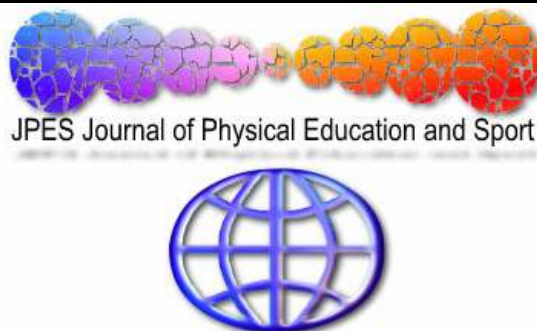




Online Publication Date: 20 June, 2010

ORIGINAL RESEARCH

HEALTH AND FITNESS: A BRIDGE BETWEEN KNOWLEDGE AND SUBJECTIVE MEANING

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Abstract

The pedagogical perspective is now acquired the undoubted importance that, when referring to the learning processes of those in children, the interconnection between those that are defined in informal and formal knowledge. The first relate to the meanings that they attach to their own subjects, and external events, according to their cultural coordinates of reference within their life contexts. The second concern the powers that come to these same phenomena from the acquisition of concept maps and behavioral patterns related to the knowledge transmitted and practices called for in educational institutions, aspects that have formalized and generalized.

This approach has been applied in our case, the issues of health and well-being and interventions of their promotion in the school, whereas youth. In other words, the application of this perspective leads to say that such interventions, intended to encourage the construction of formal knowledge on these issues (from which to derive changes in our behavior), must in the first instance to consider the meanings attributed by young these issues involving their personal development and social meanings derived from their cultural contexts (informal knowledge).

keyword: health, quality of life, health and physical activities

Introduction

The deep and detailed analysis of these meanings is therefore necessary to give effect to implementing preventive interventions in schools, engaging projects and practical training in the cultural horizons of young people in order to solicit their motivations and their interests. Preventing it means to act for the preservation and maintenance of health, enacting forms of communication and relationship with young people, which are very effective in their effects, and they are not perceived as cultural overlaps far from their mental processes and their experiences. Furthermore, it seems increasingly to belong to the collective consciousness the awareness that prevention not only can contain the damage and suffering to come, but also makes it less heavy social costs necessary for the implementation of interventions to support and care to be paid back when the loss Health has already occurred.

The effectiveness of prevention must be based primarily on major conceptual coordinates, which assume significance in the introduction of health as a set of features on the whole person, integrating the bio-psycho-social components that allow life. Secondly, it should be a shared sense of health concerns, not an isolated individual, but placed in different contexts to report on various cultural dimensions, in different physical environments, natural, urban, which in turn contribute, or threaten individual health.

Prevention comes first set (or put) in place in the educational base, such as family and school. However, compared to the variability of family cultures, and importantly, the school is the only social institution involved in education and education of children, adolescents and youth, and is therefore the main institutional context in which to propose effective preventive interventions on the developmental age.

It should be noted that in perspective that is pointing in this paper the focus is precisely to prevent solicited from educational projects aimed at school to the entire youth population, and not only by actions that relate to the containment of phenomena of concern more or less already severe in some groups of pupils. These

actions, while necessary and equally important, however, lie in retrospect, when the critical phenomena are already present in part or in whole. Such intervention is thus repair and should be considered in their specificity, referring to forms of maladaptive youth, divided into various forms of manifestation (drug addiction, aggression, anti-social, etc.).

Although present in many Italian schools initiatives in prevention, we can say that there is still a serious delay in activating appropriate preventive projects implemented through the promotion of educational initiatives designed, disseminated and, above all, permanent. Although in recent decades are discussed, more and more the importance of prevention, and the school is mentioned as the social institution in which the interventions in this field can involve all the young people, apparently still a long way to go.

