Adolescents’ voices

Mental health, self-esteem, sense of coherence, family functioning and life attitudes in Swedish and Greek Adolescents

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Umeå 2006
DEDICATION

To My Mother

Eleni Stempili Levidioti
ABSTRACT

Lekkou, S. Mental health, family functioning self-esteem, sense of coherence, and attitudes about life issues in Swedish and Greek adolescents. Doctoral Thesis Department of Social Work and Division of Child and Adolescent Psychiatry, Department of Clinical Sciences, Umeå University, SE-901 85 Umeå, Sweden.

Background: Several factors have been identified as related to mental health in adolescence, such as competences, behavioural/emotional problems, self-esteem, and sense of coherence. Studies also emphasise the importance of family functioning and cultural factors.

Objectives: This study investigates and compares the mental health of adolescents in relation to family functioning and socio-cultural variables in Sweden and Greece. Furthermore, Swedish and Greek adolescents’ attitudes about life issues are studied. For Greek youths, mental health and gender variations in attitudes were studied as well.

Populations and Methods: The study included 583 Swedish and 238 Greek school-aged adolescents aged 13 through 18 years. The Swedish sample was recruited from students at a Junior High and a High School in the town of Lycksele close to the University town of Umeå and the Greek sample was selected from three High schools and three Lyceums in Patras. The two samples were selected to represent the socio-demographic strata in the study areas.

Achenbach’s Youth Self Report (YSR), Rosenberg’s Self-Esteem, Antonovsky’s Sense of Coherence (SOC), and Beavers (SFI) scales were used. Out of the large sample, adolescents who reported either high or low on Achenbach’s Youth Self Report–47 Greeks and 47 Swedes–were selected for semi-structured interviews.

An interview guide with semi-structured questions was created to gather information about life attitudes. The questions addressed a broad spectrum of everyday life issues to understand how youths orient themselves to life—the central themes of an adolescent life and the basic codes of behaviour related to mental health, family, and culture.

Results and discussion: Results revealed significant differences and some similarities between Swedish and Greek adolescents. According to YSR, the Swed-
ish adolescents had fewer mental health problems than the Greek adolescents. Although this difference was most evident for internalized problems, it was also evident for externalized problems. These differences were seen for both sexes in most problem areas identified by YSR. In both countries, girls had higher problem scores than boys. Age group comparisons followed the same national differences mostly obvious for the two oldest age groups. As for sense of coherence, all of the Greek groups had higher scores. For self-esteem, no differences were found in the comparison between total group scoring, but Greek girls and Swedish boys had better self-esteem compared to their counterparts. Greek adolescents scored their families higher on family health competence.

With respect to attitudes about life issues, Greek youths reported more problems related to self, more fears of social dangers, losses, and illness. In addition, they turned more often to their family for support during difficult times. More Greek youths believed in God than their Swedish counterparts. The two groups identified similar family problems. The Swedes reported more fear about their future and tended to trust public authorities more during times of difficulty. Greek adolescents revealed social concerns, fears about the future and social dangers, and using own coping and family support to face these issues. Mental-health and gender patterns influenced some attitudes. Greek adolescents’ attitudes about education, and messages sent to their parents are also presented. Both groups’ attitudes about faith and homosexuality are shown.

They both emphasised the importance of social and career position. Swedes, however, more often expressed a desire to have a family within five years. We recommend that counselling be offered in schools to provide students with life skills and to improve communication with their parents. This support should help parents and children face relational and behavioural issues of children. In addition, we recommend educational support be provided to Greek youths.

**Key words:** Adolescents, Mental Health, Self-esteem, Sense of Coherence, Family, Life Attitudes, and Crosscultural.
LIST OF PUBLICATIONS

The thesis is based on the following papers, which will be referred to in the text by their Roman numerals:


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ABBREVIATIONS

RSE  Rosenberg Self-esteem
SES  Socio-economic Status
SFI  Self Report Family Inventory
SOC  Sense of Coherence
YSR  Youth Self Report
H/C  Health/Competence
MH  Mental Health
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INTRODUCTION

Recent studies show a substantial increase in mental health problems among adolescents (Oppedal and Roysamb, 2004; Fichter, et al., 2004; Crijnen, et al., 1997), a trend that makes mental health problems one of the major public health issues facing Europe today. By 2020, this increase is predicted to accelerate by 50% (WHO, 2004). Mental health problems deprive individuals from happiness and impose economic and social burdens on society. Worldwide, almost 20% of all children and adolescents suffer from a disabling mental illness. In Europe, 20% of children and adolescents suffer from developmental, emotional, or behavioural problems, and 4% of 12-17 years-olds suffer from depression, one of the most prevalent disorders that often begin in adolescence (Oppedal and Roysamb, 2004; Weissman, et al., 1999; WHO, 2003, 2004). An increase of mental health problems have been noticed in Greek and Swedish adolescents (Fichter, et al., 2004; Youth, stress and mental problems-analyses and health promotion measures. Report SOU, 2006). Mental disorders constitute 50% of the causes of disability and increase the risk of physical illness. Mental health affects all children and adolescents regardless of gender, ethnic background, or socioeconomic status. Undiagnosed problems may increase in severity and develop into ‘mental disorders’ with life-long consequences. Untreated mental health problems can seriously limit the ability of adolescents to be productive members of society, a situation compounded by truancy, family conflicts, substance abuse, low self-esteem, school or community violence, and suicide, the third leading cause of death among adolescents (ASTHO 2002, WHO, 2003; Harland, et al., 2002).

Mental health problems are often a result of either environmental or biological influences, or a combination of both. They are difficult to recognize because of rapid physical, mental, and emotional change in normal child development, so the mental health of children and adolescents will often go undetected, increasing the risk of many negative outcomes (ASTHO 2002). (The high demands of modern life, poor parenting, changing family structure, dysfunctional relationships, new understanding of young people’s needs, decline of religion, and rapid socio-cultural change (WHO, 1999) make the need to detect mental health prob-
lems, support adolescents at risk, and raise awareness of mental health issues for professionals an inevitable and essential task). To contextually understand mental health requires an understanding of an adolescent’s environment: family, community, and nation. In addition, such an understanding requires the examination of specific situations: exposure to conflict and economic and psychosocial adversity. Mental health problems that impair individual’s functioning cannot be seen as static diagnostic labels, but rather as dynamic responses to social/environmental stressors. There is a need to appreciate the unique impact of environmental and cultural factors in the expression of these mental health problems and to know what meaning to attach to a particular behaviour (Rutter and Taylor, 2002; WHO, 2003).

Modern theories and research have considered the combined effects of individual characteristics of adolescents, parental or family factors, state support, life events, and the multiple context of cultural factors as contributing positively or negatively to adolescents’ mental health (Antonovsky, 1987; Cederblad and Hansson, 1996; Dwyer, et al., 2003; Harland, et al., 2002; Oppedal and Roysamb, 2004; Shek, 2002).

The contemporary developmental theory is associated with theoretical ideas stressing that systemic dynamics of individual-context relations provide the bases of behaviour and developmental change (Lerner and Castellino, 2002). This theory stresses that the multiple levels of organization involved in human life (ranging from biology through culture, the natural and designed ecology, and history) are systemically integrated across ontogeny. Adolescent development is the outcome of changes in this developmental system. By evaluating the dynamic and temporal relation between the individual and his/her context, we might have a better understanding of the multilevel of organizations involved in the mental health of adolescents. Recently, there have been dramatic changes in personal and family lives in developing and developed countries. These changes have strongly affected family stability and have impacted the mental health of adolescents. Children and adolescents exposed to family risk factors—such as poor parenting practices, parental mental health problems, parental conflict, parental divorce, separation or parental loss, and lack of support—increase the risks of developing mental health problems (Berkman, et al., 2000; Dwyer, et al., 2003; Harland, et al., 2002). Although even most of these factors are rela-
tively frequent, they do not justify restrictions of screening for behavioural and emotional problems (Berkman, et al., 2000; Harland, et al., 2002).

Culture influences how adolescents and children mature (Kağçıbaşi, 1996). A growing body of cross-cultural research has focused on how a culture’s collectivistic or individualistic values and beliefs influence childrearing practices with an emphasis on interdependence (the self to the in-group) and independence (self-expression). Interpersonal life-stress and social support are associated with the way people develop close relations, conditions that relate to cultural variation in childrearing practices and beliefs. For example, people from collectivistic cultures have a higher vulnerability to relational stress and stronger supportive relationships compared to people from individualist cultures (Oppdal and Roysamb, 2004).

Cross-cultural studies need to be conducted with great caution because cultural differences are often mixed with national differences such as political differences, economic differences, geographic differences, and historical differences that may affect adolescent emotions and behaviours in different ways.

Greek adolescents and Swedish adolescents live in different cultures, societies that have different welfare states or systems. Sweden is an institutional welfare state and Greece is closer to a residual welfare state (Abrahamsson, 2000; Wilensky and Lebeaux, 1965). Sweden, has developed strong systems of state of intervention in socialization and care for its citizens whereas Greece, as one of several “Catholic models” (Kastrougalos, 1994), emphasises the family’s responsibilities with regard to socialization and care systems. Greece is transitioning from a traditional to a developing society (Agathonos-Georgopoulou and Browne, 1997), from collectivism to individualism. This transformation increases risks for individuals, families, and societal levels. Family systems and individuals are not only parts of the cultural system they belong to but are products of that system. These influence how youths develop and socialise and how they evaluate their own behaviours, thoughts, and feelings (Motti-Stefanidi, et al., 2000 unpublished).

Few studies have examined the association between mental health, family functioning, and how adolescents view life in the two countries. We examine different aspects of adolescence in separate studies. In addition, we use cross-
cultural comparisons to provide a better understanding within and between countries with respect to adolescent issues.

AIMS OF THE STUDY

This study investigates and compares the self scoring of mental health and family function of Swedish and Greek adolescents. In addition, this study investigates how these adolescents view the world by examining their attitudes about their personal, family, and social life.

The specific aims of the different studies

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CONCEPTS, THEORIES, AND RESEARCH

There is a dynamic interplay of the different factors of mental health, family functioning, and life attitudes examined in the present study that help us constitute a more comprehensive view of Swedish and Greek youths.

Mental health

Emotional and behavioural problems

Although mental health is fundamental to a person’s well-being, there is no standard theoretical or operational definition of mental health. Mental health is more than the absence or presence of symptoms or disorders. This concept is usually defined as an individual’s understanding and acceptance of the following: who he/she is, being able to identify and express emotions appropriately, being comfortable enough with who he/she is, and being able to cope with and manage the demands of life. Child and adolescent mental health is an essential part of overall health. It is an integral part of normal adolescent development in terms of the following: core identity, ability to cope, relating to others, successful functioning at school, work, and home, sense of purpose in life, acceptance of responsibility for one’s actions and roles (WHO, 2001). Adolescent development can include problems and difficulties with emotions, behaviours, relationships, and development (Hill, 2002). Mental health can be defined as “a complete state of physical, mental and social well being” (WHO, 2004).

