

## Wellness of children in Israel and the United States: A preliminary examination of culture and well-being

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### **Abstract:**

Several studies have stressed the importance and relevance for understanding the impact of culture in shaping adolescents' world and well-being. This study was undertaken as a preliminary cross-cultural examination of wellness in two samples including 629 children in the United States and 240 children in Israel. The Indivisible Self, an evidence-based, multidimensional, holistic wellness model by Myers and Sweeney was chosen as the conceptual foundation for the research. The two groups differed significantly on three of five second-order factors, with Israeli students scoring higher on Coping and Social Self factors and US students scoring higher on the Essential Self. Significant main effects were observed for differences in gender but not age. Follow-up analyses revealed age differences among the Israeli students on three factors (Creative, Essential, and Physical Self) plus Total Wellness, with younger students scoring higher, and gender differences among the US students on three factors. Implications for counseling services and for further research are discussed.

**Keywords:** cross-cultural | holistic wellness model | children | the indivisible self | psychology

### **Article:**

The United Nations Convention on the Rights of the Child (1989) specified that all children have “the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life” (United Nations International Children's Fund {UNICEF}, 1989, p. 1). While the needs and rights of children remain a world-wide concern (UNICEF, 1996), abundant evidence exists to support the identification of children as an at-risk population (Cicchetti, Rappaport, Sandler, & Weissberg,

2000). This evidence is available across nations and populations (World Health Organization, 2002), and, as shown in the following quote, exists even in the most affluent countries in the world.

For no other group is the learning and adoption of healthy behaviors and lifestyle choices more important than for children and young people. Although many programs address some of the pressing issues facing American youth, the statistics remain sobering, with unintentional injuries, homicides, and suicides accounting for the majority of deaths between the ages of 1 and 24. Serious, chronic conditions are beginning earlier in life... Poor dietary habits, lack of exercise, smoking, suicide, substance abuse, homicide, and depression are a silent epidemic among young people and should be considered a national priority (White House Commission on Complimentary and Alternative Medicine {WHCCAM}, 2002, p. 126).

The WHCCAM (2002) report further stated “early interventions that promote the development of good health habits and attitudes could help prevent many of the negative behaviors and lifestyle choices that begin early in life” (p. 126), and which comprise major sources of disease and disability later in life (Shannon & Pyle, 1993; US Department of Health and Human Services, 2000). These interventions are variously described in terms of health promotion and wellness initiatives, which have been shown to be effective methods for promoting academic, social, emotional, and physical development of children and adolescents (Mills, Dunham, & Alpert, 1988; Omizo, Omizo, & D’Andrea, 1992). For example, several studies have demonstrated the effectiveness of a variety of school and community-based programs for enhancing specific aspects of wellness, such as nutrition (Kandiah & Jones, 2002) and physical activity (Corbin, 2002; Tudor, Neff, Ainsworth, Addy, & Popkin, 2002).

Studies of children using holistic wellness models are lacking in the literature; thus comprehensive data for use by counselors in conceptualizing wellness issues and planning interventions with children are not currently available. Yet, the results of multiple studies reveal a variety of psychological as well as physical factors influencing children's well-being. These include, for example, the significance of family relationships and wellness (Nelson, Laurendeau, & Chamberland, 2001; Tatar, 1998) and social support (Barrera & Prelow, 2000). Additional studies have established the importance of factors such as power and control in mitigating psychological resilience as children experience and cope with problems in their lives (Cicchetti, Toth, & Rogosch, 2000; Prilleltensky, Nelson, & Peirson, 2001; Wyman, Sandler, Wolchik, & Nelson, 2002).

Consistent with earlier conclusions by Coleman (1993) to the effect that experiences in adolescence are expressed differently and interpreted according to gender and race, Trickett and Birman (2005) suggested that cultural background is also an important consideration for the well-being of children. A variety of studies have documented links between individual behavior and the cultural context in which it occurs (e.g., Berry, Poortinga, Segall, & Dasen, 2002), and

established the importance of cultural settings in understanding differences in adolescents' behaviors and perceptions (Olah, 1995). Some cross-cultural studies of childrens' and adolescents' well-being have been conducted. Differences regarding the well-being of adolescents from various countries (e.g., Dutch and Japanese, Dekovic, Engels, Shirai, Kort, & Anker, 2002; American and Romanian, Frost & Frost, 2000) have stressed the importance and relevance for understanding the impact of culture in shaping adolescents' world (See also, Benet-Martinez & Karakitapoglu-Aygun, 2003). A study by Elbedour (1998) of psychological well-being and self-esteem of Gaza Palestinian, Israeli Bedouin Arab, and Israeli Jewish adolescents is especially relevant for the present research. He found significant between-groups differences in self-esteem as well as psychopathology, with Gaza youth experiencing the most problems and the lowest self-esteem. Elbedour also referenced US norms in explaining cultural differences in Israel in levels of psychological distress. Unfortunately, the unavailability of norms for a variety of wellness variables limited the extension of his results to cross-cultural comparisons on positive dimensions of adolescent well-being.

