Hypotheses

Based on the review of literature, the following hypotheses have been proposed:

PART A: ADOLESCENT STRESS

1. Adolescent stress was expected to be positively related with Psychoticism and Neuroticism; and negatively related with Extraversion in both the cultures.

2. Adolescent stress was expected to be negatively related with Cohesion and Expressiveness; and positively related with Conflict dimensions of Relationship dimension of Family Environment Scale in both the cultures.

3. Adolescent stress was expected to be negatively related with Personal Growth dimensions of Family Environment Scale viz. Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis, in both the cultures.

4. Adolescent stress was expected to be negatively related with System-Maintenance dimensions of Family Environment Scale viz. Organization and Control, in both the cultures.

5. Adolescent stress was expected to be negatively related with Happiness Measures viz. Happiness Orientations (i.e. Meaning, Pleasure, and Engagement); Happiness score obtained by Oxford Happiness Questionnaire; and Perceived Happiness Status, in both the cultures.
6. Adolescent stress was expected to be negatively related with Hope and its dimensions viz. Pathways and Agency, in both the cultures.

7. Adolescent stress was expected to be negatively related with Optimism in both the cultures.

8. Adolescent stress was expected to be negatively related with WHO measure of mental health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Perceived Ability to Meet Life’s Demands; and Perceived Health Status in both the cultures.

9. Adolescent stress was expected to be positively related with Depression in both the cultures.

PART B: ADOLESCENT COPING

1. Task-focused coping was expected to be negatively related with Neuroticism and Psychoticism; and positively related with Extraversion in both the cultures.

2. Task-focused coping was expected to be positively related with Happiness Measures viz. Happiness Orientations (i.e. Meaning, Pleasure, and Engagement); Happiness score obtained by Oxford Happiness Questionnaire; and Perceived Happiness Status in both the cultures.

3. Task-focused coping was expected to be positively related with Hope and its dimensions viz. Pathways and Agency, in both the cultures.

4. Task-focused coping was expected to be positively related with Optimism in both the cultures.
5. Task-focused coping was expected to be positively related with WHO measure of Mental Health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others, and Perceived Ability to Meet Life’s Demands; and Perceived Health Status in both the cultures.

6. Task-focused coping was expected to be negatively related with Depression in both the cultures.

7. Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Task-focused Coping with Perceived Family Environment. Similarly as regards Emotion-focused Coping and Avoidance Coping, no directional hypotheses were framed to study the relationships of these coping dimensions with Personality, Happiness Measures, Positive Mental States, Health, Perceived Family Environment and Depression. These relationships were explored in both the cultures.

PART C: CULTURAL DIFFERENCES

1. Adolescents from both the cultures were expected to score differently on stress dimensions viz. Stress Symptoms, Daily Hassles and Uplifts.

2. Adolescents from both the cultures were expected to score differently on Coping Styles viz. Task-focused Coping, Emotion-focused Coping and Avoidance coping.

3. Adolescents from both the cultures were expected to score differently on Eysenckian Personality dimensions viz. Psychoticism, Neuroticism, and Extraversion.
4. Adolescents from both the cultures were expected to perceive Family Environment differently.
5. Adolescents from both the cultures were expected to score differently on Happiness Measures viz. Happiness Orientations (i.e. Meaning, Pleasure, and Engagement); Happiness score obtained by Oxford Happiness Questionnaire; and Perceived Happiness Status.
6. Adolescents from both the cultures were expected to score differently on Hope and its dimensions viz. Pathways and Agency.
7. Adolescents from both the cultures were expected to score differently on Optimism.
8. Adolescents from both the cultures were expected to score differently on WHO measure of Mental Health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others, and Perceived ability to Meet Life's Demands; and Perceived Health Status.
9. Adolescents from both the cultures were expected to score differently on Depression.

PART D: GENDER DIFFERENCES
1. Girls of both the cultures were expected to score higher on stress measures viz. Stress Symptoms, Daily Hassles and Uplifts in comparison to boys.
2. Girls of both the cultures were expected to score higher on Emotion-focused Coping and Avoidance Coping; and lower on Task-focused Coping in comparison to boys.
3. Boys of both the cultures were expected to score higher on Extraversion and Psychoticism; and lower on Neuroticism in comparison to girls.

4. Girls and Boys of both the cultures were expected to perceive Family Environment differently.

5. Girls and boys of both the cultures were expected to score differently on Happiness Measures Viz. Happiness Orientations (i.e. Meaning, Pleasure, and Engagement); Happiness Score obtained by Oxford Happiness Questionnaire; and Perceived Happiness Status.

6. Girls and boys of both the cultures were expected to score differently on Hope and its dimensions viz. Pathways and Agency.

7. Girls and boys of both the cultures were expected to score differently on Optimism.

8. Girls of both the cultures were expected to score lower on WHO measure of Mental Health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others, and Perceived Ability to Meet Life’s Demands; and Perceived Health Status in comparison to boys.

9. Girls of both the cultures were expected to score higher on Depression in comparison to boys.