Behavioural and emotional problems among adolescents have been studied in several countries using the Youth Self Report (YSR). In Russia (Slobodskaya, 1999), gender differences were found for the problem scales where girls were higher than boys in all combinations of informants. On competence scales, Russian children scored themselves lower than American children in a clinical sample. In Sweden (Broberg, et al., 2001), gender and age effects were small but significant with girls scoring higher than boys on most problem scales. Small effects were also found for place of living as well as for parental socioeconomic status. In Irish studies (Fitzpatric and Deehan, 1999) on 13-15 year olds, no differences were seen in total problem scores between the Irish and American sam-
ples. For YSR in the Irish study, total problem scores and externalizing scores increased with age. In Norway (Kvernmo and Heyerdahl, 1998), frequencies of behaviour problems were generally high in both studied ethnic groups—indigenous Sami and majority Norwegian adolescents—and were highest for girls. In Holland (Verhulst, et al., 1989), girls obtained higher total problem scores with increasing age. No SES differences in problem scores were observed. A large effect of referral status was found for items “Nervous”, “Unhappy”, and “Sad”, and “Depressed” had largest effect on the risk of being in a clinical range of problems. Competence scores showed much weaker discrimination between clinical and non-clinical cases. In a national school-based Greek sample of 1456 students’ population, (11-18 years of age) (Roussos, et al., 2001), girls showed a greater tendency towards Internalizing and boys towards Externalizing problems. Age effects were statistically significant (older adolescents showing more problems, especially of delinquent type), but numerically small. Greek adolescents obtained significantly higher mean scores than their American counterparts on all scales. Roussos, et al., (2001) noted that responses at the item level seemed to follow the cultural expected gender behaviour.

**Self-esteem**

Self-esteem is an underlying component of personality that influences interpersonal relationship, every day mood, ability to function, and mental health (Andrews and Brown, 1993; Brage, et al., 1995; Button, et al., 1997; Inderbitzen-Pisaruk, et al., 1992). Self-esteem is influenced by adolescents’ problems (Harper and Marshall, 1991) and psychosocial risk factors (Tomori, et al., 2000).

Self-esteem is usually defined as the individual’s positive and negative attitudes toward the self. Rosenberg states, “when we speak of high self-esteem, we simply mean that the individual respects himself, consider himself worthy” and continues “low self-esteem, on the other hand, implies self-rejection, self-dissatisfaction, self-contempt” (1965:31).

Low self-esteem seems to play an important role in psychological dysfunction, psychopathology, and maladjustment (Tzonihaki, et al., 1998) such as loneliness, depression, and anxiety. There is a clear relationship between self-esteem and psychosomatic symptoms.

Psychodynamic and social-cognitive theories of the self support the idea that
negative cognitive/affective structures of childhood experiences may leave individuals with chronically low self-esteem, persistent interpersonal problems, and at risk of developing psychological disorders when faced with life stressors.

According to Rosenberg, self-esteem is influenced by child-rearing practices and norms, parental occupation, personality, and the degree of parental interest in the child.

Among non-clinical adolescents, perceptions of parental support and autonomy granting were related to multiple dimensions of self-esteem (Nielsen and Metha, 1994). Studies on self-esteem, ethnic identity, and behavioural adjustment in Anglo and Chicano adolescents in west Texas (Grossman, et al., 1985) showed a relationship between being Chicano and having lower self-esteem and lower behavioural adjustment. The problems faced by this group have something in common with other groups of people who have more problems, lower status, fewer resources, and fewer sources of available help. Self-esteem studies among Arab adolescents in Israel (Abu-Saad, 1999) revealed significant relationships between global self-esteem and students’ evaluations of their scholastic levels, their schools’ academic levels, and their plans to take matriculation exams. There was a significant relationship between self-esteem and community type as well. In South Africa (Bornman, 1999), a positive self-image was correlated with stronger ethnic identification among African-speaking whites. The opposite was true for blacks. In a large study on ethnic and gender differences on adolescent self-esteem (Dukes and Martinez, 1994), black and Hispanic males had the highest levels of global self-esteem, and Asian and Native-American females had the lowest. Females (except blacks) had lower (both global and public domain) self-esteem than males.

**Sense of Coherence (SOC)**

Antonovsky, (1987) defined SOC as a global orientation that expresses the extent to which one has a pervasive, enduring, dynamic feeling of confidence that (a) the stimuli deriving from one’s external and internal environments are structured, predictable, and explicable (b) that resources are available to meet the demands posed by these stimuli, and (c) that these demands are viewed as challenging and as worthy of energy investment and emotional engagement. Antonovsky (1987) suggested that a person’s SOC during adolescence and early
adulthood emerge from culturally and structurally shaped patterns of experiences of consistency, under-overload balance, and participation in socially meaningful decision-making (Antonovsky, 1987:127). During stress, a person with a strong SOC can use General Resistant Resources (GRR) to cope effectively with stress, minimizing the chances of subsequent illness and increasing the chances of personal growth. There is little felt danger in the strong SOC person seeing the world as a challenge and being open to feedback. Antonovsky believes that the lack of cohesion and independence are significant sources of stress.

Sense of Coherence is the central concept of the salutogenic model (Antonovsky, 1987), a model that provides a frame for understanding how people cope with significant stressors. The central thesis of the salutogenic model is that a strong SOC is crucial to successful coping with the ubiquitous stressors of living, a characteristic that promotes health maintenance. A person with a strong SOC perceives the world as predictable, manageable, and meaningful. Sense of Coherence is a crucial characteristic of personality that is linked to the mental health of the individual, influencing the psychosomatic health and the way people orient themselves to life (Antonovsky, 1985; Antonovsky and Sagy, 1986; Baffity, 1999). Sense of Coherence is associated with many other health related variables such as physical symptoms (Buddeberg-Fisher, et al., 2000; Larsson and Kallenberg, 1996; Nilsson, et al., 2000; Wettergen, et al., 1999) psychological functioning (Ying, et al., 1997), mental health (Carstens and Spangenberg, 1997; Stephens, et al., 1999), family function (Antonovsky and Sourani, 1988), and quality of life (Cederblad and Hansson, 1996). Several studies that examine Russian immigrants and Israeli College students (Ben-David, 1996) found that SOC was affected by the family. A Greek study (Baffity, 1999) showed that people with high SOC are more resistant to stress and had better mental and psychosomatic health. SOC was one of main variables that predicted health risk behaviours in a Canadian study (Allison, et al., 1999). In Oklahoma, an assessment of psychological wellness in a college population showed that an optimistic outlook and SOC enhanced a sense of overall well-being (Troy, et al., 2000).

Antonovsky and Sagy (1986) noticed that emotional closeness in adolescent-parent relations is related to a high SOC because close relations to parents result
in good relations to self. In addition, a high SOC influences psychosomatic health, feelings of security with respect to coping, trust in parental support, and promotion of available resources in times of need.

**Family functioning**

Family functioning is related to mental health. In this study, family functioning is treated as family competence measured by Beavers Self Report Family Inventory (SFI) (Beavers, et al., 1990). Beavers has developed criteria for the study of family functioning that accesses individual family members’ perceptions of family competence, style, and several related domains. Beavers’ model defines *family competence* as how well the family, as an interactional unit, performs the necessary and nurturing tasks of organizing and managing itself. A major theme of this dimension is the structure of the family unit in which egalitarian leadership, strong parental or other adult coalition, and established generational boundaries exist. The competent family is quite spontaneous, shows a wide range of feelings, and is generally optimistic, whereas more dysfunctional families show more truncated ranges of feelings and a more pessimistic view of life.

Two other concepts in Beavers’ model are style and autonomy. *Style* refers to the degree of centripetal (seek satisfaction more often from within the family and children are slower in leaving home) or centrifugal qualities in the family (looking for satisfaction in the outside world and the children often leave home earlier). *Autonomy* is connected to family members being actively involved in the world beyond the family and take responsibility for their thoughts, feelings, and behaviours. In addition, *autonomy* means they are open to communication from others, expressing their feelings and thoughts clearly, showing an absence of blame and personal attack. These family members do not scapegoat other family members. They experience joy and comfort when relating with members of the family and use skilled negotiation to arrive at decisions and find ways to communicate. These families hold significant transcendent values that respect traditions (Beavers and Hampson, 1993:73-95). They also support the idea that just as no individual person can survive and prosper without relating to a larger organizational unit (usually a family), no family can survive and prosper without
a larger system. Families with high autonomy in these terms recognise the need to be connected to the narrow and broader society.

Beavers’ SFI has been used widely for research and clinical purposes. No cross-ethnic family differences (Hampson, et al., 1990) between white, black, and Mexican families in global Competence or Style differences were found. Hampson, et al. suggest that in social class comparisons the ethnic-group differences found might reflect more social class than ethnic differences. Overall ratings are highly related to occupational status, while the significant differences between ethnic groups on specific (subscale) stylistic qualities appear to be related more to between-ethnic group differences than to socio-economic levels. Hampson, et al. (1990) support the idea that most of these differences stem from developing and maintaining a family. These data encourage the view that for families of all ethnic backgrounds subtle ethnic and social class differences exist.

In Virginia (Green, et al., 1985), investigation of the relationship between instruments measuring the Beavers-Timberlawn Model of family competence and the Circumplex model of adaptability and cohesion suggested that the measure of Beavers-Timberlawn Model is appropriately correlated with measures of important properties of constituent family subsystems. Husbands and wives who reported high degrees of family competence measured by Family Awareness Scales (FAS) also reported high levels of marital quality. Those who reported family competence tended to report more functional patterns of parent-adolescent communication. In Texas, Hampson and Beavers (1996) clinically observed a direct relationship between competence and a favourable outcome in helping families. They support that severely dysfunctional families drop out more frequently and are harder to reach. Studies in China (Yu and Seligman, 2002) found that Chinese children were more depressed when they were from lower cohesion and higher conflict families. A study on adolescents’ perception of family functioning in the United Arab Emirates (Alnajjar, 1996) showed some gender differences in scoring; males scored their families more functional in family structure and external relations and girls scored their families more functional in internal relations. Family functioning scores in upper social economic status families were better than in other SES levels. In a Chinese study of 3,649 adolescents, boys perceived their families to function worse than did girls
and younger adolescents and better than did older adolescents (Shek, 2002). In a study of Chinese secondary school students, adolescents’ perceptions of parenting styles, family competence, and parent-adolescent conflict were significantly related to psychological well-being, particularly the mental health, school adjustment, and problem behaviour (Shek, 1997). Noller and Callan (1986) studied 281 families of (13-17 years) adolescent according to their own and their parents’ perceptions of family cohesion and adaptability. Adolescents judged the present state of their families as more inflexible to changes in its structure than did their parents. Adolescents also desire to change power and roles in the family system, but they still want a relatively cohesive and supportive family environment.

Attitudes

Attitudes contain information about the construction of thought that forms our lives (Coleman, et al., 1980) and provides the emotional basis for action. Attitudes are consistent, learned, emotionalised, semi-hereditary dispositions, partly social, and partly psychological (Coleman, et al., 1980; Sulloway, 1997), interfering with many aspects of life, changing over time; they are in a dynamic and continuous interplay according to each one’s personal, family, or broader culture, correlating with “scientific stance” (Sulloway, 1997). Attitudes guide our thoughts, influence our feelings, and affect our behaviour (Myers, 1990): “Regardless of their origins in genetic disposition or environmental influences, differences in social attitudes are often perpetuated across the generations by assortative mating” (Sulloway, 1997). All fundamental dimensions of attitudes—content, direction, intensity, importance, salience, consistency, clarity, and stability—are relevant and significant aspects of self-image (Rosenberg, 1965:14).

Attitudes are fundamental beliefs in relation to a person’s life experiences. These experiences can be seen as enduring evaluations of personal and social issues where values interfere with behaviour positively or negatively (Kosofsky and Frank, 1995) and provide life with meaning and direction (Sidney, 1974). Attitudes can be acquired from others through social learning in the form of classical conditioning, modelling, and direct experience (Myers, 1990). Fishbein (1980) developed the Theory of Reasoned Action (TRA), a structural model of
the attitude concept based on the idea that the “proximal cause of behaviour is intention to behave, which is caused by attitude and subjective norm” (p. 47). Therefore, to understand more fully the behaviour of young people, attitudes must be identified in relation both to general and to more specific dimensions of their everyday life. Arvey, et al. (1989) introduced a genetic basis for attitudes (Sulloway, 1997) after the finding that identical twins raised in different environments had similar attitudes.