And 'our conviction, however, that even with more "profound and widespread their effectiveness would be weakened without the adoption of the intervention model that is being analyzed in this paper, ie in the absence of prior and ongoing negotiation of meaning between adults and young people, and not just at school, but in any relational context (education, nursing, social sense above), in which adults and young people, or more generally, subjects are more varied. Meet attempt to pursue the development of health and well-being for all sections of the human population. This negotiation is possible if interventions designed and implemented by adults (in our case by the school teachers wishing to promote educational projects in this area) leave, in the introduction, the analysis of the meanings attributed by young people to these essential for personal development and communities, meaning they have drawn on their cultural context.

If we assume the principle that training plans are important for the development of young people (which should involve more classes in the school, if not the whole school) should be based on the analysis of meaning already present in the recruitment of students, it becomes evident ' importance of exploring these meanings (defined precisely informal). From the perspective of the research presented in this paper, arises at this point two problems. The first is to refer to a literature that justifies the importance of cultural reference in the construction of knowledge of young people that construction is explicit in all the meanings they attach to internal and external reality (see point 2). The second problem is to identify the most appropriate arrangements to enable young people themselves to make posters, adopting methods that present survey reliability, in our case reported to the health and well-being (see also point 3).

THE PERSPECTIVE CONSTRUCTION MEMBER

The first issue of further consideration, as stated above, the reference to prospects that justify the importance of cultural context in the process of mental development and cognitive development in the 'evolution of subjects.

Here, we intend to refer to some psychological theories, which, although not designed specifically with reference to health issues, can be called to deepen this step. We refer specifically to the theories of cultural psychology, which from the perspective of the Russian psychologist L. Vigotskij (1896-1934), they found, especially in the last thirty years, significant development in American psychological research (J. Bruner, M. Cole can be considered well-known scholars from relevant reference) and European (Bruner, 1990.1996; Cole, 1996).

According to these theories are inter-psychological relations and cultural and social affiliations that create the material basis for the development of individual knowledge, and then adults who are in contact with the subjects in children (in educational institutions) play a significant role in support the development of these same subjects, in the proposal of the cultural models of reference. The cultural, and relational, interacting with the development of individual thought and are permanent area of interdependencies between culture, social groups that send children and youth, and developing them.

In this perspective, mental processes are in the first instance perpetually stimulated by cultural membership (the fact that cultures offer from J. Bruner is called the "toolbox" because these processes dynamic subjectively), and is therefore interesting to ask If there arises an educational perspective, as should be designed and implemented training interventions in classroom settings because these "cultural artifacts", these meanings already present in cognitive dimension of students according to their cultures of belonging can be enhanced and conjugated with the processes of school learning (Carugati Selleri, 2001).

Since cultures of belonging are woven of multiple systems of meaning, which (if it refers to entities in children) are mostly mediated within intergenerational relationships, the creation and negotiation of meaning between adults and individuals in development (including young people) on the side allows the construction of identity and the subjective sense of individuality, while, in the social, this creates the negotiating history of cultural change.

This perspective aims at understanding the development of complex mental processes. This complexity is not only stimulated by the multiplicity of systems of meaning present in the cultures of reference (think to anthropologists like C. Geertz and U. Hannerz), but also by the many forms of development of the mind in each individual (the reference is to the psychologist H. Gardner with his theory on multiple intelligence). The game

and the intertwining of these multiple paths of meaning leads to recall both the phenomenological aspects of human relationships (as it is expressed in the mediation between systems of meaning expressed in cultures and development of the individual) and a more large complexity of mental forms through which the thought develops and knowledge is developed (Gardner, 1987; Geertz, 1998; Hannerz, 1998).

