

博士論文

How to support mental health of adolescents who do not say “help me”:

Approaches from two dimensions that promoting or compensating help-seeking

(「助けて」を言わない若者の心をどう支援できるか：援助要請の促進および補填の

二側面からのアプローチ)

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Abstract of the dissertation

How to support mental health of adolescents who do not say “help me”:

Approaches from two dimensions that promoting or compensating help-seeking

by

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Adolescent mental health is a matter of global concern. Various interventions, such as school-based program to promote students’ help-seeking behavior and trainings for teachers to create safe environments for students to consult, have been conducted to save adolescent psychological well-being. Despite the efforts, mental health difficulties in adolescents including depression, anxiety, self-harm, and school refusal continue to be on the rise. One of the factors obstructing improvements in adolescent mental health might be students’ concealment. The existence of adolescent non-help-seekers, those who do not seek help for their distress, has been widely recognized regardless of country and culture. However, few studies have focused on non-help-seekers, except for those related to help-seeking barriers. The current research focused on the prevention of mental illness among adolescent non-help-seekers. The major purpose was to identify novel ways of preventive support from teachers, parents, and other adults for adolescent non-help-seekers other than encouraging help-seeking. There were three major aims: 1) to investigate the current support for adolescent non-help-

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seekers, 2) to identify internal factors affecting the result of help-seeking for promoting effective help-seeking, and 3) to examine the relations between predicted protective internal factors and psychological adaptation, for compensating the lack of help-seeking.

The first objective was investigated in Studies 1 and 2. Study 1 focused on teachers as adults who can closely communicate with non-help-seeking students regardless of the students' home environment. This study investigated how teachers recognize and support non-help-seeking students through semi-structured interviews. Study 2 conducted interviews to non-help-seekers who were secondary-school students and young adults, and examined how they perceive and evaluate the supportive behavior of close people including teachers. The studies illustrated a variety of teachers' current efforts; they also suggested that simultaneous and continuous provision of emotional support and indirect instrumental support may effectively work for supporting non-help-seeking students.

The second objective was investigated in Studies 3 and 4. Emotional-support expectation, that is adolescents' expectations toward support providers, was focused as a possible internal factor that effects the result of emotional help-seeking behavior. The Emotional-Support Expectation Scale was developed in Study 3 and was used in Study 4. The studies brought two findings: five dimensions of emotional-support expectation, and the adjustment effect of emotional-support expectation on the association between help-seeking behavior and support evaluation. In other words, the results of emotional help-seeking differed depending on the internal factors of the help seeker.

The third objective was examined in Studies 5 through 7. Study 5 identified seven-class adolescent coping profiles depending on the combination between help-seeking and other coping strategies using latent transition analysis. It also examined the effect of the combined effect of help-seeking and other coping strategies on adolescents' school adaptation. Study 6 was a cross-sectional study with retrospective design using youth samples; it challenged to

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examine the long-term effect of coping profile on well-being with retrospective data regarding stress coping in a secondary school, high school, college, and the present. Both studies confirmed that psychological adjustment was higher among those who simultaneously used help-seeking and active coping. Study 7 verified the potential protective role of several internal factors on the mental health of adolescent non-help-seekers. The study found that the use of active coping strategies was protective of psychological adjustment only when the problem was not severe, and that internal factors, such as interpersonal trust, prospects, and positivity were associated with higher psychological adjustment among non-help-seekers, regardless of the severity of the problem.

Based on the findings, 1) interventions for adolescent non-help-seekers by type; 2) daily support from familiar adults; and 3) occasional intervention programs including an intervention for stress coping using case method, and for future prospects and positive thinking using modeling, were suggested.

This research shed light on the psychology of non-help-seekers and first provided basic knowledge for examining support methods other than encouraging them to seek help. However, a great deal to be clarified remains because research targeting on non-help-seekers are nascent. Further research to explore a broader and deeper understanding of non-help-seekers including studies of more culturally or developmentally diverse samples, and studies to examine the differences of intervention effects by types or characteristics of non-help-seekers, were suggested for the future.

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Introduction

Helping others in need and asking for help when they are in need is a behavior that is instinctive in people (Tomasello, 2009). Even a two-year-old child will pick it up and give it back when a familiar person dropped a pencil, a towel, or something (Tomasello, 2009). They can also express their fears and anxieties since before they learn language, and elicit support from others (Endo, 2005; Soltis, 2004). From an evolutionary perspective, humans have enhanced their survival rate by helping each other (Trivers, 1971). And it seems to be a necessary strategy in today's rapidly changing and stressful times as well. In recent years, however, it has uncovered that numerous mental-illness patients and suicidal individuals do not ask others to help in distressing situations (Bruffaerts et al., 2011; Eisenberg et al., 2007). In response to these facts, research on the barriers of help-seeking has been accumulated (Gulliver et al., 2010), though, knowledge about how we may support non-help-seeking people is still scarce. Thus, from a prophylactic point of view of mental illness, this study focuses on adolescent non-help-seekers, those who do not seek help from others even in distressing situations, and discusses how teachers, parents, and other adults may support them.

Significance of the problem

Adolescent mental health is a matter of global concern (Polanczyk et al., 2015; Vigo et al., 2016). In this period, emotionally developing minors face various new stressors, such as peer relationships and school contexts (e.g., Smetana et al., 2006; Waters et al., 2014). Half of all mental illnesses commence during early adolescence (Kessler et al., 2005). A 17-year longitudinal study discovered that adolescent mental illness has long-term effects on multiple dimensions of quality of life, such as social relationships, environmental context, and well-being (Chen et al., 2006). These findings infer the importance of prevention and early detection of adolescent mental illness. However, it is unrealistic to address this problem through mental health professionals alone (Colizzi et al., 2020) because adolescents tend to prefer informal support from peers or family members rather than seek formal mental health care when they

need to cope with stress (Kok et al., 2015; Nagai, 2012). This behavior is in line with literature supporting that many young people have a stigma toward mental illness and mental health services (Arora & Persaud, 2019; Moskos et al., 2007). According to a recent international survey, teenagers who are eager to consult with mental health professionals are only 3.7% on average (Japan Cabinet Office, 2019). Moreover, approximately 10% of teenagers in Western countries do not disclose their distress to anyone; in Japan, the percentage reaches to almost 20% (Japan Cabinet Office, 2019). In this dissertation, individuals who conceal their problems and not seek help from others are called non-help-seekers. Non-help-seekers exist regardless of ethnicity and culture (Goldston et al., 2008). Correspondingly, in cases where adolescents try to conceal their internal problems, it is hard for people around them to timely detect and provide preventive support. Accordingly, understanding adolescent non-help-seekers is integral to the prevention of adolescent mental health issues.

Numerous studies have investigated why adolescent non-help-seekers do not solicit assistance (e.g., Chan & Quinn, 2012; Kuhl et al., 1997; Moskos et al., 2007; Nagai & Arai, 2007). Based on the studies, interventions for reducing barriers and enhancing adolescents' help-seeking behaviors have been conducted (e.g., Honda et al., 2010; Schilling et al., 2014; Varlow et al., 2009). However, the effects that enhance knowledge and skills related to help-seeking were confirmed, but there seems to be a gap between them and actual help-seeking behavior, denoting the limits of the strategy to facilitate help-seeking behaviors (Aguirre Velasco et al., 2020). Previously, intervention research aimed encouraging participants' help-seeking behavior; therefore, other support mechanisms have not been well-explored (e.g., Honda & Arai, 2010; Varlow et al., 2009). However, given the prevalence of young people who do not seek help from others despite having help-seeking skills, knowledge, and social resources (e.g., Amai, 2020; Schilling et al., 2014), it may be worthwhile to consider other ways to maintain their mental health rather than trying to change their help-seeking behavior.

Purpose of the study

Therefore, this doctoral dissertation considered novel ways for supporting adolescent non-help-seekers from two dimensions: “promoting help-seeking” aspect that focused on the effect of adolescents’ internal factors previous studies have not yet explored, and “compensating help-seeking” aspect that shed a light to internal differences compensating the low level of help-seeking. For considering novel support methods for non-help-seekers, we firstly need to understand and evaluate the support currently provided to them. At present, no studies have inspected current informal preventive support to non-help-seekers. How adolescent non-help-seekers evaluate supportive behaviors from others is also unknown. Therefore, the first step of this study is gathering candid information regarding current support to adolescent non-help-seekers from both perspectives of support providers and receivers. In addition to understanding the current support, the findings from the data would help generate predictions to how we can support them. Since adolescents are particularly inexperienced in problem-solving and have limited scope for environmental selection and change (Dzurilla et al., 1998), this research decided to explore internal factors rather than environmental factors as potential variable to intervene. It has been more common to intervene environmental factors for adolescents’ mental health. However, both community and individual interventions require substantial financial and human resources, and regardless of it, evidence of their effectiveness for child and adolescent mental health remains scarce (Bee et al., 2014; Kaneko, 2013). Therefore, this study focuses on the internal factors of students that have not yet been investigated well. Consequently, this dissertation has three major aims: 1) to investigate the current support for adolescent non-help-seekers, 2) to find an internal factor affecting the result of help-seeking for promoting effective help-seeking, and 3) examine the relations between predicted protective internal factors and psychological adaptations, for compensating the low

level of help-seeking: Then, I will discuss how teachers, parents, and other adults may contribute to adolescent mental illness prevention.

The remainder of this dissertation is comprised of five chapters. In Chapter I, relevant literatures regarding understanding help-seeking in adolescence and adolescent non-help-seekers were comprehensively reviewed, and the historical background that induced overlooking of research on preventive support for non-clinical non-help-seekers was considered. In Chapter II, interviews with both supportive secondary school teachers (Study 1) and non-help-seekers (Study 2) were conducted to understand the variations and current situation of support for adolescent non-help-seekers. In Chapter III, two studies were conducted from the perspective of enhancing the effectiveness of emotional help-seeking behavior. Focusing on expectations at the time of an emotional help-seeking, the Emotional-Support Expectation Scale was developed (Study 3), and the effects of emotional-support expectation on the actual support evaluation was examined (Study 4). In Chapter IV, three studies were conducted focusing on internal factors of non-help-seekers from the perspective of compensating for the low level of help-seeking behavior. First, we examined differences in adaptation between secondary-school students (Study 5) and young adults (Study 6) depending on the stress-coping strategies used at the same time as help-seeking. Next, attachment, interpersonal trust, positivity, and prospect were hypothesized to be protective factors for the psychological well-being of non-help seekers, and we examined whether these variables differed between high and low adaptive non-help seekers (Study 7). In the final chapter, Chapter V, the following topics were discussed based on the findings from the seven studies; the key ideas across the findings, implications for practice at schools, recommendations for future research, and strengths and limitations of the current study. The structure of this dissertation is shown in Figure 1.

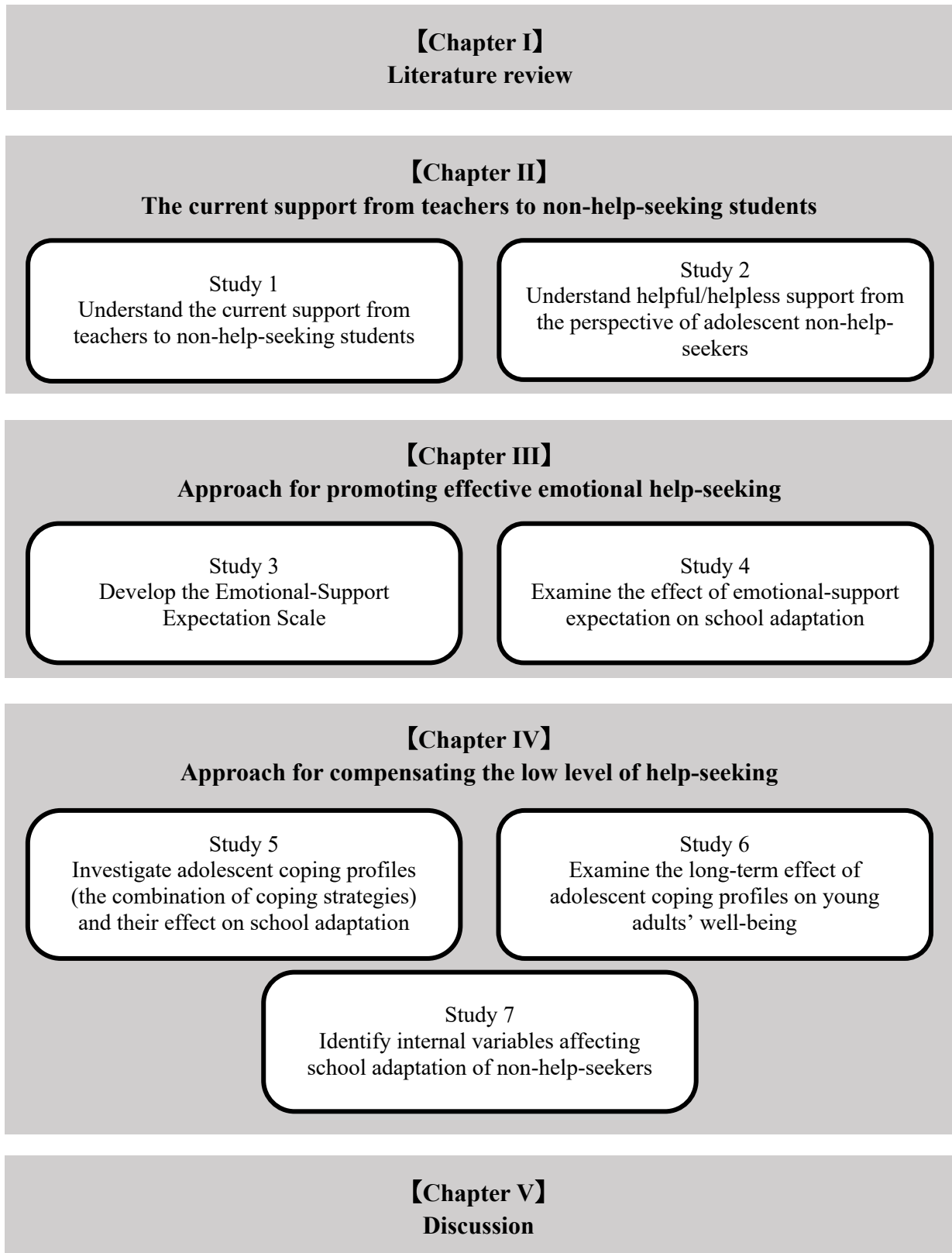


Figure 1. The structure of the current dissertation

Chapter I: Literature Review

The purpose of this chapter is to review the relevant literature concerning the topic of help-seeking and psychological adjustment in adolescence.

Overview of adolescent mental health

Adolescence, 10–19 years of age, is the life phase between childhood and adulthood that encompasses biological growth and major social role transitions (Sawyer et al., 2018). During adolescence, especially early adolescence, around 10–15 years old, is the time when many individuals face unexperienced emerging distress (e.g., Smetana et al., 2006; Waters et al., 2014). Further, they deal with the stress using undeveloped stress-coping skills (Zimmer-Gembeck & Skinner, 2016). In contemporary times, when approximately 10% of the world's population suffers from some kind of mental disorder (Ritchie & Roser, 2018), maintaining mental health is one of the major global challenges. Children and adolescents are no exception. Half of all mental disorders develop before the age of 15 years (Kessler et al., 2005) and have long-term effects on multiple dimensions of quality of life including social relationships, environmental context, and well-being (Chen et al., 2006). The first and second leading causes of death among girls aged 15–19 years are mental conditions and self-harm (i.e., suicide), respectively; among boys, suicide is the third most common cause of death after traffic accidents and interpersonal violence (World Health Organization, 2018). Further, an estimated 10–20% of children and adolescents worldwide experience some form of mental health difficulty (Kieling et al., 2011). In Japan, 10–15% of the children are diagnosed with anxiety disorders (Elia, 2017a; Ishikawa, 2006), and 2–8% of adolescents are diagnosed with depression (Denda, 2008; Denda et al., 2004; Elia, 2017b). School-based studies report even higher percentages. Numerous studies have reported that the number of secondary-school students who exceeded the cutoff point on the measurement scale used in studies was between 20% and a little over 30% (Denda et al., 2004; Ishidu & Ambo, 2007; Nagai, 2008; Obokata & Muto, 2006; Yoshitake, 2008). Thus, the number of mentally distressed adolescents is expected to be much higher than the number of diagnoses.

Even without a diagnosis of mental disorders, the normal life of adolescents can be interrupted by physical and mental symptoms of stress. School refusal is a psychosocial problem defined by students' absence from school due to various difficulties including academic performance, peer relationships, and other emotional distress (Heyne & Sauter, 2013). While truancy reflects non-attendance owing to antisocial behaviors or a lack of interest, school refusal reflects school non-attendance owing to emotional distress (Fremont, 2003). It is not a clinical diagnosis; rather, it is a symptom (Dabkowska et al., 2011). In many countries, both Eastern and Western, school refusal is a social issue that is stressful for students, families, and school personnel (e.g., Fremont, 2003; Inglés et al., 2015; Park et al., 2015). In Japan, the number of students who refuse to attend school has continued to increase since the 1990s, and, during this time, approximately 120,000 secondary-school students per year did not regularly attend school without reasons such as illness or economic circumstances (Ministry of Education, Culture, Sports, Science, and Technology (MEXT), 2018). This number indicates that, in every class, there are one or two students who do not attend school. Ample research has revealed the short- and long-term risks of school refusal, such as poor academic achievement (e.g., Alexander et al., 2001; Lamdin, 1996), lack of social skills and social isolation (e.g., Kearney, 2008; Place et al., 2004), and psychiatric diagnoses such as depressive disorder (e.g., Prabhuswamy, 2018; Prabhuswamy et al., 2007). Therefore, maintaining students' mental health is essential to prevent mental disorders and school refusal, and to avoid the various risks that children may face in the long-term.

Current efforts and service gap

The importance of prevention and early intervention to support adolescent mental health has been suggested in multiple countries (e.g., Department of Health, 2015; Ministry of Health, Labor, and Welfare, 2011a), and a variety of preventive interventions exist. For example, the Saving and Empowering Young Lives in Europe (SEYLE; Wasserman et al.,

2010) is a Europe-wide school-based project for adolescent mental health promotion. This project includes programs for school staff, mental health professionals, and students with an aim to enhance both adults' and students' awareness of mental health. The Youth Aware of Mental Health (YAM) program is a representative school-wide psychoeducational program that aims to reduce students' depression. It was not only utilized in Europe through SEYLE, but also conducted in various countries including the US, India, and Australia (Wasserman et al., 2015). As for the prevention of suicidal ideation among the youth, Signs of Suicide (Aseltine et al., 2007) and Gatekeeper programs (Wyman et al., 2008, 2010) are well known. These programs are designed to help adults detect the early signs of suicide and prevent suicidal actions by youth. In Japan, the MEXT has attempted to protect students' mental health with the help of various policies. For example, they employ school counselors, train teachers regarding students' mental health, and encourage students to seek help from others (MEXT, 2016). Moreover, the improvement and expansion of free consultation service, including through the Internet, is also supported by the national administration (MEXT, 2016). As the examples show, current mental disorder prevention measures are mainly focused on three goals: developing knowledge and skills of school teachers and mental health professionals, enhancing environments where students can feel free to share their problems, and encouraging students to seek help from others. However, despite these efforts, mental health difficulties in adolescents, such as depression, anxiety, self-harm (Roche, 2017), and school refusal (MEXT, 2019) continue to be on the rise.

One of the factors obstructing improvements in adolescent mental health might be students' concealment. Multiple surveys revealed that a certain percentage of students try to mask their feelings. Ishikuma and Onose (1997) reported that 38% of Japanese secondary-school students do not seek help even if they have problems that they cannot solve independently. A recent survey also found that approximately 20% of Japanese teenagers do

not disclose their distress to anyone (Japan Cabinet Office, 2019). As mentioned previously, current support strategies rely heavily on adults' awareness of student's depressive symptoms and students' help-seeking behavior. While there is no doubt that these strategies are important, depression and other types of mental distress are not easily noticeable in the early stages. In particular, when students try to conceal their internal problems, it becomes difficult for adults to detect the students' situation. Further, since it is difficult to tell the difference between normal sadness and pathological depression (Horwitz & Wakefield, 2014), the condition may already become severe by the time adults recognize students' depressive signs.

Many individuals with mental distress remain unsupported although effective services and treatments exist. This situation is known as service gap or treatment gap (Kohn et al., 2004). According to the WHO (Kohn et al., 2004), the median rates of untreated cases of mental disorders were: depression, 56.3%; panic disorder, 55.9%; and obsessive-compulsive disorder, 57.3%. The treatment gap is universally large, though it varies across countries and regions. In summary, there seems to be a service gap between teachers or mental health professionals and students. Current supports systems may not be accessible for a considerable proportion of the struggling secondary-school students, especially those who intend to conceal their mental distress and to not seek help.

Adolescent non-help-seekers

Help-seeking is carried out by those who perceive themselves as needing formal (e.g., from counselors and medical staff) or informal (e.g., from family members and peers) assistance to deal with their personal problems (Barker, 2007). In studies on counseling behavior of individuals seeking help with their problems, researchers have not only used "help-seeking" but also other terms, such as seeking assistance, seeking emotional support, seeking instrumental support, and support-seeking (Rickwood & Thomas, 2012; Skinner & Zimmer-

Gembeck, 2007). In this dissertation, “help-seeking” is used as an umbrella term encompassing all the above components. It has been recognized that there are people who do not seek help from others, but there is no term to describe them. In this dissertation, individuals who do not seek help from others and conceal their problems are termed as “non-help-seekers.” Non-help-seekers exist regardless of ethnicity and culture (Goldston et al., 2008). Surveys in seven high-income countries revealed that 20% of Japanese teenager and 10–15% of young people in other countries do not discuss their problems with anyone (Japan Cabinet Office, 2014, 2019). The percentage might be higher in low- and middle-income countries because the youth in these countries face more barriers to access mental health services than those in high-income countries (Arora & Persaud, 2019; Hagaman et al., 2013). Moreover, high-risk individuals with depression (Bifftu et al., 2018; Yoshikawa et al., 2017) or suicidal intention (Bruffaerts et al., 2011; Calcar et al., 2014) less likely to seek help. Those with high suicidal ideation tend not only to not seek help (Pisani et al., 2012) but also to not accept help from others (Gould et al., 2003). Data of the World Mental Health Survey from 21 countries revealed that 61% of the respondents who were suicidal had not sought treatment of any type in the previous year (Bruffaerts et al., 2011). As the intention to seek or accept help decreases when one is depressed or has suicidal ideation, it is important to deliver support to non-help-seekers before their condition becomes serious.

Barriers to help-seeking

The reasons why adolescent non-help-seekers do not seek help, that is, the barriers to help-seeking, have been the focus of research on adolescent non-help-seekers. First, it is well established that boys tend not to seek help from others as compared to girls (e.g., Leong & Zachar, 1999; Moran, 2007; Williams & Cornell, 2006; Yamaguchi & Nishikawa, 1991) especially when their problems are severe (Fallon & Bowles, 1999). Boys are considered less likely to seek help due to traditional role norms that discourage them from showing their

emotions and weaknesses to others (Sears et al., 2009). In a survey that asked secondary-school students the reason they did not ask for help from others, boys selected “asking for help means that I’m weak” significantly more often than girls; in addition, the item “I should solve my own problems by myself,” which was not seen in girls, was selected frequently by boys (Chan & Quinn, 2012). The common reasons, regardless of gender, for secondary-school students not consulting with a counselor include risks about information leaks, distrust of counselors, and a sense of shame about sharing personal problems (Chan & Quinn, 2012; Gilchrist & Sullivan, 2006). Related to the sense of shame, self-stigma, such as a belief that asking for help is correlated with hopelessness, embarrassment, and weakness, is also a common barrier (Moskos et al., 2007; Vogel et al., 2006). These barriers are observed both when seeking informal (i.e., from familiar persons including family members and friends) and formal (i.e., from mental health professionals) help, and have been confirmed in different cultures, including Japan (e.g., Chan & Quinn, 2012; Kuhl et al., 1997; Nagai & Arai, 2007). Further, research focusing on the balance of anticipated benefits and risks of seeking help has been conducted (Nagai & Arai, 2007). Nagai and Arai (2007) revealed that anticipated benefits signified a stronger effect on actual help-seeking behavior than anticipated risks. In other words, efforts to reduce the help-seeking barriers are less effective in facilitating adolescents’ help-seeking behaviors if the anticipated benefits of help-seeking are low. Since the evidence of the effectiveness of help-seeking on psychological adaptation is inconsistent at present (e.g., Compas et al., 2017; Heerde & Hemphill, 2018), many intervention programs for facilitating adolescent help-seeking behaviors were designed to reduce barriers. Though, in fact, they have not shown definite effects. For instance, Varlow et al. (2009) measured stress-coping strategies of Australian adolescents before and after a one-hour lecture by psychologists delivering reasonable knowledge about stress to reduce self-stigma and facilitate help-seeking, but the scores on help-seeking did not improve significantly. Likewise, the Signs of Suicide program

by Schilling et al. (2014) was effective in providing knowledge about suicide prevention; nevertheless, the effect of attitude change, including help-seeking, was unclear. Thus, although interventions to reduce help-seeking barriers have been reported to enhance knowledge and skills related to help-seeking to some extent, there seems to be a gap between the knowledge and actual help-seeking behavior, denoting the limits of this strategy in facilitating help-seeking behaviors.

As these examples indicate, the effects of the current efforts to aid help-seeking may be limited for many adolescent non-help-seekers. Given that the effects of interventions aimed at facilitating help-seeking do not meet expectations, studies to explore other possible ways of support are needed. While most research on non-help-seekers has focused on help-seeking barriers and interventions for encouraging students' help-seeking, so far there are no studies examining other possible methods of support. However, since not only the help-seeking barriers but also the personalities and situations of non-help-seekers vary widely, support strategies targeting them should also have variety.

Types of non-help-seekers

Since individuals' personality, problems, and environment vary widely, the reasons for not seeking help can be also diverse. Research has thus far not defined the types of adolescent non-help-seekers, but it is clear that they are not a homogenous group. Researchers have identified several types of non-help-seekers: those who do not need help because their problem is not severe (Wilson & Deane, 2001); those who cannot seek help for various reasons, such as perceived lack of support (Watanabe et al., 2012) and negative consultation expectations (Nagai & Arai, 2007); and those who can maintain their mental stability without asking for help (Kuhl et al., 1997).

The types of non-help-seekers may be categorized more clearly by contrasting the model of help-seeking with the phases at which individuals decided not to seek help from others.

Help-seeking is not a simple and isolated decision; rather, it has been predominantly conceptualized as a process interacting with multiple influencing factors (Gross & McMullen, 1983; Srebnik et al., 1996). In addition, Rogler and Cortes (1993) conceptualized help-seeking as a pathway from stress to behavior. Based on this approach, various models of help-seeking have been proposed. Existing models of help-seeking generally draw attention to three phases: (1) problem recognition; (2) decision regarding whether or not to seek help; and (3) selection of a help source (Cauce et al., 1992; Liang et al., 2005). Non-help-seekers who do not need help because their problem is not severe (Wilson & Deane, 2001) are in Phase (1), and those who do not or cannot seek help for various reasons (Nagai & Arai, 2007; Watanabe et al., 2012) are either in Phase (2) or (3). However, the existing model does not include a phase corresponding to those who can maintain their mental stability without asking for external help (Kuhl et al., 1997). Thus, an integrated model was proposed by adding a new phase, termed the appraisal of need for help (Figure 1.1).

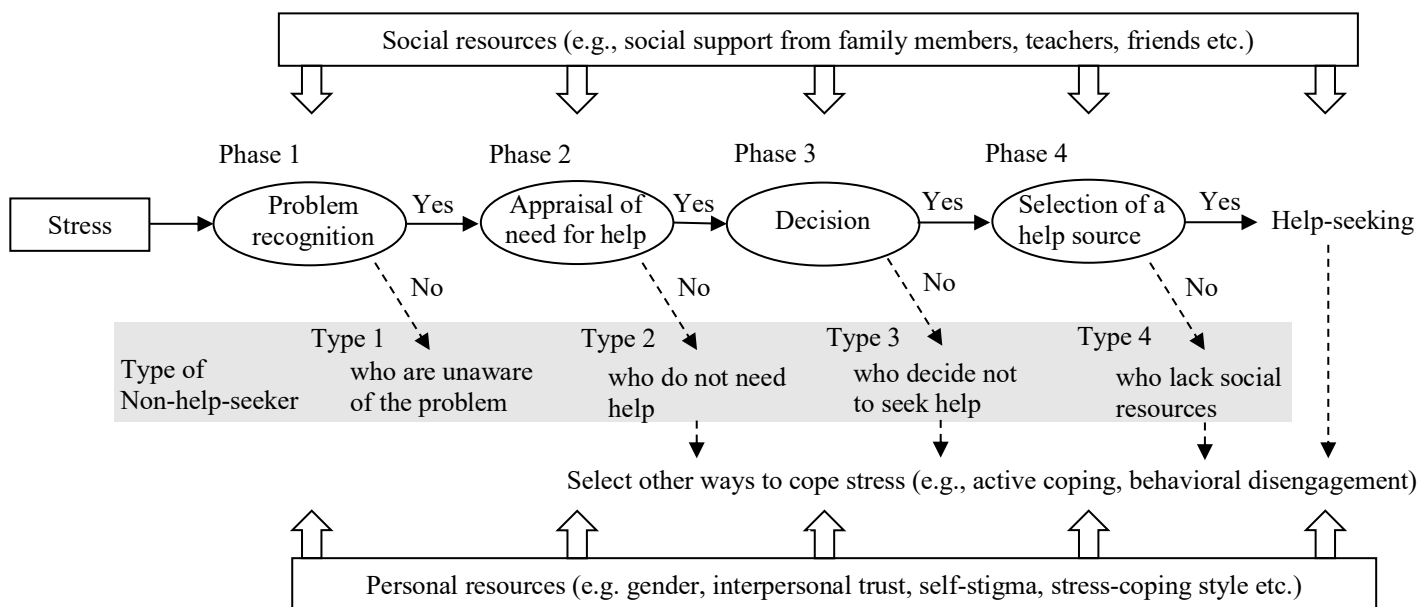


Figure 1.1. An integrated model of help-seeking

This integrated model includes four phases between a stressful event and help-seeking: (1) problem recognition, (2) appraisal of need for help, (3) decision, and (4) selection of a help source. The first phase of the help-seeking process is recognizing an event or situation as a problem (Gross & McMullen, 1983). This is influenced by various factors, such as problem domain and severity (Goldsmith et al., 1988), adolescents' personality (Zwaanswijk et al., 2003), and their parents' beliefs (Cauce et al., 2002; Srebnik et al., 1996; Zwaanswijk et al., 2003). The second phase was added by the author based on the existence of non-help-seekers who appraise that they can solve their problem without help from others (Chan & Quinn, 2012; Kuhl et al., 1997). Even upon recognizing a problem, adolescents may not seek assistance from others if they believe they can deal with it themselves (Newman et al., 2001). In the third phase of help-seeking, the individual makes a decision regarding whether or not to seek help (Gross & McMullen, 1983). This phase is considered a process of decision making in which the individual weighs up coping resources against the costs of asking for help (Fischer et al., 1983; Gross & McMullen, 1983). In other words, adolescents make a decision based on the balance between anticipated benefits and costs of help-seeking. This decision-making process is affected by various psychological and social factors including self-esteem (Gross & McMullen, 1983) and gender role obligations (Goldsmith et al., 1988). The fourth phase involves choosing a help source (Gross & McMullen, 1983). Social resources, such as social support from family, friends, and teachers impact this phase (Srebnik et al., 1996). Since the help-seeking process as a whole is embedded within the individual's social network, their recognition or decision regarding help-seeking is influenced by the network (Pescosolido, 1992).

Depending on the phase of the model in which the decision for help-seeking was either made or not made (or could not be made), effective ways to encourage help-seeking may differ. This model identifies four types of non-help-seekers: those who are unaware of their problem or troubling situation (Type 1), those who do not need help because they can solve the problem

or maintain their mental health by themselves (Type 2), those who recognize that they need help from others but decide not to seek help (Type 3), and those who cannot seek help due to lack of social support (Type 4). It is important to understand that there are several types of non-help-seekers, and that the most effective support method may vary depending on the type. Since the currently used support strategies, such as trainings for developing the knowledge and skills of school teachers and mental health professionals, promoting confidential and safe counseling services, and encouraging students to seek help seem to work only for Type 4 non-help-seekers, ways to approach other the types of non-help-seekers (i.e., Type 1 and 3) need to be considered. Further, the existence of adaptive non-help-seekers — those who can maintain their mental stability without external help, such as Type 2 individuals (Kuhl et al., 1997) — suggests that there are other factors that influence the mental health of non-help-seekers. If it can be clarified that adaptive non-help-seekers possess certain protective factors, new interventions that support these factors can be considered.

Also, regardless of which phase of help-seeking model they are in, social and personal resources effect the adolescents' cognition process (Liang et al., 2005). Social resources mean how enrich social support does an adolescent receives from others including family members, friends, and teachers. It influences the help-seeking model because adolescents who daily receive adequate social support do not need to take an action to get help from others (Phase 2). Enough social resources also make one easy to take a help-seeking action (Phase 3) and select a help source (Phase 4). Personal resources include gender (Fallon & Bowles, 1999), interpersonal trust (Chan & Quinn, 2012), self-stigma (Vogel et al., 2006), and stress-coping style (Zimmer-Gembeck & Skinner, 2016). In comparison with boys, adolescent girls are more sensitive to others' reactions and experience more interpersonal stress, thus, it is obvious that gender influences problem recognition (Phase 1). As described in the previous section, gender varies ease of help-seeking behaviors in the whole process of the help-seeking model same way

as trust and self-stigma do (e.g., Sears et al., 2009). Further, stress-coping style, that is, how one usually copes with stress is another important personal factor. Adolescents who can deal with their problem by themselves may not need help from others (Phase 2). Also, adolescents who recognize a stressor consider other coping strategies with or without help-seeking (Zimmer-Gembeck & Skinner, 2016), thus, the usability of other coping strategies influence one's decision about help-seeking (Phase 3). Thus, social and personal resources can be protective factors for adolescent mental health throughout all phases of the model.

Social support from familiar persons

As shown in the help-seeking model (Figure 1.1), social support (i.e., social resources) is one of the possible protective factors for adolescent non-help-seekers' mental health. Social support provided daily by familiar individuals is imperative for maintaining adolescent mental health (Ozbay et al., 2007). It is well established that social support enhances adolescent psychological health and well-being (Heerde & Hemphill, 2018). Social support may be accessible to individuals through various social networks, such as close individuals, peers, and the larger community (Lin et al., 1979). Typically, social support is categorized into four dimensions: tangible support, appraisal support, self-esteem support, and belonging support (Wills, 1985). Tangible support is the provision of material resources, financial assistance, or services that assist in problem solving. Appraisal support includes advice, guidance, and suggestions for solving problems. These types of support that primarily facilitate problem solving are also known as instrumental support (Carver et al., 1989). On the other hand, self-esteem support and belonging support do not directly focus on problems but focus on the recipients' emotions. Self-esteem support relies on care-oriented dialogue to ensure that the targeted individual feels valued. In contrast, belonging support gives a sense of social belonging. This type of support includes the presence of companions or engagement in shared social activities (Uchino, 2004), and is also known as emotional support (Carver et al., 1989).

As the effect of social support is evaluated higher when it matches the receiver's needs (Jacobson, 1986), some studies have attempted to decipher what kind of social support is more effective in this case (e.g., Cutrona & Russell, 1990; Hyman et al., 2003). Nevertheless, the majority of previous studies examining the effects of social support have targeted either the general population (Rueger et al., 2016) or participants whose problems were clear (e.g., Cutrona & Russell, 1990; Hyman et al., 2003). At present, barring studies related to help-seeking barriers, few studies have focused on non-help-seekers. Considering the risk of mental health issues in non-help-seekers (Goldston et al., 2008), research efforts aiming to identify the kind of social support that can help adolescent non-help-seekers' mental health are warranted. In particular, research that seeks to elucidate current support and the perceptions of adolescent non-help-seekers regarding the acceptance of supportive behavior is needed. Family members, friends, and teachers can be considered as familiar persons who provide daily social support to adolescent non-help-seekers, but among these, teachers are important in that they can support non-help-seekers regardless of their home environment and peer group. A close and trusting teacher-student relationship enhances students' motivation to learn (Wentzel & Wigfield, 2009), their help-seeking behavior (Halladay et al., 2020), and emotional well-being (Bukowski & Hoza, 1989). Moreover, teachers are key adult figures in an adolescent's life because they are likely to be the first to notice signs of emerging mental difficulties in students (e.g., Department for Education, 2018; Ministry of Health, Labor and Welfare, 2011b).

Therefore, this study begins by elucidating the current status of support from school teachers to adolescent non-help-seekers (Study 1) and non-help-seekers' perception of supportive behaviors from others including teachers (Study 2). Based on the results of Studies 1 and 2, factors possibly contributing to the support for adolescent non-help-seekers will be predicted, and they will be tested in subsequent studies. Before describing each study in the latter part of this chapter, previous research on adolescent help-seeking, which provides the

theoretical backbone for the current dissertation, and major research on stress coping, which encompasses the concept of help-seeking, will be reviewed.

Stress coping in adolescence

Stress coping refers to efforts to prevent or diminish distress related to a threat, harm, or loss (Carver & Connor-Smith, 2010). It has an effect on one's decision-making process in the help-seeking model (see Figure 1.1). Also, individual differences in coping is one of the factors that differentiates adolescents who develop maladjustments from those who do not (Evans et al., 2015). The first person to use the term stress in physiology was Cannon (1935). Cannon (1939) found that stress occurred when there was a threat to the human body's natural homeostasis, and termed the resulting physiological reaction "fight-or-flight response". Selye (1950, 1976) was the first to discover an association between chronic disease and aberrant stress responses, which led to him becoming known as the father of stress research (Melzack, 1999). A boom in stress research occurred in the mid-20th century, and until today, numerous studies have identified various stress-coping strategies used consciously and unconsciously by humans, and have conceptualized stress coping in different ways.

Taxonomies of coping strategies

Research on coping has developed in a wide range of fields, including medicine, nursing, and psychology. Thus, many researchers have constructed original measurement scales for coping in their fields including Ways of Coping Questionnaire (Folkman & Lazarus, 1980; 1988), the COPE Inventory (COPE) (Carver et al., 1989), and Coping Scale for Children and Youth (Brodzinsky et al., 1992). According to a meta-analysis by Kato (2015), the most globally utilized stress coping scale is COPE. It comprises 15 theoretically-derived coping strategies based on prior studies: positive reinterpretation and growth, mental disengagement, focus on and venting of emotions, use of instrumental social support (i.e., instrumental help-

seeking), active coping, denial, religious coping, humor, behavioral disengagement, restraint, use of emotional social support (i.e., emotional help-seeking), substance use, acceptance, suppression of competing activities, and planning (Carver et al., 1989). Since there are numerous stress-coping strategies, the majority of stress-coping researchers have described categorizations or dimensions of the coping strategies. The two traditional taxonomies of coping include Billings and Moos's (1981) approach versus avoidance coping and Folkman and Lazarus's (1980) problem-focused versus emotion-focused coping. Recent, hierarchical models (Zimmer-Gembeck & Skinner, 2011) of adolescent and youth coping have also been suggested to account for the complexity of coping.

Approach versus avoidance coping. The most commonly used categorization in recent research on adolescent coping is approach strategies (i.e., active style coping) versus avoidance strategies (i.e., passive style coping) (Billings & Moos, 1981; Carver & Connor-Smith, 2010; Ebata & Moos, 1991; Roth & Cohen, 1986). Approach strategies (e.g., active coping, emotional help-seeking) that are aimed at dealing with the stressor or related emotions are usually effective in promoting psychological adaptation (Skinner et al., 2003). Avoidance strategies (e.g., behavioral disengagement) are aimed at escaping the threat or related emotions (Seiffge-Krenke & Klessinger, 2000). Although avoidance strategies help adolescents in situations where the range of environmental choices and scope of change is limited, they tend to be less effective for long-term adaptation (Holahan et al., 2005; Seiffge-Krenke & Klessinger, 2000). Avoidance strategies are positively associated with internalizing symptoms; approach strategies, on the other hand, show negative associations with internalizing symptoms (Compas et al., 2001).

Problem-focused versus emotion-focused coping. Another commonly used categorization of coping strategies is problem-focused versus emotion-focused strategies (Lazarus & Folkman, 1984). Problem-focused strategies (e.g., active coping) are directed at the

stressor itself, while emotion-focused strategies (e.g., emotional help-seeking) are aimed at minimizing distress triggered by the stressors (Lazarus & Folkman, 1984). Although the findings are inconsistent and no consensus has been reached so far, problem-focused strategies are generally regarded as more effective for psychological adaptation than emotion-focused strategies (Krattenmacher et al., 2013; Losoya et al., 1998).

Hierarchical models of adolescent coping. Over the decades, researchers have attempted to assess hierarchical models that use higher-order categories to organize multiple lower-order ways of coping (Ayers et al. 1996; Connor-Smith et al. 2000; Ryan-Wenger, 1992; Walker et al. 1997; Skinner et al., 2003; Skinner & Zimmer-Gembeck, 2007; Zimmer-Gembeck & Skinner, 2011). Skinner et al. (2003) developed a comprehensive hierarchical framework of coping for adolescents and youth that classifies various ways of coping identified in previous research. They converged over 40 ways of coping into 12 higher-order categories. The twelve higher-order categories include: problem-solving, information-seeking, helplessness, escape, self-reliance, support-seeking, delegation, social isolation, accommodation, negotiation, submission, and opposition (Skinner et al., 2003; Skinner & Zimmer-Gembeck, 2007; Zimmer-Gembeck & Skinner, 2011). Each category includes three or four lower-order ways of coping that serve a similar set of functions. For example, “support-seeking” as a higher-order category includes contact-seeking, comfort-seeking, instrumental aid, and social referencing.

Criticism of traditional taxonomies. As demonstrated above, coping strategies have been classified by various methods and models; however, the taxonomies are still widely criticized as being too broad and forcing many disparate strategies into one category (Aldridge & Roesch, 2008; Compas et al., 2001). Skinner et al. (2003) also pointed out the lack of clear-cut category definitions in the traditional categorizations, as stress coping is “multidimensional”. Additionally, as researchers began to pay attention to individuals’

simultaneous use of multiple coping strategies, research on stress coping began to require a different methodological approach: a person-oriented approach that considers coping profiles to be a combination of multiple strategies (Mauno et al., 2014). In other words, we should investigate the association between individual coping profiles and psychological outcomes, based on more flexible combinations of strategies (e.g., active copers who seek help, passive copers who do not seek help, etc.), rather than specific categorizations. The following section will explain how adolescents choose coping strategies that determine their coping profiles.

Adolescent stress coping

Adolescence is a critical period for individuals' coping skills development (Zimmer-Gembeck & Skinner, 2016). Many adolescents not only face never before experienced stressors including changes in peer relationships and school context (e.g., Smetana et al., 2006; Waters et al., 2014), but also an imbalance between emotionally-charged impulses and still-developing emotion-regulation skills (Casey et al., 2011). Additionally, they need to maintain their emotional stability using their inexperienced problem-solving skills (Zimmer-Gembeck & Skinner, 2016). Owing to the uncontrollable environmental changes, emotional impulses, and immaturity, even though they may have acquired reasonable knowledge of coping strategies across childhood and early adolescence, some youth use coping strategies including avoidance that are generally regarded as maladaptive (Pellegrini & Bartini, 2001) and become reluctant to seek help from others (Newman et al., 2001). In terms of gender differences, adolescent girls perceive their problems as more severe and face a higher risk of psychopathology, including depression, than adolescent boys (Angold, 2008), whereas boys tend to use more avoidant coping strategies and less help-seeking than girls (Compas et al., 2017).

Thus, studying the process from the occurrence of stressful events through coping behavior to outcomes shows that adolescent coping is influenced by a variety of factors. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) was the first process

model to explain the link between stress and coping methods. The model states that after a stressful event, the controllability and impact of stress is assessed within an individual, and coping behaviors are selected based on the results of that assessment. In addition, the short-term outcome of the coping behavior defines long-term coping behavior. Frydenberg (2008) proposed an integrated model of adolescent coping that combined individual and environmental factors into the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984). According to Frydenberg’s (2008) model, the adolescent coping process begins with an interplay between a stressful event, perception of the situation, coping intentions, personal resources, and social resources, all of which influence one another. In the model, personal resources include age, personality, temperament, and biological disposition. Social resources include social support, family connection, and school connectedness. Figure 1.2 displays the process model that Zimmer-Gembeck and Skinner (2016) discussed in the section “Normative Development of Coping during Adolescence: Proactive Coping” in their book.