Clearly, attitudes stem from multiple sources. In this study, we focus mainly on the cultural influence on attitude formation because we are comparing samples from two nations. To varying degrees, cognitive, affective, and behavioural attitudes mirror differences in culture. Greenwald and Banaji (1995) conclude that people have unconscious attitudes about race, sex, ethnicity, and obesity. These unconscious stereotypes are deeply embedded in both individuals and cultures. Culture, on a macro level, reflects the social structure of a society, so social class, the status of minorities, education, and religion are structures that people interact with in their orientations and dispositions (Fromm, 1994). Hence attitudes are influenced within a social context in a particular time and space (Hall, 1990). Social life attitudes include ideas and beliefs on social issues such as cultural, political, or religious, issues that are typically more important (Sulloway, 1997).

This study examines attitudes that emerged from interviews on adolescents’ life issues such as problems, fears, coping resources, short and long-term future issues, and some other attitudes related to these. Mental health and gender variations are linked to adolescents’ attitudes and behaviours as well, as will be shown in the next section below.

Youths’ attitudes on life issues

Young people’s attitudes about central aspects of social life studied in this project are mainly focused on problems, fears, coping resources, future issues, religious beliefs, and social phenomena such as homosexuality.

The problems that concern youths in different countries, according to some authors (Anttila, et al., 2000; Lee, 1999), are e.g. nuclear war, becoming sick or crippled, personal appearance and personal conflicts, problems in school, difficulties with family members, parents dying, future education, and occupation.

Attitudes about conflicts adolescents have with their parents are related to family problems. Shantz and Hartup (1992) showed youth conflicts having to do with school problems and worries about future-career choices. A longitudinal study on the relations between parent-adolescent conflict and psychological well-being (Shek, 1998) suggest that the relations between these are bidirectional. Rask, et al. (2002) examined youths’ gender and mental health differences with respect to personal family and life issues. If youth perceive parental relationships to be moderate or poor, they are linked to lower global satisfaction and negative attitude towards life. Kashani, et al. (1998) link high risk youths with maladaptive behaviours to the negative perceptions they have about their families’ functioning. Other studies (Shek, 1997) suggest an intimate link between family functioning and the positive mental health of adolescents.

About fears that youth experience there are studies in United Arab Emirates that reported youths feeling extremely frightened (such as fear of death in the family or kidnapping) as measured through a fear survey (Mohammed, et al., 2001). In a large study on phobic anxiety in 11 nations, Arrindell, et al. (2003) studied fears such as social fears, fears of sexual and aggressive scenes, illness, and death. In a cross-sectional Australian study of 8-16 year olds, King, et al. (1989) showed a significant age-related decline in fears. Nuclear war was the most common fear. Lee’s studies (1999) on hopes and fears refer to worries about school performance, physical appearance, peer acceptance, parent dying, and nuclear war.

An American cross-cultural study on fears (Ollendick, et al., 1996) showed that Australian, Chinese, and Nigerian children and adolescents (7-17 years old) present fears that may differ from one cultural context to another. Responses to a standard fear survey schedule revealed significant differences in number, content, pattern, and level of fears. Results were interpreted within a cultural context, suggesting that cultures that favour inhibition, compliance, and obedience increase levels of fear. Rich, et al. (1992) link gender differences on fears with
youth at risk behaviours where fear of social disapproval among males was considered one of the main variables explaining the observed gender differences.

About coping resources: In the general, adolescent stress and coping, literature it is noted that coping resources are influenced by gender, developmental level, and perceived control (Bowker, et al., 2000). Multi-ethnic and international studies note that girls more often than boys seek social support as a coping strategy (Bowker, et al., 2000; Plunkett and Henry, 1999). Snethen et al. (2004) note that gender age and religious views are significantly related to the coping strategies reported by adolescents. In addition to gender and perceived control issues, Scott (2004) highlighted the importance of certain factors concerning family structure and socio-economic conditions as coping resources. Jensen and Jensen, (1998) reported that adolescents perceive school as a less caring support system than their family, church, and friends. Antonovsky (1987) also referred to social support as an important factor leading to successful coping and health. He notices that active coping reflects “confidence about one’s external environment”.

Gould, et al. (2004) linked coping avoidance/approaching responses to high/low risk attitudes and gender differences. Rich, et al. (1992) linked help seeking behaviour to gender differences, showing that males seek less help less often than females. Adolescent problems, fears, and coping efforts illustrate how they deal with life issues and are linked to their mental health, their personalities and the unique contexts where they belong.

Future issues in adolescents’ life attitudes refer to their plans to face fundamental and developmental tasks such as career, family, education, relationships (Bois-Reymond, et al., 1994; Erikson, 1968; Havighurst, 1973; Palovaara, 1998; Thomson, et al., 2002), family, marriage, cohabitation, parenting, work (Brown, 2001; Kasurinen, 1999), and staying or leaving the family. In 1995, the European Group for Integrated Social Research (EGRIS 2001) reported that people between 25 and 29 years old still living with their parents varied across the European Union from a low of 9% in Finland to a high of 59% in Spain. Those living alone ranged from 1% in Greece to 23% in Finland and West Germany, and cohabitation with a partner was 25% in France compared to 1% in Italy. Although no Swedish data was collected for this study, we can assume Sweden’s numbers would be similar to Finnish numbers. Bois-Reymond, et al. (1994) link
"future issues" to gender variations where boys were found less confident than girls about their future and were inclined to postpone a decision on it. Lower and middle class boys anticipated full-time jobs and prepared to take over the role of breadwinner. Kashani, et al. (1988) showed that “cases”-adolescents with severe enough problems are discontented, pessimistic, and exhibit feelings of hopelessness more than the well-adjusted group. They also reported that the negative and pessimistic view about their future could affect their future achievements and accomplishments. Obviously, future issues in adolescents is linked to their mental health, gender, family, culture, and social class.

Sulloway (1997) and Faris and Smith (2002) noted that religious attitudes include ideas and beliefs, most likely learned from parents, playing a major role in how individuals respond to life issues. Simmons’ study (1998) revealed that a society with a dominant religious ideology significantly determines the expressed attitudes of its young people. De Toni and Bruschettini (2001) noted that religious beliefs and practices are personal, neither required nor appreciated by governmental institutions. In the USA, 80% of youth (15-19 yrs) believe that God exists and in the divinity of Jesus, but only 18% attend weekly religious services. Religious involvement was found to be associated with diminished risk of behavioural problems, higher levels of school achievement, and professional competence. Malhotra’s (1998) study revealed that family and religion played much more important and fundamental role for Italian, Spanish, and Greek adolescents living in Germany than for Germans. Faris and Smith (National Study of Youth and Religion, 2002) showed that religious 12th graders had more positive life attitudes and healthier self-image than non-religious 12th graders.

Faith belongs to our inner self and is a part of our value system. Family community and ethnic identity influence religious belief, a personal choice that is independent of religious practice. Religious belief plays a powerful role in how individuals respond to life. This study addresses faith to uncover whether contemporary adolescents use faith to deal with life issues.

Attitudes about homosexuality as a social phenomenon differ between countries. A tolerant attitude towards homosexuality was found in Spain, England, and Germany (Jensen, et al., 1988). The researchers demonstrated that approval of homosexuality could be predicted from basic demographics, family background, and religious and political values. Comparison of attitudes toward ho-
mosexuality in international and American college students showed that Asian students were more likely to harbour homophobic attitudes than American students (Jensen, et al., 1988). Cotten-Huston and Waite’s (2000) study on anti-homosexual attitudes in college students at Connecticut State University (USA) indicated that attitudes were significantly predicted by gender role attitudes, by personal acquaintance with gay men, lesbians, or bisexual people, and by religious conviction. In a study on attitudes towards homosexuality in 29 nations, Kelly (2001) revealed that Sweden was significantly more tolerant of homosexual behaviour than Australia, and exhibits the same tolerance as France, Austria, Czech, Norway, Germany, Spain, Denmark, Switzerland, and Netherlands. Although homosexuality is related to identity issues and mental health, we do not include this aspect of homosexuality in our study. Our interest in attitudes about homosexuality is linked only to how adolescents view homosexuality as a social phenomenon.
CULTURE AND GENDER

We can understand adolescents by examining how culture influences adolescent attitudes. Hoecklin, (1995) examined culture by referring to how the definition of culture has changed over time. She refers that Tylor in 1871 defined culture as a complex whole that includes knowledge, beliefs, art, morals, laws, customs, and any other capabilities and habits acquired by man as a member of society. One century later she notes that in 1979 van Maanen and Schein referred to values, beliefs, and expectations that members share. In 1980, Hofstede defined culture as the collective programming of the mind that distinguishes the members of one human group from another. In 1987, Hall and Hall referred to culture primarily as a system for creating, sending, storing, and processing information (Hoecklin, 1995:28). In 1994, Triandis suggested that we think about culture as “unstated assumptions, standard operating procedures ways of doing things that have been internalised to such an extent that people do not argue about them” (pp 278-315).

Cultures differ in many respects, and these differences affect people’s values, beliefs, and behaviour (Cooper and Denner, 1998). Childrearing and socialization in general mediate between the cultural and social structural economic conditions, on the one hand, and the resultant self, on the other. The family plays a key-mediating role in the functional/causal relationships between the self and society (Kağıçbaşı, 1996).

To understand youths in Greece and Sweden, we gathered responses that appear to be embedded in culture (Greenfield, & Suzuki, 1998). Culture and the living conditions of a person are seen as interrelated components (Kağıçbaşı, 1996). Greece is a more ‘masculine’ and more ‘collectivistic’ culture than Sweden, and Sweden, is a more ‘feminine’ and more ‘individualistic’ culture than Greece (Hofstede, 1980, 2001; Triandis, 1994).

A masculine culture, according to Hofstede, has distinct expectations of male and female roles in society, whereas a feminine culture shows greater ambiguity in what is expected of each gender. An individualistic culture emphasises the views, needs, and goals of the self to produce autonomous, self-fulfilled individuals. A collectivistic culture, however, emphasises the views, needs, and goals of
some collective, usually the family. The end goal of socialisation is a mature person who defines the self in relation to others and is embedded in a network of relationships and responsibilities to others. Hence the family system and individuals are important parts of the cultural system. The resultant familial/interpersonal independence/interdependence and the relational/separated self (Kağıçibaşı, 1996) can be considered to be the final product of the overall system. These fundamental patterns probably influence how young people respond to questions about social relations and values in everyday life. Georgas (1988), Berry, et al., (1992), and Motti-Stefanidi, et al., (2000-unpublished) examine the existing culture base underlying the socio-economic structural factors, the ecology of the environment where people live, and the history of the culture that give a further extension to cultural issues.

Obviously, Greece and Sweden have different social systems, socialization practices, and support systems. These major differences in how the state works in relation to its citizens reflect more complicated differences in culture, youth developmental goals, and socialisation practices that function as interpretative frameworks for the evaluation of people’s thoughts, feelings, and actions (Motti-Stefanidi, et al., 2000-unpublished). Because Greek and Swedish adolescents are parts of different cultural systems, they have different needs. This challenge makes this study of special interest.