The present study was undertaken as a preliminary cross-cultural examination of wellness in two samples, children in the United States and children in Israel. The assessment of holistic wellness with various national populations represents a unique assessment challenge since definitions of health and mental health vary across cultures (Larson, 1999). While it is reasonable to expect some cross-cultural similarities in concerns for well-being, it is also logical to expect some differences. These differences may reflect or be attributed to culture-specific contexts (Chang, Hays, & Tatar, 2005). Our attempt to compare American and Israeli adolescents' reports on wellness is based on the different features that characterize each of these cultures. The following are different criteria that may be used for characterizing cultures (Malach Pines, 2004):

1. The four main criteria suggested by Hofstede (1991): Power distance (degree of inequality among people which the population of a country considers as normal); individualism versus collectivism (whether in the society the interest of the group prevails over the interest of the individual); masculinity versus femininity (whether the society is characterized by masculine stereotypes such as competitiveness or assertiveness or by feminine stereotypes such as collaboration and warmth) and uncertainty avoidance (the degree to which people in a country prefer structured over unstructured situations, countries with strong uncertainty avoidance are considered rigid, while the others are regarded as more flexible).
2. Schwartz and Sagiv (1995) suggested that different values form a universal structure across two dimensions: openness to change/conservation and self-transcendence/self-enhancement. Every culture has an identifiable position in this value space.
3. Research psychologists within the self-tradition, such as Markus and Kamaya (1987), believe that self-conceptions are the focus of what a culture is. They describe culturally driven ways of being a self, focusing on two types: independent self and interdependent self.

After a comprehensive historical and cultural analysis of the American and the Israeli societies, Malach Pines (2004) concluded that the following differences might be found between these two cultures: The United States is characterized by less than moderate power distance, strong individualism, is relatively masculine and has relatively strong uncertainty avoidance. Israel is characterized by extremely small power distance, lies somewhere in the middle of the individualism versus collectivism continuum, is relatively feminine, and is relatively weak on uncertainty avoidance. Moreover, using the other criteria, it seems that the American culture emphasizes much more self-enhancement and encourages the development of an independent self while the Israeli culture encourages more self-transcendence and the development of a more interdependent self.

The Indivisible Self, an evidence-based, multidimensional, holistic wellness model (Myers & Sweeney, 2005; Sweeney & Myers, 2005) (see Figure 1) was chosen as the conceptual foundation for the study, due to the philosophical basis of the model in counseling rather than the more prevalent physical health perspective found in other wellness models (e.g., Hettler, 1984). Moreover, this model provides the theoretical base for an assessment instrument, the Five-Factor Wel, Teenage version (5F-Wel-T; Myers & Sweeney, 2005) that has been used in several studies of wellness of pupils in the United States (e.g., Mitchell, 2001; Rayle & Myers, 2004). The instrument was culturally adapted by the senior author for use in Israel. The research questions addressed were: What are the levels of wellness of children (middle-school ages) in the United States and Israel? How are the levels of wellness of these groups of children similar or different? Are there differences in the wellness of the children in these two countries according to age or gender? Are there implications of this study concerning the effect of culture on well-being?

## THE INDIVISIBLE SELF: An Evidence-Based Model Of Wellness

### CONTEXTS:

#### *Local (Safety)*

Family  
Neighborhood  
Community

#### *Institutional (Policies and Laws)*

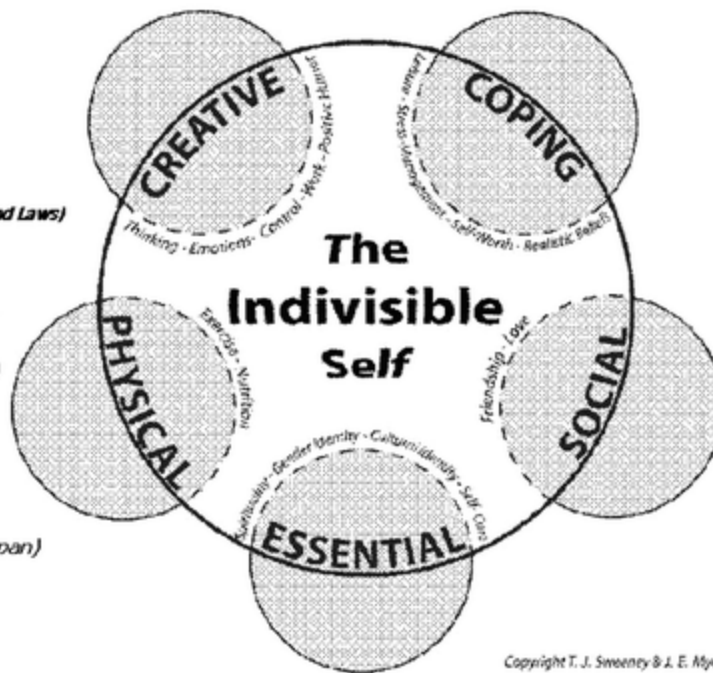
Education  
Religion  
Government  
Business / Industry