This is to enhance the relationship between cultural complexity and social organization of the processes of signification, referring to the primary matrix of the flow of meanings within and between social groups and peoples emerging from 'set of cultural interactions on which organizes the social dimension. According to U. Hannerz culture is interwoven "... meanings that people create, and that in turn create people as members of a society ..." (Hannerz, 1998, 5) "... (The) distribution of items cultural population structure is a matter of cultural meanings people give such a distribution (including these otherwise distributed) that are more or less correct, and that set of differences. The main implication of the idea of culture as a distribution organization of diversity is not simply to remember the fact that individuals are not all equal, but rather that people are faced with the meanings of others, namely that exist in the environment of a person, meanings and forms on which significant others individuals, groups, or groups have more claims, but to which everyone is in a sense asked to give an answer ... " (Ibid., 21-22)

If we refer to these brief notes, it is reasonable to say that compared to the issues and world events, cultures belonging to operate in the proposed interpretations (significant forms) and explanations (meaning) that are mediated in the first instance within intergenerational relations, but which continue to be the land of interpersonal exchange in any type of human relationship.

Each report can therefore be considered an interactive trail to negotiate meanings so, returning to the issue of health and meanings that can be attributed to it by the youth, should be reported and the following steps. There are first meanings of this term present in adults who come into contact with the subjects in childhood (both parents, teachers, doctors or others), just as there are meanings found in general reference cultures to which these same adults belong and that they mediate for young people. Conversely, on the other hand there are also meanings of health in patients in children, that those same adults have received interpretation, but from which they draw on to construct their own meanings of this essential aspect of physical life and mental meanings solicited from other informational sources that young people today use (media, new technology) or their subcultures group reference.

In every area where action is taken to prevention (protection and maintenance of health), or implement care interventions, meaning negotiation that all stakeholders have to be explicit. If we refer to the school context, this means promoting among teachers and students which might be called Alliance for Health. This alliance has as its premise the exchange of views between the speakers, making explicit the expectations and discuss common strategies to achieve goals that must be shared, because they were considered useful to be pursued by all relevant players.

If our attention is turning to younger age groups, and especially if the reflections are focused on the exposed side of prevention groped need to know in depth the meanings young people attach to health and well-being. Deficiency which must be filled is that of knowing what they are meanings attributed to these essential aspects of their growth and their development, to give them the stature and dignity of actors able to negotiate meanings with others with whom they come into contact in educational contexts.

THE CONSTRUCTION OF MEANINGS FOR HEALTH AND WELL-BEING

In most of the literature that focuses on research concerning the methods of construction of meaning on the health and well-being (well-being), the focus is mainly on the analysis of this second condition (note the well-being) as an explicit indicator of the presence of health. The studies tend to consider the meanings that are developed in this regard related to the presence, or lack of general equilibrium condition bio-psycho-social, relate to the quality of life of each person, groups or entire societies.

In the first case the meanings are built by derivation from an experience of positive well-being, in seconds as opposed to a condition more or less severely lacking on this floor. Of these meanings also have meanings more complex and extensive than those related to the subjective situation, since the condition is related to individual coordinates environmental and socio-cultural context that determine the quality of life, and therefore affect personal health and collective.

Regarding the construction of these meanings, we can therefore identify two research approaches in dealing with this problem, approaches that focus respectively on the side of more external conditions, or more towards the subjective conditions. The first approach poses the question in terms of social indicators of well-being (social well-being), in other words, the meanings attributed to this state from cultures to which it belongs. The second approach focuses on the meanings that individuals attach to the well-being (subjective well-being)

Since the original studies by F. Andrews and S. Withey (1976) until the most recent CLKeyes (1998) placed in the first research area is focused on just the socio-cultural effects on the subjective perception of well-

be (such as models of social realization, acceptance, belonging, inclusion, that convey the meanings found in the dominant cultures of reference).

In the second area, which saw a much wider development of formulations and empirical tests (eg Brief et al, 1993; Brunstein et al, 1993, Feist et al, 1995), are part of the research aimed to investigate the meanings that subjects attributed to the well-being, is trying to detect individual differences. There is no doubt that a matrix of these variations makes reference to the plane of the meanings attributed to that condition, as background to cognitive behavior occurs.