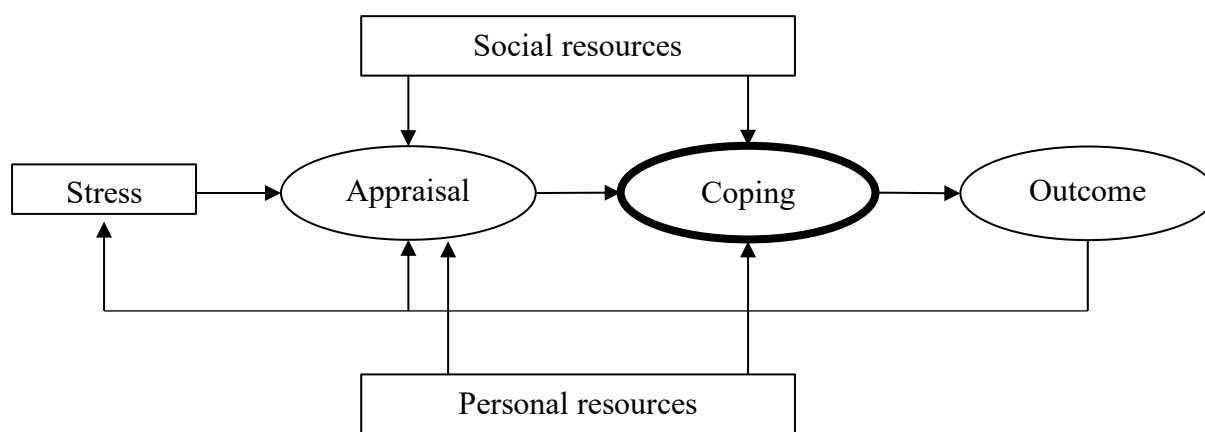


Figure 1.2. Transactional process of coping (Zimmer-Gembeck & Skinner, 2016)

In this model, cognitive appraisal of stressors trigger coping to solve the stressful problem or manage the individual’s negative emotional reactions to it. The outcomes that these coping efforts produce determine whether one can terminate or needs to prolong the stressful

transaction (Lazarus & Folkman, 1984; Zimmer-Gembeck & Skinner, 2016). Adolescents' maladaptive coping habits not only produce negative short-term outcomes but also put individuals at risk that may impact their adulthood, such as truancy, delinquency, and substance abuse (Zimmer-Gembeck & Skinner, 2016). The process from the onset of stress, through cognitive appraisal under the influence of personal and environmental factors, selection of a coping strategy, and to the outcomes is well established (Zimmer-Gembeck & Skinner, 2016). However, the effects of coping on outcomes are complex, and the evidence so far is scattered. As discussed in the previous section, there are many coping strategies and taxonomies of coping strategies, and people may use both adaptive and maladaptive strategies at the same time (Mauno et al., 2014). In other words, as shown in Figure 1.3, coping is not a single variable, but a collection of variables. Non-help-seekers, who are the focus of this study, do not use help-seeking, but whether they use other coping strategies has not been examined thus far. In other words, the combined effects of multiple coping strategies have not been clearly delineated. If adaptation can be ensured by using coping strategies other than help-seeking, the findings may be applied as a way to support non-help-seekers. Therefore, it is important to clarify the combined effects and complementarities of coping strategies. Studies 5 and 6 will investigate the combined effect of help-seeking and other coping strategies.

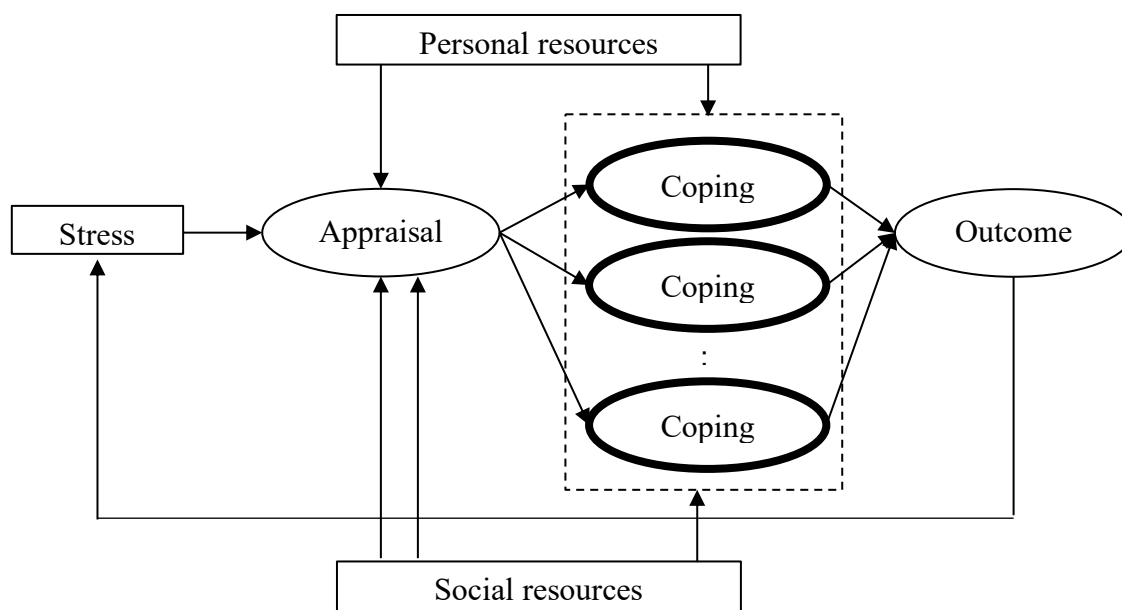


Figure 1.3. Revised transactional process of coping

Ambiguities regarding adolescent help-seeking

Help-seeking as a stress-coping strategy

The importance of studies examining the complementarity of coping strategies in adolescence becomes clear by organizing the position of help-seeking in coping theory. Help-seeking is a coping strategy and its evaluation varies depending on the classification method used. Help-seeking is carried out by those who perceive themselves as needing formal (e.g., from counselors and medical staff) or informal (e.g., from family members and peers) assistance for dealing with their personal problems (Barker, 2007). It is often categorized into emotional and instrumental help-seeking. Emotional help-seeking is the effort to obtain moral support, sympathy, or understanding, whereas instrumental help-seeking is the effort to obtain advice, assistance, or information (Carver et al., 1989). In the approach versus avoidance classification (Fields & Prinz, 1997), both emotional and instrumental help-seeking are frequently treated as approach strategies effective in psychological adaptation. However, in the problem-focused versus emotion-focused paradigm, instrumental help-seeking is positioned as a problem-focused strategy (i.e., effective), and emotional help-seeking is positioned as an emotion-focused strategy (i.e., less effective) (Carver et al., 1989; Compas et al., 2001). Thus, the position of help-seeking in the taxonomies of coping strategies is unclear, and there is no consistent view on its effect.

Help-seeking and psychological adjustment

The results of prior research reflect the ambiguous effects of help-seeking (Rickwood, 1995). Empirical studies have not defined the association between help-seeking behaviors and students' psychological adaptation (e.g., Compas et al., 2017; Hefner & Eisenberg, 2009). Although some studies report a positive impact of help-seeking behaviors on students' sense of school adaptation or perceived social support (Honda, 2013; Miura et al., 1995), two recent meta-analyses concluded that help-seeking behaviors themselves are not relevant to adolescent

psychological adaptation (e.g., Compas et al., 2017; Heerde & Hemphill, 2018). These meta-analyses showed that, overall, help-seeking behaviors have no association with adolescents' psychological outcomes (Heerde & Hemphill, 2018) or with psychopathological symptoms including positive/negative affect balance (Compas et al., 2017). Another meta-analysis regarding the effect of coping strategies on well-being showed that both instrumental and emotional help-seeking had smaller effects on well-being than other strategies, such as active coping and behavioral disengagement (Kato, 2015). This indicates the possibility that an individual's adaptation is greatly influenced by coping strategies other than help-seeking. Thus, it may be possible that seeking or not seeking help makes no difference in psychological outcomes. Simultaneous use of help-seeking and another coping strategy may be needed to create a positive effect on psychological adaptation.

The effect of emotional help-seeking is especially ambiguous. Emotional help-seeking aimed at comfort and distraction to stabilize one's feelings (Langford et al., 1997) is considered to be a significant coping strategy for secondary school-aged children who have unformed problem-solving skills and limited controllability against their environment (Dzurilla et al., 1998). However, while instrumental help-seeking — wherein a person aims to seek interventions and advice to solve their issues — is effective in controlling stress and improving well-being (Hoffman et al., 1992; Takamoto & Aikawa, 2013), the association between emotional help-seeking and psychological adaptation has not yet been established (Compas et al., 2017; Heerde & Hemphill, 2018). Thus, it is expected that there are other factors that determine whether or not emotional help-seeking plays a positive role in adaptation to stress. Studies 3 and 4 will discuss this challenge. Identifying these factors may help to improve our understanding of the effectiveness of emotional help-seeking and contribute to the provision of appropriate support and the promotion of effective help-seeking behavior (Wilson & Deane, 2001).

The current study

The purpose of this research is to propose supportive ways for adolescent non-help-seekers, who do not consult with anyone when faced with trouble, to help maintain their mental health and prevent school refusal and various psychosocial risks. The initial part of this chapter gave an overview of the mental health problems of today's youth and pointed out that current forms of support may be difficult to reach non-help-seekers. Following this, an integrated review of barriers to help-seeking and a model of help-seeking (Figure 1.1) showed that non-help-seekers are not all the same, and argued for the need for a variety of support methods. In particular, there is a dearth of research and knowledge regarding the ways to support the mental health of non-help-seekers who are unaware of their troubling situation (Phase 1) or who decide not to seek help from others (Phase 3). It was also pointed out that other than studies related to help-seeking barriers, there are few studies focusing on non-help-seekers, and it is unclear how the people around them support them on a daily basis. The middle part of this chapter, that is, the stress coping in adolescence section, reviewed the current literature regarding youth stress coping. The theories of coping embrace the concept of help-seeking, in which some coping strategies may work to compensate for the low help-seeking shown by adolescents. The final part of this chapter pointed out two ambiguities regarding help-seeking: the fluidity of help-seeking's position in coping strategies and the ambiguity of the effect of emotional help-seeking on psychological outcomes. Accordingly, the importance of clarifying the complementarities of coping strategies, and to investigate the factors that affect the relationship between emotional help-seeking and psychological outcomes were highlighted.

To achieve the aim of proposing supportive ways for adolescent non-help-seekers, this study adopts a social support framework and stress-coping perspective. In other words, instead of forcing youth to seek help from others, this study pursues a more comprehensive understanding of non-help-seekers in order to facilitate their mental health regardless of

whether or not they seek help from others. Therefore, this study focuses on factors that change the outcome of help-seeking and those that compensate for the low level of help-seeking, rather than factors that prevent or promote help-seeking.

In light of the discussion so far, five main research questions guiding the research were generated:

1. How do teachers support non-help-seeking students? (Study 1)
2. Do non-help-seekers perceive teachers' supportive actions to be helpful? (Study 2)
3. What are the possible intrapersonal factors that influence the outcome of emotional help-seeking? (Studies 3 and 4)
4. Is there a coping strategy to compensate for low help-seeking and maintain psychological adjustment? (Studies 5 and 6)
5. Are there internal factors that compensate for low help-seeking and help maintain psychological adjustment? (Study 7)

The first two research questions will be investigated in Chapter II, which aims to understand the current support for adolescent non-help-seekers. The chapter will also explore how teachers support Type 1 non-help-seekers who are not aware that they need help. The third research question will be considered in Chapter III, "Approaches aimed at promoting effective help-seeking". Even though help-seeking is highly recommended, in particular, the effect of emotional help-seeking is ambiguous. Since help-seeking behavior is not promoted without sufficient positive expectations (Nagai & Arai, 2007), it is necessary to clarify when emotional help-seeking leads to adaptation in order to promote help-seeking behavior. Answering the third research question clarifies the conditions under which the benefits of emotional help-seeking are obtained, and may help change the behavior of Type 3 non-help-seekers who have been hesitant to engage in help-seeking due to ambiguous anticipated benefits. The last two research questions will be examined in the Chapter IV, "Approaches aimed at compensating

for low help-seeking”. The purpose of this chapter is to identify the protective internal factors of Type 2 non-help-seekers. The compensations of the coping strategies pointed out in the review of this chapter will be investigated. Other internal factors will be predicted from the results of Studies 1 and 2.

Chapter II: Current supports for adolescent non-help-seekers

This chapter presents two qualitative studies for better understanding the current situation of adolescent non-help-seekers. Study 1 investigates current support from schoolteachers to non-help-seeking students, and Study 2 intends to understand non-help-seekers' perceptions toward various behaviors of others including teachers. Since there have been few studies that focused on the current situation around adolescent non-help-seekers at present, the studies in this chapter contribute to fundamental understanding about them and predictions of factors to be examined in following studies.

Study 1: Current supports for adolescent non-help-seekers by schoolteachers**Purpose**

School teachers have a critical role in adolescent mental health protection. However, teachers often feel very hesitant dealing with students' mental health problems (Rothi et al., 2008). According to a survey, approximately 30% of teachers working at an elementary or high school showed concern toward understanding a variety of mental health conditions in students; this percentage was higher than 50% among teachers working at a secondary school (MEXT, 2005). Teachers may have difficulties differentiating between typical and atypical mental health, and may not be able to determine when support is required (Loades & Mastroyannopoulou, 2010). In other words, it is difficult for them to determine the appropriate timing to initiate support. Providing more training opportunities for teachers to acquire knowledge and skills for supporting students' mental health can be one of the solutions for this (Reinke et al., 2011). However, the actual situation is a lot more complicated (Poulou, 2016). There are various factors that make it difficult for teachers to understand and pay attention to students' mental health conditions (O'Reilly et al., 2018). A possible difficulty factor is the stress teachers face due to excessive workloads (Naghieh et al., 2015). Teachers may not be able to demonstrate their true abilities in the domain of student mental health if they are excessively busy and stressed (Kidger et al., 2009). Another possible cause of teachers' difficulty is that students often conceal their problems. With the increase in cyberbullying during the last decade, relationships among students have become less visible to those outside their peer group (Peebles, 2014). Furthermore, the number of Japanese youths who do not talk to anyone about their personal problems or concerns increased from 15.7% to 19.9% in five years (Japan Cabinet Office, 2014; 2019). Under

these circumstances, it is difficult to detect students' mental health problems early and provide preventive interventions.

While there has been a greater load of expectations placed upon teachers with regard to detecting students' mental health problems, there has been limited research exploring the experiences of those on the frontlines in this task. To date, no study has focused on the daily interaction between teachers and students in the context of detecting mental health problems in students and providing support. Understanding the current situation and methods about how teachers have been trying to support non-help-seeking students is integral to design future effective interventions. Therefore, individual interviews of teachers were conducted for this study, where they were asked about their experiences of interacting with students who did not seek help for mental health issues, but were deemed to need it. Data regarding students' problems, triggers to start support, interaction processes, and consequences (i.e., whether the student adapted to school life) at the end of the support were collected for investigating the following research questions:

- (1) What triggers teachers to initiate supportive action for students who do not seek help from others?
- (2) How do teachers support non-help-seeking students, and do their methods differ depending on the students' problem domain?
- (3) Are there differences in teachers' behaviors between cases where students adapted to school life and the cases where they did not?

With these questions, this study aimed to broadly and qualitatively grasp current teacher support for adolescent non-help-seekers, and consider which support behaviors proved effective.

Method

Design and participants

Participants included current and retired teachers who worked at secondary schools in Japan ($n = 15$; 8 men and 7 women). There were two teachers who had retired after working as a school principal, two current principals, two assistant principal teachers, five class teachers, and four nursing teachers¹. Both of the retired teachers had been reappointed and were currently working at schools. Table 2.1 shows participant demographics. The majority of the participants ($n = 9$) were recruited from two public schools in Northern Japan where the authors conducted the longitudinal survey for students². The principals of the two schools read a description of this study and selected teachers who were eligible and available for the interviews. Other participants ($n = 6$) were recruited by snowball sampling. They worked at schools in the Tokyo metropolitan area. All participants were informed in advance that the interview was about their experiences in supporting struggling students who did not seek any help from teachers. They signed a consent form for participation, and were gifted a coffee or snack set after the interview.

Measures

For the clarity of that the interview was about non-help-seeking students, each interview started from a question “Have you met any student who was considered to need help but did not seek help from others or accept help from others?” Interview protocols included questions that inquired about participants’ experiences of interacting with non-help-seeking students, including how they got to know the student, why they thought the

1. Nursing teachers (or Yogo teachers) are special licensed educators in Japan who are responsible to maintain physical and mental health of students. Most Japanese schools of all levels have at least one nursing teacher instead of school nurses. They work at a nursing room at school where student can visit when they need care for injury, sick, and mental instability (Okada, 2011).

2. This survey was used for Study 5 and Study 7,

student needed support, how they approached the student and how the student reacted, and the consequences of the supportive actions (see Appendix E). The interviews were semi-structured, and only the themes related to the relevant research questions were included in this study.

Table 2.1. Profiles of the participants

Speaker ID	Speaker gender	Speaker's title when the interview conducted	Teaching experience (years)
T1	F	Nursing teacher	10-15
T2	M	School principal	20 <
T3	F	Nursing teacher	1-5
T4	M	Assistant principal teacher	20 <
T5	F	Class teacher	10-15
T6	F	Nursing teacher	20 <
T7	M	Retired school principal	20 <
T8	M	Retired school principal	20 <
T9	M	Class teacher	15-20
T10	M	Class teacher	10-15
T11	M	Class teacher	1-5
T12	M	School principal	20 <
T13	F	Class teacher	20 <
T14	F	Assistant principal teacher	20 <
T15	F	Nursing teacher	1-5

Interview procedure

The author conducted all one-to-one interviews in a private room at the school where each participant worked. The interviews were conducted during spring break or summer vacation. The date and time were individually scheduled depending on the participants' request. The duration of the interviews was from 40 to 128 min ($M = 55$ min). Before starting the interviews, the participants were asked to confirm their assent

and were informed that they were free to leave at any time and cancel participation. The interviews were audio-recorded with the consent of the participants and transcribed verbatim by the interviewer. All transcripts were deidentified to protect participants' privacy. These procedures were approved by the university's research ethics committee.

Data analysis

Of the 31 cases obtained, 28 were included in the analysis, excluding the 3 cases currently in progress. The case demographics are shown in Table 2.2. The analysis was based on thematic analysis (TA; Boyatzis, 1998) and the Trajectory Equifinality Model (TEM; Sato et al, 2009). TA is defined as “a method for identifying, analyzing, and reporting patterns (themes) within data (Boyatzis, 1998).” TA was the basis for coding; it allows for flexible analysis according to the characteristics of the data and research objectives (Boyatzis, 1998). TEM is an analytical model that illustrates the patterns of trajectories to a similar experience within an irreversible time path in process diagrams. Similar to TA, TEM allows for flexible revisions in the methods of analysis and combinations with other analytical methods (Sato et al., 2009). Since the main purpose of this study was not to generate a universal theory but to understand the current situation, the codes were supplementarily used for objectively capturing data, and the results were specifically described to the extent that participants' privacy was protected. This study differs from TEM in that it included multiple outcomes (e.g., graduation or expulsion of students from school). Though, it was same with regard to investigating the interaction process from the beginning of support to the end of the teacher-student relationship along the timeline. Original rules such as distinguishing pathways between cases that were finally adapted to school (black) and cases that were not adapted (gray) were defined in the diagrams.

Table 2.2. Profiles of the analyzed cases

Case ID	School grade	Gender	Domain of student's problem	Consequence	Speaker ID	Speaker's title during the episode
A	12	F	Interpersonal relationship at school	○	T1	Nursing teacher
B	10	M	Family problem	×	T1	Nursing teacher
C	10	F	Family problem	×	T1	Nursing teacher
D	11	M	Family problem	×	T1	Nursing teacher
E	9	F	Interpersonal relationship at school	○	T2	Class teacher
F	8-9	F	Family problem	×	T2	Class teacher
G	9	F	Family problem	×	T2	School principal
H	9	M	Developmental disorder	○	T3	Nursing teacher
I	9	F	Family problem	○	T3	Nursing teacher
J	7-8	M	Other (unknown)	×	T4	Class teacher
K	7-9	M	Developmental disorder	×	T5	Class teacher
L	7-9	M	Developmental disorder	○	T5	Class teacher
M	12	M	Interpersonal relationship at school	×	T6	Nursing teacher
N	12	F	Interpersonal relationship at school	○	T6	Nursing teacher
O	10-12	M	Developmental disorder	○	T6	Nursing teacher
P	8	F	School refusal	○	T7	Class teacher
Q	7	M	School refusal	×	T7	Class teacher
R	9	F	Interpersonal relationship at school	○	T8	Class teacher
S	9	M	Family problem	○	T8	Class teacher
T	7-9	F	School refusal	×	T9	Class teacher
U	7	F	School refusal	×	T9	Class teacher
V	7-9	F	Family problem	×	T10	Class teacher
W	8-9	F	School refusal	×	T10	Class teacher
X	7-9	M	Developmental disorder	○	T11	Class teacher
Y	6	F	Other (Mutism)	○	T12	Class teacher
Z	8	F	School refusal	×	T14	School refusal support teacher
AA	6	F	School refusal	○	T15	Nursing teacher
AB	9	M	Family problem	○	T15	Nursing teacher

Note: ○ = positive consequence (i.e., student adapted to school life), × = negative consequence (i.e., student did not adapt to school life)

Analysis procedure

The author conducted preliminarily coding and developed the drafts of the process diagrams. All remarks from participants were categorized with reference to the TA's deductive coding as follows: a) background information, b) problems the student was having, c) triggers for support, d) teacher's words and actions, e) student's words and actions, f) other stakeholders' words and actions, g) consequences, and h) evaluation by the speaker (i.e., participants). The remarks related to support processes (i.e., triggers for support; words and actions by teachers, students, or other stakeholders; and consequences) were arranged in chronological order, and 28 case-specific process diagrams were generated.

Subsequent analysis was performed by three researchers. First, the process diagrams with the same problem domain were merged together by referring to the problems the students were having. Process diagrams for each of the five problem domains (family problems, school refusal, developmental disabilities, friendships, and high-school entrance examinations) and three other individual process diagrams were developed. Second, for each diagram, similar remarks were categorized together and labeled with reference to the remarks about background information and evaluation by the speaker. In addition, the consequence points, bifurcation points, and common passage points were added with reference to the TEM. The process diagrams in which similar categories emerged were compared at this point, and it became clear that all the cases categorized as high-school entrance examinations had family problems, dominant parenting. Then, the process diagrams for high-school entrance examinations and family problems were reintegrated as family problems. In addition, the process diagrams for friendship and student-teacher relationship were integrated as interpersonal relationships at school because there were many similarities between their support processes. Thus, four process diagram for each problem domain (family problems, school refusal, developmental disabilities, and interpersonal relationships at school) were created. Two other individual case

diagrams were excluded from the present analysis because of the high individuality that prevented their integration, and to maintain participants' privacy. The four process diagrams were improved by abstraction of the representation for privacy preservation, sophisticated category labels were matched to the remarks, and finally, all confirmed cases were correctly reflected.

Results

The 26 cases (11 boys and 15 girls) used in the final analysis were categorized into four problem areas: family problems (9 cases), school refusal (7 cases), developmental disability (5 cases), and interpersonal relationships at school (5 cases). The number of cases by consequence and problem domain are shown in Table 2.3, and generated categories of teacher support are shown in Table 2.4.

Teachers' support behaviors were divided into seven categories: direct approach (DA), information gathering (IG), environmental adjustment (EA), watching over them through daily conversations (WO), direct intervention (DI), support for developing future vision (FV), and one-on-one tailored approach (TA). DA includes direct actions for the non-help-seeking students, such as teachers directly asking students if they have any problems and expressing the teacher's willingness to help them. IG includes actions for collecting information regarding non-help-seeking students' situations from other sources rather than the students themselves; it included home visits for school refusal students and seeking cooperation from the students' classmates or family members. EA includes various indirect actions for creating a better classroom environment for non-help-seeking students. For example, a participant (T5) shared that she taught her class what developmental disorders were and how we should help those who have these disorders. Two other participants (T2 and T8) held a discussion with students about bullying and stated that they would never allow it.

Table 2.3. The number of cases depending on the problem domain and consequence

Problem domain	Consequence		total
	positive	negative	
Family problem	3	6	9
School refusal	2	5	7
Developmental disorder	4	1	5
Interpersonal relationship at school	4	1	5
total	13	13	26

Table 2.4. Categories of teachers’ supportive behaviors depending on the problem domain

Category of support	Family problem	School refusal	Developmental disorder	Interpersonal relationship
Direct approach (DA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information gathering (IG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental adjustment (EA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching over (WO)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
Direct intervention (DI)	<input type="radio"/>			
Support developing future vision (FV)	<input type="radio"/>		<input type="radio"/>	
One-on-one tailored approach (TA)		<input type="radio"/>	<input type="radio"/>	

WO refers to watching for changes in students’ behavior through informal daily conversation, without forcing them to disclose their problems. DI includes contacting the parents or a welfare institution to report the student’s problematic behaviors without the student’s consent. FV refers to talking about the students’ post-graduate career with them and discussing how to achieve their goals. TA includes individual support for school refusal students and students with a development disorder in a private room at the school.

In the following sections, the interaction processes from the beginning to the end of support have been described for each problem domain. They are also illustrated in the form of process diagrams from Figures 2.1 to 2.4.

Family problems (B, C, D, F, G, I, S, V, AB)

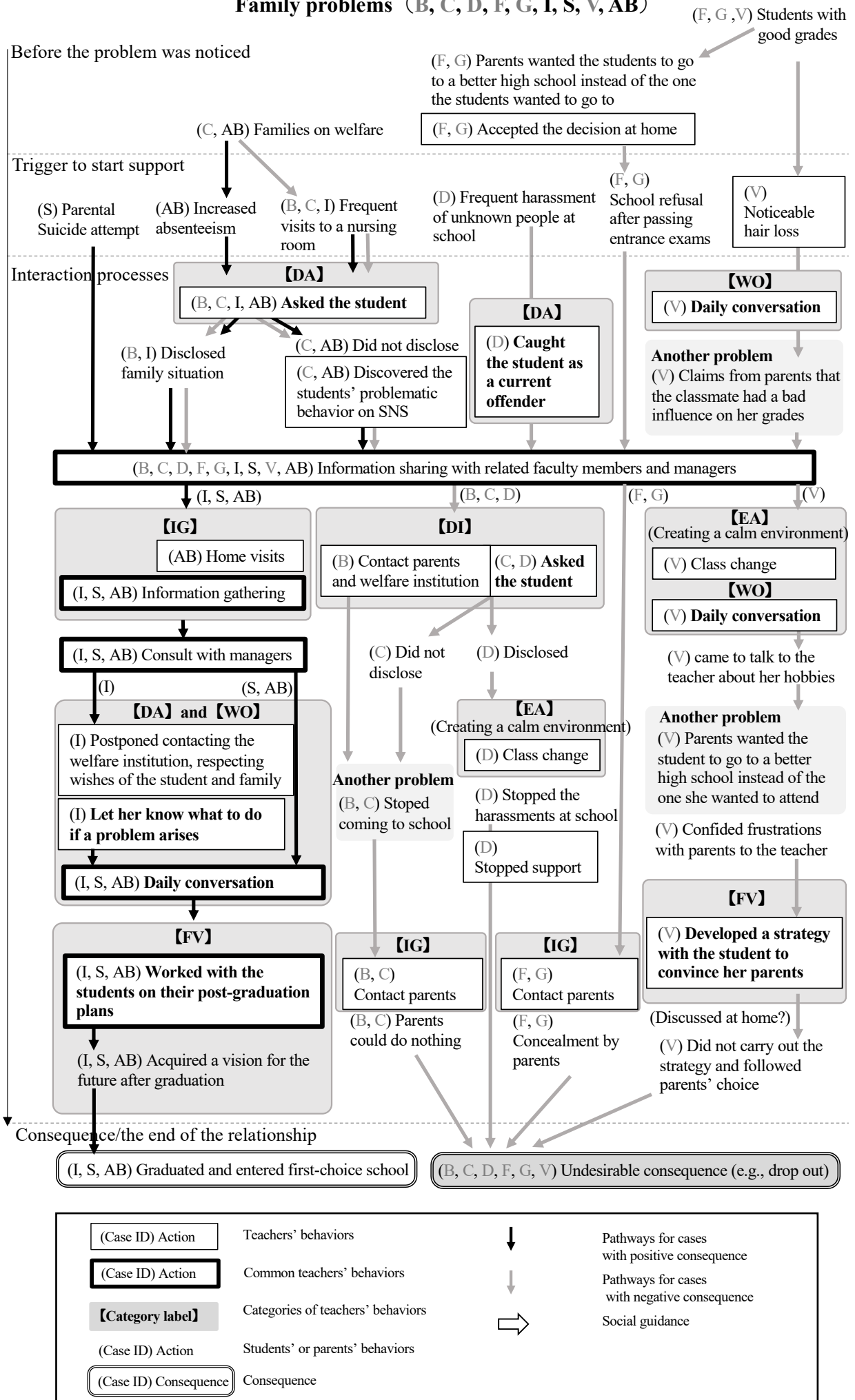


Figure 2.1. Support process diagram for family problems

School refusals (P, Q, T, W, U, Z, AA)

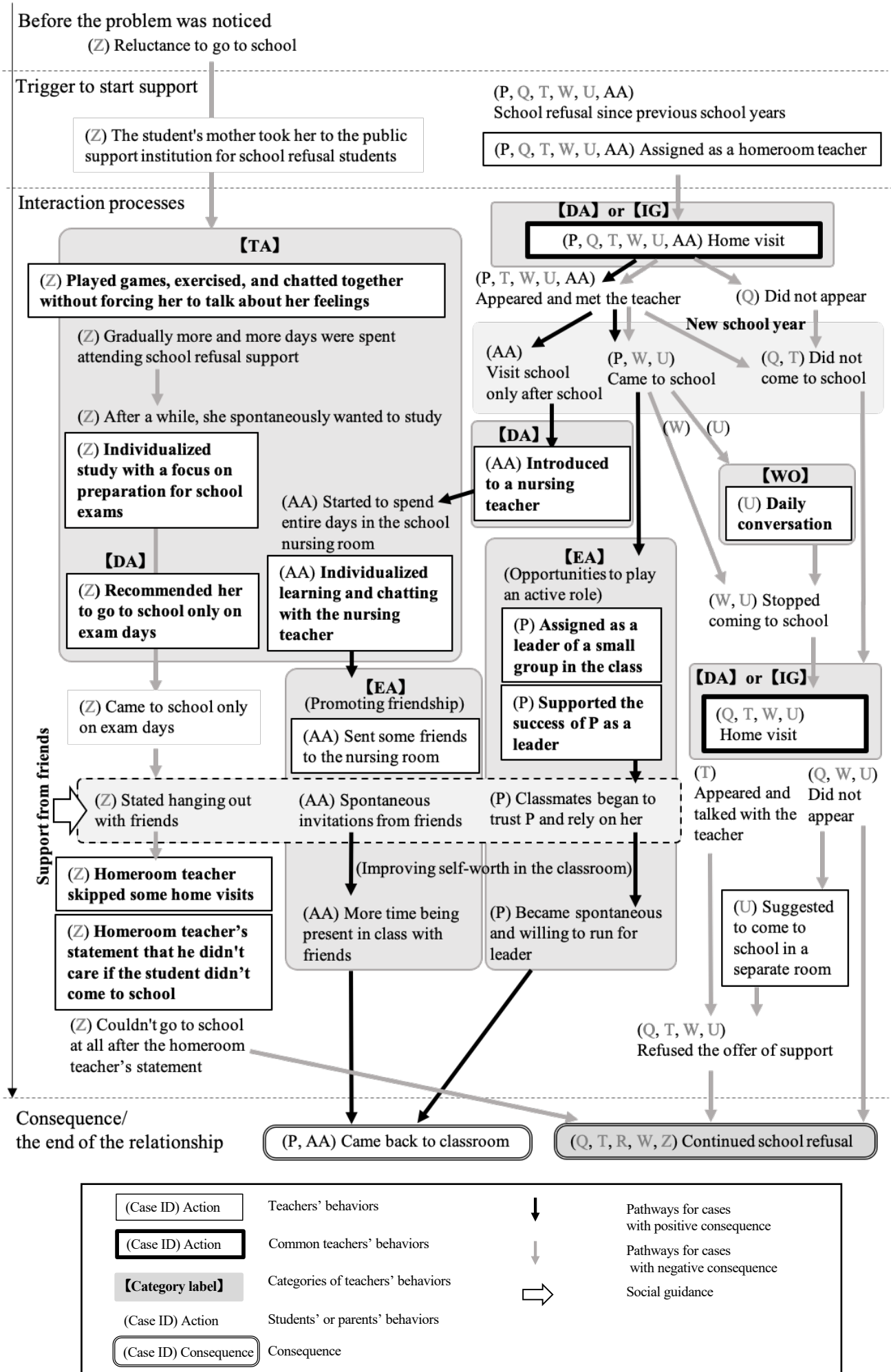


Figure 2.2. Support process diagram for school refusals. *Note:* Only cases where there was already a tendency for school refusal at the start of involvement were included.

Developmental disorders (H, K, L, O, X)

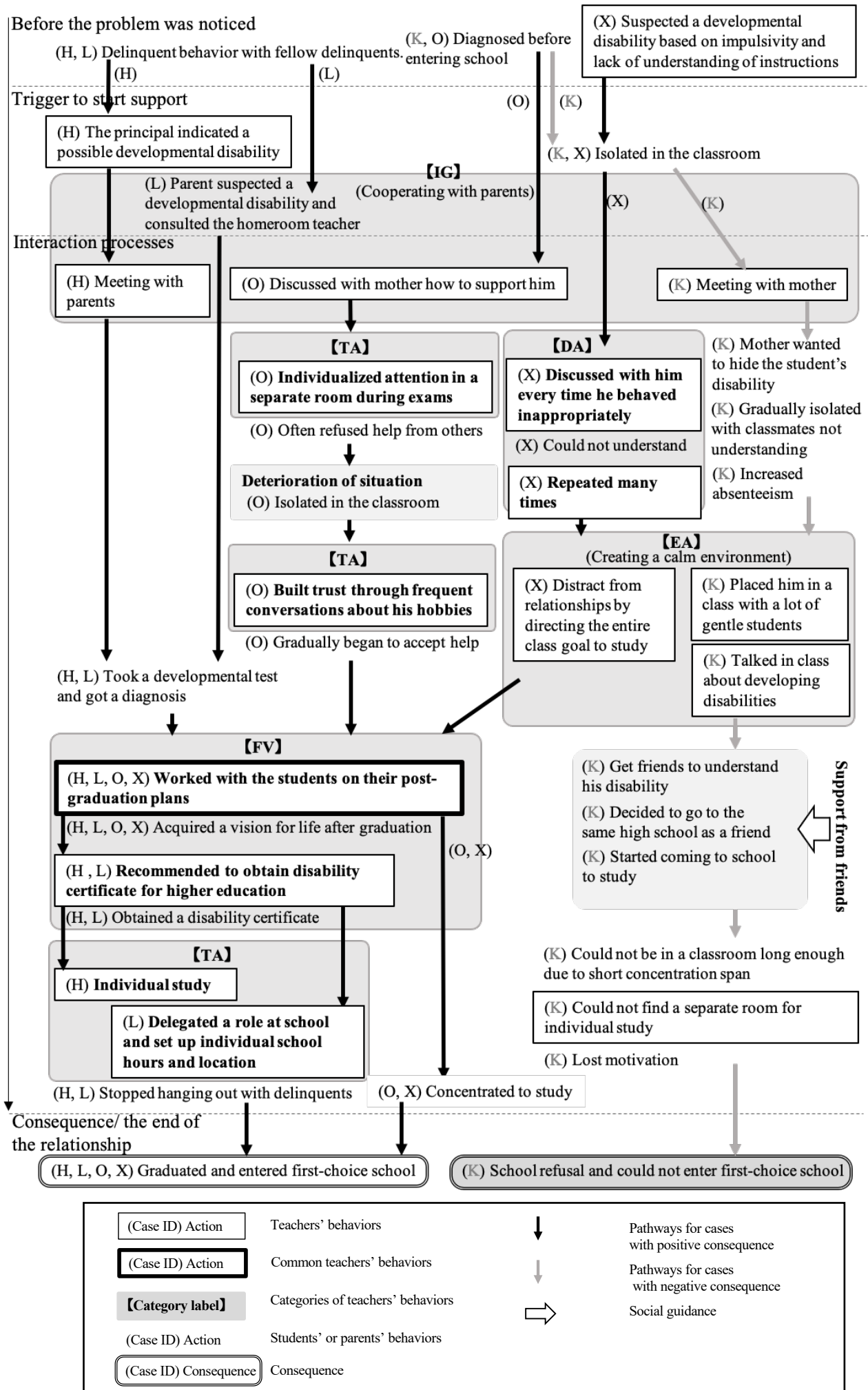


Figure 2.3. Support process diagram for development disorders

Interpersonal relationship issues at school (A, E, M, N, R)

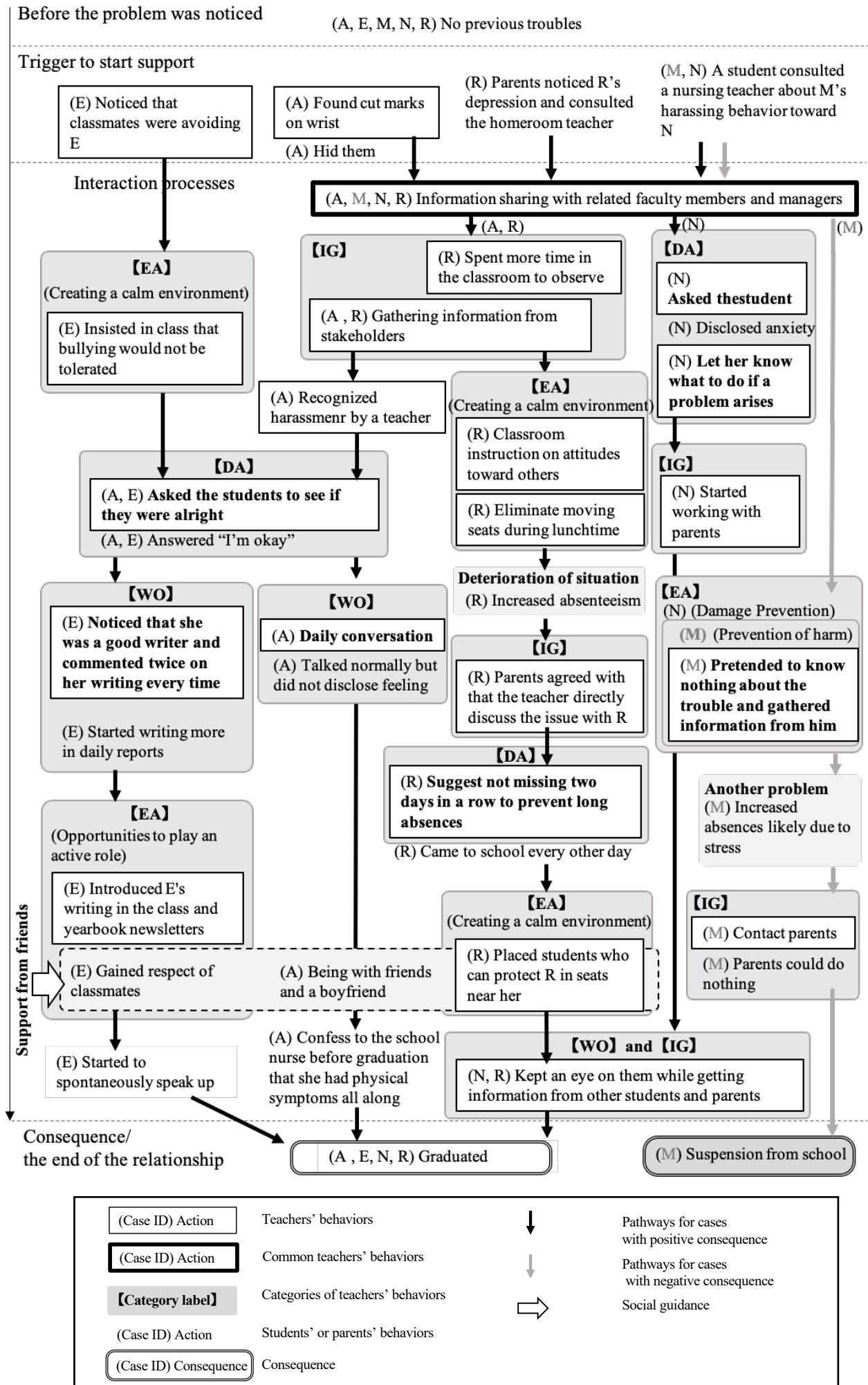


Figure 2.4. Support process diagram for interpersonal relationship issues at school

Family problems

In most of the nine cases of family problems, teacher support was initiated after the problem became obvious from the student's problematic behavior. All teachers shared the problem with other colleagues and school managers at an early stage of the support process because they recognized certain difficulties in supporting these students on their own. In the three cases where students successfully graduated (I, S, and AB), information about the students' problems was generally gathered from sources other than the students, the teachers communicated with them and watched over them through daily conversations, and supported the development of their future perspectives. However, in the three cases where teachers directly intervened without the student's consent (B, C, and D), all students failed to graduate and stopped coming to school, even though the apparent problem behaviors were no longer present. In three cases where strong parental control was evident throughout the high-school entrance examinations (F, G, and V), teachers had difficulty discussing students' aspirations after graduation and assisting them in developing a future vision, resulting in students dropping out of high school immediately after enrollment.

School refusal

In the seven school refusal cases, the students were already out of school when the teacher-student engagement began. In one case (V), the teacher was working as a school refusal support teacher in the city board of education when she met the student. The teacher never discussed the cause of school refusal with the student directly. She built a rapport through games and exercises and waited for the student to show motivation to attend school on her own. Although the student's mental state recovered enough to gradually go to school with support from her friends, she could not receive enough support from her homeroom teacher to enhance her sense of self-worth in the classroom and was not able to return to class. Specifically, the situation was exacerbated by the homeroom teacher's failure to keep his promise to visit the

student's home and his statement that he did not care whether the student came to school or not. In the two school refusal cases where students returned to the classroom (P and AA), the students were able to meet a new teacher face-to-face during a home visit before the new semester began. The students' challenge to go to school in the new semester, classroom environmental adjustment by the teachers, and support from friends collaboratively contributed to enhance the students' sense of self-worth in the classroom. In the case of P, the teacher appointed her an important role in the class and helped her accomplish the tasks with the aim to create an atmosphere of trust and need for P in the classroom. In the case of AA, the class teacher worked with the nursing teacher to create a "safe base" (i.e., nursing room) in the school, and at the same time encouraged some of AA's friends to invite her into the classroom, thus increasing her sense of being needed by her classmates. However, in some cases, teachers were not allowed even a single face-to-face encounter with school refusal students despite home visits before a new semester. Thus, it is apparent that the inability to communicate with students makes it very difficult for teachers to bring about meaningful changes in their situations.

Developmental disabilities

At the time that teachers initiated support, some students in the developmental disability cases were not aware that they had some sort of disability and needed support. In many of these cases, collaboration with parents was initiated early in the support process. Furthermore, in the four cases where the students graduated and were able to go to the school of their choice (H, L, O, and X), the common feature was that teachers helped the students develop future prospects and adjusted the classroom environment according to their needs; then, the students could take action to achieve their future goals. Whereas, in another case, K, the student had stopped coming to school and was not able to go to the school of his choice. Multiple factors, such as a delay in gaining understanding from classmates, mismatched coordination between teacher and mother, and failure of environmental adjustments to support him in realizing this

future vision resulted in this undesirable consequence.

Interpersonal relationships at school

There were five cases with an interpersonal relationship problem at school. It was common there was an ongoing process of information gathering, environmental adjustment, and watching over through daily conversation from the beginning of the support to the end of the involvement. These were problems occurring in the school, so some teacher noticed the incidents before the problem became obvious and then they asked the students about it. In both cases where interpersonal relationship in the classroom was a problem (E and R), the students did not disclose their problems even though the teachers asked; therefore, the teachers prevented the situation from getting worse by indirect approaches. The teachers intervened by facilitating the students' classmates to adjust the classroom environment and improved the classmates' view of the student, or elicited support from classmates. These steps made the students feel more secure in the classroom. Case A represented a personal problem between the student and a teacher. The speaker (i.e., a nursing teacher of the school) noticed the problem but could not have done anything for solving the problem; moreover, the student did not disclose her concerns to the teacher until graduation. However, the teacher expressed her care and support to the student on a daily basis and the student also received support from her friends. This allowed her to graduate without any serious incidents. In the case of M and N, the problem was M's harassing behavior toward N. The aim of the teachers was to prevent the perpetration from M to N. She provided emotional support to the victim, N, but, she did not inquire about the feelings of the perpetrator, M, even once. As a result, although N was protected, M stopped coming to school.

Discussion

For better understanding of current support from teachers to adolescent non-help-

seekers, this study sought to directly elicit information from teachers regarding their experiences of trying to support students who needed help but did not seek it. The results, which are an initial description of the triggers of initiating support, support processes, and consequences, add to the limited research about how to provide support to non-help-seekers.

Triggers for support

Teacher support often began after visible behavioral changes, such as increased absences and frequent visits to the nursing room occurred. According to a participant (T7), “I know that students may have some worries or problems that they cannot control. But I don’t have the time to spontaneously approach students who don’t seem to have serious problems. If they’re fine on the surface, I am relieved.” This is consistent with previous research that extreme teacher busyness can hinder emotional support for students (Kidger et al., 2009). In some cases of developmental disabilities and relationship problems, support began as a result of parents consulting the teachers. One participant (T8) said, “I have 35 students in my class, so I definitely overlook some things. It would have been helpful to get information from students’ parents.” Although some teachers were aware of the students’ stress due to the atmosphere of the classroom or by noticing marks of self-harm on the students’ wrists, students did not easily disclose their feelings. In such cases, rather than immediate direct interventions, teachers often kept an eye on the student through daily communication, and at the same time, collected information from other individuals to determine the need for support.

Patterns of support depending on problem domains

Teachers’ support behaviors fell into seven categories: direct approach (DA), information gathering (IG), environmental adjustment (EA), watching over them through daily conversations (WO), direct intervention (DI), support developing future vision (FV), and one-on-one tailored approaches (TA). The first four supportive behaviors, that is, DA, IG, EA, and WO, were implemented in many cases, regardless of the students’ problems. The last three

were problem domain-specific behaviors.