#### *Global (World Events)*

Politics  
Culture  
Global Events  
Environment  
Media

#### *Chronometrical (Lifespan)*

Perpetual  
Positive  
Purposeful



### Methodology

To answer the research questions for this study, it was necessary to select an appropriate measure of wellness, then to translate this measure into Hebrew. Participants were identified and recruited from both countries, and completed the instrument during class times at school between 1999 and 2001 (before September 11). Parental consent was obtained prior to participation and all subjects were volunteers. Finally, the data collected were combined and analyzed.

### Participants

The population of interest for this study was middle school pupils in Israel and the United States. Two sets of participants were included: a sample of pupils from Israel recruited specifically for this study and a separate sample from the United States. The latter sample included pupils in an existing data base for the 5F-Wel-T.

### Israeli pupils

A total of 240 middle school pupils from Israel completed the 5F-Wel-T, including equal numbers of males and females ( $n = 120$  each). The pupils ranged in age from 12 to 18, with an average age of 14.4 ( $SD = 1.8$ ). Equal numbers of participants were aged 12–14 ( $n = 60$ , 25%)

and 15–18, though only one participant reported being 18. All the pupils were Jewish and were born in Israel, and live in urban areas in the central area of Israel.

## **US pupils**

The US participants included 629 pupils in the 5F-Wel-T database who were selected based on reported ages between 13 and 17 as being most similar to the Israeli pupils. There were almost equal numbers of male ( $n = 309$ , 49.1%) and female pupils ( $n = 317$ , 50.4%). The average age of the pupils was 15.76 ( $SD = 0.93$ ). Approximately 90% were aged 15–18 and 10% aged 12–14. About two-thirds of the pupils in the database were from urban areas in the Southeast and the remaining third were from an urban area in the Northeast.

## **Instrumentation: theory and measurement**

### **Theory**

The Indivisible Self Model of Wellness (IS-Wel) (Myers & Sweeney, 2005; Sweeney & Myers, 2004) is an evidence-based model identified through data collection and analysis based on an earlier theoretical model, the Wheel of Wellness (Myers, Sweeney, & Witmer, 2000). The 17 components of the Wheel were originally developed through cross-disciplinary research establishing each as a correlate of health, quality of life, and longevity. Relationships among the components were hypothesized based on the life tasks proposed by Alfred Adler in his Individual Psychology (Adler, 1954; Sweeney, 1998).

Through structural equation modeling (Hattie, Myers, & Sweeney, 2004), the 17 original components of the Wheel of Wellness were confirmed as discrete factors. Five second-order factors emerged as well as one higher order wellness factor. Efforts to explain the identified factor structure using Adlerian theory as a philosophical and theoretical foundation reflected Adler's view of holism and the indivisibility of the self. The IS-WEL model thus presents the Indivisible Self as the central feature of wellness, surrounded by five factors that contribute to this sense of holistic wellness. These factors include the Creative Self (the combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world), Coping Self (the combination of elements that regulate our responses to life events and provide a means for transcending their negative affects), Social Self (social support through connections with others in our friendships and intimate relationships, including family ties), Essential Self (our essential meaning-making processes in relation to life, self, and others), and the Physical Self (the biological and physiological processes that comprise the physical aspects of our development and functioning). The components of individual wellness operate within four main contexts: local, institutional, global, and chronometrical, which are operationalized, respectively, in terms of safety, policies and laws, global events, and lifespan change.

The Creative Self includes the third-order factors of Intellectual Stimulation, Problem Solving and Creativity (e.g., “I am good at solving problems”); Sense of Control (e.g., “I plan ahead to achieve the goals in my life”); Emotional Awareness and Management (e.g., “I can control my anger”); Sense of Humor (e.g., “Others say I have a good sense of humor”); and Schoolwork (e.g., “My schoolwork allows me to use my abilities and skills”). The Coping Self includes Leisure (e.g., “I am happy with my free time activities”); Stress Management (e.g., “I am able to manage my stress”); Sense of Worth (e.g., “I believe that I am a worthwhile person”); and Realistic Beliefs (e.g., “I often jump to conclusions that turn out to be untrue”). The Social Self includes the characteristics of Friendship (e.g., “I can start and keep relationships that are satisfying to me”) and Love (e.g., “I have at least one close relationship that is secure and lasting”). The Essential Self includes the characteristics of Spirituality (e.g., “My spiritual beliefs help me get through the day”); Self-care (e.g., “Most of the time I get enough sleep”); Gender Identity (“Being male/female has a positive affect on my life”); and Cultural Identity (e.g., “I am happy with my cultural background”). Finally, the Physical Self incorporates the Exercise (e.g., “I am physically active most of the time”) and Nutrition (e.g., “I eat a healthy diet”).