Many other studies correlate the development of personality with the subjective well-being (Emmons and Diener, 1985; Headey and Wearing, 1989; Omodei and Wearing, 1990, Diener and Fujita, 1995), identifying personality traits (such as the ' intelligence, emotional stability, the imaginative ability, extraversion, self-sufficiency, self-control) interacting with the well-being. According to this research (based on theories defined top-down theories) is the personality of the subject leads him to react in a positive or negative, to external situations. Considering the well-being identified with the life satisfaction, have for some time that different from other theoretical approaches (bottom-up theories), they considered satisfaction as the sum of moments satisfactory in various conditions of existence in certain areas (family financial situation, etc.).

Efforts are being made to apply to research an integrated model of the two theoretical approaches, and some of them try to investigate the correlation between this model and the analysis of whether the well-being. In other words you want to understand how the personality of the person and external events (which encourage, or contrast, the well-being) affects the health of the subject, and its meanings are assigned by the same person.

Even more specifically as regards health (which can therefore be considered the key component of well-being), there are different meanings attributed to it, which determine the behavior of individuals and groups. Precisely for this reason is found not only the complexity of prevention, but also its effects, which, being experienced differently by individuals, it does not provide the necessary durability, which would involve the modification of behavior more or less at risk . The same psychological research directed to investigate this issue (Taylor, 1990) indicates the need for a reconceptualization of the terms of health and disease, and notes that promoting health in the contemporary needs of a changing behavior, resulting not only from new lived on an emotional level, but also new concepts at the cognitive.

THE DESIGN OF AN EMPIRICAL RESEARCH

Considering all the issues reported so far, at the Faculty of Psychology, University of Padua, created in 1997 a research team (composed of educators and psychologists) coordinated by one of the authors of this paper (R. Semeraro). The research aims to analyze the meanings attributed by young people to the health and well-being, so that prefigured prevention initiatives in schools, based on constant negotiation of meaning among the actors involved.

The research is based, in the introduction, the acquisition of certain coordinates considered valid based on the acquired theoretical and experimental approaches (see previous paragraphs of this essay).

First assume that education, as a process characterizing relations between the generations, can not be fully effective if cultural models offered by adults do not meet the attribution of meaning that characterize the forms of knowledge of those in children and orient behavior.

The second premise is that the education of young generations, and plans to complete the training program (such as those of health education in schools) should be seen as dynamic processes that should allow for continuous mediation between the meanings that young develop within the cultural and environmental contexts of reference (meaning that they organize themselves into what are called informal knowledge) and formal knowledge, more general and elaborate. It shows the importance of investigating the informal knowledge of students, as well as detect whether the families of specific meanings (in this case they refer to the health and well-being) are a consequence of differences in their cultures of reference (in our If identified in different urban cultures). For this reason the research (after the preliminary stages of development and calibration of the instrument of investigation) is addressed to young people attending the last years of secondary school (aged between 17 and 19 years), placed in different urban environments (cities of Milan, Taranto and Venice) and several secondary addresses.

Considering the approaches of investigation reference (presented in paragraph 3 of this essay), the comparison between different groups of young suspects, in the three cities would have to answer the following questions: a) the meanings attributed to the health and well-being by these same young people were differentiated according to the urban environment (with reference to bottom-up theories), or if you would predispositions configured to attach more significance related to the personality of adolescents as such, that their conditions Life (in reference to top-down theories), less possible if the differences between the groups were not found to be relevant and statistically significant

The young people surveyed were about 700 during the pre-search (for the construction and calibration of the instrument used) and 1200 in the research phase itself (with 400 groups in three cities under consideration, equally divided between males and females)

Analysis of the data (presented briefly in the next section 5 of this paper) there are interesting indications that, for example, the meanings attributed to the health and well-being in general, focus more on qualitative (with attributes of state or process conditions) and involving (in their construction), in turn, plans of sensation, perception, representation and so on. In other words, the health and well-being of young people are assigned meanings that express the connection between states (current conditions in the subject) and dynamic (tension simultaneously in the same subject) oriented balance and harmonization between the physical conditions, psychological and mental health of the person. Even when they are asked to assign meanings to the health and well-being related to their life contexts, such meanings reflect the centrality of attention refers to the subjective conditions rather than external conditions that promote health and individual well-being.

