

Feelings of Wellbeing in Adolescents: A Cross-cultural Study of Finnish and Japanese Students

Ergenlerde İyi Oluş Duyguları: Finli ve Japon Öğrenciler Üzerinde Kültürler Arası Bir Araştırma

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Abstract

The purpose of this study was to investigate how students studying in sixth and eighth grade in very different contexts evaluate their own psychological wellbeing. The study was conducted with 697 Finnish and 721 Japanese students. The study aimed to explore if there were differences between the wellbeing of Finnish and Japanese male and female sixth and eighth grade students. The same questionnaire was used as a measure in both countries. According to the results, the Japanese students more often suffered from psychosomatic symptoms, symptoms of impulsiveness, social anxiety, and problems of controlling emotions than Finnish students. The Finnish students more often admitted to problems in their social relationships. The eighth graders revealed more symptoms than the sixth graders and the girls more than the boys. The smallest wellbeing score was obtained by Japanese eighth grade girls.

Keywords: Wellbeing, Finnish student, Japanese student

Öz

Bu araştırmanın amacı farklı okullarda altıncı ve sekizinci sınıfta okuyan öğrencilerin kendi psikolojik iyi oluşlarını nasıl değerlendirdiğini araştırmaktır. Araştırma 697 Finli ve 721 Japon öğrenci ile yürütülmüştür. Araştırma ile Finli ve Japon, erkek ve kız, altıncı ve sekizinci sınıf öğrencilerinin iyi oluşları arasında farklar olup olmadığını ortaya koymak amaçlanmıştır. Araştırmada kullanılan anket her iki ülkede de ölçme aracı olarak kullanılmıştır. Sonuçlara göre Japon öğrenciler Finli öğrencilerden daha sık olarak psikosomatik belirtilerden, düşünmeden hareket etme belirtilerinden, sosyal kayıdan ve duyguları kontrol etme problemlerinden yakınmışlardır. Finli öğrenciler ise sıklıkla sosyal ilişkilerindeki problemlerini itiraf etmişlerdir. Sekizinci sınıflar altıncı sınıflardan ve kızlar erkeklerden daha fazla sayıda psikosomatik belirti göstermiştir. En az iyi oluş puanı Japon sekizinci sınıf kız öğrenciler tarafından alınmıştır.

Anahtar Sözcükler: İyi oluş, Finli öğrenci, Japon öğrenci

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Introduction

Youth is a transitional stage towards adulthood. In puberty, the challenges related to physical, emotional, and cognitive development may endanger young people's mental wellbeing. In addition, relationships with parents, peers and teachers can be a hazard for their health (Mash & Wolfe, 2005). It is therefore important for mental health professionals to investigate and try to understand various factors that affect a person's wellbeing in order to prevent and respond appropriately to young people's mental dysfunctions.

Roberts et al. (1998) reviewed 52 studies that attempted to estimate the prevalence of child and adolescent psychiatric disorders and found that the samples that included the preadolescents (ages 6 to 13 years) shared a mean prevalence of 13% with disorders, while the adolescent samples (over 13 years) had a mean prevalence of 17%.

Depression is the most common mental disorder for female adolescents and about 20% of them have symptoms of depression during the teenage years. At the same time, they often have eating problems or are distressed (Birmaher & Axelson, 2001; Stice et al., 2001). The number of symptoms of depression identified by girls themselves increases significantly from the age of 13 to the age of 18. Girls' depression, eating problems, antisocial behaviour, and use of drugs change during these years and when one symptom increases it can produce another symptom (Measelle et al., 2006). Therefore it is important to focus on different symptoms that interact with each other.

Numerous studies related to young people's state of mind, health and school experiences have been conducted in Finland. The aim of the study conducted in 2006 (Luopa et al., 2006) was to investigate adolescents' depression, use of alcohol and drugs, and the risks they involve. The results of the study show that girls more often than boys suffer from mild or semi-difficult depression. In addition, girls mentioned more often specific symptoms such as tiredness and sleeping problems. To improve their state of mind they commonly sought support from their friends, parents and other relatives. Talking with parents seemed to have a positive effect on depression. By contrast, physical threat, lack of friends, or learning disabilities proved to be factors that increased depression.

A longitudinal study (Luopa et al., 2005) conducted in western Finland investigated over 10 years lower secondary school students' and upper secondary school students' living conditions, school work, health and health habits. The results of the study show that lower secondary school students' headaches, depression and tiredness increased until the year 2001, decreased for a few years and have more recently again become more common. The female students all had symptoms more often than the male students. It seems that in Finland school children's state of health is now becoming worse than ever as the number of psychosomatic symptoms, especially tiredness and faintness, has increased during the last decade. One of the main reasons for this may be that the number of students who find school work too stressful has increased

during recent years (Kämpfi et al. 2012).

In Japan, the number of adolescents' psychosomatic symptoms, such as headaches, stomach cramps, and lack of appetite have also increased during the last decade (Takahashi et al., 2002). A comparative study conducted in Japan and in Sweden on fourth to ninth grade students showed that in Japan the students in the fourth to ninth grades more often displayed the symptoms mentioned above than their peers in Sweden. Furthermore, the Japanese adolescents more frequently had mental symptoms and were less satisfied with their lives than Swedish adolescents. This suggests that cultural differences may have an impact on the nature and the quality of symptoms. Factors related to urban life may also have an effect on students' wellbeing (Landsford et al., 2005).

Subjective Wellbeing

A person's mental health is assessed to be good when he or she is able to manage normally in his or her everyday life. A person's ability to adjust to living conditions and lead a well-balanced life is closely related to feelings of wellbeing (Vaillant, 2003). Mental wellbeing can be defined as a subjectively felt comprehensive state of satisfaction and positive feeling. It includes both cognitive and emotional aspects. Examples of positive emotional feelings are joy, interest, and confidence. How content a person in general is with his or her work, school, or human relationships has a significant effect on his or her satisfaction with life (Ben-Zur, 2003).

On the other hand, subjective wellbeing includes a person's evaluation of his or her life at any one moment as well as during longer periods of time (Diener et al., 2003). Individual differences in personality and feelings of subjective wellbeing can be seen early in life and always include a genetic component (Diener & Lucas, 1999). Subjective wellbeing has been proved to be heritable (Vaillant, 2003). However, research has also shown that several other factors, such as a person's temperament, ability to adjust to different circumstances (Sohlberg et al., 2002), efforts to reach goals, and human relationships (Luopa et al., 2006) have an effect on their level of wellbeing. Nevertheless, no specific model has been found to combine these different factors (Diener et al., 2003). Subjective wellbeing and happiness are also dependent on a person's quality of life. The standard of wellbeing has been proved to be high in countries where the citizens have many rights, opportunities for education, and generally good socioeconomic status (Van de Vijver & Poortinga, 1991).