## **Measurement**

The 5F-Wel-T (Myers & Sweeney, 1999/2005) was chosen as a measure of the components of wellness included in the IS-Wel model. It is a 105-item instrument written at a 7th-grade reading level which measures the 17 third-order factors, five second-order factors, and the higher order wellness factor depicted in the model. Total Wellness represents the sum of all items in the instrument. Respondents answer using a 4-point Likert-type response scale ranging from Strongly Agree to Strongly Disagree. Scores are simple sums of item responses transformed using a linear transformation to place them on a common metric with a range of 25 to 100. Higher scores reflect greater wellness.

Myers and Sweeney (2005) studied the reliability and validity of the 5F-Wel-T with a sample of 377 adolescents. The internal consistency varied across the subscales; with Cronbach's alpha's ranging between 0.75 and 0.88 for the second-order factor scales. Makinson (2001) reported strong positive correlations between the scales of the 5F-Wel-T and related scales of the Tennessee Self Concept Scale.

The 5F-Wel-T was culturally adapted into Hebrew for administration to pupils in Israel (Myers & Sweeney, 1999; translated by Tatar, 2000). The adaptation process included both forward and back translations, as recommended by the International Test Commission (Hambleton & Kanjee, 1995) using bilingual individuals fluent in both Hebrew and English. The main considerations in the adaptation process concerned definitions of spirituality in the two cultures, in Israel, for example, it is extremely difficult for children to differentiate between issues that are related to spiritual concerns from those examining their degree of religiousness. As a consequence, questions on the instrument relating to spirituality issues were worded in terms of purpose and

meaning in life, which was consistent with the scale definitions and theoretical base as proposed by the authors.

### Data analyses

Data were analyzed using the Statistical Package for the Social Sciences (SPSS, 2001). Frequencies were calculated for the five second-order factor scores and higher order total wellness score for the Israeli and US participants. T-tests were calculated for the 17 third-order factors, five second-order factors, and one higher order wellness factor using Levene's Test for homogeneity of variance to examine differences between pupils in the two countries. Using the Bonferroni family-wise error rate correction, an alpha of 0.002 was established to determine statistical significance. MANOVAs also were computed to examine between and within group differences, with follow-up ANOVAs to examine the significant within-groups results.

### Results

Descriptive statistics for the 5F-Wel-T scales for both males and females in the two samples are shown in Table 1, along with alpha coefficients for the separate groups. Among the five second-order wellness factors, Israeli pupils scored highest on Social Self (M = 68.22, SD = 8.28) and lowest on Essential Self (M = 58.28, SD = 6.17). In contrast, US pupils scored highest on both Social Self (M = 65.09, SD = 8.06) and Essential Self (M = 65.00, SD = 8.56) and lowest on Coping Self (M = 57.40, SD = 6.54). When the third-order factors were considered, Israeli pupils scored highest on Gender Identity (M = 91.60, SD = 10.48) and lowest on Spirituality (M = 52.36, SD = 13.11). US pupils scored highest on Love (M = 88.16, SD = 12.77) and lowest on Realistic Beliefs (M = 57.09, SD = 11.92) (See alpha coefficients of the scales in Table 1).

**Table 1. Means, standard deviations, and alpha coefficients for 5F-Wel-T factors for Israeli and US pupils.**

WEL factors	Israel			US		
	Mean	SD	Alpha	Mean	SD	Alpha
Creative Self	59.31	6.32	0.84	59.33	7.17	0.85
Thinking	75.47	12.36	0.62	73.38	11.21	0.62
Emotions	76.08	11.74	0.61	76.61	11.88	0.61
Control	82.56	11.47	0.71	77.65	12.34	0.71
Work	63.69	15.54	0.66	65.66	12.49	0.66
Positive humor	76.88	14.36	0.66	79.32	12.20	0.66
Coping Self	58.85	5.59	0.80	57.40	6.54	0.80



Leisure	70.36	10.23	0.47	77.33	11.88	0.46
Stress mgt.	71.88	13.38	0.64	70.50	13.59	0.64
Self-worth	85.21	13.14	0.79	82.44	15.67	0.79
Realistic beliefs	69.27	12.60	0.57	57.09	11.92	0.49
Social Self	68.22	8.28	0.73	65.09	8.06	0.73
Friendship	83.05	11.09	0.64	75.60	10.84	0.65
Love	88.25	13.83	0.84	88.16	12.77	0.84
Essential Self	58.28	6.17	0.95	65.00	8.56	0.96
Spirituality	52.36	13.11	0.72	79.61	15.77	0.88
Self-care	74.86	14.98	0.51	75.74	14.58	0.51
Gender identity	91.60	10.48	0.59	86.21	12.58	0.59
Cultural identity	86.90	13.25	0.72	86.36	12.45	0.72
Physical Self	59.29	11.29	0.82	60.07	10.27	0.82
Exercise	77.29	19.17	0.82	80.67	14.86	0.82
Nutrition	71.56	16.62	0.66	69.95	14.97	0.66
Total Wellness	75.62	6.09		76.28	7.74	0.79

