The primary aim of the present investigation was to study Stress and Coping among Iranian and Indian adolescents in relation to their Personality, Perceived Family Environment, Happiness Measures, Positive Mental States, Health, and Depression.

Another aim was to study Cultural and Gender differences among adolescents on Stress, Coping, Personality, Perceived Family Environment, Happiness Measures, Positive Mental States, Health, and Depression.

Stress Symptoms of the adolescents were measured using Stress Symptoms Rating Scale by Heilbrun and Pepe (1985); Daily Hassles and Uplifts Scale by Delongis et al. (1982) was used to assess Hassles and Uplifts.

The Coping Style Inventory by Carver et al. (1989) was used to measure three types of Coping viz. Task-Focused Coping, Emotion-Focused Coping and Avoidance Coping.

For measuring Personality, Eysenck’s Personality Questionnaire-Revised (EPQ-R) developed by Eysenck et al. (1985) was used to measure Extraversion, Psychoticism, Neuroticism and Lie Scale (Social Desirability).

The Family Environment Scale (FES) by Moos and Moos (1994) was used to measure different dimensions of Family Environment viz. Family Environment Relationship, Family Environment Personal Growth and Family Environment System Maintenance.
Measures of Positive Mental States included in the study were Happiness, Hope, and Optimism. For measuring Happiness, the following standardized tests were used: The Happiness Orientations Measure by Peterson et al. (2005), was used to measure Meaning, Pleasure and Engagement; the Happiness score was obtained by using The Oxford Happiness Questionnaire (OHQ) by Hills and Argyle (2002); and a Self-Rating scale was used to measure the Perceived Happiness Status. To measure Hope in adolescents, the Adult Trait Hope Scale by Snyder et al. (1991) was used which yields two dimensions viz. Pathways and Agency. The Life Orientation Test (LOT) developed by Scheier and Carver (1985) was used to assess Optimism.

For measuring Mental Health, the WHO measure of Mental Health adapted for use in India by Wig (1999) was chosen to assess mental health among adolescents which has three dimensions viz. Being Comfortable with Self, Being Comfortable with Others, and Perceived Ability to Meet Life's Demands. Perceived Health Status was measured by using a Self-Rating scale devised by Blaxter (1995).

The Beck Depression Inventory (BDI) by Beck and Steer (1987) was used to measure Depression.

The total sample comprised of 400 adolescents in the age range of 16-19 years. Two hundred adolescents were selected randomly from the public schools of Iran-Tehran city. Another two hundred adolescents from India-Tricities of Chandigarh, Panchkula and Mohali were selected; Out of these, half were males and half
were females. Most of the subjects belonged to middle or upper middle income groups. There were four groups in all:

**Group 1** consisted of 100 Iranian Boys;
**Group 2** consisted of 100 Iranian Girls;
**Group 3** consisted of 100 Indian Boys; and
**Group 4** consisted of 100 Indian Girls.

The raw scores consisted of scores on all the above mentioned variables. In all 38 variables were studied among Iranian and Indian male and female adolescents. The raw scores were analyzed using appropriate statistical techniques viz. Descriptive statistics, t-ratios, Analysis of Variance, Discriminant Functional Analysis, Correlational analysis, and Regression analysis.

Means and Standard Deviations were calculated for all the groups: **Table 1** shows means and standard deviations of the total sample; **Table 2** shows means and standard deviations of Iranian boys; **Table 3** shows means and standard deviations of Iranian girls; **Table 4** shows means and standard deviations of Indian boys; and **Table 5** shows means and standard deviations of Indian girls. The scores have been graphically presented in **Figures 1-14**.

t-ratios were calculated to find out the significance of differences between Iranian and Indian adolescents and also between adolescent boys and girls on all the 38 variables. **Table 6** shows the t-ratios comparing Iranian and Indian adolescents; **Table 7** shows the t-ratios comparing adolescent boys and girls; **Table 8** shows the t-ratios comparing Iranian boys and girls; **Table 9** shows the t-ratios comparing Indian boys and girls; **Table 10** shows the t-
ratios comparing Iranian and Indian boys; and Table 11 shows the t-ratios comparing Iranian and Indian girls.

Since means emerged different for the two genders and cultural groups, a 2x2 Analysis of Variance was applied to compare the 4 groups on various psychological variables. The Independent variables were gender and culture. The effect of these two independent variables singly and jointly was analyzed for all the 38 variables. The results are presented in Tables 12-49.

The number of variables in the present study being very large, it was thought advisable to conduct Stepwise Discriminant Functional Analysis instead of standard or direct Discriminant Analysis.

It was aimed to enter the predictors which meet the criteria of entry into the equation, i.e. F to enter with p<0.05 and F to remove with p>1.0. In case of such large number of predictor variables, researcher has no reason for assessing some predictors’ higher priority than others. Therefore, it was left to the statistical criteria to determine order of entry of the predictors into the equation. Table 50 shows the stepwise discriminant functional analysis for Iranian and Indian adolescents; and Table 51 shows the stepwise discriminant functional analysis for adolescent boys and girls.

The stepwise discriminant functional analysis was conducted to examine the efficacy of the predictors into discriminant functions. The number of predictor variables used for the two genders and two cultural groups was 38.

Correlational analyses were done to study the relationship of Stress and Coping among adolescents from Iran and India with Personality, Perceived Family Environment, Happiness Measures,
Positive Mental States, Health, and Depression. As the t-ratios revealed significant differences between girls and boys from both the cultures on several variables, correlational analyses were conducted for all the groups. **Table 52** shows the inter-correlation matrix for the total sample; **Table 53** shows the inter-correlation matrix for Iranian adolescents; **Table 54** shows the inter-correlation matrix for Indian adolescents; **Table 55** shows the inter-correlation matrix for adolescent boys; **Table 56** shows the inter-correlation matrix for adolescent girls; **Table 57** shows the inter-correlation matrix for Iranian boys; **Table 58** shows the inter-correlation matrix for Iranian girls; **Table 59** shows the inter-correlation matrix for Indian boys; **Table 60** shows the inter-correlation matrix for Indian girls.

One of the objectives of the present study was to derive regression equations to delineate the significant predictors for different dimensions of stress and coping among adolescents from both the cultures.

Stepwise Multiple Regression Analysis using the SPSS-Version 11 was conducted. **Tables 61 to 66** show regression analyses for various groups.

**A: ADOLESCENT STRESS, COPING AND PERSONALITY**

(1) It was hypothesized that adolescent stress viz. Stress Symptoms, Daily Hassles and Uplifts, were expected to be positively related with Psychoticism and Neuroticism; and negatively related with Extraversion in both the cultures.

A perusal at the inter-correlation tables (**Tables 52 to 60**) revealed that **Stress Symptoms** were positively related with Psychoticism among the total sample (r= 0.23), Iranian adolescents
(r= 0.27), boys (r= 0.25), girls (r=0.19), Iranian boys (r= 0.27), and Iranian girls (r= 0.24). No significant relationship emerged between Stress Symptoms and Psychoticism among total Indian adolescents, Indian boys, and Indian girls.

They were also positively related with Neuroticism among the total sample (r= 0.16), Iranian adolescents (r= 0.49), Indian adolescents (r= 0.28), boys (r= 0.16), girls (r= 0.16), Iranian boys (r= 0.51), Indian boys (r= 0.27), Iranian girls (r= 0.47), and Indian girls (r= 0.31).

Stress Symptoms were negatively related with Extraversion among the total sample (r= -0.31), Iranian adolescents (r= -0.30), boys (r= -0.37), girls (r= -0.26), Iranian boys (r= -0.24), Indian boys (r= -0.19), and Iranian girls (r= -0.35). No significant relationship emerged between Stress Symptoms and Extraversion among total Indian adolescents, and Indian girls.

Daily Hassles were positively related with Psychoticism among the total sample (r= 0.17), Iranian adolescents (r= 0.14), and girls (r=0.21). No significant relationship emerged between Daily Hassles and Psychoticism among total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also positively related with Neuroticism among girls (r= 0.14), and Iranian girls (r= 0.47). No significant relationship emerged between Daily Hassles and Neuroticism among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.

Daily Hassles were negatively related with Extraversion among the total sample (r= -0.29), Iranian adolescents (r= -0.21),
boys (r = -0.30), girls (r = -0.29), Iranian boys (r = -0.29), and Iranian girls (r = -0.25). No significant relationship emerged between Daily Hassles and Extraversion among total Indian adolescents, Indian boys, and Indian girls.

**Uplifts** were negatively related with **Psychoticism** among Iranian girls (r = -0.27). No significant correlation emerged between Uplifts and Psychoticism among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Indian girls.

They were also negatively related with **Neuroticism** among the total sample (r = -0.15), Iranian adolescents (r = -0.19), boys (r = -0.22), Iranian boys (r = -0.34), and Indian girls (r = 0.31). No significant relationship emerged between Uplifts and Neuroticism among total Indian adolescents, total girls, Indian boys, and Iranian girls.

**Uplifts** were positively related with **Extraversion** among Iranian adolescents (r = 0.18), Iranian boys (r = 0.25), and Indian boys (r = 0.21). No significant relationship emerged between Uplifts and Extraversion among the total sample, total Indian adolescents, total boys, total girls, Indian girls, and Iranian girls.

Stepwise Regression tables (Tables 61a to 61i) with **Stress Symptoms** as the Criterion Variable revealed that **Psychoticism** emerged as a predictor among Iranian girls (β = 0.18); **Neuroticism** emerged as a predictor among Iranian adolescents (β = 0.36), and Iranian boys (β = 0.38); and **Extraversion** emerged as a predictor among boys (β = -0.16).

Stepwise Regression tables (Tables 62a to 62i) with **Daily Hassles** as the Criterion Variable revealed that **Psychoticism**
emerged as a predictor among Iranian adolescents ($\beta= 0.17$); and Extraversion emerged as a predictor among the total sample ($\beta= -0.20$), Iranian adolescents ($\beta= -0.25$), boys ($\beta= -0.30$), girls ($\beta= -0.14$), and Iranian boys ($\beta= -0.28$). Neuroticism did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed that Neuroticism emerged as a predictor among the total sample ($\beta= -0.09$); and Extraversion emerged as a predictor among Iranian girls ($\beta= 0.20$). Psychoticism did not emerge as a predictor among any of the groups.

(2) It was hypothesized that Task-Focused Coping was expected to be negatively related with Psychoticism and Neuroticism; and positively related with Extraversion.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Emotion-Focused Coping and Avoidance Coping with Personality.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-Focused Coping was negatively related with Psychoticism among the total sample ($r= -0.12$), Iranian adolescents ($r= -0.18$), and Iranian boys ($r= -0.21$). No significant relationship emerged between Task-Focused Coping and Psychoticism among total Indian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

It was also negatively related with Neuroticism among the boys ($r= -0.21$), Indian boys ($r= -0.21$), and Indian girls ($r= -0.25$). No significant relationship emerged between Task-Focused Coping and
Neuroticism among the total sample, total Iranian adolescents, total Indian adolescents, total girls, Iranian boys, and Iranian girls.

**Task-focused coping** was positively related with *Extraversion* among the total sample ($r = 0.13$), and girls ($r = 0.19$). No significant relationship emerged between Task-Focused Coping and Extraversion among total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

**Emotion-focused coping** was positively related with *Extraversion* among the total sample ($r = 0.12$), and boys ($r = 0.21$). No significant relationship emerged between Emotion-Focused Coping and Extraversion among total Iranian adolescents, total Indian adolescents, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

No significant relationship emerged between **Emotion-focused Coping** with *Psychoticism* and *Neuroticism* among any of the groups.

**Avoidance Coping** was positively related with *Neuroticism* among the total sample ($r = 0.15$), Iranian adolescents ($r = 0.14$), Indian adolescents ($r = 0.17$), boys ($r = 0.17$), and Indian boys ($r = 0.26$). No significant relationship emerged between Avoidance Coping and Neuroticism among total girls, Iranian boys, Iranian girls, and Indian girls.

**Avoidance Coping** was negatively related with *Extraversion* among the Iranian adolescents ($r = -0.16$). No significant relationship emerged between Avoidance Coping and Extraversion among the
No significant relationship emerged between Avoidance Coping and Psychoticism among any of the groups.

Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the Criterion Variable revealed that Psychoticism emerged as a predictor among Iranian adolescents ($\beta = -0.18$); Neuroticism emerged as a predictor among the girls ($\beta = -0.14$), Iranian boys ($\beta = -0.19$), and Indian girls ($\beta = -0.06$); and Extraversion emerged as a predictor among Iranian girls ($\beta = 0.20$).

Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the Criterion Variable revealed that none of the Eysenckian dimensions of personality emerged as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed that Neuroticism emerged as a predictor among the total sample ($\beta = 0.11$), Indian adolescents ($\beta = 0.19$), and Indian boys ($\beta = 0.21$). Psychoticism and Extraversion did not emerge as predictors among any of the groups.

Previous researches have also shown different personality dimensions to be related to health.

The role of personality as a stress resource has been stressed in more general models of stress and coping (Lazarus and Folkman, 1984). It is one’s personality that plays the most important role in mediating the stress and illness process by virtue of its capacity to make an individual resistive or vulnerable to disease because each
individual has a unique way to appraise a given situation as stressful or challenging (Mohan, 2000).

Researchers have focused on the role of Eysenckian personality dimensions in health and illness (Mohan et al., 1991; 1994; 1995).

The traits that have received the most theoretical and empirical attention in relation to well-being are Extraversion and Neuroticism. Costa and McCrae (1980) posited that Extraversion influences positive affect, whereas Neuroticism influences negative affect. Lucas et al. (2000) replicated the strong relationship between Extraversion and pleasant affect relation. In their study the latent traits of positive affect and Extraversion correlated 0.74 in an international sample. However, Diener et al. (1997) stated, “what is not yet clear is whether Extraversion predicts pleasant affect to the same extent in different cultures such as in India” (Mohan and Sehgal, 2006).

According to Eysenck (1983), individuals scoring high on Neuroticism live a more stressful life, not necessarily because they encounter more stressful stimuli in their environment, but because identical stressful stimuli produce a greater amount of strain in them. An especially high score on Neuroticism has been mentioned as a predisposition to experience long term levels of negative affects such as fear, anger, shame, sadness and emotional eating (Costa and McCrae, 1995).

Earlier work linking general personality to coping revealed that Extraversion is associated with a tendency to reappraise problems positively and to mobilize and benefit from social support (Watson
and Hubbard, 1996), whereas Neuroticism, the negative counterpart of Emotional Stability, is associated with avoidance and denial. The ability to benefit from their social network and not to deny their problems but rather to openly confront them may result with individuals high in Social Initiative (a trait which is strongly related to Extraversion) and Emotional Stability, respectively, to make better use of beneficial family and work circumstances.

Mohan et al. (1996), in their study on the relationship between Extraversion and adolescent stress found that Extraversion in negatively correlated with adolescent stress.

Another study by Mohan et al. (1996) showed perceived health status among adolescents in relation to their personality, perceived control, daily hassles and attitudes. Results showed sex differences and role of personality and stress in health status of adolescents.

David et al. (1997) showed that Neuroticism is associated with high rates of undesirable stressors related to family and friends, leisure and finances.

Suls et al. (1998) found that Neuroticism was related to emotional reactivity in response to both interpersonal and non-interpersonal problems.

Personality is also related to different coping styles. According to McCrae and Costa (1986), Neuroticism (N), which is characterized by a tendency to experience negative affect, hostility, self-consciousness, and impulsiveness, has shown the strongest association with coping (McCrae, 1992). Individuals high on Neuroticism have been found to be less likely to employ problem-focused coping strategies. However, they are more prone to engage
in emotion-focused means of coping, such as wishful thinking, avoidance-escapism, self-blame, withdrawal, mental and behavioral disengagement, venting of emotion, and passivity. They are also likely to cope by means of positive appraisal and seeking social support, thereby being more vulnerable to mental health problems (McCrae, 1992).

A recent cross-cultural study by Francis et al. (1998) compared the responses of students from the English-speaking world: America, Australia, Britain, and Canada. Happiness significantly correlated with Extraversion and Neuroticism. Furnham and Cheng (1999) looked at personality as a predictor of happiness and mental health in the East and West specifically in China, Japan, and Great Britain. The regression analysis for Britain and China were similar with Extraversion and Neuroticism being the major predictors of happiness and accounting for up to half of the variance. However it was only Extraversion and not Neuroticism that predicted happiness in Japan. This suggests that all studies in this area require cross-cultural replication.

One’s maladaptive personality style contributes to physical and psychological dysfunction especially when faced with stress (Bolger and Zuckerman, 1995; Eysenck, 1994). Personality style is hypothesized to affect stress management in multiple ways: increased exposure to stressors, increased reactivity to stressors, choice of coping strategy, and effectiveness of coping strategy (Bolger and Zuckerman, 1995). For example, research has shown that those high in Neuroticism, compared to those low in Neuroticism, experience more daily interpersonal conflicts and are more likely to
react to these conflicts with anger or depression (Bolger and Zuckerman, 1995).

According to DeNeve and Coper (1998), individuals high on Extraversion (E) tend to experience positive emotions and are described as warm, sociable, assertive, and fun-loving. Studies have shown that high Extraversion is associated with problem-focused coping, social support seeking and positive reappraisal. Extraverts are less likely to engage in emotion-focused coping (McCrae and Costa, 1986).

Gomez et al. (1999) examined the association of Neuroticism, avoidant coping style and maladjustment. Two hundred and sixteen, 12 and 13 year old adolescents completed questionnaires covering Neuroticism, avoidance coping and maladjustment. The maladjustment levels were also rated by their parents. Results for a sub-sample (n=101), who indicated some degree of maladjustment showed that Neuroticism predicted avoidant coping and parent rated maladjustment positively. Avoidant coping showed a positive non-significant trend in the prediction of parent-child maladjustment, and it also moderated, by exacerbating, the effect of Neuroticism or maladjustment. Results did not indicate mediation by avoidance coping on the relation between Neuroticism and parent-child maladjustment.

Personality can act as a buffer against stress, helping one adopt an attitude that facilitates the resolution of the problem. There is a general stress prone personality and a general stress resistant personality (Mohan, 2000).
Tobin et al. (2000) found that Extraversion has been linked to various times to brain mechanisms associated with approach sociability temperaments or positive emotionality. Similarly, Watson and Clark (1997) have also linked Extraversion to positive affect and Neuroticism is virtually defined by negative affect.

Bostic and Ptacek (2001) in their study used a sample of 60 college students and an intensive longitudinal approach to investigate the variability in subjective well-being (SWB).

At the beginning of the semester students provided information related to their personalities, while throughout the semester they provided SWB data on a weekly basis. Considerable between-student and within-student variability in SWB was found. Multiple regression analyses revealed that personality-based models were useful in explaining the variability in SWB. Conscientiousness and the Chance component of locus of control were found to be statistically significant independent personality predictors of variability in SWB. Specifically, students high in conscientiousness and high in external locus of control experienced more variability in SWB over the study period.

Kardum and Krapic (2001) examined the relationship between personality traits, stressful life events and coping styles in early adolescence. On a sample of 265 subjects, ranging in age from 11 to 14 years, a junior EPQ, questionnaire of coping styles and scale of subjective stress were applied. Using the path analysis, the direct and indirect effects of personality traits and perceived intensity and frequency of stressful life events (subjective stress) on three coping styles (problem-focused coping, emotion-focused coping and
avoidance coping) were tested. The results demonstrated that Extraversion has a direct positive effect on problem and emotion-focused coping style while Neuroticism and Psychoticism have direct positive effects on avoidance coping style. The indirect effects of personality traits on coping styles through subjective stress were low for all three coping styles. Subjective stress had statistically significant positive effects on all three coping styles and the greatest independent effect is on avoidance coping. In general, the results of this research demonstrated that the relationship between personality traits, subjective stress and coping styles in early adolescence were similar to those obtained on the samples of adult subjects and that already in early adolescence coping could be meaningfully viewed in a larger dispositional context.

Swickert et al. (2002) designed a study to determine the role Extraversion plays in influencing the utilization of social support and how this support might then subsequently influence Extraverts and Introverts differential experience of stress. Swickert et al. (2002) found that Extraversion was positively correlated with stress and hence Extraverts were likely to report seeking out social support in an attempt to cope with their problems (Amirkhan et al., 1995; Halamandaris and Power, 1999).

Despite an immense literature on responses to stress, advances in understanding individual differences in stress outcomes have been slow. Two separate lines of inquiry have attempted to explain variations in outcomes, with the first focusing on coping techniques (Lazarus and Folkman, 1984) and the second on personality traits that enhance vulnerability to stress (Clark et al,
Although both coping and personality partially predict adjustment following stressful events, very few studies have attempted to understand the interplay between the two (Bolger and Zuckerman, 1995; Lengua and Sandler, 1996). One possibility is that the link between personality and distress is accounted for primarily by the selection of ineffective coping strategies, with coping mediating the link between personality and adjustment. A second possibility is that coping is not driven by personality, but does moderate the relationship between personality and adjustment, with levels of depression and anxiety determined by an interaction of coping techniques and personality (Connor-Smith and Compas, 2002).

Recent work suggests both that personality may influence the selection of coping techniques and that personality and coping may interact to predict distress. For example, traits such as inhibition and Neuroticism are associated with increased reliance on disengagement coping in samples as diverse as adults caring for a spouse with Alzheimer’s disease (Hooker et al., 1994), and college students (Amirkhan et al., 1995; Watson and Hubbard, 1996). A diary study assessing the coping of college students not only demonstrated that individuals high in Neuroticism used more disengagement, but also that disengagement was beneficial for students high in Neuroticism and detrimental for those low in Neuroticism (Bolger and Zuckerman, 1995). These findings suggest that a match between personality and coping may minimize emotional distress. However, in a sample of children coping with parental divorce, avoidant coping was associated with anxiety and conduct
problems for inhibited youth, but not for youth low in inhibition (Lengua and Sandler, 1996). Thus, although preliminary evidence suggests that the interaction between personality and coping may be important in understanding adjustment, the small number of studies and mixed findings prohibit conclusions about relations between personality and coping (Connor-Smith and Compas, 2002). 

In a study, Vitterso and Nilsen (2002) did two things to analyze and explore the conceptual structure of subjective well-being (SWB) and to compare the effect sizes of Neuroticism and Extraversion as predictors of subjective well-being. Results supported the notion of an overall subjective well-being construct sustained by the three nested dimensions of life satisfaction, positive affect and negative affect. Neuroticism explained eight times as much of the subjective well-being variance as did Extraversion. Hence, both Extraversion and Neuroticism should be included as independent variables in regression models to predict subjective well-being, happiness and life satisfaction, said Vitterso and Nilsen (2002).

Kaur (2002) conducted a study to compare obese and normal weight adolescents of both genders on various psychological variables viz. personality, perceived stress and strain, family environment, depression, psychological well-being, etc. Results indicated that stress symptoms and daily hassles were positively related with Psychoticism and Neuroticism among adolescents.

Sehgal (2003) conducted a study to identify psychosocial correlates of teenage health (both physical and mental) among boys and girls. Results indicated that stress symptoms and life stress events were positively correlated with Neuroticism among
adolescents. Results have also shown that Task-focused coping and Emotion-focused coping were positively related with Extraversion and negatively related with Psychoticism among the total sample.

**Sharma and Wiegman (2003)** examined the relationship between personality and stress coping, and performance among pilots in a collegiate flight training program. Results showed that personality characteristics of the student pilots were significantly correlated with specific coping strategies adapted by the pilots. Also, both personality and stress coping predicted performance variables. While personality is considered a more stable, long-term characteristic, coping styles show greater malleability, and thus, opportunity for change. These opportunities mean instructors, supervisors, and counselors have numerous places to make improvements in student pilots coping choices via selection, training, and counseling. One should also consider that differences in coping strategies might effect more than performance. For example, coping style may affect self monitoring and the willingness to admit problems. Such insight could be valuable for teaching both aviation and stress coping skills to students, as well as improving aviation safety programs in general.

Leisure activities have been known to be stress busters. Given the wide variety of possible and available leisure activities, personal choice determines which ones are selected. Such choices might be influenced by individual personality differences, such as Extraversion and Neuroticism. There have been some studies looking at the association between particular leisure activities and specific personality traits in the West. **Kirkcaldy and Furnham (1991)**
classified 50 leisure activities into groups such as combative, creative and competitive leisure. Combative leisure was found to be associated with Psychoticism, and competitive pursuits were associated with Extraversion. Team sports as a form of competitive leisure was particularly strongly associated with Extraversion, especially among young people (Eysenck et al., 1982). However, one of the experts in the field recently stated that “the literature on the relation between personality and leisure is disappointing despite both its theoretical and practical implications” (Furnham, 2004).