A person's various personal and social resources in human relationships and life in general have a significant effect on his or her wellbeing; however, material resources have proved to be less important. Ben-Zur (2003) suggests that subjective wellbeing is only marginally related to external factors such as age, gender, citizenship, and external behaviours. Internal factors for wellbeing are, for instance, self-esteem, self-control, optimism, and an extrovert personality.

Additionally, family characteristics may be related to the wellbeing of adolescents. For example, positive correlations have been found between adolescents' and their parents' subjective wellbeing (Ben-Zur 2003). Also, Larson and Richards (1994) suggest that the model related to cognitions, values, attitudes, and emotions one has adopted as a young child still exists in adolescence. Parents are important role models for their children and give them a pattern of emotions and social skills. The quality of these patterns may have an effect on how an adolescent feels and how he or she, for instance, is able to solve problems that threaten his or her wellbeing. However, as all family members have individual personalities, each of them may react to different situations in a different way (Ben-Zur, 2003).

School has an essential role in a young person's life, especially as it balances his or her living through social interaction. In addition, the teachers and the climate of the school have an effect on an adolescent's wellbeing. A study conducted by Vuille and Schenkel (2001) showed that school has an influence on several factors related to an adolescent's wellbeing, and this influence seems to strengthen when a student moves from primary school to secondary school. Especially in Japan, school has been found to emphasise significantly cognitive, moral/religious, civic/national, physical, aesthetic and musical areas. There the aim is whole person education (Cummings, 2003).

Eating and weight problems may become risk factors for a young person's wellbeing. One study showed that only 12% of girls and 17% of boys were satisfied with their body. (Ricciardelli & McCabe, 2001). In another study (Presnell et al., 2004) it was found that 24–46% of girls and 12–26% of boys were dissatisfied with their body. Specific reasons for the differences between the genders have not been found but there are clearly different social pressures related to girls' and boys' bodies (Cafri et al., 2005). Girls have been found to be most satisfied when they are slim, whereas boys want to be muscular (Saarilehto et al., 2003).

A person's conception of his or her body has a central role in the development of eating problems (Cafri & Thompson, 2004). Several physical and mental factors, such as low self-esteem and depression, and socio-cultural pressure can increase an adolescent's bodily dissatisfaction (Cash, 2002; Paxton et al., 2005). Other factors that may increase dissatisfaction are body size, ethnic group, and relationships with peers and parents (Paxton et al., 2006). Presnell et al. (2004) found that a negative state of mind increases young males' but not young females' bodily dissatisfaction. Although depressive symptoms have not been found to show a significant relationship to increases in girls' body dissatisfaction (Stice & Whitenton, 2002), a low ability to control emotions is likely to predict increasing dissatisfaction (Ohring et al., 2002). Such factors are most likely to remain stable during adolescence, with developmental factors and changes in roles appearing to have little influence on them (Paxton et al., 2006).

Based on the research findings and approaches mentioned above, the purpose of the present study was to investigate how Finnish and Japanese girls and boys in sixth

and in eighth grade assessed their feelings of wellbeing. A further goal was to find out what symptoms are connected to students' dissatisfaction with their lives. The focus of the study is on psychic and psychosomatic symptoms as well as on problems related to social relationships, body image, and control of emotions, together with symptoms related to depression, social anxiety, and impulsiveness. In addition, the study aims to show the connections between symptoms and problems, young people's general state of mind and incidents that they have found depressing. Finally, the study attempts to clarify what kind of supportive networks adolescents have: with whom they discuss the problems related to studying, friendship, and family.

Method

Participants

The participants of the study included 1,418 (697 Finnish and 721 Japanese) students between the ages of 12 and 15. Finland and Japan were selected because both countries have been top level achievers in international studies of student achievement. Approximately one half of the sample was boys (N = 704) and one half girls (N = 714); half were studying in the sixth grade (N = 643) and the other half in the eighth grade (N = 775). The sample was discretionarily collected. The Japanese data were collected in cities. Therefore the Finnish data were also collected in cities and large towns in southern and western Finland. That is why one cannot do generalisations for the whole population, only for urban adolescents.

Adolescent Wellbeing Questionnaire

The questionnaire was developed in Japan by Nagai and colleagues and was translated into Finnish. It contained items related to several different aspects of adolescents' wellbeing (Nagai et al., 2007). The first set of items includes 41 statements relating to mental and physical wellbeing (Tables 1, 4, 5 and 6) and eating and overweight problems (Table 2). The second set of items includes nine questions related to the adolescents' state of mind and control of their emotions (Table 3). The third set of items includes seven questions related to social relationships and problems in them (Table 7). The items are rated on a five-point Likert scale ranging from strongly agree (5) to strongly disagree (1).

A factor analysis of the first set of items was conducted in order to assess the structure of the questionnaire. The statements were combined into three sum variables: mental symptoms, symptoms related to eating and overweight problems, and physical symptoms. The mental symptoms were then separated into three sum variables: depression, impulsiveness, and social anxiety and also factor analysed. Altogether there are seven sum variables with α -rates varying from medium to good and correlations between the sum variances varying from fair to strong (Tables 1–7).

Table 1. Physical symptoms variables and correlations with sum variable and α coefficient

Physical symptoms	r	$\alpha=.63$
My neck is often stiff	.65	
I feel weak	.63	
I occasionally have a headache	.63	
My heart can suddenly start to beat faster	.59	
I have breathing difficulties	.55	
When I'm nervous I get stomach cramps	.45	

Table 2. Eating and overweight variables and correlations with sum variable and α coefficient

Eating and overweight	r	$\alpha=.83$
Getting overweight worries me.	.87	
I'm afraid that I'm getting too fat.	.86	
I really wish I could lose more weight	.85	
I'm afraid that I eat too much	.81	
I avoid food with lots of calories.	.66	
I try to avoid eating although I am hungry.	.59	

**p<.001

Table 3. Problems in controlling emotions variables and correlations with sum variable and α coefficient

Problems in controlling emotions	r	$\alpha=.69$
I'm not able to control my anger.	.59	
I can stay calm even when something disturbing happens.	.58	
I give up too easily.	.58	
It's hard for me to cope when something bad happens.	.56	
I'm able to control my feelings.	.54	
Feelings control my behaviour.	.54	
I consider myself tough.	.53	
I always try to be composed	.50	
It's hard for me to cheer up.	.47	

Table 4. Social anxiety variables and correlations with sum variable and α coefficient

