocial programming in tsunami-affected schools of Sri Lanka. *School Psychology International*, 32, 512–532. doi:10.1177/0143034311402923.
- Plotnik, J. M., Pokorny, J. J., Keratimanoachaya, T., Webb, C., Beronja, H. F., et al. (2013). Visual cues given by humans are not sufficient for Asian Elephants (*Elephas maximus*) to find hidden food. *PLoS ONE*, 8(4), e61174. doi:10.1371/journal.pone.0061174.
- UN (United Nations). (1989). *Convention on the rights of the child*. <http://www2.ohchr.org/english/law/crc.htm>. Accessed 29 Nov 2013.
- UNICEF (United Nations Children's Fund). (2014). *The state of the world's children 2015: Executive summary*. <http://data.unicef.org/>. Accessed 29 Nov 2013.
- WHO (World Health Organisation). (2013). *Mental Health Action Plan 2013–2020*. Geneva: WHO. http://www.who.int/mental_health. Accessed 29 Nov 2013.

Index

A

- Acculturation 248, 271
 - level
 - of participants 249
 - role of 314
- Adolescent perspective 293
- Adolescents
 - and children 3
 - mental disorders in 2
 - mental health service provision for 2
 - well-being of 1, 2, 11, 13
- Adolescent voices 11
- Adult roles 24
- African American adolescents 313, 320
- Amazonas, Brazil 37
- Athens, Greece 2, 15, 22, 63, 64, 295

B

- Bucharest, Romania 2, 15, 22, 155, 295

C

- Child participation
 - in research 325
- Children's perspectives 64, 293, 329
- Children's phenomenology 291, 292, 294
- Children's voices 10, 163, 323, 326
 - and active participation 326
- Child rights 224, 323, 326, 328
 - framework 6, 9, 11
- Chinese-American
 - community leaders 250
 - immigrant adolescents 265
 - immigrants
 - in USA 247
 - immigrant students
 - well-being of 247
 - parents 247
 - perceptions
 - of psychological well-being and mental health 248
 - school psychologists 247
- Chinese immigrant children 248
 - well-being of 247
 - households 247
 - in USA 248
- Competencies 29, 40
 - and stressors 23
 - culturally relevant 13
 - culturally valued 7, 8, 11, 20, 54
 - culture-specific 15
 - valued 40, 46
- Coping strategies 15, 36, 47, 54, 185, 187, 192, 193, 196, 203, 205, 215, 217, 265, 325
 - and reactions
 - to stress 217
 - and social supports 55
 - and sources of support 35
 - behavioral 215, 217
 - behavioural 69
 - cognitive 259
 - in academic assessment 153
- Cross-cultural 2
 - analysis 39, 291, 294, 296, 297, 304, 323
 - and inductive
 - approaches to 293
 - comparison 318
 - constructions
 - of well-being 15
 - differences 318, 321
 - findings 6, 324
 - levels 328
 - literature 116
 - patterns 15