T-tests for comparisons of means between pupils from Israel and the United States were calculated and are shown in Table 2. Levene's statistic was calculated to correct for unequal variances. As shown in this table, pupils in Israel scored higher on the Coping Self and Social Self factors ( $t = 3.028$ ,  $p = 0.003$  and  $t = 5.088$ ,  $p = 0.000$ , respectively) and pupils in the United States scored higher on the Essential Self ( $t = -12.795$ ,  $p = 0.0000$ ). There were no differences on the Creative Self or Total Wellness factors. A profile of mean scores for the five factors is provided in Figure 2.

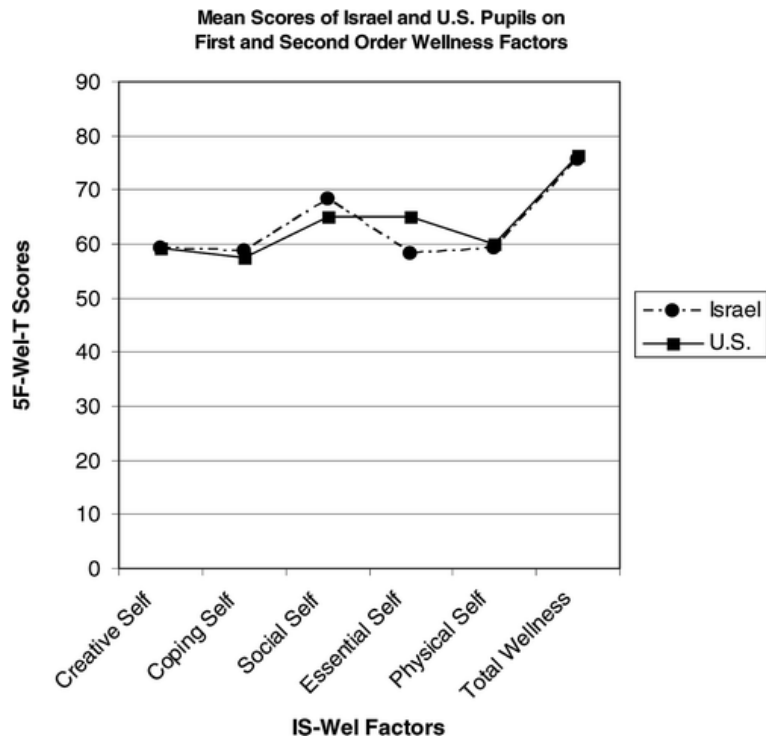


Figure 2. Mean scores of Israel and U.S. pupils on first and second order wellness factors.

**Table 2. T-tests between Israeli and US pupils using Levene's test for equality of variances for 5F-Wel-T factors (One first-order, five second-order, and 17 third-order factors).**

WEL factors	Levene's test	t	df	Sig. (2-tailed)
Creative Self	2.894 0.089	-0.042	867	0.966
Thinking	4.449 0.035	2.287	398	0.023
Emotions	0.137 0.711	-0.586	867	0.558
Control	0.169 0.681	5.347	867	0.000*I
Work	16.974 0.000	-1.758	363	0.080
Positive humor	9.090 0.003	-2.335	378	0.020
Coping Self	1.918 0.166	3.028	867	0.003*I
Leisure	6.302 0.012	-8.567	498	0.000*U

Stress mgt.	0.005	0.945	1.339	867	0.181
Self-worth	2.712	0.100	2.428	864	0.015
Realistic beliefs	0.999	0.318	13.254	867	0.000*I
Social Self	0.795	0.373	5.088	867	0.000*I
Friendship	1.380	0.240	8.989	867	0.000*I
Love	2.517	0.113	0.085	867	0.932
Essential Self	22.141	0.000	-12.795	596	0.000*U
Spirituality	9.308	0.002	-25.842	516	0.000*U
Self-care	0.181	0.671	-0.792	865	0.429
Gender identity	15.398	0.000	6.386	516	0.000*U
Cultural identity	0.812	0.368	0.558	867	0.577
Physical Self	6.519	0.011	-0.933	399	0.351
Exercise	32.988	0.000	-2.463	354	0.014
Nutrition	5.876	0.016	1.313	395	0.190
Total Wellness	9.807	0.002	-1.309	546	0.191

\* $p < 0.002$ .

I = Israel pupils scored higher.

U = United States pupils scored higher.