Social anxiety	r	$\alpha=.80$
It's hard for me to join conversations when people are discussing.	.56**	
I feel useless.	.56**	
I can't express myself clearly enough.	.52**	
It's hard for me to make new friends	.50**	
I don't know how to behave in front of a big group.	.49**	
I'm shy of expressing my opinions in front of people.	.45**	
I don't believe that my dreams will come true.	.45**	
I don't enjoy doing anything.	.45**	
I have nothing to be proud of.	.44**	

** p<.001

Table 5. Depression variables and correlations with sum variable and α coefficient

Depression	r	$\alpha=.81$
Nowadays I get unhappy for no reason.	.66**	
I weep often	.66**	
Lately all things have made me worried.	.62**	
I worry what people think about me	.60**	
I feel lonely	.55**	
When something bad happens to me I can't get it out of mind.	.55**	
As soon as something bad happens to me it shows on my face	.42**	
It's sometimes hard for me to fall asleep	.35**	
I can't keep my room tidy.	.22**	

**p<.001

Table 6. Impulsiveness variables and correlations with sum variable and α coefficient

Impulsiveness	r	$\alpha=.82$
It's impossible for me to concentrate properly on anything.	.58**	
I lose my temper for no reason at all.	.55**	
I'm reluctant to try anything new.	.51**	
I keep forgetting my homework or things I have promised to do.	.50**	
Things don't work no matter how hard I try.	.50**	
When I lose my temper I want to break things.	.49**	
I give up easily because I feel that the task is too hard for me.	.48**	
I often quarrel about minor things.	.46**	

** $p<.001$ **Table 7.** Problems in social relationships variables and correlations with sum variable and α coefficient

Problems in social relationships.	r	$\alpha=.73$
I love my family.	.71	
I have a friend with whom I can talk about anything.	.67	
I have a friend to whom I can tell my secrets.	.66	
I have lots of friends.	.61	
I feel comfortable with my family.	.61	
I feel I have no place at home where I can relax.	.50	
My parents don't understand me.	.48	

As well as the multiple choice items there were two 'yes or no' questions which aimed to gain information about the incidents that create depression and a possible need for psychological help. In addition, the participants were asked to assess their recent positive or negative state of mind on a scale from 0–100 (100 indicating feeling well).

In the last section of the questionnaire three problems were described (related to studying, friendships and family). Related to each problem the participants were asked to name one person with whom they had talked about this problem or with whom they would like to talk about the problem in the future if it arose. The participants chose these persons from a given list: (1) class teacher; (2) supervisor of the afternoon club; (3) school nurse; (4) subject teacher; (5) friend(s); (6) family; (7) grandparents; (8) I

do not talk with anyone; and (9) some other person.

Analysis

The data were analysed with the SPSS 12.0.1 program. The distribution was not normal (Kolmogorov-Smirnov, $p < .05$) but the sample was large ($N = 1,418$). Then variance analysis, Spearman's correlation coefficient, factor analysis, and Cronbach's alpha-analysis were used. Yes/no questions were analysed by frequency analysis. The extraction of the factor analysis was performed by the sum of squares method. The rotation method used was skew-rotation because it was felt that different factors related to wellbeing might well correlate with each other.

Results

On average comparatively few physical symptoms were reported (Table 8). Japanese adolescents had slightly more psychosomatic symptoms than Finnish adolescents ($F_{1,1405} = 5.48$, $p = .02$, $\eta^2 = .004$); however, the differences between the two countries were small (Table 8). The girls reported psychosomatic symptoms more often than the boys ($F_{1,1405} = 47.66$, $p < .001$, $\eta^2 = .033$), and the eighth graders more often than the sixth graders ($F_{1,1405} = 42.35$, $p < .001$, $\eta^2 = .029$).

Very few symptoms of depression were reported (Table 8). The number of the symptoms was the same in both countries ($F_{1,1404} = 1.92$, $p = .17$, $\eta^2 = .001$). The girls more often displayed symptoms than the boys ($F_{1,1404} = 145.90$, $p < .001$, $\eta^2 = .094$), and the eighth graders more often than the sixth graders ($F_{1,1404} = 43.31$, $p < .001$, $\eta^2 = .030$). Overall, the girls in eighth grade most often showed symptoms of depression (Table 8).

The study groups again showed a few impulsiveness symptoms (Table 8). The adolescents in Japan more often reported symptoms of impulsiveness than the Finnish adolescents ($F_{1,1402} = 37.56$, $p < .001$, $\eta^2 = .026$). The eighth graders showed impulsiveness symptoms more often than the sixth graders ($F_{1,1402} = 75.95$, $p < .001$, $\eta^2 = .051$), and the girls slightly more often than the boys ($F_{1,1402} = 7.29$, $p < .01$, $\eta^2 = .005$). An interaction was found between country and gender; the Japanese girls reported impulsiveness symptoms most often ($F_{1,1402} = 8.13$, $p < .01$, $\eta^2 = .006$, Table 8).

On average, few symptoms of social anxiety were reported (Table 8). The Japanese adolescents showed social anxiety symptoms more often than the Finnish adolescents ($F_{1,1409} = 19.77$, $p < .001$, $\eta^2 = .014$). The girls showed social anxiety symptoms more than the boys ($F_{1,1409} = 24.27$, $p < .001$, $\eta^2 = .017$) and the eighth graders more often than the sixth graders ($F_{1,1409} = 41.32$, $p < .001$, $\eta^2 = .028$). An interaction was shown between country and grade: the Japanese eighth graders most often reported symptoms of anxiety ($F_{1,1409} = 10.86$, $p < .01$, $\eta^2 = .008$; Table 9).

Table 8. The results of psychosomatic symptoms and symptoms of depression, impulsiveness and social anxiety

Psychosomatic symptoms		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	M	2.0	2.3	2.2	2.1	2.4	2.3
	Sd	0.6	0.6	0.6	0.9	0.8	0.8
Boys	M	1.8	2.0	1.9	1.8	2.1	2.0
	Sd	0.6	0.6	0.6	0.7	0.8	0.8
Total	M	1.9	2.2	2.1	2.0	2.3	2.1
	Sd	0.6	0.6	0.6	0.8	0.8	0.8
Depression		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	M	2.6	2.9	2.8	2.6	2.9	2.8
	Sd	0.7	0.8	0.8	1.0	0.9	0.9
Boys	M	2.2	2.2	2.2	2.1	2.5	2.3
	Sd	0.7	0.6	0.6	0.9	0.8	0.8
Total	M	2.4	2.6	2.5	2.4	2.7	2.5
	Sd	0.7	0.8	0.8	0.9	0.8	0.9
Impulsiveness		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	M	2.0	2.3	2.2	2.3	2.7	2.5
	Sd	0.7	0.7	0.7	0.8	0.7	0.8
Boys	M	2.0	2.3	2.2	2.1	2.5	2.3
	Sd	0.6	0.7	0.7	0.8	0.7	0.8
Total	M	2.0	2.3	2.2	2.2	2.6	2.4
	Sd	0.6	0.7	0.7	0.8	0.8	0.8
Social anxiety		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	M	2.2	2.3	2.3	2.3	2.7	2.5
	Sd	0.7	0.7	0.7	0.9	0.8	0.8
Boys	M	2.1	2.2	2.1	2.0	2.5	2.3
	Sd	0.7	0.7	0.7	0.7	0.8	0.8
Total	M	2.1	2.3	2.2	2.2	2.6	2.4
	Sd	0.7	0.7	0.7	0.8	0.8	0.8