Along another line of research, it has been found that Extraversion has a consistent positive correlation with happiness while Neuroticism has a consistent negative one, across populations of the West and the East (Argyle et al., 1995; Lu and Shih, 1997; Furnham and Cheng, 1999). Myers and Diener (1995) included Extraversion in their “happy trait”, while Francis et al. (1998) even dubbed happiness as “stable Extraversion”.

Although Extraversion seems intuitively more likely to be associated with happiness and indeed has received more empirical attention, Hills and Argyle (2001) argued that “emotional stability” or low score on Neuroticism was more important to happiness than Extraversion. Lu and Hu’s (2005) previous studies with the Chinese people indicated that both Extraversion and Neuroticism were significant predictors of subjective well-being (Lu and Shih, 1997; Lu et al., 1997).

Lu and Hu (2005) explored the relationships among personality, leisure involvement, leisure satisfaction and happiness in a representative sample of Chinese university students (n = 423).
They found that (1) Extraversion significantly correlated with almost all kinds of leisure involvement, but Neuroticism did not correlate with leisure activities at all; (2) Extraversion significantly positively correlated with leisure satisfaction while Neuroticism significantly negatively correlated with leisure satisfaction; and (3) while Extraversion and Neuroticism were significant predictors of happiness, leisure satisfaction had its incremental effects after those of personality traits and other domain satisfaction were controlled.

In their pioneering study with Chinese students, *Lu and Hu, (2005)* also found that leisure indeed was perceived to have short-term benefits including positive mood, physical fitness and better structuring of time, as well as long-term effects of happiness, health, educational benefits, and social integration. However, regardless the choice and extent of leisure involvement, there was consistent personality differences in derived leisure satisfaction. As *Lu and Hu (2005)* found in their study, extraverts got greater leisure satisfaction while neurotic people enjoyed their leisure less. Furthermore, leisure satisfaction was found to be related to happiness after taking out effects of personality traits and other important domain satisfaction. It was consonant with the view that extraverts not only engage in more leisure activities, but also derive greater satisfaction from them, which in turn contribute to their higher happiness. For neurotic people, however, although they have no obvious preference for leisure, they derive less satisfaction in their leisure life, which in turn contribute to suppressing their level of happiness. The results thus supported the reasoning that leisure involvement and satisfaction are possible partial explanations for the consistent individual differences effects on
happiness pertaining to Extraversion and Neuroticism. Leisure is a relatively new area but a potentially fruitful arena to explore for researchers of personality and subjective well-being (Lu and Hu, 2005).

Oswald et al. (2005) examined associations between personality traits and cortisol responses to stress using the Revised NEO Personality Inventory five-factor model of personality. In total, 68 healthy adults, aged 18–30 years, completed the personality assessment and underwent a laboratory psychological stress test that consisted of a 5 min speech and 5-min of mental arithmetic. Findings showed that in the sample as a whole, less Openness was associated with lower cortisol responses to the challenge. Cortisol responses also corresponded to certain personality dimensions in a gender-specific manner. Blunted cortisol responses were associated with higher Neuroticism in women and with lower Extraversion in men. These findings suggested that personality traits that have been traditionally associated with greater psychopathology were also associated with responses to stress.

Daily hassles influence adolescents’ psychological well-being and health. Yet, individuals vary in their exposure and reactivity to daily hassles. Factors contributing to the development of individual differences in exposure and reactivity to daily hassles remain unclear. The projects on personality and well-being focus on the development of temperament, personality, social cognitions as well as psychological and physical well-being. According to Keltikangas et al. (2007), the psycho-physiological responses (e.g., heart rate, cardiac output, sympathetic and parasympathetic control of the heart.
blood pressure, skin conductance, EMG-activity) of experienced stress, were moderated by emotions, temperament and a variety of personality factors in experimental settings. Their patterns which were based on several physiological indices were of special importance for disease risk.

**Hoefnagels et al. (2007)** examined whether adolescent's level of psychiatric symptoms is dependent on the content and the function of social support (whether direct or moderating), controlling for perceived stress. In a cross-sectional design, 40 adolescents (11-18 years) with a parent exhibiting an affective or personality disorder were given several questionnaires, including the Youth Self Report (Achenbach), a Social Support Inventory, and the MUSIC, an inventory assessing perceived emotional and physiological stress reactions. The social support inventory consisted of three subscales to assess the positive and negative perception of social support, and the discrepancy between demand and supply of social support. The mentally-ill parents were given the General Health Questionnaire (GHQ). Data were then analyzed using multiple linear regression analyses. Results showed that perceived stress and negative social support served as a direct effect, and was independent of parental GHQ score.

**Murberg and Bru (2007)** investigated the role of Neuroticism and perceived school-related stress in somatic symptoms among a sample of 327 (167 females and 160 males) students in two Norwegian junior high school. The results suggested that the role of Neuroticism on somatic symptoms may be overestimated, and that the role of stress may be underestimated if Neuroticism, stress and
somatic symptoms are measured at the same time. In their study, both Neuroticism and perceived school-related stress were found to be significantly associated with somatic symptoms.

Thus, one’s personality not only contributes to how stress is managed but also may contribute to the amount of stress encountered on a daily basis.

B: ADOLESCENT STRESS, COPING AND PERCEIVED FAMILY ENVIRONMENT

(1) It was hypothesized that adolescent stress viz. Stress Symptoms, Daily Hassles and Uplifts were expected to be negatively related with Cohesion and Expressiveness; and positively related with Conflict dimensions of Relationship subscale of Family Environment Scale in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Total Family Environment Relationship among the total sample (r= -0.21), Iranian adolescents (r= -0.35), girls (r=-0.30), Iranian boys (r= -0.20), and Iranian girls (r= -0.44). No significant relationship emerged between Stress Symptoms and Total Family Environment Relationship among total Indian adolescents, total boys, Indian boys, and Indian girls.

They were negatively related with Cohesion dimension of Family Environment Relationship among the total sample (r= -0.29), Iranian adolescents (r= -0.47), Indian adolescents (r= -0.15), boys (r= -0.22), girls (r= -0.34), Iranian boys (r= -0.33), Indian boys (r= -0.19), and Iranian girls (r= -0.57). No significant relationship emerged between Stress Symptoms and Cohesion among Indian girls.
They were also negatively related with **Expressiveness** dimension of Family Environment Relationship among the total sample (r= -0.29), Iranian adolescents (r= -0.38), boys (r= -0.16), girls (r= -0.38), Iranian boys (r= -0.19), and Iranian girls (r= -0.52). No significant relationship emerged between Stress Symptoms and Expressiveness among total Indian adolescents, Indian boys, and Indian girls.

**Stress Symptoms** were positively related with **Conflict** dimension of Family Environment Relationship among the total sample (r= 0.25), Iranian adolescents (r= 0.40), boys (r= 0.24), girls (r= 0.26), Iranian boys (r= 0.29), Indian boys (r= 0.23), and Iranian girls (r= 0.48). No significant relationship emerged between Stress Symptoms and Conflict among total Indian adolescents, and Indian girls.

**Daily Hassles** were negatively related with **Total Family Environment Relationship** among the girls (r= -0.20), and Iranian girls (r= -0.27). No significant relationship emerged between Daily Hassles and Total Family Environment among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.

They were negatively related with **Cohesion** dimension of Family Environment Relationship among Iranian girls (r= -0.23). No significant relationship emerged between Daily Hassles and Cohesion among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Indian girls.
They were also negatively related with Expressiveness dimension of Family Environment Relationship among the total sample (r= -0.16), girls (r= -0.37), Iranian boys (r= -0.23), Iranian girls (r= -0.29) and Indian girls (r= -0.24). No significant relationship emerged between Daily Hassles and Expressiveness among total Iranian adolescents, total Indian adolescents, total boys, and Indian boys.

Daily Hassles were positively related with Conflict dimension of Family Environment Relationship among the girls (r= 0.16). No significant relationship emerged between Daily Hassles and Conflict among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

Uplifts were positively related with Cohesion dimension of Family Environment Relationship among the total sample (r= 0.15), Iranian adolescents (r= 0.21), boys (r= 0.16), girls (r= 0.19), Iranian boys (r= 0.22), and Iranian girls (r= 0.31). No significant relationship emerged between Uplifts and Cohesion among total Indian adolescents, Indian boys, and Indian girls.

They were positively related with Expressiveness dimension of Family Environment Relationship among the total sample (r= 0.15), Iranian adolescents (r= 0.17), and girls (r= 0.15). No significant relationship emerged between Uplifts and Expressiveness among total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.
No significant relationship emerged between Uplifts with Total Family Environment Relationship and Conflict dimension of Family Environment Relationship among any of the groups.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed the followings: Cohesion dimension of Family Environment Relationship emerged as a predictor among the total sample (β= -0.16), girls (β= -0.14), and Iranian girls (β= -0.57).

Expressiveness dimension of Family Environment Relationship emerged as a predictor among the Iranian girls (β= -0.29).

Conflict dimension of Family Environment Relationship emerged as a predictor among Iranian adolescents (β= 0.29), Iranian boys (β= 0.15), and Iranian girls (β= 0.26).

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed the followings: Cohesion dimension of Family Environment Relationship emerged as a predictor among Iranian girls (β= -0.23).

Expressiveness dimension of Family Environment Relationship emerged as a predictor among the boys (β= -0.20), girls (β= -0.15), Iranian boys (β= -0.23), and Indian girls (β= -0.21).

Conflict dimension of Family Environment Relationship did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed the followings: Expressiveness dimension of Family Environment Relationship emerged as a
predictor among the total sample ($\beta = 0.15$), and Iranian adolescents ($\beta = 0.22$).

**Cohesion** and **Conflict** dimensions of Family Environment Relationship did not emerge as predictors among any of the groups.

(2) Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of coping styles viz. Task-Focused Coping, Emotion-Focused Coping and Avoidance Coping with Family Environment Relationship.

A perusal at the inter-correlation tables (Tables 52-60) revealed that **Task-Focused Coping** was positively related with **Expressiveness** dimension of Family Environment Relationship among the Indian boys ($r = 0.23$). No significant relationship emerged between Task-Focused Coping and Expressiveness among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.

No significant relationship emerged between **Task-focused Coping** with **Cohesion** and **Conflict** dimensions of Family Environment Relationship, and **Total Family Environment Relationship** among any of the groups.

**Emotion-Focused Coping** was positively related with **Expressiveness** dimension of Family Environment Relationship among the girls ($r = 0.18$), and Iranian girls ($r = 0.19$). No significant relationship emerged between Emotion-Focused Coping and Expressiveness among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.
No significant relationship emerged between Emotion-Focused Coping with Cohesion and conflict dimensions of Family Environment Relationship, and Total Family Environment Relationship among any of the groups.

No significant relationship emerged between Avoidance Coping with Total Family Environment Relationship and its dimensions i.e. Cohesion, Expressiveness, and Conflict among any of the groups.

Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the Criterion Variable revealed the followings: Cohesion dimension of Family Environment Relationship emerged as a predictor among the girls ($\beta= 0.15$).

Expressiveness and conflict dimensions of Family Environment Relationship did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the Criterion Variable revealed the followings: Cohesion dimension of Family Environment Relationship emerged as a predictor among Iranian girls ($\beta= 0.29$).

Expressiveness and Conflict dimensions of Family Environment Relationship did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed the followings: Cohesion dimension of Family Environment Relationship emerged as a predictor among the total sample ($\beta= -0.12$), girls ($\beta= -0.16$), and Indian girls ($\beta= -0.25$).
Expressiveness and Conflict dimensions of Family Environment Relationship did not emerge as predictors among any of the groups.

(3) It was hypothesized that adolescent stress viz. Stress Symptoms, Daily Hassles and Uplifts were expected to be negatively related with Personal Growth dimensions of Family Environment Scale viz. Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientations, and Moral-Religious Emphasis in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Total Family Environment Personal Growth among the total sample (r= -0.34), Iranian adolescents (r= -0.30), Indian adolescents (r= -0.16), boys (r=-0.30), girls (r= -0.39), and Iranian girls (r= -0.42). No significant relationship emerged between Stress Symptoms and Total Family Environment Personal Growth among Iranian boys, Indian boys, and Indian girls.

They were negatively related with Independence dimension of Family Environment Personal Growth among the girls (r= -0.14). No significant relationship emerged between Stress Symptoms and Independence among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with Achievement Orientation dimension of Family Environment Personal Growth among the total sample (r= -0.28), Iranian adolescents (r= -0.15), Indian adolescents (r= -0.17), boys (r= -0.23), girls (r= -0.34), Iranian
No significant relationship emerged between Stress Symptoms and Achievement Orientation among Iranian boys, and Indian boys.

Stress Symptoms were negatively related with dimension of Family Environment Personal Growth i.e. Intellectual-cultural Orientation among the boys (r= -0.16). No significant relationship emerged between Stress Symptoms and Intellectual-Cultural Orientation among the total sample, total Iranian adolescents, total Indian adolescents, girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were negatively related with Active-Recreational Orientation dimension of Family Environment Personal Growth among the total sample (r= -0.25), Iranian adolescents (r= -0.37), boys (r= -0.21), girls (r= -0.27), Iranian boys (r= -0.26), Indian boys (r= -0.20), and Iranian girls (r= -0.43). No significant relationship emerged between Stress Symptoms and Active-Recreational Orientation among total Indian adolescents, and Indian girls.

They were also negatively related with Moral-Religious Emphasis dimension of Family Environment Personal Growth among the total sample (r= -0.32), Iranian adolescents (r= -0.28), Indian adolescents (r= -0.20), boys (r= -0.29), girls (r= -0.36), Iranian boys (r= -0.27), Iranian girls (r= -0.31), and Indian girls (r= -0.28). No significant relationship emerged between Stress Symptoms and Moral-Religious Emphasis among Indian boys.

Daily Hassles were negatively related with Total Family Environment Personal Growth among the total sample (r= -0.20), boys (r= -0.16), and girls (r= -0.25). No significant relationship
emerged between Daily Hassles and Total Family Environment Personal Growth among total Iranian adolescents, total Indian adolescents, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were negatively related with **Achievement Orientation** dimension of Family Environment Personal Growth among the total sample (r= -0.22), boys (r= -0.21), and girls (r= -0.24). No significant relationship emerged between Daily Hassles and Achievement Orientation among total Iranian adolescents, total Indian adolescents, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with **Intellectual-Cultural Orientation** dimension of Family Environment Personal Growth among the Iranian girls (r= -0.21) and Indian girls (-0.20). No significant relationship emerged between Daily Hassles and Intellectual-Cultural Orientation among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, and Indian boys.

Daily Hassles were negatively related with **Active-Recreational Orientation** dimension of Family Environment Personal Growth among the Indian girls (r= -0.24). No significant relationship emerged between Daily Hassles and Active-Recreational Orientation among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, and Indian girls.

They were negatively related with **Moral-Religious Emphasis** dimension of Family Environment Personal Growth among the total sample (r= -0.18), boys (r= -0.14), girls (r= -0.25), and Indian girls (r= -0.19). No significant relationship emerged between Daily Hassles
and Moral-Religious Emphasis among total Iranian adolescents, total Indian adolescents, Iranian boys, Indian boys, and Iranian girls.

No relationship emerged between Daily Hassles and Independence dimension of Family Environment Personal Growth among any of the groups.

**Uplifts** were positively related with Total Family Environment Personal Growth among the Iranian adolescents ($r= 0.19$), Iranian boys ($r= 0.19$), and Iranian girls ($r= 0.22$). No significant relationship emerged between Uplifts and Total Family Environment Personal Growth among the total sample, total Indian adolescents, total boys, total girls, Indian boys, and Indian girls.

They were positively related with Independence dimension of Family Environment Personal Growth among the Iranian girls ($r= 0.22$). No significant relationship emerged between Uplifts and Independence among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Indian girls.

They were also positively related with Achievement Orientation dimension of Family Environment Personal Growth among the girls ($r= 0.23$), and Iranian boys ($r= 0.28$). No significant relationship emerged between Uplifts and Achievement Orientation among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Indian boys, Iranian girls, and Indian girls.

Uplifts were positively related with Intellectual-Cultural Orientation dimension of Family Environment Personal Growth among the total sample ($r= 0.12$), Iranian adolescents ($r= 0.16$), girls ($r= 0.17$), Indian boys ($r= 0.19$) and Iranian girls ($r= 0.23$). No
significant relationship emerged between Uplifts and Intellectual-Cultural Orientation among total Indian adolescents, total boys, Iranian boys, and Indian girls.

They were positively related with Active-Recreational Orientation dimension of Family Environment Personal Growth among the Indian adolescents (r= 0.15), and Iranian boys (r= 0.20). No significant relationship emerged between Uplifts and Active-Recreational Orientation among the total sample, total Iranian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

They were also positively related with Moral-Religious Emphasis dimension of Family Environment Personal Growth among the Iranian adolescents (r= 0.16), and Iranian boys (r= 0.21). No significant relationship emerged between Uplifts and Moral-Religious Emphasis among the total sample, total Indian adolescent, total boys, total girls, Indian boys, Iranian girls, Indian girls.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed the followings: Independence dimension of Family Environment Personal Growth emerged as a predictor among the Iranian boys (β= -0.15).

 Intellectual-Cultural Orientation dimension of Family Environment Personal Growth emerged as a predictor among the girls (β= -0.15), and Iranian girls (β= -0.21).

Active-Recreational Orientation dimension of Family Environment Personal Growth emerged as a predictor among Iranian adolescents (β= -0.17), boys (β= -0.12), and Iranian boys (β= -0.19).
Moral-Religious Emphasis dimension of Family Environment Personal Growth emerged as a predictor among the total sample ($\beta = -0.09$), and Iranian boys ($\beta = -0.16$).

Achievement Orientation dimension of Family Environment Personal Growth did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed the followings: Intellectual-Cultural Orientation dimension of Family Environment Personal Growth emerged as a predictor among Indian girls ($\beta = -0.17$).

Other dimensions of Family Environment Personal Growth i.e. Independence, Achievement Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed the followings: Independence dimension of Family Personal Growth emerged as a predictor among the Iranian girls ($\beta = 0.18$).

Achievement Orientation dimension of Family Environment Personal Growth emerged as a predictor among the boys ($\beta = 0.15$), girls ($\beta = 0.13$), and Iranian girls ($\beta = 0.19$).

Intellectual-Cultural Orientation dimension of Family Environment Personal Growth emerged as a predictor among the total sample ($\beta = 0.10$), Iranian adolescents ($\beta = 0.15$), and Indian girls ($\beta = 0.18$).
Active-Recreational Orientation dimension of Family Environment Personal Growth emerged as a predictor among Iranian adolescents (β= 0.16), Indian adolescents (β= 0.13), and Iranian boys (β= 0.22).

Moral-Religious Emphasis dimension of Family Environment Personal Growth did not emerge as a predictor among any of the groups.

(4) Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of coping styles viz. Task-Focused Coping, Emotion-Focused Coping and Avoidance Coping with Family Environment Personal Growth.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-focused Coping was positively related with Independence dimension of Family Environment Personal Growth among the Indian boys (r= 0.20). No significant relationship emerged between Task-Focused Coping and Independence among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.

It was negatively related with Moral-Religious Emphasis dimension of Family Environment Personal Growth among the Indian adolescents (r= -0.18), and Indian boys (r= -0.23). No significant relationship emerged between Task-Focused Coping and Moral-Religious Emphasis among the total sample, total Iranian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.
No significant relationship emerged between Task-focused Coping with Total Family Environment Personal Growth and Achievement Orientations, and Intellectual-Cultural Orientation, Active-Recreational Orientation dimensions of Family Environment Personal Growth among any of the groups.

Emotion-focused Coping was positively related with Total Family Environment Personal Growth among the total sample \( (r = 0.10) \). It was negatively related with Total Family Environment Personal Growth among the Iranian boys \( (r = -0.23) \), and Indian boys \( (r = -0.21) \). No significant relationship emerged between Emotion-Focused Coping and Total Family Environment Personal Growth among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian girls, and Indian girls.

It was negatively related with Achievement Orientation dimension of Family Environment Personal Growth among the Iranian boys \( (r = -0.29) \). No significant relationship emerged between Emotion-Focused Coping and Achievement Orientation among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Iranian girls and Indian girls.

It was positively related with Moral-Religious Emphasis dimension of Family Environment Personal Growth among the total sample \( (r = 0.10) \). No significant relationship emerged between Emotion-Focused Coping and Moral-Religious Emphasis among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

No significant relationship emerged between Emotion-focused Coping and Independence, Intellectual-Cultural Orientation, and
Active-Recreational Orientation dimensions of Family Environment Personal Growth among any of the groups.

Avoidance Coping was negatively related with Active-Recreational Orientation dimension of Family Environment Personal Growth among the Indian girls ($r = -0.24$). No significant relationship emerged between Avoidance Coping and Active-Recreational Orientation among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Iranian girls.


Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the Criterion Variable revealed the followings: Independence dimension of Family Environment Personal Growth emerged as a predictor among the total sample ($\beta = 0.10$), boys ($\beta = 0.17$), and Indian boys ($\beta = 0.18$).

Moral-Religious Emphasis dimension of Family Environment Personal Growth emerged as a predictor among Indian adolescents ($\beta = -0.18$).

Achievement Orientation, Intellectual-Cultural Orientation, and Active-Recreational Orientation dimensions of Family Environment Personal Growth did not emerge as predictors among any of the groups.
Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the Criterion Variable revealed the followings: Moral-Religious Emphasis dimension of Family Environment Personal Growth emerged as a predictor among the girls ($\beta = 0.17$).

Independence, Achievement Orientation, Intellectual-Cultural Orientation, and Active-Recreational Orientation dimensions of Family Environment Personal Growth did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed the followings: the dimensions of Family Environment Personal Growth i.e. Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis did not emerge as predictors among any of the groups.

(5) It was hypothesized that Adolescent stress viz. Stress Symptoms, Daily Hassles and Uplifts were expected to be negatively related with System-Maintenance dimensions of Family Environment Scale viz. Organization and Control in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Total Family Environment System Maintenance among the total sample ($r= -0.27$), Iranian adolescents ($r= -0.25$), Indian adolescents ($r= 0.26$), boys ($r=-0.19$), girls ($r= -0.34$), Iranian Girls ($r= -0.37$), and Indian girls ($r= -0.34$). No significant relationship emerged between
Stress Symptoms and Total Family Environment System Maintenance among Iranian boys, and Indian boys.

They were negatively related with Organization dimension of Family Environment System Maintenance among the total sample (r = -0.28), Iranian adolescents (r = -0.38), Indian adolescents (r = -0.19), boys (r = -0.27), girls (r = -0.29), Iranian boys (r = -0.36), Indian boys (r = -0.22), and Iranian girls (r = -0.40). No significant relationship emerged between Stress Symptoms and Organization among Indian girls.

They were also negatively related with Control dimension of Family Environment System Maintenance among the total sample (r = -0.12), Indian adolescents (r = -0.20), girls (r = -0.24), and Indian girls (r = -0.36). No significant relationship emerged between Stress Symptoms and Control among total Iranian adolescents, total boys, Iranian boys, Indian boys, and Iranian girls.

Daily Hassles were negatively related with Total Family Environment System Maintenance among the girls (r = -0.15). No significant relationship emerged between Daily Hassles and Total Family Environment System Maintenance among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were negatively related with Control dimension of Family Environment System Maintenance among Indian boys (r = -0.21), and Iranian girls (r = -0.20). No significant relationship emerged between Daily Hassles and Control among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, and Indian girls.
No significant relationship emerged between Daily Hassles and Organization dimension of Family Environment System Maintenance among any of the groups.

Uplifts were positively related with Total Family Environment System Maintenance among the total sample ($r = 0.14$), Iranian adolescents ($r = 0.25$), boys ($r = 0.22$), Iranian boys ($r = 0.23$), Indian boys ($r = 0.22$), Iranian girls ($r = 0.28$), and Indian girls ($r = 0.22$). No significant relationship emerged between Uplifts and Total Family Environment System Maintenance among total Indian adolescents, and total girls.

They were positively related with Organization dimension of Family Environment System Maintenance among the total sample ($r = 0.18$), Iranian adolescents ($r = 0.30$), boys ($r = 0.17$), girls ($r = 0.22$), Iranian boys ($r = 0.22$), and Iranian girls ($r = 0.48$). No significant relationship emerged between Uplifts and Organization among total Indian adolescents, Indian boys, and Indian girls.