Gender refers to women’s and men’s roles and responsibilities that are socially determined. Gender is related to how we are perceived and expected to think and act as women and men, perceptions that are socially determined rather than biological determined (WHO, FS 11/2001). Obviously, biological sex is a matter of sexual reproductive systems. Sex refers to genetic, physiological, or biological characteristics that determine female or male. Equally important are the socially defined characteristics that different cultures assign to gender. These differences are sometimes justified with reference to biology. Gender differences (WHO, 2001) are social constructions that can potentially be changed in ways that most biological characteristics cannot. Women and men are assigned with different opportunities, roles, and responsibilities. These gender divisions shape the lives of both women and men in fundamental ways. The relatively low value placed on women and girls by individual families and by society as a whole is evident in the global statistics on literacy.
SUBJECTS AND METHODS

Subjects: samples and design

The Swedish sample included 684 adolescents aged 13 to 18 years. The participants attended a junior high school and a high school in Lycksele, a town with approximately 15,000 inhabitants. Lycksele is in the county of Västerbotten in northern Sweden in the same region as the university town of Umeå. All students in the seventh through ninth grade at the junior high school were included as well as all the students in the second year of the high school. Because Lycksele has only one junior high and one high school, these populations represent all socio-economic strata in the area.

Recent cross-country normal population surveys of mental health among adolescents in Västerbotten showed that the larger city Umeå (about 100,000 inhabitants) and Lycksele did not differ in mental health problems among adolescents (Sandeberg, et al., Report 1999). We selected Lycksele because collecting data from only two schools would be easier while still representing the whole adolescent population in the area.

The Greek sample of adolescents was recruited in 1997 from Patras, a coastal city in southern Greece. Patras is the third largest city in Greece with approximately 150,000 inhabitants, and has a university, a technological educational institution, and three hospitals. Most of the participants lived in Patras, but some lived in the surrounding suburbs or villages. A cluster sampling procedure was used; 243 Greek adolescents were invited to participate in the study.

Six representative schools (three high schools and three lyceums) were randomly selected according to their socio-economic level for each school population. According to school information, five adolescents withdrew, one from high school and four from lyceums (four due to serious medical problems – anaemia, asthma, heart, orthopaedic, one unknown). These students signed-up for the class but never attended. In Greek schools, there is very strict control of the number of hourly absences allowed for students (Roussos, et al., 2001).
For Swedish youths, the participation in the study was voluntary and the participating students received a ticket to the movies after completing the scales. Information about the purpose of the study was mailed to the students and their parents. The selected age group consisted of 684 adolescents. Of these, 583 visited school to complete questionnaires at time of the study in 1999. To provide help for students, a research assistant and teachers were present when students completed the questionnaires. In Sweden, normal absent rates for adolescents is 15% (Broberg et al., 2001).

For Greek adolescents, the participation in the study was voluntary. The participating students received a chocolate bar after completing the scales. The study was performed after consent from the principal of each school through the local Supervision office of Middle Education in Patras and after securing the permission of Ministry of Education per the Greek Pedagogic Institute’s permission. The researcher provided the classroom teachers of each class with information about the study. The same researcher handed the questionnaires to the students. Teachers were asked to be present while students completed the questionnaires in their classrooms. The researcher was present to answer questions students might have about the questionnaires. Table 1 shows the final national samples of participating adolescents according to their age and gender.

Table 1 The gender and age distribution in the Swedish and Greek populations

<table>
<thead>
<tr>
<th></th>
<th>Sweden</th>
<th>Greece</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N= 583</td>
<td>N= 238</td>
</tr>
<tr>
<td>Total Sample</td>
<td>100.0 %</td>
<td>100.0 %</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>280</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>47.7</td>
<td>42.4</td>
</tr>
<tr>
<td>Girls</td>
<td>303</td>
<td>137</td>
</tr>
<tr>
<td></td>
<td>52.0</td>
<td>57.6</td>
</tr>
<tr>
<td>Total</td>
<td>583</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-14</td>
<td>96</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>16.5</td>
<td>26.0</td>
</tr>
<tr>
<td>15-16</td>
<td>269</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>46.2</td>
<td>36.6</td>
</tr>
<tr>
<td>16-</td>
<td>218</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>37.4</td>
<td>37.3</td>
</tr>
<tr>
<td>Total</td>
<td>583</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
For the *interview study*, a sample of 48 adolescents from each country was selected from the original study based on the total problem score on the Achenbach (1991) Youth Self Report (YSR): 16 students of each age group; 8 from each sex (4 with low and 4 with high problem scores); 24 highest and 24 lowest selected according to scores; 24 girls and 24 boys. The selection of groups with high and low YSR scores provides a richer variation of attitudes, making it possible to analyse attitudes in relation to YSR scores. There were 48 Swedes and 48 Greeks selected, but one from each country did not participate in the interview. All Greek adolescents were Greek citizens born and raised in Greece and all Swedish participants were born in Sweden.

**Instruments**

Self-report Questionnaires for adolescents is a potentially important source of information. When social and cognitive immaturity no longer limits an adolescent’s ability to recall and report accurately their behaviour and feelings, self-reports become an indispensable part of the assessment process (Verhulst, et al., 1989). In addition, this maturity allows adolescents to be valuable informants about their own psychological functioning. Adolescents also may be more willing to report on their problems and reveal information by using a questionnaire than by participating in a clinical interview. Standardized self-reports make it possible to compare data from different perspectives, such as gender, age, and culture.

In addition, participation might by itself be beneficial since things investigating may go directly ‘inside’ participants, providing the adolescent with ‘insight’, knowledge, and motivation. Such an arrangement also allows the investigator to demonstrate a level of trust, giving the adolescent a sense of responsibility.

Several self-reports were used in this study to study mental health variables: Achenbach’s Youth Self-Report (YSR) (Achenbach, 1991) identified competencies and problems; Rosenberg’s Self-esteem Scale (RSE) (Rosenberg, 1965) measured self-esteem; the SOC-scale (Antonovsky, 1987) measured Sense of Coherence (SOC); and Beavers Self-report Family Inventory (SFI) (Beavers, et al., 1990) measured family health/competence.
Semi-structured interviews revealed attitudes about life issues such as problems, fears, coping resources, short and long-term life issues, and on how these are linked to Swedish and Greek culture. Some mental health and gender variations were noted for Greeks.

**Youth Self-Report (YSR)**

YSR (103 items) is one of the most widely used standardized self-report questionnaires for 11-18 year olds (Achenbach, 1991) that gives a dimensional description of behavioural/emotional problems that fall into four broad categories: Competence, Internalizing problems, Externalizing problems, and Total problem. Total competence includes activity, academic competence, and social competence. In addition to a total problem score, the problem items form nine narrowband syndrome scales (‘withdrawn’, ‘somatic complaints’, ‘anxious/depressed’, ‘attention problems’, ‘thought problems’, ‘social problems’, ‘aggressive behaviour’, ‘delinquent behaviour’, and ‘self-destructive/identity’ problems, which is a syndrome for boys only), and two broadband dimensions, ‘internalizing’ and ‘externalizing’. Items that are not included in any of the eight syndromes are collected under the heading ‘other problems’, but they do not form a ‘true’ scale. The adolescent is asked to describe or rate his or her thoughts, emotions, and behaviours now or during the previous six months on a three point scale by circling 0 if the item or statement is not true, 1 if it is somewhat or sometimes true, and 2 if it is very true or often true. High scores on the problem items indicate more problems, and high scores on competence items indicate higher competence. Normal, borderline, and clinical ranges are settled. Scores on syndrome scales are estimates of the adolescents’ status as reported by adolescents because adolescents are continually changing, all assessment procedures are subject to error of measurement and other limitations, and no single score precisely indicates an adolescent’s status (Achenbach, 1991:43-4).

YSR have generally proved good validity and reliability (Achenbach, 1991; Belter, et al., 1996; Gould, et al., 1993; Hepperlin, et al., 1990; Morgan and Cauce, 1999; Rey and Morris-Yates, 1992; Thurber and Hollingsworth, 1992; Weinstein, et al., 1990), although some studies have reported low internal consistency for some scales (Kvermno and Heyerdahl, 1998; Slobodskaya, 1999; Steinhausen and Metzke, 1998; Song, et al., 1994; and Verhulst, et al., 1989).
YSR has recently been standardized for Swedish adolescents (Broberg, et al., 2001; and for Greek adolescents (Roussos, et al., 2001).

**Rosenberg Self-esteem Scale**

Rosenberg’s Self-Esteem scale (RSE) (Rosenberg, 1965, 1979) is a 10-item Guttman self-report questionnaire that estimates global self-esteem. The items allow four responses: strongly agree, agree, disagree, and strongly disagree. Positive and negative items are presented alternatively in order to reduce a response set. Positive items are reversed why higher scores are connected to better self-esteem evaluation.

The coefficient of reproducibility of 92% and the coefficient of scalability of 72% suggests that the RSE items have satisfactory internal reliability. A two-week test-retest reliability (Silber and Tippet, 1965) showed r = 0.85. Several studies have demonstrated the validity of the scale including, for example, factor analysis and comparisons with such variables as self-esteem assessed by measures of the same concept, peer-group reputation (sociometric rating from peers), self-concept, self-ideal, self-image, and relevant emotional states such as depressive affect and anxiety (Hensley and Roberts, 1976; Rosenberg, 1965; Silber and Tippet, 1965).

The RSE was translated and adapted into Greek. The validity and reliability of the Greek version were satisfactory and comparable to USA version (Koumi, 1994).

**The Sense of Coherence (SOC) Scale**

SOC consists of 29 semantic differential items described by Antonovsky (1993), scored from 1 to 7, with extra anchor phrases, such as “When you think of difficulties you are likely to face in important aspects of your life, do you have the feeling that you (1) will always succeed in overcoming the difficulties . . . (7) won’t succeed in overcoming the difficulties”. High scores indicate a strong sense of coherence. Antonovsky describes its developmental and psychometric properties as reliable and a reasonably valid scale (1993). The Cronbach alpha coefficient measure of internal consistency for the entire (scale) sample was .87 (Antonovsky, 1993). Vyras, et al. (1996) translated the SOC scale to Greek. The
SOC scale has been used in several Swedish (Cederblad and Hansson, 1996; Nilsson, et al., 2000) and Greek (Baffity, 1999; Vyras, et al., 1996) studies.

**Beaver’s SFI**

Self-Report Family Inventory (SFI) is a 36-item instrument that assesses a person’s perception of family functioning according to five subscales that include Health/Competence, Family Cohesiveness, Conflict, Expressiveness, and the degree of Directive Leadership (Beavers, et al., 1990).

Health/Competence includes 19 content items involving family affect, parental coalitions, problem-solving abilities, autonomy and individuality, optimistic vs. pessimistic views, and acceptance of family members. The health subscale represents a global rating of family functioning. Conflict includes 12 content items involving overt vs. covert conflict, including arguing, blaming, fighting openly, acceptance of personal responsibility, unresolved conflict, and negative feeling tone. The conflict subscale is related to family competence with respect to problem solving without arguing, blaming, and fighting. Cohesion includes 5 content items dealing with family togetherness, satisfaction received from inside the family vs. outside and spending time together. Cohesion refers to the family’s satisfaction derived through togetherness vs. distance. Leadership includes three content items involving parental leadership, directiveness, and degree of rigidity of control. Leadership measures patterns of directedness of leadership in the system and is related to overall competence. Emotional Expressiveness includes 6 content items dealing with verbal and nonverbal expression of warmth, caring, and closeness (Hampson and Beavers, 1996). Expressiveness assesses family closeness and expression of feelings and caring.

Respondents answer all SFI items on a 5 graded Likert-type scale, with 1 being “Yes: Fits our family very well”; 3 being “Some: Fits our family some”; and 5 being “No: Does not fit our family”. Scoring is accomplished by summing scores on the relevant items for each subscale; lower totals represent healthier adjustment.

The SFI has high reliability (Cronbach alphas between .84 and .93 and test-retest reliabilities of .85 or better) and has been clinically validated by discriminating groups of psychiatric patients (Hampson and Beavers, 1996). The SFI also corresponds well with several other self-report family scales measuring
conceptually similar domains: SFI H/C correlates .77 with the General Functioning factor of Family Assessment Device (FAD) (Miller, et al., 1985); and SFI Cohesion correlates .92 with the Cohesion scale from the Family Adaptability and Cohesion Evaluation Scales (FACES) III (Olson, et al., 1985) and FACES II, with correlation coefficients that range from .64 to .82 (Beavers, et al., 1990).