On average the adolescents had few problems related to eating and overweight. The girls had most of the problems (Table 9). The number of the eating and overweight problems was the same in both countries ($U = 247098.0$, $p = .82$). The girls more often had these problems than the boys ($F_{1,1407} = 236.82$, $p < .001$, $\eta^2 = .144$) and they had them more often in eighth grade than in sixth grade ($U = 52128.5$, $p < .001$), whereas the boys did not have these problems more in eighth grade than in sixth grade ($U = 56426.5$, $p = .09$). However, on average eighth graders more often had eating and overweight problems than sixth graders ($F_{1,1407} = 5.37$, $p < .02$, $\eta^2 = .004$). Japanese girls most often reported eating and overweight problems ($F_{1,1407} = 13.45$, $p < .001$, $\eta^2 = .009$).

Table 9. The results of eating and overweight problems

Eating and overweight		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	2.5	2.7	2.6	2.4	2.8	2.6
	Sd	1.0	1.1	1.1	1.0	1.0	1.0
Boys	M	2.0	1.7	1.8	1.7	1.9	1.8
	Sd	0.9	0.9	0.9	0.8	0.9	0.9
Total	M	2.2	2.2	2.2	2.0	2.3	2.2
	Sd	1.0	1.1	1.1	1.0	1.0	1.0

Some problems of controlling emotions came up (Table 10). Japanese adolescents had them more often than Finnish adolescents ($F(1,1405) = 108.98, p < .001, \eta^2 = .072$). The girls had more often experienced emotional control and state of mind problems than the boys ($F(1,1405) = 50.57, p < .001, \eta^2 = .035$) and eighth graders experienced these problems more than sixth graders ($U = 55879.5, p < .05$). In Japan, eighth graders more often reported problems of controlling emotions than sixth graders ($U = 54307.0, p < .01$). In Finland there was no significant difference between these two groups ($U = 57290.5, p = .28$).

Table 10. The results of the problems of controlling emotions

Control of emotions		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	2.5	2.6	2.6	2.9	3.0	2.9
	Sd	0.6	0.7	0.7	0.7	0.7	0.7
Boys	M	2.3	2.3	2.3	2.6	2.8	2.7
	Sd	0.6	0.6	0.6	0.6	0.6	0.6
Total	M	2.4	2.5	2.5	2.7	2.9	2.8
	Sd	0.6	0.7	0.7	0.7	0.7	0.7

On average the adolescents assessed their relationships with their friends and family to be good, and there seemed to be few problems in these social relationships (Table 11). Finnish adolescents had slightly more problems than Japanese adolescents in their relationships ($F(1,1393) = 5.53, p = .019, \eta^2 = .004$), and eighth graders experienced more problems in their social relationships than sixth graders ($F(1,1393) = 18.81, p < .001, \eta^2 = .013$). However, there was no difference in the number of the girls' and the boys' problems.

Table 11. The results of the problems in social relationships

Social relationships		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	2.2	2.2	2.2	1.9	2.2	2.1
	Sd	0.9	0.8	0.9	0.7	0.7	0.7
Boys	M	2.0	2.2	2.1	2.0	2.2	2.1
	Sd	0.8	0.8	0.8	0.8	0.7	0.8
Total	M	2.1	2.2	2.2	2.0	2.2	2.1
	Sd	0.9	0.8	0.8	0.7	0.7	0.7

Experiences of depressing life events were measured with three categorical ‘yes or no’ questions. The answers showed that the adolescents in the two countries had experienced practically the same number of depressing incidents during the last month ($\chi^2 = 3.05$, $df = 1$, $p = .08$). In Finland, 34% and in Japan 39% of the adolescents had experienced a life event resulting in depressive feelings during the last month. The girls seemed to have experienced these feelings more often than boys ($\chi^2 = 44.01$, $df = 1$, $p < .001$), and eighth graders more often than sixth graders ($\chi^2 = 15.13$, $df = 1$, $p < .001$). In addition, the girls had discussed the matter with someone more often than boys. They also more often expressed a need to consult a psychologist ($\chi^2 = 27.48$, $df = 2$, $p < .001$). Furthermore, the eighth graders more often had discussed the matter with someone than the sixth graders ($\chi^2 = 24.64$, $df = 1$, $p < .001$). Similarly, in both countries the adolescents had discussed the problems with another person ($\chi^2 = .02$, $df = 1$, $p < .90$). Likewise, there was no difference in the adolescents’ need for counselling in the two countries ($\chi^2 = 1.03$, $df = 2$, $p < .60$; Table 12).

On average, all the adolescents assessed their state of mind to be good. The Finnish sixth graders expressed the best estimations of their state of mind (Table 13), and the Finnish adolescents altogether expressed better estimations than the Japanese adolescents ($F(1,1383) = 20.54$, $p < .001$, $\eta^2 = .015$). The boys assessed their state of mind to be better than the girls ($F(1,1383) = 22.14$, $p < .001$, $\eta^2 = .016$) and the sixth graders to be better than eighth graders ($F(1,1383) = 38.64$, $p < .001$, $\eta^2 = .027$).

Those who had experienced a depressing incident during the last month evaluated their state of mind to be worse than the others (Table 13). However, of them the Finnish adolescents estimated their state of mind to be better than the Japanese adolescents ($U = 28576.5$, $p < .05$). Furthermore, the boys estimated their state of mind to be better than the girls ($U = 25143.5$, $p < .001$). Moreover, sixth graders who had experienced a depressing incident estimated their state of mind to be better than eighth graders with similar experiences ($U = 26959.0$, $p < .05$). The adolescents who had not experienced any depressing incidents during the last month evaluated their state of mind to be best (Table 13). Finnish adolescents evaluated their state of mind to be better than Japanese adolescents ($U = 73822.5$, $p < .001$). The girls and the boys who had not experienced depressing incidents during the last month evaluated their state of mind to be equally as good ($U = 86587.5$, $p = .053$).