They were also positively related with Control dimension of Family Environment System Maintenance among the boys ($r = 0.15$), Indian boys ($r = 0.21$), and Indian girls ($r = 0.22$). No significant relationship emerged between Uplifts and Control among the total sample, total Iranian adolescents, total Indian adolescents, total girls, Iranian boys, and Iranian girls.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed the followings: Organization dimension of Family Environment System Maintenance emerged as a predictor among the boys ($\beta = -0.20$), and Indian boys ($\beta = -0.17$).
Control dimension of Family Environment System Maintenance emerged as a predictor among Indian adolescents ($\beta = -0.18$), girls ($\beta = -0.15$), and Indian girls ($\beta = -0.23$).

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed that Organization and Control dimensions of Family Environment System Maintenance did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed that Organization dimension of Family Environment System Maintenance emerged as a predictor among the total sample ($\beta = 0.16$), Iranian adolescents ($\beta = 0.21$), girls ($\beta = 0.27$), and Iranian girls ($\beta = 0.48$); However, Control dimension of Family Environment System Maintenance did not emerge as a predictor among any of the groups.

(6) Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of coping styles viz. Task-Focused Coping, Emotion-Focused Coping and Avoidance Coping with Family Environment System Maintenance.

A perusal at the inter-correlation tables (Tables 52-60) revealed that no significant relationship emerged between Task-focused Coping with Total Family Environment System Maintenance and its dimensions i.e. Organization, Control and among any of the groups.

Emotion-focused Coping was negatively related with Total Family Environment System Maintenance among Indian boys ($r = -0.23$). No significant relationship emerged between Emotion-
Focused Coping and Total Family Environment System Maintenance among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.

No significant relationship emerged between Emotion-focused Coping and dimensions of Family Environment System Maintenance i.e. Organization and Control among any of the groups.

Avoidance Coping was negatively related with Total Family Environment System Maintenance among the boys ($r= -0.14$). No significant relationship emerged between Avoidance Coping and Total Family Environment System Maintenance among the total sample, total Iranian adolescents, total Indian adolescents, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

It was negatively related with Organization dimension of Family Environment System Maintenance among the boys ($r= -0.14$) and Indian girls ($r= -0.24$). No significant relationship emerged between Avoidance Coping and Organization among the total sample, Iranian adolescents, Indian adolescents, total girls, Iranian boys, Indian boys, and Iranian girls; however, no significant relationship emerged between Avoidance Coping and Control dimension of Family Environment System Maintenance among any of the groups.

Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the Criterion variable revealed the followings: Organization dimension of Family Environment System Maintenance emerged as a predictor among the Indian girls ($\beta= 0.25$); however,
Control dimension of Family Environment System Maintenance did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the Criterion Variable revealed that dimensions of Family Environment System Maintenance i.e. Organization and Control did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed the followings: Organization dimension of Family Environment System Maintenance emerged as a predictor among Iranian adolescents ($\beta = -0.16$), boys ($\beta = -0.17$), Iranian Boys ($\beta = -0.22$), and Indian girls ($\beta = -0.23$); however, Control dimension of Family Environment System Maintenance did not emerge as a predictor among any of the groups.

Many studies have shown that family plays an important role in stress and coping. Apart from an individual’s psychological coping resources, support from interpersonal networks, such as family and friends, is an important coping resource (Pearlin and Schooler, 1987). In addition, Patterson and McCubbin (1987) maintain that the coping practices of family members, as well as parental instruction, help adolescents acquire coping behaviors.

Empirical data support the notion that the nature of the family environment (e.g., level of cohesion, degree of conflict, and organization) is strongly associated with adolescent coping style (Shulman et al., 1987; Siddique and D'Srcy, 1984). Family environment also influences adolescent coping ability via its effect on self-esteem and sense of mastery. Some studies have shown that the
more conflictual and less cohesive the family environment is perceived to be, the lower the individual's level of self-esteem (Boys' and Girls' Association of Hong Kong, 1992).

Research has shown that family dynamics is one of the most important elements affecting healthy child development. Positive family functioning can help mitigate the influence of other factors in child development, such as family income and family structure (Schaffer, 1998). Research shows that both overall family system functioning and parental behaviors are positively related to adolescent well-being (Grotevant, 1998).

Shek (1998) examined the relationship between parent-adolescent conflict and adolescent psychological well-being in a sample of Chinese adolescents. Results indicated that parent-adolescent conflict was related to hopelessness, life satisfaction, self-esteem and purpose in life. The relation between parent-adolescent conflict and psychological well-being were bidirectional. Father-adolescent conflict relative to mother-adolescent conflict was found to exert a stronger influence on adolescent psychological well-being.

Balanced family systems allow flexibility in family rules and roles as the needs of the overall family system, subsystems, or individual family members change (Olson et al., 1992). Adolescents in balanced families may see their parents as more flexible in responding to the adolescents' needs and interpret the parental behaviors as a manifestation of parental support. In sum, balanced families tend to create a warm, flexible atmosphere in the overall
family system that facilitates adolescent perceptions of parental support. In contrast, extreme families are expected to be lower in parental support since the emotional bonding in the overall system tends to be minimal or excessive and interaction patterns do not allow families flexibility to navigate change.

In general, punitiveness has been found to be negatively associated with family life satisfaction (Henry, 1994), general social competence, moral development, self-esteem; and increased risk of substance use and delinquency (Peterson and Hann, 1999).

Simpson et al. (1999) in their study of conflict in close relationships found that adolescents who were low on stress who were not worried about being abandoned and who were confident about the long-term availability of their attachment figures would perceive their family members and close relationships more positively after attempting to resolve a major conflict. They approached and handled conflict in a more proactive, constructive fashion. In the familial context, low stress adolescents viewed a major relationships based problem as one in which open communication and joint constructive sharing of feelings and personal beliefs about an important issue occurred.

Greenberger et al. (2000) and Greenberger and Chen (1996) investigated the relationships between family processes and depressed mood both cross-culturally and cross-nationally. More specifically, Greenberger and Chen (1996) tested the relationships between family background variables, warmth, conflict, cohesion, and depression in European American and Asian American early (n=173) and late (n=297) adolescents in junior high and college. Findings
provided evidence that for early and late adolescents in both European and Asian American groups, maternal and paternal warmth and family cohesion were negatively associated with depressed mood, while conflict with mother and father, as well as total family conflict, were positively correlated with depressed mood. In addition, regressions provided evidence that a lack of parental warmth and acceptance explained depressed mood for early and late adolescents in both European American and Asian American youth. They also indicated that conflict with parents was positively associated with depressed mood across all groups except in Asian American college students. Despite mean level differences in family processes across groups, findings indicated great similarity in the effects of parenting processes on depressed mood across both cultural groups in both junior high and college samples. In fact, follow-up analyses found no effect by ethnicity once parent adolescent relationship variables were entered into the equation. In addition, their findings also indicated that family relationships may be more salient during early adolescence than during late adolescence since family variables explained 44% to 51% of the total variance in depressed mood in the early adolescent sample, but only 10% to 11% in the late adolescent sample.

Jain and Mishra (2000) studied that the different styles of parental rearing also have an effect on adolescent’s adjustment and behavior. They studied the contribution of parental rearing to the academic achievement of Indian adolescents aged 13 to 15 years, who had educated mothers. Regression analysis on the data of 108 adolescents revealed that parental responsiveness positively contributed to the academic achievement of adolescents.
Ash and Huebner (2001) found a correlation of 0.33 between family life experiences (chronic stressors) and perceived life satisfaction.

Other than the common stressors of adolescence, more chronic stressors like physical illness and their psychological consequences also have a relation with the family environment of the adolescent. In a study by Pettit et al. (2001), it was found that enuresis in boys is associated with rejection by the father, accompanied by rejection or overprotection by the mother. In any case, the rejected individual wants to get away from home as soon as possible. In moments of desperation, a boy may run away from home, and the girl may grab the chance of a hasty marriage.

Thapar (2002) conducted a study to explore attachment and coping behaviors in adolescents as a function of stress. Results showed that: Adolescents high on stress perceived less cohesion, expressiveness, moral-religious Emphasis, Organization, and Control in their family environment and scored lower on Self-esteem and Satisfaction with Life, as compared to adolescents low on stress. Adolescents high on stress perceived more conflict, Independence, Achievement Orientation, Intellectual-cultural Orientation, and Active-Recreational Orientation in their family environment as compared to adolescents low on stress.

Hamid et al. (2003) conducted a study on adolescent coping in different Chinese family environments. The aim of their study was fourfold. First, it investigated the characteristics of adolescents' family
environment (e.g., level of cohesion, degree of conflict, and organization), classifying them into family types. Second, adolescents' self esteem and sense of mastery, which are associated with coping ability, were investigated for the identified family types. Third, it sought to identify the characteristics of the family environment that are associated with the adoption of a more constructive coping style. Finally, since few studies concerning family environment have been carried out with Chinese adolescents, they explored the different family types in Hong Kong which provides a unique socioeconomic context that combines urbanization, Westernization, and Chinese culture.

Results showed that adolescents from a warm and supportive family environment, with high levels of organization, cohesion, and expressiveness, had adopted a more constructive coping style, which included more frequent use of problem-focused coping (mobilization of personal resources and seeking help from social resources) and positive emotion-focused coping (adoption of the philosophy of doing nothing), as compared with adolescents from a stressful family environment, characterized by high conflict and control. Moreover, boys and girls showed differences on two coping dimensions. Boys tended to use such strategies as avoidance or blaming self/others more often, and girls tended to rely on social resources more often when they encountered difficulties.

The results were consistent with many previous studies. Four distinctive family types were identified, and the five dimensions of cohesion, expressiveness, organization, control, and conflict were salient. High levels of cohesion, expressiveness, and organization, a
low level of conflict, and a low to medium level of control offer an optimum family environment for adolescent development, while a high level of conflict, a high level of control, and low levels of cohesion, expressiveness, and organization characterize an unfavorable family environment for adolescent development.

For the other five subscales of family environment, achievement was found to be high across the four family types, and the level of independence in positive family environments was lower than in the negative family environments. This could be explained by the fact that Chinese parents place great emphasis on their children’s achievement and “obedience, proper conduct, moral training, and the acceptance of social obligations, in contrast to the lack of emphasis placed on independence, assertiveness and creativity” (Ho, 1986).

Three dimensions (i.e., moral-religious emphasis, intellectual-cultural orientation, and active-recreational orientation) were not as prominent in discriminating the family environments as positive or negative. This may be due to the fact that these three dimensions do not directly relate to adolescent development tasks such as identity formation and achieving autonomy.

Consistent with previous studies, a positive perception of the family environment was associated with the use of problem-focused coping strategies. Adolescents were least able to adopt a constructive coping style when they had a negative perception of their family environment (Hamid et al., 2003).

In general, growing up in a family that is functioning well with parents who exhibit positive parenting practices will reduce the effects of other factors such as income and maternal education.
Despite these mitigating effects, however, income and maternal education have been shown to contribute significantly to child outcomes.

Olson and Gorall (2003) noted that effective (or balanced) overall family system functioning includes moderate levels of cohesion and flexibility, a balance between closeness and individuality, egalitarian leadership, democratic approaches to discipline, and uses positive communication skills. Olson et al. (1992) identified four types of overall family functioning: (a) balanced families which tend to report moderate levels of both cohesion and adaptability, (b) moderately balanced families who report slightly higher or slightly lower than moderate levels of both cohesion and adaptability, (c) mid-range families that tend to report a slightly higher or slightly lower than moderate level of either cohesion or adaptability with an extreme score on the remaining dimension, and (d) extreme families who report extremely high or extremely low levels of both cohesion and adaptability. Each individual in the family “constructs” his or her own understanding of overall family and subsystem dynamics (Larsen and Olson, 1990).

Recent advances in systems theory approaches to the study of child development have contributed to an increased interest in examining the interconnection between familial variables and adjustment (Magnusson and Stattin, 1998). More specifically, several socialization studies have examined the relationship between parental behaviors and well-being in childhood and adolescence.
Suldo and Huebner (2004) found significant associations between authoritative parenting behavior and adolescents’ life satisfaction reports. Furthermore, they found that life satisfaction fully mediated the relationship between emotional support and partially mediated the relationship between the remaining authoritative parenting dimensions (i.e., strictness-supervision, psychological autonomy granting) and maladaptive adolescent behavior.

Parental depression places adolescents at increased risk for internalizing (Galimore and Kurdek, 1992) and externalizing problem behaviors (Gartstein and Fagot, 2003). Children of depressed women show deficits in social, psychological, and cognitive domains and are at increased risk for depression and conduct disorder (Burke, 2003). Beyond direct effects, researchers suggest that parental depressive symptoms could impact adolescent problem behaviors indirectly through lowering the quality of parenting (Harnish et al., 1995). Research indicates that the pathways linking parental depression and adolescent outcomes are complex, with low quality parenting behaviors being intervening variables (Hills et al., 2003).

Maternal depressive symptoms play a key role in the quality of mother-child interactions (Albright and Tamis-LeMonda, 2002). Maternal depression relates inversely to the quality of mother-child interactions. High scores on depression are associated with less sensitivity, engagement, affection, and more rigidity in mothers and with less compliance, affection, engagement, and gentleness in children. In addition, higher depression scores are associated with less mutual communication, reciprocity, and enjoyment in the mother-
child dyad (Crnic and Greenberg, 1987). Depressed parents have been described as more inconsistent, lax, uninvolved and more forceful with their children (McLoyd et al., 1994).

Although the majority of work on parenting styles and adjustment has focused on childhood, several studies have examined these associations in adolescence. Gonzalez et al. (2002) found that authoritative parenting fosters adolescents’ positive well being and enhances learning goals.

According to Gfroerer et al. (2004), Individual Psychology’s Parenting Model, based on Adlerian theory, suggests that an autocratic parenting style may not be effective because it implies a superior/inferior relationship between parent and child. This approach to child rearing fails to produce responsibility in children. Furthermore, permissive parenting is potentially harmful for children because it fails to give them a sense of personal achievement. A democratic parenting style was suggested as the most ideal for psychological adjustment because behavioral compliance and psychological autonomy are viewed as interdependent objectives.

Zullig et al. (2005) examined the relationships between perceived life satisfaction and family structure among 5,021 public high school adolescents using the self-report CDC Youth Risk Behavior Survey (YRBS). Living with other relatives, non-relatives, or guardians was significantly related to reported life dissatisfaction for all race and gender groups, except black males. However, white females and males living with both parents were significantly less
likely to report dissatisfaction with life. Black females living with their mothers only were also significantly less likely to report dissatisfaction with life, while black males living with their fathers only and white females living with their mother and another adult/adults were significantly more likely to report dissatisfaction with life. Differing family structures appear to exert disparate effects for life satisfaction on adolescents as a function of race and/or gender. Thus, a particular health promotion intervention may not benefit all adolescents. Intervention efforts must be tailored to adolescents’ specific race and gender characteristics.

According to Seiffge-Krenke (2006), adolescence is a particularly challenging period in the life span. Most notably, adolescents experience rapid changes in their physical maturation. These changes coincide with the development of adolescent identity and the normative push for autonomy from parents. Adolescents seek to establish more mature and egalitarian relationships with their parents and must negotiate a balance between independence and dependence. As well, friendships become closer, an interest in entering romantic relationships increases, and social networks are enlarged to include romantic partners (Thornton et al., 1995). All of these factors may increase the pressure on the adolescent to revise his or her patterns of social interactions and hence, may result in conflicts in close relationships with significant others.

Seiffge-Krenke (2006) explored the role of working models of attachment in the process of coping with relationship stressors with a focus on long-term adaptation. In a 7-year longitudinal study of 112 participants, stress and coping were assessed during adolescence
and emerging adulthood. In addition, working models of attachment were assessed by employing the Adult Attachment Interview (AAI). Individuals classified as having secure working models experienced low stress in relationships with parents, peers, and romantic partners and dealt with relationship stressors more actively by using their social network during adolescence and at the age of 21 years. In contrast, individuals with preoccupied working models experienced high relationship stress, particularly in relationships with parents, and employed less adaptive coping styles over time. Results revealed that although a preoccupied working model of attachment and withdrawal coping explained variance in symptomatology, relationship stressors were more predictive of poor psychological adaptation.

According to Caples and Barrera (2006), Psychological maltreatment affects an estimated 1.1 million children and adolescents every year (National Center on Child Abuse and Neglect, 1996). Nevertheless, when compared to research on physical and sexual abuse, little attention has been given to the role of psychological maltreatment as a risk factor for children’s psychological distress. One proposed aspect of psychological maltreatment is degrading parenting behavior (Kairys et al., 2002) including verbal abuse, name-calling, belittling, ridicule, hostility, sarcasm, unjustified criticism, and humiliation (Iwaniec, 2003).

Despite interest in the effects of emotional abuse, much is still unknown about the impact of degrading parenting practices. A number of possible maladaptive outcomes for children have been theorized, including impaired emotional awareness, anxiety,
depression, lowered self-esteem, aggression, poor peer relations, and academic failure (Thompson and Kaplan, 1996). One study found that adolescents’ self-reported lifetime experience of having been criticized and treated unfairly by parents predicted internalizing and externalizing symptoms (McGee et al., 1995). Another study found that parental criticism and hostility predicted aggression and anxiety in children 6–17 years old (Crittenden et al., 1994). Associations between degrading parenting and adolescent internalizing symptoms were also suggested by Stone (1994), who reviewed case files for adolescents and found that a history of “emotional abuse”, including degrading behavior, predicted depressive symptoms.

Relations between degrading parenting and externalizing problems in adolescence have been similarly suggested. Several studies have documented that coercive parenting, characterized in part by scolding, threatening, and hostile parenting behaviors, predicts the later development of adolescent aggression and conduct problems (Patterson, 1995). Similarly, Roehling et al. (1996) found that harsh parenting practices (including degrading and physically abusive parenting) were associated with greater levels of conduct disorder in adolescence, particularly for boys. Other researchers have documented an association between hostile parenting and adolescent externalizing (Webster-Stratton and Hammond, 1999).

A theoretical model by Miller (1983) identified avoidant coping as a potential route by which degrading parenting behavior might negatively impact children’s functioning. Miller proposed that children
have specific needs that must be met for normal emotional development to occur, including being respected, understood, and accepted. Miller suggested that these basic needs cannot be met when a parent engages in various types of degrading behavior. When a child's basic needs are not met, Miller theorized that the child is likely to engage in avoidant coping by repressing thoughts and feelings of frustration, pain, and helplessness in order to avoid losing parental love. Furthermore, a child's avoidant coping would lead to psychological distress, including depression and anxiety (Miller, 1983). There is little or no empirical research that shows degrading parenting as a risk factor for reliance on avoidant coping; however, case studies do support cognitive avoidance as an outcome for emotionally maltreated children (Jacobsen and Miller, 1998). Furthermore, studies of adolescents and adults with other types of abuse histories have found that the use of avoidant coping elevates the risk for psychological distress (Spaccarelli and Fuchs, 1997).

According to Caples and Barrera (2006), maternal support is proposed as a mediator in the relation between mothers' degrading parenting behavior and adolescent adjustment. Although the review of literature did not reveal any studies that have examined the relation between degrading parenting and perceived parental support, it has been theorized that degrading parenting practices might affect a child's perception of being respected and supported by his or her parent (Navarre, 1987). If mothers' degrading parenting does indeed decrease adolescents' sense of maternal support, this perceived lack of support might, in turn, increase adolescents' risk for psychological distress. There is considerable evidence that parental support is
related to psychological distress in adolescence (Barrera and Li, 1996). What is lacking, however, is research that shows that parental support mediates the relation between degrading parenting and adolescents’ psychological distress.

Relatively few studies have examined psychological maltreatment as a risk factor for adolescent psychopathology. A cross-sectional study by Caples and Barrera (2006) evaluated mother-adolescent conflict frequency, maternal support, and avoidant coping as mediators of relations between mother’s degrading parenting and adolescent conduct problems and internalizing. Analyses were conducted to determine if relations between model constructs were influenced by reporter, gender, or ethnicity. The sample included 232 adolescents and their mothers. Household interviews were conducted with families who were randomly selected from two urban school districts. The proposed model was estimated using path analysis and generally fit the data well. Results suggested that mothers’ degrading parenting was associated with risk for internalizing and conduct problems, regardless of adolescent gender or ethnicity. Mother-adolescent conflict frequency mediated relations between mothers’ degrading parenting and adolescent adjustment. Maternal support and avoidant coping mediated relations between degrading parenting and internalizing when adolescent report was used.

The positive relation between avoidant coping and adolescent internalizing had been fairly well established in previous studies (Fields and Prinz, 1997; Wills, 1997). The study by Caples and Barrera (2006), however, adds to this literature by linking degrading
parenting and adolescents' avoidant coping, as well as establishing avoidant coping as a pathway whereby mother's degrading parenting may affect adolescent risk for internalizing symptoms. That mediational pathway lends some empirical support to Miller's (1997) theory that adolescents who experience degrading parenting are more likely to rely on repression and cognitive avoidance, thus increasing risk for depression and anxiety.

*Caples and Barrera (2006)* suggested that mothers' degrading parenting is associated with risk for internalizing and conduct problems, regardless of adolescent gender or ethnicity (Caucasian and Mexican-American descent). Nevertheless, some unhypothesized ethnic group differences were found when adolescents were reporters of parenting, the mediators, and the outcomes. Degrading parenting was more highly related to mother-adolescent conflict for Caucasians than it was for Mexican Americans. That finding might be due to the influence of familism and simpatia for Mexican American families that would stress positive relations within the family and the avoidance of overt conflict (*Castro and Hernandez, 2004*). If Mexican American families do, in fact, value the avoidance of conflict, conflict might be more damaging when it does occur between Mexican American mothers and their children. That would explain why the relation between mother-adolescent conflict and conduct problems was stronger for Mexican American adolescents than it was for Caucasian adolescents. The relation between maternal support and internalizing problems also was stronger for Mexican American adolescents than it was for European American adolescents. *Formoso et al. (2000)* noted that
Hispanic families have been characterized by close emotional ties between parents and children. They speculated that, "Because there are strong cultural incentives to maintain supportive parent-child bonds, even in the face of family adversity, these children may be more likely to derive protective benefits from these bonds". Even though the results of the present study are consistent with that speculation, research has not found greater benefits of parental support for Hispanic adolescents relative to other ethnic groups (Formoso et al., 2000; Hill et al., 2003).

Adolescents who reported having a positive relationship with parents under conditions of high stress demonstrated better outcomes than those reporting poorer relationship quality with parents (Marta, 1997).

Recent studies also show similar patterns. In one sample of impoverished African American adolescent girls and their mothers, authoritative parenting, characterized by high levels of warmth/involvement and high levels of monitoring, was associated with less delinquency, less depression, and less likelihood of pregnancy (Pittman and Chase-Lansdale, 2001). Similarly, parent-adolescent relationship quality was associated with better psychological functioning in a sample of urban adolescent girls (Barber et al., 2003). Also, parent-adolescent conflict, another indicator of the parent-adolescent relationship, has been associated with more depressive symptoms over time in urban adolescents (Sagrestano et al., 2003). Smetana et al (2002) study of middle-class early adolescents and their mothers found that positive mother-adolescent communication and high levels of parental behavioral
control predicted lower levels of adolescent problem behavior. Taken together, these studies suggest that having a positive relationship with adolescents characterized by good communication and low levels of conflict is associated with better psychosocial adjustment and fewer mental health problems.

In addition to parent-adolescent relationship quality, autonomy seeking is another critical aspect of healthy psychosocial development in adolescence (Hill and Holmbeck, 1986). Theorists and researchers have posited that the developmental press for autonomy arises from the need for adolescents to individuate from their parents and develop their own interests and identity (Zimmer-Gembeck and Collins, 2003). The process of asserting one's identity separate from parents must occur in order for adolescents to develop into well-functioning adults. Increasingly, autonomy is being viewed as a multidimensional construct that contains emotional, behavioral, and cognitive dimensions (Zimmer-Gembeck and Collins, 2003). Moreover, the relationship of these dimensions to psychosocial outcomes should be considered in the context of specific aspects of the parent-adolescent relationship (e.g., psychological control, parent-adolescent conflict) (Silk et al., 2003).