Common support

Direct approach included asking non-help-seeking students about their concerns, discussing the situation to improve it, and making home visits for students who were not attending school. Not surprisingly, this approach was involved in all problem areas. Information gathering differed from direct approaches in that it involved gathering information about the non-help-seeking student from classmates and parents, rather than the students themselves. Since the theme of this study was support for students who did not disclose their concerns, many teachers collected information about the students' condition from other sources to consider the need for and methods of support. This is in line with previous studies showing the importance of collaboration between teachers and parents (Atkins et al., 2003; Wang & Sheikh-Khalil, 2013) and support from peers (Colarossi & Eccles, 2003). Environmental adjustment was also a supportive action taken by teachers in all problem areas. This included multiple intentions. For example, when relationships in the classroom were a problem, some teachers intervened with classmates to improve the classroom atmosphere and create a calming environment for the concerned students. They also sometimes delegated important classroom roles to the non-help-seeking student in order to increase classmates' trust in the student. These actions for environmental adjustment also make sense because a supportive classroom environment enhances students' perceptions of a positive social reputation (López et al., 2008) and motivation (Goodenow, 1993). Watching over them through daily conversations was also identified as an intervention in most cases. Although no research has focused on the effect of daily conversation between teachers and students, since many teachers were doing this, it is believed to be useful as an indirect support method for students who refuse to disclose their concerns directly.

Problem domain-specific support

Direct intervention was taking place in some cases of family problems. Family problems are difficult for teachers to get information about, especially if students or parents try to conceal them. Therefore, the problem or student's condition might be already severe when teachers become aware of them; in these cases, teachers are forced to intervene directly, such as by contacting the family or liaising with administrative agencies without the student's consent. Support for developing future vision was seen in the case of students with family problems and developmental disorders. Many of these problems are difficult to resolve completely; in other words, students and teachers are rarely able to solve family problems or alleviate developmental disorders despite their efforts. Since students must imagine their future with an acceptance of their environment and circumstances, teachers' guidance and support is critical. Finally, one-on-one tailored approaches were used in the case of students with school refusal and developmental disabilities. In the case of school refusal, one-on-one tailored approach was aimed at helping the students recover their frame of mind in a safe base. Thus, teachers built a trusting relationship and waited till the students were ready to learn and return to the classroom. The one-on-one tailored approach in the case of developmental disabilities was intended to support the student's behavior toward the realization of a developed future vision. Specifically, they planned and helped students achieve their goals by tailoring them to their unique characteristics, such as teaching them individually and giving them a role at school so that they had a reason to come to school.

Implications

The purpose of this study was to understand current teacher support for non-help-seeking students and not to propose a universal model. However, there was a tendency for the students' school adjustment at the end of the support process to be related to teachers' behaviors to some extent, thus, several suggestions were made. First, direct intervention against the

student's will is better avoided. Although there were a few cases of direct interventions without the student's consent, in all of them the student's condition deteriorated and they became disconnected with the school. School-based social capital (Hoffmann & Dufur, 2008) and social support (Su et al., 2005) can compensate for high-risk family environments. Therefore, when serious family problems become apparent, maintaining the student's connection with the school should be a priority. In light of this finding, it may be safer to avoid direct teacher intervention on issues that the student is unwilling to disclose as much as possible, and to consider other methods. However, when the problems manifest themselves as student behavior, as in some of the cases in this study, teachers may have no choice but to approach the student directly. In these cases, it is necessary to carefully consider the support provider, method, and timing because the effectiveness of support differs depending on the provider and timing (Colarossi & Eccles, 2003). Second, indirect support such as watchful waiting and environmental adjustment was mentioned in almost all of the cases with good outcomes, regardless of the problem domain. Since indirect support was provided covertly by teachers, the students themselves may not have been aware of this support. Therefore, this approach has a potential to work well for non-help-seeking students who want to conceal their problems. The whole school approach (Weare, 2004), a comprehensive approach involving the various stakeholders in a school, is known to be effective for students' mental health. The indirect approaches that the participants in this study conducted were similar to the whole school approach in that stakeholders around non-help-seekers were involved in environmental adjustment and information gathering. Third, the support developing future vision and one-on-one tailored approach contributed to school adaptation of students, albeit in limited problem domains. Since adolescents have a limited controllability in some problem domains such as family and developmental disorders, in situations where it is difficult to resolve the root cause of the problem, talking with students about their post-secondary goals to encourage them to

have a positive vision of their future is very important for maintaining their mental health. Many studies have pointed out the importance of individual support for students with developmental disabilities (e.g., Chakrabarti & Fombonne, 2001; Dipietro et al., 2002), and the results of this study were in line with these findings. Finally, several remarks from participants indicated that support from friends contributed to students' adjustment to school in three problem domains, except for family problems. It has been shown that peer support positively affects adolescents' emotional stability (Colarossi & Eccles, 2003). This study also indicated that the combination of supportive behavior from friends and teachers may be effective for non-help-seeking students.

Strengths and limitations

There are some significant strengths of the current study. This is the first fundamental study to explore the experiences of teachers who supported adolescent non-help-seekers. Even though the presence of youth who do not seek help for their distress has been widely recognized (e.g., Kuhl et al., 1997; Moskos et al., 2007), current methods of approaching and providing support for them have not been investigated. Understanding how teachers approach non-help-seekers' psychological aspects will contribute to the derivation of a novel strategy to augment mental illness prevention efforts. It is also significant that this study was conducted in Japan. Since the percentage of non-help-seekers is twice as high in Japan as compared to other countries (Japan Cabinet Office, 2019), Japanese school teachers are expected to have greater experience of supporting these students. The findings of this study contain several elements that can be compared with future research in other countries.

There are also several limitations that should be noted. Since the method of analysis in this study was designed to understand the current situation of students' mental health, it is not appropriate to generalize the results of this study. Attempts to find similarities from studies in cultures with different teachers' roles and school staff composition, studies with more diverse

samples, and studies using the grounded theory approach and other methods of analysis for the purpose of theory generation, are also needed in the future. It is also necessary to examine these studies in conjunction with the perspective of non-help-seekers. Narratives from the teachers' perspectives do not reveal how these non-help-seekers perceived the teachers' behavior. It is also possible that words and actions that teachers unconsciously delivered may have provided psychological support to non-help-seekers. Therefore, it is necessary to examine the variations in current support and its effectiveness from multiple perspectives, though, there are few studies focusing on the daily interactions between teachers and non-help-seeking students yet. Thus, the perspectives of non-help-seekers on what kind of support they perceived to have received and whether the support was actually helpful for them, need to be collected more widely and deeply. Finally, although this study suggested the importance of future goals and support from friends, there may be non-help-seekers who are able to obtain these on their own, without the involvement of teachers. Students who are able to envision high future prospects on their own and obtain support from their friends may be able to maintain their mental state without seeking help. Therefore, the relationship between future prospects, support perceptions, and school adaptation in adolescent non-help-seekers also needs to be examined in future research. In light of these limitations, the next study, Study 2 investigates helpful or unhelpful behavior of others from a non-help-seeking perspective. In addition, the possibility of that non-help-seekers can maintain mental health if they have a future perspective or perceived support will be examined together with other factors in Chapter IV.

Despite these limitations, this study is novel with respect to the fact that it identified and organized the diverse methods of support provided by teachers to non-help-seeking students. The present study identified support behaviors that were effective regardless of the students' problem domains, as well as behaviors which were effective for specific problem domains. However, it was also indicated that direct interventions without consent from the

student risk losing the trust of students and breaking the connection between schools and students. Since the experiences of all teachers are difficult to systematize, further research based on these findings needs to be conducted to examine and disseminate effective support methods in the future.

Study 2: Adolescent non-help-seekers' perceptions of supportive behaviors from others**Purpose**

Study 1 investigated a variety of supportive behaviors by schoolteachers to non-help-seekers in secondary schools. However, it was unexamined yet whether those behaviors were truly supportive from a non-help-seekers' perspective. The current study, Study 2, sought to better understand adolescent non-help-seeker perceptions toward a variety of supportive behaviors from others around them including schoolteachers. Non-help-seekers do not disclose their needs; however, they consciously or unconsciously receive some kind of informal support from others regardless of whether supporters are aware of non-help-seekers' distress. Understanding the difference between helpful and unhelpful support from the perspectives of adolescent non-help-seekers is necessary to provide optimal preventive support that matches their concealed needs. Moreover, investigating the generation gap in perception is also cardinal because people naturally experience changes in their perception as they mature. For example, people who were non-help-seekers as adolescents may recognize, later in life, the importance of some behaviors they had deemed to be unpleasant when they were younger. Thus, our research questions are as follows:

- (1) What differentiates helpful from unhelpful support?
- (2) Is there any difference between perceptions of adolescent non-help-seekers and retrospective recognition of young adults?

To find answers to these questions, we engaged both secondary school students and young adults in an in-depth exploration of the helpful and unpleasant behaviors of others in the period in which they concealed their distress.

Method

Design and participants

This cross-sectional qualitative study was conducted using semi-structured interviews with adolescent and young adult non-help-seekers. Participants included secondary-school students ($n = 12$; 4 boys and 8 girls) and young adults ($n = 10$; 4 men and 6 women). All participants accepted in advance that the interview targeted individuals who had chosen not to talk about their internal problems when they were secondary-school students. They read a description of the study on a flyer or the internet and spontaneously participated in this study. Secondary-school student participants included ten students enrolled at a public school in Northern Japan and two students from an alternative school³ in Western Japan. All participants were recruited through the schools. The ages of the students ranged from 13 to 15 years ($M = 13.80$, $SD = 0.60$), and they were either in grade 7 ($n = 4$), grade 8 ($n = 7$), or grade 9 ($n = 1$), respectively. All participants and their parents signed a consent form and were gifted a stationery set. Young adult participants included six college students, one graduate student, one part-time worker, and two full-time office workers. The ages of the young adult participants were between 19 to 32 years ($M = 24.6$, $SD = 4.45$). College and graduate students were recruited through psychology classes from four universities in the Tokyo metropolitan area. Other adult participants were recruited through an open recruitment system on the Internet. All participants signed a consent form and were compensated with a 1500JPY gift card. Table 2.5 shows participant demographics. Participants who stated the intention to solve their problems by themselves were marked because their perceptions of others' behaviors may differ depending on whether they recognized their need for support from others (Labouliere et al., 2015).

3. Alternative schools are designed to support education for students who have difficulty being successful in regular schools (Porowski et al., 2014). The two participants had belonged to a public secondary school and had also commuted to the alternative school several days a week.

Measures

In order to collect as much variety of helpful and unhelpful behaviors as possible, it was recommended that interviewees talk about various episodes, not just about behaviors by teachers.

Table 2.5. Profiles of the participants

ID	Age	Grade/ Occupation	Gender	Main Problem(s)	Self- solving
Secondary-school students					
A	14	8th	F	Friendship	○
B	14	8th	F	Refusal to attend cram school	○
C	14	8th	F	Friendship	
D	14	8th	M	Friendship	
E	14	8th	F	Friendship	
F	14	8th	F	Refusal to attend sport club	
G	13	7th	F	Friendship	
H	13	7th	M	Teacher/Friendship	○
I	13	7th	F	Refusal to attend sport club	
J	13	7th	M	Friendship/Study	○
K	15	9th	M	School refusal	
L	14	8th	F	Friendship/School refusal	
Young adults					
M	23	Undergrad	F	Friendship	
N	19	Undergrad	F	Family	○
O	20	Undergrad	M	School refusal	
P	30	Part-time	M	Teacher/School selection	
Q	29	Grad student	F	Friendship/Family	
R	23	Undergrad	F	Family	
S	28	Full-time	F	Family/School selection	
T	21	Undergrad	F	Teacher/Failure in the student club	
U	21	Undergrad	M	Friendship/School transfer	○
V	32	Full-time	M	Friendship	

Note. The marked speakers clearly expressed self-solve intention.

The interview protocols were collaboratively developed with the participation of principals from secondary and alternative schools. While the two schools had different purposes and curricula, consent was obtained in a manner so that the interview protocols could be utilized at both schools. The final protocols included questions that queried participants' experiences and views on: (a) whether or not they usually tell someone about their concerns or problems; (b) a brief summary of the problem they did not tell anyone; (c) reasons for not having talked about it to anyone; (d) stress-coping behaviors depicted at that time; (e) behaviors of others that helped them (i.e., helpful behaviors); and, (f) behaviors of others that bothered them (i.e., unpleasant behaviors). The interviews were semi-structured, and only themes related to the relevant research questions were included in this study. This study particularly focused on the differences between helpful and unpleasant behaviors of others from non-help-seekers' perspectives.

Interview procedures

One-to-one interviews for secondary-school students were conducted in a private room at the schools with 12 students whose parents provided consent. Interviews were held after school at the public school or before classes at the alternative school. Student interviews ranged in length from 12 to 32 min ($M = 18.6$ min). Interviews for young adults were conducted in a private room at a university with 10 participants who met the application requirements (i.e., 19 years old to early 30s; individuals who have an experience not to have told their internal problem to others when they were secondary-school students). The interview date and time were individually scheduled depending on the participants' requests. The duration of the interviews of the young adults was from 32 to 52 min ($M = 43.0$ min). There was a slight variation in the interview time because of the following reasons. As a request from the school principal of the secondary school, the interview time for each secondary-school student was set to be no more than 15 to 20 minutes though we could afford to have longer interviews in

the alternative school. Youth interviews were scheduled to last no more than an hour, including paperwork, and the time varied depending on the episodes each interviewee recollected.

One researcher conducted all the interviews. Before starting the interviews, participants were asked to confirm their assent and were informed that they were free to leave at any time and cancel participation. The interviews were audio-recorded with the consent of the participants and transcribed verbatim by the interviewer. All transcripts were deidentified for participants' privacy. The university research ethics committee approved all methods and materials for this study. All procedures were conducted in Japanese. Codes and representative quotes were translated to English by two bilingual researchers after which an English proofreading service was undertaken.

Data analyses

Interview data were analyzed using a hybrid approach in thematic analysis, a combined method of inductive coding and theoretical interpretation (Boyatzis, 1998).

Coding. Coding was conducted for helpful behaviors and unpleasant behaviors, respectively. The data from secondary-school students and young adults were coded and integrated. The first coding phase was conducted by two researchers wherein the first coder generated initial codes from one transcript and revised them in the process of coding the other transcripts to make codebooks with the second coder. The coders generated themes based on focus codes that emerged from the data and compiled two separate codebooks (i.e., one for helpful behaviors and the other for unpleasant behaviors), which contained definitions and examples for each theme. In the next coding phase, three graduate students in psychology coded transcripts using the codebooks. One student coded all, and two students coded either the first or last half of, the randomized narratives. Krippendorff's alpha⁴ (Krippendorff, 2004) was calculated to confirm the matching rate of coding. The coders discussed misaligned themes

4. Data with $\alpha \geq 0.80$ are sufficiently reliable (Krippendorff, 2004).

and formed a consensus. The first two coders finalized the codebooks and confirmed that they fit the data.

Theoretical interpretation. The themes were compared with one another during the coding process, and as a result, categories emerged as abstractions were derived from the data (Merriam, 1998). The most obvious difference among the themes was direct or indirect approaches to non-help-seekers. Further, the purpose or effect of the action, in other words, whether it approaches troubling situations or the receiver's emotion (i.e., instrumental or emotional; Carver et al., 1989) also differentiated the themes. General typologies of social support identify the purpose or effect of the action (Wills, 1985) even though they do not distinguish between direct and indirect support (e.g., Jacobson, 1986). Therefore, this study categorized the themes using two axes: a novel axis (i.e., direct or indirect) and existing axis (i.e., instrumental or emotional) that linked the data into social support theories. The categories were named direct instrumental support (DIS), indirect instrumental support (IIS), direct emotional support (DES), and indirect emotional support (IES). The first two coders reconsidered the original categorization based on the four categories, finalized the theoretical classification of all themes, and supplementally corresponded to each theme and type of social support.

All aforementioned procedures were conducted carefully with reference to the bracketing method (Tufford & Newman, 2010) to mitigate the deleterious effects of unconscious preconceptions. As recommended by Tufford and Newman (2010), the processes of research design, data collection, analysis, and discussion thoughts were recorded. It was not possible to have a third-party present during the interview to reduce the psychological burden of the interviewees; however, objective opinions from the teachers at the participating schools and other researchers were heeded throughout the study processes. We, the researchers,

discussed the potential limitation of reflexivity and determined that adding input from the teachers and other objective third parties adequately addressed any potential influence of our preconceptions and assumptions.

Results

Krippendorff's alpha was 0.79 for helpful behaviors and 0.81 for unpleasant behaviors. The data could be considered reliable. Moreover, 13 themes about helpful behaviors and twelve themes regarding unpleasant behaviors were extracted from the data. Each category, DIS, IIS, DES, and IES, included two to five themes. Themes are presented in descending order of frequency by category in Tables 2.6 and 2.7.

Helpful behaviors from others

There were 76 remarks about helpful behaviors. Remarks about IES were the highest and those considering DIS were the lowest. Table 2.6 illustrates the number of remarks and participants (i.e., speakers) for each theme. Representative quotes with speaker IDs are provided in the text. The underlined IDs indicate speakers who stated the intention to solve their problems by themselves.

Table 2.6. Generated themes for helpful behaviors.

Themes	Remarks	Speakers (speaker ID)	
		Adolescents	Adults
Direct instrumental support	3		
Provide information to prompt behavioral change (A)	2	1 (B)	1 (S)
Direct intervention following one’s intention ⁵ (T)	1	0	1 (P)
Indirect instrumental support	5		
Environmental adjustment (T)	5	2 (C, G)	1 (V)
Direct emotional support	32		
Expression of caring (S)	12	7 (A, B, C, E, F, G, I)	3 (N, Q, R)
Watching over and accept one as a whole (S)	9	2 (K, L)	5 (O, R, S, U, V)
Being physically present (B)	6	3 (A, H, L)	3 (M, Q, U)
Approval (S)	4	0	3 (N, U, V)
Sympathetic encouragement ⁵ (S)	1	0	1 (U)
Indirect emotional support	36		
Display consideration to avoid one’s disclosure (S)	10	3 (A, G, I)	6 (O, P, R, S, T, V)
Awareness (S)	10	3 (A, C, I)	2 (N, R)
Availability of places where one fits in (B)	8	2 (K, L)	3 (Q, R, V)
Recreation (B)	4	3 (D, H, K)	1 (S)
Existence of others who have similar problems (B)	4	1 (B)	3 (S, T, U)

Note. The brackets after the theme indicate the social support type. (T) = tangible support, (A) = appraisal support, (S) = self-esteem support, and (B) = belonging support; The underlined speaker ID shows who clearly expressed self-solve intention.

5. “Direct intervention following one’s intention” and “sympathetic encouragement” were generated from a single remark for three reasons though a theme is normally composed of multiple remarks (Boyatzis, 1998). First, they had specific meanings and could not be included in other themes. Second, their episodes were novel, and similar remarks could not be seen even if more interviews were conducted. Finally, we expected that these themes would enrich the discussion. See the text for details of the episodes.

Direct instrument support. Helpful DIS included two themes, “provide information to prompt behavioral change,” and “direct intervention following one’s intention.” There were only three remarks regarding DIS that were regarded as helpful. Both episodes of “Provide information to prompt behavioral change” were actions by participants’ mothers. One was introducing a book (B), and the other was about taking the speaker to her workplace (S).

S: Without telling me anything, my mother took me to the daycare center where she worked, and that is when I thought that working as a nursery teacher was a great job. While watching the kids, I was soothed and started to wonder why I was being crabby. (母が何も言わずに自分が働いてる保育園に私を連れてってくれて、そのときに保育士ってすごくいい仕事だなとか。子どもたち見てたら何かこう、今までつんけんしてた自分っていうのが何やってたんだろうみたいな感じで心が洗われて。)

The only remark about “direct intervention following one’s intention” is as follows:

P: My middle school teacher took concrete action by helping me with the searches and procedures for transferring school. He took a specific action for me so that kind of made me happy. I think that is about it. (中学校の時の先生が転校の手助けを、いろいろ調べたりとか手続とか、具体的に動いてくれたので。それはなんか嬉しかったというか。それぐらいですかね。)

Indirect instrumental support. Helpful IIS constituted five remarks of “environmental adjustment.” Some speakers recognized that teachers (C, G) or friends (C, V) helped them avoid troublesome situations by adjusting the environment.

C: Usually, teachers ask students on duty to distribute handouts in a mess of order, but my homeroom teacher took care of me by handing out prints by the rows of seats. So, I did not need to talk to the student who was bullying me. I could tell that he was watching over me. (渡すものとか普通はバラバラになってるんですけど、担任の先生は、私といじめる子が話さなくていいように列ごとに分けてくれたりとかすごく気をかけてくれて、ちゃんと見てくれてるんだなってわかります。)

Direct emotional support. Helpful DES consisted of five themes: “expression of caring,” “watching over and accept one as a whole,” “being physically present,” “approval,” and “sympathetic encouragement.” Among the helpful behaviors, “expression of caring” was the most discussed, especially among secondary-school students. Besides, seven of the 12 remarks were about actions by friends (A, B, E, F, G, I, Q), three were about actions by teachers (C, G), and others were by a family member (R) and an acquaintance (N).

G: I am happy to have a teacher who greets me regularly, such as whenever we pass each other on a corridor, she would ask me, “How are you today?”

(廊下ですれ違ったら「今日は元気？」って言ってくれたり、定期的に声かけてくれる先生がいるのが嬉しい。)

Q: There was a classmate, who gave me a letter when my mother passed away. I remember the letter contained words of encouragement and also her mother’s experience of fighting a serious disease that almost took her life away. We did not talk about it in person, but I still remember receiving the letter has made me very happy.

(母親が亡くなった時に手紙をくれたクラスメイトがいて。その子のお母さんも大きな病気をして、命に関わるかもみたいな経験があったっていうこととか、あと普通に励ましの言葉が書いてあったと思うんですけど。直接話したわけじゃないけど、それはすごくうれしかったなっていうのを今でも覚えてるんですね。)

Altogether, seven speakers described “watching over and accept one as a whole” as the attitude of others that is more accepting rather than criticizing and change-inducing, thus helping their cause immensely. Family members (K, R, S, V), friends (U, L), school staff (K, L, O), and other acquaintances (S) were mentioned as supporters in this theme.

V: When I found out that my parents actually knew that I was being bullied. When I realized that even though they knew, they treated me normally, and they were watching over me without pursuing the situation, I think my feeling towards them has changed tremendously.

(いじめられてることが実は親にバレてたってわかった時。知ってても普通に接してくれてたんだとか、無理に追求しないで見守ってくれてたんだなってことがわかって、すごい気持ちが変わった気がします。)

Although it was similar to “being physically present,” there were six remarks that implied that simply being together without expressing care was also helpful. In this theme, most of the participants talked about friends (A, L, M, Q, U), and only one participant talked about a family member (H).

L: When I did not go to school much, I felt really safe to be with someone. That person did not have to be my friend; it could be anyone in the class. I would feel safe if I was with someone.

(あんまり学校に行ってなかった時は、とにかく誰かと一緒にいることがすごい安心してたかなあ。友達じゃなくても、とりあえずクラスで一緒にいる子がいればすごい安心するとか。)

Moreover, three young adults identified “approval” from others as helpful behaviors. Three remarks were about teachers (U, V) and one was about friends (N). There was no remark of this theme by secondary-school students.

U: I was not really good at it and I did not play any games, but I was on the roster from my sophomore year. My coach approved me as a good supporter of the team. Those who bullied me were not like that, so I did not have time to care about them.

(僕、そんな上手じゃなかったんですけど、試合出ないけど 2 年生のときからベンチ入ってたりとか、チームを支える役みたいな感じで監督に認められてたんで。いじめてくるやつはそうじゃないですし、だったら別にそいつらのこと見てる暇ないし。)

V: I was very happy when a teacher from another grade level, who did not seem to know that I was being bullied, said, “You are always smiling,” as we passed each other. Her words made me realized that “Oh, I am still smiling.”

(私がいじめられていることを知らなそうな他学年の先生が「あなたいつも笑ってるね」とかすれ違った時に言ってくれたのがすごい嬉しくて、「あ、まだ笑えてるんだ」みたいなの。)

Only one speaker (U) responded that “sympathetic encouragement” by parents helped him. This case was regarding the loss of a family member.

U: My parents repeatedly told me something like, “Grandpa is gone, but from now on, we are going to do our best without him.” It was reassuring, and it made me feel more positive.

(親が「じいちゃんいなくなったけど、これから、じいちゃんなしで私たちが頑張っていくんだ」みたいなことを結構繰り返し言っていた。安心していうか、前向きにさせてくれるというか。)

Indirect emotional support. Approximately half of the remarks regarding helpful behavior were about the IES. It encompassed five themes: “display consideration to avoid one’s disclosure,” “awareness,” “availability of places where one fits in,” “recreation,” and “existence of others who have similar problems.” In total, nine speakers were grateful for teachers (G, O, R), friends (A, I), family members (R, V), acquaintances (P, S), and general others (T) who did not force them to disclose.

I: My friends noticed my feeling without asking me anything specific. I felt happy at the time because they understood me did not want to be asked anything.

(詳しいことを訊かなくても察してくれるっていうか、あんま聞き出されたくないってことをわかってくれてるのかなと思って、なんか嬉しい。)

T: I think it was good for me that people made no mention of my situation. If someone came up to me and said, “it must be hard for you” or something, I think I would have thought, “What are you saying without knowing anything about me.”

(大変だったねとか変に話し掛けるんじゃないかって、触れられないことが良かったって思いますね。逆に話し掛けられると、「この人何も知らないくせに何言ってるんだろう」って思っちゃったりしたかなと思うので。)

There were ten remarks about “awareness” denoting that even though the speakers did not take any action, someone noticed the unusual signs (A, C, I, N, R).

R: There was a time when I had a fight with my parents and I stayed up almost all night for school for a few days. When I almost collapsed, my homeroom teacher saw me and asked me, “Are you okay?” Although this teacher was usually very strict, I was happy that she paid attention to me and noticed my unusual situation.

(親とけんかしてほぼ徹夜みたいな感じで学校に行く生活のときがあって、倒れそうになっちゃったのを担任の先生が見て、「なんかちょっと大丈夫？」みたいな。いつも

けっこう厳しめの先生なのに気にかけてくれて、私の異変にきづいてくれたっていうのが嬉しかった。)

The third most common comment in IES was “availability of places where one fits in,” highlighting that they were saved by having a place that had nothing to do with their worries. Additionally, two speakers talked about an alternative school (K, L), while others talked about another class at school (Q), grandparents’ house (R), and cram school (V).

V: Students from my school did not attend to my cramming school. I liked the fact that I could casually talk with my classmates before and after class, and no one looked at me as I was being bullied.

(塾は同じ学校の人がいなかったんですよ。授業の前後に普通にしゃべったり、誰もいじめられてる人だって目でみないのがよかった。)

Further, two themes stating that supporters did not do anything related to resolve the speakers’ problems were generated. Contrariwise, “Recreation” refers to engagements in recreative activities, such as computer games with friends (K) or family members (H) or talking about something fun, such as a hobby or random TV program with friends (S) or a teacher (D).

K: It is actually nice to have someone to talk to. We can talk about hobbies like games.

(話し相手がいるっていうのはやっぱりいいかなあ。好きなこと、ゲームとかの話。)

“Existence of others who have similar problems” means that some speakers were given the courage to overcome their problems from familiar individuals (S, T) or role models, including celebrities (B, U).

S: I think I had a great friendship environment. ... We all had the same sense on the money values because friends around me did not have much money to spend.

(周りの友だちの環境もよかったと思います、ほんとに。(中略)すごい周りの友だちもみんなお金なくて、同じ経済感覚というか。)

U: In the same situation, there was a person who was already one step ahead of me in what I was aiming for. He played pretty well and competed in the official games, so I admired him. I was motivated to work hard because of him.

(同じ状況で、僕より 1 歩前にすでに目指す状態になっている人がいて、その先輩は結構プレイもうまくて試合にも出てたんで憧れみたいな感じで、その先輩がいるからがんばれるっていうのもありました。)

Unpleasant behaviors from others

There were 54 remarks of unpleasant behaviors and there were more than twenty remarks each about direct supports (DIS and DES) even though there were few remarks about indirect supports (IIS and IES). Table 2.7 shows the number of remarks and speakers for each theme.

Table 2.7. Generated themes for unpleasant behaviors.

Themes	Remarks	Speakers (speaker ID)	
		Adolescents	Adults
Direct instrumental support	24		
Force one’s disclosure (A)	12	6 (A, E, G, H, I, K)	4 (N, O, P, R)
Direct intervention against one’s intention (T)	5	3 (H, J, L)	1 (O)
Exert pressure on one for behavior change (A)	5	3 (B, F, L)	0
Point out one’s flaws (A)	2	0	1 (M)
Indirect instrumental support	4		
Structure a problematic environment (T)	2	2 (J, L)	0
Bystander (T)	2	1 (C)	1 (Q)
Direct emotional support	21		
Unsympathetic encouragement (S)	9	5 (B, F, G, I, L)	1 (Q)
Unreceptive reaction	5	3 (D, F, G)	1 (Q)
Disdain	4	0	3 (N, Q, V)
Comparison	3	1 (B)	1 (M)
Indirect emotional support	5		
Existence of others who are comparable to oneself	3	1 (F)	1 (R)
Indifference	2	2 (D, K)	0

Note. The brackets after the theme indicate the social support type. (T) = tangible support, (A) = appraisal support, (S) = self-esteem support, and (B) = belonging support. Unpleasant behaviors cannot be exactly called social support, but we have categorized them for convenience depending on which social support the actors seem to have intended to provide. There is no bracket after themes that cannot be classified as social support; the underlined speaker ID shows who clearly expressed self-solve intention.

Direct instrumental support. Unpleasant DIS consisted of four themes: “force one’s disclosure,” “direct intervention against one’s intention,” “exert pressure for behavior change,” and “point out one’s flaws.” Specifically, the most mentioned theme was “force one’s disclosure.” Friends (K, P), teachers (H, O), and family members (R) were also mentioned as specific examples. Other speakers (A, G, I, N) alleged that forced emotional disclosure harmed their feelings regardless of who did it and one speaker (E) expressed a sense of distrust with regards to adults.

A: In the middle of talking, I start thinking more and more, and then gradually start talking negatively and eventually start crying. I get more worried when people forcefully ask me about my situation.

(喋ってる途中でもっと考え込んでしまって、だんだんネガティブ発言が多くなって泣き出したりしてしまうんですよ。無理に訊かれるとどんどん悩みが大きくなってしまおう。)

E: I would not tell them even if they ask me, but I do not want them to ask me too much... I feel that for adults, they often talk to each other about others’ problems, so I really do not want to talk to them...

(訊かれても言わないけど、あんま訊かないでほしい…。なんか大人の人ってなんか、すぐ周りに悩みとか結局喋ったりするから、あんま喋りたくないな…。)

N: Sometimes people ask me, “Do you want to see your father?” But I think, “No, I don’t.” It is like, what is the point of asking? I didn’t get why they asked me this kind of question, and I wish they would just shut up.

(たまに「お父さんに会いたくない？」みたいな訊かれるんですけど、いや別に会いたくないし、聞いてどうするのみたいな感じで。なんで今これを聞いてくるんだろう、もう黙っててくれればいいのかって思ったり。)

The second most common remarks concerning unpleasant DIS pertained to behaviors aimed at problem-solving, including “direct intervention against one’s intention,” and “exert pressure for behavior change.” All remarks of direct intervention against one’s intention” pointed to actions undertaken by teachers (H, J, L, O).

H: My teacher would poke his nose into everything, and it was kind of ... Sometimes when the situation became more complex due to him, so I wish he allowed us, the children, to solve our own problems.

(先生がよく首突っ込んで来て、それでなんか…。ごちゃごちゃになっちゃうことがあったので、子どもたちだけで解決させてほしかったなあと思います。)

Regarding “exert pressure on one for behavior change,” the behaviors of teachers (B, F) and friends (F, L) were mentioned.

F: My teacher always asks me, “Why are you not coming?” and then put pressure on me by saying, “You want to quit?” I know he is trying to force me to come, but it is not easy for me to go there.

(先生に「なんで来ないんですか」とかいつも言われるんですよ。で、「辞めるー？」とかプレッシャーかける。無理に来させようとしてるってのもあるし。簡単に行けるもんじゃないよなって思います。)

“Point out one’s flaws” did not mean forcing to commit to behavior change, though the speaker who described it (M) was hurt and felt that her mother wanted her to change.

M: When my mother told me, “You do not really intimately engage with people,” I began to see myself that way and it made me a little bit sad.

(親に「M ってあんまり人と深く関わらないよね」って言われたことで自分そういう人なんだって認識しちゃった部分もあると思うのでちょっと悲しいなって。)

Indirect instrumental support. “Structure a problematic environment” and “bystander” were included in unpleasant IIS. All remarks in this category were about actions by teachers. Also, two secondary-school-student speakers (J, L) were concerned that teachers indirectly created a problematic environment.

L: I always did not know what to do when a teacher told us to get paired up with someone in class. I often could not find a partner. This situation made me not wanting to go to school, so I cried a few times. Definitely, the worst thing for me was being asked to pair up with someone.

(ペアになって一緒にやろうみたいな時に相手がいなくて、どうしようってずっと思っ
てて、学校行きたくないって泣いたことが何回かあります。やっぱり、ペアを作って
くださいって言われるのが一番嫌だった。)

As for “bystander,” there were two other speakers who complained about teachers who were aware of their problem but did not try to help and chose to be on the sidelines (C, Q).

C: I know my teacher was watching over me but her response was a little bit slow...such as that he did not say anything to the bully when he had an individual meeting with her, so that kind of made me question his inaccurate action.

(先生が様子を見てくれてたのはわかるんですけど、対応がちょっと遅くて(中略)私をいじめてた子と面談した時にも何も言わなかったりとか、そういうことには、あれちょっと違うなと思って。)

Direct emotional support. Similar to DIS, DES was a much-talked-about category in unpleasant behavior. It included four themes, “unsympathetic encouragement,” “unreceptive reaction,” “disdain,” and “comparison.” There were nine remarks about positive encouragement by teachers (B, F, Q), friends (F, G, I), family members (G), or whoever (L). Participants said that they had already done their best and wanted others to accept it.

G: My parents encourage me too often, which makes me think that, oh, they are not understanding me.

(親はバンバンポジティブに励ましてくるので、あーわかってもらってないなあって思
います。)

L: When someone tell me to work hard and do my best, I feel like I have to work harder, although I am already doing my best. I really hate this.

(がんばれがんばれって言われると、もっとがんばんのかみたいな。もうがんばってん
のに。ほんとに嫌なのにとか思って。)

“Unreceptive reaction” was similar to “unsympathetic encouragement,” though it means disappointing reactions by teachers (D, F, G, Q) without encouragement.

D: When I am talking about my hobby, I realize that people are not listening to me.

(趣味の話をしてるとき、気づいたら聞いてない。)

F: If my teacher is willing to listen to me, I can tell him that I do not like it because of this and that. But he would not give me any chance to talk after he asks me, “Why are you not coming?” he continues to talk without a pause, and he would not listen to me.

(私の話を聞いてくれるんだったら、私もこれがこうなんで嫌なんですとか言えるけど、先生が「なんで来ないんですか？」って訊いた時に、私が答える暇もなくずらずら喋って聞いてないんですよ。)

Other themes in the unpleasant DES were “disdain” and “comparison.” All speakers who talked about “disdain” were young adults (N, Q, V). They did not identify specific individuals but reminisced about the atmosphere created by the patronizing people around them.

N: I do not like it when people pity me too much. ...When someone said they are sorry, I felt a little rebellious, like it was nothing.

(変に同情されたのは嫌。(中略)かわいそうって言われたりすると、別にみたいな感じでちょっと反抗する気持ちがありましたね。)

V: I did not like the feeling of being recognized as “That person is being bullied,” even by people who were not involved.

(関係ない人にまで「いじめられてる人だ」って認識されてる感じが嫌だったんですよ。)

With regards to “comparison,” two speakers said that a teacher (B) or her mother (M) who compared them with someone made them miserable.

M: I was often compared to my brother about socializing because he was the type of person who would go out a lot with his best friends. I felt sad that I could not be like my brother.

(兄が特定の友人とすごい仲良く遊びに行ったりするタイプだったので人付き合いに関して比べられることは結構あって、兄みたいになれなくて悲しいなって。)

Indirect emotional support. “Existence of others who are comparable to oneself” and “indifference” consisted of unpleasant IES. “Existence of others who are comparable to oneself” is the same as “comparison” in terms of comparing with someone who looks to be doing better. In this theme, speakers (F, R) felt inferior even if no one pointed it out.

R: During the period when I was running away from home and I pretended to commute to school from home, when I see students who were doing well with everything, I felt like I wanted to look away. I did not like to look at those students because they made me wonder why there was such a stark contrast between us.

(家出しながら形を取り繕って学校に行ってる時期は、全部上手くいってる子を見るとなんかこう、目をそらしたくなるというか。なんでこんな対照的なんだろうみたいに、そういう子を見るのはけっこう嫌でしたね。)

Lastly, two secondary-school-student speakers (D, K) mentioned the “indifference” of teachers towards the speakers.

K: I thought about whether my last year’s homeroom teacher was being thoughtful for his student at all, when he did not come to let me know what was going on in class while I stopped attending school. This is why I decided that I am not going to tell him anything at all. It might not be obvious at the first glance, but I could definitely tell the teacher was not looking at me.

(去年の担任が(不登校中の K に) クラスの様子を全然知らせてこなかったのは、生徒のことちゃんと考えてるのかなこの人とは思ったかな。それで、こいつにはもう何も話さないでおこうって思った。パッとわかんないかもしれないけど、先生の行動でこいつは俺のこと見てないなって絶対わかる。)

Discussion

This study sought to directly elicit information from non-help-seekers in adolescence and early adulthood regarding their perceptions of helpful and unpleasant behaviors of others. Findings, which are an initial description of helpful and unhelpful support from the perspectives of adolescent non-help-seekers, add to the limited research targeting non-help-seekers.

Differences between helpful and unpleasant behaviors

The main purpose of the current study was to investigate the difference between helpful and unpleasant behaviors of others from the perspective of secondary-school students who did not disclose their problems to others. The main finding related to helpful behaviors correlated with the dominant presence of emotional support in both direct and indirect behaviors. Expression of caring, consideration for not forcing to disclose feelings, and awareness of changes in non-help-seekers were the most frequently mentioned (i.e., self-esteem support). Since many of the problems mentioned by the participants were related to relationships, the fact that self-esteem support met their needs was consistent with the assertion by Cutrona and Russell (1990) that useful social support differed depending on the problem. There was no notable difference in the number of remarks between direct support and indirect support in terms of helpful behavior. On the other hand, direct supports, whether instrumental or emotional, were often cited as unpleasant behaviors. Direct instrumental support, as in this case, is a situation wherein someone tries to intervene without permission, and therefore, the resulting demand and supply or timing discrepancies render the situation unpleasant (Jacobson, 1986). Direct emotional support might be related to stigma, one of the barriers to help-seeking (Gilchrist & Sullivan, 2006), because it contained many themes about attitudes to downplay or look down on others. In summary, adolescent non-help-seekers tended to perceive self-esteem support and belonging support positively, whereas they evaluated the unrequired direct approach negatively.

As for the unpleasant behaviors, coercion to disclose their worries and unsympathetic encouragement were the most recurrently mentioned. Many speakers evaluated individuals who did not force them to disclose their feelings as helpful. On the contrary, they evaluated others who tried to force them to disclose their feelings as unpleasant. This outcome suggests that the effect of a strategy encouraging help-seeking behaviors may be counterproductive

depending on the timing and methodology adopted. Not to mention, direct interventions may have to be conducted in urgent situations. Furthermore, efforts to encourage help-seeking behaviors and to improve help-seeking knowledge and skills are still vital because they indirectly affect school adjustment and stress responses (Honda et al., 2015). However, as mentioned in the helpful behaviors section, it would be more beneficial for non-help-seekers to show care on a daily basis, praise their strength, and talk about their interests rather than directly asking them to disclose feelings. This finding is consistent with a study of traumatized adolescents who have had difficulty disclosing to others (Hyman et al., 2003).

Other results revealed contrasting themes in helpful and unpleasant behaviors: “provide information to prompt behavioral change vs. exert pressure on one for behavior change,” “approval vs. point out one’s flaws,” “awareness vs. indifference,” “existence of others who have similar problems vs. existence of others who are comparable to oneself.” These are clear examples of appropriate ways to engage with non-help-seekers. Similarly, to promote behavioral change, it may be a good idea to provide information and experiences that stimulate internal motivation rather than supplement the pressure to change, as in Aesop’s “North Wind and Sun.”

The results also presented the difference in similar behaviors that earned different evaluations depending on the context. First, there was only one remark about direct intervention as helpful behavior, and the situation of this narrative was unique. This speaker did not discuss his internal problems with anyone, but he said he was happy that his homeroom teacher helped him through the process once he decided to change schools. This action was a direct intervention after the speaker clarified the behavior he needed. On the other hand, direct interventions, which were described as unpleasant behaviors, were actions by teachers who tried to solve problems without any request from non-help-seekers. This difference supports Jacobson’s (1986) assertion about the importance of the timing of the provision of social

support. Second, the only positive remark about encouragement was sympathetic encouragement from parents who were experiencing the same loss of a family member. However, many participants perceived encouragement as unpleasant because they felt that others did not understand their feelings. Most of them said, “it’s not such easy.” Accordingly, recent research validating that social pressure to avoid pessimism triggers depression (Dejonckheere et al., 2017) may also suggest that positive words to depressed people, especially those who are not willing to disclose their feelings, may have the opposite effect.

Differences between secondary-school students and young adults

The second research question in this study was whether there was a difference in perception between secondary-school students and young adults. The results verified that there was no remarkable difference between the two groups in terms of theme or content, but young adults had more variation in the narratives of helpful behaviors. Young adults were also more likely to talk about the helpful behaviors of others than secondary-school students. Although it is not possible to determine whether this difference reflects actual experience or differences in cognition, we theorize that it is a result of differences in cognition as one grows up. People sometimes comprehend the true meaning of others’ past words or actions for the first time when they grow up and look back on their adolescent experiences. This aspect is scientifically supported as the development of metacognitive abilities after adolescence allows for a reinterpretation of one’s own emotional experiences (Zimmer-Gembeck & Skinner, 2016). For example, “appraisal” in helpful behaviors came only from young adults. As it may not be directly related to the problem itself, secondary-school students who are currently in trouble may not be aware of the emotional support they receive from positive appraisals. As a preliminary consideration, there was no remarkable difference in the content of the narratives between the participants who clearly expressed self-solving intentions and those who did not. Non-help-seekers who were willing to self-solve did not necessarily reject supportive behaviors

from others, and most of them recognized that they had been emotionally helped by others. These results suggest the commonality of the differences between helpful and unpleasant behaviors regardless of the participants' age and self-solving intentions.

Implications

The findings of this study have several important implications for approaches to preventing adolescent mental illness. In particular, results point to the importance of emotional support, with behaviors such as engaging in recreation and approval from others being perceived as forms of helpful support, even though they were not directly related to the distress of adolescent non-help-seekers. Since emotional supports are especially effective when a support receiver has uncontrollable stressors (Cutrona & Russell, 1990), they may fit for secondary-school-aged children who have a limited scope of environmental selection and change (Dzurilla et al., 1998). While the effectiveness of emotional support mitigating stress is well established (Jacobson, 1986), opportunities for teachers to learn social and emotional skills are inadequate in many countries (e.g., Ashida, 2018; Elias, 2003; Jennings & Greenberg, 2009). Social and emotional learning programs for teachers have, however, provided promising results on teacher-student relationships (Jennings & Greenberg, 2009; Poulou, 2016), underscoring their potential application as preventive support for non-help-seekers.

Further, this study highlighted indirect support as a crucial strategy for helping adolescents with mental health issues while avoiding direct intervention in non-help-seekers' problems. Regardless of the generation, most participants had experienced being hurt by direct actions of others, such as intervening, putting pressure on them, or pointing out their shortcomings. Additionally, many of them expressed distrust in teachers who they feel forced their disclosure. Therefore, indirect support, including careful observation, information sharing with colleagues, and adjustments to the classroom environment (Araki & Nakazawa, 2008), may be valuable for further consideration for adolescent mental illness prevention. Although

the data from the non-help-seekers' perspective provided scarce information about specific avenues of indirect support, future research with support providers, such as teachers, may reveal various effective indirect support strategies.

Relatedly, although there was no mention in the current results, religious activities may work as appropriate indirect support in particular cultures. Religion has been deemed effective in preventing suicide among youth in multiple cultures (Arora & Persaud, 2019; Kok et al., 2015). The supportive role of religion may not have been mentioned in this study because the majority of Japanese people are not deeply committed to a particular religion (Isomae, 2012).

Finally, the results indicated that adults need to frequently reiterate that they care about adolescent non-help-seekers. Participants in this study did not seek help, but they used the words and actions of others as emotional support to overcome stressful situations. This finding is consistent with a number of studies showing that perceived social support—the expectation that there is someone to help in an emergency—is protective for mental illness (e.g. Hyman et al., 2003; Rueger et al., 2016). Regardless of non-help-seekers' reactions, the continuous but noncompulsory approaches to them and the expression of care may well work as emotional support.