Table 12. Frequencies of depression incidents, discussions about incidents, and a need to consult a psychologist

Depressing incident		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	Yes	36	48	43	39	53	47
	No	64	51	57	60	46	52
	Missing	0	1	0	1	1	1
Boys	Yes	20	31	26	30	30	30
	No	79	69	74	70	70	70
	Missing	1	0	0	0	0	0
Total	Yes	28	40	34	34	42	39
	No	72	60	65	65	57	61
	Missing	0	0	1	1	1	0

Discussion with someone		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	Yes	25	39	33	22	36	30
	No	73	55	63	58	42	48
	Missing	2	6	4	20	22	22
Boys	Yes	15	25	20	13	13	13
	No	82	70	76	68	60	64
	Missing	3	5	4	19	27	23
Total	Yes	20	32	26	17	25	22
	No	78	63	70	63	50	56
	Missing	2	5	4	20	25	22

Need for discussion		6 th grade	Finland 8 th grade	Total	6 th grade	Japan 8 th grade	Total
Girls	Yes	10	15	13	9	12	11
	No	90	82	85	90	87	88
	Missing	0	3	2	1	1	1
Boys	Yes	3	3	3	6	5	6
	No	97	95	96	92	94	93
	Missing	0	2	1	2	1	1
Total	Yes	6	9	8	8	9	8
	No	93	88	90	91	90	92
	Missing	1	3	2	1	1	0

Table 13. The results of the estimations of state of mind, by country, grade and gender

State of mind		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	81.9	72.4	76.7	75.1	68.8	71.5
	Sd	16.8	20.5	19.5	22.2	23.3	23.0
Boys	M	84.4	79.8	82.0	80.6	73.5	76.9
	Sd	17.4	19.8	18.8	22.6	22.4	22.8
Total	M	83.2	76.1	79.3	78.0	71.0	74.2
	Sd	17.1	20.5	19.3	22.5	23.0	23.0

Depressing incidents		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	71.1	63.3	66.2	61.6	62.0	61.9
	Sd	19.2	22.0	21.3	25.5	23.9	24.4
Boys	M	77.1	70.8	73.1	69.6	64.4	67.0
	Sd	20.4	25.3	23.8	27.9	23.0	25.5
Total	M	73.3	66.2	68.8	65.4	62.8	63.8
	Sd	19.7	23.5	22.4	26.8	23.5	24.9

No Depressing incidents		Finland			Japan		
		6 th grade	8 th grade	Total	6 th grade	8 th grade	Total
Girls	M	87.9	81.4	84.8	83.7	76.3	80.0
	Sd	11.5	14.1	13.2	14.3	20.2	17.9
Boys	M	86.2	84.0	85.1	85.1	77.5	81.2
	Sd	16.1	15.1	15.6	18.3	21.1	20.2
Total	M	87.0	82.9	85.0	84.5	77.0	80.6
	Sd	14.3	14.7	14.6	16.6	20.7	19.2

According to their answers, the adolescents had discussed their problems related to their education and family most often with their friends or family members. They had also discussed with class teachers or subject teachers, especially when they had problems in education. However, the answers showed that some of the adolescents did not discuss their problems with anyone, and did not want to do so either. Other persons that the adolescents discussed their problems with were most often grandparents or girl/boyfriends.

The frequencies showed that adolescents discuss and want to discuss their problems with friends and family members in both countries. In Finland 39% of the adolescents discussed problems related to their studying with their family members but only 18% of the Japanese adolescents did that. They discussed these problems more often than the Finnish adolescents with class teachers and subject teachers (put together 19%). Furthermore, it seems that the Japanese adolescents also discuss problems other than school related ones more often with their teachers than Finnish adolescents. There are no significant differences in the boys' and the girls' responses. The sixth graders seem to discuss all kinds of problems with their teachers more often than the eighth graders do.

Discussion

On average the adolescents surveyed revealed few symptoms of mental ill health. They reported most often symptoms of depression and problems related to state of mind and controlling emotions. The schools have several occasions, especially in art classes, to discuss emotions with adolescents. However, to be able to do this the teachers should understand their role as extensive supporters of their students. The girls had almost all symptoms more often than the boys and the eighth graders more often than the sixth graders. No single symptom proved to occur significantly more often than the other symptoms. The Japanese adolescents had more often psychosomatic symptoms, symptoms of impulsiveness, social anxiety, and problems of controlling emotions than the Finnish adolescents. The Finnish adolescents had problems in their social relationships more often than Japanese adolescents. The group with the least wellbeing was that of the Japanese girls in eighth grade. They most often had problems in controlling emotions, symptoms of depression, and eating and overweight problems. The adolescents in both countries felt that their state of mind was considerably good, but the Finnish adolescents evaluated their state of mind to be better than the Japanese adolescents.

One-third of the adolescents had experienced some depressing incident during the last month. Almost half of these adolescents had discussed it with some other person. Naturally those who had experienced that kind of an incident more often than the others felt that they needed to consult a psychologist. However, this was an opinion of only one-fifth of them. The Finnish adolescents discussed their problems with their family members more often than the Japanese adolescents, and the Japanese adolescents turned to their teachers with their problems more often than the Finnish adolescents. Therefore it is important to consider if Japanese teachers have opportunities to support their students individually because the study groups in Japan are so large.

The results support the findings of the previous international studies (Landsford et al., 2005; Tanaka et al., 2005), which showed that Japanese adolescents do not feel as well as adolescents in Western countries. In addition, the result that the eighth graders more often had symptoms than the sixth graders is consistent with several previous studies indicating that psychosomatic symptoms, symptoms of impulsiveness, social anxiety, and problems of controlling emotions increase during adolescence (Costello et al., 2003; Measelle et al., 2006; Roberts et al., 1998.) The girls more often than the boys had depression, impulsiveness, social anxiety, psychosomatic symptoms, and problems related to controlling emotions and in how they picture themselves. Nevertheless, both genders equally often had problems in social relationships. Also these results are congruent with the results of several previous studies (Angold et al., 1998; Birmaher & Axelson, 2001; Landsford et al., 2005; Presnell et al., 2004).

In the present study, most of the students' symptoms were related to depression and controlling of emotions. For instance, Angold et al. (1998) argue that the difference in girls' and boys' symptoms of depression increase significantly during adolescence.

However, the results of the present study show that in sixth grade the girls already had more symptoms of depression than the boys. Moreover, the symptoms of depression were often related to other symptoms. Also Birmaher and Axelson (2001) as well as Stice et al. (2001) point out that depression is frequently connected to several psychological problems and it often makes diagnosing difficult. The Japanese students felt more often than the Finnish students that they had difficulties in controlling their emotions. This may be due to cultural differences. In Japanese culture specific norms control people's behaviour. Marshall (1994) summarises the impact of Confucian tradition on modern education, one of them being the pressure to keep social harmony. This reduces students' possibilities to show their emotions. Moreover, Japanese collective culture makes showing individual emotions difficult (Shimahara, 1995). The Japanese educational goal is not for an independent individual as understood in Western thinking but for an interdependent personhood (Markus & Kitayama, 1998).