Behavioral autonomy is defined as “the capacity to make independent decisions and follow through with them” (Steinberg and Silk, 2002). Previous research has linked family communication processes that promote autonomy with higher levels of ego development and self-esteem and lower levels of hostility and depression in European American middle-class samples (Allen et al., 1994; Hauser et al., 1984).
Furthermore, in a study examining how attachment and autonomy predicted mental health difficulties in adolescents, low levels of autonomy promotion in family communication has been linked to more internalizing behaviors in adolescents who were classified as preoccupied (Marsh et al., 2003). Additionally, preoccupied adolescents whose mothers promoted extremely high levels of autonomy were more likely to engage in risky behavior.

Due to the many threats to development that African American adolescents face, the process of granting autonomy presents a special challenge for parents (Boyd-Franklin and Franklin, 2000). Recent studies examining monitoring of adolescents in African American families have indicated that use of high levels of monitoring and control to protect children from risks found in dangerous communities (Mason et al., 1996). One longitudinal observational study examining autonomy processes in 48 African American mother-adolescent dyads from low- to middle-income backgrounds indicated that adolescents who demonstrated higher levels of autonomy with their mothers showed higher levels of social competence at one-year follow-up (Hall, 2002). Additionally, psychological autonomy granting has also been linked to decreased use of negative anger management strategies in a sample of urban African American adolescents. In a study of middle-class African American families that examined parent and adolescent beliefs about parental authority in several domains, Smetana (2000) found that parents and adolescents agreed that parents should exercise high levels control over various aspects of the adolescent’s life such personal choices (e.g., choice of music), moral issues, and friendship issues.
Furthermore, the study yielded higher levels of parent-adolescent agreement about the extent to which parents should regulate various aspects of adolescents' lives in comparison to findings in previous research on European American samples. Despite this pattern, adolescents still retained the belief that issues related to personal expression, control over their bodies, and privacy were areas in which they should make the final decision.

*Milevsky et al (2006)* examined variations in adolescent adjustment as a function of maternal and paternal parenting styles. Participants included 272 students in grades 9 and 11 from a public high school in a metropolitan area of the Northeastern US. Participants completed measures of maternal and paternal parenting styles and indices of psychological adjustment. Authoritative mothering was found to relate to higher self-esteem and life-satisfaction and to lower depression. Paternal parenting styles was also related to psychological adjustment, however, although the advantage of authoritative mothering over permissive mothering was evident for all outcomes assessed, for paternal styles the advantage was less defined and only evident for depression. Their study highlighted the importance of examining process-oriented agents as part of the broader interest in well-being variations in adolescents.

Overall the results indicated that parenting styles are related to well-being in adolescents. Authoritative parenting was found to relate to higher self-esteem and life-satisfaction and to lower depression. These findings were consistent with previous work on children suggesting a link between parenting practices and adjustment (*Karavasilis et al., 2003; Kauffman et al., 2000*).
Vazsonyi and Belliston (2006) reported that excessive parental control, family conflict, and inconsistent parental support are associated with depressive symptoms (Donnelly, 1999; Herman-Stahl and Peterson, 1999; Sagrestano et al., 2003). Comparatively few investigations have focused on the relations between parenting processes and symptoms of anxiety, though due to the high level of comorbidity between the two internalizing behaviors (Peterson et al., 1993), they can expect rather similar correlates and predictors; this is so despite the fact that research on anxiety and depression symptoms have largely pursued independent lines of research (Zahn-Waxler et al., 2000). Thus, relational warmth and supportive parenting are associated with positive adjustment, whereas psychological control or over-control more generally, emotional over-involvement, and coercive or conflictual family milieus are associated with negative adjustment (Miyamoto et al., 2001; Muris et al., 2004; Wolfradt et al., 2002).

Robila and Krishnakumar (2006) examined the impact of maternal depression and parenting behaviors on adolescents’ psychological functioning. The direct and indirect links between maternal depression, maternal acceptance, behavioral control, psychological control and adolescent internalizing and externalizing behaviors were analyzed. The sample consisted of 239, 12-14 year-old adolescents and their mothers. Results indicated that higher maternal depression were associated with higher levels of psychological control and higher levels of internalizing and externalizing behaviors. Higher levels of behavioral control were associated with higher levels of internalizing and externalizing behaviors.
behaviors in adolescents. However, the mothers were able to compartmentalize their depression from other parenting behaviors such as acceptance and behavioral control.

In addition, higher maternal depression was related to higher depression and withdrawal in children. Maternal depression was also related to higher psychological control. Strict discipline and psychological control decreased child behavioral problems. Their results supported previous literature that indicated that youth depression was impacted by parental depression and quality of parenting (Forman and Davis, 2003; Oyserman et al., 2002).

Van Der Zee et al. (2007) examined the influence of family and parental work factors, personality, and attachment on the intercultural adjustment of expatriate children and adolescents (n=104). Children from families high in cohesion exhibited higher levels of adjustment than children from low cohesive families. Expatriate work satisfaction was significantly related to children’s adjustment. Emotional Stability appeared as an independent predictor of adjustment. Attachment dominated as the strongest predictor of adjustment, whereby an ambivalent attachment style was negatively related to adjustment. Interestingly, personality and attachment moderated the influence of family- and work-related factors on adjustment, whereby the beneficial effects of a healthy family and work situation were particularly found among children high on the intercultural traits and high in secure attachment.

Family stress theory has primarily focused on resources at the family-level such as family adaptability, communication, and cohesion (Olson and McCubbin, 1982).
Family system theory (McCubbin, 1988) describes the nature of relationships among family members. In terms of family system theory, an overseas assignment is a change that requires the family to restructure, develop, and adapt in response to the demands of the new situation. If families can adequately adapt to the foreign environment, they will maintain continuity and facilitate each family member’s psychological growth and intercultural adjustment (Caligiuri et al., 1998).

Olson et al. (1984) defined family adaptability as the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. According to family system theory, the more capable the family is of changing its internal relations in response to the demands of the foreign situation, the better she will adapt to new circumstances (Olson et al., 1984).

Family cohesion refers to the amount of emotional bonding between family members (Olson et al., 1984). The level of emotional bonding within the family may impact family members’ ability to develop relationships beyond the boundaries of the family unit, for example, a child’s ability to establish and maintain friendships with other children. Caligiuri et al. (1998) argued that family cohesion may not only affect family members’ bonding positively but may also impact on expatriate children’s ability to establish and maintain friendships with other children in the host country.

The third family characteristic is family communication. Through communication, families can create a shared sense of meaning, develop and orchestrate coping strategies, and maintain harmony.
and balance. A healthy level of family communication is evidenced by the ability of a family to address and resolve concerns within the family. It refers to a family’s ability to resolve conflicts by mutual recognition of different opinions and to negotiate issues of contention (Caligiuri et al., 1998). A study by Forster (1997) showed that the family dimensions of flexibility/adaptability, cohesion, and communication were clearly related to the adolescent well-being.

According to Van Der Zee et al. (2007), family stress theories regard stress as a state in which family resources are challenged by events or circumstances in a way that overtaxes their coping ability and endangers their well-being (Hobfoll and Spielberger, 1992). Current models on family stress (McCubbin and Patterson, 1983) emphasize the fact that outcomes of potential stressful events are not only dependent upon the stressor itself, but also on the amount of family resources and perceptions of the stressful event. Family resources can be defined as “the strengths of individuals, families or larger systems that are valued or act as a vehicle for obtaining that which is valued” (Hobfoll and Spielberger, 1992). Family resources may be used to combat stressors, either by influencing the stressful situation in itself or by affecting the perception of the stressor. Resources may also themselves be subject to change in the stress process (McCubbin and Patterson, 1983).

A study by Dubat et al (2007) was undertaken in Hisar city of Haryana state and Hyderabad city of Andhra Pradesh state. Two schools were selected at random each from Hyderabad and Hisar. In all 80 students of 12th standard 20 each from both the affiliated schools of selected cities were selected at random. In the process of
investigation, a life stress scale, General role stress scale and coping questionnaire were administered to the sample. Results highlighted that most of the adolescent respondents experienced moderate stress followed by high level of stress in the categories of family stress, ego threat, bereavement, personal set back and health of others. Most of the adolescents adopted moderate to low level of negative coping styles and moderate to high levels of positive coping styles.

C: ADOLESCENT STRESS, COPING AND HAPPINESS MEASURES

(1) It was hypothesized that Adolescent Stress viz. Stress Symptoms, Daily Hassles and Uplifts were expected to be negatively related with Happiness Orientations viz. Meaning, Pleasure, and Engagement; Happiness measured by Oxford Happiness Questionnaire; and Perceived Happiness Status in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Meaning dimension of Happiness Orientations in the total sample ($r = -0.11$). No significant relationship emerged between Stress Symptoms and Meaning among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were negatively related with Pleasure dimension of Happiness Orientations in the total sample ($r = -0.21$), boys ($r = -0.16$), and girls ($r = -0.27$). No significant relationship emerged between Stress Symptoms and Pleasure among total Iranian adolescents,
total Indian adolescents, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with Engagement dimension of Happiness Orientations in the girls \( (r= -0.27) \), Iranian boys \( (r= -0.22) \), and Iranian girls \( (r= -0.21) \). No significant relationship emerged between Stress Symptoms and Engagement among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Indian boys, and Indian girls.

**Stress Symptoms** were negatively related with happiness score measured by Oxford Happiness Questionnaire among the total sample \( (r= -0.42) \), Iranian adolescents \( (r= -0.49) \), Indian adolescent \( (r= -0.21) \), boys \( (r= -0.36) \), girls \( (r= -0.49) \), Iranian boys \( (r= -0.40) \), Indian boys \( (r= -0.22) \), Iranian girls \( (r= -0.57) \), and Indian girls \( (r= -0.23) \).

They were also negatively related with Perceived Happiness Status among Iranian adolescents \( (r= -0.23) \), and Iranian boys \( (r= -0.28) \). No significant relationship emerged between Stress Symptoms and Perceived Happiness Status among the total sample, total Indian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

**Daily Hassles** were negatively related with Meaning dimension of Happiness Orientations in the total sample \( (r= -0.16) \), girls \( (r= -0.27) \), and Iranian girls \( (-0.26) \). No significant relationship emerged between Daily Hassles and Meaning among Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.
They were negatively related with **Pleasure** dimension of Happiness Orientations in the total sample \(r= -0.17\), Iranian adolescents \(r= -0.14\), boys \(r= -0.14\), and girls \(r= -0.25\). No significant relationship emerged between Daily Hassles and Pleasure among total Indian adolescents, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with **Engagement** dimension of Happiness Orientations in the total sample \(r= -0.13\), girls \(r= -0.19\), and Iranian boys \(r= -0.19\). No significant relationship emerged between Daily Hassles and Engagement in total Iranian adolescents, total Indian adolescents, total boys, Indian boys, Iranian girls, and Indian girls.

**Daily Hassles** were negatively related with happiness score measured by **Oxford Happiness Questionnaire** among the girls \(r= -0.20\). No significant relationship emerged between Daily Hassles and Oxford Happiness Questionnaire among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with **Perceived Happiness Status** among the total sample \(r= -0.15\), Indian adolescents \(r= -0.20\), boys \(r= -0.18\), girls \(r= -0.18\), and Indian boys \(r= -0.24\). No significant relationship emerged between Daily Hassles and Perceived Happiness Status among total Iranian adolescents, Iranian boys, Iranian girls, and Indian girls.

**Uplifts** were positively related with **Engagement** dimension of Happiness Orientations the Iranian girls \(r= 0.21\). No significant relationship emerged between Uplifts and Engagement in the total
sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Indian girls

No significant relationship emerged between Uplifts with Meaning and Pleasure dimensions of Happiness Orientations among any of the groups.

Uplifts were positively related with happiness score measured by Oxford Happiness Questionnaire among the Iranian adolescents (r= 0.14), Indian boys (r= 0.21), and Iranian girls (r= 0.23). No significant relationship emerged between Uplifts and Oxford Happiness Questionnaire among the total sample, total Indian adolescents, total boys, total girls, Iranian boys, and Indian girls.

They were also positively related with Perceived Happiness Status among the total sample (r= 0.17), Iranian adolescents (r= 0.21), boys (r= 0.16), girls (r= 0.26), Iranian boys (r= 0.26), and Iranian girls (r= 0.32). No significant relationship emerged between Uplifts and Perceived Happiness Status among total Indian adolescents, Indian boys, and Indian girls.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed the followings: Meaning dimension of Happiness Orientations emerged as a predictor among the girls (β= -0.10); Engagement dimension of Happiness Orientations emerged as a predictor among the boys (β= -0.15); and Pleasure dimension of Happiness Orientation did not emerge as a predictor among any of the groups.

Oxford Happiness Questionnaire emerged as a predictor among the total sample (β= -0.14), Iranian adolescents (β= -0.49), Indian adolescents (β= -0.14), girls (β= -0.30), and Indian girls (β= -
0.15); and **Perceived Happiness Status** emerged as a predictor among the girls (β= -0.11).

Stepwise Regression tables *(Tables 62a to 62i)* with **Daily Hassles** as the **Criterion Variable** revealed that **Meaning** dimension of Happiness Orientations emerged as a predictor among the Iranian adolescents (β= -0.17), and Iranian girls (β= -0.25); **Engagement** dimension of Happiness Orientations emerged as a predictor among the Iranian adolescents (β= -0.19); however, **Pleasure** dimension of Happiness Orientations did not emerge as a predictor among any of the groups.

**Oxford Happiness Questionnaire** emerged as a predictor among the total sample (β= -0.12), Iranian adolescents (β= -0.20), and Indian girls (β= -0.23); and **Perceived Happiness Status** emerged as a predictor among the total sample (β= -0.12), Indian adolescents (β= -0.16), girls (β= -0.12), and Indian boys (β= -0.21).

Stepwise Regression tables *(Tables 63a to 63i)* with **Uplifts** as the **Criterion Variable** revealed the followings: **Pleasure** dimension of Happiness Orientations emerged as a predictor among Indian girls (β= 0.17); **Engagement** dimension of Happiness Orientation emerged as a predictor among Iranian adolescents (β= 0.13); however, **Meaning** dimension of Happiness Orientations did not emerge as a predictor in any of the groups.

**Oxford Happiness Questionnaire** emerged as a predictor among the Indian boys (β= 0.19); and **Perceived Happiness Status** emerged as a predictor among the girls (β= 0.14).

*(2) It was hypothesized that Task-Focused Coping was expected to be positively related with Happiness Orientations*
viz. Meaning, Pleasure, and Engagement; Happiness score measured by Oxford Happiness Questionnaire; and Perceived Happiness Status in both the cultures.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Emotion-focused Coping and Avoidance Coping with Happiness Measures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-Focused coping was positively related with Meaning dimension of Happiness Orientations in the total sample ($r= 0.10$). No significant relationship emerged between Task-Focused Coping and Meaning among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

No significant relationship emerged between Task-focused Coping with Pleasure and Engagement dimensions of Happiness Orientations among any of the groups.

Task-focused Coping was positively related with happiness score measured by Oxford Happiness Questionnaire among the total sample ($r= 0.21$), Iranian adolescents ($r= 0.24$), boys ($r= 0.16$), girls ($r= 0.28$), and Iranian girls ($r= 0.36$). No significant relationship emerged between Task-Focused Coping and Oxford Happiness Questionnaire among total Indian adolescents, Iranian boys, Indian boys, and Indian girls.

It was also positively related with Perceived Happiness Status among Iranian adolescents ($r= 0.25$). No significant relationship emerged between Task-Focused Coping and Perceived Happiness
Status among the total sample, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

**Emotion-focused Coping** was negatively related with **Meaning** dimension of Happiness Orientations in Indian adolescents \( (r = -0.17) \), and Indian girls \( (r = 0.23) \). No significant relationship emerged between Emotion-Focused Coping and Meaning among the total sample, total Iranian adolescents, total boys, total girls, Iranian boys, Indian boys, and Iranian girls.

It was negatively related with **Pleasure** dimension of Happiness Orientations among Indian boys \( (r = -0.23) \). No significant relationship emerged between Emotion-Focused Coping and Pleasure among the total sample, Iranian adolescents, Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.

It was also negatively related with **Engagement** dimension of Happiness Orientations among Indian adolescents \( (r = -0.18) \). No significant relationship between Emotion-Focused Coping and Engagement among the total sample, total Iranian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

**Emotion-focused Coping** was positively related with happiness score measured by **Oxford Happiness Questionnaire** among the total sample \( (r = 0.11) \). No significant relationship emerged between Emotion-Focused Coping and Oxford Happiness Questionnaire among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.
It was also positively related with **Perceived Happiness Status** among Iranian adolescents \((r= 0.15)\), and girls \((r= 0.16)\). **Emotion-focused Coping** was negatively related with **Perceived Happiness Status** among Iranian girls \((R= -0.23)\). No significant relationship emerged between Emotion-Focused Coping and Perceived Happiness Status among the total sample, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.

**Avoidance Coping** was negatively related with **Pleasure** dimension of Happiness Orientations in girls \((r= -0.15)\), and Iranian girls \((r= -0.29)\). No significant relationship emerged between Avoidance Coping and Pleasure among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.

No significant relationship emerged between **Avoidance Coping** with **Meaning** and **Engagement** dimensions of Happiness Orientations, **Oxford Happiness Questionnaire** and **Perceived Happiness Status** among any of the groups.

Stepwise Regression tables *(Tables 64a to 64i)* with **Task-Focused Coping** as the **Criterion Variable** revealed that **Oxford Happiness Questionnaire** emerged as a predictor among the girls \((\beta= 0.19)\), Indian boys \((\beta= 0.20)\), and Iranian girls \((\beta= 0.25)\); however, **Meaning**, **Pleasure** and **Engagement** dimensions of Happiness Orientations, and **Perceived Happiness Status** did not emerge as predictors among any of the groups.

Stepwise Regression tables *(Tables 65a to 65i)* with **Emotion-Focused Coping** as the **Criterion Variable** revealed that **Engagement** dimension of Happiness Orientations emerged as a
predictor among Indian adolescents ($\beta = -0.17$), and Indian girls ($\beta = -0.27$); Oxford Happiness Questionnaire emerged as a predictor among Indian boys ($\beta = -0.20$); however, Meaning and Pleasure dimensions of Happiness Orientations and Perceived Happiness Status did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed that Pleasure dimension of Happiness Orientations emerged as a predictor among Iranian girls ($\beta = -0.23$); Oxford Happiness Questionnaire emerged as a predictor among Iranian girls ($\beta = -0.28$); Perceived Happiness Status emerged as a predictor among the total sample ($\beta = 0.11$), and girls ($\beta = -0.15$); however, Meaning and Engagement dimensions of Happiness Orientations did not emerge as predictors among any of the groups.

**Does health influence happiness?** Health is one of the strongest predictors of happiness, especially in the old. Willits and Crider (1988) studied 1,650 individuals aged 50-55 and found that health satisfaction was the strongest predictor of overall satisfaction. Brief et al. (1993) used an objective measure of health, and found in a longitudinal study that it predicted satisfaction and the absence of negative affect, but failed to predict positive affect.

According to Veenhoven (1984) reported that people who perceived themselves to be happy led a healthy life and enjoyed higher quality of life (Mohan and Sehgal, 2006).

Noor (1996) examined the contributions of some demographic (age and education), personality (extraversion and neuroticism) and
role variables (role occupancy and role quality) as predictors of happiness and symptoms of psychological distress in a sample of employed and non-employed English women. Noor (1996) showed that personality variables accounted for the largest proportion of explained variance in the well-being measures. The results did not support the predictions made by the transactional model of stress and that the three sets of predictor variables (demographic, personality and roles) combined additively in their effects on women's psychological well-being. Finally, Noor concluded that happiness and distress, though related, had different correlates.

Argyle (1997) concluded that happiness and positive mood influence health, and vice versa. A number of social and personality factors influence health directly, for example by affecting health behavior or the immune system. These factors also affect health indirectly by influencing happiness and moods. These factors include social relationship, exercise and other aspects of leisure, job status and other aspects of personality.

Over the past three decades, psychologists have made considerable progress in research on subjective well-being (Diener et al., 1999). One major achievement has been the development of scientific measures of subjective well-being. Definitions of subjective well-being distinguish an affective and a cognitive component of SWB. The affective component is an individual’s (actual or perceived) hedonic balance (i.e., the balance between pleasant affect and unpleasant affect). The cognitive component is an individual’s life satisfaction (i.e., evaluations of one’s life according to subjectivity standards).
The place of meaning in life as an ingredient of good life is unquestionable (Ryff and Singer, 1998). A variety of authors have identified finding meaning in life difficulties as a key to positive functioning (Davis et al., 2000). Empirical research has consistently demonstrated that perceiving life to be meaningful is positively related to well-being (Ryff, 1989; Zika and Chamberlain, 1992).

In fact, meaning in life has been shown to relate positively to psychological well-being at almost every stage of the life span, from adolescence to late adulthood (Zika and Chamberlain, 1992). Meaning in life has been found to be an essential part of the folk concept of a “good life” (King and Napa, 1998; Scollon and King, 2004).

Outside the context of coping, research has demonstrated that meaningful activities are often associated with enjoyment (Csikszentmihalyi, 1990; Ryan and Deci, 2001). Indeed, Reker and Wong (1988) noted that “the realization of personal meaning is always accompanied by feelings of satisfaction and fulfillment”. If the discovery or experience of meaning routinely leads to the experience of positive affect, then the association between these two variables may become over-learned and create a strong association in memory. Such an association may lead the salience of one of these variables to recruit thoughts about the other. Thus, over time, positive affect may become linked conceptually with the idea that life is meaningful (Clore et al., 2000).

Youth reporting high global satisfaction reported more positive relationships with others (including peers and parents), less intrapersonal distress (such as anxiety and depression), higher levels
of hope, and a greater sense of personal control than youth reporting low global satisfaction. Such findings suggested that high levels of life satisfaction and various indices of positive behavioral and psychological adjustment are interrelated. The present findings also parallel previous studies investigating global satisfaction levels among adults (Dear et al., 2002; Diener and Seligman, 2002), suggesting that this interrelationship begins as early as adolescence. The findings revealed that high life satisfaction is associated with positive academic experiences and also suggested important conceptual connections between life satisfaction and school context factors, not suggested by other studies (Huebner, 1991).

Although studies have shown that departures from positive SWB levels correlate with a number of maladaptive outcomes (Dear et al., 2002; Furr and Funder, 1998), much less is known of potential psychological, psychoeducational, and psychosocial benefits related to maintaining significantly high levels of well-being. In one of the few studies to directly investigate variables related to differing SWB levels, Diener and Seligman (2002) found that “very happy” adults (i.e., highest 10% of several SWB measures) reported significantly less psychological distress, more positive social relations, and were more extraverted than adults whose SWB scores were in the extreme low end of the continuum. Similar findings have also been reported in Friedman et al. (2002).

Past research indicates that both components of SWB are influenced by personality (Diener and Lucas, 1999) and by culture (Diener and Suh, 1999). Unfortunately, these studies examined personality and culture in isolation, even though cultural
psychologists acknowledge biological constraints (Church, 2000) and most personality psychologists recognize cultural influences on behavior (McCrae, 2001). A conjoint investigation of personality and cultural determinants of SWB has the advantage of identifying possible interactions between personality and cultural variables. For example, Diener and Diener (2000) demonstrated that self-esteem is a stronger predictor of life satisfaction in individualistic cultures than in collectivistic cultures because individualistic cultures emphasize a positive self-view.

Personality research on subjective well-being suggests that “happiness is a thing called stable extraversion” (Francis, 1999) because Neuroticism and Extraversion are consistent predictors of subjective in the United states (Diener and Lucas, 1999), Canada (Pychyl and Little, 1998), Australis (Wilson and Gullone, 1999), England (Furnham and Chang, 1999), the Netherlands (Arrindell et al., 1999), Germany (Schimmack, 1997), Estonia (Allik and Realo, 1997), Spain (Fierro and Cardenal, 1996), Israel (Francis and Katz, 2000) China (Furnham and Cheng, 1999), Hong Kong (Kwan et al., 1997), Taiwan (Lu and Shih, 1997), and Japan (Furnham and Cheng, 1999). Moreover, this relation is not merely a measurement artifact. It is also obtained when personality is assessed by informant reports (Spain et al., 2000), when affect is assessed with daily diaries or repeated ratings of on-line affect (Lucas and Fujita, 2000), and when personality is assessed years before the affect measures (Suh et al., 1996).