SFI is related adequately to several of the factors of the Bloom Family-Functioning Scales: .76 with Idealization; .59 with Cohesion; and -.54 with Low External Locus of Control), an indication that the SFI does well in differentiating family health and style (Beavers, et al., 1985).

Marcopoulou and Lekkou (1998), who are both LSW experienced in the field, translated SFI into Greek and back into English. As a validity check, the SFI questionnaire was back translated to Greek by both of them.

In our study, the SFI (self-report) questionnaire showed good reliability in Health/Competence (H/C) in both cultures. The factor leadership had low reliability in both populations. Expressiveness had good reliability in the Greek population, but its reliability was only moderate in the Swedish sample. Hence we decided to present data only on the H/C subscale. The conflict scale had acceptable reliability in both populations, but we decided to use only the H/C subscale to develop a more global assessment of family functioning. In addition, the H/C has been used in many other studies (Beavers, et al., 1985; Beavers, et al., 1990; Miller, et al., 1985; Olson, et al., 1985).

The interview guide

The first three authors of the two quantitative studies (I and II) created an interview guide (appendix 1) with semi-structured questions to gather information on life attitudes with respect to everyday issues. For study III, we used five sections – problems, fears, coping, future, and other issues. For study IV, we used a comparative study on Greek and Swedish youths’ life issues. The interviews followed the guide, but for the presented articles we selected and presented the material as shown below.
The following issues were addressed:

Problems
1. What problems do a person of your age face?
2. What is/was difficult for you?

Fears
3. What are adolescents of your age afraid of?
4. What are you most afraid of?

Coping
5. How do you think these problems can be faced?
6. To whom would you turn in a difficulty?

Future
7. How would you like your life to be in 5 years?
8. How would you like your life to be in 10 years?

Other Issues
9. Do you believe in God? (What makes you say so?)
10. What is the most important thing for you now?

For study III, these questions were added for the Greek students:
1. What would you suggest to improve education?
2. Describe other concerns – an open-ended question from Achenbach’s YSR scale.
3. Is it OK to use drugs? Is it good for society?
4. How do you see homosexuality (as a social phenomenon)?
5. What messages would you like to send your parents?

There were other questions in the interview that are not analysed in this thesis. We also asked adolescents these questions: Are you satisfied with what you have accomplished? Are you satisfied with your life? What makes you happy? What will make you happy in 5 years? What do you like most? How do you plan to achieve these goals? What activities make you belong to society? What are the best things about –your self? – an open ended question from Achenbach’s YSR. What was your favourite tale when you were a little child? What did you like most about that tale? What type of music do you listen to? We asked boys the following questions: Do you have a girl friend? How do you characterize
your ideal man? We asked the girls the following questions: Do you have a boyfriend? How do you characterize your ideal woman? Last thing we asked them: draw a representative painting of yourself.\(^2\)

The interview guide was written in English then translated and adapted to Greek and to Swedish with the help of professionals in the field. The analysis of interviews did not begin with preconceived hypotheses, but allowed participants to describe their experiences in a way that would permit a model to emerge that allows a fresh and creative look at the process of engagement through the eyes of participating adolescents.

**Procedure**

The Greek interviews were held in a separate room or in a corner of the teacher’s lounge. Swedish interviews were performed in a separate room at the schools. All interviews were transcribed verbatim. A content analysis identified core concepts to describe the interview data (Granheim and Lundman, 2004).

The open-ended questions generated a wide range of responses. The first ten Greek interviews were coded to facilitate the analysis. Responses were easily categorised to three tentative over-arching categories: self, family, and social. These categories were agreed on by the first three authors of studies III and IV. The first author developed a structure for the three categories for the coding of the remaining Greek interviews. With the help of two psychology students, the second and third author of studies III and IV coded the Swedish material using the same procedure. Later, codes were quantified to identify common patterns in the material and generate different trends. We could not do statistical analysis because of the small size of the samples. This study identifies and discusses the main patterns revealed by the data.

\(^2\) All these will be reported elsewhere.
Statistics

Because we could not assume a normal distribution of scale scores, Mann-Whitney non-parametric statistics was used when comparing groups. Correlations were calculated using Spearman Rank rho (Spearman Rank Correlation) and linear and logistic regression analysis was used to look for determinants of problems, competencies, self-esteem, sense of coherence, and family functioning. The SPSS software was used in data entry and analysis.

Ethical considerations

The study was approved by the Research Ethic Committee at Umeå University Sweden (§53/99, dnr 99-014), and by the Pedagogic Institute of Greek Ministry of Education (21.01.98, Pr. no. Γ2/343).
RESULTS

Paper I: Self-reported Mental Health and Sense of Coherence among Swedish and Greek adolescents

Reliability tests showed good Cronbach’s alpha values for all questionnaires (YSR, RSE, SOC, and Health/Competence of SFI) in both populations.

Table 2 Cronbach alpha analyses of the different scales in the Greek and Swedish populations.

<table>
<thead>
<tr>
<th>Scales</th>
<th>Greek group</th>
<th>Swedish group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth self report (YSR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total competence score</td>
<td>0.82</td>
<td>0.81</td>
</tr>
<tr>
<td>Total problems</td>
<td>0.90</td>
<td>0.91</td>
</tr>
<tr>
<td>Internalized</td>
<td>0.87</td>
<td>0.88</td>
</tr>
<tr>
<td>Externalized</td>
<td>0.82</td>
<td>0.83</td>
</tr>
<tr>
<td>Rosenberg self-esteem (RSE)</td>
<td>0.70</td>
<td>0.83</td>
</tr>
<tr>
<td>Sense of coherence (SOC)</td>
<td>0.87</td>
<td>0.89</td>
</tr>
<tr>
<td>Beavers (SFI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health/ Competence</td>
<td>0.87</td>
<td>0.86</td>
</tr>
</tbody>
</table>

The Swedish adolescent population had fewer mental health problems as measured by YSR self-reports than the Greek adolescent sample. Although this trend was most evident for internalized problems, externalized problems were also apparent. These differences were seen for both sexes in most problem areas of YSR. Only in delinquent behaviour did Swedish girls score higher than Greek girls. In age group comparisons, these national differences were most obvious for the two oldest age groups (14-15 and 16-17 years of age).

In the competence scales, the Greek population had better competence in Activity and Academic subscales, whereas the Swedish group showed better Social competence. This was evident also in comparisons of gender and age groups.
For Sense of Coherence, the Greek total group had higher scores. This difference between Greek and Swedish adolescents was mainly found in girls and the youngest age group (12-13 years of age). The scores for Swedish and Greek boys were very similar. The self-esteem scores were similar for the total group scorings, but Greek girls, Swedish boys, and Swedes in the youngest age group had higher self-esteem scores. We found rather high correlations between Internalized and Externalized problems, but low correlations between total problem and competence scores.

There were no statistically significant correlations between the different scales and socio-demographic factors in the Greek material but some in the Swedish material especially for mother’s and father’s higher occupation that overall showed better/higher scores on the different scales. In addition, we found that problems increased with age, and self-esteem and SOC ratings decreased as age increased. Girls tended to have lower self-esteem. Even for SOC, boys scored higher in our samples. We found high correlations between most of the scales used in this study. YSR problem scores correlated significantly to SOC, self-esteem, and Academic and Social Competence in both countries, while the Activity subscale of YSR Competence had few correlations to other scales. In linear regression analysis, there were similar trends in the Greek and Swedish material. Total problem score, self-esteem, and sense of coherence were all important factors. Age had more influence in the Greek population. Sex had impact on self-esteem in the Swedish material and for total competence in the Greek material. Few SES factors were associated to our outcome measurements as family type for sense of coherence in the Swedish group and father’s employment for sense of coherence in the Greek group.

**Paper II: Swedish and Greek adolescents perceptions of family functioning and mental health**

The SFI subscale health/competence had good Crohnbach alpha level in both samples (Table 2). A difference between the two ethnic samples was found in scoring family H/C. Greek adolescents scored better family H/C. Sex, age, and
socio-economic differences in H/C in the Swedish and Greek population were found. In the Swedish data, the younger adolescents more than the oldest adolescents reported statistically significant better H/C related to father occupation, mother occupation, father employment, and family type. In the Greek data, a similar trend was found for father employment and mother employment. Boys in Sweden and girls in Greece scored better family H/C. Family H/C scores were reported higher in upper social economic status families than in other SES levels. According to our results, younger adolescents perceived better family H/C.

The correlations showed lower H/C in relation to more mental health problems (according to YSR, lower self-esteem, and lower sense of coherence) and lower social competence (YSR).

In univariate analysis, the Swedish sample YSR Total problem score, Internalized and Externalized problems, Total Competence, Sense of Coherence, and Self esteem could predict the scoring of family H/C. In the Greek material the same was seen for sex, YSR Total problems, and Externalized problems. In a multivariate analysis of the Swedish sample, Externalized problems and Sense of Coherence were associated to family H/C. In the Greek sample, only sex reached statistical significance.

**Paper III: Greek youths’ attitudes to social problems, fears, coping and future plans**

Youths’ personal and general attitudes are detected. *General* means how an adolescent perceives that youths react on situations. *Personal* means his personal reactions.

Adolescents reported social concerns, family problems, and concerns about self as a *general* response and mostly personal problems and less family ones when coming to *personal* response. Regarding their fears, the same patterns were identified on general and most personal responses noted social dangers as their greatest fears, followed by fears about their future, and then fears about drugs and AIDS. Girls responded more on fears regarding social dangers than boys; boys responded more on fears about future, drugs, and AIDS. On ‘general
coping’ strategies, patterns implied a priority on using self, then family, and then school support. On ‘personal coping’, adolescents first turned to family then to social environment and then to self. Those with few problems turned more to family, while those with many problems turned more to social environment. Their attitudes on future issues in five years were first on social and career position, then same as today, personal growth, and finally improved family relations. When looking ten years ahead, most adolescents responded on building a family and then having a social and career position. A pattern of ‘not knowing’ was identified. On ‘most important for you’, their responses mostly related to ‘future and the school’, then to relations to family, and then to caring about self and hobbies. Boys cared about future, school, and self; girls cared more about family. Most adolescents responded that they believed in God and that it is not OK to use drugs from a societal point of view. Half of them had negative attitudes towards homosexuality. Their suggestions about education showed responses that were mostly about the teachers and the educational system. Those with many problems referred to teachers, while those with fewer problems referred to the educational system. Those with fewer problems mostly had positive messages to send their parents, while those with many problems mostly wanted to send negative messages.

Paper IV: Attitudes about life issues in Greek and Swedish adolescents

This study investigated patterns with respect to problems, fears, coping, future, and some other issues such as faith and ‘most important’ issues relevant to life issues. Swedes reported less social concerns, almost the same family problems, and little more concerns about self than Greeks on both general and personal levels, although many reported as not having any difficulty.