Although Finland is considered as an individualist Western country, the results of this study show that family is important for young Finnish people. Almost half of Finnish adolescents discussed their problems with their family members. Although family is also important for Japanese people, the results showed that Japanese adolescents often turn to their teachers when they have problems. However, the results also showed that, although Finnish adolescents discuss their problems more often with their family members, they have more problems in their social relationships than Japanese adolescents.

According to their answers, adolescents talked about their problems most often with their friends or family members. Previous studies have also shown that parents have the most important influence on their children's emotional lives throughout adolescence (Greene & Way, 2005). Wentzel & McNamara (1999) argue that parents have an important role in their children's social competence at school. Close parental relationships can help them in developing intimate relationships with peers and provide a safeguard against depression and feelings of low self-worth. Research has also suggested that those adolescents who have established good peer relationships display higher levels of emotional wellbeing and lower levels of emotional distress than those who have no friends (Wentzel et al., 2004).

The students also discussed with class teachers or subject teachers, especially when they had problems in studying. This was the case especially in Japan. As Brewster and Bowen (2004) state, teacher support has a great influence especially during the middle-school years. It decreases students' problem behaviours and improves their academic outcomes. Social support from adults and peers promotes the psychological wellbeing of students. In the study conducted by Buchanan and Bowen (2008) the students with a strong combination of adult and peer support gained the highest psychological wellbeing scores. Therefore it is essential to enhance students' relationships with teachers and other adults within and outside the school setting. In addition,

increasing positive relationships among students is important. School and home are the most central environments in a child's life. Creating strong connections between these two would significantly promote students' wellbeing (Ben-Arieh et al., 2009.)

Children born in Finland have since the 1980s been among the healthiest in the world. However, there are several factors that challenge school children's health today: the growth of students' mental problems, overweight problems, and risk of social exclusion. In the twenty-first century the number of children who have been transferred to special education has significantly increased. One pupil in 10 has some medically diagnosed disease or disability that needs nursing or support. If social problems are included, one-third of all students need special support or nursing. In Finland more and more of the responsibility for school health care has been transferred to municipalities and to each of its schools. The annually revised curriculum that every school makes also includes plans for school children's health care. In addition, the curriculum includes plans for how school children's wellbeing is taken care of (Stakes, 2002).

The Japanese educational system's success in developing and deploying human capital has also been recognised abroad and Japan's education has been considered to be one of the main reasons for the nation's economic achievements (Pokarier, 2002). However, Japanese education is criticised, for instance, for being too strict, and for stealing students' youth, creativity and spontaneity (Roesgaard, 1998).

Several means are used simultaneously to enhance Finnish school children's wellbeing and health. It is necessary to bring the factors that endanger students' wellbeing and how they can be prevented to the attention of all school personnel. A secure and pleasant school environment has an important role as a promoter of wellbeing. Health education is a new school subject that includes theoretical and practical knowledge for students about how they can take care of their own health. Student welfare services have to be available for students weekly during the lessons. Student welfare groups are multi-professional expert groups that use school nurses', school doctors', school welfare officers', school psychologists', and teachers' professional expertise to promote students' wellbeing.

Assessing, observing, and promoting school children's wellbeing is included in each school's curriculum. The goal is that the school nurse meets all students and does a personal physical examination at least once a year. In Finland the Ministry of Social Affairs and Health recommends that there should be one full-time school nurse per 600–700 students. School welfare personnel and parents together make a personal welfare and health plan for each student. In Japan the Ministry of Education has made efforts to improve education by new curricular emphases, new teaching material and additional in-service training possibilities for teachers. Poukka (2011) has analysed the Japanese curriculum, especially from the view of moral education. She found that important aspects are, for instance, continuous self-development and caring for others, which are crucial for students' wellbeing.

In special situations a Finnish student and his or her parents have an opportunity to discuss matters related to the student's health, wellbeing, and learning skills with a school welfare officer or a school psychologist. This kind of cooperation is always required when a student is transferred to special education. According to law every child has a right to get the support and assistance that he or she needs in order to be able to attend school. A school psychologist supports a student together with his or her teacher and parents, and a school welfare officer uses means that social work provides to help him or her when he or she has special difficulties (Stakes, 2002).

In Finland the law guarantees good opportunities to maintain health and wellbeing for a student. Organisationally the possibilities are favourable for maintenance of school health care, but in practice the fact that the number of school welfare officers and school psychologists in municipalities is insufficient causes problems. The plans that the schools have made in order to support students' wellbeing in practice are still inadequate. Furthermore, it is difficult for the whole school personnel to commit themselves to observing and promoting students' wellbeing.

Özet

Giriş

Gençlik, yetişkinliğe giden geçici bir evredir. Buluş çağında fiziksel, duygusal ve bilişsel gelişim ile ilgili zorluklar gençlerin zihinsel iyi oluşunu tehlikeye atabilir. Ayrıca ebeveynlerle, arkadaşlarla ve öğretmenlerle ilişkiler onların sağlığı için bir tehlike olabilir (Mash & Wolfe, 2005). Depresyon kız ergenler için en yaygın zihinsel bozukluktur ve kızların yaklaşık %20'sinin gençlik yıllarında depresyon belirtileri vardır. Aynı zamanda kızlarda sıklıkla yeme problemleri görülür veya yemek yeme konusu sıkıntılıdır (Birmaher & Axelson, 2001; Stice ve diğerleri, 2001).

Bir kimsenin kendi bedenini algılama biçiminin yeme problemlerinin gelişiminde önemli rolü vardır (Cafri & Thompson, 2004). Düşük özsayı ve depresyon, beden ölçüsü, etnik grup, sosyokültürel baskı ve arkadaşlarla ve ebeveynlerle ilişkiler bir ergenin bedensel tatminsizliğini arttırabilir (Cash, 2002; Paxton ve diğerleri., 2005; Paxton ve diğerleri, 2006). Tatminsizliği arttırabilen diğer etkenler beden ölçüsü, etnik grup, arkadaşlar ve ebeveynlerle ilişkilerdir (Paxton ve diğerleri, 2006). Birkaç araştırma kızların bedenlerinden memnun olma derecesinin erkeklere göre daha az olduğunu ortaya koymuştur (örneğin, Presnell ve diğerleri, 2004; Ricciardelli & McCabe, 2001). Cinsiyetler arasındaki farklılıkların belirli sebepleri bulunmamıştır. Fakat kızların ve erkeklerin bedenleri ile ilgili farklı sosyal baskılar vardır (Cafri ve diğerleri, 2005; Oh-ring ve diğerleri, 2002). Kızlar zayıf olduklarında kendilerinden daha memnun olurlarken erkekler kaslı olmak isterler (Saarilehto ve diğerleri, 2003).

