Adolescence spans the second decade of life, a phase described as beginning in biology and ending in society. Adolescence may be defined as the life span period in which most of a person’s biological, cognitive, psychological and social characteristics are changing in an interrelated manner from what is considered “childlike” to what is considered “adultlike” (Craighead and Nemeroff, 2001). Adolescence is a period of transition, turbulence, trance and tension unmatched for its energy and impact on the rest of life (Mohan, 2000). Hall (1904) described adolescence as inherently a time of storm and stress. The period is characterized by deep anxieties, conflicts, protests, descriptions, upheavals, exhibitions of creative output, cognitive restructuring, emotional outbursts and physical changes.

In recent years, there has been increasing interest in the nature of stress and coping among adolescents and its relation to various health behaviors. Although there has been increased interest in this area, there have been few cross-cultural studies of stress and coping despite the universality of stress and coping and the advantages offered by pursuing cross-cultural studies both for theoretical and methodological reasons.

Therefore, the present study investigated stress and coping among Iranian and Indian adolescents in relation to their personality, 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.

CONCEPTUAL FRAMEWORK

STRESS

The idea of stress and the impact of stress have been with humans since ages. Weiner (1994) suggests that Aristotle may have been the first person to clearly articulate this concept. However, it is only within the last few centuries that humans have begun to conceptualize and study stress (MacMaster, 2006).

According to Heaven (1996) one’s understanding of the nature of stress had undergone considerable changes over many years. The term “Stress” means many things to many people. Selye (1956) defined stress as “the non-specific response of the body to any demand”. Lazarus and Folkman (1984) stated that psychological stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”.

According to Encyclopedia of Psychology (2000), “stress is an adaptive reaction to circumstances that are perceived as threatening. It motivates people and can enhance performance. Learning to cope with adversity is an important aspect of normal psychological development, but exposure to chronic stress can have severe negative consequences if effective coping mechanisms are not learned. The stress of contemporary life could impair immunologic functioning and increase susceptibility to disease”.

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Larsen (2000) opined that “stress is the subjective feeling that is produced by events that are perceived as overwhelming and beyond one’s control. Events that typically elicit stress are called stressors. Stress really lies in the transaction between the person and the characteristics of the environment. Personality processes may moderate this transaction”.

**Stressors**

Stressors are circumstances that represent a threat, obstacles, loss or scarcity of resources *(Lazarus, 1984; Hobfall, 1998)*. A stressor is “an environmental stimulus that affects an organism in physically or psychologically injurious ways, usually producing anxiety, tension, and physiological arousal”. The three broad types of situation that cause stress are frustration, conflict and pressure.

**Types of Stressors: There are two types of stressors viz. Stressful Life Events and Chronic Stressors.**

**Stressful Life Events**

According to *Encyclopedia of Stress (2000)*, “a life event stress is a comprehensive list of external events and situations (stressors) that are hypothesized to place demands that tend to exceed the capacity of the average person to adapt. The difficulty in adaptation leads to physical and psychological changes or dysfunction, creating risk for psychological disorder or physical disease”.

**Daily Hassles (Chronic Stressors)**

**Hassles** are defined as “irritating, frustrating, distressing demands that to some degree characterize everyday transaction with the environment”, whereas **Uplifts** are “events that act as uppers in
daily life, uplifting the spirit and counterbalancing some of the daily hassles one experiences. Uplifts make one feel good, joyful, glad or satisfied" (Kanner et al., 1981). Some hassles and uplifts occur on a fairly regular basis and others are relatively rare. Some have only a slight effect, while others have a strong effect. The role of daily stress or hassles as a causal factor in illness has motivated widespread use of measures of stress based on life events and daily hassles.

COPING

It is necessary for individuals for physical and psychological well-being to reduce or eliminate the negative effects of stress. It is possible for an individual either to avoid the stressful situations, change them or learn to cope with them. Coping is “a continuous cognitive and behavioral process of overcoming stress and stressful consequences of external forces” (Mohan, 2003).

Coping has been defined as “an active, purposeful process of responding to stimuli appraised as taxing or exceeding the resources of the person (Lazarus, 1993) and includes behavioral, emotional, and cognitive attempts to manage the demands imposed by such stressors” (Lazarus, 1998).

According to Encyclopedia of Psychology (2000), the concept of coping refers to “the various ways in which people respond when confronting a situation. In general, these responses represent either further attempts to meet the demands of the situation or attempts to deal with the negative emotions that can be created by the situation”.

There is some evidence that the basic structure of coping may be similar across cultures (Connor-Smith and Calvete, 2004). 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 the environments (Folkman and Lazarus, 1985).

WAYS OF COPING

Different definitions of the concept of coping responses by researchers has lead to different classification systems (Compas et al., 1993; Griffith et al., 2000), but most research has focused on the positive and negative affect of different coping responses on behavioral and social dysfunction (Folkman et al., 1986; Compas et al., 1993).

Three distinct coping strategies have been identified and consist of problem-focused coping (efforts to change the stressful situation), emotion-focused coping (efforts to regulate emotional responses in response to stressors) and avoidance coping (efforts to engage in distracting activities in response to problems) (Lazarus and Folkman, 1984; Compas, 1987).

**Problem-Focused and Emotion-Focused Coping:** Not only do situations vary in several important ways, but so do the coping responses that the situations elicit from people. Lazarus and Folkman (1984) distinguished between two broad classes of coping reactions. What they called **Problem-Focused Coping** is any response that is aimed at doing something to alter the source of the stress- removing, defusing, or avoiding the threatening event or altering its impact on the person. **Emotion-Focused Coping** is any
response aimed at reducing or managing the negative feelings that arise in response to the threat or loss.