However, previous research on personality and subjective well-being has paid little attention to the fact that the cognitive and
affective components of subjective well-being possess discriminant validity – that is, the cognitive and affective components are differentially related to theoretically relevant variables (Lucas et al., 1996). Hence, predictors of subjective well-being can be more strongly related to one component than to the other component. Schimmack et al., (2002) proposed a causal model of the relations between personality (Extraversion and Neuroticism) and the two components of subjective well-being. This model assumes that personality is more strongly related to the affective component of subjective well-being than to the cognitive component of subjective well-being. The model regards Extraversion and Neuroticism as affective dispositions that influence the amount of pleasant and unpleasant affect that people experience in their lives (Diener and Lucas, 1999). The model also postulates that participants rely in part on their hedonic balance to form life-satisfaction judgments (Schimmack et al., 2002; Suh et al., 1998). That is, when respondents from a life-satisfaction judgment they retrieve past pleasant and unpleasant events from memory. The ratio of pleasant memories to unpleasant memories is used as one source of information to form a judgment of life satisfaction. The model implies that Neuroticism and Extraversion influence life satisfaction indirectly through their influence on hedonic balance. In other words, Schimmack et al. (2002) proposed a mediator model of the relation between personality traits and life satisfaction.

Chaha and Tung (2003) studied the causal relationship between stress and adjustment indices in male adolescents. 240 male adolescents in the age range of 12-15 years were tested twice
with a time gap of 1 year. They were administered PGI Well-Being Scale, Adjustment Inventory and Life Events Scale for Indian children. Results revealed that in males, well-being and level of adjustment affect the number of stressful events and the amount of stress experienced by them.

In a study of psychosocial correlates of adolescent health, Sehgal (2003) found that stress symptoms and life stress events were negatively related with perceived happiness and life satisfaction among adolescents. Results also indicated that Task-focused coping and Emotion-focused coping were positively related with perceived happiness and life satisfaction among adolescent boys and girls.

Drawing on past theory and research, Peterson et al. (2005) distinguished three possible orientations to happiness (Seligman, 2002). A study by Peterson et al. (2005) found that these orientations are distinguishable, that they are not incompatible and thus able to be pursued simultaneously, and that each is individually associated with life satisfaction. As previous research has shown, either hedonism or eudemonia can accompany a satisfying life, and so too can engagement.

Different orientations to happiness and their association with life satisfaction were investigated with 845 adults responding to Internet surveys. Peterson et al. (2005) measured life satisfaction and the endorsement of three different ways to be happy: through pleasure, through engagement, and through meaning. Each of these three orientations individually predicted life satisfaction. People simultaneously low on all three orientations reported especially low
life satisfaction. These findings point the way toward a distinction between the full life and the empty life.

The research by Peterson et al. (2005) nonetheless extended theory in several ways, suggesting in particular that an orientation to engagement differs from orientations to pleasure or to meaning. Also, an orientation to pleasure is not as strong an individual predictor of life satisfaction as orientations to engagement or to meaning. But neither is pleasure irrelevant to life satisfaction, because it represents value added to a life rich in engagement and meaning and value subtracted from a life deficient in these respects. The Full Life as the authors have defined it predicts life satisfaction somewhat beyond the sum of its parts, and the Empty Life predicts notably less.

Many psychologists who study pleasure seem unconvinced that it can be increased, positing a genetically influenced set point of affectivity to which most of us return following hedonically laden experiences, either good or bad (Kahneman, 1999). Perhaps the immutability of our ability to experience pleasure explains why its pursuit can be futile (Csikszentmihalyi, 1999). In contrast, a life of engagement seems more under deliberate control (Massimini and Delle Fave, 2000), as does a life of meaning (Frankl, 1963).

Gilman and Huebner (2006) in their study investigated the characteristics of adolescents who report high levels of life global satisfaction. A total of 485 adolescents completed the Students' Life Satisfaction Scale (SLSS) along with self-report measures of intrapersonal, interpersonal, and school-related functioning. Based on their SLSS scores, students were divided into three groups: “low” (bottom 20% of the distribution), “average” (middle 50%), and “high”
Youth in the high satisfaction group reported significantly higher adaptive functioning on all dependent variables than youth in the low satisfaction group. Relative to students with average life satisfaction, students with high life satisfaction reported superior scores on a measure of social stress, a measure of attitudes toward teachers, and on all measures of intrapersonal functioning. Also, no adolescents in the high life satisfaction group demonstrated clinical levels of psychological symptoms, whereas 7% of the average group and 42% of the low satisfaction group reported clinical levels of symptoms. Taken together, the findings suggested that high life satisfaction is associated with some mental health benefits that are not found among youth reporting comparatively lower satisfaction levels.

King et al. (2006) conducted six studies and examined the role of positive affect (PA) in the experience of meaning in life (MIL). Results indicate that positive moods may predispose individuals to feel that life is meaningful. In addition, positive moods may increase sensitivity to the meaning relevance of a situation.

Research investigating the sources of happiness has focused on determining the strongest predictors of happiness and life satisfaction. Three general categories of happiness predictors have been identified: (1) life circumstances and demographics, (2) traits and dispositions, and (3) intentional behaviors (Lyubomirsky et al., 2005).

In contrast to demographic and circumstantial variables, personality traits account for a large portion of the variance in
individual differences in happiness – as much as 40–50% (Diener et al., 1999) – and appear to be critical to well-being. Traits are biologically-based, enduring dispositions (McCrae and Costa, 1996) that include attitude and behavior complexes, which are consistent across time and situations (Allport, 1955). Research has repeatedly shown that certain personality traits are related to happiness, or subjective wellbeing (DeNeve and Cooper, 1998). For example, McCrae and Costa (1991) documented the relations between the five-factor model of personality and the individual components of subjective well-being – that is, positive affect, negative affect, and life satisfaction.

**D: ADOLESCENT STRESS, COPING AND POSITIVE MENTAL STATES VIZ. HOPE AND OPTIMISM**

(1) It was hypothesized that Adolescent stress viz. Stress Symptoms, Daily Hassles, and Uplifts were expected to be negatively related with Hope and its dimensions viz. Pathways and Agency, in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Total Hope among the total sample (r= -0.39), Iranian adolescents (r= -0.46), boys (r= -0.48), girls (r=-0.31), Iranian boys (r= -0.54), Indian boys (r= -0.25), and Iranian girls (r= -0.37). No significant relationship emerged between Stress Symptoms and Total Hope among total Indian adolescents, and Indian girls.

They were negatively related with Pathways dimension of Hope among the total sample (r= -0.34), Iranian adolescents (r= -0.36), boys (r= -0.38), girls (r= -0.32), Iranian boys (r= -0.40),
Indian boys (r = -0.24), and Iranian girls (r = -0.31). No significant relationship emerged between Stress Symptoms and Pathways among total Indian adolescents, and Indian girls.

They were also negatively related with Agency dimension of Hope among the total sample (r = -0.31), Iranian adolescents (r = -0.36), boys (r = -0.41), girls (r = -0.22), Iranian boys (r = -0.54), and Iranian girls (r = -0.32). No significant relationship emerged Stress Symptoms and Agency among total Indian adolescents, Indian boys, and Indian girls.

**Daily Hassles** were negatively related with Total Hope among the total sample (r = -0.27), Iranian adolescents (r = -0.17), boys (r = -0.14), girls (r = -0.42), and Iranian girls (r = -0.29). No significant relationship emerged Daily Hassles and Total Hope among total Indian adolescents, Iranian boys, Indian boys, and Indian girls.

They were negatively related with Pathways dimension of Hope among the total sample (r = -0.27), Iranian adolescents (r = -0.18), boys (r = -0.15), girls (r = -0.46), and Iranian girls (r = -0.29). No significant relationship emerged between Daily Hassles and Pathways among total Indian adolescents, Iranian boys, Indian boys, and Indian girls.

They were also negatively related with Agency dimension of Hope among the total sample (r = -0.20), girls (r = -0.28), and Iranian girls (r = -0.20). No significant relationship emerged between Daily Hassles and Agency among total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Indian girls.

**Uplifts** were positively related with Total Hope among Iranian adolescents (r = 0.17), Indian adolescents (r = 0.18), Iranian boys
(r= 0.23), Iranian girls (r= 0.23), and Indian girls (r= 0.36). No significant relationship emerged between Uplifts and Total Hope among the total sample, total boys, total girls, and Indian boys.

They were positively related with Pathways dimension of Hope among Iranian adolescents (r= 0.18), Indian adolescents (r= 0.15), boys (r= 0.16), Iranian boys (r= 0.26), Iranian girls (r= 0.20), and Indian girls (r= 0.21). No significant relationship emerged between Uplifts and Pathways among the total sample, total girls, and Indian boys.

They were also positively related with Agency dimension of Hope among Indian adolescents (r= 0.15), Iranian girls (r= 0.20), and Indian girls (r= 0.36). No significant relationship emerged between Uplifts and Agency among the total sample, total Iranian adolescents, total boys, total girls, Iranian boys, and Indian boys.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed that Pathways dimension of Hope emerged as a predictor among the boys ($\beta$= -0.21); and Agency dimension of Hope emerged as a predictor among Iranian adolescents ($\beta$= -0.16), and Iranian boys ($\beta$= -0.54).

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed that Pathways dimension of Hope emerged as a predictor among the total sample ($\beta$= -0.14), Iranian adolescents ($\beta$= -0.17), girls ($\beta$= -0.30), and Iranian girls ($\beta$= -0.29); however, Agency dimension of Hope did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed that Pathways dimension of Hope
emerged as a predictor among the total sample ($\beta= 0.14$), Iranian adolescents ($\beta= 0.16$), and Indian adolescents ($\beta= 0.15$); and **Agency** dimension of Hope emerged as a predictor among the girls ($\beta= 0.17$), and Indian girls ($\beta= 0.30$).

(2) It was hypothesized that Task-Focused Coping was expected to be positively related with Hope and its dimensions viz. **Pathways** and **Agency**, in both the cultures.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of **Emotion-Focused Coping and Avoidance Coping with Hope**.

A perusal at the inter-correlation tables (Tables 52-60) revealed that **Task-Focused Coping** was positively related with **Total Hope** among the total sample ($r= 0.18$), Iranian adolescents ($r= 0.14$), boys ($r= 0.18$), girls ($r= 0.19$), and Iranian girls ($r= 0.14$). No significant relationship emerged between Task-Focused Coping and Total Hope among total Indian adolescents, Iranian boys, Indian boys, and Indian girls.

It was positively related with **Pathways** dimension of Hope among the girls ($r= 0.18$), and Indian girls ($r= 0.21$). No significant relationship emerged between Task-Focused Coping and Pathways among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, and Iranian girls.

It was also positively related with **Agency** dimension of Hope among the total sample ($r= 0.18$), Iranian adolescents ($r= 0.17$), boys ($r= 0.22$), and girls ($r= 0.24$). No significant relationship emerged between Task-Focused Coping and Agency among total Indian adolescents, Iranian boys, Indian boys, Iranian girls, and Indian girls.
Emotion-focused Coping was positively related with Total Hope among the total sample (r= 0.10). No significant relationship emerged between Emotion-Focused Coping and Total Hope among total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

No significant relationship emerged between Emotion-focused coping with Pathways and Agency dimensions of Hope among any of the groups.

Avoidance Coping was negatively related with Total Hope among the total sample (r= -0.12), Iranian adolescents (r= -0.16), and girls (r= -0.15). No significant relationship emerged between Avoidance Coping and Total Hope among total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

It was negatively related with Pathways dimension of Hope among the total sample (r= -0.10), Iranian adolescents (r= -0.17), and Iranian boys (r= -0.20). No significant relationship emerged between Avoidance Coping and Pathways among total Indian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

It was also negatively related with Agency dimension of Hope among the total sample (r= -0.10), and girls (r= -0.16). No significant relationship emerged between Avoidance Coping and Agency among total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the Criterion Variable revealed that Pathways dimension of Hope emerged as a predictor among Indian girls.
(β = 0.23); however, **Agency** dimension of Hope did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 65a to 65i) with **Emotion-Focused Coping** as the **Criterion Variable** revealed that **Pathways** and **Agency** dimensions of Hope did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with **Avoidance Coping** as the **Criterion Variable** revealed that **Pathways** dimension of Hope emerged as a predictor among the girls (β = 0.16); however, **Agency** dimension of Hope did not emerge as a predictor among any of the groups.

(3) **It was hypothesized that Adolescent stress viz. Stress Symptoms, Daily Hassles, and Uplifts was expected to be negatively related with Optimism in both the cultures.**

A perusal at the inter-correlation tables (Tables 52-60) revealed that **Stress Symptoms** were negatively related with **Optimism** among the total sample (r = -0.44), Iranian adolescents (r = -0.49), Indian adolescents (r = -0.30), boys (r = -0.37), girls (r = -0.48), Iranian boys (r = -0.38), Indian boys (r = -0.31), Iranian girls (r = -0.55), and Indian girls (r = -0.29).

**Daily Hassles** were negatively related with **Optimism** among the total sample (r = -0.21), Indian adolescents (r = -0.20), girls (r = -0.26), and Indian girls (r = -0.40). No significant relationship emerged between Daily Hassles and Optimism among total Iranian adolescents, total boys, Iranian boys, Indian boys, and Iranian girls.

**Uplifts** were positively related with **Optimism** among Iranian girls (r = 0.19). No significant relationship emerged between Uplifts
and Optimism among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Indian girls.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed that Optimism emerged as a predictor among the total sample ($\beta = -0.28$), Iranian adolescents ($\beta = -0.15$), Indian adolescents ($\beta = -0.21$), boys ($\beta = -0.26$), girls ($\beta = -0.21$), Indian boys ($\beta = -0.31$), and Iranian girls ($\beta = -0.37$).

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed that Optimism emerged as a predictor among Indian adolescents ($\beta = -0.19$), and Indian girls ($\beta = -0.40$).

Stepwise Regression tables (Tables 62a to 62i) with Uplifts as the Criterion Variable revealed that Optimism emerged as a predictor among the Iranian adolescents ($\beta = 0.16$).

(4) It was also hypothesized that Task-Focused Coping was expected to be positively related with Optimism in both the cultures.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Emotion-Focused coping and Avoidance Coping with Optimism.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-focused Coping was positively related with Optimism among the total sample ($r = 0.11$), Iranian adolescents ($r = 0.21$), and Iranian boys ($r = 0.29$). No significant relationship emerged between
Task-Focused Coping and Optimism among total Indian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

**Emotion-focused Coping** was negatively related with **Optimism** among Indian boys ($r = -0.23$). No significant relationship emerged between Emotion-Focused Coping and Optimism among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian girls.

**Avoidance Coping** was negatively related with **Optimism** among Indian girls ($r = -0.27$). No significant relationship emerged between Avoidance Coping and Optimism among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Iranian girls.

Stepwise Regression tables *(Tables 64a to 64i)* with **Task-Focused Coping** as the **Criterion Variable** revealed that **Optimism** emerged as a predictor among Iranian boys ($\beta = 0.29$).

Stepwise Regression tables *(Tables 65a to 65i)* with **Emotion-Focused Coping** as the **Criterion Variable** revealed that **Optimism** emerged as a predictor among the boys ($\beta = -0.19$).

Stepwise Regression tables *(Tables 66a to 66i)* with **Emotion-Focused Coping** as the **Criterion Variable** revealed that **Optimism** did not emerge as a predictor among any of the groups.

Previous researchers have also found the relationships between stress and coping with positive mental states and well-being.

High hopers have positive emotional sets and a sense of zest that stems from their histories of success in goal pursuits, whereas low hopers have negative emotional sets and a sense of emotional...
flatness that stems from their histories of having failed in goal pursuits. Lastly, high-or low-hope people bring these overriding emotional sets with them as they undertake specific goal-related activities (Snyder and Lopez, 2007).

Snyder (2002) reported significant influences of a variety of self-report psychological measures, such as optimism, self-efficacy, and self-esteem on hope among adolescents. In general, hope has predicted outcomes in academics, sports, physical health, adjustment, and psychotherapy (Snyder et al., 2002). In the area of sports, higher hope at the beginning of college track season have predicted the superior performances of male athletes and have done so beyond the coach’s rating of natural athletic abilities (Curry et al., 1977). In the area of adjustment, higher hope have related to various indices of elevated happiness, satisfaction, positive emotions, getting along with others, etc. (Snyder et al., 1991). Additionally, hope has been advanced as the common factor underlying the positive changes that happen in psychological treatments (Snyder et al., 2000).

Optimism is reliably associated with less negative mood. Mood is a plausible first pathway by which optimism could be associated with immune changes under stress. Clinical states, primarily major depression, but also generalized anxiety and posttraumatic stress, have been associated with fewer circulating lymphocytes and poorer lymphocyte function (Ironson et al., 1997; LaVia et al., 1996). In addition, subclinical mood disturbance, changes in daily mood, and empirically induced mood have correlated with lymphocyte number,
function, or both (Futterman et al., 1994; Stone et al., 1994; Zorrilla et al., 1994).

Another means by which optimism could result in immune differences is coping. Dispositional optimists make less use of avoidance strategies such as denial and giving up, which has accounted for mood differences between optimists and pessimists (Carver et al., 1993; Stanton and Snider, 1993). Avoidance coping, a passive coping style, and denial have been associated, mainly cross-sectionally, with worse immune status in both healthy and clinical samples (Futterman et al., 1996; Ironson et al., 1994).

Health behavior constitutes a third pathway by which optimism may be associated with immune changes under stress. Scheier and Carver (1987) suggested that optimists have more positive health habits as a function of their generally more adaptive coping style. Furthermore, as they use less avoidance to cope with stressors, they may use less alcohol as an avoidance strategy; they may sleep better because they have less depression and anxiety. Health behavior such as alcohol use and sleep are known to affect immune parameters (Kiecolt-Glaser and Glaser, 1988).

Coping efficacy is theorized to predict the use of certain coping styles and strategies (Folkman and Lazarus, 1985). Coping efficacy is as an individual’s belief or confidence in enacting particular coping strategies to achieve specific outcomes. As such, it is consistent with Lazarus and Folkman’s (1984) transactional model of coping whereby coping efficacy forms part of the secondary appraisal process in which individuals evaluate coping resources in response to stressful situations.
In particular, efficacy beliefs may be central to determining how coping resources are effectively managed (Hobfoll et al., 1994). In a study of 39 children responding to vignettes portraying parental and peer emotions, Creasey et al. (1997) found that children who expressed low confidence in their ability to make themselves feel better when faced with negative affective situations involving significant others were more likely to report using avoidant coping strategies to reduce their own distress.

They suggested that low coping efficacy in the affective domain may influence children to feel helpless and hence prevent them from utilizing more effective coping strategies (Cunningham et al., 2002). A further key factor that differentiates people who cope effectively from those who may not is their attributional style (Abramson et al., 1978; Gladstone and Kaslow, 1995). When faced with negative events, children who exhibit a pessimistic attributional style perceive the event as permanent in time (stable), and global in effect. Furthermore, they believe that they are personally at fault because of some characteristic about themselves (internal). In contrast, an optimistic attributional style is characterized by explaining bad events as temporary and limited to the specific event, for which there are many possible causes beyond the self. When positive events happen, the attributional pattern is reversed. That is, pessimists interpret positive events as temporary, specific, and caused by good luck, while optimists believe positive events are permanent, pervasive and caused by themselves (Nolen-Hoeksema et al., 1992).

In describing the coping tendencies of adults who habitually think in more pessimistic ways, Carver and Scheier (1999) included
the strategies of focusing on distress, suppression of thoughts, self-distraction, giving up, cognitive avoidance, and overt denial. These strategies are similar to the strategies of worry, wishful thinking, not coping and ignoring the problem that children reported using less frequently after participating in the program, and may co-vary with attributional style.

Plomin et al. (1992) examined the relationship between optimism, pessimism and mental health. The Life Orientation Test of optimism and pessimism and various measures of self-reported mental health were used. The results revealed that both optimism and pessimism contributed independently to the prediction of depression and life satisfaction; pessimism but not optimism predicted paranoid hostility and cynicism.

Seligman (1995) maintained that the way to enhance resilience to depression is to inoculate all young people with optimistic thinking skills.

In a study, Segerstrom et al. (2005) explored prospectively the effects of dispositional and situational optimism on mood (N= 90) and immune changes (N= 50) among law students in their first semester of study. Optimism was associated with better mood, higher number of helper T cells, and higher natural killer cell cytotoxicity. Avoidance coping partially accounted for the relationship between optimism and mood. Among the immune parameters, mood partially accounted for the optimism-helper T cell relationship, and perceived stress partially accounted for the optimism- cytotoxicity relationship. Individual differences in expectancies, appraisals, and mood may be important in understanding psychological and immune responses to stress.
Schneider (2001) defined optimism, not as a function of causal attributions, but as a general disposition to expect good outcomes. They found that optimists reported fewer physical symptoms, better health habits, and better coping strategies.

Dougall et al. (2001) examined the effects of optimism following traumatic stress and pathways through which optimism may act. As predicted, a more optimistic disposition was associated with less self-reported distress, less use of avoidant and wishful thinking coping strategies, greater use of problem-focused and seeking social support coping, and greater availability of social support. Dougall et al. (2001) tested the hypotheses concerning the relationships between optimism and coping and found support for them. Consistent with previous research, optimism was positively associated with the use of problem-focused coping. Similarly, optimism was negatively related to wishful-thinking coping. According to Dougall et al. (2001), avoidance coping was positively related to distress and negatively related to optimism. Dougall et al. (2001) also suggest that social support is an important factor in the relationship between optimism and coping, and between optimism and stress. In this sample, optimism and support were positively related. While this finding is not new, previous research has not fully examined the possibility that social support might explain some of optimism’s relationship with coping and stress. Perceived social support predicted similar profile of coping and stress responses as optimism and accounted for some of its effects. Optimists have more social support and consequently turn to supportive others and rely less on wishful fantasies initially as ways of dealing with stress. Additionally, optimistic beliefs and
perceptions of support may work in concert to determine overall distress. Both optimism and social support have independent effects when distress is high or low.

*Brissette et al. (2002)* investigated the extent to which social support and coping account for the association between greater optimism and better adjustment to stressful life events. College students of both genders completed measures of perceived stress, depression, friendship network size, and perceived social support at the beginning and end of their first semester of college. Coping was assessed at the end of the first semester. Greater optimism, assessed at the beginning of the first semester of college, was prospectively associated with smaller increases in stress and depression and greater increases in perceived social support (but not in friendship network size) over the course of the first semester of college. Mediational analyses were consistent with a model in which increases in social support and greater use of positive reinterpretation and growth contributed to the superior adjustment that optimists experienced.

*Kaur (2002)* in a study on obese and normal adolescents found that stress symptoms and daily hassles perceived by adolescents were negatively related with optimism in the studied sample.

The concept of well-being is sometimes used interchangeably with the term happiness, although focus has been on other aspects as well. *Natvig et al. (2003)* explored associations between happiness and experience of stress at school, personal and social factors among 887 Norwegian school adolescents participating in a World Health Organization project on health-promoting schools.
Happiness was measured by a one item question (ordered responses 1–4). The psychosocial factors were represented by an average score of 3–12 items. Odds ratios of feeling very/quite happy were calculated in multiple logistic regression analyses. An increasing degree of stress experience reduced the feeling of happiness significantly. Furthermore, increasing levels of general self-efficacy increased the odds of feeling happy, whereas the more specific measure of school self-efficacy showed no independent effect. Social support from teachers also enhanced happiness significantly. A less consistent pattern was found for support from peers, but the most happy pupils experienced significantly more support than pupils who reported being unhappy. No significant trend was found with decision control. The authors also explored associations between happiness and psychosomatic symptoms. Adolescents feeling unhappy reported a particular symptom more often and they also had the highest mean number of reported symptoms.

Positive affect and positive beliefs serve as important resources for people to cope with stress. Positive affect predisposes optimistic people to experience positive outcomes during stress. In an effort to achieve these outcomes they resort to active coping mechanisms as problem solving more frequently than avoidance coping (ignoring the problems). These active coping efforts to feedback to discover which strategies are effective, helping them to conserve current resources and build new ones (*Khosla and Hangal, 2004*).

Happy people are better in coping. *McCrae and Costa (1986)* concluded that positive affect was associated with more mature coping efforts. A strong correlation was also seen between PA and
coping by active engagement, optimism (general positive expectancy) (Carver and Scheier, 2001; Khosla, 2005), Sense of coherence, hardiness, resilience (Khosla, 2006), all refer to general traits that correlate with happiness and promote PA during stressful situations. Humor, laughter, hope by optimistic people predisposes them to look at the brighter side during stress and relates to superior coping during difficult times. Therefore, the extent to which people can maintain sensitivity to pleasurable opportunities, even at stressful times, may be highly adaptive leading to good outcomes.