Finlandiya'da Luopa ve diğerleri (2005) tarafından yürütülen boylamsal bir çalış-

ma ortaokul ilk sınıf öğrencilerinin baş ağrılarının, depresyonlarının ve yorgunluklarının 2001 yılına kadar arttığını, sonra birkaç yıllığına düştüğünü ve yakın zamanlarda yine yaygın hale geldiğini göstermiştir. Bunun temel sebeplerinden biri okul işini çok stresli bulan öğrencilerin sayısının son yıllarda artmış olabileceğidir (Kämpfi ve diğerleri, 2012). Luopa ve diğerleri (2006) kızların erkeklerden daha sık hafif veya erkeklerin yarı şiddetinde depresyon, yorgunluk ve uyku problemleri çektiklerini bulmuşlardır. Bu öğrenciler zihin durumlarını iyileştirmek için genellikle arkadaşlarından, ebeveynlerinden ve akrabalarından destek aramışlardır.

Japonya’da ergenlerin baş ağrısı, mide krampları ve iştahsızlık gibi psikosomatik belirtilerinin sayısı da son on yılda artmıştır (Takahashi ve diğerleri, 2002). Japonya’da ve İsveç’te yürütülen karşılaştırmalı bir araştırma Japonya’da yedinci ile dokuzuncu sınıf arasındaki öğrencilerin yukarıda belirtilen sıkıntıları İsveç’teki arkadaşlarından daha sık yaşadıklarını göstermiştir. Ayrıca onların rahatsızlıklarında sıklıkla zihinsel belirtilere rastlanmış ve bu öğrencilerin hayatlarından İsveç’teki ergenlere göre daha az memnun oldukları belirlenmiştir. Bu durum kültürel farklılıkların rahatsızlıkların belirtilerinin doğası ve niteliği üzerinde etkileri olabildiğini gösterir (Landsford ve diğerleri, 2005.)

Bir kişinin zihinsel sağlığının günlük yaşamında her şeyi normal idare edebiliyorsa iyi olduğu ölçülür. İnsanların yaşam koşullarına uyum sağlama ve iyi dengelenmiş bir yaşam sürme yeteneği iyi oluş hisleri ile yakından ilişkilidir (Vaillant, 2003). Zihinsel iyi oluş, öznel olarak hissedilen kapsamlı bir memnuniyet durumu ve olumlu duygu olarak tanımlanabilir (Ben-Zur, 2003). Öznel iyi oluş bir kimsenin yaşamının herhangi bir zamanda ve uzun zaman boyunca değerlendirmesini kapsar (Diener ve diğerleri, 2003). Kişilikteki ve öznel iyi oluş duygularındaki farklılıklar erken yaşlarda görülebilir (Diener & Lucas, 1999) ve bunun kalıtsal olduğu kanıtlanmıştır (Vaillant, 2003).

Bununla birlikte bir kişinin mizacının, farklı ortamlara uyum sağlama yeteneğinin (Sohlberg ve diğerleri, 2002), amaçlara ulaşmak için sarf ettikleri çabanın ve insan ilişkilerinin (Luopa ve diğerleri, 2006), kişinin iyi oluş düzeyi üzerinde bir etkisi vardır. Öznel iyi oluş ve mutluluk da bir kimsenin yaşam kalitesine bağlıdır. Vatandaşların birçok hakka, eğitim fırsatına ve genellikle iyi sosyoekonomik statüye sahip olduğu ülkelerde iyi oluş standardının yüksek olduğu kanıtlanmıştır (Van de Vijver & Poortinga, 1991).

Aile özellikleri ergenlerin iyi oluşları ile ilişkili olabilir. Örneğin ergenlerin öznel iyi oluşları ile ebeveynlerinin öznel iyi oluşları arasında olumlu korelasyonlar bulunmuştur (Ben-Zur, 2003; Larson & Richards, 1994). Vuille ve Schenkel (2001) okulun bir ergenin iyi oluşu ile bununla ilişkili birkaç durum üzerinde etkisi olduğunu bulmuşlardır. Özellikle Japonya’da, okulların bilişsel, ahlaki/dini, kentsel/ulusal, fiziksel, estetik ve müziksel alanları anlamlı şekilde vurguladığı bulunmuştur. Burada amaç bütünsel kişi eğitimidir (Cummings, 2003). Bu çalışmanın amacı çok farklı ortamlarda altıncı ve sekizinci sınıfa giden öğrencilerin kendi psikolojik iyi oluşunu nasıl değer-

lendirdiğini araştırmaktır.

Yöntem

Araştırma 697 Finli ve 721 Japon öğrenciyle yürütülmüştür. Araştırmayla Finli ve Japon altıncı ve sekizinci sınıf erkek ve kız öğrencilerin iyi oluşları arasında farklar bulunup bulunmadığı ortaya konmaya çalışılmıştır. Araştırmada Japonya’da Nagai ve diğerleri tarafından geliştirilmiş olan anket Fince’ye çevrilerek kullanılmıştır. Anket ergenlerin iyi oluşunun birkaç farklı yönü ile ilişkili maddeleri içermektedir (Nagai ve diğerleri, 2007).

Bulgular

Araştırmanın sonuçlarına bakıldığında “ortalamaya” göre az sayıda fiziksel belirti belirlenmiştir. Japon öğrencilerin Finli öğrencilere göre psikosomatik belirtilerinin çok az farkla fazla olduğu; bununla birlikte, iki ülke arasındaki farkın az olduğu görülmüştür. Kızlar psikosomatik belirtileri erkeklere göre ve sekizinci sınıflar altıncı sınıflara göre daha sık bildirmişlerdir. Japon ergenlerin Finli ergenlere göre psikosomatik belirtileri, düşünmeden hareket etme belirtilerini, sosyal kaygı ve duyguları kontrol etme problemlerini daha sık yaşadığı tespit edilmiştir. Finli ergenlerin Japon ergenlere göre sosyal ilişkilerinde problemlerinin daha sık olduğu; buna karşılık sekizinci sınıftaki Japon kızların diğer öğrencilere göre duyguları kontrol etme problemlerinin, depresyon belirtilerinin, yeme ve aşırı kilo problemlerinin daha sık olduğu sonucuna ulaşılmıştır. Her iki ülkedeki ergenler zihinsel durumlarının oldukça iyi olduğunu hissettiklerini belirtmişler fakat Finli ergenler zihinsel durumlarını Japon ergenlere göre daha iyi olarak değerlendirmişlerdir.