- perspective 326
- research 63, 229
- surveys 163
- variations
 - in stressors and supports 303
- Cultural co-construction 2, 5
- Cultural expectations 54, 100, 102, 143, 146, 163, 228, 303
 - and valued competencies 162
 - of researchers 229
- Culturally-valued competencies 20, 29, 64
- Culturally-valued expectations 284
- Cultural perspective 24, 323, 328, 329
- Culture-specific
 - competencies 15, 23, 74, 208, 217, 218
 - constructions 15
 - curriculum 204
 - definitions 7
 - of key constructs 8
 - factors 131
 - interpretations
 - of psychological well-being and mental health 248
 - interventions 5, 117
 - language 156
 - (local) model development 11
 - nature of the mental health needs 133
 - perspectives of stressors 249
 - role in co-construction process 5
 - self-report instruments 204
 - sites 304
 - stressors 282
 - themes 1, 20, 22, 39, 65, 71
 - understanding
 - of psychological well-being 9
- E**
- Ecological-developmental perspective 324
- Ecological perspective 1, 4, 315, 318
- Ecological system 7, 8, 329
- Ecomaps 13, 19, 39, 44, 117, 119, 130, 155–157, 159, 160, 163–165, 177, 180, 213, 214, 228, 250
 - and associated stories 156, 157
 - and focus group 17, 24, 100, 101
 - and focus group discussions 105
 - as an intervention tool 18
 - benefits of using 131
 - drawings 277
 - egocentric 15, 17
 - findings from 180
 - interview 105
 - participants generated 84
 - relations and nature 157
 - student 55, 57
 - supportive 160
 - type of relationships depicted in 43
 - types of actors in 157
- Elementary students 119, 121, 122, 131
 - in New Orleans 132
- Emic perspectives 13, 116, 132, 275
- Emotions 18, 42, 84, 148, 161, 186, 190, 196, 259, 280, 316, 317
 - analysis of descriptions of 104
 - categorization of 194
 - commonly experienced 147
 - frequently experienced
 - in adolescence 186
 - negative 104–106, 161, 193, 194, 197
 - positive 186, 284, 293
- Emotions *See also* Feelings 127
- Estonia, Tallinn 2, 13, 15, 51
 - compulsory educational system in 51
 - psychological well-being in 52
 - schools in 52, 53, 58, 175, 303
- Ethnographic
 - framework 329
 - observations 23
 - research 4, 10
 - study 318, 323
- F**
- Female adolescents 94
- Focus groups 9, 13, 15, 17, 18, 54, 83, 84, 100, 101, 103, 104, 118, 125, 127, 130, 133, 146, 155, 157, 162, 188, 207, 213, 214, 228, 244, 249–252, 256, 259, 261, 264, 277, 282, 295, 313, 326, 327
 - and ecomap drawings 206
 - and individual interviews 142
 - and interviews 17
 - as method 64
 - context of 65
 - gender-specific 64
- G**
- Gender roles 33, 92–94
 - and sexual health 79, 92, 93
 - definition of 87
 - in Brazil 36, 46

- in Romania 165, 231
- Global perspectives
 - future directions for children's mental health 3
 - status of children's mental health 2
- Greek children/adolescents 61, 71
- H**
- Healthy environments 1, 37, 38, 40, 46
- High-achieving adolescents 247
- I**
- International perspective 9
- Interpersonal relationships 35, 54, 57, 62, 67, 84, 94, 264, 303, 324, 325
- K**
- Kosice, Slovakia 188, 295
- M**
- Mayagüez, Puerto Rico 2, 15
- Mental health programming 1
- Mixed methods research 217, 328, 329
- Mumbai, India 2, 15, 16, 81, 84, 85, 295
- N**
- Narratives 15, 19, 22–24, 66, 70, 179, 207, 296, 301, 326
 - and themes 64
 - of secondary school children 65
- Negombo, Sri Lanka 2, 15, 205, 206, 208, 211, 213, 215, 217, 295
- New Orleans 2, 15, 20, 23, 132
 - elementary charter school in 277
 - elementary school students' perspectives 271
 - public school system 276
 - unique manifestations of macro- and urban exo-system factors 276
- P**
- Padua, Italy 2, 15, 101, 295
- Parental roles 315, 316
- Parent perspective 54
- Parents 6, 9, 11, 14, 18, 34, 39, 42, 46, 52, 53, 312, 314, 319
- Participatory approach 4, 58
 - to social change 328
- Participatory consultation 327
- Personality models 98, 111, 187, 189, 190
- Psychological stressors 83, 116
- Psychological supports 9
- Psychological well-being 1, 4, 6, 7, 10, 11, 14, 17, 24, 27, 33, 34, 36, 46, 47, 71, 73, 83–85, 89, 92–94, 100, 102, 110, 137, 144, 148, 151, 154, 156, 162, 186, 187, 325, 328, 329
 - and mental health 248–251, 258
 - and psychologically healthy environment 38, 46, 142
 - and psychological safety 175
 - conceptions of 264
 - concept of 186
 - conceptual model of 7, 216, 218
 - mental health 33
 - cultural-specific definitions of 181
 - definition of 11, 201
 - in children and adolescents 34
 - in Estonia 52, 54, 57, 58, 61
 - in Greece 62
 - in the North Region of Brazil 46
 - investigation of 181
 - methods for promoting 142
 - models of 8
 - of adolescent girls 79, 82
 - of children and adolescents 37, 142, 304
 - in Brazil 37
 - of children and youth 115–118, 132, 134
 - perceptions of 264, 311
 - population-based movements to promote 273
 - Promoting Psychological Well-Being Globally (PPWBG) project 13
 - research on 174, 314, 319, 321
 - in Sri Lanka 204, 205, 207, 208
 - Romanian coordinates in children's and adolescents' 163
 - school community model of 62, 64
 - social elements of 163
 - student
 - role of the teacher in 143
- PWB *See* Psychological well-being 6
- Q**
- Qualitative research 14, 23, 47, 63, 100
 - quality criteria for 156, 226
- R**
- Reactions to stress 18, 20, 23, 40, 54, 69, 100, 125, 127, 130, 157, 282
 - and coping 42, 175
 - and feelings 193
 - and stressors 207
 - and support 166, 214, 215, 217