Affect plays an important functional role in coping with stress. Both positive and negative affect co-occur during stressful experiences. Empirical evidence illustrates how positive affect helps to deal with stress effectively and overcome its harmful consequences quickly. Positive affect predisposes one to appraise the stressful situation as challenging, fostering hope, and belief that it may be beneficial in some way. While the coping processes used to deal with stress tend to generate and sustain positive affect. There is ample research evidence showing how negative affect accompanies chronic stress. However, there is an increasing empirical evidence showing that positive affect also occurs during chronic stress, often with surprising frequency (Khosla, 2006).

E: ADOLESCENT STRESS, COPING AND HEALTH

(1) It was hypothesized that Adolescent stress viz. Stress Symptoms, Daily Hassles, and Uplifts 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.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were negatively related with Total Mental Health among the total sample (r= -0.31), Iranian adolescents (r= -0.37), Indian adolescents (r= -0.15), boys (r= -0.25), girls (r=-0.36), Iranian boys (r= -0.45), Iranian girls (r= -0.32), and Indian girls (r= -0.55). No significant relationship emerged between Stress Symptoms and Total Mental Health among Indian boys.

They were negatively related with Being Comfortable with Self dimension of Mental Health among the total sample (r= -0.17), Iranian adolescents (r= -0.39), girls (r= -0.19), Iranian boys (r= -0.36), Iranian girls (r= -0.42), and Indian girls (r= -0.32). No significant relationship emerged between Stress Symptoms and Being Comfortable with Self among total Indian adolescents, total boys, and Indian boys.

They were also negatively related with Being Comfortable with Others dimension of Mental Health among the total sample (r= -0.30), Iranian adolescents (r= -0.23), Indian adolescents (r= -0.12), boys (r= -0.23), girls (r= -0.36), Iranian boys (r= -0.34), and Indian boys (r= -0.23). No significant relationship emerged between Stress Symptoms and Comfortable with Others among Iranian girls, and Indian girls.

Stress Symptoms were negatively related with Perceived Ability to Meet Life’s Demands dimension of Mental Health among the total sample (r= -0.25), Iranian adolescents (r= -0.19), Indian adolescents (r= -0.21), boys (r= -0.24), girls (r= -0.26), Iranian boys...
No significant relationship emerged between Stress Symptoms and Perceived Ability to Meet Life’s Demands among Indian boys, and Iranian girls.

They were also negatively related with Perceived Health Status among total sample (r= -0.21), Iranian adolescents (r= -0.24), boys (r= -0.17), girls (r= -0.26), and Iranian girls (r= -0.37). No significant relationship emerged between Stress Symptoms and Perceived Health Status among Indian adolescents, Iranian boys, Indian boys, and Indian girls.

Daily Hassles were negatively related with Total Mental Health among Indian adolescents (r= -0.15). No significant relationship emerged between Daily Hassles and Total Mental Health among the total sample, total Iranian adolescents, total boys, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were negatively related with Being Comfortable with Self dimension of Mental Health among the girls (r= -0.15). No significant relationship emerged between Daily Hassles and Being Comfortable with Self among the total sample, total Iranian adolescents, total Indian adolescents, total boys, Iranian boys, Indian boys, Iranian girls, and Indian girls.

They were also negatively related with Being Comfortable with Others dimension of Mental Health among the total sample (r= -0.12), Iranian adolescents (r= -0.14), and boys (r= -0.15). No significant relationship emerged between Daily Hassles and Being Comfortable with Others among total Indian adolescents, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.
Daily hassles were negatively related with Perceived Ability to Meet Life's Demands dimension of Mental Health among the total sample ($r = -0.14$), Indian adolescents ($r = -0.20$), boys ($r = -0.15$), and Indian girls ($r = -0.24$). No significant relationship emerged between Daily Hassles and Perceived Ability to Meet Life's Demands among total Iranian adolescents, total girls, Iranian boys, Indian boys, and Iranian girls.

They were also negatively related with Perceived Health Status among total sample ($r = -0.10$). No significant relationship emerged between Daily Hassles and Perceived Health Status among Iranian adolescents, Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, Indian boys, and Indian girls.

Uplifts were positively related with Total Mental Health among the total sample ($r = 0.14$), Iranian adolescents ($r = 0.37$), boys ($r = 0.22$), Iranian boys ($r = 0.39$), Iranian girls ($r = 0.36$), and Indian girls ($r = 0.32$). No significant relationship emerged between Uplifts and Total Mental Health among total Indian adolescents, total girls, and Indian boys.

They were positively related with Being Comfortable with Self dimension of Mental Health among the total sample ($r = 0.23$), Iranian adolescents ($r = 0.33$), boys ($r = 0.31$), girls ($r = 0.25$), Iranian boys ($r = 0.43$), and Iranian girls ($r = 0.27$). No significant relationship emerged between Uplifts and Being Comfortable with Self among total Indian adolescents, Indian boys, and Indian girls.

They were also positively related with Being Comfortable with Others dimension of Mental Health among Iranian adolescents ($r = 0.32$), Indian adolescents ($r = 0.15$), Iranian boys ($r = 0.28$), Iranian
No significant relationship emerged between Uplifts and Comfortable with Others among the total sample, total boys, total girls, and Indian boys.

**Uplifts** were positively related with **Perceived Ability to Meet Life's Demands** dimension of Mental Health among the Iranian adolescents ($r=0.15$), and Indian girls ($r=0.23$). No significant relationship emerged between Uplifts and Perceived Ability to Meet Life's Demands among the total sample, total Indian adolescents, total boys, total girls, Iranian boys, Indian boys, and Iranian girls.

They were also positively related with **Perceived Health Status** among Iranian adolescents ($r=0.24$), Iranian boys ($r=0.20$), and Iranian girls ($r=0.26$). No significant relationship emerged between Uplifts and Perceived Health Status among total sample, Indian adolescents, total boys, total girls, Indian boys, and Indian girls.

Stepwise Regression tables *(Tables 61a to 61i)* with **Stress Symptoms** as the **Criterion Variable** revealed the followings: **Being Comfortable with Others** dimension of Mental Health emerged as a predictor among Indian boys ($\beta=-0.27$), and Indian girls ($\beta=-0.40$); **Perceived Ability to Meet Life’s Demands** dimension of Mental Health emerged as a predictor among the girls ($\beta=-0.11$); however, **Being Comfortable with Self** dimension of Mental Health and **Perceived Health Status** did not emerge as predictors among any of the groups.

Stepwise Regression tables *(Tables 62a to 62i)* with **Daily Hassles** as the **Criterion Variable** revealed the followings: **Being Comfortable with Others** dimension of Mental Health emerged as a predictor among Iranian adolescents ($\beta=-0.17$); however, **Being
Comfortable with Self and Perceived Ability to Meet Life’s Demands dimensions of Mental Health, and Perceived Health Status did not emerge as predictors among any of the groups.

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed the followings: Being Comfortable with Self dimension of Mental Health emerged as a predictor among the total sample ($\beta = 0.22$), Iranian adolescents ($\beta = 0.33$), boys ($\beta = 0.30$), Iranian boys ($\beta = 0.43$), and Indian boys ($\beta = 0.17$); Being Comfortable with Others dimension of Mental Health emerged as a predictor among Iranian adolescents ($\beta = 0.24$), girls ($\beta = 0.15$), Iranian boys ($\beta = 0.27$), Iranian girls ($\beta = 0.32$), and Indian girls ($\beta = 0.24$); Perceived Health status emerged as a predictor among Iranian adolescents ($\beta = 0.16$), and Iranian boys ($\beta = 0.21$); however, Perceived Ability to Meet Life’s Demands dimension of Mental Health did not emerge as a predictor among any of the groups.

(2) It was hypothesized that 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.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Emotion-Focused Coping and Avoidance Coping with Health.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-Focused Coping was positively related with Total Mental Health among the total sample ($r = 0.34$), Iranian adolescents
(r= 0.32), Indian adolescents (r= 0.33), boys (r= 0.35), girls (r= 0.31), Iranian boys (r= 0.21), Indian boys (r= 0.41), and Iranian girls (r= 0.45). No significant relationship emerged between Task-Focused Coping and Total Mental Health among Indian girls.

It was positively related with Being Comfortable with Self dimension of Mental Health among the total sample (r= 0.28), Iranian adolescents (r= 0.25), Indian adolescents (r= 0.36), boys (r= 0.24), girls (r= 0.30), Indian boys (r= 0.39), and Iranian girls (r= 0.43). No significant relationship between Task-Focused Coping and Being Comfortable with Self emerged among Iranian boys, and Indian girls.

It was also positively related with Being Comfortable with Others dimension of Mental Health among the total sample (r= 0.27), Iranian adolescents (r= 0.24), Indian adolescents (r= 0.23), boys (r= 0.32), girls (r= 0.20), Iranian boys (r= 0.22), Indian boys (r= 0.31), and Iranian girls (r= 0.27). No significant relationship emerged between Task-Focused Coping and Being Comfortable with Others among Indian girls.

Task-focused Coping was positively related with Perceived Ability to Meet Life’s Demands dimension of Mental Health among the total sample (r= 0.23), Iranian adolescents (r= 0.21), Indian adolescents (r= 0.20), boys (r= 0.24), girls (r= 0.19), Indian boys (r= 0.27), and Iranian girls (r= 0.29). No significant relationship emerged between Task-Focused Coping and Perceived Ability to Meet Life’s Demands among Iranian boys, and Indian girls.

It was also positively related with Perceived Health Status among Iranian girls (r= 0.20) and Indian girls (r= 0.24). No significant relationship emerged between Task-Focused Coping and Perceived
Health Status among the total sample, Iranian adolescents, Indian adolescents, boys, girls, Iranian boys, and Indian boys.

**Emotion-focused Coping** was positively related with Total Mental Health among the total sample ($r = 0.23$), Iranian adolescents ($r = 0.14$), boys ($r = 0.36$), Iranian boys ($r = 0.21$), and Indian boys ($r = .37$). It was negatively related with Total Mental Health among Indian adolescents ($r = -0.25$). No significant relationship emerged between Emotion-Focused Coping and Total Mental Health among total girls, Iranian girls, and Indian girls.

**Emotion-Focused Coping** was positively related with Being Comfortable with Self dimension of Mental Health among the total sample ($r = 0.18$), Iranian adolescents ($r = 0.15$), Iranian boys ($r = 0.24$), and Indian boys ($r = 0.41$). It was negatively related with Being Comfortable with Self dimension of Mental Health among Indian adolescents ($r = -0.28$). No significant relationship emerged between Emotion-Focused Coping and Being Comfortable with Self among total boys, total girls, Iranian girls, and Indian girls.

**Emotion-Focused Coping** was positively related with Being Comfortable with Others dimension of Mental Health among the total sample ($r = 0.20$), boys ($r = 0.26$), and Indian boys ($r = 0.28$). It was negatively related with Being Comfortable with Others dimension of Mental Health among Indian adolescents ($r = -0.25$), and Indian girls (-0.19). No significant relationship emerged between Emotion-Focused Coping and Being Comfortable with Others among total Iranian adolescents, total girls, Iranian boys, and Iranian girls.

It was positively related with Perceived Ability to Meet Life's Demands dimension of Mental Health among the total sample ($r = 3.83$).
No significant relationship emerged between Emotion-Focused Coping and Perceived Ability to Meet Life’s Demands among total Indian adolescents, total girls, Iranian girls, and Indian girls.

It was also positively related with **Perceived Health Status** among boys (r = 0.14) and Indian girls (r = 0.19). No significant relationship emerged between Emotion-Focused Coping and Perceived Health Status among the total sample, Iranian adolescents, Indian adolescents, girls, Iranian boys, Iranian girls, and Indian boys.

**Avoidance Coping** was negatively related with **Total Mental Health** among the total sample (r = -0.24), Iranian adolescents (r = -0.18), Indian adolescents (r = -0.31), boys (r = -0.28), girls (r = 0.17), Iranian boys (r = -0.28), Indian boys (r = -0.37), Indian girls (r = -0.27). No significant relationship emerged between Avoidance Coping and Total Mental Health among Iranian girls.

It was negatively related with **Being Comfortable with Self** dimension of Mental Health among the total sample (r = -0.26), Iranian adolescents (r = -0.26), Indian adolescents (r = -0.23), boys (r = -0.32), girls (r = -0.18), Iranian boys (r = -0.28), Indian boys (r = -0.39), and Iranian girls (r = -0.27). No significant relationship emerged between Avoidance Coping and Being Comfortable with Self among Indian girls.

It was also negatively related with **Being Comfortable with Others** dimension of Mental Health among the total sample (r = -0.12), Indian adolescents (r = -0.19), Indian boys (r = -0.19), and
Indian girls (r= -0.20). No significant relationship emerged between Avoidance Coping and Being Comfortable with Others among total Iranian adolescents, total boys, total girls, Iranian boys, and Iranian girls.

**Avoidance Coping** was negatively related with **Perceived Ability to Meet Life’s Demands** dimension of Mental Health among the total sample (r= -0.16), Indian adolescents (r= -0.26), boys (r= -0.19), Indian boys (r= -0.27), and Indian girls (r= -0.25). No significant relationship emerged between Avoidance Coping and Perceived ability to Meet Life’s Demands among total Iranian adolescents, total girls, Iranian boys, and Iranian girls.

It was also negatively related with **Perceived Happiness Status** among Iranian adolescents (r= -0.14), and Indian girls (r= -0.20). No significant relationship emerged between Avoidance Coping and Perceived Health Status among the total sample, Indian adolescents, total boys, total girls, Iranian boys, Iranian girls, and Indian boys.

Stepwise Regression tables *(Tables 64a to 64i)* with **Task-Focused Coping** as the **Criterion Variable** revealed the followings: **Being Comfortable with Self** dimension of Mental Health emerged as a predictor among the total sample (β= 0.28), Iranian adolescents (β= 0.25), Indian adolescents (β= 0.36), girls (β= 0.30), and Iranian girls (β= 0.43); **Being Comfortable with Others** dimension of Mental Health emerged as a predictor among the total sample (β= 0.14), and boys (β= 0.32); **Perceived Ability to Meet Life’s Demands** dimension of Mental Health emerged as a predictor among Indian
boys (β= 0.18); however, Perceived Health Status did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the Criterion Variable revealed the followings: Being Comfortable with Self dimension of Mental Health emerged as a predictor among the total sample (β= 0.18), Iranian adolescents (β= 0.15), boys (β= -0.33), and Iranian boys (β= -0.24); Being Comfortable with Others dimension of Mental Health emerged as a predictor among the total sample (β= 0.20), and Indian adolescents (β= 0.15); Perceived Health Status emerged as a predictor among Indian girls (β= -0.20); however, Perceived Ability to Meet Life’s Demands dimension of Mental Health did not emerge as a predictor among any of the groups.

Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed the followings: Being Comfortable with Self dimension of Mental Health emerged as a predictor among the total sample (β= -0.26), Iranian adolescents (β= -0.26), Indian adolescents (β= -0.28), girls (β= -0.18), Iranian boys (β= -0.28), Indian boys (β= -0.27), and Iranian girls (β= -0.27); Being Comfortable with Others dimension of Mental Health emerged as a predictor among the boys (β= -0.32); Perceived Ability to Meet Life’s Demands dimension of Mental Health emerged as a predictor among Indian adolescents (β= -0.20), and Indian girls (β= -0.25); and Perceived Health Status emerged as a predictor among Iranian girls (β= -0.18).
Many studies reveal a negative relationship between stress and health. Psychologists’ views of adolescence have been sufficiently negative that, for much of the past, a discussion of the nature of positive mental health during adolescence would be considered a contradiction; as adolescence is viewed as a period of stress and storm in which psychopathology, personal distress, and behavioral destruction were considered to be the norm. Supposedly, adolescence is characterized as self-focused, depressed, rebellious, hostile, and likely to be involved in deviant peer groups activities (Erikson, 1968; Freud, 1958). Currently, accumulation of considerable empirical data has led to substantial changes such that psychologists now characterize adolescence in more positive terms as a developmental stage offering tremendous opportunities for growth and positive outcomes (Feldman and Ellion, 1990).

Positive affect facilitates adaptive coping and adjustment to chronic or acute stress (Folkman, 1997). Therefore, it is evident the positive affect is good for adolescent health. Its buffering functions provide a useful antidote to the problem associated with negative emotions and ill health due to stress (Fredrickson, 2001).

Some emotion-focused strategies (for example, focus on the positive) are associated positively with desired outcomes such as perceptions of self-efficacy and academic achievement and have been represented as productive strategies (Frydenberg and Lewis, 1999). In contrast, non-productive strategies include such things as self-blame and worry (Frydenberg and Lewis, 1996). In sum, coping can be categorized into three areas: the first of these being problem-focused (dealing with the problem, e.g. working hard, solving the
problem), and the others emotion-focused (reference to others, e.g. seeking social support, fitting in with friends and non-productive strategies, e.g. self-blame, worry) (Frydenberg and Lewis, 1993). There is evidence that emotional avoidance and suppression have negative effects on psychological and physical health (Gross and Levenson, 1997; Hayes et al., 1996).

Despite different measurements of coping responses, findings have been consistent in demonstrating that problem-solving strategies are associated with more effective and healthier functioning, whereas emotion-focused coping strategies are associated with greater affective and behavioral problems (Endler and Parker, 1994; Glyshaw et al., 1989).

Murphy et al. (2000) examined psychological distress among HIV-infected adolescents in relation to life stress, social support, and coping. Results showed that higher reported life stress was associated with higher anxiety and depression.

Hebetaling and Lohaus (2002) opined that effective coping can be characterized by a fit between the demands of the problem situation and the kind of coping behavior. While, for example, direct and problem oriented coping strategies are promising in controllable situations, more indirect strategies may be more adaptive in uncontrollable situations. The aim of this study was to analyze the extent to which the fit between situational demands and coping behavior is related to health-related variables in adolescence. Results revealed that the preferred use of situationally appropriate coping strategies was associated with more positive health behavior and increased well-being (functionally) in daily living. The use of
inappropriate coping strategies was related to increased negative health behavior, decreased mental well-being and an increased prevalence of somatic stress symptoms.

Adolescents used more avoidance than approach coping strategies for family stressors, and more approach than avoidance strategies for school and peer stressors. Across stressors, approach coping predicted more favorable outcomes. Coping strategies in responsive to a specific stressor were more strongly predictive of stressor-specific adjustment than state-anxiety, suggesting the need to include both stressor-specific and global measures of adjustment in assessing the relation between coping and adjustment.

Penley et al. (2002) investigated association of coping styles with physical and psychological health outcomes using Vitaliano's coping scale. The results suggested that avoidance coping strategy was negatively associated with overall health outcomes. Examining type of health outcomes, revealed that avoidance strategy was correlated primarily with psychological health outcomes.

The results for problem-focused coping suggested that this coping strategy was positively associated with overall health outcomes. Examining type of health outcome, however, revealed that this strategy was correlated primarily with psychological health outcomes (Penley et al., 2002). The associations with psychological health are consistent with researchers' suggestions that this strategy is positively associated with psychological well-being (e.g., less depression).

The results for wishful thinking suggested that this coping strategy was negatively associated with overall health outcomes. Like
many other strategies, however, wishful thinking was correlated primarily with psychological health outcomes. The finding for psychological health is consistent with researchers who have suggested an inverse association between wishful thinking and psychological well-being (Felton and Revenson, 1984) and a positive association between wishful thinking and negative affect.

Penley et al. (2002) conducted a meta-analyses and examined the associations between coping strategies and health. Their results frequently revealed reliable associations between individual coping strategies and health outcomes. Of the seventh emotion-focused strategies, six demonstrated significant negative overall association with health. The exception to the negative associations authors found between emotion-focused coping and health outcomes was positive reappraisal, which was not significantly associated with overall health outcomes in this study.

The problem-focused strategies demonstrated small overall associations with health outcomes, with effect size ranging from 0.15 (p<0.05) for confrontive coping to 0.08 (p<0.05) for Vitaliano’s problem-focused coping. In other words, participants who reported using confrontive coping reported experiencing negative health outcomes, whereas those who reported using problem-focused coping reported experiencing positive health outcomes.

Steiner et al. (2002) examined the relationship between adolescent coping styles and health outcomes. The results revealed that approach coping correlated negatively with indices of health problems and health risk behaviors, while avoidance coping correlated positively with these domains. The presence of both forms
of coping mitigated the negative effects of avoidance coping. They concluded that as early as mid-adolescence, habitual coping styles appear to be associated with significant health outcomes.

Sehgal (2003) conducted a study to compare teenage boys and girls on physical and mental health status. The results revealed that stress symptoms and life stress events were negatively related with perceived health status and total mental health among adolescents. It is also found that Task-focused coping is positively related with perceived health status and total mental health among the sample. Stress, coping, negative affect, positive mental status, perceived social support and health habits found to have played a significant role in predicting teenage health.

In a study by Khosla and Hangal (2004), participants experiencing positive affect reported having more total coping resources to deal with stress. They reported using more of problem-focused coping strategies as compared to emotion-focused coping strategies to cope with stress.

The availability of coping resources varies considerably among students. During times of high stress, these resources, whether social or individual, may be insufficient. When coping resources, such as problem-solving skills, are inadequate, stressful situations may give rise to unhealthy outcomes (Wills et al., 1995). Theorists have suggested that enhancing quality of life (including perceived quality of life or life satisfaction) of individuals is the cornerstone of health promotion, which seeks to empower people to improve their overall health and wellbeing (Diener, 2000). Research bridging these two domains has been scarce, although some noteworthy efforts have
Quality of Life (QOL) research has been conceptualized from two perspectives: objective and subjective. Objective quality of life (QOL) focuses on external conditions (divorce rates, crime rates, housing quality, income levels, and access to health services, among other conditions) while subjective QOL includes, but is not limited to a person’s life satisfaction judgments, with respect to overall lives and/or specific life domains (e.g., satisfaction with friends, family, school experiences). The study by Suldo and Huebner (2004) focuses on one facet of subjective QOL, that is, perceived overall life satisfaction. Results showed that low life satisfaction (i.e., life dissatisfaction) appeared to have negative health consequences, including serving as a mediator of the relationship between parenting styles and adolescent internalizing and externalizing behavior problems. On the other hand, high life satisfaction appeared to act as a buffer against the development of adolescent aggressive behavior problems in the face of adverse life events (Suldo and Huebner, 2004).

Research findings have identified many stressors and significant relationships between coping, mental health, and substance use during adolescence and young adulthood (Compas et al., 2001; Griffith et al., 2000; Wills et al., 2001). For example, several studies have demonstrated that higher levels of negative life events and daily hassles experienced by youth predict higher levels of alcohol and substance use (Wills and Filer, 1996; Wills et al., 2001). Although there has been increased interest in this area, there have been few cross cultural studies of stress and coping (Cibson-Cline, 2000; O’Connor and Shimizu, 2002) despite the universality
of stress and coping and the advantages offered by pursuing cross-cultural studies both for theoretical and methodological reasons. A study by Rafnsson et al. (2006) investigated the impact of coping and stress on emotional and behavioral functioning among Icelandic youth, and made some comparisons for similarity of interrelationships with a sample of youth in the USA.

**F: ADOLESCENT STRESS, COPING AND DEPRESSION**

(1) It was hypothesized that Adolescent stress was expected to be positively related with Depression in both the cultures.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Stress Symptoms were positively related with Depression measured by Beck Depression Inventory among the total sample (r= 0.57), Iranian adolescents (r= 0.37), Indian adolescents (r= 0.42), boys (r= 0.50), girls (r=0.62), Iranian boys (r= 0.36), Indian boys (r= 0.31), Iranian girls (r= 0.35), and Indian girls (r= 0.54).

Daily Hassles were positively related with Depression measured by Beck Depression Inventory among the total sample (r= 0.42), Indian adolescents (r= 0.27), boys (r= 0.29), girls (r= 0.51), Indian boys (r= 0.23), and Indian girls (r= 0.31). No significant relationship emerged between Daily Hassles and Depression among total Iranian adolescents, Iranian boys, and Iranian girls.

Uplifts were negatively related with Depression measured by Beck Depression Inventory among the total sample (r= -0.19), Indian adolescents (r= -0.20), girls (r= -0.30), Iranian girls (r= -0.28), and Indian girls (r= -0.34). No significant relationship emerged
between Uplifts and Depression among total Iranian adolescents, total boys, Iranian boys, and Indian boys.