Contrary to what happens in American research, many of which are directed to explore what the external conditions that can generate well-being in people and almost never referred to the young, emerge from the research data presented here stress the components more representational and conceptual construction of meaning (components that could be defined more related to personality traits of young people and gender identity), which have extensive and explicit references to the external environment, although some issues are highlighted significant differences between groups of youth three cities.

The data, although support the effective adoption of a mixed model in process of construction of meanings related to the health and well-being (a cross between top-down and bottom-up theories) tend to emphasize more the 'importance that the internal components of personality and gender identity (differences between males and females) in the design and construction of these meanings.

The reference to these results could result in schools that, in the design and implementation of interventions aimed at prevention, through the spread and practice of educational experiences aimed at promoting health and well-being in young people, attention teachers go in the first instance issues related to age and sex among young people, encouraging them to make explicit the meanings they attach to these words, as well as oriented to combine considering the cultural contexts in which they live

RESEARCH AND ITS RESULTS

THE CONSTRUCTION OF THE QUESTIONNAIRE

The first protocol of investigation was built by a research group, created in 1997 and coordinated by Prof. Raffaella Semeraro, consisting of educators and psychologists. For the construction of the questionnaire refers to the integrated model of theory top-down and bottom-up, respectively, which indicate the meanings of health and well-being divorced from context and placed in context. The objectives of the survey are configured in the collection of data on the meanings attributed by adolescents to the health and well-being in general (top-down-theories). These meanings are also considered in assigning to their well-being in specific circumstances (holidays, leisure), and in particular contexts of life (school, friends, family), as well as allocated, according to the subject, mass-media (bottom-up theories). In this first phase, requiring free responses from the subjects.

Initial survey were then collected for writing about the meanings expressed by 200 subjects (between 17 and 19) stimulated by incomplete sentences such as: "For me the meaning of health corresponds ..." "For me the meaning of well- corresponds to-be ... "" For me the meaning of well-being (family, friends, school, vacation, leisure, presented by the media) is to ... ". Each subject completed the sentences. The research team analyzed each protocol, selected responses, discussed the meaning ascribed to them in terms of health, well-being in different institutional contexts and relationships, building a map of items, in different scales and specifications corresponding to different meanings given to the terms indicated. From this first selection were assigned different meanings: health (40 items), the well-being in general (52 items), the well-being in the family (25 items), friends (28 items), school (36 items), on holiday (23 items), leisure (25 items), presented by the media (27 items). To proceed with the construction of the instrument itself were involved in the spring of 1999 about 550 teenagers. The subjects of the sample groups were divided in proportion to the number of items selected in each scale, giving responses to a second five-level Likert scale (from complete agreement than disagreement).

The data obtained from administration of the protocol were subjected to factor analysis (principal components and Varimax rotation) using the statistical program SPSS. He then proceeded to interpret the factors that emerged from analysis (assuming a variance > .40), and analysis of internal consistency (Cronbach's alpha => .62 for each of the eight scales considered) to select Significant items within the different scales, items that would make the search tool itself. From this second selection were assigned different meanings: health (37 items), the well-being in general (45 items), the well-being at school (28 items), the well-being leisure (18 items), the well-being in the family (23 items), the well-being with friends (28 items), the well-being on vacation (17 items), the well-being presented by the media (25 items).