- sources of 160
 - behavioral 193, 194, 197
- Research directions 11, 328
- Resilience 54, 57, 63, 196, 203, 224, 319
 - and positive development 226
 - and positive school climate 73, 74
 - and vulnerability, of children 227, 228
 - in northern Tanzania 226
 - building strategies 235
 - definition of 230
 - development of
 - in Tanzanian youth 233, 234
 - in children 230, 232
 - outward signs of 233
 - research on
 - in developing countries 225
- S**
- Samara, Russia 2, 15, 172, 175, 176, 295
- School-age population 57
- School principals 39, 141
- School psychologists 2, 11, 181, 198, 265
 - and administrators 316
 - and principals 317
 - and public schools 273, 313, 314
 - participation of
 - as researchers 326
- Sexual health 79, 94
 - and gender roles 79, 92
 - and interpersonal relationships 84
 - and psychological well-being 83
 - and well-being 93, 94
 - definition of 85
 - gender roles in 87
 - identifying 92
 - intervention 94
 - issues
 - information sources on 86, 87
 - of adolescent girls 80, 85
 - risks 86
- Social relationships 184, 233
 - and behavior 300
- Social roles 178, 182, 195
- Stressors 15, 29, 68, 74, 79, 82, 85, 89, 91, 130, 142, 143, 145, 175, 180, 185, 204, 295, 298, 324
 - among Brazilian children and adolescents 34
 - and reactions to stress 207
 - and support 17, 297, 303
 - child-relevant 299
 - children 291
 - contextually relevant 13
 - contextual-related 325
 - cultural 249, 251, 252, 256, 264, 282
 - economic crisis 69
 - reaction to 70, 72
 - impact of
 - for adolescents 35
 - personal 69
 - psychological 83
 - reactions to 89, 91
 - and support 214
 - related to interpersonal interactions/relationships 299
 - related to self 300
 - setting-based 301
 - social 83
 - social-cultural 8
 - youth 213
 - and support 213
- Stress reactions 166, 174, 215, 282
- T**
- Tanzania, Arusha 2, 15, 221, 222, 224
- Teacher roles 166
- Teachers 1, 9, 13, 24, 41, 42, 51, 54, 67, 105, 121, 144, 233, 312, 317
 - and disciplinary measures 144
 - and school administrators 235
 - classroom 143
 - expectations 143
 - male secondary school 232
 - participating 143
 - role of 147, 148, 160, 166
 - in psychological well-being of students 143
- U**
- Urban slums 81
 - in India 79
- V**
- Valued competencies 8, 11, 20, 40, 46, 54, 156, 282, 303, 324
 - of citizen 190
 - of friend 189
 - of parent 190

-
- of teacher 190, 191
- Valued competencies *See also* Culturally-valued competencies 7
- Vulnerability 79, 224
- personal 8, 33, 325
- research on
- in developing countries 225, 226, 228, 230, 244
- X**
- Xalapa, Mexico 2, 15, 116, 117, 125, 130, 134, 295