Stepwise Regression tables (Tables 61a to 61i) with Stress Symptoms as the Criterion Variable revealed that Depression as measured by Beck Depression Inventory emerged as a predictor among the total sample ($\beta = 0.57$), Indian adolescents ($\beta = 0.46$), boys ($\beta = 0.50$), girls ($\beta = 0.62$), Indian boys ($\beta = 0.23$), and Indian girls ($\beta = 0.58$).

Stepwise Regression tables (Tables 62a to 62i) with Daily Hassles as the Criterion Variable revealed that Depression as measured by Beck Depression Inventory emerged as a predictor among the total sample ($\beta = 0.42$), Indian adolescents ($\beta = 0.15$), boys ($\beta = 0.22$), and girls ($\beta = 0.51$).

Stepwise Regression tables (Tables 63a to 63i) with Uplifts as the Criterion Variable revealed that Depression as measured by Beck Depression Inventory emerged as a predictor among the total sample ($\beta = -0.12$), girls ($\beta = -0.19$), and Indian girls ($\beta = -0.19$).

(2) It was hypothesized that Task-Focused Coping was expected to be negatively related with Depression in both the cultures.

Keeping in view the paucity of research, no specific directional hypotheses were framed to study the relationship of Emotion-Focused Coping and Avoidance Coping with Depression.

A perusal at the inter-correlation tables (Tables 52-60) revealed that Task-Focused Coping was negatively related with Depression measured by Beck Depression Inventory among the total sample.
Iranian adolescents (r = -0.20), Indian adolescents (r = -0.20), boys (r = -0.27), girls (r = -0.22), Indian boys (r = -0.19), and Iranian girls (r = 0.23). No significant relationship emerged between Task-Focused Coping and Depression among Iranian boys, and Indian girls.

**Emotion-focused Coping** was negatively related with Depression measured by **Beck Depression Inventory** among the total sample (r = -0.18), and boys (r = -0.28). No significant relationship emerged between Emotion-Focused Coping and Depression among total Iranian adolescents, total Indian adolescents, total girls, Iranian boys, Indian boys, Iranian girls, and Indian girls.

**Avoidance Coping** was positively related with Depression measured by **Beck Depression Inventory** among Iranian boys (r = 0.19). No significant relationship emerged between Avoidance Coping and Depression among the total sample, total Iranian adolescents, total Indian adolescents, total boys, total girls, Indian boys, Iranian girls, and Indian girls.

Stepwise Regression tables (Tables 64a to 64i) with Task-Focused Coping as the **Criterion Variable** revealed that Depression as measured by **Beck Depression Inventory** emerged as a predictor among the total sample (β = -0.22), Indian adolescents (β = -0.16), boys (β = -0.18), girls (β = -0.21), and Indian boys (β = -0.16).

Stepwise Regression tables (Tables 65a to 65i) with Emotion-Focused Coping as the **Criterion Variable** revealed that Depression as measured by **Beck Depression Inventory** emerged as a predictor among the boys (β = -0.22).
Stepwise Regression tables (Tables 66a to 66i) with Avoidance Coping as the Criterion Variable revealed that Depression as measured by Beck Depression Inventory did not emerge as a predictor among any of the groups.

Previous studies have also shown the relationship between stress, coping and depression among adolescents. Studies with adolescents have consistently found that depression is inversely associated with productive or problem-focused coping, and positively associated with avoidance or non-productive coping (Cunningham and Walker, 1999) even in situations that are perceived as unchangeable (Conway and Terry, 1992). In a study involving 115 Year 9 students, Cunningham and Walker (1999) found a significant interaction effect between self-reported coping styles and depression scores using the Adolescent Coping Scale (Frydenberg and Lewis, 1993) and the Children’s Depression Inventory (Kovacs, 1992). Low self-reported use of problem-focused or productive coping strategies was associated with high depression scores only when students also reported high utilization of non-productive or avoidance coping strategies. They suggested that future preventive interventions should focus more on the reduction of maladaptive coping strategies rather than the more common goal of increasing problem-focused coping.

Satija et al. (1997) studied the relationship between coping responses in 50 depressed and 50 non-depressed patients. The results revealed that the depressives were using significantly fewer problem solving and more of avoidance coping behavior as compared to their non-depressed counterparts.
Jose et al. (1998) compared self-reported stress, coping, and depression between 270 Russian and 270 American early adolescents of 10 to 14 years of age. The results revealed that Russian and American adolescents reported equal levels of major life stress, but Russian adolescents reported greater levels of everyday life stress. Russian adolescents reported that they were less likely to use externalizing coping and more likely to use social support and problem-solving compared with American adolescents. Russian adolescents also reported that they were more depressed. Path model analyses showed that Russian and American adolescents coped with stress in similar ways. A buffering effect of social support on depression was found for both national groups.

Brilman and Ormel (2001) examined the relationship between coping and depression. It was observed that the depressives were using significantly fewer problem solving and more of avoidance coping behavior as compared to their non-depressed counterparts. These results provide strong support for association between negative events and disorder among adolescents.

According to Compas et al. (2001) coping styles are generally considered as a protective factor for mental health. The basic idea is that some coping styles screen the individual from stressful life events, whereas other coping styles enhance the individual's vulnerability to mental health problems. Direct support for this notion in adolescent populations was provided by two subsequent studies. Results indicated that depressive symptomatology was accompanied by higher levels of passive and avoidant coping but lower levels of active and approach coping. Furthermore, evident coming from the
adult literature also suggests that depression is negatively associated with problem-focused coping but positively with emotion-focused coping.

*Gonzales et al. (2001)* found that avoidance coping was positively associated with higher depression and poor grades at low levels of stress, but that it was associated with more adaptive functioning (i.e., lower depression and better grades) at higher levels of stress.

Although stressful events clearly play an important role in the development of symptoms of depression and anxiety, individuals are not equally sensitive to stress. Attempts to explain differences in adjustment have focused both on the coping strategies employed in response to stress, and on personality-related vulnerabilities to specific stressors. However, little is known about the interplay between coping and personality traits such as sociotropy, which is associated with increased sensitivity to negative social events. Measures of sociotropy and symptoms of depression and anxiety were obtained in a sample of undergraduates, along with reports of coping with interpersonal stress *(Connor-Smith and Compas, 2002)*.

*Uskul and Greenglass (2005)* examined predictors of psychological wellbeing in a sample of 181 Turkish immigrants living in Toronto, Canada. Depression and life satisfaction were employed as indicators of psychological wellbeing. A model was put forth in which proactive coping and optimism were hypothesized to predict negatively to depression and positively to life satisfaction. Proactive coping consists of efforts to build up general resources that facilitate
the achievement of challenging goals and promotes personal growth and was expected to contribute to the prediction of psychological wellbeing over and above the effects of optimism. Hierarchical regression analyses were conducted with life satisfaction and depression as criteria and demographics, optimism, and proactive coping as predictors. In general, the results supported the hypotheses; the model fit better when the criterion was depression than when life satisfaction was the criterion.

**Deardorff et al. (2003)** examined teenagers’ beliefs as a mediator of the relation between stress and depressive symptoms among a diverse sample of 445 teenagers (aged 10-16 years). The results indicated that control beliefs significantly mediated the relation between stress and depressive symptoms. The specific direct effects of six individual stress domains (peer, family, school, neighborhood, economic, discrimination), on control beliefs and depressive symptoms was also examined. Results revealed that (1) economics stress related to teenagers’ control beliefs; (2) family stress related to teenagers’ depressive symptoms; and (3) peer stress related to both control beliefs and depressive symptoms. Secondary analysis revealed that control beliefs significantly mediated the specific relations between peer stress and depressive symptoms. Results were not found to vary across ethnic groups.

**Sehgal (2003)** in the study of psychosocial correlates of adolescent health found that stress symptoms and life stress events were positively correlated with depressive symptoms among adolescents. The study did not found any significant relationship between coping styles and depression among the studied sample.
Uskul and Greenglass (2005) in their study opined that education significantly predicted depression—higher education was associated with lower depression, as other results that have been reported elsewhere (Ross and Van Willigen, 1997). With greater education, there may be a greater sense of control that is both domain specific and more general given the greater options in lifestyle, career and time management. The results reported here provide further evidence of the significant negative relationship between proactive coping and lower depression scores, findings that have been reported in several samples differing in culture and age, including Polish Canadians and Canadian students (Greenglass, 2002; Greenglass et al., 1999), in Polish students (Pasikowski et al., 2002) and in Canadian elderly (Greenglass, 2002). Moreover, the present findings demonstrating a negative relationship between proactive coping and depression have been confirmed in yet another cultural group, Turkish Canadian adults living in Canada, using hierarchical regression where demographic variables were controlled for. Thus, it appears that when individuals cope with events using proactive strategies, they are less likely to report feeling depressed with its accompanying feelings of personal deficiency, self-blame and pessimism (Beck, 1967) as well as avoidance and self-defeating ways. This may be due in part to the finding that proactive coping is active and self-initiating, rather than passive, (Greenglass, 2002). Thus, to the extent that proactive coping is antithetical to depression, individuals who use it to cope with day to day threats, are less likely to experience and report depression.
On the basis of previous literature (Compas et al., 1989), Rafnsson et al. (2006) in their study expected that daily negative events would be more potent and consistent predictors of the outcome variables than major stressful life events. On the basis of previous findings (Endler and Parker, 1994; Windle and Windle, 1996), Rafnsson et al. (2006) hypothesized that problem-focused coping would be related negatively to youth problems and that emotion-focused coping would be related positively to youth problems. Furthermore, because the avoidance coping scale used in this study includes items about distracting activities (e.g., window shopping), the authors hypothesized that avoidance-focused coping would be related negatively to depressed affect.

**G: CULTURAL DIFFERENCES**

One of the major aims of the present study was to find out cultural differences between Iranian and Indian adolescents on various variables. For this purpose t-tests were computed.

Table 6 clearly revealed cultural differences on almost all the variables. The comparison revealed that there were cultural differences on Oxford Happiness Questionnaire, Optimism, Pathways, Agency, Total Hope, Task-focused Coping, Emotion-focused Coping, Being Comfortable with Others, Perceived Ability to Meet Life’s Demands, Total Mental Health, Extraversion, Expressiveness, Independence, Achievement Orientation, Moral-Religious Emphasis, Family Environment Personal Growth, Control, Family Environment System Maintenance, Meaning, Pleasure, Engagement and Perceived Health Status with Iranian adolescents.
scoring higher than Indian adolescents. Table 6 also revealed that there were cultural differences on Daily Hassles, uplifts, Psychoticism, Lie Scale (Social Desirability), Conflict, Stress Symptoms, Beck Depression Inventory, and Perceived Happiness Status with Indian adolescents scoring higher than Iranian adolescents. No significant differences emerged between Iranian and Indian adolescents on Avoidance Coping, Being Comfortable with Self, Neuroticism, Cohesion, Family Environment Relationship, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Organization.

A perusal at Analyses of Variance (ANOVA) tables (Tables 12-49) revealed that F-values comparing Iranian and Indian adolescents emerged significant on Oxford Happiness Questionnaire, Optimism, Daily Hassles, Uplifts, Pathways, Agency, Total Hope, Task-focused Coping, Emotion-focused Coping, Being Comfortable with Others, Perceived Ability to Meet Life’s Demands, Total Mental Health, Psychoticism, Extraversion, Lie Scale (Social Desirability), Expressiveness, Conflict, Independence, Achievement Orientation, Moral-Religious Emphasis, Family Environment Personal Growth, Control, Family Environment System Maintenance, Stress Symptoms, Beck Depression Inventory, Meaning, Pleasure, Engagement, Perceived Happiness Status, and Perceived Health Status. No significant differences emerged on Avoidance Coping, Being Comfortable with Self, Neuroticism, Cohesion, Family Environment Relationship, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Organization.
Stepwise Discriminant Functional Analyses for Iranian and Indian adolescents (Table 50) revealed that a set of 14 predictors were the best discriminants for Iranian and Indian adolescents. The predictors emerged were Pleasure, Emotion-focused Coping, Independence, Agency, Cohesion, Perceived Health status, Perceived Happiness Status, Lie Scale (Social Desirability), Pathways, Being Comfortable with Others, Daily Hassles, Being Comfortable with Self, Extraversion, and Beck Depression Inventory.

Previous researches have shown that the effect of culture can be an important factor on adolescent well-being.

The learned component of coping includes everything from various social learning theories, which assume that much of human motivation and behavior is the result of what is learned through experiential, learned helplessness phenomena which is believed to have a relationship to depression, and even implications of the particular culture or society that the stress at hand is affected by can also be included in this component. Some of the examples for the social learning theories would be the wide range of stress management techniques that have been found to help ease stress. Changing how you cognitively process a particular situation, so called cognitive restructuring, changing how you behave in a particular situation, so called behavior modification, biofeedback which uses operant conditioning to alter involuntary responses mediated by the automatic nervous system, and the numerous relaxation techniques such as meditation, breathing, and exercise are all part of what is learned through experiential reinforcement. The learned helplessness phenomena has been linked to depression by such researchers as
Coyne et al. (1981) when they studied subjects who tried to exert control when it was not possible to do so (Naughton, 1997).

Cultures and societies have their own set of rules of what they perceive to be stressful or not (Colby, 1987). For example, educational systems differ greatly from culture to culture. In Asian cultures such as Japan and Korea, there is a great deal of importance attributed to how they do in schools. Access to higher education, leading to better jobs is determined solely through academic performance. The amount of stress that the students experience due to this is very high. High enough to report a number of suicides each year for not passing an important exam. People will have different responses in a monogamous culture to that of a polygamous culture. In Africa, where polygamy is the norm, when they find out that the significant other has another partner, it means more workforce to take care of the children and the household chores. If the husband does not take on many wives, it can become a strain on the rest of the wives. An interesting study was done by using Holmes and Rahe's (1967) stressful life event measure in South Africa, and found that it correlated very little with standard distress measures (Swartz et al., 1983).

In an investigation, Scott et al. (1991) investigated the relationship between parental nurturance and family harmony and anxiety symptoms in adolescents. Adolescent's perception of nurturance and family harmony were negatively related to anxiety symptoms across all countries. However, parental perceptions of family harmony were negatively related to adolescents self-reported anxiety symptoms only for Australian and U.S samples, and parental
perceptions of nurturance were negatively associated with anxiety symptoms only for Canadian adolescents. These apparently discrepant findings across raters of parenting processes are very consistent with most work in this area that has documented important differences between different data sources. In fact, in part because of these differences, some have suggested that adolescent ratings of parenting processes may be more salient for studies that examine adolescent-rated measures of adjustment (Jessop, 1981; Krohn et al., 1992) in comparison to parent ratings.

Adolescent coping has been conceptualized using different dimensions (Pearlin and Schooler, 1987; Shek and Cheung, 1990; Compas et al., 1991; Seiffge-Krenke, 1995), and there are many similarities between Western and Eastern findings. For example, seeking information and advice, obtaining social support, relying on oneself to solve the problem, appealing to a supernatural power on religiosity, doing nothing, exercising or using relaxation techniques, and blaming others appear to be commonly used coping methods in both cultures. However, adopting a do-nothing approach, such as shui-chi tzu-an (let nature take its course), I pu-pien ying wan-pien (coping with shifting events by sticking to one unchangeable way), and k’an-k’ai (to see a thing through), is rooted in the Taoist philosophy of self-transcendence to promote a sense of inner tranquility (Yue, 2001), and made explicit in the socialization of Chinese children. The Taoist philosophy of non-action of different from what Western cultures call avoidance or escaping from reality. Self-transcendence emphasizes achieving internal harmony and balancing one’s expectations with external demands. As a result, this
coping strategy may ‘foster a sense of enlightened awareness of the
dynamics of conflicts in this mundane world and that of attainment of
inner harmony’ (Yue, 1994). Moreover, jen-nai (forbearance) has
also been shown to be a Chinese coping strategy (through the
dimension of mobilization of personal resources) and originates from
the Confucian ethnic of self-cultivation (Lee, 1995).

Fazel (1995) conducted a research to identify the intellectually
gifted and average male students with the help of multiple criteria,
using identification matrix, and to study the cultural differences on
psychological variables such as achievement motivation, internal-
external locus of control, and vocational patterns of intellectually
gifted and average students from Iran and India. It is found that:
Indian students of two groups viz. combined (gifted + average) and
gifted are significantly high on need for achievement then Iranian
counterparts. Iranian students of two groups viz. combined (gifted +
average), gifted and average, are significantly more internal than
Indian counterparts. Indian students of (gifted and average) and
gifted scored higher on Organization, Technology, and General
culture than Iranian counterparts.

The influence of culture on coping behavior of youngsters was
studied by Olah (1995) across different types of anxiety-provoking
situations. A situation-reaction inventory, in which the situational
scale describes the most frequent threats and negative emotion-
provoking life events of late adolescent boys and girls, was applied.
The reaction scales of the inventory measured anxiety intensity and
coping strategies (assimilative, accommodative and avoidance).
Subjects were 17-18-year-old Indian, Italian, Hungarian, Swedish and
Yemenite boys (n = 349) and girls (n = 372). Consistent results in all cultures and for both sexes showed that adolescents at low and medium anxiety level employed constructive and assimilative ways of coping, whereas at high anxiety level they used avoidance. Results confirmed that culture as a general background forms the learning of different coping styles in the case of adolescents. However, concrete experiences in connection with the special stressors seem to influence the choice of coping strategies more effectively.

Dehestani (1998) conducted a study to explore the prevalence of depression and the relationships between prevalence of depression and various socio-demographic factors in the adolescent population of India and Iran by giving special weightage to gender (males vs. females) and age (mid-adolescence vs. late-adolescence).

The pattern of depressive symptoms in Indian female adolescents, however, is identical in mid- and late-adolescence in the sense that Indian female adolescents regardless of the stage of adolescence expressed depression by endorsing relatively more loss of appetite, constipation, crying, and loss of libido. Thus, in late-adolescence a substantial number of the Iranian female adolescents endorsed the most severe version (often or always) of the items referring to somatic and psychological symptoms, while Indian female adolescents tended to report higher on some items referring to somatic symptoms. More specifically speaking, among female adolescents in late-adolescence, there was evidence for the prominence of somatization in the Indian sample, and for the somatization and psychologization of symptoms in the Iranian
sample. This suggests that depression in Indian female adolescents is often presented somatically.

These findings indicate that there are some similarities in the symptoms of depression in the two cultures, but also differences in their predominant mode of expression. Several cross-cultural studies of depressive disorders comparing Western and non-Western cultures have shown culture specific variations in individual symptoms despite the universality of core depressive symptoms (Sartorious et al., 1980).

McCarty et al. (1999) conducted a research to explore whether cultural values and traditions influence the development of coping styles. They compared self-reports of coping by 6–14-year-olds in Thailand and the U.S. One hundred and forty-one children were interviewed about six common stressors: separation from a friend, injection in a doctor's office, adult anger, peer animosity, school failure, and physical injury. Children's self-reported coping methods were coded as overt or covert. Coping goals were coded as reflecting primary control (attempts to influence objective conditions), secondary control (attempts to adjust oneself to objective conditions), or relinquished control. Although findings revealed numerous cross-national similarities, there were also multiple main and interaction effects involving culture, suggesting that socio-cultural context may be critical to our understanding of child coping. The findings support a model of coping development in which culture and stressor characteristics interact, with societal differences most likely to be found in situations where culture-specific norms become salient.
In a cross-cultural study of stress and coping by Sihna et al. (2000) students in India (n=198) and Canada (n=344) were compared with respect to stress, coping, and selected psychosocial variables, namely, locus of control, self-esteem, life orientation (optimism-pessimism), and social support. The two main hypothesis postulated that, compared to the Canadian students, Indian students would experience more stress and would prefer emotion-focused coping strategies for dealing with stress. It was also predicted that the Indian students would have an external locus of control, low self-esteem, pessimistic life orientation, and greater social support satisfaction. The results reveal instead that the Indian students report less stress than the Canadian students and prefer emotion-focused coping strategies. The Indian students score higher on chance control, but are similar to the Canadian students on powerful others and internal control. The Indian students are less satisfied with social support than are their Canadian counterparts.

In conclusion, the findings of the present research suggested that there are more similarities than differences among Indian and Canadian university students in respect of stress, coping, and related psychosocial variables. The differences, however, reflect the impact of culture.

Schimmack et al. (2002) examined the interplay of personality and cultural factors in the prediction of the affective (hedonic balance) and the cognitive (life satisfaction) components of subjective well-being. They predicted that the influence of personality on life satisfaction is mediated by hedonic balance and that the relation between hedonic balance and life satisfaction is moderated by
culture. As a consequence, they predicted that the influence of personality on life satisfaction is also moderated by culture. They also found that, in addition to hedonic balance, satisfaction with academic performance and romantic satisfaction predicted life satisfaction.

Interestingly, nations differ strikingly in happiness. In general, collectivist cultures report lower well-being than do individualistic cultures, where norms more strongly support experiencing and expressing positive emotions. National differences appear not to reflect more differences in the connotations of the translated questions. For example, regardless of whether they are German, French, or Italian-speaking, the Swiss rank high on self-reported life satisfaction—significantly higher than their German, French, and Italian, neighbors (Inglehart 1990).

In a study conducted by Yeh (2003), the association between age, acculturation, cultural adjustment difficulties and general mental health concerns were investigated. It was found that age, acculturation, and cultural adjustment difficulties had significant predictive effects on mental health symptoms.

Researchers consistently report personality traits of Extraversion, Neuroticism, and optimism correlate with measures of emotional well-being (Diener et al., 2002). However, the pattern of relation may vary across cultures. Lucas et al (2000) found that Extraversion was correlated less strongly with pleasant affect in collectivistic nations than in individualistic nations (though the correlation was strongly in both).

Hashim (2003) conducted a research to test the universal nature of stress and coping behavior among overseas college
students in China and to provide basic information towards understanding the problems that result from stress and coping which can best be defined in cultural terms. The sample consisted of 83 students from Africa and 76 students from Western countries attending eleven universities in China. Results indicated that academic and interpersonal sources of stress were the most common stressors perceived by the two groups. High levels of pressures and challenges perceived by both African and Western students were classified as daily hassles. No group differences existed in subtotal perceptions of interpersonal, intrapersonal, academic and environmental stressors. Group variations existed only in their subdivisional areas of stress. Minor differences in perception of stressors such as attaining lower grades, missing too many classes and working with unfamiliar people were observed between male and female students. In comparison to African students, Western students demonstrated the highest ability to cope with stress. On the coping scale, they did best on ‘ability to relax’. Both African and Western students scored lowest on ‘the resourceful coping’ scale. Significant differences were observed between Western and African students in four out of the seven sub-scales measured. No differences were found between men and women in their ways of coping with stress in China.

Unfortunately, existing cross-cultural studies of responses to stress are difficult to interpret, as replication of coping factor structures has been challenging even within American samples (Cook and Heppner, 1997). Although exploratory analyses of the widely used Ways of Coping Questionnaire (Folkman and Lazarus,
and Coping Orientations to Problems Experienced questionnaire (Carver et al., 1989) generally identify factors reflecting problem-solving, positive thinking, avoidance, and social support, the number of factors identified and the specific items loading on factors differ substantially across American samples (Carver et al., 1989; Folkman et al., 1986; Lyne and Roger, 2000). Replication of factor structures has been difficult even in near-identical samples of individuals coping with the same stressor. For example, in a study of college students coping with exams, not only did confirmatory factor analysis fail to replicate previous WCQ factor structures, but the results of a new exploratory analysis could not be replicated in a confirmatory analysis with a second sample of students from the same institution (Parker et al., 1993). Inconsistency across American samples complicates interpretation of cross-cultural variation in factor structures, as differences cannot be clearly linked to culture.

There is some evidence that the basic structure of coping may be similar across cultures. For example, analyses of the COPE provided evidence for factors assessing problem solving, avoidance, positive thinking, and social support in British (Fontaine et al., 1993), Croatian (Hudek-Knez evic et al., 1999), and Italian undergraduates (Sica et al., 1997), as did an exploratory factor analysis of the WCQ in Norwegian physicians (Falkum et al., 1997). However, the original structure of the WCQ was a poor fit to the data (GFI=0.64) in a sample of 222 Spanish health workers (Olmedo et al., 2001), and second order factor analysis of the COPE in a sample of Spanish university students identified six coping styles: problem-focused behavioral, problem-focused cognitive, behavioral avoidance,
cognitive avoidance, emotion focused coping, and alcohol and drug use coping styles (Crespo et al., 1997). Unique factors have also been identified in non-American samples, such as a religious coping factor in an Italian sample (Sica et al., 1997) and 14 separate factors in a principal components analysis of the WCQ in Chinese health care workers (Scherer et al., 2000). Factor analysis of the WCQ in a sample of Chinese students and teachers produced the typical problem solving, avoidance, and social support factors (Chan, 1994), but positive thinking items loaded on the problem solving factor and a separate wishful thinking factor was found.