RESEARCH

1240 questionnaires were administered to subjects in the last two years of upper secondary school in the city of Milan, Taranto, Venice and their suburban areas. The idea was to identify any significant differences between youth groups in three cities in the attribution of meaning, and infer from what the impact of informal knowledge about the same assignments.

The survey sample was divided according to different contexts, sub-regional origin of subjects: 422 subjects in the province of Venice, 418 subjects in the province of Milan, and 400 subjects in the province of Taranto. The comparison between the different subgroups would answer the following questions: a) the meanings attributed by adolescents to the health and well-being vary in their spatial context (bottom-up theories), or b) Is there special predisposition to meanings attributed mainly related to personality characteristics of adolescents as such (top-down theories).

SEX							
MALE				FEMALE			TOTAL
		CITY			CITY		
AGE	VENICE	MILAN	TARANTO	VENICE	MILAN	TARANTO	
16						2	2
17	54	66	48	64	90	49	371
18	78	93	104	117	95	112	599
19	44	49	48	65	25	37	268
TOTAL	176	208	200	246	210	200	1240

The data obtained from administration of the protocol were subjected to factor analysis (principal components and Varimax rotation). He then proceeded to interpret the factors that emerged from the analysis (considering a variance > .40), and analysis of internal consistency (Cronbach's alpha => .60 for each of the eight scales considered) which have emerged factors for each subscale. As regards the meaning of health, the characteristics ascribed by the factors identified are: a) balance and inner energy, b) no physical illness, c) openness to the socio-cultural, d) physical and mental balance.

As for the meanings attributed to the well-being in general have been reported: a) no problems, b) harmony and inner satisfaction, c) positive relationship with oneself and with society, d) ability to interact with the 'other than itself.

Considering instead the meanings attributed to the well-being, as experienced by adolescents in various contexts of life, you can report the following specifications:

- Family well-being: a) mutual sharing of values, b) freedom of action, c) time-sharing.
- Well-being at school: a) management of school work, b) positive interaction with the group class, c) recognition of such efforts.
- Well-being on vacation: a) freedom to experiment without constraints, b) pleasure of discovery, c) rest.
- Well-being in their free time: a) engage in leisure activities, b) engage in activities that interest you, c) no worries.
- Well-being with friends: a) feelings of reciprocity, b) spend time together, c) absence of conflict.
- Well-being presented by the media: a) external, b) solidarity for those in difficulty, c) pursuit of its objectives to the detriment of others.

He then proceeded to calculate the Pearson correlation coefficient, used to express the degree of internal correlation between different scales in order to identify the connections between them (eg between the scale health and well-being scale, and so on).

Also we tried to see if the meanings emerged from factorial differ for gender identity (thus independent from the urban contexts of belonging) or if they have significant differences between students of the cities examined in relation to their life contexts. Specifically we posed the question whether the meanings attributed by the students and students with questions from survey instrument were to be given to issues related to their gender identity or cultural diversification.

Finally we tried to see if there are any interactions sex * city can influence the beliefs held by students always considering the subjects' responses as to the factors identified.

RESULTS

Analysis of the results was conducted in three phases complementary. In a first phase was analyzed by gender differences using the Student t. Since the difference between the responses of males and females were

statistically significant in 18 out of 26 factors, it can be concluded that the independent variable sex can influence the meanings attributed to health and well-being.

Careful analysis of the data appears to be a tendency to give women a greater consensus towards what we might call relational factors (positive relationship with the other ", " positive interaction with the class group ") and introspective (" equilibrium physical and mental, "" inner harmony ", " mutual sharing of values), while males seem more oriented towards factors that might be called experiential ("freedom of action" and "freedom to experiment without constraints). This type of result seems to confirm an increased susceptibility by females, with attention to their internal world, and their emotions, confirming that the expression of emotion is linked to greater openness to the processes of socialization. Moreover, the differences between the sexes trend noted above, seem reinforced by way of understanding interpersonal relationships. For example, with regard to friendship, females seem to have an understanding of friendship based on the exchange of confidences and affection ("reciprocity of feelings", "no conflict"). Furthermore, it seems geared more specifically to investigate the psychological aspects of the report, related to intimacy, mutual devotion to mutual support. The males however, would seek friendly relations in particular in the sharing of time and experience, are in fact primarily interested in finding friends to share activities and interests, which try together in a series of "adventures" on the plan of action.