Adolescents’ responses on fears showed patterns on personal and general levels because they were asked ‘what adolescents are afraid of’ as a general response and on ‘what are you afraid of’ as a personal response. So the patterns were such as their future for Swedes and social dangers for Greeks. Greeks were
more concerned with drugs and AIDS, while Swedes more had a tendency of being afraid of ‘nothing’. On coping issues on a general level, three patterns were identified. On ‘own coping’, Greeks expressed a stronger desire to cope using their own resources. They then identified family support as a way to cope, which none of Swedes reported, then the state and school support, support systems the Swedes identified as more important. On personal coping, two patterns appeared, family, which was much stronger for Greeks, and social environment, which was much stronger for Swedes. On future issues in five years, both samples showed patterns containing social/career position, and ‘personal care /growth’. While Swedes identified ‘having own families’ in five years and the Greeks responded ‘the same as today’. In predicting where they would be in ten years, both samples reported their number one desire was to have their own family. The second most frequent response was to have a social/career position. Greek adolescents appeared to believe in God more than Swedes. On what is the ‘most important thing’ for you now, we found similar patterns. Both ethnic samples gave a priority to their future. The next priority was their family, friends, girl/boy friend, and ‘self’.
GENERAL DISCUSSION

The studies in this thesis represent an empirical effort to unveil and compare problems and competences self-esteem and sense of coherence among Swedish and Greek adolescents. The studies examine also the two national youths’ (13-18 yrs) perceptions of family functioning. Adolescents’ attitudes on life issues are also examined in relation to each country’s cultural context. Greek youths’ attitudes to social problems fears, coping and future plans, with gender and mental health variations are separately viewed.

Increased attention to the adolescents’ problems and behaviours is warranted since their incidence and prevalence, more obvious in recent years (Crijnen, et al., 1997; Fichter, et al., 2004; Oppedal, 2004), are predicted to accelerate (WHO, 2004). This makes information about contemporary adolescents’ mental health issues an inevitable task since intervention aimed at adolescents may be more effective than intervention targeted during adulthood.

In the following, I first summarize major results of the studies and discuss them in a cultural context. Then I propose some directions for future research and I end up with the limitations of the studies and some concluding comments.

In the present research self-reports were used to examine adolescent mental health and family function using semi-structured interviews to collect their attitudes about life issues. The present study provides the first comparative overview of the levels of problems, competencies, family functioning, and life views in Swedish and Greek adolescent populations.

There were several socio-demographic differences between Greek and Swedish youth populations. Swedish parents were more often living separated or divorced. Swedish mothers had higher frequency of being employed. Greek parents lived together more often and Greek mothers were much more often housewives. The Greek fathers were more often high-level employees and Greek mothers were more often self-employed than their Swedish counterparts. Some of these differences may exist due to the fact that the Greek population came from the 3rd largest city in Greece, and the Swedish population was selected from Lycksele, a small town in northern Sweden. In addition, in Greece self-
employed mothers are more available for the family since the day care system is not as available as in Sweden.

There were no statistically significant correlations between the different scales and socio-demographic factors in the Greek material, but there were some differences in the Swedish material especially for higher mother and father occupation, a situation that showed better/higher scores on the different scales, indicating that available resources influence adolescent mental health issues.

**Problems and competences**

Swedes had less mental health problems and showed better social competence than Greeks which was also evident in comparisons of gender and age groups. Social competence is considered one of the most important protective factors that support adolescents in their healthy development and is highly evaluated and supported in Swedish society, exemplified by the goals of the Swedish preschool and school system. One should consider national differences, other meaning/interpretation of questionnaires, or culture bias interfering in the process. Nationality effects on problem scores were relatively large compared to findings from similar cross-cultural studies (MacDonald, et al., 1995). Our findings on Swedes having less and Greeks more mental health problems agree with other studies (Crinjen, et al., 1999; MacDonald, et al., 1995). Greek youths live in a rapidly changing society that brings a number of high risk factors that cause adolescents to experience higher levels of every day stress. Sweden has had a gradual “modernization” process and provides support agents that appear to have strong influence on adolescents’ mental health. We found increasing problems by age in both samples, a finding that agrees with other studies (Broberg, et al., 2001; Verhulst, et al., 1989).

Greek adolescents had better competence in the academic and activity fields and higher SOC. The pressure to achieve good in school might be higher in the Greek population (Fichter, et al 2004). In our study, this might be reflected by higher academic and activity competence in the Greek sample despite more mental health problems. One should also consider the support Greek adolescents receive in private courses, activities that might influence their academic competence. Our findings on Greeks having higher scores on academic competence
agree with other studies (MacDonald, et al., 1995). About Greek adolescents having a higher SOC one could suggest the role and power of faith (studies III, IV) apart from family influence found in regression analysis (study I). That is, the father’s employment is an economic and psychological safety net for the family. Antonovsky (1987) refers to the SOC as ‘orientation to life’ that gives sense of coherence a main role for life guidance.

Older girls had more problems than boys in both countries as has been shown in other studies (Broberg, et al., 2001; Crijnen, et al., 1999; Kvernom and Heyerdahl, 1998; Slobodskaya, 1999; Verhulst, et al., 1989). This finding may be because girls more than boys are prone to verbalise and communicate personal problems and feelings. Boys might show mental health problems in other ways than girls, ways that might not be reflected in the self-report scales. Since self-esteem did not differ in the comparison between the total group scorings, it may be true that girls communicate their mental health problems more readily than boys do.

In comparison to boys, Swedish girls showed more aggressive/delinquent behaviour and more attention problems. Norwegian studies found that girls had significantly higher scores than boys on delinquent behaviour (Kvernom and Heyerdahl, 1998). Media, society, and culture seem to put more demands and/or pressure on young girls. A change in gender roles seems to be going on in Swedish society: girls are adopting “male behaviours” such as smoking (Drug trends in Sweden. Report 2005).

Greek girls scored higher than Greek boys in anxious/depressed, somatic complaints, withdrawn, internalizing, and total problems, but they scored lower on delinquent behaviour, aggressive behaviour and externalizing, findings that agree with other studies (Crijnen, et al., 1999; MacDonald, et al., 1995). Kokkevi and Stefanis (1991) reported that regular use of tobacco, alcohol, and illicit drugs was more common in males, while non-prescribed use of illicit psychotropic drugs prevailed in females. Kokkevi, et al. (2000) found that tobacco smoking increased, frequent alcohol consumption decreased, and a sharp increase was observed in illicit drug use among high school students in 1998. Koumi and Tsiantis (2001) reported high percentages of smoking youth (41%) in 15-24 year olds.
Although Greek girls scored higher in YSR, they had better SOC and better self-esteem scores than Swedish girls. High sense of coherence and good self-esteem was not good enough to enhance good mental health according to the YSR. But to interpret these higher scores in mental health problems as indicative of increased psychopathology in Greek youths might contradict information from other studies (Roussos, et al. 2001).

The linear regression analysis showed that within each country similar factors influenced the different outcome measurements, such as Total Competence, Total Problem Score, Self-esteem, and Sense of Coherence. Family type was associated with SOC in the Swedish material, while father employment influenced SOC in the Greek sample. Greek culture has given the father the responsibility for the reputation and any kind of support and protection the family needs. If he does not succeed in these tasks, the consequences are obvious to the family as not been adequately protected.

**Family issues**

We found a difference in scoring family health/competence (H/C) between the two samples. Greek adolescents scored better family H/C. The sociodemographic part of our study showed that boys in Sweden and girls in Greece scored higher on family H/C. These differences might reflect socio-cultural aspects of how family function is perceived by adolescents in the two cultures. Girls in Greece have been found to care more about family and be more interested in family issues than boys (studies III, IV). It might be that their interest in family issues influences their attitudes and perceptions. As for Swedish boys such issues are unclear; there might be some emotional link, however. Are they more satisfied, more dependent on their families, or what? This might also be a sign of Swedish girls being more disengaged from the parents at an earlier age and being able to express more negative thoughts. Gender differences in scoring were also seen in other studies (Alnajjar, 1996; Shek, 2002).

Family H/C scores were reported higher in upper social economic status (Alnajjar, 1996) than in other SES levels, especially in the Swedish group. This might mean that available resources influenced how adolescents perceived their
family function. In addition, younger adolescents perceived better family H/C where a more negative scoring of family H/C in late adolescence might be of normal developmental significance.

We noticed that family H/C measured by SFI strongly correlated to measurements of mental health as shown in other studies (Al-Krenawi, et al., 2002; Antonovsky and Sourani, 1988; Ben-David, 1996; Kazdin, 2001; McMahon, et al., 2003; Radziszewska, et al., 1996; Shek, 1997). In our study, the most important determinants of family H/C were Externalized problems (lower H/C) in the Swedish group and girls (higher H/C) in the Greek group. We cannot make clear conclusions of causal connections in our cross sectional study. Greek girls care more about family and are more interested in family issues than boys (Study III) a finding that might influence family competence. It might also be that their interest in family issues influences their attitudes and perceptions. There is a saying in Greece: ‘The good mother’s first child should be a girl’ for she will care and support family’. We also had only adolescents as the single informants. We can speculate that dysfunctional family as perceived by adolescents themselves might give more mental health problems; however, it might also be other links: adolescents with mental health problems may attribute more problems to their families or youths with mental health problems create dysfunctional interaction in the families. Just because the Greek population has more mental health problems and better family functioning does not prove the last hypothesis.

**Greeks youths life issues**

In the separate interview study of Greek adolescents, the main results revealed adolescent personal problems, social concerns, and family problems as difficult for them. They reported being mostly afraid of social dangers and the future; they suggested they would use their own coping and family support to face these issues. Most believed in God, and half of them had negative attitudes about homosexuality. They stressed concerns about their teachers and the educational system. Securing a social and career position and starting a family within ten years seemed to be their main priority.
Greek adolescents’ focus on social concerns, fears of social dangers, and caring about family may reflect the collectivistic values of their culture. In Greece, because the main support comes from the family, the family’s position is respected in Greek culture. Our results revealed Greek adolescents scoring high on personal problems and concerns. Might this reflect the transition state of society? Can it be interpreted as an individualistic trait of the coming generation? Is this a request for more support needed? Clearly, it shows a pattern, an area of concern that cannot be ignored.

Greek adolescents’ faith attitudes mirror their homogenous religious culture trait. We cannot ignore the power faith has as a support agent over life issues. This was obvious on adolescents’ responses in the interviews. ‘Our faith is alive’ they very often reported. Religious faith, Greek history, and social life through the centuries apparently influenced their attitudes and behaviours. Their attitudes towards homosexuality might be viewed as a ‘masculine culture’ influenced by ‘gender role’ attitudes (Lippincott, et al., 2000).

Our results on adolescents’ concerns with the global environment are negatively associated to mental health problems, results that agree with Anttila, et al. (2000). The negative perceptions some adolescents demonstrated about their families—as reflected in their negative messages—are linked to high-risk adolescents, a finding that Kashani, et al. (1998) also noted.

Greek boys showed more insecurity about the future and reported that school and the future being more ‘important’ for them, a finding that agrees with other studies (Bois-Reymond, et al., 1994; Gibson, et al., 1992). How they perceive insecurity about the future, we cannot answer. In the interviews their concerns over unemployment were obvious. Many expressed a wish to enter the Police Academy, to have a secure job. Concerns about school and future might be linked to their values on having social and career position and the difficulty they may experience achieving these goals. Greek girls showed more social fears, were more afraid of social dangers (Gallagher and Millar, 1998), and were concerned about family relations/problems, school, and academic issues (Anttila, et al., 2000; Gibson, et al., 1992). Greek girls seem to have higher social concerns than boys. This seems to be a gender characteristic found in other cultures too. Greek girls were found to influence positively family functioning (study II). A girl’s interest in family issues may have a positive influence on family functio-
ning. Tomkins’ theory highlights the importance and power of ‘interest’ as one of the main positive feelings that influence life issues (Kosofsky and Frank, 1995).

**Problems and fears in the interviews study**

The comparative interview study examined Swedish and Greek adolescents’ **attitudes** about problems, fears, coping resources, future, and some other life issues. Greeks reported more adolescent problems and more social concerns, although they more often turned to family during difficult times. Swedes more often turned to social environment. Our data showed that adolescent’ attitudes on problems, fears, coping, and future issues agreed with other studies (Anttila, et al., 2000; Arrindell, et al., 2003; EGRIS, 2001; Fichter, et al., 2004; Gallagher and Millar, 1998; Palovaara, 1998; Scott, 2004; Triplett, 2002).