Culture is likely to influence the type and frequency of stressors experienced, the perceived stressfulness of negative events, the acceptability of various responses to stress, and the availability of coping resources. Differences in factor structures obtained across samples and cultures may be based on the highly contextual nature of coping, which depends on the interaction between individuals, stressors, and environments (Folkman and Lazarus, 1985). At the same time, some of the difficulty in replicating factor structures may be due to error and chance. Item content may be one cause of replication difficulties, as complex items permit multiple interpretations (Parker et al., 1993), highly specific items only apply to some stressors (Richaud de Minzi and Sacchi, 2001; Stone et al., 1991), and overly concrete items (e.g., I exercised) could plausibly load on multiple factors, since the underlying intent could vary across individuals and stressors (Compas et al., 2001). Analysis of individual coping items, rather than coping subscales, may also be problematic, as individual items rated on Likert scales are rarely
normally distributed, and are likely to violate important statistical assumptions (Hudek-Knez evic et al., 1999). Exploratory factor analyses are also potentially problematic, as they may inflate the impact of minor variations across samples. Confirmatory factor analyses minimize the impact of chance, are more appropriate for testing established theories, and represent a well established method for assessing measurement equivalence (Caprara et al., 2000; Floyd and Widaman, 1995). Confirmatory analyses also facilitate detailed assessment of measurement equivalence across samples. For example, in a comparison of the COPE across Anglo- and Mexican-American women, Prelow et al. (2000) used confirmatory analyses to test the equivalence of factor loadings and latent variable intercepts across samples.

Greenberger and colleagues (2000) extended their comparative work on the relations between family processes and depression to include adolescents from the United States and China. Correlation analyses provided evidence that parental warmth was negatively associated and parental conflict was positively associated with depression in both the U.S. and Chinese samples. Regression analyses provided some evidence of differences by country. Low to moderate parental warmth appeared to have a stronger negative association with depression in Chinese adolescents than in U.S. adolescents. Similarly, high conflict was negatively associated with depression in Chinese adolescents to a greater extent than in U.S. youth. Together with the previous study, results indicated some similarity in the relationship between parenting processes and depressive symptoms across different cultural contexts within the
United States, but also, and perhaps to a lesser extent, across different national contexts.

Finally, Heaven and Goldstein (2001) specifically tested for differences in the relations between five parenting processes and a measure of depressive symptoms in Anglo versus Asian Australian high school students (N=242). Positive associations, similar in magnitude across both groups, were observed between measures of parental love-withdrawal and punitiveness and depressive symptoms. However, a measure of low parental warmth (low care) was only positively associated with depressive symptoms in Anglo Australian youth. In addition, no significant associations were observed between measures of parental control or parental inductiveness and depressive mood. Follow-up comparisons (z-tests) of correlations between parenting processes and depression symptoms indicated no differences across all five measures of parenting; this was found despite the fact that in some cases, correlations were statistically significant in one group and not significant in the other. Thus, this study provided evidence of great cross-cultural similarity in the associations between a variety of parenting measures and depressive symptoms based on Anglo and Asian youth from Australia.

Recent research has highlighted the importance and utility of cross-cultural or cross-national or comparative work when testing developmental processes and the potential generalizability of findings (Chen and Farruggia, 2002; Dekovic et al., 2002; Van de Vijver and Leung, 1997). And finally, we also assessed whether individual
parenting processes were more or less salient during different developmental periods (middle versus late adolescence).

In reviewing the impact of culture on human development and on the etiology of psychopathology in particular, Garcia-Coll et al. (2000) have noted that though comparative social scientific research has become more common over the past decade and has more forcefully integrated culture into models of human development, the effort to fully grasp the impact of culture, whether racial or ethnic group membership or whether distinct developmental milieux, such as countries, on development and developmental processes is in its infancy. Our findings provide evidence that the patterns of associations between individual parenting processes and measures of internalizing behaviors were highly similar across cultural contexts. Consistent with previous work by Greenberger, Chen and colleagues (Greenberger et al., 2000), they indicated that the two best predictors of anxiety and depression symptoms across countries were parental support and conflict. Both maternal and paternal support was negatively associated with measures of internalizing behaviors. On the other hand, conflict was positively related to anxiety and depression symptoms. This suggests that youth who experience tension with parents and who may be exposed to excessive levels of coercive interactions more generally, are at risk for developing symptoms of anxiety and depression (Graber, 2003).

In a study by Connor-Smith and Calvete (2004) Americans reported experiencing more negative life and social events than did Spanish students, and perceived those events as more stressful.
These findings fit with known cultural differences, as divorce is four times more common in America (Requena, 2001). American youth are more likely to move to attend college, potentially increasing financial stress and disrupting social networks, whereas about 80% of Spanish youth live at home (Centro de Investigaciones Sociológicas; CIS, 1999). Spanish adults are unlikely to report unfulfilling relationships or separation from friends and family as causes of loneliness (Rokach et al., 2002). A direct comparison of over 1,200 Spanish and 1,500 American adults indicated that Americans were more likely to rate friends as very important (Requena, 2001), perhaps due to lower levels of family support. Because collectivist cultures typically attempt to minimize interpersonal conflict (Oyserman et al., 2002), Spanish individuals may have experienced fewer social stressors due to an emphasis on maintaining harmony in relationships. The higher level of distress following social stressors for American students may be explained by the fact that individualistic cultures view relationships as impermanent, subject to dissolution if costs outweigh benefits (Oyserman et al., 2002). Thus, Americans may have been more likely to interpret conflict as signaling the end of a relationship, making conflict more stressful. Alternatively, it is also possible that social desirability norms influenced information provided about social stressors, and Americans may have been more willing to report feeling stressed.

The one notable exception to the pattern of higher stress in the American sample was in levels of family conflict. It seems probable
that more opportunities for conflict with parents exist for the Spanish students, who are likely to live with or near their families.

Stress and social support influence adolescents' coping strategies. Adolescents need to acquire a large repertoire of coping strategies in light of a rapidly changing socio-economic and political situation. The study by Magaya et al. (2005) reports on the coping strategies of Zimbabwean adolescents and highlights some major stressors they face. The interplay among stress, social support and the coping strategies of Zimbabwean adolescents are also reported. A sample of 101 Zimbabwean students (ages 17–19) participated in this study. Participants completed three instruments: the Perceived Stress Scale, the Social Provision Scale and the Ways of Coping Scale. Zimbabwean adolescents experienced slight stress as measured by the Perceived Stress Scale. Major stressors included schoolwork, relationships, social life and financial hardship. Females reported a higher level of perceived stress than males. Zimbabwean adolescents reported having fewer social provisions than the norm group. Results from the Ways of Coping Scale indicated that Zimbabwean adolescents use emotion-focused strategies more frequently than problem-solving strategies.

The cross-cultural equivalence of coping and involuntary responses to social stress was tested by Connor-Smith and Calvete (2004) using confirmatory factor analysis of the Responses to Stress Questionnaire in samples of 421 Spanish and 322 American college students. The fit of a coping model, consisting of primary control engagement, secondary control engagement, and disengagement
factors, was confirmed in each sample, along with the fit of an involuntary response model, consisting of engagement and disengagement factors. However, factor loadings for primary control engagement coping differed across samples, as did mean levels of stress, coping, and involuntary responses to stress.

Although attempts were made to obtain comparable samples in Spain and the United States, demographic variables such as socioeconomic status were not assessed directly, raising the possibility that different segments of the American and Spanish population were assessed. Similarly, broad cultural differences between Spain and the United States were considered in the interpretation of findings, but variables such as individualism vs. collectivism, current living arrangements, family relationships, and the importance of friendship were not measured directly.

In a recent comparative study with ethnic American adolescents, Phinney et al. (2005) extended these earlier findings to suggest that the developmental changes observed in adolescence are universally toward affecting a compromise or balance between self and other concerns. Thus, Phinney and her colleagues identified not only what they regarded as an individualistic and a collectivistic mode of dispute resolution, but one that represented a compromise or balance between the two stances: (a) specifically, the collectivist strategy of “compliance” represents a stance of giving priority to other’s wishes and subordinating the wishes of self, that is, the adolescent “complies without question to parent’s wishes or views” (for example, “I would just do what my parents want”); (b) the individualistic strategy of “self-assertion” represents a stance of giving
priority to one’s own wishes as adolescents “openly follow their own wishes” (for example, “I would do what I want to do” “they can’s stop me”); and (c) the balanced stance of “negotiation” represents a middle position in which the adolescent is assumed to “ask, beg, argue, or negotiate to get own way or work out a compromise”.

**Talebi (2005)** made an effort to probe into some of the factors related to aggression in school children of India and Iran. Also, it was to study cultural differences in aggression. Results showed that: Iranian girls were more aggressive than Indian girls, whereas there was no significant difference between Iranian and Indian boys. Indian mothers were higher on personal social involvement whereas Iranian mothers were higher on personal academic involvement. No significant cultural differences were found on fathers’ social involvement (boys as well as girls) and academic involvement in girls whereas the Iranian boys compared with the Indian boys perceived higher academic involvement by the fathers. Iranian children (both boys and girls) had higher attachment security with mothers in terms of dependency whereas mothers’ availability was not perceived differently by the Iranian and Indian boys and girls. Total attachment security (mother) was higher in Iranian children than the Indian children, though significant difference was there only for the boys. Iranian children (both boys and girls) had higher attachment security with fathers in terms of dependency whereas Indian children (both boys and girls) perceived higher attachment security with fathers in terms of availability compared with Iranian children.

In a study, **Tam and Lam (2005)** compared stress and coping among 243 migrant and 750 local-born Chinese adolescents in Hong
Kong. It focuses on normative stress and coping strategies specific to adolescence, thus allowing for an examination of the interrelated changes and challenges in this developmental stage as well as the strategies used in managing these demands. By assessing psychosocial competence, this study also provides a glimpse into the adjustment to the coping process. The comparison between migrants and local-borns renders an opportunity into exploring migration experience as a major stressor and its impact on adolescents in terms of coping and adjustment. Effort is also made to identify the demographic characteristics of migrants that affect the process of adjustment.

Findings showed that compared to their local-born counterparts, migrants showed no difference in perceived stress, whereas they were less likely to use withdrawal coping and showed higher self-esteem and less delinquent behavior. Adjustment of migrant adolescents was related to the father's education level and years of residence in Hong Kong.

Vazsonyi and Belliston (2006) examined the cultural and developmental significance of maternal and paternal parenting processes (closeness, support, monitoring, communication, conflict, and peer approval) for measures of anxiety and depression symptoms in adolescents from Hungary, the Netherlands, Switzerland, and the United States (N=6,935). Across all cultural contexts, measures of maternal and paternal support and conflict were most consistently associated with measures of internalizing behaviors. Few differences were observed in the importance of individual parenting processes for anxiety or depression symptoms.
across cultures. Additionally, with the exception of maternal conflict for anxiety and depression symptoms and paternal closeness for depression symptoms, none of the parenting process dimensions differed in importance for internalizing behaviors across developmental periods (middle versus late adolescence). The investigation provides evidence of great similarity in developmental processes, both across cultural contexts and developmental periods.

In the study by Tkach and Lyubomirsky (2006), few ethnic differences were observed in the use of happiness-enhancing strategies. However, the ethnic differences that did emerge highlight the theoretically important features of happiness-boosting strategies and of happiness, in general. For example, in contrast to their Asian and Chicano(a) peers, White students reported Party ing and participating in Active Leisure most frequently, and used Passive Leisure and Mental Control least frequently. These findings are consistent with research documenting that members of individualist cultures prefer high arousal positive emotions (e.g., excitement and enthusiasm), whereas members of collectivist cultures prefer low-arousal emotions (e.g., tranquility and calm) (Tsai et al., in press). In sum, these ethnic differences suggest that an individual’s choice of happiness-enhancing strategies may depend on what aspects of happiness he or she values most. That is, how one pursues happiness depends on one’s “ideal” beliefs regarding the experience of happiness.

Calvete and Connor-smith (2006) conducted a study to examine whether coping responses mediated the influence of perceived social support on symptoms of anxiety/depression, social
withdrawal, and aggressive behavior in American (N= 349) and Spanish students (N= 437). Participants completed measures of perceived support, social stress, coping, and distress. Coping partially mediated relations between perceived support and distress, with coping mediation most evident in individuals facing high levels of social stress.

Decreased use of disengagement coping by individuals with high perceived support appears to partially explain the protective value of perceived social support. Multiple group covariance structure analysis showed that models linking perceived support, coping, and distress were very similar across cultures, suggesting that the mechanisms underlying decreased risk for individuals with high perceived support may be relatively independent of cultural context, and that interventions designed to increase perceived support and decrease disengagement could be appropriate in both cultures. In summary, findings from the study by Calvete and Connor-Smith (2006) showed that coping partially mediated relations between perceived support and psychological adjustment. Results also suggested that the protective effect of perceived support may be related to the low levels of disengagement coping used by individuals who feel they have emotional and instrumental support from friends, family, and other important persons in their lives. Although some differences between American and Spanish samples were observed, overall, the role of perceived social support appears to be very similar across both cultures. Developing a stronger understanding of the mechanisms by which social support influences our health is an important mission not only from a theoretical perspective, but also
because it has practical implications for clinical and community interventions designed to increase support and improve coping for individuals facing stressful circumstances (Cohen et al., 2001; Lakey et al., 2002). The finding that relations between stress, perceived support, coping, and symptoms were more similar than different across cultures suggests that similar interventions, designed to increase perceived support and encourage more effective coping, may be appropriate for both Spanish and American students.

H: GENDER DIFFERENCES

Another aim of the present study was to find out gender differences between adolescent boys and girls on various variables. For this purpose t-tests were computed.

Table 7 clearly revealed gender differences on various variables. The comparison revealed that there were gender differences on Optimism, Daily Hassles, Task-focused Coping, Avoidance Coping, Being Comfortable with Self, Total Mental Health, Lie Scale (Social Desirability), Expressiveness, and Perceived Happiness Status with girls scoring higher than boys. Table 7 also revealed that there were gender differences on Daily Hassles, Uplifts, Pathways, Beck Depression Inventory, and Engagement with boys scoring higher that girls. No significant differences emerged between boys and girls on Oxford Happiness Questionnaire, Agency, Total Hope, Emotion-focused Coping, Avoidance Coping, Being Comfortable with Others, Perceived Ability to Meet Life’s Demands, Psychoticism, Extraversion, Neuroticism, Cohesion, Conflict, Family Environment Relationship, Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation,


Stepwise Discriminant Functional Analyses for adolescent boys and girls (Table 51) revealed that a set of 9 predictors were the best discriminants for adolescent boys and girls. The predictors emerged were Oxford Happiness Questionnaire, Cohesion, Avoidance Coping, Perceived Happiness Status, Pathways, Daily Hassles, Lie Scale (Social Desirability), Being Comfortable with Self, and Uplifts.
Many studies reveal gender differences between adolescent boys and girls on various variables. Weissman et al. (1993) cited research demonstrating that women more frequently become depressed over disruption and conflict in close relationships, whereas men become depressed over the loss of an ideal or an achievement related goal.

According to Thayer et al. (1994), it is also worth noting that men and women handle their emotions in different ways. For example, women report using social support more frequently than do men to combat negative moods. However, the emotional benefits that women gain through affiliation may be undercut by their greater tendency (relative to men) to ruminate about the causes and consequences of their unhappiness (Nolen-Hoeksema, 1991).

In contrast, men tend to manage bad moods through pleasurable and distracting activities, such as sports (Thayer et al., 1994). Given these findings, it is likely that men and women also differ in the strategies that they prefer to use to increase or maintain happiness.

Fazel (1995) conducted a study to identify the intellectually gifted and average male students with the help of multiple criteria, using identification matrix, and to study the cultural differences on psychological variables such as achievement motivation, internal-external locus of control, and vocational patterns of intellectually gifted and average students from Iran and India. Results showed that male students of combined (gifted + average) and gifted students scored significantly higher on need for achievement than the female counterparts in both the cultures. In general males and
females are not significantly different on Internal-External locus of control in both the cultures. Females (gifted and average) and gifted obtained higher scores on Social Service, Organization, general culture and arts and entertainments than male counterparts in both the cultures.

Tran et al. (1995) measured ethnic and gender differences in reported stressful life events in 70 Southeast Asian adolescents. It was found that females reported higher stress on 8 out of 10 life events than did males. Personal pressure to get good grades had the higher percentage mean for females. For males, worrying about where to live or getting a job after graduations were the two most stressful life events.

Gysber van Wijk and Kilk (1997) reported that women report more physical complaints than males. The higher symptoms score in women can be explained with the symptoms perception model. Women have more negative affectivity, more selective attention for their bodies and less distraction from the surroundings, which enhances somatization.

Greenglass (1998) found that gender affects the way people cope with stress. Men are more problem-focused and women are more emotion-focused in their coping strategies. Men have been reported to be more likely than women to engage in coping that alters a stressful situation. Men more often possess psychological attributes, that is, self-esteem and mastery, which influence their coping. However, gender differences in mastery or a related characteristic, self-efficacy are likely to be linked to differences in social experiences. It was also found that social support and coping is
stronger in women. Women employ more coping forms involving inter-personal relationships.

**Smith and Reise (1998)** studied the difference between gender groups on a measure of stress reaction. Their results revealed that women were more likely to endorse items describing emotional vulnerability and sensitivity, whereas men were likely to endorse items describing tension, irritability and being easily upset.

**Kudielka et al. (2000)** found that stress vulnerability appears to be higher in women compared to men in perceiving and appraising situations as stressful. Self-esteem or self-confidence, self-efficacy, and sense of competence are slightly but consistently lower in women compared to men. A higher sensitivity and attention towards non-specific stress symptoms appears to bring about more episodes of perceived stress in women.

**Kudielka et al. (2000)** also found that differences in coping styles between men and women are only small. Whereas women appear to prefer emotion-focused solutions, including a greater use of social support and supportive networks, men focus more often on instrumental or problem-oriented coping. Reports on sex-specific effectiveness of coping strategies, however, contradict the former notion that female coping strategies could be inadequate or less effective for alleviating distress.

**Sindhu (2000)** conducted a study to determine the complex nature of the association between gender, loneliness and depression in order to both solve the paradox and shed light on the underlying problems such as adolescent depression and loneliness.
Consistent with the previous findings, girls reported significantly more depression than boys. As noted by other researchers (Amenson and Lewinsohn, 1981; Weisman and Klerman, 1977), this difference was not merely an artifact resulting from a social desirability response bias, as girls’ depression scores remained higher than boys’ scores even when denial of emotional distress was statistically controlled.

DiClementa et al. (2001) studied gender differences in conflict in the family environment. Boys experienced more conflict than girls and they experienced more objective positional conflicts involving use of the car, church attendance and responsibilities at home. Girls on the other hand, experienced conflicts centered on emotional issues, such as going around with particular boys or girls. Most parents typically react to conflicts with discussion or scolding, despite some more irrational reactions, including threats and emotional flare-ups, leading to distress in adolescents.

Benyamini et al. (2000) studied gender differences in health and stated that when studies regarding the gender differences in health were investigated, women often report greater morbidity (i.e. have higher negative health reports), but men consistently have greater mortality (Verbrugge, 1985). With regard to the association among stress, depression and health, some studies indicate that women are more vulnerable to the physiological ramifications of psychological stress than are men (Handa et al., 1994). However, the authors suggested greater vulnerability in men.
According to Buss (2000), depression is one of the most common psychological maladies of modern humans, and it afflicts roughly twice as many women as men.

Wills et al. (2001) studied coping dimensions, life stress and adolescent substance use. The results revealed that effects of life stress were greater for girls than for boys. They also found that coping dimensions would have greater effects at a high level of stress. However, results did not show evidence that effects of coping differed for boys and girls.

In a study, Thapar (2002) examined gender differences in attachment and coping behaviors in adolescents. Results showed that: Female adolescents scored higher on cohesion, expressiveness, active-recreational orientation, moral-religious emphasis, and control dimensions of the family environment scale. Male adolescents scored higher on conflict, independence, achievement orientation, intellectual-cultural orientation dimension of family environment scale. Male and female adolescents did not differ on self-esteem and life satisfaction. Female adolescents scored higher on the use of express emotions and avoidance coping strategies. Male adolescents scored higher on problem solving, social contact and social withdrawal coping strategies.

Kaur (2002) reported that on various dimensions perceived stress and strain, significant gender differences were found, i.e. on presumptive stressful life events, daily hassles, and stress symptoms, males were found to score higher than females.

Halloran et al. (2002) studied gender differences in the relationship of family environment to the management of stressful life...
events and psychological well-being. Growth-oriented/fun loving families were found to be associated with decreased odds of a male indulging in maladaptive coping strategies. Such families may teach the male adolescent behaviors (like expressiveness, independence) that can help him resist peer pressure to use alcohol and have fun in other ways. Female adolescents were found to benefit from the same type of family environment, though in different ways. A work ethic/structured family environment emphasized the behaviors of control, achievement, morality and organization, and these may help the male adolescent to be stressful and develop a realistically high self-esteem.

_Hamid et al. (2003)_ in their study, found that gender had a significant effect on adolescent coping style and coping strategies. Girls were more socially oriented than boys, tending to rely on social support, whereas boys tended to avoid the problem or engage in blaming. These findings are consistent with many past studies *(Copeland and Hess, 1995; Patterson and McCubbin, 1987; Bird and Harris, 1990; Murry and Scott, 1994).*

_Sehgal (2003)_ explored gender differences on adolescent health. Results showed that there were gender differences on perceived health status with girls scoring higher than boys, Exercise/fitness, BMI, life events stressors, state anger, and Psychoticism with boys scoring higher than girls.

_Talebi (2005)_ made an effort to probe into some of the factors related to aggression in school children of India and Iran. Also, it was to study gender differences in aggression. Results showed that: Indian boys were found to be more aggressive than Indian girls
whereas gender differences were not significant in the Iranian sample. No gender differences were found in mothers' personal involvement both in the Iranian and Indian sample. Boys perceived higher involvement by the fathers compared with girls, though the gender differences were not significant for social involvement in the Indian sample. Girls had higher attachment security with the mother than boys, though the gender differences were not significant for mothers' availability in the Iranian sample. Girls compared with boys perceived higher availability of the father both in the Iranian and the Indian sample whereas the difference between genders was not significant for dependency. It is evident from the results of the study that the Iranian girls are more aggressive than Indian girls because of the different socialization practices or cultural norms of the two countries. But, boys are equally aggressive in both the cultures.

*Weeks et al. (2005)* found that women show greater psychological reactivity to stress (*Mirowsky and Ross, 1995; Kudielka et al., 1998*), and a greater propensity for depression (*Piccinelli and Wilkinson, 2000*). Men, on the other hand, show greater physiological reactivity to stress (*Flinn et al., 1996*) and greater usage of negative health behaviors (e.g. smoking and alcohol usage, aggressive behaviors) (*Aneshensel et al., 1991; Pearlin, 1989*). Females reported higher rates than did males for hassles and for stressors. There were no significant gender differences in any other measures although females tended toward higher scores on all the scales.

In a study by *Tkach and Lyubomirsky (2006)*, although the men and women reported being equally happy, gender differences
did emerge in the frequency of using particular happiness-enhancing strategies. Men reported attempting to boost happiness with Active Leisure (e.g., exercise) and Mental Control (e.g., try not to think about unwanted thoughts) more frequently than did women. Except for exercise, which could involve social interaction, these activities are relatively solitary in nature. Women, in contrast to men, tended to use Social Affiliation (e.g., focus on maintaining relationships), Instrumental Goal Pursuit (e.g., study and pursue career goals), Passive Leisure (e.g., watch TV, rent video, shopping), and Religion (e.g., perform religious activities).

These differences are not surprising given the long-standing evidence that women prefer social affiliation more than do men (Chodorow, 1978). Overall, the gender differences found in the present study are consistent with the gender differences reported for behaviors used to combat bad moods (Thayer et al., 1994).