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PSY248:Adolsecent Psychology  
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November 9, 2022

### Week 9- Essay

<Ch.13>

Q.2:

Acculturative stress is the negative consequences that are from two different cultural groups. One acculturative stress is by immigrants to the US. My son and I are immigrants to the US, and we both experienced. America and Japan are almost opposite cultures, such as Individualism and collectivism. It took a while for us to adjust to American culture, including the language barrier, food, and custom. Another acculturative stress is poverty. Short-term poverty might make people stronger, but chronic conditions would be stressful.

During the Gospel event tour in Japan, I spoke about coping. Coping is managing taxing circumstances, and expending effort to solve life's problems. In my speech, I mentioned the word "parent is like a lottery" was elected as one of the Buzzword Awards in 2021. It means that children cannot get out from poverty if they were born in poor circumstances. I said it is too sad that Japanese children and youth made buzz this word and adults should not ignore this phenomenon.

There are two coping styles, one is problem-focus coping, and another is emotion-focus coping. During Corona pandemic, the number of drop out of college students increased 3.8% in Japan (Japanese Government report, 2022). The top reason for dropping out was isolation (by online classes) and depression, with 30.3%. The second reason was financial reasons, with 19.9%. An example of problem-focus coping would be financial support in this case. If the government supports college students, they can continue studying at the college. Also, as an example of problem-focus coping, their family might let them go to counseling for depression.

As an example of emotion-focus coping, the church might be a good example. My church kept sending emails to the member of information of prayer meetings online or by phone, small group meetings such as bible class, and Sunday services online. It was supportive because I did not feel lonely during the pandemic. Unfortunately, the Christian population is way low in Japan. But I believe it is a great opportunity that Japanese Christians can do better in their mission.

Q.4:

Smoking is linked with peer networks and family. For example, adolescents might smoke under peer pressure if their friends smoke. Or if parents or sibling smoke, they might smoke because they don't think seriously about the dangers of smoking. The image of smoking by celebrities might affect adolescents too. In Japan, advertisements for a cigarette is fewer than before, but I see many famous actor smoking in TV drama and movies. Adolescents who see it and feel, "It looks cool!" are motivated to smoke.

Fortunately, smoking has decreased among US and Japanese adolescents in recent years. I believe it is because of education. People know how the devastating effect of early smoking in a research study. People watch many TV commercials and advertisements about the danger of smoking. Smoking o the adolescent years causes permanent genetic changes in the lungs and forever increases the risk of lung cancer, even if the smoker quits.

When I got pregnant, I saw a lot of information about the risk of smoking at a doctor's office or hospital. Many women know the damage caused by smoking, and I believe they ask their husbands or children not to smoke in the house.

Q.8:

Unfortunately, the textbook said that Eating disorders have become increasingly common among adolescents. Obesity is overweight and is determined by BMI (body mass index). Both heredity and environmental factors are involved in obesity. But I think environmental factors are more important. Because I did not see many overweight people in Japan when I was a child, but I see a lot of obese in Japan today. According to the research (Japanese government, 2019), over age 20, 33.0% of males and 22.3% of females were overweight. Children tend to follow the same eating pattern as their parents. If parents do not eat vegetables or fruit a lot, or parents eat fast food very often, their child tends to be overweight. In recent years, most mother work and do not have enough time to cook slowly. I believe that is one of the reasons in Japan.

Anorexia nervosa is another disorder that involves the relentless pursuit of thinness and starvation. There are three main characteristics applied to anorexia; a clinically significant level of being underweight, an intense fear of gaining weight that does not decrease with weight loss and a distorted image of their body shape. It was shocking news for all music fans worldwide that Karen Carpenter died of anorexia, but that news made anorexia famous.

Bulimia nervosa is another eating disorder in which the individual consistently follows a binge-and-purge eating pattern. It is characterized by; eating in a specific amount of time and an amount of food that is larger than what most people would eat in a similar period in similar circumstances, and a sense of a lack of control over eating during an episode. Their binge-purge action makes them fall within a normal weight range, so it might be hard to recognize by family or friends.

Binge eating disorder involves frequent binge eating but without compensatory behavior like purging like Bulimia nervosa. People eat large quantities of food during which they feel a lack of control, and most are overweight.

All four eating disorders create health problems.

Q.9:

If adolescents have more than one of these problems (drug abuse, juvenile delinquency, sexual problems, and school-related problems), they would be at the greatest risk.

Researcher Joy Dryfoos said there are three common components of these successful programs; Intensive individualized attention, Community-wide and multiagency collaborative approaches, and Early identification and intervention.

In successful programs, high-risk youth are attached to a responsible adult who gives the youth attention and deals with the youth's specific needs. We can see this theme in several different programs. The basic idea of a community-wide program is that several different programs and services have to be in place. For example, people use local media and community education in concert with a substance-abuse curriculum in the school. Also, it is important to reach children and their families before children develop problems.

There are three other prevention programs and research studies; High scope, Fast Track, and National Longitudinal Study of adolescents to adult health. The High Scope is an excellent model for the prevention of delinquency, pregnancy, substance abuse, and dropping out of school. Perry Preschool program is one of them and it was most likely to be in the workforce and fewer arrested.

Reduce the risk of juvenile delinquency and another problem, is Fast Track. Intervention begin was 6.6 years of age. The positive outcome of the intervention occurred as early as the third grade and continued through the ninth grade. The extensive intervention was most successful. It also could avoid the risk of suicide and hazardous drinking.

National Longitudinal Study of adolescents to adult health was based on interviews with adolescents in grades 7-12. Perceived adolescent connectedness to a parent and to a teacher was the main factor linked to preventing the adolescent's problems, such as emotional distress, suicidal thoughts, and behavior, violence, use of cigarettes, alcohol, and marijuana, and early sexual intercourse.

After reading the textbook, I found Japan is way behind America. The education department of the Japanese government should know these programs and make effort for Japanese youth.