T-tests also were computed for the 17 second-order factors. These analyses provide useful information for better understanding the second-order factor structure and differences between the groups on these factors. For example, although the Israeli pupils scored higher on the Coping Self, an analysis of the third-order factors comprising this dimension of wellness reveal differences on only two of the five factors. US pupils scored higher on Leisure ( $t = -8.567$ ,  $p = 0.000$ ) and Israeli pupils scored higher on Realistic Beliefs ( $t = 13.254$ ,  $p = 0.000$ ). For the Social Self factor, Israeli pupils scored highest overall and also on the Friendship factor ( $t = 8.989$ ,  $p = 0.000$ ), and there were no differences on the Love factor. Finally, for the Essential Self factor, on which the US pupils scored higher, there were differences on only two of the third-order factors

underlying this dimension. US pupils scored higher on Spirituality ( $t = -25.842, p = 0.000$ ) and Israeli pupils scored higher on Gender Identity ( $t = 6.386, p = 0.000$ ).

Interestingly, Israeli pupils also scored higher on the third-order Control factor ( $t = 5.347, p = 0.000$ ), though there were no differences between the groups on the second-order Creative Self factor. There also were no differences on either the Physical Self factor or Total Wellness, the single higher order wellness factor.

In Table 3, MANOVAs are shown for between-groups comparisons of the Israeli and US pupils. Main effects were observed for gender on three of the scales: Coping Self, Social Self, and Physical Self. Follow-up univariate analyses to examine within groups differences according to gender and age are shown in Table 4. There were no gender differences among the Israeli pupils and only one age difference among the US pupils. In contrast, there were age differences on four scales for the Israeli students: Creative Self ( $F = 10.87, p = 0.001$ ), Essential Self ( $F = 4.27, p = 0.041$ ), Physical Self ( $F = 12.90, p = 0.000$ ), and Total Wellness ( $F = 13.01, p = 0.000$ ). In each case, pupils aged 12–14 scored higher than those aged 15–18. For the one age difference for the US pupils (Physical Self), younger pupils again scored higher ( $F = 4.24, p = 0.017$ ). For the US pupils, females scored higher on Social Self ( $F = 33.18, p = 0.000$ ) and males scored higher on Coping Self and Physical Self ( $F = 23.69, p = 0.000$  and  $F = 31.02, p = 0.000$ , respectively).

**Table 3. MANOVAs for between-groups comparisons of Israeli and US pupils by gender and age (12–14, 15–18) for five second-order and one higher order wellness factor.**

WEL scales	Gender df = 1,862		Age df = 1,745	
	F	P	F	P
Creative Self	0.31	0.577	1.76	0.185
Coping Self	16.17	0.000*	0.61	0.435
Social Self	7.55	0.006*	0.25	0.616
Essential Self	2.35	0.126	0.15	0.697
Physical Self	5.58	0.018*	2.65	0.104
Total Wellness	0.71	0.399	0.43	0.512

\* $p < 0.05$ .

I = Israel pupils scored higher.

U = United States pupils scored higher.

**Table 4. Univariate ANOVAs for within-groups comparisons, Israeli and US pupils, by gender and age (12–14, 15–18).**

	Israeli pupils				US pupils			
	Gender		Age		Gender		Age	
	F	P	F	P	F	P	F	P
WEL scales	df = 1,238		df = 1,1118		df = 1,624		df = 1,627	
Creative Self	0.065	0.799	10.87	0.001*c	1.90	0.169	1.72	0.191
Coping Self	3.62	0.058	3.26	0.073	23.69	0.000*a	0.21	0.648
Social Self	0.045	0.833	1.58	0.211	33.18	0.000*b	0.650	0.420
Essential Self	0.829	0.363	4.27	0.041*c	2.94	0.087	1.050	0.306
Physical Self	0.326	0.569	12.90	0.000*c	31.02	0.000*a	4.24	0.040*c
Total Wellness	0.012	0.912	13.01	0.000*c	1.90	0.069	5.728	0.017

\*p < 0.05.

aMales higher.

bFemales higher.

cAges 12–14 higher.

## Discussion

This study stresses the importance of viewing culture as a potential factor affecting childrens' and adolescents' well-being. The notion of cultural framework is seen as referring to core ideas such as values and norms that a given community or group shares, and their expression in traditions, customs, and institutionalized practices. With regard to cross-cultural similarities and differences in adolescents' reports on wellness, while it is reasonable to expect relatively cross-cultural similarity in the strength of the concern for one's well-being and survival (Rodriguez-Mosquera, Manstead, & Fischer, 2002), it is also reasonable to expect cross-cultural differences in the detailed profiles of the different components of adolescents' life styles. These differences may reflect or be attributed to culture-specific contexts.

The two groups of pupils differed significantly on three of five second-order factors, with Israeli pupils scoring higher on Coping and Social Self factors and US pupils scoring higher on the

Essential Self. Significant main effects were observed for differences in gender but not age. Follow-up analyses revealed age differences among the Israeli students on three factors (Creative, Essential, and Physical Self) plus Total Wellness, with younger students scoring higher, and gender differences among the US pupils on three factors. US males scored higher on Coping Self and Physical Self and females scored higher on Social Self. Younger students in the United States also scored higher on Physical Self.