Sonuçlar Japon öğrencilerin Batı ülkelerindeki ergenler kadar iyi hissetmediklerini gösteren daha önce yapılmış uluslararası araştırmaların bulgularını desteklemektedir (Landsford ve diğerleri, 2005; Tanaka ve diğerleri, 2005). Ayrıca sekizinci sınıfların altıncı sınıflara göre “daha sık” belirtileri sonucu; psikosomatik belirtilerin, düşünmeden hareket etme belirtilerinin, sosyal kaygının ve duyguları kontrol etme problemlerinin ergenlikte arttığını gösteren daha önce yapılmış birkaç araştırma ile tutarlıdır (Costello ve diğerleri, 2003; Measelle ve diğerleri, 2006; Roberts ve diğerleri, 1998). Kızların depresyon belirtileri, düşünmeden hareket etme davranışları, sosyal kaygıları, psikosomatik belirtileri, duyguları kontrol etme ve kendilerini tanımlamaları ile ilgili problemleri erkeklere göre daha sıktı. Hâlbuki her iki cinsin de sosyal ilişkilerde eşit sıklıkta problemleri vardı. Bu sonuçlar da önceden yapılmış birkaç araştırmanın sonuçları ile uyumludur (Angold ve diğerleri, 1998; Birmaher & Axelson, 2001; Landsford ve diğerleri, 2005; Presnell ve diğerleri, 2004).

Bu çalışmada öğrencilerin psikosomatik belirtilerinin çoğu depresyonla ve duyguları kontrol etmekle ilişkilidir. Örneğin Angold ve diğerleri (1998) kızların ve erkeklerin depresyon belirtilerindeki farkın ergenlikte anlamlı şekilde arttığını iddia ederler.

Bununla birlikte bu araştırmanın sonuçları altıncı sınıfta bile kızlarda erkeklere göre daha fazla depresyon belirtileri bulunduğunu göstermektedir. Ayrıca depresyon belirtileri sıklıkla diğer belirtilerle ilişkili idi. Bundan başka Birmaher ve Axelson (2001) ayrıca Stice ve diğerleri (2001) depresyonun sıklıkla birkaç psikolojik problemle bağlantılı olduğuna ve bu durumun, çoğunlukla teşhisi zorlaştırdığına dikkat çekerler. Japon öğrenciler Finli öğrencilerden daha sık olarak duygularını kontrol etmede zorluklar çektiklerini hissetmişlerdir. Bu kültürel farklılıklardan kaynaklanabilir. Japon kültüründe belirli normlar insanların davranışlarını kontrol eder, bunlardan bir tanesi sosyal uyumu muhafaza etmekteki baskıdır (Marshall, 1994). Bu, öğrencilerin duygularını gösterme olanaklarını azaltır. Ayrıca Japon kolektif kültürü bireysel duyguları göstermeyi zorlaştırır (Shimahara, 1995). Japon eğitiminin amacı Batılı anlayıştaki gibi bağımsız bir birey olmak değil, birbirine bağlı kişi olmaktır (Markus & Kitayama, 1998).

Sonuç/Tartışma

Ebeveynlerin ergenlik boyunca çocuklarının duygusal yaşamları üzerinde önemli bir etkisi vardır (Greene & Way, 2005). Ayrıca ebeveynlerin çocuklarının okuldaki sosyal yeterliğinde de önemli bir rolü vardır. Yakın ebeveyn ilişkileri çocuklara arkadaşları ile yakın ilişkiler geliştirmelerinde yardımcı olabilir ve onları depresyona ve düşük özdeğer duygularına karşı koruyabilir (Wentzel ve diğerleri, 2004; Wentzel ve McNamara, 1999).

Öğrenciler özellikle ders çalışma ile ilgili problemleri olduğunda öğretmenleriyle tartışmışlardır. Bu özellikle Japonya'da görülen bir durumdur. Brewster ve Bowen'ın (2004) ifade ettiği gibi öğretmen desteği öğrencilerin problem davranışlarını azaltır ve onların akademik başarılarını yükseltir. Yetişkinlerden ve akranlardan gelen sosyal destek öğrencilerin psikolojik iyi oluşlarını artırır. Buchanan ve Bowen (2008) tarafından yürütülen çalışmada güçlü bir yetişkin ve akran desteği kombinasyonuna sahip öğrencilerin en yüksek psikolojik iyi oluş puanı kazandıkları bulunmuştur. Bu yüzden öğrencilerin öğretmenlerle ve diğer yetişkinlerle olan ilişkilerini sağlamak ve bu ilişkileri derinleştirmek önemlidir. Ayrıca öğrenciler arasında da olumlu ilişkileri sağlamak önemlidir. Okul ve ev, bir çocuğun yaşamındaki en merkezi çevredir. Bu ikisi arasında güçlü bağlantılar oluşturmak öğrencilerin iyi oluşlarını anlamlı şekilde arttırabilir (Ben-Arieh ve diğerleri, 2009).

Japon eğitimi ve öğrenci yetiştirme anlayışı ulusun ekonomik başarılarının başlıca sebebi olarak tanımlanır (Pokarier, 2002). Bununla birlikte Japon eğitimi çok katı olmakla ve öğrencilerin gençliğini, yaratıcılığını ve doğaçlamalarını çalmakla eleştirilir (Roesgaard, 1998). Japonya'da Eğitim Bakanlığı yeni müfredat vurguları, yeni öğretim malzemeleri ve öğretmenler için ilave hizmet içi eğitim olanakları vasıtasıyla eğitimi iyileştirmek için çaba sarf etmiştir. Poukka (2011) Japon bakanlık müfredatını özellikle ahlaki eğitim açısından analiz etmiştir. Öğrencilerin iyi oluşları için üzerinde durulan noktaların sürekli özgeçişim ve diğerlerini dikkate alma olduğunu bulmuştur.

Finlandiya’da okul çocuklarının iyi oluşlarını ölçme, gözlemlene ve artırma her bir okulun müfredatına dâhil edilmiştir. Kanuna göre her çocuğun okula gidebilmek için ihtiyaç duyduğu destek ve yardımı alma hakkı vardır. Bir okul psikoloğu bir öğrenciyi öğretmenleri ve ebeveynleri ile beraber destekler ve bir okul sosyal hizmet memuru, öğrencinin özel zorlukları olduğunda ona yardımcı olmak için devletin sağladığı sosyal hizmet araçlarını kullanır (Stakes 2002). Bununla birlikte belediyedeki okul sosyal hizmet memurlarının ve okul psikologlarının sayısı yeterlidir anlayışı uygulamada problemlere neden olabilmektedir. Çünkü okulların öğrencilerin iyi oluşlarını desteklemek için yaptığı planlar uygulamada halen elverişli değildir. Bu yüzden tüm okul personelinin kendini öğrencilerin iyi oluşlarını arttırmaya adanması zor görünmektedir.

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