Strengths and limitations

There are some significant strengths of the current study. This research is the first study to explore the experiences of adolescent non-help-seekers. Other than the help-seeking barrier, their experiences and perceptions have not been investigated, even though the existence of young people who do not seek help for their distress has been widely recognized (e.g., Kuhl et al., 1997; Moskos et al., 2007). Understanding non-help-seekers' psychological aspects and considering their support methods will be an area of future research that deserves more attention to derive a novel strategy to augment current mental illness prevention efforts. It is also valuable that this study was conducted in Japan, where the percentage of non-help-seekers

is twice as high as in other countries (Japan Cabinet Office, 2019). Japanese people have a variety of internal and environmental factors that make help-seeking difficult (Mojaverian et al., 2013). Therefore, the findings from the sample of this study, as a starting point for research focusing on non-help-seekers, may contain many elements that can be compared with the results of future studies.

There were also several limitations to note. First, this study involved a limited number of participants due to the use of a convenience sample recruited in Japan. Thus, it may be difficult to generalize the findings of this study to global samples. Additionally, the results of this study may have been influenced by cultural contexts. For example, Japanese youth may prefer indirect approaches more than youth of other countries because Japanese people make extensive use of an indirect communication style (Pizziconi, 2009). Also, it may be a uniqueness of the Japanese sample that there was no mention of religion because the majority of Japanese people do not have a particular religion (Isomae, 2012). Future studies should be conducted to compare the results of our research with those from larger participant samples and research with youth in other countries.

Furthermore, in the present study, many participants in the non-clinical sample talked about relationship problems. If the study had been expanded to include non-help-seekers with a diverse range of issues, it might have yielded more enriching results. However, the present study focused mainly on preventive support, so the clinical sample was not included. It is not hard to imagine that non-support-seekers in clinical samples may have different needs for appropriate support. Future studies that focus on a wider variety of non-help-seekers following research objectives will deepen our knowledge of supportive behaviors.

The third limitation is that the narratives are subjective. We cannot reveal whether the supports rated as helpful had in fact helped them or not from subjective data only. There may also be unmentioned indirect supports that participants had not noticed. For this reason,

integrative discussion referring both perspectives of non-help-seekers and supporters is necessary.

Integrative discussion in this chapter

Table 2.8 is a correspondence table between behaviors coded in the analysis of Study 1 and Study 2. There are three implications in comparing the interviews with teachers (Study 1) and adolescent non-help-seekers (Study 2). The first is the importance of emotional support. Most of the behaviors of others that non-help-seekers described as pleasant behaviors were not instrumental support for problem solving but emotional support. Even if unrelated conversations to a non-help-seeker's concerns, such as a teacher admired the speaker's strengths, non-help-seekers may have noticed that others cared about them from the conversations: It may have become an emotional support. There were a variety of helpful behaviors that non-help-seekers talked such as "expression of caring," "approval," "display consideration to avoid one's disclosure," and "awareness," and they were often explained in detail. On the other hand, the teachers did not clearly state that they provided emotional support to students. However, it could be interpreted that they must have supported the students emotionally through their daily conversations and watching over them. For example, a teacher shared an episode that he frequently talked about the student's hobbies and daily life without asking directly about her problems. This episode included "display consideration to avoid one's disclosure" and "recreation" that non-help-seekers described as helpful support. Thus, the importance of emotional support was commonly illustrated in the data from teachers and non-help-seekers.

Table 2.8. Correspondence between behaviors coded in the analysis of Studies 1 and 2.

Study 1 (Teachers)	Study 2 (Non-help-seekers)	
	Helpful	Unpleasant
Direct instrumental support		
Direct intervention	Provide information to prompt behavioral change	Force one’s disclosure
One-on-one tailored approach	Direct intervention following one’s intention	Direct intervention against one’s intention
Support developing future vision		Exert pressure on one for behavior change Point out one’s flaws
Indirect instrumental support		
Environmental adjustment	Environmental adjustment	Structure a problematic environment
Information gathering		Bystander
Direct emotional support		
Direct approach	Expression of caring	Unsympathetic encouragement
Watching over ⁶	Watching over and accept one as a whole	Unreceptive reaction
	Being physically present	Disdain
	Approval	Comparison
	Sympathetic encouragement	
Indirect emotional support		
Watching over ⁶	Display consideration to avoid one’s disclosure	Existence of others who are comparable to oneself
	Awareness	Indifference
	Availability of places where one fits in	
	Recreation	
	Existence of others who have similar problems	

6. Watching over was placed in both direct and indirect emotional support because teachers directly had daily conversations with students without directly asking students’ problems, and indirectly expressed their caring attitude through the conversations.

An obvious difference between teachers and non-help-seekers was the number of remarks about indirect instrumental support represented by “environmental adjustment.” Regardless of the area of students’ problems, teachers frequently talked that they continuously paid attention to classroom environment and tried to adjust it. “Environmental adjustments” by teachers had a few varieties such as “creating a calming environment” and “providing opportunities for students to flourish,” and teachers intended to increase self-usefulness of non-help-seekers and promote friendships in the classroom through the environment without direct interventions. Compared to the high number of remarks by teachers, there was few remarks about “environmental adjustment” from non-help-seekers. In light of this, “environmental adjustment” was considered to be an important supportive behavior, although it was difficult for support recipients to notice it. The behaviors mentioned above, emotional and indirect support, cannot be determined as approaches specifically effective to only non-help-seekers. However, these behaviors have advantages in support for non-help-seekers: teachers and other adults can provide emotional and indirect support without making students confess their problems. Further, students may not notice the adults' intentions even if they are under the support. Thus, emotional and indirect support possibly play a primary role in preventing the mental distress from becoming more severe for students who tend not to disclose their internal problems.

Further, the two studies revealed that direct interventions to non-help-seekers should be avoided if possible. In interviews with non-help-seekers, direct approaches such as “force one’s disclosure” and “direct intervention against one’s intention” were the most common unpleasant behaviors. In the interviews with teachers, direct interventions against the student’s intentions were used in only 3 of the 28 cases, and all of them were about family problems. This indicates that teachers avoided abrupt direct interventions and opting for other ways to support as much as possible. Since all three cases in which teachers directly intervened already

showed serious problematic behavior of students, it may have been impossible that teachers select indirect support on their part.

For teachers, it is difficult to notice family problems that students try to conceal, so it would be ideal that students spontaneously show some signs or seek help. However, many family problems cannot be resolved fundamentally even if others intervene, thus, increasing instrumental help-seeking by students may not be effective. In other words, family problem can be severe due to two reasons: it is difficult for others to notice if the student tries to conceal, and it is difficult to resolve with instrumental support from others. Studies 1 and 2 revealed that continuous emotional support may contribute to the maintenance of psychological adjustment for non-help-seekers with problems that are difficult to resolve. Therefore, promoting their emotional help-seeking may be one of the keys to success.

However, as described in Chapter I, the effects of emotional help-seeking on adjustment has not been uncovered. In order to promote students' emotional help-seeking behavior, it is necessary to clarify the conditions in which emotional help-seeking can positively affect psychological adjustment and then increase the expectation of benefit. Therefore, study 3 and 4 in the next chapter will focus on one of the factors that may regulate the association between emotional help-seeking and psychological adjustment, and consider the condition under which emotional help-seeking effects positively for psychological adjustment. In Chapter IV, which follows, the possibility of other support methods rather than promoting help-seeking will be explored for non-help-seeking students who do not or cannot seek help despite current personal, organizational, and social efforts. Protective factors that compensate the low level of help-seeking including future perspective and perceived support, which were suggested to be considered in the limitation section of this chapter, will also be examined in the chapter.

Chapter III: Approaches aimed at promoting effective help-seeking

This chapter explores potential of preventive support for adolescent non-help-seekers in terms of promoting effective emotional help-seeking behavior. A series of studies in this chapter considered the condition in which emotional help-seeking works positively for secondary-school students' psychological adjustment focusing on expectations that students have toward support providers. Study 3 developed the Emotional-Support Expectation Scale, and Study 4 examined the effects of expectation on support evaluation using the developed scale.

Chapter introduction: Significance of measuring expectations

In recent research on stress coping, measurements and analyses that focus not only on actions but also on differences in the intention of behavioral agents, have been attracting attention (Morita, 2008), as evidenced in attempts to elucidate the intention (problem-solving or problem-avoidance) by changing instruction sentences (Takamoto & Aikawa, 2012). For example, Murayama and Oikawa (2005) introduced “goals” as a cognitive perspective in help-seeking in learning situations. They showed that the adaptive state for students who do not seek support did not deteriorate unless they were avoidant at the cognitive level. Thus, it may be possible to determine qualitative differences in help-seeking behaviors by including cognitive variables in the analysis. However, help-seeking behavior has usually been measured either by actual behaviors or by behavioral intentions, regardless of the coping strategy scale (Carver et al., 1989) or original scales in actual or assumed situations (Honda et al., 2008; Nagai & Arai, 2007). As a result, cognitive variables which may influence help-seeking behavior at the time of seeking support have not been examined.

Merton (1948) advocated *self-fulfilling prophecy*, which states that people have certain expectations that lead them to take actions unconsciously to actualize these expectations or interpret situations and other people's actions in a way that matches their predetermined expectations. According to *the expectation confirmation model* (Darley & Fazio, 1980) based on this concept, expectations unconsciously affect behaviors of behavioral subjects and objects as well as the outcome of interactions. Based on these concepts and models, it can be concluded that expectations at the time of emotional help-seeking that cannot be measured at the behavioral level, may affect those who provide support, and consequently, alter the type of support derived and have an impact on the interpretation and evaluation of received support (i.e., support evaluation). Support evaluation is directly related to adaptation indicators (Honda

et al., 2008, 2015). It has been elucidated that positive support evaluation not only leads to an increased level of enjoyment in school life and a decreased level of stress response (Honda & Arai, 2008), but also to the promotion of future help-seeking (Matsunaga, 2010). Therefore, this chapter focused on the expectations of support seekers at the time of seeking emotional support (i.e., emotional-support expectations), and examined the effects of these expectations on the relationship between help-seeking behavior and support evaluation.

Emotional-support expectations

Emotional-support expectations in this chapter refer to “the kind of words and actions that are expected from the other party at the time of seeking emotional support.” To date, previous studies on help-seeking have addressed the concept of expectation in two contexts: expectations that one will receive support from people around him/her (i.e., perceived social support; Zimet et al., 1988) and expectations that intended benefits can be received as a result of help-seeking (Nagai & Arai, 2007; Nakaoka et al., 2011). These two descriptions are based on the prediction that support will be given⁷, whereas emotional-support expectation does not include such a prediction; rather, it is a concept that is similar to a person’s unspoken requests or wishes toward others⁸.

Based on the aforementioned studies and discussions, two hypotheses were formulated. The first hypothesis was that emotional-support expectation is classified into several types. Specifically, expectations associated with catharsis, positive thinking, and avoidance thinking and distraction were predicted; correlations between the expectations and exercise of the corresponding coping strategy were also predicted (Hypothesis 1). This hypothesis was inspired by Suzuki (2004) who classified emotion-focused coping strategies on two dimensions,

7. For example, The Expected Costs/Benefits of Consultation Scale (Nagai & Arai, 2007) includes the following items, “I think that consulting my problem to someone will help problem-solving,” and “I think that someone will make fun of me if I consult my problem.”

8. The Emotional-Support Expectation Scale (Amai, in press) includes “I want someone who just listens to me,” and “I want to divert my focus from the problem by talking of irrelevant topics.”

that is, proximity-avoidance and behavior-cognition. The second hypothesis was that emotional-support expectation impacts not only the support that is actually derived but also support evaluation. Particularly, since the problem-proximity coping strategies are generally adaptive while the avoidance strategies are non-adaptive (Carver et al, 1989), those who have high expectations associated with positive thinking would evaluate the received support positively and those who have high expectations associated with avoidance thinking and distraction would evaluate the received support negatively (Hypothesis 2). Since it is inappropriate to formulate theoretical hypotheses about expectations similar to catharsis, these expectations were analyzed exploratively. When testing Hypothesis 2, cognitive appraisals of distress (i.e., controllability and influence) were controlled, because they are associated with multiple dimensions of support evaluation (Honda et al., 2008) and the type of support delivered (Cutrona & Russell, 1990). The degree of perceived support—which impacts both help-seeking behavior and adaptation (Takagi, 1997; Zimet et al, 1988) and attachment—which is the basis for self-image and the images of others and has been demonstrated to have impacts on help-seeking behavior and adaptation (Nagai, 2017; Vogel & Wei, 2005), were also included in the analysis as control variables.

Purpose of this chapter

As discussed above, the purpose of this chapter was to: (a) develop the Emotional-Support Expectation Scale for secondary school students and (b) to elucidate the relationship among the three variables, namely, emotional help-seeking behavior, emotional-support expectations, and support evaluation. In other words, this chapter aimed to clarify what kind of expectations associated with emotional help-seeking can lead to positive support evaluation. First, the expectations toward support providers were extracted in the preliminary survey. Based on the results, the Emotional-Support Expectation Scale was prepared in Study 3, and its validity and reliability were examined. In Study 4, hierarchical multiple regression analyses

treating support evaluation as a response variable were performed, adding the interaction of emotional help-seeking behavior and expectations, as well as help-seeking behavior and expectations in separate steps. If these studies could show that the effectiveness of emotional help-seeking varies depending on the expectations of help-seekers, then it might be possible to improve the effectiveness of emotional help-seeking by encouraging adolescents' meta-cognition regarding their own expectations when they seek help. It would consequently increase the anticipated benefit of help-seeking and lead to a boost in the choice of seeking help in the decision-making process of non-help-seekers.

Preliminary survey: Qualitative collection of emotional-support expectations**Purpose**

Before preparing the Emotional-Support Expectation Scale, several expectations that are usually held when seeking emotional support were qualitatively collected and organized.

Method***Procedures and Participants***

Semi-structured interviews were conducted with 11 undergraduate and graduate students (3 men and 8 women, mean age 22.9 years, $SD = 1.35$) recruited from three universities in the Tokyo metropolitan area in April 2017, using snowball sampling. Retrospective interviews were conducted since this would allow the participants to objectively discuss their expectations toward support providers, which they might not have been aware of at the time of seeking support.

Survey Content

The participants were asked to discuss their experiences in seeking support from others for psychological and social struggles when they were in secondary school and high school. In order to grasp the expectations held by them when seeking emotional support comprehensively, the participants were asked to talk extensively about the episodes they could remember without withholding the details of who they chose to seek support from.

Analytical method

First, the author and another researcher extracted the participants' remarks related to the expectations held at the time of emotional help-seeking from the interviews and conducted tentative categorization and labeling. Next, we reexamined the classifications and carried out theoretical labeling while considering content similarities for the following four categories:

catharsis, positive thinking, avoidance thinking, and distraction, assumed from the classification of coping strategies by Suzuki (2004).

Ethical considerations

Prior to conducting the investigation, the purpose of this study, details of the personal information protection policy, the freedom to discontinue participation at any time were explained, and the consents of the participants were obtained. The study was approved in advance by the ethics committee of the university to which the author belongs.

Results

A total of 64 remarks were extracted. Based on the results of theoretical labeling, six categories were obtained: (a) destressing (4 remarks), (b) acceptive relationship (23 remarks; subcategories: listening, anxiety, understanding, empathy, acceptance, and approval), (c) positive thinking (14 remarks: organizing feelings, feedback, reinterpretation, and understanding of others), (d) avoidant thinking (12 remarks: justification and optimism), (e) distraction (5 remarks), and (f) cheering (6 remarks: cheering and encouragement). Destressing and acceptive relationship were generated by dividing “catharsis” (Suzuki, 2004) into two categories of discussing a desire to release emotions by talking (destressing) and discussing a desire to be accepted by other people when talking (acceptive relationship). Moreover, the category of “cheering” was added to summarize stories that did not apply to theoretical assumptions. Since, “cheering” included items that expected active behavior from the other party, such as encouragement, it was necessary to distinguish it from the categories of destressing and acceptive relationship.

Study 3: Development of the Emotional-Support Expectation Scale

Purpose

In Study 3, a scale to measure the expectations that secondary school students have toward support providers at the time for emotional help-seeking was developed.

Method

Procedures and Participants

In September 2017, 500 secondary school students aged 13 to 15 years, living in Japan were asked to answer a questionnaire using the facilities of a web research company (JustSystems Corporation).

Question Items

Emotional-support expectation. The 64 items obtained from the preliminary survey were used. Since emotional-support expectation is a concept with many aspects that have not been clarified, arbitrary selection was avoided, and the items were narrowed down in the process of factor analysis. Two secondary/high school teachers provided advice on the appropriateness and ease of understanding the items. After delivering the instruction which read, “How strongly do you have the following feelings when you have concerns and talk to someone about how you are feeling or have someone stay with you?,” the respondents were asked to answer using a five-point scale: 1 (*strongly disagree*) to 5 (*strongly agree*). There were no limits for the types of support providers, in order to enable us to examine whether emotional-support expectations differed depending on the other party.

Stress coping strategies. For the determination of criterion-related validity, three emotion-focused strategies (use of emotional support, emotional expressions, and distraction), four problem-focused strategies (use of instrumental support, planning, active coping, and

positive reinterpretation), and two problem-avoidance strategies (denial and behavioral disengagement) were measured, based on the Japanese version of the brief Coping Orientation of Problem Experience Inventory (hereafter referred to as COPE) (Carver et al., 1989; Otsuka, 2008).

Analysis methods

An exploratory factor analysis was performed using R version 3.4.3, after confirming the absence of the ceiling and floor effects on the basis that the mean \pm standard deviation was between the minimum and maximum scores on the observed variable. Factor loadings less than .30, or items with multiple loads were deleted. Ultimately, a factor analysis by maximum likelihood estimation and promax rotation was performed.

Ethical Considerations

According to the web survey company's rules, respondents were limited to those whose participation was approved by their guardians. Freedom of participation and discontinuation, and privacy protection were explained in advance, and the respondents' consent was assumed if they sent back their responses. The above procedure was carried out after being approved by the ethics committee of the university to which the author belongs..

Results

Data from 482 respondents with complete responses (155 boys and 327 girls, mean age 14.4 years, $SD = 0.73$) were used for the analysis. A total of 18 of the 500 respondents were excluded from the analysis because their responses seemed inappropriate, such as giving the same answer to most items. The ceiling effect was found in 1 item in the category of acceptive relationship and 4 items in distressing. Considering the necessity of these items, the item in acceptive relationship was excluded from the subsequent analysis. The reliability of the factor could be maintained even if one item was deleted because a large number of items were

included in the factor. Since the distressing factor showed ceiling effect in all 4 items, the expectation to distress was assumed to be held by most people at the time of emotional help-seeking. Thus, it was decided that this expectation did not need to be a part of the scale items, and so, was excluded from the subsequent analysis. In the process of selecting items by performing factor analysis for the remaining items, all items in the cheering category, which was added based on the preliminary survey, were deleted because these items showed no commonality as a factor. As a result, 15 items remained based on the statistical goodness of fit and factor loadings. The decreasing trend of eigenvalues was 4.43, 1.61, 1.51, 1.36, 1.05, and 0.73 in order, from the one-factor solution. The Bayesian information criterion (BIC; 367, 196, 23, -112, -172, and -144, in order from the one-factor solution), which shows the goodness of fit of the model, was the lowest in the five-factor solution. The root mean square error of approximation (RMSEA; MacCallum et al., 1996), for which a value of 0.5 or less is desirable, (.140, .128, .108, .080, .044, and .029) recommended more than five factors. A minimum average partial (MAP) proposed a one-factor solution (.029, .034, .036, .035, .040, and .053). However, a five-factor model was adopted, considering that MAP reports the minimum factors that can be expected (Hori, 2005) as well as multiple goodness of fit indices and the Guttman rule, comprehensively. Table 3.1 shows the result of the factor analysis with maximum likelihood estimation method and promax rotation, by setting the number of factors to five.

The five factors (3 items each) extracted were as follows. The first factor consisted of items such as, "I want someone who just listens to me," and was named *acceptance expectation*. The second factor consisted of items such as, "I want someone to bring me a different view," and was named *reinterpretation expectation*. The third factor was named *justification expectation* and consisted of items such as, "I want someone who will take my side even if it is my fault." The fourth factor was named *optimism expectation* as it consisted of items such as, "I want someone to laugh my worries off with." The fifth factor consisted of items such as,

“I want to divert my focus from the problem by talking of irrelevant topics,” and was named *distraction expectation*. Destressing and cheering were removed from the six assumed factors (catharsis, positive reinterpretation, avoidance thinking, distraction, destressing, and cheering), and justification expectation and optimism expectation were extracted as factors, assumed as subcategories of avoidance thinking.

Table 3.1. Factor pattern matrices and interfactor correlations of emotional-support expectations (after maximum likelihood estimation and Promax rotation)

	F1	F2	F3	F4	F5
F1 Acceptance expectation					
I want someone who just listen to me.	.95	-.11	-.01	-.09	-.01
I want someone to hear me out.	.65	-.05	.06	.04	.03
I want someone to accept who I am.	.44	.28	-.03	-.02	.12
F2 Reinterpretation expectation					
I want to know how I look like objectively.	-.18	.80	.15	-.05	.08
I want someone to bring me a different view.	.05	.53	.00	.01	-.13
I want help to interpret other person’s behaviors.	.03	.48	-.13	.11	-.06
F3 Justification expectation					
I want to convince myself as a good person.	.02	.07	.80	-.01	-.08
I want someone say you are not wrong.	-.02	.11	.74	-.09	.10
I want someone who take my side even if it's my fault.	.00	-.07	.59	.04	-.04
F4 Optimism expectation					
I want someone who cheer me up.	-.06	.02	-.05	.83	-.03
I want someone laugh my worry off.	-.06	-.06	-.04	.81	.08
I want to believe my problems are trivial.	.11	-.01	.16	.47	-.04
F5 Distraction expectation					
I want to concentrate to something for escaping from distress.	.06	-.03	-.05	.05	.78
I want to temporally forget my problem by having fun with someone.	-.04	.09	.01	-.05	.75
I want to divert my focus from the problem by talking irrelevant topics.	-.04	.02	.04	.07	.62
	F1				
		F2			
			F3		
				F4	
					F5
		-.39	-.45	-.48	.58
			.33	.43	-.38
				.37	-.26
					-.39

Confirmation of validity and reliability

The standard alpha coefficients for each factor were as follows: Acceptance expectation ($\alpha = .76$), Reinterpretation expectation ($\alpha = .61$), Justification expectation ($\alpha = .74$), Optimism expectation ($\alpha = .73$), and Distraction expectation ($\alpha = .78$). Although the results were not very favorable, they were considered to be within the acceptable range. The internal consistency will be reconfirmed in Study 4 using other samples.

Regarding criterion-related validity, the results were generally in support of the hypotheses (Table 3.2). Acceptance expectation had a positive correlation with the use of emotional support ($r = .27$) and emotional expression ($r = .27$), which are emotion-focused strategies, but did not have a significant correlation with problem-focused and avoidance type strategies. Reinterpretation expectation had a positive correlation with four problem-focused strategies (use of instrumental support, $r = .35$; planning, $r = .29$; active coping, $r = .33$; positive reinterpretation, $r = .24$). However, Justification expectation had a weak positive correlation with denial, which is a problem avoidance strategy ($r = .15$) and behavioral disengagement ($r = .12$). Optimism expectation had a weak positive correlation with denial ($r = .21$) and behavioral disengagement ($r = .12$). It also had a correlation ($r = .09-.24$) with problem-focused strategies. Distraction expectation had a moderate positive correlation with a distraction strategy ($r = .43$). Thus, hypothesis 1 was largely supported, except that there was an unexpected correlation between Optimism expectation and problem-focused strategies. Through this procedure, the Emotional-Support Expectation Scale with five factors and 15 items, was developed.

Table 3.2. Correlation coefficients for each subscale of the emotional-support expectations and Brief COPE

	Acceptance expectation	Reinterpretation expectation	Justification expectation	Optimism expectation	Distraction expectation
Emotion-focused strategies					
Use of emotional support	.27 ***	.19 ***	.19 ***	.18 ***	.15 ***
Emotional expressions	.27 ***	.07	.20 ***	.12 **	.23 ***
Distraction	.18 ***	.24 ***	.16 ***	.22 ***	.43 ***
Problem-focused strategies					
Use of instrumental support	.26 ***	.35 ***	.15 **	.24 ***	.17 ***
Planning	.03	.29 ***	-.01	.09 *	.01
Active coping	.09 *	.33 ***	.05	.12 **	.00
Positive reinterpretation	.05	.24 ***	.01	.16 ***	.03
Avoidance strategies					
Denial	-.07	.04	.15 ***	.21 ***	-.02
Behavioral disengagement	.00	-.01	.12 **	.12 **	.01

*** $p < .001$, ** $p < .01$, * $p < .05$

Study 4: The effect of emotional-support-expectation on support evaluation**Purpose**

Study 4 elucidated the adjustment effect of emotional-support expectation on the relationship between help-seeking behavior and support evaluation.

Method***Procedures and participants***

In October and November 2017, an anonymous questionnaire survey was conducted at two public secondary schools in the Tohoku region and the Tokyo metropolitan area, targeting a total of 1,007 students (501 boys, 503 girls, and 3 unknown), excluding students in special needs classes.

Question Items

An instructive statement, “What was the most serious concern you had in the last month?” was provided before asking participants about their area of concern, the cognitive evaluation of the concern, help-seeking behaviors, emotional-support expectation, and support evaluation, in order to encourage them to recall their actual experiences. Perceived social support and attachment in general situations were also assessed.

The area of concern. The participants were required to select one response from the items created with reference to Honda et al. (2015) (e.g., study, future path, interpersonal relationship, and club activity). After responses from those who did not report any concerns in the past month were excluded, the responses were roughly divided into concerns about career path and learning, and psychological, social, and physical concerns.

Cognitive evaluation of the concerns. Seven items for “controllability” (e.g., I think I know the way to solve my concerns) and “influence” (e.g., I think it means hurting myself)

from the concerns in the Cognitive Evaluation Scale by Okayasu (1992) were used. The respondents were asked to respond using a four-point scale: 1 (*Did not feel so at all*) to 4 (*Strongly felt so*).

Help-seeking behavior. Four items each from “use of emotional support” (i.e., emotional help-seeking; e.g., Tried to obtain sympathy and understanding from someone) and “use of instrumental support” (i.e., instrumental help-seeking; e.g., Tried to get advice from someone on what I should do) in the Japanese version of COPE (Otsuka, 2008) were used. The respondents were asked to respond using a four-point scale: 1 (*Never*) to 4 (*Frequently*).

Emotional-support expectation. In total, 23 items (8 items under consideration at the time of the survey were added to the 15 items in the scale prepared in Study 3) were used. For the analysis, 15 items, which were used to confirm the reliability and validity of the scale in Study 3 were applied, including five subcategories: Acceptance expectation (e.g., I want someone who just listens to me), Reinterpretation expectation (e.g., I want someone to bring me a different view), Justification expectation (e.g., I want someone to say you are not wrong), Optimism expectation (e.g., I want someone to laugh my worries off with), and Distraction expectation (e.g., I want to divert my focus from the problem by talking of irrelevant topics). The respondents were asked to respond using a four-point scale: 1 (*Did not feel so at all*) to 4 (*Strongly felt so*).

Support evaluation. The support evaluation scale by Honda and Ishikuma (2008) was used to measure support evaluation. The scale is based on four factors with 23 items, including “improvement of problem situations” (e.g., I clearly understood what I should do), “confusion in coping” (e.g., I became even more confused about what I should do), “perception of support from others” (e.g., I realized that I was not alone), and “dependence on others” (e.g., I thought I was depending too much on others). Respondents were asked to respond using a four-point scale: 1 (*Did not feel so at all*) to 4 (*Strongly felt so*).

Perceived social support. In order to control the degree of perceived social support, the question, “When you are worried about something, do you have anyone you can talk to about it?” was posed and the participants selected people to whom they could talk from the given options (parents, school teachers, friends, etc.). These options were created by referring to Honda et al. (2015) and multiple answers were allowed.

Attachment. The Japanese edition of the Experiences in Close Relationships Inventory for Generalized Other (Nakao & Kato, 2004) consists of two dimensions: anxiety (e.g., I am afraid that the image held by others about me may become worse) and avoidance (e.g., I am putting a wall between myself and others). This study extracted 30 items from this scale. Although a seven-point response scale is generally used for this instrument, a four-point scale was used here, from 1 (*Not true for me*) to 4 (*Very true for me*), taking into consideration the level of burden on the respondents after consulting the teachers of the participating schools. Since, stability of attachment was confirmed (Nakao & Kato, 2004), the measurement was carried out only in October.

Analytical Methods

To confirm the factor structure of the scale created in Study 1 and the validity of retesting, a confirmatory factor analysis was performed and intertemporal correlations for the Emotional-Support Expectation Scale between October and November were calculated. Further, hierarchical multiple regression analysis was conducted with each support evaluation as a response variable. Specifically, in step 1, the following were input as control variables: academic grade, gender, perceived social support, attachment (anxiety and avoidance), and cognitive evaluation of concerns (controllability and influence). Academic grade and gender were input as categorical variables. Afterward, help-seeking behavior (emotional help-seeking and instrumental help-seeking), emotional-support expectation, and the interaction of emotional help-seeking behavior and expectation were input in step 2, step 3, and step 4,

respectively. When the interaction was significant, the contents were confirmed using a simple slope analysis. Since support evaluation was only measured in November, the data used in analysis were all for November, except for attachment.

Ethical considerations

The purpose of the study and personal information protection were explained to the principals of the cooperating schools and their consent was obtained beforehand. The survey was carried out simultaneously for each class. After the classroom teachers explained that the survey was anonymous and participation was not compulsory, each student decided whether or not to participate. All procedures were approved in advance by the ethics committee of the university to which the author belongs.

Results

Data from 629 respondents (278 boys, 350 girls, and 1 unknown) in October and 551 respondents (236 boys, 314 girls, and 1 unknown) in November, excluding invalid respondents and those who did not report experiencing any concerns, were used for the analysis. Table 3.3 shows the descriptive statistics. Analysis of variance was performed to confirm the intertemporal mean difference for each variable. The result showed that there were no variables with significant differences between the data for October and November. There was no interaction between gender, area of concern, and help-seeking behavior. Additionally, there were no differences for the variables that were significant in the analysis depending on the area of concern. The results summarizing all the data are shown below.

Table 3.3. Descriptive statistics

	October		November	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Grade	2.05	0.82	2.07	0.84
Gender (boy=1, girl=2)	1.55	0.50	1.57	0.50
Perceived social support	2.17	1.32	2.14	1.25
Attachment— anxiety	1.89	0.60	-	-
Attachment— avoidance	2.44	0.55	-	-
Controllability of the concerns	2.80	0.72	2.85	0.77
Influence of the concerns	2.75	0.64	2.79	0.59
Help-seeking behavior				
Emotional-help seeking	2.52	0.90	2.50	0.92
Instrumental-help seeking	2.50	0.86	2.55	0.89
Emotional-support expectation				
Acceptance expectation	2.47	0.90	2.41	0.87
Reinterpretation expectation	2.59	0.93	2.48	0.96
Justification expectation	2.06	0.92	2.03	0.91
Optimism expectation	2.17	0.85	2.15	0.88
Distraction expectation	2.40	0.92	2.37	0.96
Support evaluation				
Improvement of problem situations	-	-	2.62	0.80
Confusion in coping	-	-	1.69	0.65
Perception of support from others	-	-	2.77	0.85
Dependence on others	-	-	2.41	0.76

Factor Analysis and Reliability

The fitness of the five-factor model for the October data was as follows: $\chi^2 = 387.21$ ($df = 80, p < .001$), CFI = .918, RMSEA = .078 (.070 – .086), and SRMR = .053. For the November data, it was as follows: $\chi^2 = 396.69$ ($df = 80, p < .001$), CFI = .920, RMSEA = .087 (.079 – .096), and SRMR = .060. Although neither of the data groups were optimal, a moderate level of fitness was confirmed (Asano et al., 2005). The standard alpha coefficients for each factor were as

follows: Acceptance expectation (October, $\alpha = .73$; November, $\alpha = .72$), Reinterpretation expectation (.75, .83), Justification expectation (.82, .84), Optimism expectation (.64, .72), and Destressing expectations (.75, .79). Although there were some factors which were not stable, the factors generally showed internal consistency in the acceptable range. When the intertemporal correlation was confirmed for the validity of reexamination, the result was as follows: Acceptance expectation ($r = .50$), Reinterpretation expectation ($r = .45$), Justification expectation ($r = .61$), Optimism expectation ($r = .59$), and Destressing expectation ($r = .55$). Reexamination reliability of major trait measurement scales, such as the Big Five, showed a value above $r = .60$ (Viswesvaran & Ones, 2003). However, the reliability of reexamination in emotional-support expectation was confirmed to some extent because emotional-support expectation was considered changeable depending on the condition. There was no intertemporal mean difference at the 5% level of confidence for all factors.

Relationship between emotional-support expectation and support evaluation

In order to examine the relationship between emotional-support expectation and support evaluation, hierarchical multiple regression analysis was performed using each of the four support evaluations as objective variables and help-seeking behavior, emotional-support expectation, and interaction of behavior and expectation as explanatory variables (Table 3.4). The results showed that the coefficients of determination for the regression equation in which all the variables were input up to step 4 are: $R^2 = .50$ for “improvement of problem situations,” $R^2 = .34$ for “confusion in coping,” $R^2 = .43$ for “perception of support from others,” and $R^2 = .29$ for “dependence on others” ($p < .001$ for all). The coefficients of determination significantly increased in step 3 in which emotional-support expectation was input in all cases. Additionally, while emotional help-seeking was only significantly correlated to perception of support from others, Reinterpretation expectation was positively correlated to “improvement of problem situations” and “perception of support from others.”

Table 3.4. Results of hierarchical multiple regression analysis

	Improvement of problem situations				Confusion in coping				
	step 1	step 2	step 3	step 4	step 1	step 2	step 3	step 4	
step 1 Grade	.04	.03	.03	.02	-.06	-.06	-.05	-.04	
Gender (boy=1, girl=2)	.03	.02	.01	.01	-.12 **	-.13 **	-.14 ***	-.15 ***	
Perceived social support	.17 ***	.10 *	.09 *	.09 *	.00	-.02	-.01	-.01	
Attachment— anxiety	.03	.02	-.03	-.03	.21 ***	.21 ***	.09 *	.08	
Attachment— avoidance	-.14 ***	-.07	-.08 *	-.08 *	.02	.03	.06	.07	
Controllability of the concerns	.48 ***	.45 ***	.45 ***	.45 ***	-.20 ***	-.19 ***	-.19 ***	-.19 ***	
Influence of the concerns	.01	-.03	-.07	-.07	.23 ***	.20 ***	.13 **	.13 **	
step 2 Emotional-help seeking (EHS)		-.01	-.07	-.09		.16 *	-.05	-.04	
Instrumental-support seeking		.30 ***	.27 ***	.28 ***		-.11	-.09	-.10	
step 3 Acceptance expectation			-.01	.00			.13 *	.12	
Reinterpretation expectation			.17 **	.16 **			.04	.03	
Justification expectation			-.02	-.05			.28 ***	.33 ***	
Optimism expectation			.06	.07			.02	.00	
Distraction expectation			.05	.08			.05	.03	
step 4 EHS × Acceptance expectation				-.03				.03	
EHS × Reinterpretation expectation				.12 *				-.05	
EHS × Justification expectation				.03				-.08	
EHS × Optimism expectation				-.05				.14 *	
EHS × Distraction expectation				.00				-.09	
	<i>R</i> ²	.376 ***	.448 ***	.484 ***	.496 ***	.188 ***	.192 ***	.319 ***	.335 ***
	ΔR^2		.072 ***	.036 ***	.012		.004	.127 ***	.016 *

*** $p < .001$, ** $p < .01$, * $p < .05$

Table 3.4. Results of hierarchical multiple regression analysis (continued)

	Perception of support from others				Dependence on others				
	step 1	step 2	step 3	step 4	step 1	step 2	step 3	step 4	
step 1 Grade	-.01	-.01	-.01	-.02	.03	.03	.02	.03	
Gender (boy=1, girl=2)	.12 **	.10 *	.09 *	.09 *	.04	.04	.03	.03	
Perceived social support	.19 ***	.08	.07	.08	.02	-.02	-.02	-.02	
Attachment— anxiety	.03	.03	-.05	-.05	.23 ***	.23 ***	.12 **	.11 *	
Attachment— avoidance	-.22 ***	-.12 **	-.12 **	-.12 **	.11 *	.15 **	.13 **	.13 **	
Controllability of the concerns	.26 ***	.24 ***	.25 ***	.25 ***	.08	.07	.08	.07	
Influence of the concerns	.09 *	.01	-.04	-.04	.21 ***	.19 ***	.11 *	.11 *	
step 2 Emotional-help seeking (EHS)		.28 ***	.18 *	.16 *		.10	-.03	-.02	
Instrumental-support seeking		.14 *	.10	.12		.05	.00	.00	
step 3 Acceptance expectation			.09	.09			.05	.05	
Reinterpretation expectation			.18 **	.17 **			.25 ***	.24 ***	
Justification expectation			.01	-.01			-.02	.00	
Optimism expectation			.02	.02			-.06	-.08	
Distraction expectation			.02	.05			.25 ***	.25 ***	
step 4 EHS × Acceptance expectation				.02				.00	
EHS × Reinterpretation expectation				.15 **				.03	
EHS × Justification expectation				-.03				-.06	
EHS × Optimism expectation				-.08				.15 *	
EHS × Distraction expectation				.01				-.07	
	<i>R</i> ²	.240 ***	.363 ***	.411 ***	.425 ***	.153 ***	.169 ***	.279 ***	.290 ***
	ΔR^2		.123 ***	.048 ***	.014		.016 *	.110 ***	.011

*** $p < .001$, ** $p < .01$, * $p < .05$

Justification expectation was positively correlated to “confusion in coping,” which was a negative support evaluation. These findings revealed that Hypothesis 2 was generally supported because not only emotional help-seeking behavior, but expectations also explained the difference in support evaluations.

In step 4, where the interaction of emotional help-seeking and each expectation was input, the degree of increase in the coefficient of the determinant was not significant. Since the partial regression coefficients were significant in only one interaction term when each of the support evaluations was used as a dependent variable, the effect of the input explanatory variable group was considered to be weak. Since the interaction between Reinterpretation expectation and emotional help-seeking for “improvement of problem situations” ($F(7,440) = 37.88, p < .001$) and “perceived support from others” ($F(7,440) = 14.52, p < .001$) was significant, the content was checked with simple slope analysis. The result showed that when Reinterpretation expectation is high, more frequent emotional help-seeking is performed, and the “perception of support from others” becomes higher ($\beta = .29, p < .001$). Whereas, it was confirmed that when Reinterpretation expectation is low, more emotional help-seeking is performed, and the “improvement of problem situations” becomes lower ($\beta = -.18, p = .017$). The interaction between emotional help-seeking and Optimism expectation for “confusion in coping” and “dependence on others” was not significant at the 5% level.

Integrated discussion in this chapter

In this chapter, the relationship between emotional-support expectations and support evaluation was investigated. The Emotional-Support Expectation Scale consisting of five factors (Acceptance expectation, Reinterpretation expectation, Justification expectation, Optimism expectation, Distraction expectation) was developed in Study 3, and the relationship between emotional-support expectations and support evaluation was determined in Study 4.

This section describes the interpretation of each emotional-support expectation and discusses the two studies in their entirety.

Interpretation of emotional-support expectations

Acceptance expectation. Acceptance expectation is related to emotional help-seeking behavior and emotional expression strategy, and it can be said that those who have high Acceptance expectation tend to show emotional help-seeking behavior more frequently. However, there was no association of Acceptance expectation with support evaluation, including “perception of support from others.” Since people unconsciously take actions in the way that their expectations are realized (Merton, 1948), it is expected that they select those who are likely to accept unconsciously when their Acceptance expectation is high. Nevertheless, the reason why Acceptance expectation and perception of support from others showed no significant association may be because not everyone cannot seek support from the appropriate people, due to human resource constraints. Further, it may be less likely for people with high Acceptance expectation to feel satisfied, because the degree of accepting attitude expected toward others becomes higher.

Reinterpretation expectation. Reinterpretation expectation was related to positive support evaluations such as “improvement of problem situations” and “perception of support from others.” This suggested that students felt more satisfied with the support they received when they sought emotional support with high Reinterpretation expectations. The relationship with “improvement of problem situations” can be explained by the fact that Reinterpretation expectation correlates positively with all problem-focused coping strategies. Moreover, because some items of Reinterpretation expectation are similar to the acceptability scales for other’s opinions (Berger, 1952), it may be easier to accept the response of others for support seekers with high Reinterpretation expectation. In other words, people who have Reinterpretation expectation may easily perceive more “perception of support from others.” At

the same time, however, it was also related to “dependence on others,” which is one of the negative support evaluations. Since the correlations between the conscientiousness trait among the big five personality factors and the use of problem-focused strategies have been clarified (Carver & Connor-Smith, 2010), it can be inferred that reinterpretation, which correlates with many problem-focused strategies, may also correlate with conscientiousness; in other words, it may be likely that students feel bad for relying on others because of their conscientiousness.

Justification expectation. Justification expectation was associated with “confusion in coping,” a negative support evaluation, suggesting a tendency for confusion when emotional help-seeking was performed with high Justification expectations. Some supporters may not be able to meet the self-centered expectation of justification, even if the support seeker has chosen an appropriate subject. Although this study did not measure how actual received support met expectations, it can be assumed that it may be difficult to obtain a response that satisfies the high Justification expectation and therefore, “confusion in coping” may occur. However, since justification expectation is positively correlated with problem-avoidance coping strategies that are considered to be non-adaptive, the possibility that not only expectations but also their coping behaviors may be related to the occurrence of confusion cannot be ruled out. In future, it is necessary to consider the relationship with the exercise of the strategy.

Optimism expectation. Optimism expectation was derived from “avoidance thinking” as a unique factor. Therefore, the correlation with the problem-avoidance strategies was anticipated, but in practice, positive correlations were confirmed with not only avoidance strategies but also all problem-focused strategies. This is considered to be due to the two-sidedness of optimism. While optimism helps one to survive in difficult circumstances (Taylor & Brown, 1988), the extreme optimism that disregards reality, leads to unproductive behavior (Buehler et al., 1994). This two-sidedness of optimism may be a cause of the ambiguous associations with each support evaluation. Careful interpretation will be needed when

considering the effects of Optimism expectation and its associations with other variables, in the future.

Distraction expectation. Distraction expectation was associated with “dependence on others,” a negative support evaluation. Distraction expectation included items such as, “I want to temporarily forget my problem by having fun with someone,” while “dependence on others” included items such as “I thought I had caused inconvenience to the other person.” Therefore, respondents who felt guilty for using others’ time for irrelevant activities may have evaluated “dependence on others” higher. According to Honda et al. (2008), “dependence on others” decreases psychological adaptation. Since the current study did not directly measure the relationship between expectations and support evaluation, it is essential to perform additional examinations carefully.

Implications

This chapter presents several suggestions. The first suggestion is that it is possible to qualitatively classify the type of emotional support secondary school students seek. House (1981), who regards emotional support as one type of social support, defines emotional support as “giving empathy, care, affection, and confidence.” Although it has been widely recognized conceptually, it also gives a wide range of interpretations because it encompasses diverse supportive actions. Then, when the viewpoint of emotional-support expectation is added, it becomes clear that there are several types of support methods that help ease their burdens, such as reinterpretation of problematic situations by suggesting other viewpoints and distracting them by talking about something unrelated, in addition to just acceptance and listening. In other words, it shows that there can be qualitative differences in emotional support sought by secondary school students, because the way in which they try to feel stable emotionally differs for each individual or situation. Recognizing these differences and inferring effective ways to stabilize the emotional state of support seekers will increase the likelihood of providing highly

satisfactory support.

Secondly, it suggested a possibility to promote students' effective emotional help-seeking by integrating the findings to intervention programs for adolescent mental health at school. As described in Chapter I, type 3 non-help-seekers are those who decide not to seek help from others due to various reasons including low anticipated benefit (Nagai & Arai, 2007). Since studies in this chapter clarified that the effectiveness of emotional help-seeking varies depending on the expectations of help-seekers, facilitating adolescents meta-cognizing their own expectations may help to enhance the effectiveness of emotional help-seeking and anticipate benefit, and consequently encourage non-help-seekers' decision-making to try seeking help.

The third suggestion is that the factors that were inconsistent in examining the effectiveness of emotional help-seeking behaviors may lie in the internal differences among help-seeking students. Study 4 revealed that under controlling the frequency of emotional help-seeking behavior, positive support evaluations, "improvement of problem situations" and "perception of support from others," were higher when a support seeker had higher Reinterpretation expectation. It also showed that "confusion in coping," which is a negative support evaluation, was evaluated higher when justification expectation was higher. However, emotional help-seeking behavior was associated only with "perception of support from others." This indicates the possibility that the type of expectation toward support providers affects the level of satisfaction with received support more than the frequency of emotional help-seeking behavior. Promoting students' self-awareness regarding what they want from others may enhance matches between their internal need for maintain psychological stability and actual support. Furthermore, it showed that adding expectations to the analysis could make it possible to explain the significant interaction between emotional help-seeking behavior and expectations, as well as the difference in adaptation that could not be explained by help-seeking

behavior alone. In this chapter, support evaluation was used as a dependent variable, and psychological changes, such as stress status after receiving support, were not investigated. Moreover, it was not possible to deal with the issue of whether or not the quality of support actually drawn from support providers would change due to the differences in expectations. Therefore, although the results are limited, it is significant that the expectations held by support seekers may influence the effectiveness of emotional help-seeking behavior.