Perhaps the most notable finding in this study was the significant differences between the Israeli and US pupils on three of the five wellness factors. Equally important was the lack of significant differences on two of the wellness factors, especially when within groups differences were examined. Further exploration of the third-order factor structure underlying the six scales helps to explain these findings, as well as consideration of unique cultural differences between the two countries. Also of importance are issues related to wellness among child and adolescent populations in general, as discussed earlier.

The Coping Self factor, on which Israeli students scored higher, includes the wellness components of Leisure, Stress Management, Sense of Worth, and Realistic Beliefs. Interpreting scores on the 5F-Wel-T according to instructions in the manual (see Myers & Sweeney, 2001/2005) along with an analysis of the items in the various scales leads to the conclusion that greater wellness is experienced by pupils in Israel in this dimension. However, when the third-order factors are examined, the Israeli students scored higher only on Realistic Beliefs. This finding suggests that, in comparison to their US peers, Israeli pupils report less of a need for perfection, as defined by Ellis (1973) in his discussion of the nature of irrational beliefs. The Israeli society is characterized (as summarized previously) by extremely small power distance and viewed as one in which people show relatively higher levels of flexibility and informality, thus there is less need for faultlessness for succeeding in this society. On the other hand, US pupils scored higher on Leisure and thus seem to be more satisfied with their leisure pursuits and able to identify free-time activities which are enjoyable and meaningful to them.

The Social Self includes the third-order factors of Friendship and Love, with the Love scale including identified characteristics associated with healthy families. Israeli students scored higher on this second-order factor, and also highest on the third-order Friendship factor. It is noteworthy that differences in the Love factor were not identified, suggesting that students experience similar wellness in family and intimate relationships across the two cultures. Interestingly, the Social Self was an area where differences within the Israeli sample did not emerge, but where female US pupils scored higher than males. Social support is not only one of the most important correlates of mental health over the lifespan, as identified in multiple studies (summarized by Myers et al., 2000), it also is an area where adolescents experience some of their greatest life challenges (Barrera & Prelow, 2000). Higher scores for Israeli students raise questions concerning the nature of peer relationships in both cultures, and the extent to which children feel support from their peers. Indeed, previous studies have stressed the high importance that Israeli teenagers attribute to their peers, to friendship, and to social support (e.g., Horenczyk

& Tatar, 1998). Moreover, as we summarized in the introduction, the Israeli culture encourages more self-transcendence and the development of a more interdependent self as compared to the American culture. Moreover, Americans' individualism is supported by research describing Americans as individualists (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985) characterized by temporariness and rootlessness (Packard, 1975) while the Israelis show denser social networks and were more kin-based (Fischer & Shavit, 1995). Perhaps greater understanding of peer relationships for Israeli children could contribute to strategies for helping American students deal with the sometimes overwhelming challenges of relating to peers in their teenage years.

The absolute value of scores for pupils from both countries is an important consideration. A cursory examination of Figure 2 reveals the highest scores for both groups on the second-order factors were achieved for the Social Self, reflecting the critical role of friendships and love relationships during the adolescent years, and, importantly, the self-perceived positive nature of these relationships. The Essential Self, which includes the characteristics of Spirituality, Self-care, Gender Identity, and Cultural Identity, resulted in higher scores for the US pupils. Again, US pupils scored higher on one second-order factor, Spirituality, and Israeli pupils scored higher on one factor, Gender Identity. Differing interpretations of the meaning of spirituality, which, as mentioned earlier, were an issue in the cultural adaptation of the 5F-Wel-T, could help explain these findings. The higher spirituality scores for the US pupils could be related to characteristics of both samples, while more than half of the US pupils were from the Southeastern United States known as an area where fundamental Christian values are predominant, all the Israeli pupils attended state-secular (and not state-religious) schools. Further research is needed to explore the current finding, given the abundance of research suggesting the central role of spirituality in health and well-being over the lifespan (see Myers et al., 2000).

Gender Identity, on which the Israeli pupils scored higher, refers to feelings of satisfaction with one's gender and feelings of being supported by others for one's gender identity. In the United States, traditional, stereotyped gender perceptions are changing, however, traditional views of masculine and feminine roles remain prevalent. As a consequence, for example, women are valued for slimness, youth, and beauty, leading many young women to overemphasize physical characteristics to the detriment of their overall wellness (Sinclair & Myers, 2004). The lack of gender differences within the Israeli sample on all factors may reflect greater gender equality in Israel as compared to the United States. In contrast, higher scores for males in the United States on Coping and Physical Self factors were not unexpected based on research with children in this country. Similarly, higher scores for females on the Social Self reflect predominant gender socialization outcomes in the United States, wherein females are commonly viewed as more involved than males in peer relationships and networking. One explanation for these cultural differences may be derived from Malach Pines's analysis (2004) showing that the American culture is characterized much more than the Israeli society by its gender stereotypes whereas the Israeli society is relatively more balanced and shows more gender equality.