Another important aspect which manifests the distinction between males and females is about how to design the well-being at school. Indeed females prove to be highly motivated towards school, and that want to commit to academic success through a good organization ("management of school work") and a good climate class ("positive integration with the group class) , they also consider it important that their commitment is also recognized (recognition of such efforts). Males, although whereas the school context of their lives, especially, appreciate more free time. They consider it as a time when to let go and relax even while females prefer to spend their free time engaging in interesting activities.

A final consideration is that the females give an average response significantly (higher than their male counterparts) to factor "externality" of the ladder well-being presented by the media. This factor the well-being to the acceptance of the image outside, and this reveals a greater sensitivity to the need for physical beauty at all costs, being always in step with fashion. The findings should make us reflect on the role of media messages, in reference to what has been observed, should be critically reviewed and corrected in view of the hidden processes of persuasion that are transmitted through them.

In a second phase was the comparison between different cities through the analysis of variance, to investigate whether there was a significant difference in approach to health, well-being and the well-being in the contexts under city of residence. The results that emerge are very interesting. Indeed, there is in most cases (statistically significant differences according to the city of residence in 23 out of 26 factors) effect on the city-way of perceiving the dimensions considered by adolescents.

Analyzing all of the issues presented by the tool in different scales (see Section 2.2 of this essay, where you indicate the factors identified) is not there a difference between adolescents in Milan than in Venice and Taranto, in relation to able to express agreement on the meanings proposed. Indeed, adolescents who reside in this city, a significant share almost all the allegations emerged analyzing data. From This suggests that adolescents Milan draw more complex systems of meaning applied to the health and well-being than other groups of two cities considered. Instead, they are young Taranto expressing agreement and therefore a lower degree of complexity of meaning in the explanation of the scale investigated. It is plausible that this pattern of responses that reflect the real views of children, is influenced by local culture that conveys meanings and ways of looking at life together different.

In a third phase was finally considered (by applying the two-way ANOVA) whether or not there were significant differences in the attribution of significance to health, well-being and the well-being in contexts, due to a possible interaction between city of residence and sex. In this additional analysis comparing males and females of the three cities the differences described above are further confirmed. There is indeed a sharing of meanings with regard to general and abstract concepts of health and well-being, but the differences are found in the definitions of well-being in contexts both in the cities of residence for subdivisions under sex. In fact, males and females show different interests as regards the well-being in contexts probed by the survey. Teenagers give the three cities, in fact, important other aspects of context. We noticed that are important relationships with family, friends, in the context of life for both sexes. However, while for females these relations are marked by intimacy and sharing of values, for males the most important aspect of sharing time and the possibility of new experiences. This finding confirms what has already emerged in the first phase of data analysis. Three cities in the relational dimension is greater in the cities of Milan and less in the city of Taranto. The key feature that is believed to possess size is authenticity: the boys asked to be themselves and feel accepted and loved for who they are, but also that their interlocutors are sincere and open, that does not mask behind roles fixed or conventional. Another key feature of this dimension should be reciprocity: the equal dignity of the actors while recognizing and respecting differences.

Another important fact is the request to have the opportunity to grow culturally, and at school, at play, in addition to requiring more time and freedom to engage in interesting activities. Linked to this is the need, particularly males, do not feel oppressed, to be serene and free to act even in the choice of activities in which to engage. This need is most felt by teenagers in the city of Milan than the other two cities, one can assume, therefore, are more willing to receive reductions in the area of freedom.