In this interview study we got to know the same results as found in the mental health scales. We found more problems to the Greek population according to Crijnen, et al., (1997) as we have explored previously.

With respect to **problems in the family**, our results supported the idea that family problems were perceived existing in similar frequency by both Swedish and Greek adolescents. Both samples on a general ‘what problems a person face’ and on a more personal level ‘what was difficult for you’ showed similar patterns of family problems. Greeks referred to ‘health problems’, ‘conflicts’ the ‘absent parent’, ‘death’, and ‘adjustment to family climate’. Swedes referred to ‘loosing important persons’, ‘breaking up relationships’, and ‘quarrels and fights at home’.

**Social fears** emphasized by Greek adolescents might relate to a feeling of problems in getting basic security in a weak welfare state. How Swedish adolescents perceive fears about their future is not clear in our data. The fact that family type is connected to SOC in the Swedish material (study II) may help explain some of this. An effect of the family type on SOC was shown in other studies (Ben David, 1996). Family type may influence adolescents’ feelings and the way they perceive and handle life difficulties. This makes it very difficult to discriminate factors that influence adolescents’ attitudes and examine them separately since personal issues are linked to family and social issues.
Swedish youths’ attitudes about short-term life issues showed a wish of starting their own families, while none of the Greek participants indicated this. This is, of course, an example of a fundamental developmental task (Erikson, 1968) and an indication of the support networks in Swedish society, but it might also be an indication of some psychological need ‘to belong’ which is supported by the individualistic traits of Swedish culture.

**Cultural perspectives**

The Greek society might be under a more rapid societal change in recent years compared to Sweden. This change might explain why Greek adolescents might experience higher levels of every day stress. The fundamental change of Greek society in general and in the educational system in 1983, increased student and family stress. Students participating in the present study belong to the first generation of the change. It is obvious that behaviours and problems are linked to a cultural context and expectations and the support systems they provide to youths. Swedish adolescents have significantly higher social competence, which leads to their cultural demands, support, and values, factors that influence mental health.

The substantial variations found in the problems, fears, coping, and future issues the two samples demonstrated can be linked to cultural differences shown in other cross-cultural studies (EGRIS, 2001; Ollendick, et al., 1996). These manifest the theoretical issues of cultural consequences and available resources to people’s behavioural and emotional responses, (Berkman, et al., 2000; Cooper and Denner, 1998; Hofstede, 2001; Kağičibaşı, 1996). To understand the meaning different attitudes have in the two cultures is a difficult and serious task. By comparing the two national samples, we learned more about the importance of culture in influencing our adolescents’ competencies, problems, concerns, and the importance of state and family support for adolescents with respect to their coping with life. This appears to agree with some network theorists who argue that the way social institutions are structured shape the resources the individual can access and affect behavioural and emotional responses (Berkman, et al., 2000). This view agrees with Antonovsky (1987) who stressed the importance of
social support and psychosocial variables as having beneficial effects for coping and health.

Cultures have been found to vary greatly in the distinctions they make between masculine and feminine roles (Hofstede, 1980). Greece can be seen as a more masculine and collectivistic culture, whereas Sweden stands out as a more feminine and individualistic culture. In our empirical study, we stress cultural differences concerning different family and state interactions and their involvement with adolescents. For a long time, Sweden has steadily developed into a modern western and secularized society. The role of the state for welfare and social security has been strong. In Greek society, the family has more economical and social importance than in a modern Swedish family. However, the importance of the family system and relations in the emotional aspects of individual development of family members are supposed to be strong in both cultures. The interesting finding in our study that Swedish adolescents have better relationship not with their biological parents but with the ones they live with proves the strength and the importance of the existing family system and adolescents’ reactions to adjust to family changes. This also might link to the available resources that influence adolescents’ attitudes and the fact that Swedish society permits and accepts more family changes as it supports individual development. Our findings on perceptions of better family health/competence in the Greek population might be signs of different normative scores in the countries or it might be the fact that more often Greek parents live together or that youths have not had the experience of a split in the family that might influence adolescents’ perceptions on family competence. They experience a secure feeling that somehow ‘family is in the back’. One should not ignore the importance of the Greek family imposed by the culture and cultural norms and expectations. Divorce is not well accepted in Greek society, and the burden of such a stigma is sometimes heavy.

*Family* seems to play different roles in the two cultures. For Greek adolescents, family seems to be the most important support system not only for their survival but also for their education and their future issues. Greeks also rarely refer to a lack of state support. Swedish youth felt more secure of state support than Greeks but relatively less secure of family support. From our data it might be suggested that support from one of these levels does not necessarily replace
the need of support from the other. Greek and Swedish families appear to be different due to fundamental differences in the transformation of the environment or in how societal institutions (such as the state, the family, etc) have changed. Families are and will remain a central source of support to adolescents in most parts of the world (Shek, 2002).

The difference in Swedish and Greek adolescents in short-term life issues could be related to cultural variations in support systems and in child rearing practices and beliefs. This support of Swedish adolescents in terms of study loans and the social insurance system might be viewed as an individualistic culture’s characteristic, although their wish to create an early family might be linked to some psychological need of belonging apart from the fundamental ‘developmental task’ as described by Erikson (1968).

Our data showed that faith issues can also be viewed as influenced by cultural variations, as Greeks are mainly Orthodox. Swedes, although mainly Protestant, are highly secularised (Simmons, 1998; Sulloway, 1997).

It was interesting to find no differences with respect to ‘most important’ for them. They gave priority to their future, ‘academic’ accomplishments, their ‘career’, and ‘creating family’, indicating similar patterns independent of cultural or national influence.

The results of the studies in this thesis about mental health, family functioning, and life issues of Swedish and Greek adolescents showed young people moving into the ‘adult world’ in unique and culturally specific ways. Despite surface similarities, cultural distinctiveness persists in the ways values are transmitted to young people, shaping the social identities of Swedish and Greek adolescents. The importance of family and state support is highlighted in both samples. This raises several questions: How much education about problem solving and life skills should schools provide? How much support should be provided in the school setting for young people, their teachers, who frequently have identified these young people difficult to handle, and their parents. There is nothing of greater value to society than to improve the life chances for a better mental health of all young people.
Some general questions raised: Further research

1. Why is it that high SOC, good self-esteem, and better family functioning were not good enough to enhance good mental health in Greek girls? (Are the levels of stress Greek adolescents are experiencing from the transitional state of their society and their social fears combined with the lack of support influencing their mental health?) Which factors might influence this phenomenon?

2. Why is it that Greeks, who have more mental health problems, have better academic scores? Is this due to family pressure to perform? Is it due to their self values or to the private support they get?

3. Why is it that Greek adolescents scored better family health/competence although they have higher scores on (YSR) and the same family problems (study IV) as Swedes? Could it be that Greek parents more often live together or that cultural expectations influence family competence or what influences Greek youths to perceive their family’s competence?

4. Why is it that in self-esteem there was no difference in the comparison between the total group scorings? Why is it that global self-esteem does not differ even though so many significant differences in YSR, SOC, and family H/C scores were found? What does this finding mean for adolescents themselves and how can this be interpreted? We probably need other sources of data to compare Swedish and Greek adolescents’ self-esteem.

5. Why is it that although Swedish adolescents receive ‘high’ state support, they also have insecure feelings about the future? Is external support not enough to enhance feelings of security for adolescents? What is influencing this?

6. Why is it that Swedish adolescents have so different attitudes about family and state support on personal and general coping? (Why is it that on general coping family is not present, and only social/state support is, while on personal responses family is strongly present?)

7. Why is it that Swedish girls have higher scores on aggressive behaviour? How might this influence their life? This is an interesting finding representing not the usual way for adolescents to answer. Might this be a new trend of changing cultural norms and roles, reflecting what is going on about gender roles in Swedish society?
We need to understand the causal factors (cultural or other) that influence these phenomena.

It is true that both the similarities and differences revealed by standardized assessment of culturally diverse youths suggest numerous research and clinical approaches to illuminating the culturally specific versus more universal aspects of psychopathology (Crijnen, et al., 1999).

Our cross-cultural study provides a better awareness of Swedish and Greek youths despite their significant socio-economic and cultural differences. We have much to learn, share, and profit from further comparative research on youth issues in Sweden and Greece. Greeks seem to value family ‘being together’, a collectivistic trait. Swedes seem to value ‘being independent’, an individualistic trait. Both have pros and cons in the eyes of adolescents. It seems that a new ‘synthesis’ of values is emerging from Swedish and Greek youths. They seem to need the bonds with family to serve ‘as a support agent’ as well as social support and independence. It seems that adolescents want and need ‘roots’ and ‘support’ to develop and grow. Isn’t this true for any living system?

**Limitations of the Study**

There are problems in making *cross-cultural* comparisons. Adolescents from different cultures might interpret items in self-report questionnaires differently. We also have to be cautious of differences in cultural standard norms of behaviour. The current findings underscore the need to consider the effect of different response styles on cross-cultural differences in reports of adolescents’ behaviour problems (MacDonald, et al., 1995). However, the psychometric assessments of reliability of the used scales in the two populations showed good values.

There are also other limitations in the present study that need to be emphasised. One limitation is sampling criteria. The school-based adolescents’ sample was restricted to one town in Sweden, Lycksele, and one city in Greece, Patras. The samples were rather small. The Greek sample, however, is supposed to be representative for the whole city of Patras and the surrounding areas. Although Lycksele is quite small, it has been shown that the mental health of adolescents
measured by YSR in different towns and countryside of Västerbotten country where Lycksele is situated did not differ.

Furthermore, in previous Swedish epidemiological studies few differences in behavioural and emotional problems between children from urban and rural areas have been found (Broberg, et al., 2001; Larsson and Frisk, 1999), and the same finding is true for Greece (Roussos, et al., 2001).

In the attitude material (studies III-IV), the sampling process follows the same path. The interview guide was not validated or standardised. Results from the interview part of this study, although some link to the results of the standardized instruments and other studies should be considered explorative rather than conclusive.

**Concluding comments**

The present studies have increased our knowledge about Swedish and Greek adolescents’ mental health issues in relation to family functioning, SES factors, and adolescent attitudes on life issues. The studies have highlighted several areas in which adolescents’ mental health might be improved: more support would likely be an effective way to provide appropriate family communication and coping skills in both, rapidly changing, societies; and more assistance would help Greek youths deal with educational issues. Adolescents must be actively involved in these processes of support and regarded as a resource. Probably the most important preventive measure would be to improve the general quality of handling adolescent issues with respect to family, school, and community.
ACKNOWLEDGEMENTS

I would like to express my sincere gratitude first of all to the two institutions: First Umeå University, Departments of Child and Adolescent Psychiatry and Social Work. I doubt that I could have found a more hospitable and congenial environment for this work anywhere else.

Second the Technological Educational Institution of Athens and the presidents Dr. D. Ninos and Dr. G. Kalkanis, without their personal encouragement and support it would be impossible to face the difficulties that prevented my work. I am particularly grateful to Bruno Hägglöf Professor at Division of Child and Adolescent Psychiatry. Without your sensitive support and inspired guidance I could never have completed this project. Your presence is of uncountable value.

Special thanks go to Lennart Nygren Professor at Department of Social Welfare who offered his best help to me that the work could be formed scientifically. We know it was not easy to grasp at the paths of social research. Your guidance and protection was of great importance. The results honour your presence in our collaboration.

My thanks go to Torsten Åström Emeritus Professor at Department of Social Work who invited me to Umeå University guided and supported the first years of my work. You are a special teacher and presence in my way.