Limitations and perspectives

As discussed previously, this chapter provided new perspectives as it has introduced emotional-support expectations to the analysis of emotional help-seeking which previously involved only the measurement and analysis of help-seeking behavior. The studies in this chapter clarified the internal differences underlying the help-seeking behavior, and pointed out the possibility that the expectations held by the support seeker may affect the interaction with support providers, as well as support evaluation. This chapter did not target non-help-seekers directly. However, the perspective of promoting help-seeking behavior is indispensable when considering an approach to non-help requesters. The studies have the potential to make a difference in improving the effectiveness of emotional help-seeking. However, there are some limitations in these studies that need to be mentioned. First, the studies have not examined to what extent the actual support given by the support providers corresponds to the type and level of expectations. The expectation confirmation model (Darley & Fazio, 1980), on which this chapter was theoretically based, suggests that the expectations of a support seeker affect the outcome of the behavior of others and interactions. It will be necessary to examine the process of interaction between a support seeker and support provider more carefully for contributing to the verification of the effectiveness of emotional-support expectations and lead to improvement in the quality of emotional support delivery in the future. The second point is that

the effect on adaptation was not directly examined. In future, adaptation indicators such as school adaptation and positive/negative affect that students actually felt needs to be examined. Lastly, the effect of coping strategies other than help-seeking also should be considered in the future. Emotional-support expectations showed correlations with coping strategies mostly as predicted in the hypothesis 1. The present study found that emotional-support expectations influenced support evaluation when the frequency of emotional help-seeking was the same level. However, because coping behaviors other than help-seeking were not controlled, we cannot exclude the possibility that not only expectations but also other coping behaviors influenced support evaluation. Therefore, Study 5 will examine the relationship between the combination of coping behaviors including help-seeking and students' psychological adjustment. This aims to reveal whether students' adaptation level differ depending on the other coping strategies used when the frequency of help-seeking is comparable, and also aims to consider the possibility that students can keep high adaptation through other stress-coping strategy use without help-seeking.

Chapter IV: Approaches aimed at compensating for low help-seeking

This chapter explores potential of preventive support for adolescent non-help-seekers in terms of internal factors that compensate for the low level of help-seeking behavior. Based on the results of previous chapters, internal factors such as active or passive coping style, perceived social support, and future prospects were assumed to effect on non-help-seeking adolescents' psychological adjustment. Study 5 and 6 examine the effect of active or passive coping style used a one-year longitudinal data from secondary-school students (Study 5) and retrospective data from young adults (Study 6). Study 7 examines the effects of interpersonal trust, prospects, positivity, and coping style used cross-sectional data from secondary-school students with low help-seeking behaviors.

Study 5: The association between adolescent coping profiles and school adaptation**Purpose**

This study sought to reveal how active or passive coping style effects on adolescents' psychological adjustment considering the level of help-seeking behaviors. In Chapter I, the comprehensive literature review questioned whether a coping strategy can compensate low help-seeking and maintain psychological adjustment. In details, students who use adaptive coping strategies may be able to maintain their psychological adjustment without seeking help. In the discussion of Chapter III, a possibility that coping strategy use other than help-seeking may have some effects on students' adjustment was stated. Therefore, this study began from examining the effect of coping style focusing on the combination with help-seeking.

Coping profiles

Since individuals use multiple coping strategies simultaneously (Daniels et al., 2015), identifying coping profiles considering the combination of help-seeking and other strategies may provide a better understanding of how adolescent coping affects psychological adaptation (Aldridge & Roesch, 2008). However, in general, studies in help-seeking area examined the individual effect of help-seeking (e.g., Heerde & Hemphill, 2018; Kato, 2015), and studies in stress coping area examined the effect of each strategy or groups of strategies such as active or passive strategies (e.g., Carver et al., 1989; Marks, 2002). In recent years, the focus of research into coping strategies has shifted from the aforementioned variable-oriented approaches to person-oriented approaches (Mauno et al., 2014). In a person-oriented approach, researchers study individuals on the basis of patterns of individual characteristics relevant to the problem under consideration (Bergman & Magnusson, 1997); in this study, this approach classifies individuals into homogeneous coping profiles. To date, only a few studies have used person-oriented approaches to represent patterns of stress-coping strategies. Aldridge and Roesch

(2008) used latent profile analysis (LPA), a person-oriented approach, and suggested a three-class solution that consisted of active, passive, and low generic copers. The authors concluded that active copers were the healthiest and passive copers were the most depressed; however, the results did not reveal the effects of help-seeking, because both active and passive copers had high help-seeking scores. A recent study using LPA suggested a four-class model, though these latent classes might have mainly shown the level of arousal to stress because all strategies gradually decreased from Class 1 through Class 4 (Herres, 2015). The author believed that the study did not consider the severity of stress, a potential third variable affecting the results. Although not targeted in adolescence, Hasselle et al. (2019) also suggested a four-class model: high overall coping, low overall coping, high engagement (i.e., active) coping, and high disengagement (i.e., passive) coping. The authors concluded that high engagement copers, individuals who use more active coping strategies and less passive coping strategies, had high resilience; there was no discussion about the effect of help-seeking. Mauno et al. (2014) suggested a seven-class model. However, there was almost no significant difference in well-being among the seven profiles and they did not examine help-seeking behaviors.

As the above illustrates, findings on coping profiles are not yet consistent, the topic has been increasing in importance, and further investigations are needed. Still, prior studies on coping profile have a clear limitation; they are all cross-sectional research. Since stressors/situations change, cross-sectional evidence on coping profiles may be only fragmental. Using latent transition analysis (LTA), a longitudinal extension of LPA, may bring novel results based on enriched calculations using longitudinal data, and allow for examinations on coping profile mobility. It is well established that coping skills rapidly develop during later childhood and early adolescence, and then become stable over time (Zimmer-Gembeck & Skinner, 2016); however, adolescents' coping profile mobility within a year has not been examined. Studies have remarked the need for examinations on gender ratio and the

psychological adaptation of each profile, which are necessary for effective comparisons with the literature (Aldridge & Roesch, 2008; Herres, 2015).

The current study

Therefore, this study mainly examined adolescent coping profiles, their relations to psychological adaptation, and adolescents' profile mobility within one year, using LTA. From the viewpoint of prevention of mental illness, it would be valuable to consider the association between coping profiles and positive/negative affect balance, one of the main dimensions of well-being, and is suitable for non-clinical youth (Kahneman et al., 1999). Moreover, we examined school adaptation owing to the need, raised by prior research (Honda, 2013), for examinations toward non-clinical adolescents' mental health in Japan. Accordingly, the following research questions were investigated: (1) how does LTA identify adolescent coping profiles using longitudinal data? (2) Do the profiles have significant differences in gender or grade composition? (3) Are the coping profiles differentially associated with school adaptation and positive/negative affect balance? And (4) how stable are the coping profiles?

Specifically, we hypothesized that there would be at least four coping profiles: one with higher help-seeking and an active coping style; another with higher help-seeking, but passive coping; a profile with lower help-seeking and active coping; and, lastly, one with low help-seeking, and passive coping (Hypothesis 1). As for the second research question, and given that girls generally use more help-seeking and active coping strategies (Herres, 2015; Williams & Cornell, 2006), there will be more girls in profiles with higher help-seeking and active coping style (Hypothesis 2). Now, considering the association between active coping and psychological adaptation (Aldridge & Roesch, 2008; Kato, 2015), using active coping strategies may compensate for adolescents' low help-seeking behavior. Namely, when help-seeking was at similar, profiles with an active coping style would show better school adaptation and affect balance (Hypothesis 3). If profiles with low help-seeking and an active coping style

show adequate school adaptation, facilitating students' active coping may prove to be more effective than encouraging their help-seeking.

Despite the assumptions above, it was deemed as inappropriate to establish hypotheses about grade ratio and mobility. This is because, coping skills mostly develop by early adolescence (Zimmer-Gembeck & Skinner, 2016), and secondary-school students' coping patterns might already be partially stable. This does not mean, however, that older students have adaptive coping skills; instead, that they acquire individualized ways of coping with age, denoting that older participants may not always belong to highly adaptive coping profiles. Still, if there is no significant difference regarding highly adaptive profiles by grade, and if profiles are also stable, the results will have shown that stakeholders should intervene before the secondary school period to facilitate the development of appropriate coping habits. Thus, a focus on the combination of help-seeking and other coping strategies may enable a novel interpretation of adolescent coping profiles, bring insights regarding unclear associations between help-seeking and psychological variables, and regarding potentially effective interventions—besides interventions to promote help-seeking. Additionally, examining profile grade ratio and stability may widen our knowledge about coping skill development, serving as valuable information for stakeholders to make well-informed decisions regarding intervention timing.

Method

An anonymous questionnaire for Japanese secondary-school students was administered every semester, at four-month intervals (from Time 1 [T1] to Time 2 [T2] to Time 3 [T3]) in the 2018–2019 academic year. Participants first reported their psychological condition (i.e., positive/negative affect and school adaptation). Then they were asked whether they had experienced problems in the past month. Only those who reported having some trouble

answered the questions regarding the type and severity of the trouble and their stress-coping strategy use.

Participants

The sample consisted of 695 secondary-school students (359 boys, 330 girls, and 6 unknowns; with an age range of 12–15 years), 99.4% of the whole sample. The proportion of each grade, from grades 7–9, was similar, at 31–35%. The participants attended two public secondary schools in a northern prefecture in Japan; School A ($n = 473$) was in a mountainous area, and School B ($n = 222$) was in an urban area. Owing to ethical constraints, we did not collect data on students' household income; however, according to the school principals, approximately 12–15% of the students came from welfare families. In addition to being accessible, the schools were selected because they were representative of a variety of student socioeconomic statuses and academic abilities.

The ninth graders of school A did not participate at T3, at the school principal's request, because of the high-school entrance exam season, and school B began participation at T2 because of a delay in forming a consensus on participation with the school principal. A preliminary analysis with 257 complete sets of data confirmed that the missing information did not affect the number and characteristics of latent classes.

Written informed consent was obtained from school principals and all individual participants included in the study, and surveys were conducted at school. Parents of the students were informed in writing of the purpose, contents, and privacy policy of the survey, as following general anonymous surveys for non-clinical students in Japan (Honda, 2013; Miura et al., 1995). There was no incentive for participants, and participation was not compulsory.

Measures

Positive and Negative Affect. Positive affect (PA; e.g., active, excited, proud) and negative affect (NA; e.g., irritable, upset, afraid) in the last month were assessed with the 10-

item Japanese version of the Positive and Negative Affect Schedule (PANAS) (PA $\alpha = .80-.87$, NA $\alpha = .85-.93$) (Sato & Yasuda, 2001; Watson et al., 1988). The participants answered how often they felt each affect using a 4-point scale ranging from 1 (*never*) to 4 (*always*). Since the original scale was recommended for use with high-school and older students, the validity of wordings for each item was confirmed with several secondary-school teachers in advance.

Sense of School Adaptation. The degree of enjoyment of school life was assessed with The School Adaptation Scale (Furuichi & Tamaki, 1994), which is a widely used 10-item scale in Japan. This study used five items that showed high factor loadings in preliminary surveys: (a) “I look forward to going to school,” (b) “Every day passes quickly because school is fun,” (c) “I want to go to school even if I feel a little bad,” (d) “There are many pleasures at school,” and (e) “I like this school.” This shortened scale presented good reliability ($\alpha = .91-.93$). Nine hundred and sixty students participated in the preliminary surveys in October and November 2017 by reporting their enjoyment of school life in the past month on a 4-point scale ranging from 1 (*never true for me*) to 4 (*always true for me*).

Types of Stressor. Participants who reported a stressor in the past month were asked about the type of stress; they chose either study-related problems (e.g., academic grade and high-school entrance exam), psychosocial problems (e.g., peer relationship and personality), and others (e.g., health problems and hobbies). These options were included based on Honda (2013)’s study.

Severity of Troubles. The cognitive appraisal questionnaire is widely used as an assessment of Japanese youths’ cognitive appraisal (Okayasu, 1992). Following previous research with secondary-school students (Miura et al., 1995), this study used four items that were appropriate for youth, including “it threatens my daily life” ($\alpha = .74-.83$). Participants were asked whether they had experienced any problems in the past month; those who had no problems skipped the following questions regarding the severity of the trouble and coping

strategies. Participants who reported problems picked an area from categories such as academic grades, friendships, and family issues, and evaluated the problems' severity by rating them on a 4-point scale ranging from 1 (*never felt so*) to 4 (*always felt so*). A higher number means that the participant viewed the trouble as more severe.

Coping Strategies. The Japanese version of the COPE inventory (Carver et al., 1989; Otsuka, 2008) was used for assessing four coping strategies: emotional help-seeking ("I talked to someone about how I felt;" $\alpha = .81-.85$), instrumental help-seeking ("I tried to get advice from someone about what to do;" $\alpha = .73-.82$), active coping ("I took direct action to get around the problem;" $\alpha = .86-.88$), and behavioral disengagement ("I've been giving up trying to deal with it;" $\alpha = .79-.85$). By consulting the participating schools regarding the time availability, they reported that each survey should last 15 minutes; to ensure adherence to these time constraints, the measured coping strategies were narrowed down. Active coping and behavioral disengagement were selected as representatives of approach (i.e., active) and avoidant (i.e., passive) coping strategies, respectively (Carver et al., 1989; 20), because they were shown to have a strong association with psychological adaptation (Kato, 2015; Zimmer-Gembeck & Skinner, 2016). Participants who had experienced any trouble in the past month answered how often they used these coping strategies on a 4-point scale ranging from 1 (*never*) to 4 (*always*). The scores of the participants who reported no trouble in the past month were calculated as 0.

Data Analysis

LTA⁹ was employed to obtain the typologies of the coping strategies using the scale scores for each coping strategy. In LTA, change between latent classes is quantified in a matrix of transition probabilities between two consecutive times (Collins & Lanza, 2010). The number

9. For avoiding local solutions, this analysis used random starts and changed the following settings from the Mplus default: the numbers of the initial stage starts have been changed from 10 to 250, the number of final stage optimizations from 2 to 25, and the number of initial stage iterations from 10 to 20. The Mplus default assumed a normal distribution.

of classes was decided mainly using the Bayesian information criterion (BIC) and sample size-adjusted BIC (adBIC) because of their accuracy and consistency (Tein et al., 2013; Nylund et al., 2007). Entropy was supplementally referred because it supports the determination of the number of latent classes when the data are incomplete (Larose et al., 2016). Although the bootstrap likelihood ratio test is another reliable method for deciding the number of classes in latent mixture modeling (Tein et al., 2013; Nylund et al., 2007), it is not available when there is more than one latent categorical variable. A preliminary analysis that conducted a bootstrap likelihood ratio test at each time point did not provide any satisfactory evidence for considering a different number of latent classes. Differences in the PANAS scores and school adaptation between the latent classes were compared using Tukey's Honest Significant Difference (HSD) test. Further, LTA was used to estimate how membership in the latent classes changed over time. The model was estimated by full information maximum likelihood with all available data using Mplus 8.0 (Muthén & Muthén, 2017), and other analyses were conducted using the lavaan package in R version 3.4.3 (R Core Team, 2018). The data and R codes are available for download from the following URL, an open science framework:

(https://osf.io/kqewa/?view_only=6dfecb15f7e14cd184c500edaf268318).

Results

The number of valid responses was 695 (359 boys, 330 girls, and 6 unknowns). At T1, the size of the effective sample was 450 (238 boys, 210 girls, and 2 unknown; 64.7% of the whole sample responded); at T2, it was 658 (338 boys, 316 girls, and 4 unknown; 94.7% responded); at T3, it was 510 (258 boys, 251 girls, and 1 unknown; 73.4% responded). Descriptive statistics and correlations among the variables are presented in Tables 4.1 and 4.2. All repeated measures were positively and significantly correlated across time, which suggests

stability over time. There was no significant difference in the severity of troubles and coping strategies depending on the types of stressor.

Table 4.1. Means and standard deviations (*SD*)

	Coping strategies				PANAS		School adaptation	Severity of trouble
	EHS	IHS	AC	BD	PA	NA		
Time 1	2.53 (.87)	2.44 (.85)	2.81 (.84)	1.92 (.87)	2.92 (.69)	1.29 (.51)	3.13 (.72)	2.05 (.82)
Time 2	2.52 (.87)	2.49 (.81)	2.85 (.79)	1.92 (.87)	2.84 (.76)	1.39 (.56)	3.06 (.74)	1.93 (.83)
Time 3	2.75 (.87)	2.69 (.85)	2.96 (.81)	1.99 (.87)	2.91 (.76)	1.41 (.59)	3.08 (.75)	2.06 (.85)

Note: EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement. PANAS = positive and negative affect schedule; PA = positive affect; NA = negative affect. Possible score range is 1.0 to 4.0 for all variables.

Table 4.2. Correlations among coping strategies, PANAS scores, school adaptation, the severity of troubles

	Time 1 (upper) and Time 2 (lower)								Time 3							
	1	2	3	4	5	6	7	8	2	3	4	5	6	7	8	
Coping																
1 EHS		.80***	.52***	.03	.21**	-.03	.14*	.06	.80***	.55***	.10	.33***	-.04	.25***	-.04	
2 IHS	.77***		.67***	-.11	.31***	-.07	.25***	-.05	.65***	.00	.33***	-.06	.25***	-.10		
3 AC	.39***	.50***		-.34***	.36***	-.25***	.33***	-.24***			-.14*	.37***	-.12*	.27***	-.20***	
4 BD	.15***	.07	-.21		-.22***	.27***	-.22***	.32***				-.25***	.22***	-.26***	.25***	
PANAS																
5 PA	.36***	.40***	.39***	-.13**		-.17***	.58***	-.14*					-.27***	.72***	-.26***	
6 NA	-.07	-.13**	-.23***	.27***	-.13***		-.28***	.40***						-.32***	.32**	
7 School adaptation	.28***	.35***	.34***	-.16***	.61***	-.25***		-.16*							-.23***	
8 Severity of trouble	.11*	.00	-.20***	.33***	-.14**	.33***	-.18***									

Note: EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement. PANAS = positive and negative affect schedule; PA = positive affect; NA = negative affect. * $p < .05$, ** $p < .01$, *** $p < .001$.

Coping Profiles

As a result of LTA, a seven-class model was adopted. The fit statistics for longitudinal latent profile (Figure 4.1) showed that the decline of BIC (11164.51, 10803.29, and 10781.85 from the six- to eight-class models) and adBIC (10691.41, 10212.71, and 10061.08) slowed, and entropy (.77, .80, and .80) reached .80, a reliable criterion. Additionally, in the models of 8 classes or more, classes with about 10 or less members were extracted. It was challenging to distinguish the coping-strategy usage in those classes. Thus, this study adopted the 7-class model.

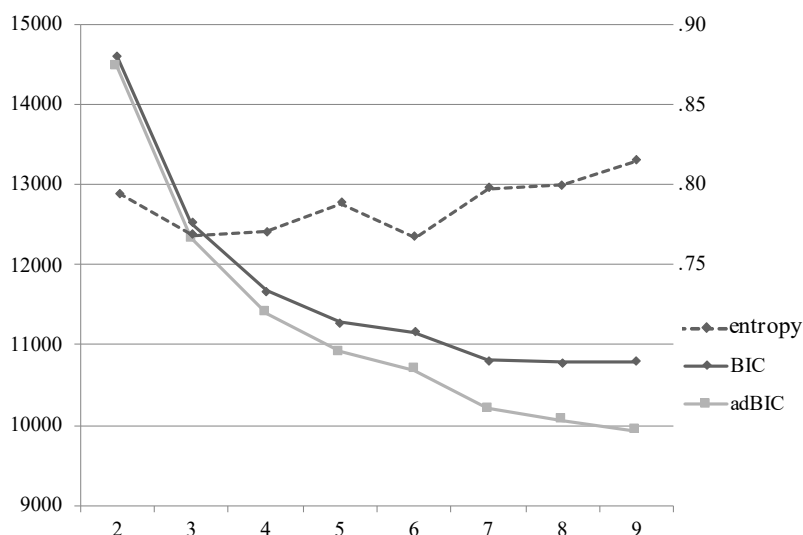


Figure 4.1. The scores of the Bayesian information criterion, adjusted Bayesian information criterion, and entropy by each model.

Note: The vertical axis represents the value of the Bayesian information criterion, adjusted Bayesian information criterion (left), and entropy (right). The horizontal axis represents the number of latent classes. Note: adBIC = sample size-adjusted BIC

The numbers of participants in each latent class and mean scores of coping strategies are shown in Table 4.3. The total number of members is 695 at all time points—even if valid responses differ by period—because LTA estimated and complemented missing data with maximum likelihood method using all available data; this was possible because the latent class of all respondents was predictable at all three periods. Class 0 (labeled “no-trouble”; No-T)

contained participants who did not report any personal trouble during the past month; therefore, their coping scores were zero. The other six latent classes were labeled according to the amount of help-seeking behaviors (HS) and other coping styles (i.e., passive or active):

Table 4.3. The number of members and mean scores of each coping strategy

Class	Time 1					Time 2					Time 3				
	members	EHS	IHS	AC	BD	members	EHS	IHS	AC	BD	members	EHS	IHS	AC	BD
0 No-T	289	0.00	0.00	0.00	0.00	240	0.00	0.00	0.00	0.00	292	0.00	0.00	0.00	0.00
1 L-HS/P	44	1.54	1.26	1.54	3.33	46	1.76	1.65	2.07	3.05	32	1.42	1.29	1.95	2.14
2 L-HS/A	23	1.16	1.19	1.98	1.16	42	1.43	1.39	1.80	1.27	59	1.82	2.07	3.56	1.30
3 M-HS/P	163	2.29	2.02	2.59	2.02	149	2.60	2.50	2.67	2.28	119	2.27	2.16	2.27	2.36
4 M-HS/A	82	2.74	2.72	3.28	1.31	78	1.92	2.07	3.30	1.10	119	3.00	2.84	3.08	1.71
5 H-HS/P	64	3.27	3.17	2.90	2.85	44	3.51	3.40	3.23	3.17	22	3.92	3.93	3.86	3.45
6 H-HS/A	30	3.41	3.68	3.88	1.18	96	3.32	3.31	3.43	1.29	52	3.59	3.68	3.58	1.56

Note: No-T = no-troubles; L-HS/P = low help-seeking/passive copers; L-HS/A = low help-seeking/active copers; M-HS/P = moderate help-seeking/passive copers; M-HS/A = moderate help-seeking/active copers; H-HS/P = high help-seeking/passive copers; H-HS/A = high help-seeking/active copers. EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement. Possible score range is 0.0 to 4.0.

Class 1 (low HS/passive copers; L-HS/P), Class 2 (low HS/active copers; L-HS/A), Class 3 (moderate HS/passive copers: M-HS/P), Class 4 (moderate HS/active copers; M-HS/A), Class 5 (high HS/passive copers; H-HS/P), and Class 6 (high HS/active copers; H-HS/A). The level of help-seeking was significantly different between classes with low, moderate, and high HS at all time points. The behavioral-disengagement scores of passive copers (L-HS/P, M-HS/P, and H-HS/P) were higher than the average at all time points, while the active-coping scores of active copers (L-HS/A, M-HS/A, and H-HS/A) were significantly higher than their behavioral-disengagement scores at all time points. Fisher's exact test found significant differences in type of stressor ratios among coping profiles only for the higher percentage of participants who reported "psychosocial problems" in the L-HS/P at T2 (57.5%), compared with the following: M-HS/P (28.1%, $p = .043$), M-HS/A (21.3%, $p = .005$), and H-HS/P (22.9%, $p = .045$).

Gender and Grade Differences in Coping Profiles

The gender and grade ratio in each latent class was tested using Fisher's exact test. In No-T, the proportion of boys was significantly higher than girls at all the time points (56% boys, $p = .045$ at T1; 64% boys, $p < .001$ at T2; and 62% boys, $p < .001$ at T3). More girls belonged to profiles with help-seeking and active coping; specifically, H-HS/A at T2 and T3 (61% girls, $p = .004$ at T2; 65% girls, $p < .001$ at T3) and M-HS/A at T3 (62% girls, $p < .001$). With regard to grade differences, only No-T was significant at all of the time points ($p < .001$ for all time points). There were more seventh graders in No-T than eighth and ninth graders (42%, 43%, 41% 7th graders at each time point); more eighth graders belonged to No-T than ninth graders (35% 8th graders at T2 and T3). Thus, the percentage of students who experience stress increased with grade, albeit there were no differences in students' overall coping tendency by grade.

Psychological Adaptation Differences According to the Coping Profiles

The results of the mean comparison analysis according to latent classes are presented

in Table 4.4 (see also Figure 4.2). Regarding the cognitive assessment of the severity of trouble, there were few differences by latent class at T1 and T3. Notable differences were found at T2: L-HS/P evaluated their trouble as the most severe, followed by H-HS/P and M-HS/P.

Regarding psychological adaptation, No-T and H-HS/A consistently had the highest affect balance (i.e., high PA and low NA) and school adaptation, followed by M-HS/A. Meanwhile, L-HS/P had the lowest psychological adaptation, followed by M-HS/P. The exceedingly low affect balance (i.e., low PA and high NA) of L-HS/P was remarkable. Overall, low help-seekers (L-HS/P and L-HS/A) likely experienced fewer positive affects, and passive copers (L-, M-, and H-HS/P) showed more negative affects. By comparing low help-seeker classes, L-HS/A showed lower negative affects than L-HS/P at T1 and T2; still, L-HS/A showed relatively lower positive affects similar to those in L-HS/P. The differences in school adaptation among classes were fewer than those in affect balance. No-T and H-HS/A had significantly higher school adaptation than L-HS/P and M-HS/P at all time points. M-HS/A showed higher school adaptation as well except for T1.

Taken together, the results indicate that L-HS/P and M-HS/P, students who do not positively seek help and have a passive coping style, are low-adaptation profiles; and that H-HS/A and M-HS/A, help-seekers with an active coping style, are high-adaptation profiles. Students who used only either help-seeking (H-HS/P) or active coping (L-HS/A) did not show adequate adaptation compared with the high-adaptation profiles.

Table 4.4. The results of the mean comparison analysis of PANAS, school adaptation, and severity of troubles according to the latent classes

Class		0	1	2	3	4	5	6	<i>p</i>	<i>HSD</i>
		No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A		
Time 1	PA	3.08 (0.70)	2.23 (0.63)	2.58 (0.83)	2.75 (0.59)	2.95 (0.65)	2.75 (0.62)	3.25 (0.49)	< .001	1 < 0, 3, 4, 6 2, 3 < 0, 6; 5 < 6
	NA	1.14 (0.29)	1.84 (0.69)	1.28 (0.59)	1.39 (0.54)	1.28 (0.49)	1.64 (0.82)	1.20 (0.39)	< .001	1 > 2, 3; 1, 5 > 4, 6 1, 3, 5 > 0
	SA	3.29 (0.67)	2.59 (0.67)	2.71 (1.02)	2.92 (0.68)	3.23 (0.57)	2.82 (0.71)	3.41 (0.65)	< .001	1, 2 < 0, 4, 6 3, 5 < 0, 6
	Severity of troubles	N.A.	2.33 (0.79)	2.01 (0.85)	2.08 (0.73)	1.93 (0.81)	2.40 (0.93)	1.64 (0.73)	0.11	1, 5 > 6
Time 2	PA	2.94 (0.77)	2.35 (0.69)	2.41 (0.81)	2.63 (0.66)	2.88 (0.68)	3.01 (0.71)	3.25 (0.68)	< .001	1, 2 < 0, 4, 5, 6 3 < 0, 5, 6; 0, 4 < 6
	NA	1.17 (0.36)	1.93 (0.79)	1.52 (0.64)	1.59 (0.63)	1.28 (0.36)	1.62 (0.77)	1.28 (0.40)	< .001	1 > 2, 3; 1, 3, 5 > 4, 6 1, 2, 3, 5 > 0
	SA	3.24 (0.66)	2.48 (0.73)	2.66 (0.83)	2.80 (0.71)	3.10 (0.62)	3.16 (0.65)	3.39 (0.70)	< .001	1, 2 < 0, 4, 5, 6 3 < 0, 4, 6
	Severity of troubles	N.A.	2.50 (0.85)	1.85 (0.92)	2.04 (0.77)	1.47 (0.61)	2.24 (0.89)	1.77 (0.80)	< .001	1 > 2, 3, 4, 6 3 > 4; 5 > 4, 6
Time 3	PA	3.00 (0.75)	2.40 (0.75)	2.93 (0.86)	2.54 (0.68)	2.93 (0.64)	3.00 (0.95)	3.22 (0.64)	< .001	1 < 0, 4, 5, 6 3 < 0, 4, 6
	NA	1.24 (0.46)	1.46 (0.57)	1.38 (0.57)	1.77 (0.70)	1.51 (0.58)	1.59 (0.85)	1.42 (0.59)	< .001	3, 4 > 0 3 > 6
	SA	3.19 (0.66)	2.72 (0.76)	2.89 (0.88)	2.69 (0.76)	3.16 (0.71)	2.88 (1.00)	3.37 (0.71)	< .001	1, 3 < 0, 4, 6
	Severity of troubles	N.A.	2.08 (0.82)	1.82 (0.82)	2.34 (0.75)	1.98 (0.80)	2.27 (1.15)	1.84 (0.85)	.211	3 > 6

Note: No-T = no-troubles; L-HS/P = low help-seeking/passive copers; L-HS/A = low help-seeking/active copers; M-HS/P = moderate help-seeking/passive copers; M-HS/A = moderate help-seeking/active copers; H-HS/P = high help-seeking/passive copers; H-HS/A = high help-seeking/active copers. PA = positive affect; NA = negative affect; SA = school adaptation. Possible score range is 1.0 to 4.0.

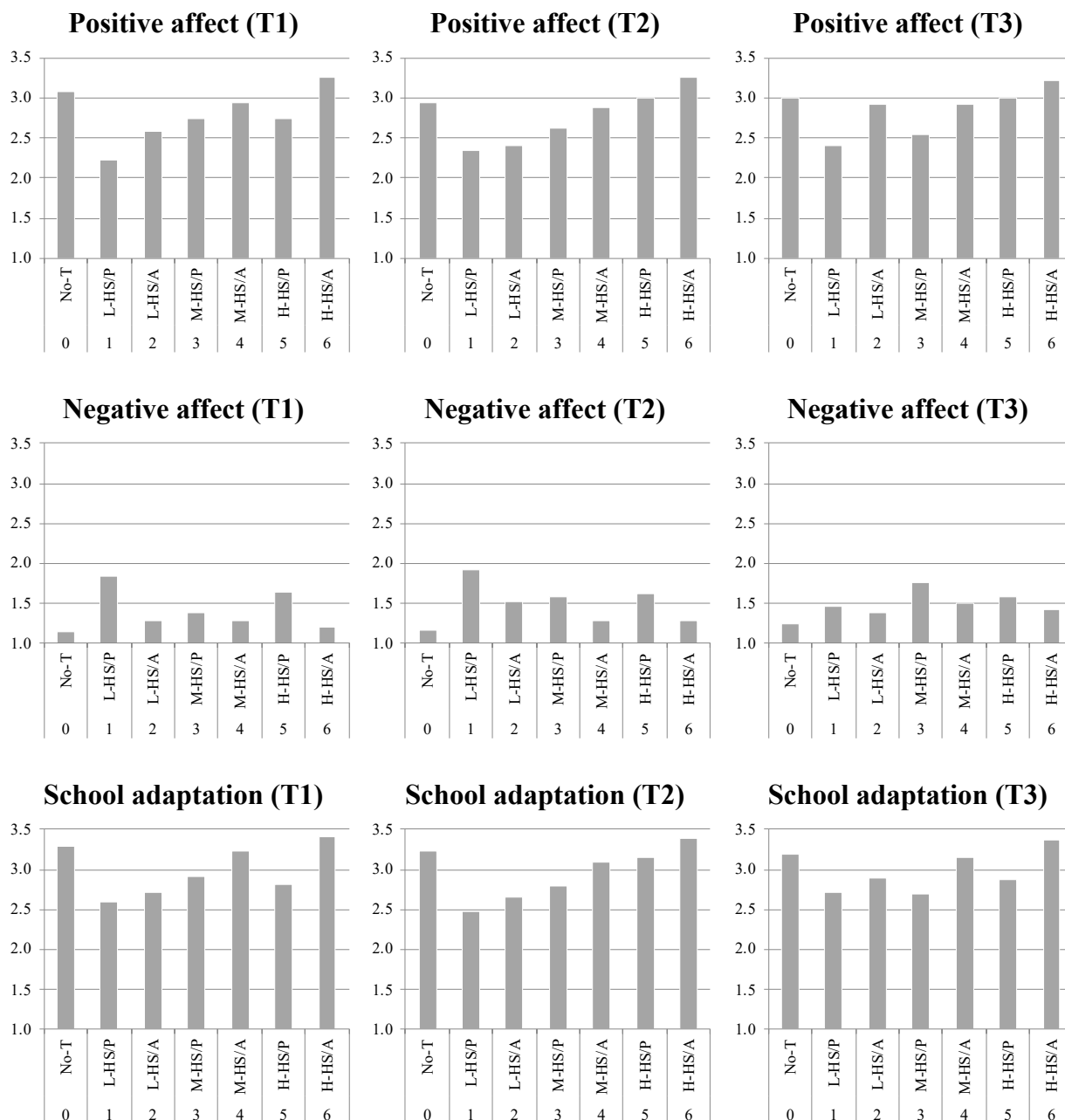


Figure 4.2. Mean scores for positive/negative affect and school adaptation depending on the coping profiles at each time point.

Note: The vertical axis represents the mean scores, and the horizontal axis represents the latent classes. class 0 No-T = no-troubles, class 1 L-HS/P = low help-seeking (HS)/passive copers, class 2 L-HS/A = low HS/active copers, class 3 M-HS/P = moderate HS/passive copers, class 4 M-HS/A = moderate HS/active copers, class 5 H-HS/P = high HS/passive copers, class 6 H-HS/A = high HS/active copers

Stability of Adolescent Coping Profiles

Membership transition over time was examined. Table 4.5 shows the latent transition probabilities based on the estimated model retrieved from the LTA results, and Figure 4.3 shows participants' affiliation percentages for T3 by profile at T1. No-T was highly stable. In particular, 58%–79% of No-T members did not experience any troubles at the next time point either. The low-adaptation profiles shown in the previous section (L-HS/P and M-HS/P) also had high stability; 64% of L-HS/P and 46% of M-HS/P in T1 belonged to those groups at T3 as well. Regarding the high-adaptation profiles, H-HS/A was stable, but M-HS/A was not highly stable. Between low help-seekers (L-HS/P and L-HS/A) and high help-seekers (H-HS/P and H-HS/A), almost no movement was seen; looking at the changes from T1 to T3, only 0-3% moved between them. Transitions from moderate help-seekers to high help-seekers were also uncommon; 7% of M-HS/P and 11% of M-HS/A at T1 changed to being high help-seekers at T3. Meanwhile, approximately 30 to 50% of low help-seekers changed to being moderate help-seekers (M-HS/P and M-HS/A) during the year. As expected, drastic transitions between profiles were uncommon in one year of adolescence, but slight movements such as from low help-seekers to moderate help-seekers did occur.

Table 4.5. Percentages of the classes' transitions between Time 1 and Time 2 and between Time 2 and Time 3

Time 1 Classes (Rows) by Time 2 Classes (Columns)

T2 Classes		0	1	2	3	4	5	6	total
T1 Classes	No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A		
0	No-T	.58	.00	.05	.11	.09	.06	.12	1.00
1	L-HS/P	.11	.51	.20	.14	.04	.00	.00	1.00
2	L-HS/A	.13	.13	.15	.19	.21	.12	.08	1.00
3	M-HS/P	.13	.14	.13	.43	.05	.03	.08	1.00
4	M-HS/A	.21	.00	.03	.25	.36	.00	.15	1.00
5	H-HS/P	.17	.09	.03	.23	.07	.27	.15	1.00
6	H-HS/A	.22	.00	.00	.06	.03	.05	.64	1.00

Time 2 Classes (Rows) by Time 3 Classes (Columns)

T3 Classes		0	1	2	3	4	5	6	total
T2 Classes	No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A		
0	No-T	.79	.02	.01	.04	.08	.02	.05	1.00
1	L-HS/P	.19	.27	.03	.38	.07	.06	.00	1.00
2	L-HS/A	.31	.22	.06	.13	.22	.06	.00	1.00
3	M-HS/P	.24	.06	.02	.33	.26	.01	.08	1.00
4	M-HS/A	.22	.05	.28	.12	.11	.06	.15	1.00
5	H-HS/P	.26	.00	.00	.05	.24	.21	.25	1.00
6	H-HS/A	.23	.02	.03	.00	.36	.05	.31	1.00

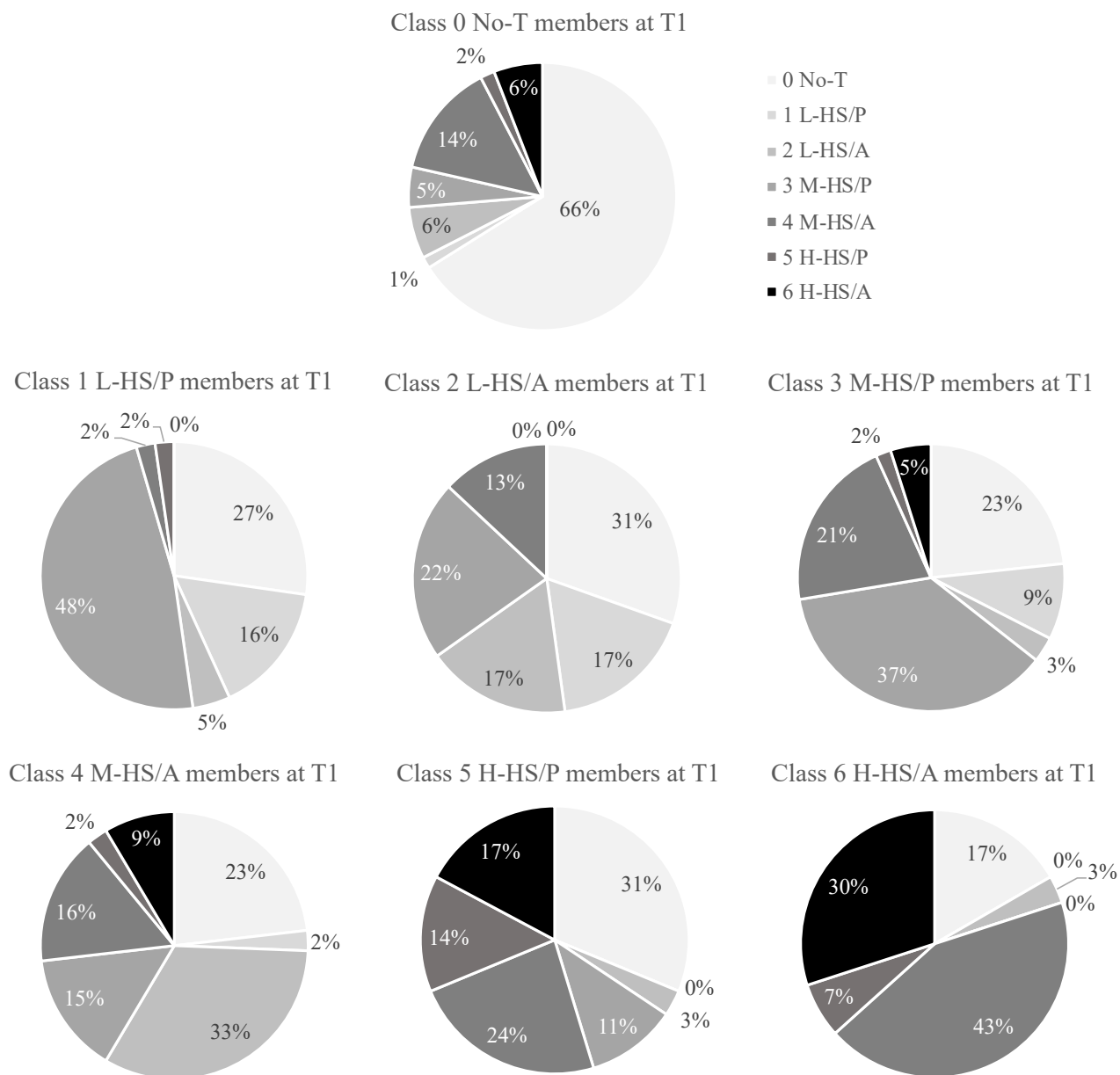


Figure 4.3. Participants' affiliation percentages for Time 3 by profile at Time 1.

Note: class 0 No-T = no-troubles, class 1 L-HS/P = low help-seeking (HS)/passive copers, class 2 L-HS/A = low HS/active copers, class 3 M-HS/P = moderate HS/passive copers, class 4 M-HS/A = moderate HS/active copers, class 5 H-HS/P = high HS/passive copers, class 6 H-HS/A = high HS/active copers

Discussion

Prior research has focused on the effect of each coping strategy or groups (e.g., problem-focused or emotion-focused coping) (Skinner et al., 2003), but adolescent stress-coping is multidimensional because individuals simultaneously use multiple coping strategies (Zimmer-Gembeck & Skinner, 2016). This study identified adolescent coping profiles, the patterns of coping strategies, using LTA to reveal the effect of help-seeking and active or passive coping style on adolescents' psychological adjustment.

Summary and suggestions

LTA addressed the first research aim, investigating adolescent coping profiles, and identified seven profiles depending on the combination of help-seeking behaviors and active/passive coping styles. The result is in line with previous findings that showcased active copers as being more psychologically adaptive (Aldridge & Roesch, 2008; Hasselle et al., 2019). The result also clarified that adolescent coping profiles can be determined by combining help-seeking level and active/passive coping style; namely, Hypothesis 1 was supported. This contributes to our understanding of the complexity of individuals' methods of coping with stress.

The second research aim was to examine the composition differences of gender and grade among profiles. This study hypothesized only about gender ratio and conducted an exploratory analysis regarding grade ratio and stability. Hypothesis 2, there would be more girls than boys in profiles that used both help-seeking and active coping, was supported: this is consistent with previous studies showing that girls use more help-seeking (Williams & Cornell, 2006) and approach strategies (Compas et al., 2001; Griffith et al., 2000) than boys. The profile with no troubles consistently included more boys in lower grades: this is consistent with previous survey results indicating that girls experience more stress than boys (Evans et al., 2015). Still, significant grade differences among profiles were found only for the no trouble

profile. Namely, the percentage of students who reported having stressors increased with grade, albeit being in higher grades did not denote adaptive coping skill usage. Literature on secondary schools concurs with the findings; students at higher grades have more concerns than those in lower grades (Fallon & Bowles, 1999), and although older students had more knowledge about stress coping than younger students, such knowledge did not directly predict adaptive coping behavior (Schilling et al., 2014).

The third research aim was to examine the association of coping profiles and their effect on psychological adaptation. One of the important findings of this study is that the simultaneous use of help-seeking and active coping is important for psychological adaptation. This is partly consistent with previous studies that profiles that often use active coping strategies show higher adaptation (Aldridge & Roesch, 2008; Herres, 2015) and moreover added a novel knowledge of coping profiles. Another of the main findings of this study is that the effect of active coping was weak when help-seeking was extremely low. Namely, active copers had better psychological adaptation than passive copers when the amount of help-seeking behaviors was comparable; nonetheless, when help-seeking behaviors were extremely low, the effect of active coping seemed limited, implying the importance of help-seeking for psychological adaptation. This specific finding also added novel knowledge on adolescent coping profiles.

Studies showed that help-seeking rarely shows a direct relationship with psychological adaptation (Heerde & Hemphill, 2018; Kato, 2015); contrasting, it seemed meaningful for adolescents' psychological adaptation in this result. Nevertheless, this result might have been affected by the controllability of the problems. Adolescents are likely to use problem-focused strategies (active coping) when dealing with controllable problems, and avoidant strategies (passive coping) in response to uncontrollable stressors (Zimmer-Gembeck & Skinner, 2016). Hence, although there were no differences regarding trouble severity between low help-seekers and other profiles, future studies should still consider problem controllability. In summary,

neither help-seeking behaviors nor coping styles (active or passive) relate simply to adolescent psychological adaptation, and the combination of help-seeking and active coping enhances school adaptation and affect balance. These results partially supported Hypothesis 3.

The final research aim of this study was to investigate the stability of coping profiles. This study demonstrated that adolescent coping profiles have some degree of stability. Adolescents in the less adaptive profiles, particularly at Time 1, rarely moved to high adaptive profiles during the investigation period. However, there is still potential for that to change. Some youth tend to use more maladaptive coping strategies during early adolescence (Newman et al., 2001), but their behaviors potentially change as they acquire a coherent sense of self-regulation and meta-cognition systems in adolescence or even early adulthood (Compas et al., 2001). The results of this study indicated that many secondary-school students have established their fundamental style of stress coping, notwithstanding not completely cohesive. As Zimmer-Gembeck and Skinner (2016) stated, secondary school is the final/critical stage for coping development, denoting the potential for interventions during this period. Moreover, some youth cope with stress in maladaptive ways despite acquiring coping strategy knowledge during childhood, which owes to uncontrollable environmental changes, emotional impulses, and immaturity (Pellegrini & Bartini, 2001). Stakeholders (e.g., teachers and clinicians) may, therefore, need to teach students about adaptive coping strategies before adolescence; practical interventions may also be necessary to facilitate the use of highly adaptive coping strategies during early adolescence—a period characterized by lots of distress.

The current results revealed that combining help-seeking behavior and an active coping style can enhance adaptation in secondary-school students, and that both variables are essential for the facilitation of highly adaptive behavior. The results also suggested that clinicians are better to provide knowledge and practice opportunities for students to seek help and use effective coping strategies especially before or during early adolescence (Zimmer-Gembeck &

Skinner, 2016). Moreover, this study supported previous studies indicating that students who do not seek help are not uniform (Kuhl et al., 1997); therefore, interventions that are tailored to their unique patterns should be considered. As Goldman-Mellor et al. (2016) indicated, the importance of internal factors (e.g., self-perception) for psychological adaptation suggests that it would be helpful to examine internal variables that differ between adaptive- and non-adaptive non-help-seekers in future research.