CONSIDERATIONS ON THE SCIENTIFIC LITERATURE OF REFERENCE

The aim of the investigation to determine whether the meanings attributed by adolescents to the health and well-being were influenced by local culture (bottom-up theories) or more general factors such as the personality of adolescents (top-down theories) is response in the data.

The analysis conducted seem to support bottom-up theories to the extent that the responses of children of the three cities considered to differ significantly from each other.

These theories, however, should not be considered all-encompassing as the differences in responses by males and females of the three cities are linked to membership of gender, and somewhat independent of the local culture. As indicated above, while females are predisposed to search for factors most intimate (such as socialization, understood as exchange of experience and affection), the males point their attention on more practical factors (such as knowing how to face and overcome problems).

For this reason, the research data tend to lead to the need to integrate the two approaches do not neglect the influence of general variables (the being of adolescents as such), but also taking into due consideration the local variables (the sub -culture of belonging). Analyzing these data, we can say that the health education of young generations must therefore be conceived as a dynamic process which should enable the mediation continues between the meanings that young people develop within the cultural and environmental contexts of reference, meaning arising more general knowledge from formal and processed with a relative distance from these same contexts.

REFLECTIONS ON HOW 'MOTION FOR A PROJECT IN SCHOOL HEALTH EDUCATION

The ultimate goal of data collection is to develop an education project to the health and well-being in school or other educational environments in which adolescents live. This intervention begins with an innovative concept of educational planning and educational as these are considered priority needs of pupils and not only aspects related to acquisition of knowledge notional. To this end key is attention to context variables. There are, in fact, the constraints that come from the school external contexts and conditions should be an explicit map of values and social and cultural expectations that can not be disregarded in the process of education. So far it projects for education and health promotion have been made without taking into account the meanings of this size were given by the subjects to which these projects were addressed. He also referred to a conception of health as opposed to the disease condition and, therefore, health education projects are proposed with a containment function of pathological phenomena rather than support for a positive condition of life. The account from which side, however, is that health is a more complex, which includes psychological, environmental and social, so it is this complexity that must be the premise of educational interventions.

Precisely for this reason must first assess the needs of recipients in this area. It is important that an education project to the health and well-being part of a dialogue with their recipients, by understanding their specific system of meanings. The data collected in the survey reported here briefly, show many differences within the youth population even if some issues recur constantly, above all the importance of peer relationships, sincere and positive. An intervention project would then have a basis of a general nature made from these common needs identified in the overall population of adolescents, but should then be implemented flexibly, adapting to specific needs and requests of who is in front. Adolescents rely on their daily experience to define the meanings of health and well-being and, therefore, might be desirable action that takes into account situations that are known by young people to make acceptable to them every educational project.

Another point to be considered in designing health education interventions concerning the involvement of people who are part of the life contexts in which they are young friends, family, teachers play a key role in the complex meanings and that's why they can not be involved in such projects. The educational activity that school plays in health is not primarily addressed to the then "defense" or "protect" but rather to discover new concepts of health and well-being in young people to better involve them in educational projects. They should be geared towards capacity building, reporting for the development of personal and group potential, identification of balancing mode, active adaptation to the constraints and limitations intervening in everyday life. Health promotion in fact is linked to continuous adaptability on the part of man, is characterized by a future-oriented time perspective and the evolution towards new and different balances.

Finally, prevention to be effective, must first refer to the health and well-being as dimensions that include sections on the whole person in the integration of its components, bio-psycho-social. Secondly, the meanings attributed to the health and well-being should not refer only to individuals but should be related to the

various relational contexts, the various cultural dimensions, and different physical environments, natural, urban, in turn, promote or threaten individual health.

NOTES

1 Sections 1.2, 3, 4 of this essay were written by R. Semeraro. Point 5 was prepared by Dr. E. Ghedin, a graduate in Psychology and PhD course at the PhD in Educational and Pedagogical Sciences, Department of Educational Sciences, University of Padua.

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