My thanks go to Ellinor Salander-Renberg. It was important for me to have you work next door. Your appreciation gave me courage to go on. Your valuable comments on reading the manuscript were crucial and supportive guidelines to reach my goal when lost some hard times of doubts and despair.

My thanks go to Elisabet Sundbom Professor of Medical psychology for her genuine support and care.

Many thanks go to the staff of the Psychiatric Department of Clinical Science of Umeå University for their kind and friendly support. I want to thank Doris Cedergren, Margaretha Lindh. I want to thank all doctoral students of the Department from Sweden, especially Jeanette, Kristi, and Karin, you are real friends I keep your presence as encouraging force for my life! I want to thank the doctoral students from Nicaragua, Ethiopia, France, Russia and Tehran. We mirrored ourselves supporting and learning from each other. We shared
concerns and difficulties met in our ways that only a doctoral student can deeply feel.

Special thanks go to Birgitta Bäcklund secretary of the Division of Child and Adolescent Psychiatry for her support to the simple and even complicated problems met in my way up in the North Sweden and Ewa Persson secretary of the Department of Social Work. I could not survive in Umeå without your special support. You both facilitated my life and contributed a lot for my work to come to this end. Wards are poor to express my gratitude to both of you.

My thanks go to Christina Marcopoulou, greek colleague, for her valuable support the first steps of my journey. I wish you were there all the time.

I would like to thank my husband Evangello, who did not impede my long absence from Greece. It was hard for me too to stay so long away from home.

My thanks go to my daughters Maria and Helen and my son Peter who encouraged me to work till the end and managed to face so much in my long absences. I feel I have stolen much time from you to cope with the mission for adolescents but I love you and I am proud of been your mother.

I would like to thank the director of Local Supervision office of Middle Education, in Patras Mr Papatheodwrou. Without your valuable presence it would be impossible to reach so many schools and find the doors open for completing the instruments and conducting the interviews of the present study.

Finally I would like to express my gratitude to all Swedish and Greek adolescents who participated in the present study sharing their experiences thoughts and feelings so precious for our work.
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APPENDIX 1

INTERVIEW GUIDE QUESTIONS

1. What are your plans now that the school year is starting?
2. Are you satisfied with what you have accomplished so far?
   (Self acceptance, self esteem, vulnerability, social stress, belonging, faith in self, and people, what others believe about him/her).
3a. What problems do generally a person of your age face?
   (With himself, others, future)
   b. How do you think that these problems can be faced?
   c. What was/is difficult for you?
   d. What consequences did this have on you? How do you feel?
4. What would you say about your life now?
   a. Do you find your current situation Fair? Adequate? Satisfactory?
   b. What is the most important thing for you now?
5. What things make you happy?
   a. Now
   b. In 5 years?
   c. Which ones do you like most?
   d. How do you plan to acquire them?
6. How would you like your life to be?
   a. In 5 years?
   b. In 10 years?
7. Do you believe in God? Why?
8. To whom would you turn in a difficulty?
   (Himself, parents, grandparents, siblings, outside the family)
9. How do you see homosexuality? (As a social phenomenon)
10. Do you have?
    a. A girlfriend?
    b. A boyfriend?
11. Who is the ideal man-woman for you?
12. What social or cultural activities make you feel that you belong, that you are a part
13. What do you think? Is it OK for you to use drugs? Is it good for society?
14. a. What are the children of your age afraid of?
   b. What are you most afraid of?
15. a. What was your favourite tale when you were a little child?
   b. What did you like most about that tale?
16. Thank you for your help and time. Finally, I would like to ask you
   if there something of your adolescent experience that is left out of our
   discussion? Would you like to add anything?
17. What do you take from the music you are listening? (The music or the lyr-
   ics)
18. Responses to the questions?
APPENDIX II

The following cases are presented to give the reader a sense of the interview process.

Case vignettes

(Information taken from the interview files. Some changes are made to obstruct identification)

Three Case vignettes are provided below to give a ‘feeling’ of the usefulness of the conducted interviews in identifying adolescents’ life issues. The first two representing low scores on YSR adolescents from a high and a middle socio-economic area, and the third one representing high scores of YSR from a low socio-economic area.

Case 1 Adolescent A was a modest easy-going boy around 18 years selected as representative of the higher socio-economic class area. He had a YSR score of 33 that indicated low problems in mental health. When asked the 1st question – what problem does a person of your age face today – he answered: “May be how my environment places me. Some feel that the environment isolates them. This might not actually happen, but they feel so, although it is needed to feel exactly the opposite.” Then he mentioned the ‘problem of career’ or ‘future employment’, ‘family problems’ also …pause…Then he said “divorce rate is increasing”. When asked the 2nd question – how do you think that these problems can be faced? – he answered: “as far as the isolation problem is concerned, may be the person who feels isolated can be supported by his family, otherwise he needs medical support. As for the career or future employment he would have to find alternatives, having as a goal, the best possible support. As for the family problems, I think they don’t depend on him. For the children of my age, I think they can participate more actively in the family matters, and (pause) to ask some specialist’s help. When asked the 3rd question – what was difficult for you? – he said: “Some problems, in some periods, concerning the health of my father who had heart problems, influenced somehow my adolescence. After the operation he was 80% incapable, which means he can’t work (he was a constructions
The problem existed for ten years”. When asked the 4th question – To whom would you go if you had a problem? – he said, “For sure I start from my family and mostly from my mother. I consider her the best possible choice. May be for other matters it would be needed to visit a special person, too”.

When asked the 5th question – What are you most afraid of? – he said: “I am afraid of the way society will develop, because youth has taken the wrong way. Young people don’t believe in God, don’t have self-confidence; they try to get over with their fears through drugs and others”.

Comments: in response to his father’s serious illness and the position the father still keeps in the family, he said: “I want to be strong like him that he immediately stopped smoking”. Then the feelings of isolation, “I neglected school, I couldn’t study”, feeling “withdrawn” then I was patient and hoping! ‘Family problems don’t depend on him’ he said not feeling responsible or guilty but discriminating himself from the problem. He gives clear-cut, pure answers: “when in difficult situations for sure I go to my family, mostly to my mother, the best possible choice, then to a special person, seeking the right support’. To his last question, he responds in a broader way: he is not afraid of himself, but ‘the way society will develop’, about ‘youth’ that they don’t believe in God, don’t have confidence, trying to get over with their fears through drugs and other ways. He intends to continue his studies but again and again he talks about finding a full-time (permanent) job to ‘support the family’, entering life dynamically, responsibly. He values health, of course, later having an affair seriously preparing to get married “to create a family”, showing how he structures his plans to reach his goals. Prevailing things for him were being active, responsible, asking for the right support, putting goals and been modest, caring for others, family, youth and society, and caring for himself too.

Case 2 Adolescent B was an 18-year old girl from a middle socio-economic class. She was talkative and joyful with a YSR score of 16 that indicated low problems in mental health. When asked 1st question – what problem does a person of your age face today? – she said, “I would say, psychological. Inside us, we feel inferiority or superiority. I believe that we are in a point where our life changes…wondering what is going on…who am I …what am I doing…very bizarre, difficult but nice…seeing the world in different way than grown-ups,
setting certain goals; but studies are a big problem …if I enter university there is the problem of unemployment. Other problems: ecology…what is happening in the world…in underdeveloped counties…if we could all do something…watching Malawi on TV terrible pictures, aren’t there sensitive and sensible people”?

To the 2nd question – how do you think that these problems can be faced? – she answered: “Every thing can be all right as we move on, instead of thinking about our problems”. To the 3rd question – what was difficult for you?– she said: “Personally I don’t have problems with myself or those around me. I simply want to finish my studies. I always find the way out of problems. Death himself can be faced”! To the 4th question – to whom would you go if you had a problem?– she said: “First, to my mother and then to a friend of mine, although I have learned to solve my problems with my mother’s help”. To the 5th question – what are you most afraid of?– she said: “Of loneliness that has its positive aspect as well. I wouldn’t like to be alone during a difficult period of my life. Nothing else”.

**Characteristic points:** First, she sets goals, to enter university to find a job: “to pass on my knowledge and education to my students”. About her personal problems she says, “I don’t have problems with myself and those around me. I simply want to finish my studies. That is she wants to solve problems and move on. I always find “way out of problems”, oriented to fight and find solutions, “to move on, instead of thinking about our problems” proving confidence in herself, or a strong SOC as Antonovsky points out.

She is afraid of loneliness, mentioning it again and again: “I like to go on together with the others, not on my own”. She also stressed “I want small things” not big issues, excluding this way the burden of stress. He notes that she wants “to understand myself and those around me”. Her openness to life is in her painting too. She wrote ‘Love is the only powerful weapon in people’s hands. Let’s use it then for a better and more human world’. When asked to give a symbol for the discussion, she said, “I felt like standing in front of an open window attending life” it was the “best that happened to me in my school life”.

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Case 3 Adolescent C was a sensitive quite 14 year-old girl from the low socio-economic area representative sample. She had an YSR score of 87, indicating high problems in mental health.  

When asked 1\textsuperscript{st} question – what problem does a person of your age face today? – she responded: “If a child had family problems, it is more likely for him/her to be approached by ‘bad company’. The most important thing is for parents to protect their children and not to suppress them…this pushes them more easily to ‘bad companies’. I had an experience myself last year. I was in trouble. I was in the same ‘trap’ … I wonder how come I changed so much from a closed character girl hanging around with ‘bad companies’”.  

For the 2\textsuperscript{nd} question – how do you think that these problems can be faced? – she answered: “… in the family through talking and the child should try to find a way out with logic. In the beginning a person might be thrilled and enthusiastic about his friends, but when he realizes how harmful these “friends” are, he must find the power to go away…should stand up, think and understand that he/she is not a small child”. For the 3\textsuperscript{rd} question – what was difficult for you? – she said: “First it was to ‘approach’ my parents and then to go away from these ‘friends’ of mine”. For the 4\textsuperscript{th} question – to whom would you go if you had a problem? – she said: “First I would go to my father”. For the 5\textsuperscript{th} question – what are you

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\textsuperscript{3} After she completed the tests and the drawing in November 1997, she came crying (her drawing characteristically shows that) wanting to talk privately. It was not possible because of another school appointment and I gave her my telephone number, but she never called. To my surprise, she was picked up for the interview in June last year and when I asked her why she didn’t call, she said: “I didn’t need to, things worked by themselves tests and the drawing at the end, made me realize where I was, and think a lot in a more logic way. I managed to bring harmony in my relation with my father, that completes me, but not with my mother. I have also improved in my relations with other people. Would you believe it, if I tell you that this improvement came after the tests? I have managed to find myself, which had I lost through these family situations between my parents who are divorced. Now it doesn’t matter any more, it is OK you go on with your life. If I pay more attention to them I will destroy myself. I try to make my own life…if I am wrong I say to myself, “it is OK you go on”; my father helped me out of this…I started behaving in a better way. “I did the first step” I said to me “you have nothing to lose just try”. I talked to him about what was bothering me. I didn’t like him talking about my mother but I haven’t managed my mother not to talk about my father.” She seems to sympathize and understand her mother nevertheless ‘they cannot communicate yet’ she said. Her mother is depressed and under medication she said and doesn’t want to go out. Then the interview started.
most afraid of? – she said: “I can’t say that I am afraid of some thing in particular”.

When I asked her response to the questions “they are helping us to face our problems” she said, “Especially I was very much helped by the tests, for my problems that belong to the past because I got over them”. “I started being initiative” were her last words!

Comments: Her words speak for themselves: parents’ divorce and the process behind for her, the ‘bad company’ for which she gives more details in another part of the interview, where she refers to her mothers’ medically treated depression too; her stimulation from the tests and the drawing at the end were catalytic, her initiative, her communication with her father and his support also, then things continue.