Strengths and limitations

The present study has shed light on the effects of combining help-seeking with other coping strategies on secondary-school students' psychological adaptation by modeling the patterns of the use of coping strategies. Overall, the simultaneous use of help-seeking and active coping was important for school adaptation and affect balance, and active copers had better psychological adaptation than passive copers when the amount of help-seeking behavior was comparable. However, because this study followed the transition of coping profiles and their effects over one year in secondary schools, it has been unclear how the coping profiles in secondary schools may affect students' long-term psychological adjustment. Examination of the long-term effect of help-seeking and/or coping style would be important for practitioners to design school interventions. Therefore, Study 6 will challenge to consider the long-term effect of coping profiles throughout adolescence applying the same approach of Study 5 to retrospective data from young adults.

Study 6: The adolescent coping-profile transitions and well-being in early adulthood**Purpose**

The main purpose of this study is revealing how coping profiles in secondary school effects on subjective well-being (SWB) in young adulthood (up to 25 years of age). This was a cross-sectional study with retrospective design that investigated adolescent coping profiles' long-term effects using four coping strategies that were used in Study 5; emotional help-seeking, instrumental help-seeking, active coping as a representative active style coping, and behavioral disengagement as a representative passive style coping. The following four objectives were examined: (1) to identify variations in stress-coping profiles from early adolescence to young adulthood, based on the combination of utilized coping strategies; (2) to investigate gender differences in each coping profile; (3) to clarify the associations between the coping profiles and present SWB; and (4) to examine the stability of the coping profiles in this same period.

Method***Design and Participants***

All potential participants were either 24 or 25 years of age, employed, unmarried, and lived in Japan. These conditions were chosen as criteria for inclusion in order to control, as much as possible, factors that could strongly influence SWB, such as age, annual income, and the presence/absence of a spouse and children. An invitation email to the survey was sent to 17,880 potential participants through Fastask, a Japanese web research service owned by JustSystems Corporation. Potential participants consented to participation after reading a precautionary note that clarified the following: the survey would include questions regarding participants' personal experiences, such as, their worries from secondary school age to the

present and how they reacted to those; their responses would be anonymous and treated as statistically processed data; and they could quit at any time through completing the questionnaire if they wished to; participants who acquiesced were shown the survey screen and proceeded to the study. In total, 1,445 young Japanese adults (8.1% of the invited potential participants; 42.8% men; $M = 24.54$ years old, $SD = .50$) participated in this study and completed an anonymous online survey through the web research company in July 2019. They were asked whether they have any stressors currently, and only those who reported having a stressor answered the questions regarding the severity of the trouble and their stress-coping strategy use. Participants who said that they did not have any stressors skipped to questions regarding other time points: college, high school, and secondary school.

Measures

Coping strategies. We extracted and utilized four coping strategies within the Japanese version of the brief COPE inventory (Carver et al., 1989; Otsuka, 2008): emotional help-seeking (“I talked to someone about how I felt;” $\alpha = .63-.70$), instrumental help-seeking (“I tried to get advice from someone about what to do;” $\alpha = .72-.78$), active coping (“I did what had to be done, one step at a time;” $\alpha = .81-.86$), and behavioral disengagement (“I admitted to myself that I can't deal with it, and quit trying;” $\alpha = .69-.72$). Each of the four strategies was measured through two items. Participants who reported any stressors at each of the four time points (secondary school; high school; college; present) answered how often they used these coping strategies on a 4-point scale ranging from 1 (never did) to 4 (always did). The scores of the participants who did not report a stressor were calculated as 0.

Subjective well-being. SWB consists of both cognitive and emotional aspects (Diener et al., 1999), which are often measured separately. Thus, we have utilized the Japanese version of The Satisfaction With Life Scale (SWLS; Diener et al., 1985; “I am satisfied with my life”; $\alpha = .88$) for the cognitive aspect, and the Japanese version of the Positive and Negative Affect

Schedule (PANAS; Sato & Yasuda, 2001; Watson et al., 1988) for the emotional aspect of SWB. Each item of SWLS was rated on a 7-point Likert scale. Responses ranged from 1 (strongly disagree) to 7 (strongly agree), and higher scores indicated a higher level of satisfaction with life. The PANAS (Watson et al., 1988; Sato & Yasuda, 2001) measures negative affect (e.g., active, excited, proud; $\alpha = .71$) and positive affect (e.g., irritable, upset, afraid; $\alpha = .72$) through ratings on a 4-point scale ranging from 1 (never true for me) to 4 (always true for me) for each item; scores were obtained by subtracting the negative from the positive affect score. In this study, we used the sum of the standardized SWLS and PANAS scores as the final SWB scores in line with previous studies (e.g., Diener et al., 1999; Steel et al., 2008).

Severity of stressor events. The severity of stressor was assessed with the Cognitive Appraisal Questionnaire (Okayasu, 1992; e.g., “it threatens my daily life;” $\alpha = .71-.80$), a widely used measure in Japan. Participants evaluated their stressor events at each time point by rating them on a 4-point scale ranging from 1 (never felt so) to 4 (always felt so).

Data Analysis

Coping profiles were calculated through latent transition analysis (LTA), a longitudinal extension of LPA that allows analysis of latent class membership that changes over time. Bayesian information criterion (BIC; Schwarz, 1978), sample size-adjusted BIC (adBIC), and entropy in mixture modeling were utilized to decide the number of classes, based on previously reported accuracy and consistency (Nylund et al., 2007). Lower BIC and adBIC indicate a better fit, and entropy greater than .80 is regarded as reliable (Celeux & Soromenho, 1996). Second, Fisher’s exact test examined whether the profiles varied in gender. Third, differences in the current SWB scores across the latent classes at each time point were compared using Tukey’s honest significant difference test. At last, the transitions between coping profiles were

considered from the LTA results and participants' current affiliation percentages by coping profile at secondary school.

The LTA was fitted by the full information maximum likelihood (FIML) estimation using Mplus 8.0 (Muthén & Muthén, 2017), and other analyses were conducted using the lavaan package in R, version 3.4.3 (R Core Team, 2018). The accepted level of statistical significance was $p < .01$. The analysis codes are available for download from the open science framework directory:

(https://osf.io/azc7h/?view_only=d72afbede0784d9884b8076024d6d363).

Results

Respondents whose answers seemed inappropriate, such as giving the same answer to most items, were excluded from the analysis. Further, 47 participants who reported that they had never experienced a problem since secondary school were excluded. They possibly did not answer appropriately considering survey results that more than 70% of secondary-school students (Japan Cabinet Office, 2014), 90% of high-school students (Macromill Group company, 2018), and 80% university students (Japan Student Services Organization, 2020) had personal concerns respectively. The number of valid responses was 1,317 (91.1% of all responded sample; 40.1% men; mean age = 24.53, SD = .50). Table 4.6 shows the descriptive statistics at each time point and the inter-point correlations (i.e., correlations between secondary school and high school, high school and college, college and present time) for the measures that were repeated for each time point, and Table 4.7 shows correlations among variables. All repeated measures were positively and significantly correlated across time points.

Coping Profiles

As a result of LTA, both BIC (36695.03, 36174.20, 36067.59, and 36426.40 from five- to eight-class-model) and adBIC (36186.79, 35516.66, 35241.69, and 35413.08) suggested a

seven-class-model. Entropy (.78, .81, .81, and .82) reached .80, a reliable criterion, for six-class and higher (see Figure 4.4). Thus, we adopted the seven-class-model. The mean scores of coping strategies by coping profiles are shown in Table 4.8. Class 0 included participants who did not report any personal stressor events; their coping scores were zero, and they were named the no-trouble class (No-T). The other participants were divided within two axes: the levels of help-seeking and active/passive coping styles. According to help-seeking (HS) levels, Classes 1 and 2 were considered low HS classes, Classes 3 and 4 were considered moderate HS classes, and

Table 4.6. Descriptive Statistics at Each Time Point and Inter-Point Correlations of Repeated Measures

		Mean (SD)										
		Secondary school		High school		College		Present				
1	SWB	-	-	-	-	-	-	4.23	(2.87)			
2	EHS	2.59	(.67)	2.48	(.67)	.47***	2.43	(.68)	.34***	2.59	(.62)	.31***
3	IHS	2.55	(.75)	2.35	(.67)	.46***	2.29	(.69)	.29***	2.53	(.67)	.31***
4	AC	2.67	(.52)	2.44	(.56)	.40***	2.38	(.51)	.31***	2.47	(.44)	.28***
5	BD	2.50	(.64)	2.62	(.65)	.39***	2.67	(.62)	.22***	2.67	(.54)	.18***
6	Severity of stressor	2.48	(.52)	2.53	(.58)	.45***	2.66	(.61)	.34***	2.49	(.71)	.27***

Note: SWB = subjective well-being; EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement.

Table 4.7. Correlations among Subjective Well-Being, Coping Strategies, and Severity of Stressor Events at each Time Point

		Upper: secondary school, Lower: high school						Upper: college, Lower: present					
		1	2	3	4	5	6	1	2	3	4	5	6
1	SWB		.23***	.20***	.25***	-.01	-.06*		.18***	.20***	.22***	.00***	-.08**
2	EHS	.19***		.75***	.54***	.15***	.09***	.17***		.68***	.44***	.22***	.22***
3	IHS	.18***	.68***		.62***	-.02	-.03***	.22***	.67***		.53***	.07***	.07***
4	AC	.20***	.43***	.59***		-.02	-.03***	.29***	.34***	.44***		-.08**	.08***
5	BD	.03***	.22***	.00	-.13***		.36***	-.06***	.27***	.15***	-.04**		.25***
6	Severity of stressor	-.05***	.21***	.08**	.02***	.34***		-.28***	.20***	.06***	.09**	.20***	

Note: SWB = subjective well-being; EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement. * $p < .05$, ** $p < .01$, *** $p < .001$.

Classes 5 and 6 were considered high HS classes. According to active/passive coping, Classes 1, 3, and 5 were considered passive copers (relatively lower active coping and higher behavioral disengagement), and Classes 2, 4, and 6 were considered active copers (relatively higher active coping and low behavioral disengagement). Thus, these classes above were named low HS/passive copers (L-HS/P; Class 1), low HS/active copers (L-HS/A; Class 2), moderate HS/passive copers (M-HS/P; Class 3), moderate HS/active copers (M-HS/A; Class 4), high HS/passive copers (H-HS/P; Class 5), and high HS/active copers (H-HS/A; Class 6). Figure 4.5 shows the affiliation rates for each class.

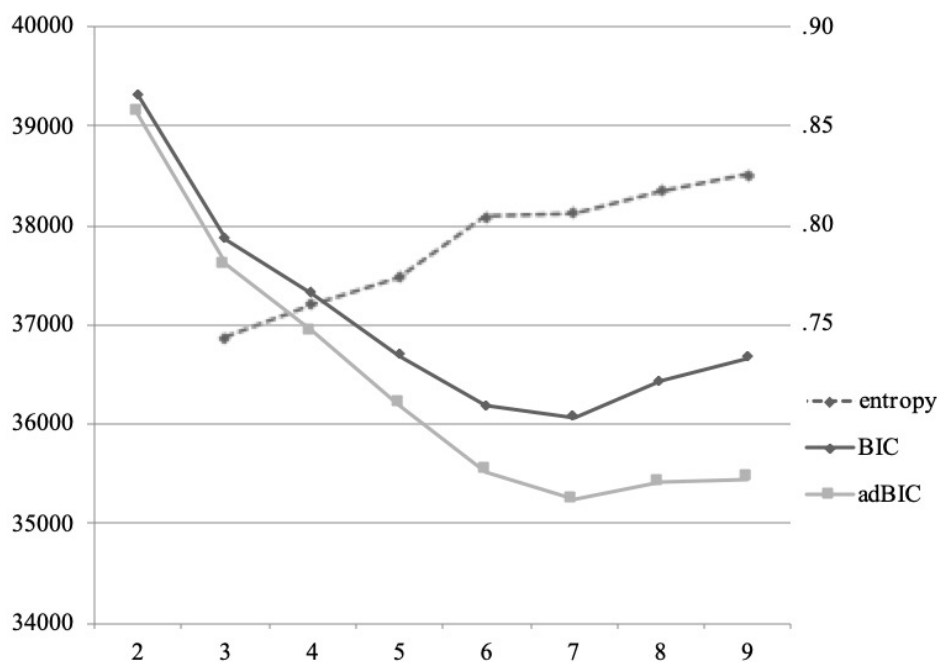


Figure 4.4. The scores of the Bayesian information criterion, adjusted Bayesian information criterion, and entropy by each model.

Note: The vertical axis represents the value of the Bayesian information criterion, adjusted Bayesian information criterion (left), and entropy (right). The horizontal axis represents the number of latent classes. Note: adBIC = sample size-adjusted BIC

Table 4.8. Mean Scores of Coping Strategies by Profiles at Each Time Point

Class	Secondary school				High school				College				Present			
	EHS	IHS	AC	BD	EHS	IHS	AC	BD	EHS	IHS	AC	BD	EHS	IHS	AC	BD
0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	1.41	1.08	1.61	2.60	1.39	1.16	1.67	2.61	1.77	1.37	1.60	3.60	1.51	1.27	1.89	2.68
2	2.05	1.42	2.39	2.69	2.15	2.01	2.36	2.34	1.23	1.21	1.76	2.08	2.18	2.06	2.35	2.42
3	2.30	2.22	2.51	2.40	2.79	1.91	1.73	3.63	2.15	2.06	2.39	2.32	3.05	1.97	1.85	3.48
4	2.91	3.07	2.86	2.58	2.82	2.89	2.76	2.65	2.84	2.87	2.72	2.72	2.82	2.92	2.73	2.62
5	3.60	3.83	2.30	2.43	3.90	3.88	3.55	3.71	3.40	2.42	1.78	3.48	3.48	3.84	2.02	3.15
6	3.77	3.95	3.75	2.51	3.56	3.83	3.35	1.45	3.80	3.78	3.42	3.00	3.77	3.95	3.72	3.01

Note: EHS = emotional help-seeking; IHS = instrumental help-seeking; AC = active coping; BD = behavioral disengagement; Class 0 = no-troubles; Class 1 = low help-seeking/passive copers; Class 2 = low help-seeking/active copers; Class 3 = moderate help-seeking/passive copers; Class 4 = moderate help-seeking/active copers; Class 5 = high help-seeking/passive copers; Class 6 = high help-seeking/active copers.

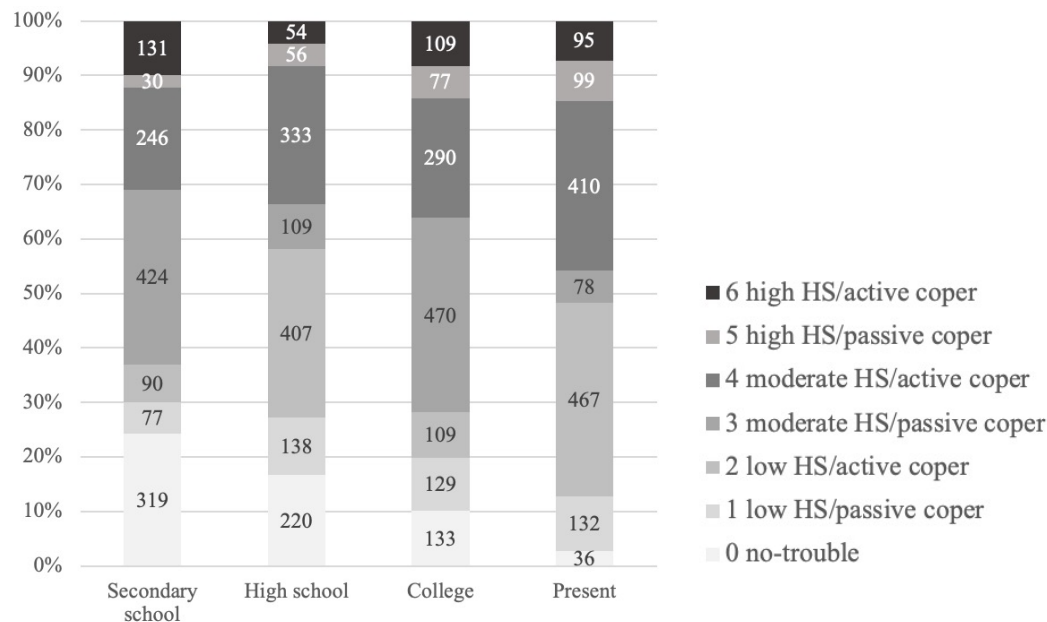


Figure 4.5. Participants' affiliation rate to each class at each time point.

Gender differences

The gender ratio in each profile was tested by Fisher's exact test. At all the time points, the proportion of women in L-HS/P was higher than that of men (72.7% women, $p = .001$ at present; 72.1% women, $p = .003$ at college; 73.9% women, $p < .001$ at high school; 74.0% women, $p = .011$ at secondary school). More men belonged to No-T at middle school (51.7% men, $p < .001$). Gender differences for each variable were supplementary examined. Men reported higher severity of stressors in secondary school (men 2.61 > women 2.42, $p < .001$), in college (men 2.61 > women 2.47, $p = .002$), and higher instrumental help-seeking in college (men 2.36 > women 2.24, $p = .009$). In high school and present time points, no variable showed gender differences.

Differences in Well-being According to the Coping Profiles

Table 4.9 shows the results of the multiple comparison test. This analysis showed that the SWB scores of participants in Classes 0–3 (No-T, L-HS/P, L-HS/A. and M-HS/P) were relatively low at all time points, and that the present SWB scores of participants in Classes 4 and 6 (M-HS/A and H-HS/A) were high at all time points. Specifically, first, Class 1 (L-HS/P) at secondary school, high school, and college showed the worst present SWB scores. Moreover, their present SWB scores were significantly lower, compared to those of Class 4 and Class 6 (M-HS/A and H-HS/A). Classes 0, 2, and 3 (No-T, L-HS/A, and M-HS/P) also showed negative standardized SWB scores at all time points. At present and in college, these three profiles showed significantly lower SWB scores compared to Classes 4 and 6 (M-HS/A and H-HS/A). Particularly, the SWB of Class 2 (L-HS/A) was significantly lower than that of Class 6 (H-HS/A) at all the time points.

Second, among the moderate and high HS classes, active copers showed higher SWB than did passive copers at some time points. For example, Class 4 (M-HS/A) showed higher SWB than

Table 4.9. Mean Scores Comparison of Subjective Well-being According to each Coping Profile

Class	0 No-T	1 L-HS/P	2 L-HS/A	3 M-HS/P	4 M-HS/A	5 H-HS/P	6 H-HS/A	<i>p</i>	<i>HSD</i>
Secondary school	-0.28 (1.74)	-0.89 (1.87)	-0.34 (1.48)	-0.27 (1.54)	0.13 (1.57)	-0.41 (1.66)	0.57 (2.04)	< .001	0, 2, 3 < 6 1 < 4, 6
High school	-0.33 (1.69)	-0.57 (1.87)	-0.31 (1.58)	-0.31 (1.75)	0.12 (1.59)	0.63 (2.04)	0.50 (1.73)	< .001	0 < 5 1 < 4, 5, 6 2 < 5, 6
College	-0.55 (1.54)	-0.71 (2.02)	-0.50 (1.95)	-0.21 (1.48)	0.20 (1.50)	-0.32 (1.89)	0.67 (1.99)	< .001	0, 1, 2 < 4, 6 3, 5 < 6
Present	-1.30 (1.35)	-0.55 (1.80)	-0.32 (1.43)	-0.98 (2.04)	0.08 (1.61)	0.00 (1.72)	1.05 (2.05)	< .001	0, 3 < 4, 5, 6 1, 2 < 4, 6 4, 5 < 6

Note: No-T = no-troubles; L-HS/P = low help-seeking/passive copers; L-HS/A = low help-seeking/active copers; M-HS/P = moderate help-seeking/passive copers; M-HS/A = moderate help-seeking/active copers; H-HS/P = high help-seeking/passive copers; H-HS/A = high help-seeking/active copers.

did Class 3 (M-HS/P) at present. The SWB scores of Class 6 (H-HS/A) were higher than those of Class 5 (H-HS/P) at college and at present. As a supplement, the difference between Classes 3 (M-HS/P) and 4 (M-HS/A) at secondary school ($p = .049$) and college ($p = .016$) were close to significance ($p < .01$). Generally, profiles with both help-seeking and active coping styles showed significantly higher SWB scores, while those with either low help-seeking behaviors or passive coping styles showed lower SWB scores.

Coping Profiles' Transition through Adolescence

The affiliation transition between latent classes from secondary school to the present was exploratorily examined through LTA. Table 4.10 shows participants' percentages regarding their affiliation transition between each time point. Figure 4.6 shows participants' current affiliation percentages by profile at secondary school. Following the results of the multiple comparisons above, for this analysis we categorized Classes 1 to 3 (L-HS/P, L-HS/A, and M-HS/P) as low SWB profiles (44.9–53.8% of the whole sample), and Classes 4 and 6 (M-HS/A and H-HS/A) as high SWB profiles (28.6–38.3% of the whole sample). Among participants in low SWB classes at secondary school, 64–77% continued on low SWB profiles in the present. Further, 17% of Class 1 (L-HS/P), 19% of Class 2 (L-HS/A), and 30% of Class 3 (M-HS/P) have transited to high SWB profiles in the present. Conversely, among participants in high SWB profiles at secondary school, 45–54% continued on low SWB profiles in the present. Further, 43% of Class 4 (M-HS/A) and 31% of Class 6 (H-HS/A) have transited to low SWB profiles in the present. The proportion of participants who belonged to the same class at secondary school and at present was relatively stable (17 to 48%), with the exception of Classes 0 (No-T) and 3 (M-HS/P). In particular, the low HS profiles (Classes 1 and 2) showed relatively high stability, and transitions to high SWB profiles were less likely to occur throughout adolescence.

Table 4.10. Participants' Percentages regarding Class Transitions between Each Time Point

High school (HS) by Secondary school (SS)

HS Classes	0	1	2	3	4	5	6	total
SS Classes	No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A	
0 No-T	.57	.09	.05	.02	.22	.03	.01	1.00
1 L-HS/P	.20	.15	.56	.00	.07	.02	.00	1.00
2 L-HS/A	.40	.24	.20	.00	.14	.00	.03	1.00
3 M-HS/P	.48	.05	.06	.03	.37	.00	.01	1.00
4 M-HS/A	.19	.08	.06	.06	.56	.03	.02	1.00
5 H-HS/P	.11	.13	.04	.14	.17	.40	.02	1.00
6 H-HS/A	.12	.06	.09	.12	.18	.05	.39	1.00

College (CL) by High school (HS)

CL Classes	0	1	2	3	4	5	6	total
HS Classes	No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A	
0 No-T	.06	.01	.01	.10	.77	.01	.02	1.00
1 L-HS/P	.00	.40	.00	.19	.00	.39	.02	1.00
2 L-HS/A	.42	.33	.04	.01	.15	.02	.03	1.00
3 M-HS/P	.07	.14	.00	.09	.00	.39	.31	1.00
4 M-HS/A	.00	.03	.00	.61	.28	.02	.06	1.00
5 H-HS/P	.00	.05	.02	.19	.02	.08	.64	1.00
6 H-HS/A	.11	.24	.02	.32	.02	.15	.15	1.00

Present (PR) by College (CL)

PR Classes	0	1	2	3	4	5	6	total
CL Classes	No-T	L-HS/P	L-HS/A	M-HS/P	M-HS/A	H-HS/P	H-HS/A	
0 No-T	.39	.00	.45	.02	.06	.06	.02	1.00
1 L-HS/P	.23	.26	.03	.15	.13	.14	.07	1.00
2 L-HS/A	.00	.35	.44	.03	.17	.00	.00	1.00
3 M-HS/P	.22	.02	.00	.00	.69	.02	.05	1.00
4 M-HS/A	.66	.00	.06	.02	.20	.02	.03	1.00
5 H-HS/P	.04	.00	.07	.32	.09	.43	.05	1.00
6 H-HS/A	.04	.04	.03	.10	.23	.17	.40	1.00

Note: No-T = no-troubles; L-HS/P = low help-seeking/passive copers; L-HS/A = low help-seeking/active copers; M-HS/P = moderate help-seeking/passive copers; M-HS/A = moderate help-seeking/active copers; H-HS/P = high help-seeking/passive copers; H-HS/A = high help-seeking/active copers.

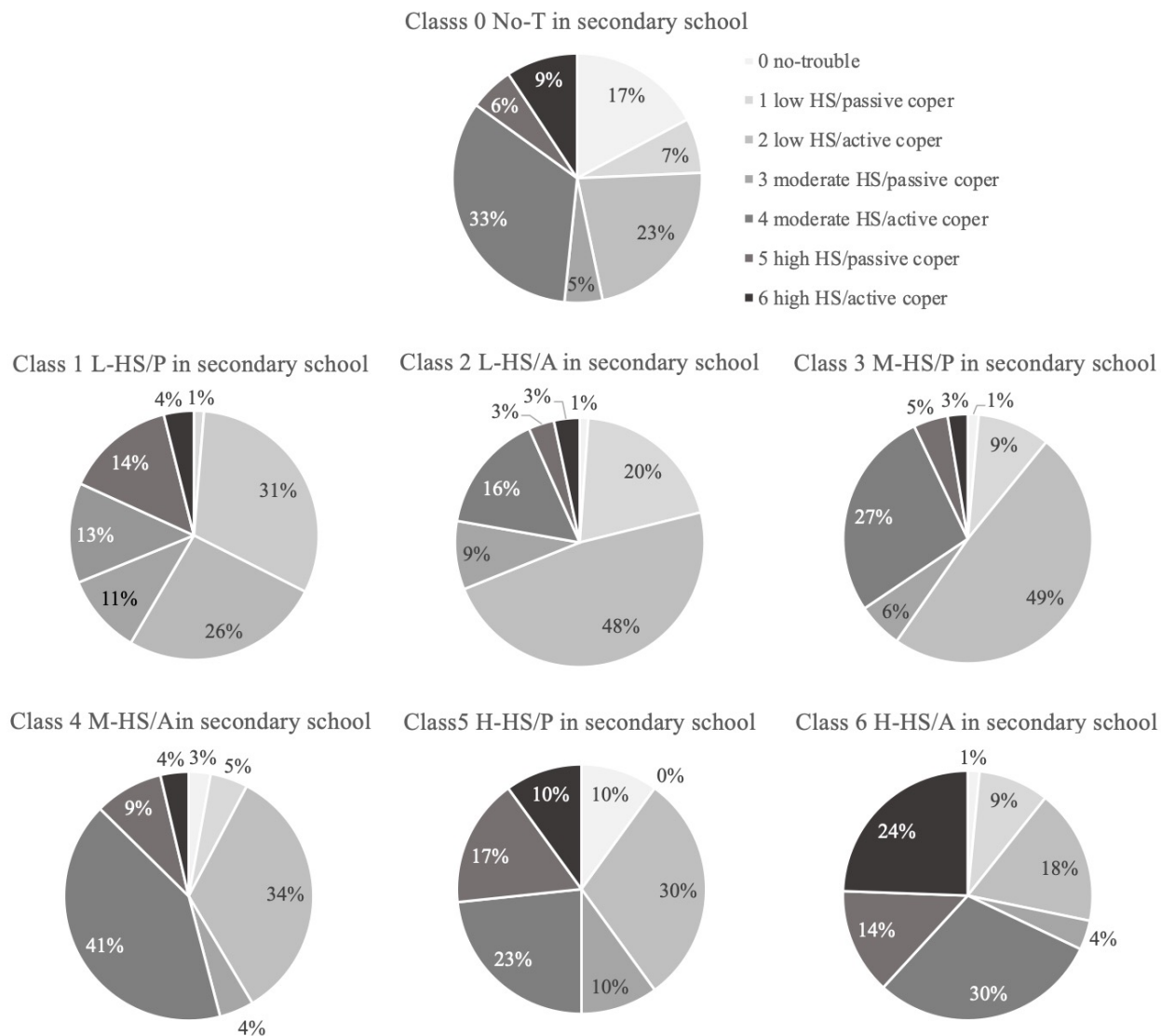


Figure 4.6. Participants’ current affiliation percentages by coping profile at secondary school

Note: Class 0 No-T = no-trouble group; Class 1 L-HS/P = low HS/passive copers; Class 2 L-HS/A = low HS/active copers; Class 3 M-HS/P = moderate HS/passive copers; Class 4 M-HS/A = moderate HS/active copers; Class 5 H-HS/P = high HS/passive copers; and Class 6 H-HS/A = high HS/active copers

Discussion

Through LTA, we adapted a seven-class-model for the coping profiles. This model includes a no-trouble class and six classes that were divided by two axes: the level of help-seeking behavior, and active/passive coping styles. This result needs to be confirmed in a follow-up study, as the results of previous research regarding coping profiles are inconsistent,

as well as because no studies have previously used longitudinal data and LTA to detect coping profiles. As for gender differences, men tended not to experience problems in secondary school, in line with previous studies (Evans et al., 2015). No other gender differences were found in the coping profiles, except for passive copers who did not help-seeking.

One of the primary research aims was to clarify the associations between the coping profiles and SWB. Active copers who also seek help at moderate or high levels showed higher SWB overall, whereas, passive copers who do not seek help showed the lowest SWB. This indicates that those who can use both help-seeking and active coping strategies when confronting stress are more adaptive. Numerous previous studies have reported that help-seeking strategies are not associated with SWB or depression (e.g., Compas et al., 2017; Heerde & Hemphill, 2018), and this could be attributable to the failure to consider the combined utilization of both help-seeking and active coping strategies.

The LTA also examined class affiliation transition rates between each time point. As a result, approximately 60 to 80% of participants categorized into the low SWB profiles (Classes 1 to 3) at secondary school were found to still belong to those profiles in the present. Regarding high SWB profiles (Classes 4 and 6), the percentage of participants who belonged to high SWB profiles both in secondary school and the present was approximately 50%. This indicates the stability of the coping profiles at and after secondary school. In particular, it seems to be difficult for those who acquired a non-adaptive coping style at secondary school to change to an adaptive coping style throughout the coming years. This is consistent with previous studies that showed that coping skills rapidly develop during later childhood and early adolescence and become stable over time (Zimmer-Gembeck & Skinner, 2016).

The results of this study indicated the importance of acquiring multiple ways of stress coping early in life. Adolescence is a time when many individuals experience severe distress that they have never experienced before (e.g. Smetana et al., 2006; Waters et al., 2014);

therefore, the risk of mental illness can increase if they do not know how to effectively cope with their daily stressors. Interventions that allow for younger groups to learn multiple stress coping strategies, combined with the recommendation of seeking assistance from others, may prove effective to enhance their mental health and SWB in the coming years.

Strengths and limitations

The novelty of this study is twofold. First, the coping profiles identified through the combination of multiple stress coping strategies were analyzed throughout four time points, going from adolescence to young adulthood. Second, the stability of coping profiles throughout adolescence was examined and the possibility of that coping profiles in early adolescence relate to SWB in early adulthood was presented

Despite its novelty and positive implications, this study has a few noteworthy limitations. First, a retrospective design was utilized in a cross-sectional study. Although the current study brought value in terms of exploring the transition of coping profiles throughout adolescence, it should be clearly recognized the limitation of a cross-sectional study with retrospective design that are often affected by bias in respondents' memories. Future prospective longitudinal study is ideal. The second limitation is a risk of bias in a web survey panel. Women generally display more help-seeking behavior, compared to men (Williams & Cornell, 2006); however, in our study, men slightly outperformed women in this regard. Thus, there is a possibility that the current sample consists of men who are relatively more sensitive to stressor events when compared to the general population. This might be because our sample comprised individuals who agreed to participate in the study after receiving the explanation that the survey is on how to cope with stressor events. We recommend that future studies explore this topic by utilizing more generalist samples.

Concluding remarks of Study 5 and 6

Study 5 and 6 examined the effect of combination between help-seeking and other coping strategies on psychological adjustment using latent transition analysis. Both of the studies suggested a seven-class model including no-trouble class and six classes divided within two axes: the levels of help-seeking and active/passive coping styles. The results indicated that active coping has positive effects on secondary-school students' school adaptation and affect balance (Study 5) and young adults' SWB (Study 6), however, the importance of help-seeking was also confirmed. Since adolescent coping profiles may have stability at some degree, interventions for early adolescents to allow them for learning experiences related to coping strategies were suggested. The next study, Study 7, will verify other possible protective factors indicated in the Chapter II. The effect of active and passive coping strategies will be also examined with another method in the next study.

Study 7: Internal factors that effect on non-help-seekers' psychological adjustment**Purpose**

This study verifies the potential protective role of several internal factors on the mental health of adolescent non-help-seekers based on the hypothesis that students who can solve their problems on their own, who have a high future perspective, or who can receive support from friends are able to maintain their psychological adjustment without seeking help. This study began by exploring factors that affect differences between adaptive and non-adaptive non-help-seekers.

Possible protective internal factors for non-help-seekers

One possible factor is attachment measured by two variables: 'avoidance of closeness' and 'anxiety' (Collins & Read, 1990). Attachment theory (Bowlby, 1969) is a fundamental theory that explains a variety of psychological and developmental outcomes such as stress sensitivity (e.g. Howard & Medway, 2004), emotion regulation patterns (e.g. Thompson, 2008), emotional intelligence (Nanu, 2015), and well-being (e.g. Armsden & Greenberg, 1987). Thus, this study examined the effect of attachment at first. However, it is difficult to intervene in adolescents' attachment style because it is considered a stable characteristic that is basically built during early childhood (Ainsworth, 1989; Waters et al., 2000). Since it would be advantageous for interventions to identify potential changeable variables, this study also considered three psychological variables that are related to subjective well-being—interpersonal trust (e.g. Catalino et al., 2014), prospects (Zimbardo & Boyd, 2010), and positivity (Lauriola & Iani, 2016)—as well as stress coping style. These possible protective factors were generated based on the first qualitative studies in this dissertation. They are also generally considered as changeable unlike attachment (Keech et al., 2021; Lewicki et al., 2006; Stoddard & Pierce, 2015).

The idea that interpersonal trust may be a protective factor for non-help-seekers emerged from the importance of emotional support showed in Studies 1 and 2. Non-help-seekers did not directly express their trust in adults around them. However, they recognized teachers or adults who cared for them, and they said the behaviors and presence of the adults might have supported them. This shows the possibility of that interpersonal trust contributed to maintaining their mental health. Interpersonal trust is related to attachment, and the association with multiple psychosocial outcomes including well-being has been supported (e.g. Catalino et al., 2014; Tokuda et al., 2008). Individuals who have low trust in others are less likely to seek support when in need than are individuals who have high trust in others (Tokuda et al., 2008); thus, developing the capacity to trust others is essential for a successful social adjustment (Suedfeld et al., 2005). The current study posits that non-help-seekers who have high interpersonal trust will be mentally healthier than will those who have low interpersonal trust, and they may seek help if they really need it.

Prospects were also considered as a possible protective factor based on Study 1 and also Socioemotional Selectivity Theory (SST; Carstensen et al., 1999) and Time Perspective Theory (Zimbardo & Boyd, 2010). In Study 1, teacher support for developing a student's future vision seemed useful for students with intractable problems, including home environment and developmental disorders. Thus, this study examines whether students' prospects affect their adaptation. According to SST, people who perceive that they have a future become more active in acquiring knowledge and experience and tend to have social goals. Additionally, future time perspective in Zimbardo's time perspective theory is related to health behaviors (Henson et al., 2006) and well-being (MacLeod, 2017). Both SST and the time perspective theory insist that human behaviors differ depending on how confident the individual is that a better future will be obtained. Therefore, this study defines prospects as a level of expectation for the individual's

potential in the future; those who are in a difficult situation in which they cannot rely on others for help may maintain their mental health with future goals if their prospects are high.

Positivity is another key component of well-being (Lauriola & Iani, 2016); specifically, it has been defined as a general cognitive orientation that associates with dispositional optimism, self-esteem, and life satisfaction (e.g. Caprara et al., 2012). In Study 2, non-help-seekers did not expect instrumental support from others to solve their problems. Nonetheless, they tried to survive their hard times while receiving emotional support. When adolescents try to survive such hardships, focusing on a positive aspect of situations is essential (Yen et al., 2017). Non-help-seekers with high positivity are assumed to maintain mental health by thinking positively even in difficult situations.

Lastly, active coping style was considered as a behavioral protective factor in line with Study 5 and 6. Because help-seeking is theoretically a stress coping strategy, the effect of other coping strategies should also be considered (Carver & Connor-Smith, 2010). In other words, adaptive- and non-adaptive non-help-seekers could be using different coping strategies. The COPE (Carver et al., 1989), the most frequently used scale in research on stress coping (Kato, 2015), divides various coping strategies into three aspects: problem-focused strategies, emotion-focused strategies, and less useful strategies. In general, problem-focused strategies are regarded as adaptive (Carver & Connor-Smith, 2010). Active coping from problem-focused strategies was selected as a strategy that shows the strongest positive correlation with mental health, while behavioral disengagement from less useful strategies was selected because of its strong negative correlation with mental health (Carver et al., 1989; Kato, 2015). Following previous studies, it was hypothesized that adaptive non-help-seekers would use more active coping and less behavioral disengagement than non-adaptive non-help-seekers.

Present Study

This study examined the potential protective role of several factors (i.e. attachment, interpersonal trust, prospects, positivity, and coping style) on the mental health of adolescent non-help-seekers to suggest a new support method. Two hypotheses were built in line with previous literature. First, this study posited that stable attachment with low avoidance and anxiety would protect the mental health of non-help-seekers. Second, this study posited that non-help-seekers who have high interpersonal trust, prospects, positivity, and an active coping style will display better school adaptation as compared to their counterparts. The associations between attachment and school adaptation among non-help-seekers were investigated in Study 7-1, and the associations between other potential factors and adaptation were investigated in Study 7-2. In addition to examining these hypotheses, this study considered whether the effects of the variables differ depending on the severity of students' problems.

Method

Design and Participants

Two cross-sectional studies were conducted. Study 7-1 participants ($N = 960$; 49.5% boys (one did not answer)) were secondary-school students who answered an anonymous self-report questionnaire in October 2017. The participants were from two public secondary schools in different prefectures in Japan: school A is in a rural area of northern Japan ($n = 450$), and school B is in the Tokyo metropolitan area ($n = 510$).

Study 7-2 participants ($N = 658$; 51.8% boys (one did not answer)) were secondary-school students who completed a questionnaire in September or October 2018. The participants were from two public secondary schools in the same prefecture: school A was the same school as Study 7-1 ($n = 451$), and school C ($n = 207$) was in an urban area of the city. All participating schools were selected because of their generality, accessibility, and the variety of students' socioeconomic status and academic ability. The surveys were conducted by class after

classroom teachers explained that participation was not compulsory. There was no incentive for individual participants. The effective response rate was 94.1% in Study 7-1 and 94.5% in Study 7-2.

Measures

In Study 7-1, the questionnaire measured participants' sense of school adaptation, help-seeking behavior, attachment, perceived social support, and cognitive assessment of their problems such as severity and controllability. Study 7-2 measured several stress-coping strategies, trust of others, positivity, and prospects, in addition to the items collected in Study 7-1. Attachment was not measured. First, participants answered the items measuring the sense of school adaptation. Then they were asked whether they experienced trouble in the past month. Only those who reported some trouble answered the following questions, which included questions regarding help-seeking behaviors.

Sense of school adaptation. The School Adaptation Scale by Furuichi and Tamaki (1994) is a widely used 10-item scale in Japan for measuring one's degree of enjoyment with school life. To reduce participants' burden, the current study used five items that showed high factor loading in the preliminary surveys: (a) I look forward to going to school, (b) every day passes quickly because school is fun, (c) I want to go to school even if I feel a little bad, (d) there are many enjoyments at school, and (e) I like this school. This shortened scale showed good reliability in the current study ($\alpha = .90-.91$). Participants answered about the past month using a 4-point scale: 1 (*never true for me*) to 4 (*always true for me*).

Help-seeking behavior. Four items measuring emotional- and instrumental-support seeking (i.e., help-seeking) were derived from the Japanese version of the COPE (Otsuka, 2008). According to the COPE, emotional-help-seeking is a strategy to acquire moral support, sympathy, or understanding, while instrumental-help-seeking is a strategy to acquire advice, assistance, or information (Carver et al., 1989). This study regarded these two average points

as help-seeking scores ($\alpha = .87$). Participants who had experienced any problematic experiences in the past month answered how often they used these coping strategies with a 4-point scale: 1 (*never did so*) to 4 (*always did so*).

Attachment. The Experiences in Close Relationships Inventory (ECR; Brennan et al., 1998) is an attachment scale that is used worldwide in diverse countries and regions. This study used the Japanese version of the ECR-GO (Nakao & Kato, 2004), which is a measure of attachment toward general others across two subscales: anxiety and avoidance of closeness. This study used a four-point Likert-type response scale, with higher scores representing more of the construct. The anxiety subscale contained questions such as, ‘I worry that I might become alone’ ($\alpha = .93$). The avoidance subscale contained questions such as, ‘I do not like to build close relationships with others’ ($\alpha = .76$).

Perceived social support. After the instruction sentence— ‘If you have a problem, who do you think you can talk to about it?’—participants reported the number of consultation partners from a list of multiple choices including parents, siblings, teachers, friends, and acquaintances on the Internet. These options were developed by referring to relevant studies such as Ishikuma (1999); Honda (2013); and Honda et al. (2008). The validity of the selection items was confirmed by several secondary-school teachers.

Cognitive assessment of trouble. The transactional theory of stress and coping (Lazarus & Folkman, 1984) suggests cognitive appraisals of problems influence one’s response to troublesome events. According to Lazarus and Folkman (1984), cognitive assessment can be divided into a primary appraisal and a secondary appraisal. The primary appraisal, severity, means how severely trouble affects one’s daily life; and the secondary appraisal, controllability, means how easily it can be solved.

The Cognitive Appraisal Questionnaire (Okayasu, 1992) is a widely used assessment in Japan that includes 20 items. Following previous research that examined secondary-school

students (e.g. Miura et al., 1997), this study used eight items that are appropriate for youths, including (a) it threatens my school life and (b) I know how to solve that problem ($\alpha = .83$ for severely of problems, and $\alpha = .91$ for controllability). Participants who experienced any trouble in the past month evaluated it on a 4-point scale: 1 (*never felt so*) to 4 (*always felt so*).

Trust, prospects, and positivity. The three psychological variables examined in Study 7-2 were all measured by widely used measures. First, interpersonal trust was measured by the Sense of Basic Trust Scale (Tani, 1998). The scale was developed based on Rasmussen's (1964) Ego Identity Scale, and it includes items such as 'I can expect help from people around me when I am in trouble' and 'I think people are credible in general' ($\alpha = .77$).

Second, the items that measure prospects were derived from the Japanese version of the Future Time Perspective Scale (Ikeuchi & Osada, 2013), which consists of two dimensions: open-ended time perspective and limited time perspective. This study used items from the open-ended time perspective, which focuses on opportunities expected for the future including 'many opportunities await me in the future' and 'my future is filled with possibilities' ($\alpha = .80$).

Lastly, the items that measure positivity were derived from the Stress Mindset Measure (youth version; Park et al., 2018), which consists of two dimensions: a 'stress-is-enhancing' mindset and a 'stress-is-debilitating' mindset. This study used items from the former, which measures positive thinking toward distress, such as 'experiencing stress facilitates my learning and growth' and 'the effect of stress is positive and should be utilised' ($\alpha = .69$). Although this internal reliability score seems to be lower than others, it was regarded as fair since the original scale contains only three items in the subscale (Park et al., 2018), and the number of scale items affects the estimation of the adequacy of internal consistency (Ponterotto & Ruckdeschel, 2007).

Active and passive coping strategies. Active and passive coping strategies were measured using the Japanese version of the COPE (Otsuka, 2008)—the same as help-seeking

behaviors. Since the COPE contains many coping strategies, this study employed two representative strategies: active coping and behavioral disengagement. Active coping was selected as an active strategy because of its strong positive correlation with mental health, while behavioral disengagement—a passive strategy—was selected because of its strong negative correlation with mental health (Carver et al., 1989; Kato, 2015). Both coping strategies showed sufficient reliability in the current study ($\alpha = .85-.86$). Participants who experienced any trouble in the past month answered how often they used these coping strategies on a 4-point scale: 1 (*never did so*) to 4 (*always did so*).

Data Analyses

There are no robust criteria for the adequate frequency of help-seeking. Therefore, in this study, we decided to separate those with a higher tendency to seek help from those with a lower tendency, using the average value as a boundary according to previous studies (e.g., Katauke, 2016; Yokuda et al., 2011). The data from students who experienced trouble in the last month and whose help-seeking scores were below average were used for analysis as the sample of students who tend not to seek help. They were then divided into high- or low-school-adaptation groups, using the average value as a boundary. Welch's *t*-tests were used to test for group differences in mean scores on attachment and perceived social support in Study 7-1. The same methods were used for the three psychological variables and active- and passive-coping strategies in Study 7-2. Lastly, multiple regression analyses were performed to examine the simple main effect of each variable and the interaction effects with problem severity on school adaptation. All analyses were conducted using the 'pequod' package in R version 3.4.3. The accepted level of statistical significance was $p < .01$.