On the other hand, when within groups differences were explored, no gender differences were identified in the Essential Self factor in either country. Further study of gender roles and the contributions of gender to wellness in cross-cultural samples is needed to verify or refute the current findings. Counselors, psychologists, and other personnel working with children and adolescents need to understand cultural prescriptions for gender in order to develop appropriate interventions to support culturally appropriate gender-role development. Such interventions should be based in research which establishes the relationship of gender identity to wellness in different cultures.

No differences between the Israeli and US pupils were identified for the Physical Self, which incorporates the Exercise and Nutrition components of wellness. However, age differences in wellness were more prevalent in the Israeli sample than in the US sample in this study. Interestingly, younger age pupils scored higher than their older counterparts in each case where a difference occurred, and for both groups, this difference was seen in the Physical Self Factor. The results likely do not reflect a developmental trend toward lower wellness as one ages, but rather the greater risk and potential for decreased physical wellness during the challenging adolescent years, especially when reaching middle adolescence (WHCCAM, 2002). This risk is seen in particular for Israeli students, as reflected in significantly higher scores for younger pupils on four of six scales. Two important characteristics of the Israeli cultural context may contribute to our understanding of this finding. Older Israeli pupils need to cope with two stressful challenges: their matriculation examinations during high school that will affect decisively their future odds for further academic studies and the recruitment to the Army at the age of 18. These demanding (and even threatening) tasks may diminish their sense of well-being in general and may explain a lower involvement in activities that can promote their wellness (Tatar, 1995).

The Creative Self includes the third-order factors of Intellectual Stimulation, Problem Solving and Creativity; Sense of Control; Emotional Awareness and Management; Sense of Humor; and Schoolwork. There were no differences in the second-order factor, however, on the third-order factor of Control, the Israeli pupils scored significantly higher. This factor includes areas of significant concern for children and adolescents in relation to all aspects of development, personal and social as well as academic. Further research is needed to explore the meaning of the higher Control scores, and the extent to which these scores contribute to greater wellness particularly for the Israeli students. An exploration of the ways in which Control is related to other areas of wellness in cross-cultural samples could further understanding of the relationship between culture and wellness, as this is one area to date for which the relationship between factors such as happiness and well-being have been empirically related to cultural prescriptions for control (Lu & Shih, 1997).

While study of individual wellness factors is an important basis for counseling and intervention, the Total Wellness factor reflects “the big picture” and the inference of cultural differences is a central issue when interventions to enhance wellness are considered. No differences were



identified between the two groups on Total Wellness. If a high level of wellness is considered a worthy goal, as Myers et al. suggest, then scores close to 100 are desirable for all of the wellness factors. The mean scores for pupils in this study ranged from 57 to 76. Strategies for enhancing wellness in these areas apparently are needed in both cultures.

It is not possible to determine the reasons underlying the current scores from the methodology used, nor is it possible to determine with certainty which of the underlying factors had the most influence in the outcomes observed. Certainly, the methodology used in the study has implications for interpreting the results. In particular, the lack of random sampling needs to be considered as an important limitation. As is common in cross cultural research, the translation, or more accurately, adaptation of measures introduces an additional source of potential error in that some concepts and words simply do not translate accurately into the cultural milieu of multiple populations. The results do, however, provide a preliminary set of data for examining cross-cultural differences in wellness, and allow discussion of implications both for interventions to enhance wellness and for further research.

The major implication of the current study for counselors and other mental-health personnel working with children and adolescents is the need to be sensitive to issues of wellness holistically and in terms of factors contributing to total wellness, and to consider the importance of culture as a variable in understanding the nature of wellness for different populations, not only between countries but also regarding heterogeneous (racial, ethnic, religious, and national) groups within the same society. Although the current results may be considered as preliminary only, they still argue for the existence of important cross-cultural differences in wellness. Whether those differences actually exist in the factors identified here merits further exploration. Counselors working with children and adolescents to plan wellness interventions are encouraged to explore with their pupils the nature and meaning of wellness. Using measures such as the 5F-Wel-T can provide a useful starting point for discussion of individual and group wellness, and the meaning of factors underlying wellness. Such assessments also can provide a foundation for individual and group interventions to enhance well-being (Myers et al., 2000).

Further research is needed to examine the effect of culture on well-being, as well as cultural interpretations of the meaning of well-being and wellness. Studies with larger samples from multiple countries, preferably using random selection, can contribute to the generalizability of results (For a good example, see Diener, Gohm, Suh, & Oishi, 2000). Cultural adaptations of instruments such as the 5F-Wel-T into additional languages could result in the collection of additional data from multiple populations for cross-cultural comparisons. Qualitative studies also are important to help explore the meaning of wellness in different cultures. This study is a start, and the results underscore the importance of identifying both differences in wellness in cross-cultural populations and factors underlying those differences which can form the basis for developing culturally sensitive interventions to enhance wellness of children and adolescents.

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