Results

The data from 288 (50.7% boys) and 228 (45.6% girls) participants from Studies 7-1

and 7-2 were analysed, respectively. Descriptive statistics and correlations among all variables are presented in Table 4.11. In Study 7-1, the mean scores for school adaptation were 3.29 ($SD = .13$) in the high-adaptation group ($n = 165$, 49.7% boys) and 2.13 ($SD = .22$) in the low-adaptation group ($n = 123$, 52.0% boys). In Study 7-2, the mean scores for school adaptation were 3.31 ($SD = .18$) in the high-adaptation group ($n = 130$, 45.4% boys), and 2.07 ($SD = 0.24$) in the low-adaptation group ($n = 98$, 45.9% boys). There were no gender differences between groups in both studies.

Table 4.11. Descriptive statistics and correlations among all variables (upper study 7-1, lower study 7-2)

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Sense of school adaptation		.10*	.18**	-.15**	-.39**	.23**	-.13**	.31**	-	-	-	-	-
2 Emotional help-seeking	.28**		.77**	.13**	-.33**	.27**	.17**	.14**	-	-	-	-	-
3 Instrumental help-seeking	.35**	.77**		.00	-.33**	.30**	.03	.24**	-	-	-	-	-
4 Anxious (attachment)	-	-	-		.14**	-.08*	.37**	-.17**	-	-	-	-	-
5 Avoidance (attachment)	-	-	-	-		-.28**	.13**	-.27**	-	-	-	-	-
6 Perceived social support	.24**	.26**	.28**	-	-		.03	.20**	-	-	-	-	-
7 Severity of problem	-.18**	.11*	.00	-	-	-.06		-.15**	-	-	-	-	-
8 Controllability of problem	.26**	.15**	.25**	-	-	.21**	-.28**		-	-	-	-	-
9 Interpersonal trust	.54**	.38**	.36**	-	-	.22**	-.25**	.30**		-	-	-	-
10 Prospects	.46**	.28**	.29**	-	-	.22**	-.21**	.34**	.54**		-	-	-
11 Positivity	.50**	.40**	.43**	-	-	.27**	-.12*	.32**	.56**	.52**		-	-
12 Active coping	.34**	.39**	.50**	-	-	.27**	-.20**	.48**	.42**	.41**	.45**		-
13 Behavioral disengagement	-.16**	.15**	.07	-	-	-.07	.33**	-.23**	-.17**	-.19**	-.09	-.21**	
Study 7-1													
<i>M</i>	2.93	2.52	2.50	1.71	2.42	2.13	2.75	2.80	-	-	-	-	-
<i>SD</i>	.66	.90	.86	.60	.54	1.34	.64	.72	-	-	-	-	-
Study 7-2													
<i>M</i>	3.06	2.52	2.49	-	-	2.40	1.93	2.89	2.88	3.12	2.81	2.85	1.92
<i>SD</i>	.74	.87	.82	-	-	1.33	.84	.90	.77	.84	.77	.79	.87

Note. M = mean; SD = standard deviation. * $p < .05$, ** $p < .01$, *** $p < .001$.

Study 7-1

T-tests revealed that avoidance of closeness from the attachment scale and perceived social support were significantly different between the two groups (Table 4.12). Low-adaptation respondents displayed significantly higher avoidance than did high-adaptation respondents. Regarding social-support accessibility, high-adaptation participants averaged significantly more consultation partners than did low-adaptation participants. Frequently, consultation partners were reported as parents or friends, not school counsellors. No difference was observed concerning the anxiety dimension of attachment.

Study 7-2

A significant difference between the groups was found regarding all three psychological variables. High-adaptation respondents had significantly higher scores for trust, prospects, and positivity. Although the gaps were smaller than for psychological variables above, stress coping strategies (i.e. active coping and behavioral disengagement) also showed significant group differences. Regarding social-support accessibility, a significant difference was found as in Study 7-1, and high-adaptation participants had significantly more consultation partners than did low-adaptation participants (Table 4.13).

Multiple regression analyses were conducted to examine the relationship between participants' sense of school adaptation and the independent variables. In these analyses, the interaction effect of the variables and severity of problems toward school adaptation was also examined. Table 4.14 summarises the results. Trust, prospects, and positivity scores were all positively and significantly correlated with school adaptation; however, neither active coping nor behavioral disengagement showed a significant main effect on adaptation. No interaction effect of the variables and severity of problems was confirmed.

Table 4.12. T-test results comparing high- and low-adaptation on attachment and the number of consultants

	Low-adaptive non-help-seekers		High-adaptive non-help-seekers		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Sense of school adaptation	2.13	.22	3.29	.13	22.71	223.34	< .001
Anxious (attachment)	1.88	.60	1.82	.62	.86	249.04	.391
Avoidance (attachment)	2.83	.50	2.49	.50	5.62	247.96	< .001
Perceived social support	1.48	1.27	2.02	1.69	4.00	277.66	< .001
Severity of problem	1.66	.61	1.83	.62	2.59	256.25	.010
Controllability of problem	2.43	.74	2.84	.72	4.72	249.28	< .001

Note. M = mean; SD = standard deviation, df = degrees of freedom.

Table 4.13. T-test results comparing high- and low-adaptation on trust, prospects, positivity, and coping strategies

	Low-adaptive non-help-seekers		High-adaptive non-help-seekers		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Sense of school adaptation	2.07	.24	3.31	.18	19.95	190.84	< .001
Interpersonal trust	2.14	.63	2.84	.72	7.87	221.54	< .001
Prospects	2.38	.93	3.13	.77	6.49	184.95	< .001
Positivity	2.12	.65	2.77	.71	7.19	218.31	< .001
Active coping	2.39	.76	2.70	.81	2.97	215.75	.003
Behavioral disengagement	2.07	.88	1.68	.79	3.43	195.66	.001
Perceived social support	1.80	1.19	2.42	1.27	3.77	215.72	< .001
Severity of problem	2.00	.84	1.72	.80	2.54	185.47	.012
Controllability of problem	2.55	.93	2.91	.86	2.95	184.04	.004

Note. M = mean; SD = standard deviation; df = degrees of freedom.

Table 4.14. Results of multiple regression analyses

	<i>t</i>	β	<i>p</i>	<i>F</i>	<i>df</i>	<i>p</i>	adj. <i>R</i> ²
Interpersonal trust				12.98	7.00	< .001	.28
Grade	1.35	-.08	.179				
Gender	.31	.02	.753				
Trust	7.16	.46	< .001				
Perceived social support	1.89	.11	.059				
Severity of problem	.02	.00	.984				
Controllability of problem	1.75	.11	.082				
Trust* Severity	.12	.01	.901				
Prospects				10.32	7.00	< .001	.23
Grade	1.94	-.12	.054				
Gender	.13	.01	.898				
Prospects	5.91	.41	< .001				
Perceived social support	1.91	.12	.057				
Severity of problem	.88	-.06	.378				
Controllability of problem	1.28	.09	.203				
Prospects* Severity	1.14	-.07	.255				
Positivity				14.31	7.00	< .001	.30
Grade	1.71	-.10	.088				
Gender	.40	.02	.691				
Positivity	7.65	.46	< .001				
Perceived social support	1.88	.11	.061				
Severity of problem	1.71	-.10	.088				
Controllability of problem	1.54	.10	.125				
Positivity* Severity of problem	.84	-.05	.402				
AC				5.22	7.00	< .001	.12
Grade	1.45	-.10	.148				
Gender	.46	.03	.644				
AC	1.29	.10	.198				
Perceived social support	2.41	.16	.017				
Severity of problem	1.77	-.12	.078				
Controllability of problem	2.32	.18	.022				
AC* Severity of problem	1.20	-.08	.230				
BD				5.30	7.00	< .001	.12
Grade	1.40	-.09	.164				
Gender	.96	.06	.340				

BD	1.89	-.14	.060
Perceived social support	2.62	.17	.010
Severity of problem	1.03	-.07	.305
Controllability of problem	3.11	.22	.002
BD* Severity	.46	-.03	.644

Note. AC = active coping; BD = behavioral disengagement; df = degrees of freedom; adj. = adjusted. * $p < .05$, ** $p < .01$, *** $p < .001$.

Additionally, simple slopes tests were preliminarily performed to follow-up the interaction terms even though there was no significance regarding the interaction effect. Some indications about the difference of influence of the examined variables by problem severity were found. Trust, prospects, and positivity were highly associated with school adaptation regardless of problem severity. However, coping strategies were differently associated with adaptation depending on problem severity. Specifically, for low-severity problems, high levels of active coping were associated with increased school adaptation. In contrast, for high-severity problems, there was no association between active coping and adaptation. Moreover, high levels of behavioral disengagement were not associated with school adaptation for low-severity problems, while behavioral disengagement was negatively associated with school adaptation for high-severity problems. The associations between each variable and school adaptation as moderated by problem severity are shown in Figures 4.7 and 4.8.

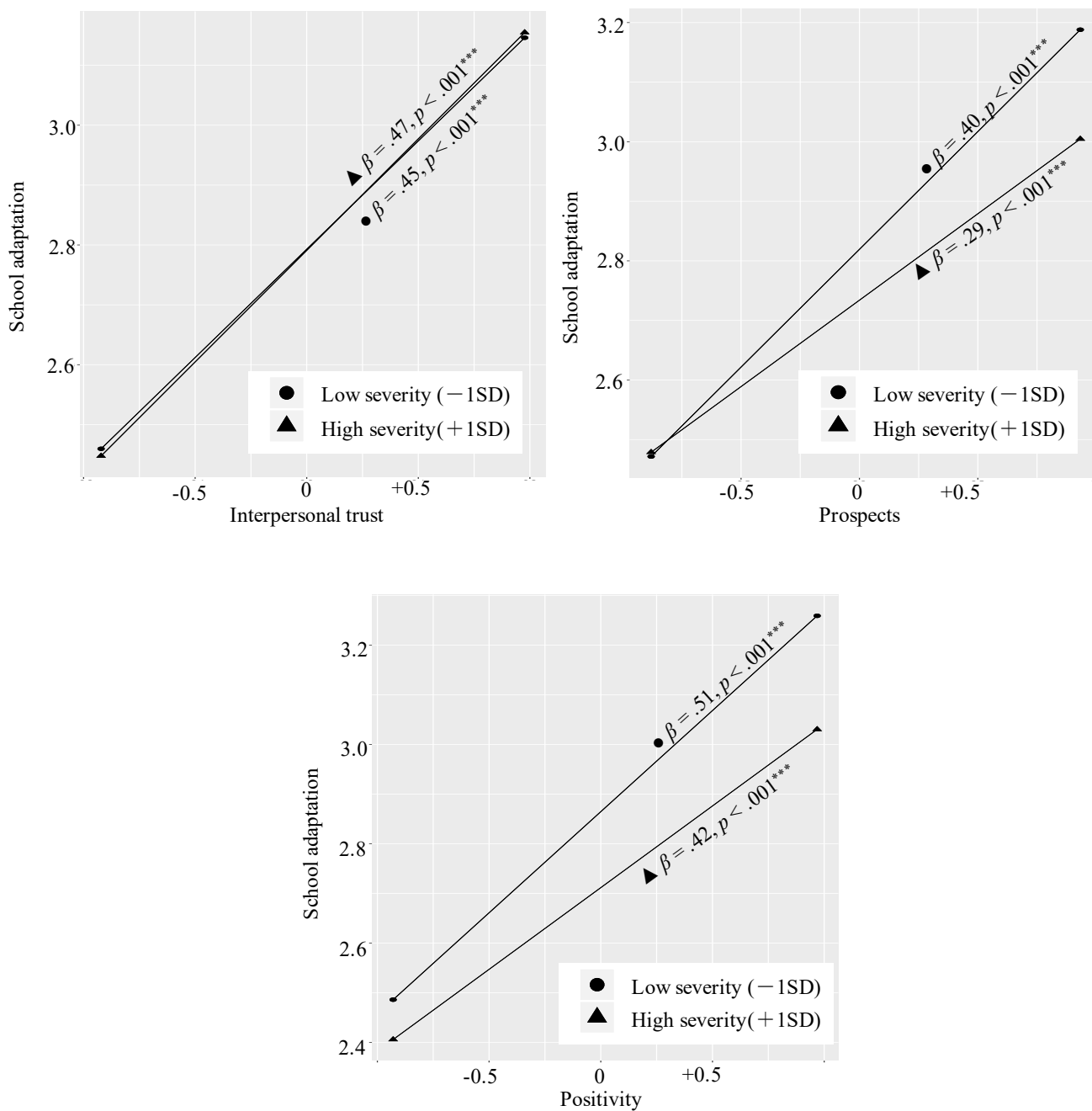


Figure 4.7. Association between psychological variables and sense of school adaptation as moderated by problem severity.

Note. (a) interpersonal trust, (b) prospects, (c) positivity. *** $p < .001$.

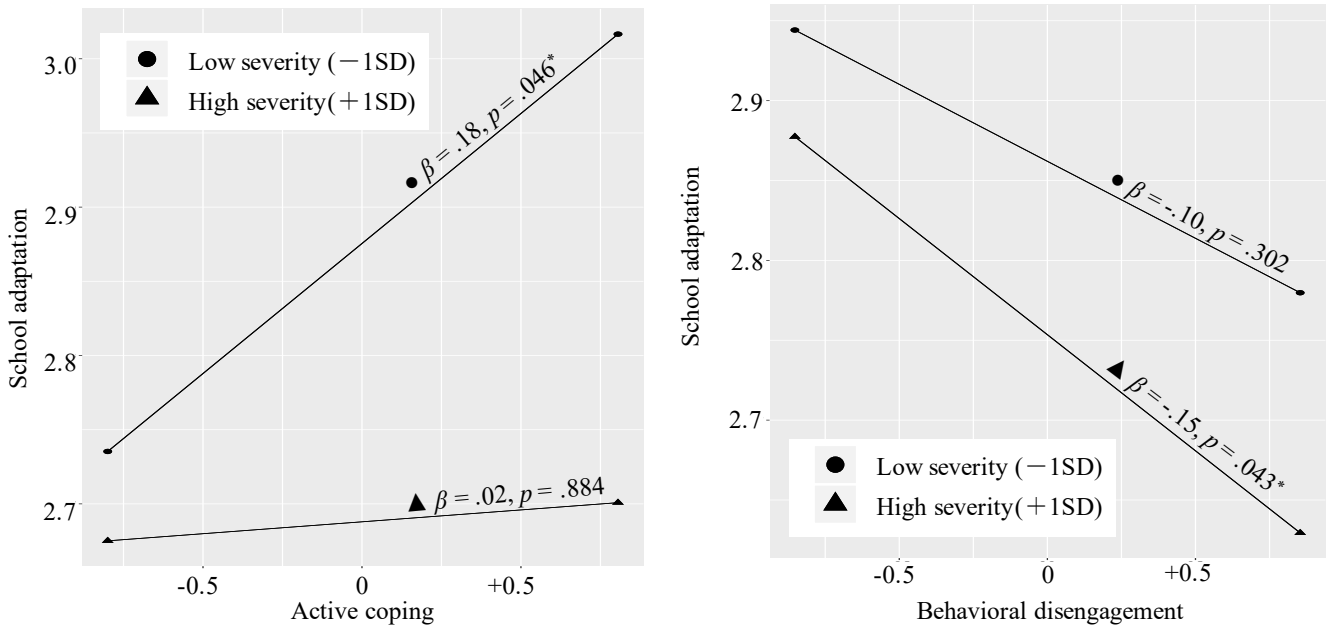


Figure 4.8. Association between coping strategies and sense of school adaptation as moderated by problem severity.

Note. (a) active coping, (b) behavioral disengagement. * $p < .05$.

Discussion

Internal factors that differ between adaptive and non-adaptive non-help-seekers

Study 7-1 identified differences in attachment between high-adaptive and low-adaptive non-help-seekers. As a result, among the two axes defining attachment, only avoidance showed a significant difference, while there was no significant difference in anxiety. However, the sample displayed low anxiety overall; therefore, it may not have been possible to clarify the natural differences that should have been seen. School refusal often co-occurs with separation anxiety—a similar concept to attachment anxiety (King et al., 1995); in detail, separation anxiety disorder is reported to occur in up to 80% of children with school refusal (Masi et al., 2001). Because this survey was conducted among students who were attending school, there is the possibility that a survey of clinical groups that had refused to attend school may result in

significant differences in anxiety. In any case, as with previous studies, a part of the influence of attachment was also confirmed in the adaptation of non-help-seekers (e.g. Armsden & Greenberg, 1987).

Study 7-2 examined the differences between three psychological variables: interpersonal trust, prospects, and positivity. As a result, all three variables showed significantly higher values for highly adapted non-help-seekers than those who were less adapted. In addition, the number of consultants, considered as perceived social support, was significantly higher for non-help-seekers who were highly (vs. not) adapted in both Studies 7-1 and 7-2.

These results indicate a possibility to improve individuals' psychological sense of adaptation by performing interventions on psychological variables such as trust, prospects, and positivity instead of encouraging help-seeking. Therefore, it would be challenging to improve these internal factors through intervention. In particular, for those who have high avoidance of closeness, it would be difficult to change their mind through direct one-on-one intervention from others. Nevertheless, it can be possible to intervene in their cognitive aspects by group intervention at school, such as a program using modeling. Further, as proposed in Studies 1 and 2, it seems that continuous and caring communication from familiar adults keeping a certain distance can contribute to gradual changes of non-help-seekers' minds even though it takes time. Regarding the number of consultants, it was suggested that mental stability might be obtained by perceiving that there are people who can rely on them when necessary, even without taking actual consulting actions. This study also revealed a difference in stress coping strategies. Although the difference was small compared to the above-mentioned psychological variables and the number of counsellors, the adaptive non-help-seekers used the active coping strategy and less frequently used the behavioral disengagement than did the non-adaptive participants.

Difference in the appropriate approach depending on problem severity

The severity of individuals' distress is important because the degree of need for assistance varies with the reactive behaviors (Lazarus & Folkman, 1984). Study 7-2 examined whether the effect of each variable on school adaptation would differ depending on problem severity. Multiple regression analyses revealed that the interaction effect on the school adaptation of each variable and the severity of distress was non-significant. However, a simple regression analysis of the association between coping strategy and adaptation revealed differences between the high and the low severity group. Specifically, active coping and adaptation were positively correlated when problem severity was low, while no correlation was found when it was high. Furthermore, although the group with low problem severity did not show a decrease in adaptation even if behavioral disengagement was high, the group with high problem severity showed significantly declined adaptation when they used the behavioral disengagement strategy. In other words, non-help-seekers who have serious distress are less likely to be positively affected by active coping behavior, but more likely to be negatively affected by behavioral disengagement. This means that interventions that encourage active coping may be effective only for students with low problem severity. In contrast, the three psychological variables—trust, prospects, and positivity—were hardly affected by problem severity. Therefore, designing interventions for these variables may be effective, regardless of severity.

Suggestions to Policymakers and Schoolteachers

The primary goal of this study was to identify internal factors that protect the mental stability of adolescent non-help-seekers, and to provide suggestions for improving current school-refusal-prevention measures that are biased towards promoting help-seeking. Based on the findings, four intervention ideas are suggested for schoolteachers and policymakers. First, it is important for teachers to tell students that they are welcome to consult whenever there is a

problem, and to respond sincerely if a student asks for help. This study found that students can be adaptive when they recognize there are multiple people that they can rely on when in need, even if they do not seek help. This study also confirmed the protective effect of interpersonal trust. Since there is no simple intervention to improve interpersonal trust, teachers need to project that they are interested in students and willing to consistently help them. At the administration level, policymakers may better consider smaller class sizes to foster students' trust toward teachers. This proposal is supported by some evidence that a better teacher-student relationship enhances students' participation in school and academic involvement (e.g. Roorda et al., 2011; Yang et al., 2018), and that the effect of higher teacher-student interactions is greatest in classrooms with fewer students (e.g. Allen et al., 2013; Blatchford et al., 2011).

The second suggestion is to provide stress coping strategies for students. This study showed that adaptive non-help-seekers used more active coping strategies and less behavioral disengagement strategy than did non-adaptive students. This indicates that enhancing students' stress coping skills would be helpful to maintain adaptation. For example, classroom interventions, brochures with coping tips, and daily knowledge delivery about coping from teachers to students should be considered. However, it is also important to encourage students to seek help if their problems are too severe to solve alone, as this study suggested that problem severity has varied effects on students' adaptation.

The third is an intervention that enhances students' positivity. Many previous studies found that intrusive rumination of a stressful event is significantly related to negative thoughts and even posttraumatic stress disorders (e.g. Ehring & Ehlers, 2014; Zhang et al., 2018). Because no one can positively change others' mindsets, saying 'think positively' or 'stop thinking about it' is not appropriate. One possible idea is utilizing retrieval-induced forgetting (RIF, Marsh et al., 2018). RIF is a phenomenon in which people forget a memory trace when a rival memory trace is retrieved (Anderson et al., 1994). It has been put forward as a potential

mechanism by which the positivity bias in memory occurs (Storm & Jobe, 2012). For example, repeatedly remembering a positive experience, such as receiving support from others, can make a related negative memory fade. At school sites, teachers may incorporate RIF with students with negative thoughts.

Lastly, the use of modelling to enhance prospects is suggested. There is still no practice nor research on interventions that address adolescents' prospects. However, considering said interventions is critical having a lack of prospects is a strong risk factor for suicide and violent crimes (e.g. Hall et al., 1999; Stoddard et al., 2010). Modelling the experiences of others who have overcome similar painful events should be considered. Specifically, guest speakers could be utilized, or online intervention such as the 'It Gets Better' project, which included former President Obama as a contributor (It Gets Better project, n.d.), could be disseminated.

This suggestion was derived in line with SST, however, there is another important theory to be considered, the Mindset Theory by Dweck (2006). According to mindset theory, there are two types of mindset: a growth mindset and a fixed mindset (Dweck, 2006). A growth mindset is a belief that abilities can be developed; whereas a fixed mindset is a belief that abilities are fixed (Dweck, 2006). There is rich evidence that people who have a growth mindset achieve more because they tend to exert a higher level of effort with a belief that efforts enhance their abilities. In contrast, people who have a fixed mindset do not believe that efforts will enhance their abilities, and therefore exert less effort (e.g. Schleider & Weisz, 2017; Yeager et al., 2019). Taking a perspective of mindset theory, if a student's mindset is fixed, there may not be motivated to learn even if they have a high prospect. Therefore, one thing to keep in mind when utilizing modelling is ensuring that interventions encourage a growth mindset. In line with mindset theory, a person who overcame distress with effort or strategies may be more appropriate as a model than a person who resolved similar adversity without effort or who used innate resources such as parents' economic power. Although a positive correlation between a

future time perspective and a growth mindset has been found (Kwon, 2018), related studies are scarce. Further investigation regarding the association between prospects and mindset theory is needed. Thus, although there are various possible ways of intervention, the important thing is that researchers and stakeholders seek to understand the diversity of adolescent non-help-seekers and their environment, and that interventions are not biased towards one method like simply encouraging help-seeking.

Limitations and future discussions

This study had three noteworthy limitations. The first limitation concerns sample selection. Although participants were from public schools located in different areas, the sample cannot be regarded as random. Other surveys with a larger sample or clinical sample are needed to enhance the generalizability of the results. Second, a cross-sectional design is a limited investigation method that cannot be used to examine the variability of the examined variables and long-term adaptation differences among non-help-seekers. For a deeper understanding of protective factors' variabilities and effects, longitudinal or retrospective studies with adult samples are required. Third, this study only included a limited number of factors. Since there are numerous potential internal and external factors, qualitative studies using interview surveys may help to identify other factors and to clarify any possible relationships.

This study contributes to the understanding of protective factors that differ between high- and low-adapted adolescent non-help-seekers and suggested improved support methods for them. These findings confirm the importance of attachment for school adaptation and indicate that interventions into the psychological variables of trust, prospects, and positivity can enhance school adaptation. The current study also revealed that interventions that include stress coping strategies may only be effective for students whose problems are not severe. Finally, ensuring there are enough consultation partners available can improve non-help-seekers' adaptation, even if they rarely seek actual help. These findings are not protective

factors specific to non-help-seekers. According to previous studies, the examined variables may perform protectively in a broader range of subjects (e.g., Caprara et al., 2012; Catalino et al., 2014; MacLeod, 2017). However, considering the lack of research on non-help-seekers thus far, it is noteworthy that these results were obtained from studies examining students who tend not to seek help. These findings offer new insights into more effective methods for supporting adolescent non-help-seekers before their problems become very serious.

Chapter V: Discussion

The current research focused on the prevention of mental illness among adolescent non-help-seekers. The major purpose was to identify novel ways of support from teachers, parents, and other adults for adolescent non-help-seekers other than promoting help-seeking. There were three major aims: 1) to investigate the current support for adolescent non-help-seekers, 2) to identify internal factors affecting the result of help-seeking for facilitating effective help-seeking behavior, and 3) to examine the relations between predicted protective internal factors and psychological adaptation, for compensating the lack of help-seeking. Specifically, seven studies investigated the following research questions:

1. How do teachers support non-help-seeking students? (Study 1)
2. Do non-help-seekers perceive teachers' supportive actions to be helpful? (Study 2)
3. What are the possible intrapersonal factors that influence the outcome of emotional help-seeking? (Studies 3 and 4)
4. Is there a coping strategy to compensate for low help-seeking and maintain psychological adjustment? (Studies 5 and 6)
5. Are there internal factors that compensate for low help-seeking and help maintain psychological adjustment? (Study 7)

In this chapter, the key findings corresponding to these research questions are summarized in the sections on the current support for non-help-seeking adolescents, internal factors that affect the outcomes of emotional help-seeking, and internal factors that protect the mental health of non-help-seekers. Following the summary of the findings, implications are discussed from several perspectives: interventions targeting the various types of non-help-seekers, daily support from familiar adults, and occasional intervention programs. Following this discussion, the strengths and limitations of this study, and recommendations for future research are provided.

Current support for non-help-seeking adolescents

As mentioned in the review in Chapter I, there are multiple occasional intervention programs for adolescent mental health, such as Youth Aware of Mental Health Program (Wasserman et al., 2015), Signs of Suicide (Aseltine et al., 2007), and Gatekeeper programs (Wyman et al., 2008, 2010), and their effectiveness has been examined. In Japan, various public measures to promote adolescent mental health have been implemented, such as training for teachers and health care professionals, expansion of counseling institutions, and advertising secure and free counseling services for students (MEXT, 2016). However, the kind of support that the people around adolescent non-help-seekers provide on a daily basis, and the non-help-seekers' perception of the support provided by the familiar persons have not yet been discussed. Therefore, in Chapter II, the views of both the support providers and receivers were considered in order to understand the daily support that others currently provide to non-help-seeking students. Study 1 focused on teachers as adults who can closely communicate with non-help-seeking students regardless of the students' home environment. Study 1 also investigated how teachers recognize and support non-help-seeking students. Study 2 examined how the adolescent non-help-seekers perceive and evaluate the supportive behavior of close people including teachers.

The two studies identified teachers' efforts to support non-help-seeking students in a variety of ways. While some of the teachers' behaviors were evaluated as helpful by non-help-seekers, other behaviors either went unnoticed or were perceived as unhelpful. Using the analytical framework of Study 2, supportive behaviors can be divided into four types: direct instrumental support, indirect instrumental support, direct emotional support, and indirect emotional support. Direct instrumental support includes direct interventions that aim to solve the problem itself. It was rarely mentioned by teachers and was not used except in three cases of family problems where immediate intervention was deemed necessary. In the interviews

with the non-help-seekers, direct instrumental support was rarely mentioned as a helpful behavior, but was frequently mentioned as a disagreeable behavior. It is expected that non-help-seekers who are hiding their worries will have a negative reaction to sudden direct intervention. Therefore, the teachers seemed to avoid direct intervention except in case of emergency.

Regarding indirect instrumental support, there was a large difference in perceptions between teachers and students. Teachers frequently provided indirect instrumental support, such as information gathering involving parents and other students in the class, and making environmental adjustments to improve the classroom atmosphere. However, most non-help-seekers did not mention receiving indirect instrumental support. For non-help-seekers hiding their concerns, it would be undesirable for others to notice their concerns and intervene overtly. Thus, indirect instrumental support, in which the teacher quietly creates a supportive environment, is an important form of support that can be implemented by the teacher in response to the hidden needs of non-help-seekers.

Emotional support, whether direct or indirect, was often mentioned by both teachers and non-help-seekers. In particular, approximately 90% of the remarks about helpful support from non-help-seekers were regarding emotional support. The participating teachers did not force students to talk about their problems if they were reluctant to do so, but continuously watched over the students, expressing their care through daily conversations. Since non-help-seekers evaluated attempts to force them to talk about their problems and non-empathetic encouragement as offensive, the teachers' patient and non-coercive behavior was at the behest of non-help-seekers. Although non-help-seekers did not confide their concerns in others, they seem to have sensitively perceived and used emotional support from others, such as caring behavior, daily conversation, and simply being with them.

Helping students to gain future prospects and providing one-on-one tailored support were not directly related to the problems faced by the students, but helped them adapt to school. In cases where it was difficult to educate students in the regular curriculum, owing to developmental disabilities or school refusal, teachers tried to help them with school adaptation through temporary individualized responses. Additionally, for students with family problems, developmental disabilities, and other issues that are difficult to resolve completely, having hope for a career path after secondary school can be very important to maintain their mental health.

In summary, an effective pattern of current support from teachers to non-help-seekers, except in emergencies, was suggested, that is, to continuously provide indirect support, such as gathering information from others and adjusting the environment, while demonstrating they care the students through everyday conversations. As students rarely notice indirect support from teachers, it can function as an effective support for non-help-seekers without invading the feelings of those who wish to hide their distress.

Lastly, teachers' difficulty in taking proactive supportive actions was mentioned as a problem. Current support for non-help-seekers often began after the student's behavior revealed a problem. Teachers often face a dilemma wherein they are too busy to talk to students who they think may be having problems that are not visible on the surface. More non-help-seekers may receive support if teachers can afford to take proactive actions before the problem becomes serious.

Internal factors that affect the outcomes of emotional help-seeking

In Chapter III, two studies were conducted from the perspective of promoting effective help-seeking. In the past, various efforts have been made to reduce barriers and encourage help-seeking behavior, such as the establishment of free and anonymous consultation services for minors (MEXT, 2016). However, it seems that some adolescents intentionally do not take

action to seek help from others even if they know a social support system is in place and there is someone close to them who can be consulted (Schilling et al., 2014; Watanabe et al., 2012). In this research, as defined in Chapter I, those who intentionally do not to seek help are called Type 3 non-help-seekers. Their decisions may be influenced by low anticipated benefits of help-seeking (Nagai & Arai, 2007). Clarifying the conditions under which emotional help-seeking works positively for psychological adaptation can help guide adolescents' effective help-seeking behavior, enhance their anticipated benefits of help-seeking, and consequently may promote help-seeking behaviors. Thus, Chapter III focused on emotional-support expectation, adolescents' expectations from support providers, as an internal factor that may affect the relation between emotional help-seeking and its outcomes. Specifically, the Emotional-Support Expectation Scale was developed, and the adjustment effects on the relationship between emotional help-seeking and support evaluation were examined.

The results identified five dimensions of emotional-support expectation: Acceptance expectation, Reinterpretation expectation, Justification expectation, Optimism expectation, and Distraction expectation. Some of the emotional-support expectations showed an influence on the association between emotional help-seeking and support evaluation. For example, when controlling the frequency of emotional help-seeking behavior, support seekers who had higher Reinterpretation expectation reported positive support evaluations, "improvement of problem situations," and "perception of support from others." While, support seekers who had higher Justification expectation reported a negative support evaluation, "confusion in coping." Thus, if the internal differences among help-seekers influence the outcome of help-seeking behavior, encouraging the metacognition of their expectation toward the supporter beforehand may be useful to increase the likelihood that they will be able to elicit the desired help. However, expectations may not always be fulfilled. Since the degree of agreement between expectation and actual support affects adolescents' adaptation (Honda et al., 2008), future research must

examine whether individuals' emotional-support expectations were fulfilled besides individual differences in expectations. Especially, Justification expectation, a kind of selfish expectation that one should be justified even if they are in the wrong, may be difficult to be fulfilled even if one selects a close person as a supporter. The present study did not clarify whether it is better to lower expectations or seek help from someone who can fulfill these expectations, in case one has a high Justification expectation. Further research is needed to determine the mechanism of emotional-support expectation generation and appropriate reaction to the expectations.

In addition, there are multiple factors other than emotional-support expectations that affect the outcome of emotional help-seeking. As mentioned above, one of these factors is the degree of agreement between help-seekers' expectation and the actual support received (Honda et al., 2008). In a study by Honda et al. (2008), those who negatively rated the support they received showed lower school adaptation than those who positively rated the support and even those who did not seek support. Therefore, it is important not only to be aware of emotional-support expectations, but also to actually receive support that is consistent with those expectations. Related to this, the second factor is accessibility to social resources. According to the expectation confirmation model (Darley & Fazio, 1980), a person selects a supporter who is likely to provide an expected reaction to them when they seek help. However, even if a person is aware of the support they need, it is impossible to receive the expected support without an available support provider. Because past experience can be an inhibitor or facilitator to future help-seeking behavior (Wilson & Deane, 2001), accessing appropriate social resources and obtaining expected support is important in the long run. In addition, the interaction between a help-seeker and supporter is also a factor that influences the outcome of help-seeking (Takegahara, 2014). Fischer et al. (1982) demonstrated that a supporter's reaction could be either supportive or astounding to a help-seeker, depending on whether or not the support provider sees the help-seeker as inferior to others in general (threat to self-esteem

model). Thus, not only factors on the part of the help-seeker, but also factors on the part of the supporter and the environment may influence the outcome of help-seeking behavior. Although it is no easy task to unravel the diverse associations, elucidating the internal, external, or interactional conditions that positively affect adolescents' psychological adaptation, it is one of the most promising topics for future research on help-seeking.

Internal factors that protect the mental health of non-help-seekers

In Chapter IV, three studies were conducted from the perspective of compensating for the low level of help-seeking. The existence of Type 2 non-help-seekers, who are individuals who can maintain their psychological adjustment without seeking help, implies that there are protective factors that compensate for their low level of help-seeking. Clarifying internal protective factors may provide alternative ideas on how to support non-help-seekers other than promoting help-seeking behavior. Studies 5 and 6 examined whether stress coping strategies other than help-seeking compensate for the low level of help-seeking behavior and maintain psychological adaptation. Study 7 focused on the internal factors that were predicted in previous research and Studies 1 and 2, and examined whether these internal factors work protectively in maintaining adolescent non-help-seekers' psychological adjustment.

Coping style

Study 5, which focused on a combination effect of coping strategies, suggested that people who simultaneously use active coping and help-seeking were the most adaptive. On the other hand, those who used an avoidant coping strategy and did not seek help displayed the lowest level of adaptation. Among low help-seekers, those who used more active coping strategies experienced lesser negative emotions at multiple time points, which is consistent with previous research on the positive impact of active coping on adjustment. However, the protective effect of active coping may be limited. Study 7 examined whether the relationship

between active coping and adaptation differed depending on the severity of the problem. The results showed that when the severity of the problem was minor, non-help-seekers' adaptation was higher with the active coping strategy, but when the problem was severe, their adaptation was not higher with the active coping strategy. Thus, it is suggested that the use of the active coping strategy may be protective of non-help-seekers' adjustment only when their problem is not severe.

Perceived support

Multiple studies indicated the protective effect of perceived support. A recent meta-analysis (Heerde & Hemphill, 2018) showed the positive association between social support and well-being. In this dissertation, the narratives in Study 2 illustrated that adolescent non-help-seekers sensitively perceived supportive words and actions of others through their daily interactions. Most participating non-help-seekers mentioned that they were helped by supportive words and actions from others. A comparison between high and low adjustment non-help-seekers in Study 7 showed that the high adjustment group had significantly higher perceptions of support than the low adjustment group. Although help-seekers did not disclose their concerns to others, it does not imply that they did not need support from others. These findings indicate the possibility that adolescent non-help-seekers can maintain their psychological adjustment by gaining a sense of acceptance and approval from others on a daily basis, even if they do not discuss their problems directly.

Attachment and interpersonal trust

Attachment is the basis for schemas of self and others. It comprises two axes, avoidant and anxious (Bowlby, 1969). When non-help-seekers were divided into high- and low-adjustment groups, avoidance of intimacy was significantly higher in the low-adjustment group than in the high-adjustment group. Childhood upbringing has a strong influence on the formation of attachments (Bowlby, 1969). Although it has been shown that attachment style

can be transformed through close relationships with people other than parents (Cassidy & Shaver, 2008), it is unlikely that secondary-school students build such a strong bond with anyone other than their parents. Therefore, the relationship between interpersonal trust and the adjustment of non-help-seekers was examined. Interpersonal trust was selected because it contributed to the formation of a schema of relationships with others same as attachment but was thought to be less plastic than attachment (Lewicki et al., 2006). The results showed that non-help-seekers with high levels of interpersonal trust showed higher adaptation, regardless of the severity of their problem.

Other studies in the current dissertation also indicated the importance of interpersonal trust. In one case, a teacher recounted that a student confided in her just before graduation, sharing that she had been struggling with physical symptoms of stress. Although she had not discussed her concerns with the teacher until that point, she may have trusted the teacher because the teacher continuously expressed her concern and care about her through daily conversation. Several non-help-seekers also shared in the interviews that they were happy that a teacher noticed that something was wrong with them. It can be inferred that these students perceived emotional support from the teacher even if they did not confess their problems to them, and that they trusted the teacher to be there when they needed it. Considering these results and the previous section, high levels of interpersonal trust may lead to a sense of security that others are available to help when help is needed, and may work protectively for the psychological adjustment of non-help-seekers.

Prospects and positivity

The teacher interviews indicated that it may be effective to help students obtain future prospects after graduation, especially in situations with low controllability, such as family problems and developmental disabilities. Study 7 also examined the relationship between school adaptation and prospects as possible protective factors for non-help-seekers, and found

that non-help-seekers with higher prospects showed higher school adaptation, regardless of the severity of their problem. Positivity was also examined as a potential protective factor because it is associated with many adjustment indicators including well-being. The result indicated that, same as prospects, non-help-seekers with high positivity showed better school adaptation than those who low positivity, regardless of the severity of their problem. These results suggest that prospects and positivity may function as psychological protective factors for adolescent non-help-seekers. For secondary-school students with unformed problem-solving skills and low controllability of their home, school, and other environments (Zimmer-Gembeck & Skinner, 2016), having a positive outlook and believing "the present is hard, but the future will get better" may be important to maintain their mental health.

Other possible factors

The current research has focused on internal factors, though there are a variety of other factors, including environmental factors, that affect the mental health of non-help-seekers. For example, family history of depression (Thapar et al., 2012) and exposure to psychosocial stress (Goodyer et al., 1990; Pine et al., 2002) are known as the strongest risk factors for depression in adolescents. Family environment also has a strong effect on adolescent mental health (Restifo & Bögels, 2009). Paradoxically, those who are not at risk of exposure to serious problems, have no family history of mental illness, and have grown up in a stable home environment have genetic and environmental protective factors. Because secondary-school students are rarely able to choose their own environment to live, the present study focused on internal factors, but future studies should also include interactions between internal and external factors.

Summary of the findings

The current research had three aims: 1) to investigate the current support for adolescent non-help-seekers, 2) to identify internal factors affecting the result of help-seeking for facilitating effective help-seeking behavior, and 3) to examine the relations between predicted protective internal factors and psychological adaptations. The first objective was investigated in Studies 1 and 2 and has been reported in Chapter II. The studies illustrated teachers' current efforts and suggested simultaneous and continuous provision of emotional support and indirect instrumental support. The second objective was investigated in Studies 3 and 4 and has been reported in Chapter III. The studies uncovered the adjustment effect of emotional-support expectation. In particular, students who sought emotional help with higher Reinterpretation expectations tended to evaluate the support they received positively, whereas students with higher Justification expectations tended to evaluate the provided support negatively. In other words, the results of emotional help-seeking differed depending on the internal factors of the help seeker. The third objective was examined in Studies 5 through 7 and has been reported in Chapter IV. Studies 5 and 6 confirmed that psychological adjustment was higher among those who used both active coping and help-seeking. Study 7 found that the use of active coping strategies was protective of psychological adjustment only when the problem was not severe, and that internal factors, such as interpersonal trust, prospects, and positivity were associated with higher psychological adjustment among non-help-seekers, regardless of the severity of the problem. An overview of the associations found in the above studies is shown in Figure 5.1.

In the next and subsequent sections, interventions according to the type of non-help-seeker; suggestions for adults, such as teachers and parents; and school-based occasional intervention programs will be suggested based on the results.

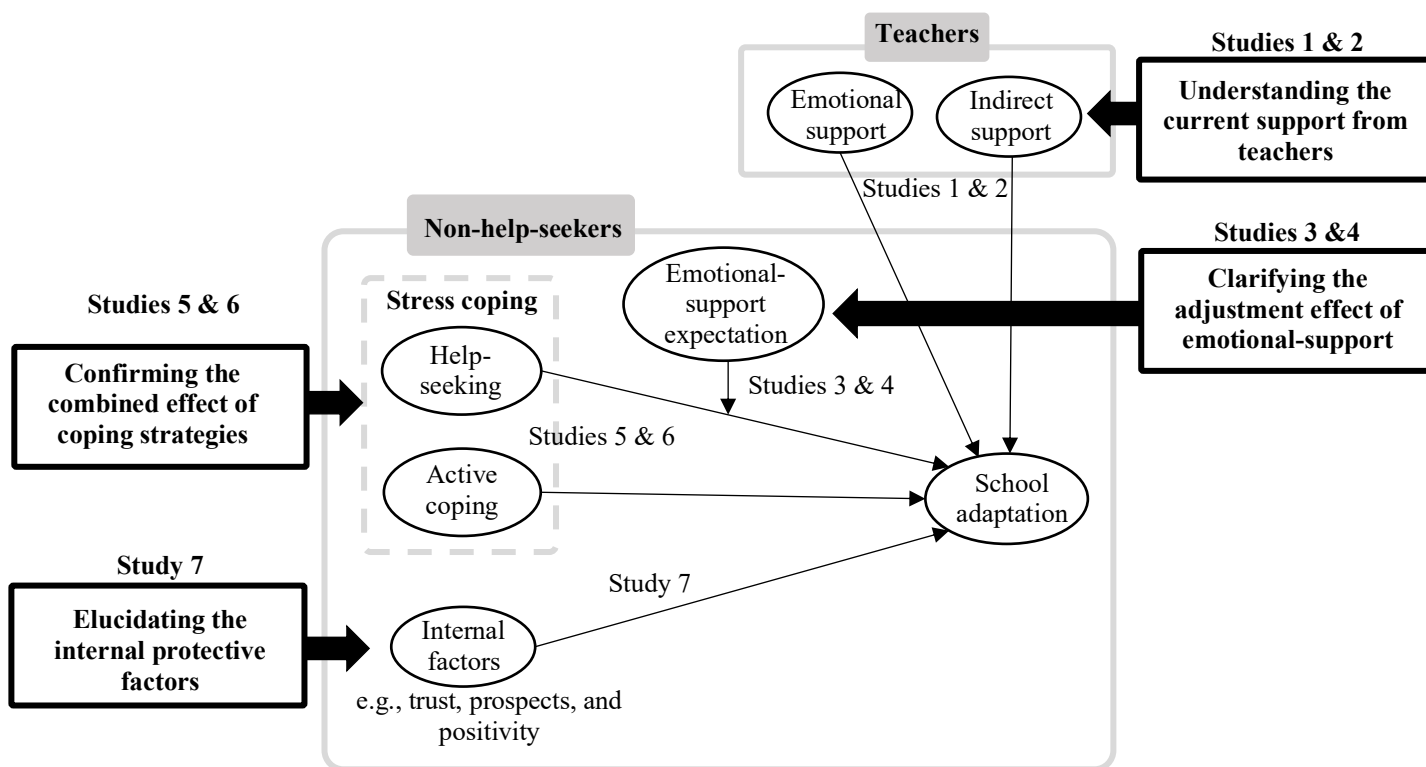


Figure 5.1. Relationships between the major variables examined in each study

Implications for interventions for adolescent non-help-seekers by type

From here on, possible interventions based on the series of research results are proposed. In advance, the limitations of this research and the author's view on them should be clarified. There are two limitations in proposing ideas for interventions depending on the type of non-help-seekers: the necessity of effect verification by future research and the difficulty in identifying the types of non-help-seekers. Studies in this dissertation focused on the internal factors of non-help-seekers and examined them from multiple dimensions, though, this dissertation did not adjust environmental factors or compare the variables with students who seek help. Moreover, the studies did not detect the types of non-help-seekers. Therefore, the condition, effect, and optimal targets of interventions should be validated in the future. Given

these limitations, the ideas of interventions suggested by the results of the studies are described below.

Previous preventive interventions for adolescent non-help-seekers have mainly been school-based (Aguirre Velasco et al., 2020), teaching correct knowledge about stress management and practicing help-seeking through role-playing (Honda et al., 2020; Wasserman et al., 2015). Focusing on training for teachers and mental health professionals to create a safe consulting environment (MEXT, 2016; Schilling et al., 2014), current preventive interventions can be described simply as “promoting help-seeking”. These approaches may be effective for Type 4 non-help-seekers, those who recognize a need for help with a problem situation but cannot seek help because of scarce social resources (Type 4) (see Figure 5.2). However, it may not be effective for non-help-seekers who do not recognize their problem (Type 1) or who intentionally do not seek help (Type 3). It is also unclear whether support from others is useless for non-help-seekers who think they do not need help for their problems (Type 2). Therefore, the following model considers effective support methods for each type of non-help-seeker.

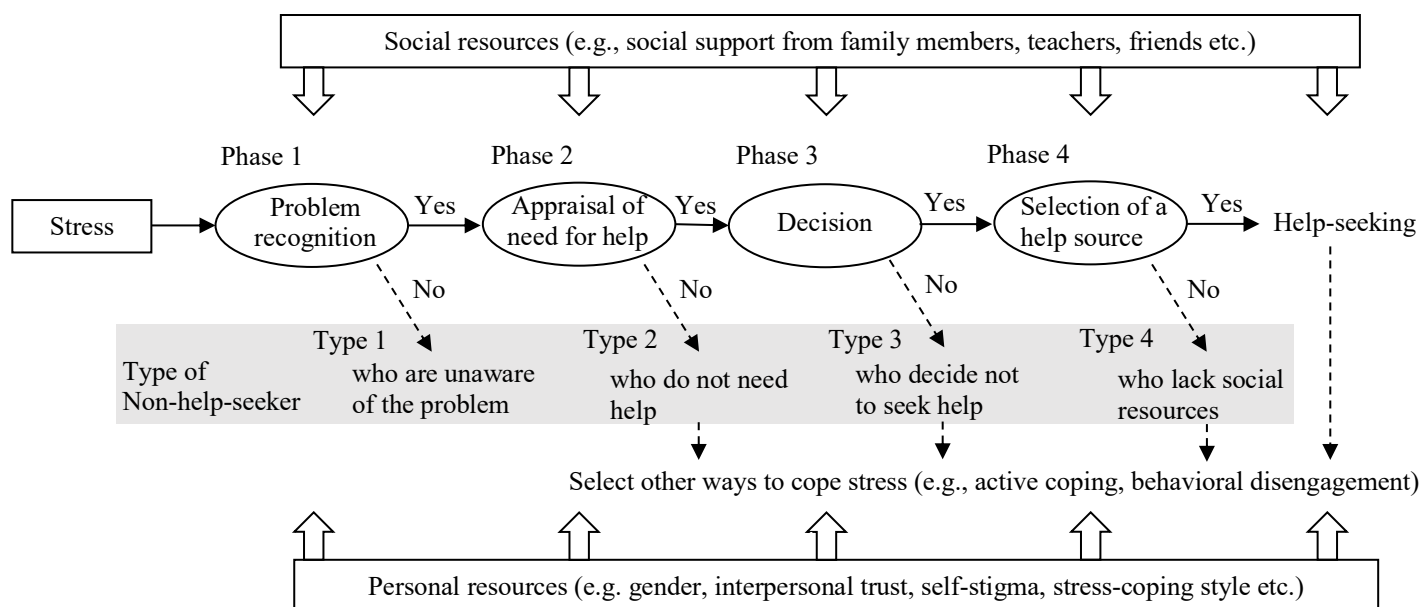


Figure 5.2. An integrated model of help-seeking (Restatement of Figure 1.1)

Type 1 non-help-seekers are determined as those who are unaware that a situation objectively appears to need help. Although it is difficult to study Type 1 non-help-seekers directly because of their unawareness, interviews with teachers and youth non-help-seekers helped identify several cases in which adolescents were stressed due to parents with a dominant parenting style but the students did not recognize their problem. Some young adult interviewees described conflicts and excessive pressure from their parents that they were not aware of when they were in secondary school. They also disclosed that the idea of talking to someone about it never occurred to them because they did not recognize it as a problem. Teacher interviews revealed several cases of students experiencing significant stress due to parental pressure regarding their grades or due to disagreements with their parents during high school examinations. Among these cases, there was only one case wherein the teacher realized the parental pressure and discussed it with the student. The relationship between parent and child is generally much closer than a student-teacher relationship. Thus, it is difficult for teachers to actively intervene in stressful relationships between students and parents (Loades & Mastroyannopoulou, 2010) as long as the student does not recognize it as a problem. Furthermore, some teachers cited cases of students with developmental disabilities as examples of students who were unaware of their problems. In most cases, the student had delinquency problems. One teacher said that the goal of her intervention with delinquent students was to stop delinquency; thus, it was difficult to come up with the idea of providing support for them. As these cases illustrate, we can imagine it is difficult for teachers to intervene proactively with Type 1 non-help-seekers, as it is difficult to recognize the need for support.

The present study did not clearly identify Type 1 non-help-seekers and particular effective interventions for them. However, it was indicated that helping the Type 1 non-help-seekers' acquisition of future prospects could be one of the ways to support them. In the teacher

interviews, facilitating the acquisition of post-graduation future perspectives functioned as a support for non-help-seekers who had family problems or developmental disabilities who were speculated to have been Type 1 non-help-seekers. In one of the non-help-seeker's interviews, the participant said that an action by her mother had opened her eyes to her future career, where after she stopped straying from the right path. Paradoxically, parental pressure could lead to a loss of future prospects and motivation to pursue higher education when adolescents found that their hopes were not being fulfilled due to parental control. In the most cases where dominant parenting was considered to be a problem, the deterioration of the students' condition emerged before and after further education examinations. This suggests that the stresses and strains in the parent-child relationship are likely to surface while selecting a career path. Therefore, even if they do not notice their problem, recognizing the importance of a positive future outlook, and working with the student to develop an acceptable pathway may support the mental health of Type 1 non-help-seekers.

Type 2 non-help-seekers are defined as those who are aware of the problem but assume that they do not need help from others at that time. Studies 5 to 7 examined the protective factors that these individuals may possess that help them maintain their psychological adjustment without seeking help. The results showed associations between non-help-seekers' psychological adaptation and the use of active coping strategies; perceived support (even though they did not seek help); and internal factors, such as interpersonal trust, future prospects, and positivity. Since Type 2 non-help-seekers do not think they need help, interventions aimed at encouraging help-seeking may not be helpful for them. On the other hand, psychological adjustment is expected to decline as protective factors decline, so interventions to maintain the protective factors may be useful for them. Supportive approaches may comprise daily support from familiar others or occasional interventions. The details of interventions will be discussed in the following section.

Type 3 non-help-seekers are determined as those who recognize the need for help for a problem, but decide not to seek it. Their decisions are affected by diverse help-seeking barriers including gender norms (Sears et al., 2009), the risk of information leakage (Chan & Quinn, 2012) and self-stigma (Vogel et al., 2006). Major current support, such as intervention programs to deliver correct knowledge about stress coping (Wasserman et al., 2015) and the establishment of anonymous counseling services (MEXT, 2016), is designed to decrease these barriers. However, even when the help-seeking barriers are low, it has been found that adolescents do not seek help unless they have a sufficient expectation of benefit (Nagai & Arai, 2007). Therefore, clarifying the conditions under which help-seeking works positively on psychological adjustment, and increasing the anticipation of benefits may be effective interventions for Type 3 non-help-seekers. The present studies found that the expectations of help-seekers influenced the outcome of their behavior. When designing intervention programs in the future, it may be beneficial to promote not only knowledge delivery but also a metacognition of what the students expect from support providers. In addition to emotional-support expectations, there are other factors that influence the benefits gained from help-seeking, including the target of the request (Takegahara, 2014) and help-seeking skills (Honda et al., 2015). A comprehensive examination of these influences and clarifying a suitable way for help-seeking to obtain expected help would contribute to enhancing anticipated benefit and help-seeking behavior.

Finally, Type 4 non-help-seekers are defined as those who have high help-seeking intentions but are unable to seek help due to a lack of social resources to consult. Because they have intentions of help-seeking, actual action would be prompted by providing them with available social resources, informing them about the resources, and reducing the psychological and physical hurdles to use the social resources. These are already frequently done with current support. For example, intervention programs in which teachers and mental health professionals

can learn how to recognize the signs of stress in adolescents and take appropriate caring actions have been conducted in many countries (Wasserman et al., 2015). This means providing more social resources to support adolescent non-help-seekers. In addition, anonymous and free telephone consultations (MEXT, 2013) and online consultations (Tokyo Metropolitan Board of Education, 2020) are likely to involve lower psychological and physical hurdles than face-to-face consultations (Gould et al., 2002; Nicholas et al., 2004). However, because adolescents are familiar with communication through the Internet and they may incorrectly attribute dangerous sources as helpful, adults must be cautious of cyber criminals who may take advantage of adolescents' weaknesses (Pretorius et al., 2019). In summary, even though support for Type 4 non-help-seekers is already in place, familiar adults should continue efforts to be an available social resource for adolescents or to deliver correct knowledge of safe resources to seek help.

Suggestions for daily support from familiar adults

Whether or not a person discloses a concern to others depends on the domain of the problem, the severity of the problem, and the availability of social resources (Fallon & Terry, 1999; Goto & Hirooka, 2005). In other words, whether a person is being a non-help-seeker and the type of non-help-seeker is likely to change depending on the situation. Therefore, although suitable support for each type of non-help-seeker deserves consideration, in an actual school environment, it is more appropriate to take a holistic approach without excessive stereotyping. In the following, I suggest adults including teachers to provide emotional support to non-help-seeking students through daily communication regardless of the type of non-help-seeker. Although it may not sound like a novel way to support adolescents, it is innovative in terms of redefining the daily teacher-student communication as proactive and preventive support.

Several quantitative studies in this research found that enhancing internal protective factors such as active coping, perceived support, interpersonal trust, future prospects, and positivity would help to protect non-help-seekers' psychological health. In addition, the interviews with non-help-seekers revealed that they perceived signs of caring, acceptance, and approval from the words and actions of others close to them including their teachers. In brief, adolescent non-help-seekers perceive emotional support through daily communication. It is difficult for teachers to determine when to initiate support (Loades & Mastroyannopoulou, 2010), and in the interviews conducted in this research, most teachers revealed that they began to provide support after the student's problems surfaced. However, integrating these studies, teachers may have already provided emotional support to non-help-seekers through daily communication even before their recognition of "initiation of support". If teachers could provide emotional support through daily communication and enhance protective factors for students' mental health with this support, students might be able to maintain their psychological well-being regardless of their problem awareness or help-seeking behavior. Furthermore, because a bond of trust with a source of help is the main facilitator for a decision to seek help (van den Toren et al., 2019), building interpersonal trust through everyday conversations may contribute to the promotion of help-seeking behavior.

Non-help-seekers in the present study confessed that teacher behaviors such as watching over without forcing them to disclose their worries, noticing the change of their moods, approving of their good qualities, and even chatting about hobbies provided them emotional support. Thus, the daily conversations between teachers and students may be a stronger source of emotional support than we had assumed. In these everyday conversations, if teachers could utilize retrieval-induced forgetting (RIF; Marsh et al., 2018) or deliver knowledge about stress coping, it may increase the effectiveness of protecting the psychological health of non-help-seekers. However, there are some factors that may inhibit

adequate communication between teachers and students; one possible barrier is teachers' busyness (National Teachers Federation of Japan, 2019). In a study on the characteristics of teachers preferred as supporters by secondary-school students, besides being empathetic and non-hypocritical, important characteristics included being able to talk when needed without being too busy (Lindsey, 1998). Busyness not only deprives teachers of time for communication with students, which is necessary for providing emotional support, but also reduces the availability as a consultant for students (Lindsey, 1998). In order to reduce teachers' difficulties in dealing with students' mental health issues (MEXT, 2005; Rothi et al., 2008), teachers may first need to have the time and mental capacity to communicate effectively with students and notice their good qualities or day-to-day changes in them. Although most current mental health support programs are school-based occasional intervention programs (Aguirre Velasco et al., 2020), their effectiveness would increase with trust between teachers and students and a supportive school environment.

Implications for occasional intervention programs

The major school intervention programs that have so far been implemented with adolescents to improve their mental health provide correct knowledge about stress and mental illness and promote help-seeking (Honda et al., 2020; Schilling et al., 2014; Wasserman et al., 2015). While the effectiveness of these programs has been confirmed in terms of improving knowledge and skills, it is not as clear in terms of promoting actual help-seeking behavior (Aguirre Velasco et al., 2020). In addition, because some non-help-seekers may decide not to ask for help rather than not being able to do so, an approach other than promoting help-seeking would be necessary. Therefore, I propose the following intervention programs to enhance the internal protective factors of mental health among non-help-seekers as revealed by the current series of studies.

Intervention in coping strategy using case method

First, I propose an intervention program from the perspective of stress coping, which includes help-seeking. Since the present research demonstrated that simultaneous use of help-seeking and active coping is effective in psychological adaptation, it is important to facilitate the use these coping strategies among students when needed. Programs on stress coping have already been conducted, but increased knowledge does not necessarily encourage actual behavior (Schilling et al., 2014). Therefore, I propose the Case Method, a program that does not simply convey knowledge, but also allows participants to consider and select their own coping behavior in stressful situations through simulated experiences. The Case Method is a discussion-based participatory learning method using simulated cases in which students are asked to make decisions as teaching materials (Okada et al., 2011). Through the Case Method, participants learn how to think and act from the standpoint of the person concerned. In the area of cognitive psychology in learning situations, it has been shown that the alternation of the roles of subject and object in tackling a problem reduces adherence to the individual's thought patterns and promotes problem solving (Kiyokawa et al., 2007). Based on this finding, it is thought that considering how to cope with a stressful situation "as the experience of others" promotes appropriate behavioral selections. By presenting a detailed fictional case based on a common problem among secondary-school students as "one student's experience," students may be able to follow a case-driven coping process while considering appropriate behaviors. This may simulate the stress-coping experience and increase the selection of objectively adaptive stress-coping strategies. In addition, the present study revealed that a help-seeker's expectation from a support provider affected their behavioral outcomes. Although there is no intervention program focused on expectation at the time of help-seeking, Honda et al. (2020) conducted a similar attempt. In their intervention program, they taught secondary-school students that seeking help does not always make them feel better and that they need to develop

a healthy mindset (Honda et al., 2020). In reference to this, it would be important in the Case Method to focus on the thoughts of the participants and to promote metacognition of the outcomes they expect to achieve through help-seeking. It will make them aware of the fact that their expectations and thoughts may have an impact on the outcomes. Thus, I propose an intervention program in terms of making non-help-seekers aware of their feelings and thoughts, not only of their knowledge, and letting them decide their coping behaviors.

Intervention in prospects and positive thinking using modeling

The present results demonstrated that prospects and positivity are associated with school adjustment in non-help-seekers regardless of the severity of the problem, and thus are important protective factors for mental health retention. Thus, I propose an intervention program for future prospects and positivity using modeling. Bandura (1977), a proponent of social learning theory, argued that modeling (i.e., observation of others) facilitates not only behavioral but also cognitive aspects of learning. Based on this, reflecting one's own future onto others who have overcome similar difficulties as oneself may promote positive thinking and the acquisition of future prospects. Specifically, similar to the It Gets Better Project (Savage & Miller, 2016), the intervention program provides adolescents with lectures or videos of interviews with young people who have overcome difficulties in a secondary school, such as friendships, family problems, and the problems associated with being a sexual minority, and then makes students reflect on the aspects on which they identified with the model and the things that impressed them. This program aims to provide adolescents with a positive image of their future and motivate them to acquire that vision of their future.

Strengths, limitations, and recommendations for future research

This dissertation complied the first studies to shine a light on supporting non-help-seekers in directions other than encouraging them to seek help. Studies 1 and 2, which captured

current support, will serve as foundational findings for future research with non-help-seekers. Studies 3 and 4 investigated the effects of emotional-support expectation as an internal factor influencing the results of emotional help-seeking, which had been intuitively thought to be important but the effectiveness of which was unclear, and found that expectations from a support provider were related to obtained support. Studies 5 to 7 identified the internal protective factors for non-help-seekers' mental health. It brought a change in the idea of support for non-help-seekers from encouraging help-seeking to compensating for help-seeking. The focus of previous research on non-help-seekers has been the identification of help-seeking barriers and the effect of help-seeking, and support for non-help-seekers has focused solely on reducing barriers and promoting help-seeking. Thus, this study is significant in that it offers fundamental knowledge about the current situation and the internal differences between non-help-seekers, which has been lacking until now. Further, proposals for daily support for non-help-seekers and intervention programs are provided based on the results, which will have practical significance if future research on evaluating the effectiveness of the support proceeds.

However, there are several notable limitations to this study. First, because this is the first research conducted from the perspective of support for non-help-seekers, there was no established theoretical background to carry out this series of studies. To the best of my knowledge, there is no theoretically robust definition of non-help-seekers yet. Studies 5 and 6 detected non-help-seekers depending on latent classes and Study 7 divided participants by the average score of help-seeking frequency, but clear criteria are unestablished. The definition and identification of non-help-seekers who need support should be discussed from various perspectives in the future. Despite these difficulties, the current research was designed to draw from a wide range of research on adolescent mental health including non-help-seekers, and research in the area of help-seeking, stress coping, and social support. Although there remain many challenges, it is hoped that the present study will be the starting point for further research

to deeply understand non-help-seekers and elucidate the various factors related to their psychological adjustment.

Second, there is a lack of cultural diversity among the participants. The cultural and social background of this study is believed to be unique to Japan. For example, unique to Japan, most schools have nursing teachers who are responsible for maintaining the physical and mental health of students (Okada, 2011). Additionally, Japanese youth may prefer indirect approaches more than the youth in other countries, because Japanese people extensively use an indirect communication style (Pizziconi, 2009). Given the uniqueness of this context, it is necessary to conduct research in other cultures for comparison.

Finally, with an aim to propose novel ways of support for adolescent non-help-seekers, the current series of studies broadly examined three themes: understanding the current support for non-help-seeking students, an approach that promotes help-seeking behavior, and an approach that compensates for the low level of help-seeking. Important knowledge and several proposals were provided, but due to the lack of prior research and the limited time frame of the doctoral dissertation, it cannot be said that each theme was explored in depth. For example, the ideal method of Study 7 was to extract non-help-seekers from the profile identified in Study 5 and analyze their characteristics in detail. However, it could not be done due to time constraints. Moreover, there remains a gap between the studies' results in this dissertation and the interventions proposed as theoretically sufficient for non-help-seekers. In the future, it will also be necessary to collect empirical data that fills the gap including the effectiveness of the interventions, effect differences depending on the types of non-help-seekers, and effectiveness in different conditions such as the area of students' problem.

These limitations notwithstanding, the present research makes a significant contribution by shedding light on the psychology of non-help-seekers, which has not been previously discussed on the chopping block of research, and by providing basic knowledge for examining

support methods other than encouraging them to seek help. Because non-help-seekers are a nascent subject of research, there is a great deal that remains to be clarified. Further research is needed to explore a broader and deeper understanding of non-help-seekers, propose theories, and utilize the results of these studies in the society, including studies of more culturally or developmentally diverse samples, and studies to examine the differences of intervention effects by types or characteristics of non-help-seekers.

Concluding Remarks

The current dissertation aimed to explore a novel supportive approach for adolescent non-help-seekers and conducted a total of seven qualitative and quantitative studies. One of the remarkable contributions of this dissertation is that it identified internal protective factors for non-help-seekers' psychological adjustment. Another contribution is that it uncovered the current support from teachers to adolescent non-help-seekers. Teachers have tried to support non-help-seeking students' psychological health in a variety of ways other than recommending help-seeking. Although adolescent non-help-seekers do not open their mind to everyone, were not mistrustful of others; rather, most of them were sensitive to the words and actions of others who provided emotional support to them through their daily interactions. The results of this research also show that people who can simultaneously use multiple stress-coping strategies, active coping and help-seeking, have a higher degree of adjustment. However, even if a person understands the preferred method of stress coping as knowledge, there will still be those who choose not to seek help from others due to various internal and external factors. Integrating these findings, in addition to the efforts for encouraging adolescents to seek help, some occasional intervention programs and the utilization of daily teacher-student conversation are suggested. Expressing care through daily communication and enhancing internal factors, such as interpersonal trust and future perspectives, can be an alternative way to ensure the

maintenance of the psychological health of non-help-seekers while respecting their decisions. In this era where existing values are being revised in the blink of an eye, this research aiming “a new normal” where even people who cannot or do not want to seek help can stay healthy is only just beginning.

List of Relevant Publications

- Study 1: Amai, K. (in press) Adolescents' mental health problems, teacher support, and school adaptation: A qualitative analysis based on the Trajectory Equifinality Model. *International Journal of School & Educational Psychology*.
- Study 2: Amai, K., & Emi, K. (2021). Differences between helpful and unhelpful support for Japanese non-help-seeking adolescents: A qualitative analysis. *International Journal of School & Educational Psychology*.
- Study 3 & 4: Amai, K. (in press). 青年期前期の援助評価に対する情緒的援助期待の影響 [The influence of emotional-support expectation on support evaluation in adolescence]. *The Japanese Journal of Psychology*.
- Study 5: Amai, K., & Hojo, D. (under review). Adolescent psychological adaptation differences by stress-coping profiles: A latent transition analysis. *Anxiety, Stress, & Coping*.
- Study 6: Amai, K., & Hojo, D. (in preparation). Adolescent Coping Profile Transitions and Well-Being: A Latent Transition Analysis.
- Study 7: Amai, K. (2020). Variables affecting the school adaptation of secondary-school students who do not seek help: attachment, coping style, positivity, and prospects. *International Journal of Adolescence and Youth*, 25(1), 687-702.

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Appendix A. Participant Information Sheet for School Principals

東京大学大学院教育学研究科
研究実施者 天井 響子
指導教員 遠藤 利彦

「中学生の悩みへの対処方法に関する調査」へのご協力をお願い

拝啓 時下、ますますご清栄のこととお喜び申し上げます。

私は東京大学大学院教育学研究科の博士課程に所属し、教育心理学を専攻しております。この度、「非援助要請者の内的変化メカニズムと生涯発達の影響に基づいた新たな支援方法の構築」と題した私の研究の一環である調査へのご協力をお願いしたく、ご連絡いたしました。

私は、現在、中学生が悩みを持ったときの対処法に関する研究を行っております。中学生が悩み多き時期であることは自明であり、スクールカウンセラーの設置やフリースクール等の多様な選択肢の設置のような多岐に渡る社会的サポートが講じられています。ところが、緊急介入を要する場合を除き、現在の社会的サポートのほとんどは生徒が自ら訪問や相談をする「援助要請行動」を起こさなければ機能せず、約 20%程度いると指摘されている援助要請行動を起こさない生徒に関しては、研究がほとんど行われておりません。

そこで、本調査では、悩みを持ったときの対処法に関するアンケート、および、インタビューを生徒のみなさまに実施させていただくことで、悩みを持ったときの援助要請行動の違いやその背景要因、また発達への影響に関する実証的知見を提供し、心理的プロセスの解明と支援方法の改善に貢献することを目指しております。

調査は、学校の業務に支障をきたさないよう先生方のご指示にしたがって実施したいと考えております。実際の調査方法の詳細につきましては、別紙のようになっておりますので、ご覧ください。

つきましては、ご多忙のところ恐縮ではございますが、研究の趣旨をご理解いただき、ご協力いただきますよう、お願い申し上げます。

敬具

連絡先： 研究実施者 天井 響子
E-mail: kyoko-y@p.u-tokyo.ac.jp
TEL: 080-1399-8389

Appendix B. Consent Form for School Principals

同意書

東京大学 大学院教育学研究科長 殿

研究課題

「非援助要請者の内的変化メカニズムと生涯発達の影響に基づいた新たな支援方法の構築」

私は、上記研究への参加にあたり、説明文書の記載事項について説明を受け、これを十分理解しましたので本研究への研究に協力することに同意いたします。

以下の項目について、説明を受け理解しました。

- この研究の概要について
- 研究協力の任意性と撤回の自由について
- 個人情報の保護について
- 研究結果の発表について
- 研究参加者にもたらされる利益及び不利益について
- 研究終了後の資料等の取扱方針について
- 費用負担について

また、この学校に関わる資料等は、将来、新たに計画・実施される研究のために、長期間の保存と研究への使用に同意いたします。

はい
(本研究終了後も保存)

いいえ
(本研究終了時に廃棄)

平成 年 月 日

氏名 _____

Appendix C. Invitation to Potential Schoolteacher Interviewees (Study 1)

インタビューへのご協力について

2019年2月

向春の候、皆様におかれましては、ますますご清祥のことと心よりお喜び申し上げます。私は、中学生が様々な悩みに直面した際の対処方法や、自分から援助を求めない生徒に対する支援方法について研究をしております、天井響子と申します。この度、研究の一環として、次のような内容のインタビューの実施を計画しております。

以下をご一読いただき、本研究へのご協力についてご承諾いただけましたら、お手数ではございますが、同意書へのご署名の程、宜しくお願い致します。

■ インタビューについて

対象者： 中学校教諭 20名程度

内 容： 自分から援助を求めない生徒や、周りからの援助を受け入れない生徒に対して支援された経験や、その時のお考え等。

時 期： 2019年3月

時 間： 30～60分

場 所： 学校内の静かでプライバシーが確保される場所

■ 人権・プライバシーの保護について

- ・ インタビュー内容は、研究以外の目的で公表されたり、使用されたりすることはありません。
- ・ インタビュー中は録音させていただきますが、ご協力者様の意思によって部分的に中断することができます。また、インタビュー終了後にご協力を撤回することも可能です。その場合は、録音データを直ちに抹消し、研究には一切使用致しません。
- ・ 録音データは、パスワードをかけた上でセキュリティが保証されたクラウド上に保管し、紛失の恐れがある録音機器からは消去します。また、保管データも研究期間終了後に抹消します。
- ・ 学会・論文等で研究発表を行う場合において、個人が特定されうる情報は一切使用しません。

大変お忙しいところ、お時間を頂戴し誠に恐れ入ります。必ず、これからの中学生の支援のため有益な研究に致します。心配な点がございましたら、何なりとお知らせください。

独立行政法人 日本学術振興会 特別研究員
東京大学大学院 教育学研究科 博士課程
天井響子 (指導教員：遠藤利彦)

Appendix D. Consent Form for Schoolteachers (Study 1)

研究参加への同意書

私は、研究の目的と方法、プライバシーの保護について、下記の説明を受けました。

1. このインタビューは、自分から援助を求めない生徒に対する支援方法に関する研究の一環である。
2. インタビューでは、自分から援助を求めない生徒や、周りからの援助を受け入れない生徒に対して支援された経験や、その時に考えていたことについて話をする。
3. 研究への参加は、自分の意思によって判断できる。
4. 研究への参加は、既に開始した後であっても、自分の意思によって中断できる。
5. インタビューは、同意した場合に録音される。録音は、開始後も自分の意思によって中断することができる。
6. 録音データは、他者の目に触れないように管理され、研究終了後は速やかに破棄される。
7. インタビュー内容は、この研究以外の目的で使用されることはない。
8. 研究結果は、学会や学術雑誌で発表される。
9. 研究結果の発表時には匿名性を守り、個人が特定されないことが保証される。

私は、上記の説明について理解し、研究に参加することを同意します。

2019年 月 日

研究協力者（ご署名）

私は、研究協力者へ上記の説明を行い、同意を頂きました。

研究協力者を尊重し、ご負担のないように研究を行うよう努めます。

2019年 月 日

研究者（署名）

Appendix E-1. Interview Questions for Schoolteachers (Study 1) in Japanese

このインタビューは、個人的な経験についてお尋ねするので、答えたくない質問には答えなくて結構です。また、途中で中止したくなった場合は、遠慮なくお知らせください。何か質問はありますか？では、録音を始めます。

1. 最も印象に残っている非援助要請者とのかかわり

これまでの教員経験で、支援を要すると考えられるのに自分から他者に援助を求めないお子さんや、他者からの援助を受け入れないお子さんはいらっしゃいましたか？

その中で、最も印象に残っている生徒さんとのかかわりについて伺います。

- 1) その生徒さん（*さんとします）と出会ったのは、何年ほど前ですか？
- 2) *さんとの関係を教えてください。
- 3) *さんは、どんな生徒さんでしたか？
- 4) どのような点で、*さんに支援が必要であると判断されましたか？
- 5) *さんの抱えていた問題は、どのようなものでしたか？
- 6) その問題に最初に気づかれたのはいつ頃ですか？
- 7) 問題を認識した時、まずどんなことを考えましたか？
- 8) 先生が行動を起こしたことはありましたか？
- 9) それに対して、*さんはどのように反応しましたか？
- 10) *さんの反応を受けて、どんなことを考えましたか？
- 11) その後、どうしましたか？ ⇨ 問題の帰結、または卒業までの相互作用を詳細に伺う。
- 12) 最終的に、*さん自身や周囲の状況はどのように変化しましたか？
*さんの問題はどうなりましたか？
問題に対する*さん自身の捉え方はどうなりましたか？
*さんが内面的・精神的に変化したなど感じられたエピソードはありますか？
*さんを取り巻く環境に変化はありましたか？
- 13) 素直に援助を受け入れやすい生徒さんとのかかわりと比べて、*さんとかかわる時に配慮していたことはありますか？
- 14) *さん自身の性格や、周囲の人、環境など様々な要因が関連して最終的に状況が改善した（変わらなかった）と思いますが、先生は*さんが変化したこと（しなかったこと）の要因は何が大きかったと考えますか？
- 15) 今、*さんとのかかわりを振り返って、こうすればよかったな、と思う点がありますか？

2. 最初の事例と帰結が異なる非援助要請者とのかかわり

先程お話ししてくださった*さんは、支援の結果として（…）になりましたが、（…）にならなかった生徒さんはいらっしゃいましたか？その方とのエピソードを伺います。
⇒1)へ

3. 最後に

自分から援助を求めなかつたり、他者からの援助を受け入れなかつたりする生徒さんをどう支援できるか？というのは、教員経験の長短に関わらず難しい課題だと思いますが、先生のご経験から、そのような生徒さんを支援する必要がある時に最も大切なことは何だと思われますか？

以上でインタビューは終了です。ご協力、ありがとうございました。

Appendix E-2. Interview Questions for Schoolteachers (Study 1) in English

In this interview, I will ask you about your personal experiences, so you do not have to answer questions that you do not want to answer. If you want to stop in the middle of the interview, please don't hesitate to let me know. Do you have any questions? Now let's begin the recording.

1. Most memorable non-help-seeking student

Have you met any student who was considered to need help but did not seek help from others or accept help from others? (answer) I'd like to ask you about the most memorable that kind of student for you.

- 1) How long ago did you meet that student?
- 2) What was your relationship with him/her?
- 3) What kind of student was he/she?
- 4) Why did you think that he/she needed support?
- 5) What were the problems that he/she had?
- 6) When did you first become aware of the problem?
- 7) When you recognized the problem, what was the first thing you thought about?
- 8) Did you take action at that time?
- 9) How did he/she respond to that?
- 10) What did you think toward the response of him/her?
- 11) What did you do after that? (Ask details of interaction until the consequences of the problem or the end of their relationship.)
- 12) How did his/her and his/her surroundings change in the end?
 - What happened to his/her problem?
 - Did his/her perception of the problem change?
 - Any episode in which you felt that he/she changed mentally?
 - Have you noticed any changes in the environment surrounding him/her?
- 13) Do you think you cared him/her differently from for other students? How?
- 14) What do you think was the biggest factor effected the consequence?
- 15) Is there anything you wish you had done differently?

2. Another non-help-seeking student with different consequences from the first case

Do you remember another non-help-seeking student with different consequences from the first case? (If yes,) I will ask you about your story with that person. ⇔ 1)

3. Finally

From your experience as a teacher, what do you think is the most important thing to do when you need to help this kind of students?

That concludes the interview. Thank you for your cooperation.

Appendix F. Invitation to Potential Secondary-school-student Interviewees (Study 2)

インタビューご協力をお願い (中学生の方へ)

2019年1月

いつもアンケートへ回答していただき、ありがとうございます。私、天井響子は、中学生のみなさんが様々な悩みに直面したときの対応方法について研究をしています。その一部として、3月に次のような内容のインタビューをさせていただきたいと考えています。

以下をお読みになり同意していただけたら、ご署名の上、配布日より一週間以内を目処に同意書を担任の先生へ提出してください。ぜひ、ご協力をよろしくお願い致します。

■ インタビューについて

対象者：1・2年生 各10名程度

※たくさんの方がご協力を承諾して下さった場合は、男女比や学級のバランスを考え、一部の方へ実施をお願い致します。

内 容：悩みがあるときの行動や、そのとき感じたり考えたりしたこと。

時 期：2019年3月18(月)・19(火)・22(金)・23(土)・25(月)のいずれか。

時 間：お一人につき15分程度(平日の放課後、23日のみ午前中)

場 所：学校内の静かでプライバシーが確保される場所(学校側と相談してお知らせします)

謝 礼：東京大学オリジナル文房具(東京大学ノート、UTOKYO シャープペン)

■ 人権・プライバシーの保護について

- ・インタビューの内容は、先生や保護者に知らされたり、研究以外の目的で使用されたりすることはありません。
- ・インタビューは録音させていただきますが、あなたご自身の意思によって部分的に中断することができます。また、インタビュー終了後に気持ちが変わった場合、ご協力を取り下げることとも自由です。その場合は、録音データを直ちに消去し、研究には使用しません。
- ・録音データは、他の人に聞かれないよう管理・保護し、研究終了後はすぐに消去します。
- ・研究を学会などで発表するときは匿名化し、個人が特定されうる情報は一切使用しません。

心配な点がありましたら、学校の先生を通してお問い合わせください。

東京大学大学院 教育学研究科 博士課程
天井響子
(指導教員：遠藤利彦)

Appendix G. Participant Information Sheet for Interviewees' Parents (Study 2)

お子様のインタビューへのご協力について (保護者の方へ)

2019年1月

厳寒の候、皆様におかれましては益々ご清祥のこととお喜び申し上げます。私は、浪打中学校の卒業生であり、中学生が様々な悩みに直面した際の対処方法について研究をしております天井響子と申します。この度、研究の一環として、貴校で次のような内容のインタビューを実施することとなりました。以下をご一読いただき、本研究へのお子様のご協力についてご承諾いただけましたら、お手数ではございますが、配布日より一週間以内を目処に同意書にご署名を頂けますよう宜しくお願い致します。

■ インタビューについて

対象者：1・2年生の男女各10名程度

※実施可能時間に制限があるため、多数の方がご協力を承諾してくださった場合は、

男女比や学級のバランスを考え、一部の方へ実施をお願い致します。

内 容：悩みを持った際にとった行動や、そのとき考えたこと等。

時 期：2019年3月18(月)・19(火)・22(金)・23(土)・25(月)のいずれか。

時 間：お一人につき15分程度(平日の放課後、23日のみ午前中)

場 所：学校内の静かでプライバシーが確保される場所(学校側と相談してお知らせします)

謝 礼：東京大学オリジナル文房具(東京大学ノート、UTOKYO シャープペン)

■ 人権・プライバシーの保護について

・インタビュー内容は、研究以外の目的で公表されたり、使用されたりすることはありません。

・インタビュー中は録音させていただきますが、ご協力者様の意思によって部分的に中断することができます。また、インタビュー終了後にご協力を撤回することも可能です。その場合は、録音データを直ちに抹消し、研究には一切使用致しません。

・録音データは、パスワードをかけた上でセキュリティが保証されたクラウド上に保管し、紛失の恐れがある録音機器からは消去します。また、保管データも研究期間終了後に抹消します。

・学会・論文等で研究発表を行う場合において、個人が特定されうる情報は一切使用しません。

ご心配な点がございましたら、学校の先生を通してお問い合わせください。

独立行政法人 日本学術振興会 特別研究員
東京大学大学院 教育学研究科 博士課程
天井響子 (指導教員：遠藤利彦)

Appendix H. Consent Form for Student Interviewees and Parents (Study 2)

研究参加への同意書

私は、研究の内容、人権・プライバシーの保護について、下記の説明を受けました。

10. このインタビューは、中学生が悩みに対してとった行動やそのときの気持ちに関する研究の一環である。
11. インタビューでは、悩みを持ったときの経験、その時に感じたことや考えたことについて話をする。
12. 研究への参加は、協力者の意思によって判断できる。
13. 研究への参加は、既に開始した後であっても、協力者の意思によって撤回できる。
14. インタビューは、同意した場合に録音される。録音は、開始後も協力者の意思によって中断することができる。
15. 録音データは、他者の目に触れないように管理され、研究終了後は速やかに破棄される。
16. インタビュー内容は、この研究以外の目的で使用されることはない。
17. 研究結果は、学会や学術雑誌で発表される。
18. 研究結果の発表時には匿名性を守り、個人が特定されないことが保証される。

私は、上記の説明について理解し、研究へ参加することに同意します。

年 月 日

研究協力者（ご署名） .

私は、上記の説明について理解し、息子/娘が研究へ参加することに同意します。

年 月 日

研究協力者の保護者（ご署名） .

私は、研究協力者、および、その保護者へ上記の説明を行い、同意を頂きました。

研究協力者を尊重し、ご負担のない研究を行うよう努めます。

年 月 日

研究者（署名） .

Appendix I. Invitation to Potential Young Adults Interviewees (Study 2)

研究協力者募集

■ 内容

- ・インタビューへの回答（中学生前後の時期に悩みを持った時の行動、そのとき感じたり考えたりしたこと。また、周りの人がしてくれて嬉しかったことや、嫌だったことなど。）
- ・簡単なアンケートへの回答

■ 求める人材

- ・心身ともに健康で、小5～高校生の中に悩みや困りごとを誰にも言わなかった経験がある20～30代の方 ※勉強・人間関係など、悩みの内容は問いません。

■ 日時

- ・8～9月の平日 10:00～17:00の間でご都合のよろしい1時間（応相談）

■ 場所

- ・東京大学赤門からすぐのプライバシーが確保された研究室

■ その他

- ・インタビューの内容が研究以外の目的で使用されることはありません。
- ・研究を学会等で発表する場合も、個人が特定されうる情報は一切使用しません。
- ・インタビューは録音させていただきますが、部分的に中断することができます。また、インタビュー終了後に、特定箇所を研究に使用しないよう取り下げることが可能です。
- ・録音データは、他者に聞かれないよう管理・保護し、研究終了後はすぐに消去します。
- ・悩みに対する行動や他者の反応についてお話を伺いますが、悩みそのものについて具体的に掘り下げて伺うことはありません。
- ・ご心配な点がある場合は、<https://ux.nu/HYS1J>より遠慮なくお問い合わせください。

■ 謝礼:

- ・アマゾンギフトカード 1,500円分

研究実施者：天井響子

（遠藤利彦研究室 後期博士課程2年）

※本依頼は、天井個人の研究に関するものです。

Appendix J. Consent Form for Young Adult Interviewees (Study 2)

研究参加への同意書

私は、研究の目的と方法、プライバシーの保護について、下記の説明を受けました。

1. このインタビューは、中学時代に悩みに対してとった行動やそのときの気持ちに関する研究の一環である。
2. インタビューでは、悩みを持ったときの経験、その時に感じたことや考えたことについて話をする。
3. 研究への参加は、自分の意思によって判断できる。
4. 研究への参加は、既に開始した後であっても、自分の意思によって中断できる。
5. インタビューは、同意した場合に録音される。録音は、開始後も自分の意思によって中断することができる。
6. 録音データは、他者の目に触れないように管理され、研究終了後は速やかに破棄される。
7. インタビュー内容は、この研究以外の目的で使用されることはない。
8. 研究結果は、学会や学術雑誌で発表される。
9. 研究結果の発表時には匿名性を守り、個人が特定されないことが保証される。

私は、上記の説明について理解し、研究に参加することを同意します。

2019年 月 日

研究協力者（ご署名）

私は、研究協力者へ上記の説明を行い、同意を頂きました。

研究協力者を尊重し、ご負担のないように研究を行うよう努めます。

2019年 月 日

研究者（署名）

Appendix K-1. Interview Questions for Secondary-school Students (Study 2) in Japanese

このインタビューは、個人的な経験についてお尋ねするので、答えたくない質問には答えなくて結構です。また、途中で中止したくなった場合は、遠慮なくお知らせください。何か質問はありますか？では、録音を始めます。

1. 1番最近の悩みどんなことですか？
2. その悩みについて、誰かに話したことはありますか？
(はい) 誰に話しましたか？
なぜ話す相手としてその人を選んだのですか？
(その人に悩みを話すようになったきっかけはありましたか？)
いつも悩みを人に話しますか？
悩みについて人に話さなかったり、話せなかったりしたことはありますか？
その時に誰にも話さなかった/話せなかったのはなぜですか？ (⇒ 3へ)
(いいえ) 悩みがあっても誰にも話さないことが多いですか？
悩みを話さない理由は何ですか？ (⇒ 3へ)
3. あなたが悩みについて話していないのにもかかわらず誰かがしてくれたことで、嬉しかったことや役に立ったことはありましたか？
(はい) それは、誰のどんな言動でしたか？
そのとき、どんな気持ちになりましたか？
その人の言動を受けて、考え方や行動は変わりましたか？
(いいえ) ⇒ 4へ
4. あなたが悩みについて話していない時に誰かがしたことで、嫌だったことはありましたか？
(はい) それは、誰のどんな言動でしたか？
そのとき、どんな気持ちになりましたか？
その人の言い方や行動がどうだったら嫌じゃなかったと思いますか？
(いいえ) ⇒ 5へ
5. 最後に、悩みを誰にも話していない時に、自分でやってみてよかったことはありますか？

以上でインタビューは終了です。ご協力、ありがとうございました。

Appendix K-2. Interview Questions for Secondary-school Students (Study 2) in English

In this interview, I will ask you about your personal experiences, so you do not have to answer questions that you do not want to answer. If you want to stop in the middle of the interview, please don't hesitate to let me know. Do you have any questions? Now let's begin the recording.

1. What was the most recent problem for you?
2. Have you ever talked to anyone about these problems?
Yes: Who have you told to?
Why did you choose that person?
(Was there any trigger you talked to that person about your problems at first?)
Do you usually talk to someone about your problems?
Have you ever not talked to anyone about your problems?
Why didn't/can't you tell anyone at the time? (⇒ 3)
No: Do you often not talk to anyone about your problems?
What was the reason for not talking about your problems? (⇒ 3)
3. Was there any behavior of others that made you happy or helped you even though you didn't talk about your problems?
Yes: What was the behaviors, by whom?
How did you feel at that moment?
Do you think that person's words and actions have affected your thinking and behavior?
No: ⇒ 4
4. When you weren't talking about your problems, was there any behavior of others that you didn't like that?
Yes: What was the behaviors, by whom?
How did you feel at that moment?
How should have that person change his/her attitude for not to make you mad?
No: ⇒ 5
5. Finally, when you haven't told anyone about your problems, what are some of the best things you've done on your own?

That concludes the interview. Thank you for your cooperation.

Appendix L-1. Guiding Interview Questions for Young Adults (Study 2) in Japanese

このインタビューは、個人的な経験についてお尋ねするので、答えたくない質問には答えなくて結構です。また、途中で中止したくなった場合は、遠慮なくお知らせください。何か質問はありますか？では、録音を始めます。

1. 中学時代の悩みとして印象に残っているのはどんなことですか？
2. その悩みについて、誰かに話したことはありますか？
(はい) 誰に話しましたか？
なぜ話す相手としてその人を選んだのですか？
(その人に悩みを話すようになったきっかけはありましたか？)
いつも悩みを人に話しますか？
悩みについて人に話さなかったり、話せなかったりしたことはありますか？
その時に誰にも話さなかった/話せなかったのはなぜですか？ (→3へ)
(いいえ) 悩みがあっても誰にも話さないことが多いですか？
悩みを話さない理由は何ですか？ (→3へ)
3. あなたが悩みについて話していないのにもかかわらず誰かがしてくれたことで、嬉しかったことや役に立ったことはありましたか？
(はい) それは、誰のどんな言動でしたか？
そのとき、どんな気持ちになりましたか？
その人の言動は、あなたの考え方や行動にどんな影響を与えたと思いますか？
(いいえ) →4へ
4. あなたが悩みについて話していない時に誰かがしたことで、嫌だったことはありましたか？
(はい) それは、誰のどんな言動でしたか？
そのとき、どんな気持ちになりましたか？
その人の言い方や行動がどうだったら嫌じゃなかったと思いますか？
その人の言動は、あなたの考え方や行動にどんな影響を与えたと思いますか？
(いいえ) →5へ
5. 当手を振り返って、「もっと周りの人にこうしてもらえたらよかったのに」と思うことはありますか？
6. 当時は意識していなかった他者の言動や、嫌だと思っていた他人の言動の中で、今思うと長期的にはあなたに良い影響を与えていることはありますか？
7. 最後に、悩みを誰にも話していない時に、自分でやってみてよかったことはありますか？

以上でインタビューは終了です。ご協力、ありがとうございました。

Appendix L-2. Guiding Interview Questions for Young Adults (Study 2) in English

In this interview, I will ask you about your personal experiences, so you do not have to answer questions that you do not want to answer. If you want to stop in the middle of the interview, please don't hesitate to let me know. Do you have any questions? Now let's begin the recording.

1. What was the most memorable problem you had in middle school?
2. Have you ever talked to anyone about these problems?
Yes: Who have you told to?
Why did you choose that person?
(Was there any trigger you talked to that person about your problems at first?)
Do you usually talk to someone about your problems?
Have you ever not talked to anyone about your problems?
Why didn't/can't you tell anyone at the time? (⇒ 3)
No: Do you often not talk to anyone about your problems?
What was the reason for not talking about your problems at the time? (⇒ 3)
3. Was there any behavior of others that made you happy or helped you even though you didn't talk about your problems?
Yes: What was the behaviors, by whom?
How did you feel at that moment?
Do you think that person's words and actions have affected your thinking and behavior?
No: ⇒ 4
4. When you weren't talking about your problems, was there any behavior of others that you didn't like that?
Yes: What was the behaviors, by whom?
How did you feel at that moment?
How should have that person change his/her attitude for not to make you mad?
Do you think that person's words and actions have affected your thinking and behavior?
No: ⇒ 5
5. Is there anything you think “it would be better if that person behaved differently at that time”?
6. Is there any behavior of others that brought you positive influence even if you weren't aware of or you didn't like that at the time?
7. Finally, when you haven't told anyone about your problems, what are some of the best things you've done on your own?

That concludes the interview. Thank you for your cooperation.