Although these two categories are easy to distinguish from each other in principle, both typically occur to some degree during every stressful transaction. Indeed, the effects of these two classes of coping can be difficult to disentangle. Emotion-focused coping removes some of the distress that can interfere with problem-focused efforts and can thereby make problem-focused coping easier. Similarly, problem-focused coping can render a threat less forbidding, thereby diminishing emotional distress. Moreover, certain kinds of coping reactions have both problem- and emotion-focused aspects. For example, people can make use of their social support resources both for active and instrumental aid (problem focused) and for reassurance and comfort (emotion focused).

**Avoidance Coping:** Studies that have examined these coping reactions separately have found that not all of these responses are effective in diminishing negative feelings. In fact, there is considerable evidence that some kinds of coping responses actually make things worse. Some of these responses that seem to have this adverse effect have been termed avoidance coping. Such reactions include wishful thinking, escapist fantasy, denial, turning to alcohol, and overeating. Another response that seems to intensify distress is self blame. The idea that some kinds of coping reactions are dysfunctional rather than helpful is an important one. Although most people probably think of coping as responses that are somehow effective in dealing with a problem, research on the effects of coping provides just as much evidence- and indeed may be even more
evidence- that certain kinds of coping responses can work against the person (Kazdin, 2000).

PERSONALITY

Personality has been recognized as a very important determiner of human behavior. The study of personality in health has a long history (Friedman, 1990). The term “personality” is a complex concept much older than the term “psychology” (Mohan, 1996). From the ancient days, civilized people have tried to develop an insight into the nature of man. Personality as a concept has been defined in so many ways.

This popular concept of personality reflects its origin in the classical Latin word “persona” a mask worn by Roman actors. In 2nd century A.D. Galen gave the concept giving the doctrine of four temperaments, viz. the melancholic, the choleric, the sanguine, and the phlegmatic. Jung (1923) in his widely accepted type theory utilized the term extroversion and introversion. Extroversion according to Jung (1923) was defined as a turning outward of libido on to people and objects in the external world and introversion was described as inner directedness.

Allport (1937) defined personality as “the dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment.

Personality has retained its fascination for the thinkers all over the world (Mohan, 2000). “Personality refers to a general style of interacting with the world, especially with other people – whether one is withdrawn or outgoing, excitable or placid, conscientious or careless, kind or stern. A basic assumption of the personality
concept is that people do differ from one another in their style of behavior, in ways that are at least relatively consistent across time and place (Ferguson, 2000).

EYSENCK’S THEORY OF PERSONALITY

Eysenck on the basis of research and factor analysis (1947, 1960, 1963, 1967, 1970 and 1980) put forth a dimensional system of personality which posits three major independent dimensions viz. Extraversion/Introversion (E/I), Neuroticism/Stability (N) and Psychoticism (P). He also proposed a psychological model to parallel these three dimensions (Eysenck, 1967, 1981; Eysenck and Eysenck, 1985). The model is a hierarchical one which conceptualizes that each of the three broad dimensions are subdivided at a lower level into narrower and more specific traits. Using both the child and the adult versions of the EPQ, Eysenck and Eysenck (1975) have shown that super-traits of Extraversion, Neuroticism and Psychoticism are replicable across cultures (Eysenck and Eysenck, 1983; Barrett and Eysenck, 1984; Eysenck and Long, 1986; Mohan et al., 1987, 1994, 1995; Mohan, 2000).

The Dimensional Approach

Eysenck (1960) proposed a definition of personality, "a more or less stable and enduring organization of person’s character and temperament, intellect and physique" which determines his unique adjustment to the environment.
Extraversion/Introversion

Eysenck and Eysenck (1968) proposed that Extraversion refers to outgoing, uninhibited, impulsive, and social inclinations of person. The typical extravert is sociable, like parties, has many friends, needs to have people to talk to and does not like reading or studying by him. He craves for excitement, takes chances, often sticks his neck out, acts on the spur of the movement, and is generally an impulsive individual. He is fond of practical jokes, always has a ready answer, and generally likes to laugh and be merry. He prefers to keep moving and doing things, tends to be aggressive and loses his temper quickly; although his feelings are not kept under tight control. He is not always a reliable person.

The typical introvert is a quiet, retiring sort of person, introspective, fond of books rather than people; he is reserved and distant except to intimate friends. He tends to plan ahead, looks before he leaps. He does not like excitement, takes matters of everyday life with proper seriousness, and likes the well-ordered mode of life. He keeps his feelings under close control, seldom behaves in an aggressive manner and does not lose his temper easily. He is reliable, somewhat pessimistic, and places great values on ethical standards (Eysenck, 1965).

Lucas et al. (2000) has also included sociability in description of extroverts, but sociability in a narrower construct than Extraversion. Sociability according to them refers to individual differences in the enjoyment of social activities and the preferences for being with others over being alone.
Neuroticism

The second major personality dimension deduced by Eysenck (1947) was Neuroticism/Stability (N). Neuroticism refers to a general, emotional over responsiveness, emotional liability, and liability to neurotic breakdown under stress. Neuroticism is closely related to the inherited degree of liability of the autonomic nervous system (Eysenck, 1964, 1967). According to Eysenck and Eysenck (1968) Neuroticism as constructed to emotional stability is very much similar to anxiety.

A high scoring individual on Neuroticism tends to be anxious, worrying, over responsive and depressed. He reacts too strongly to all sorts of stimuli and finds it difficult to get back on an even heel after each emotionally arousing experience (Ibrahim, 1979). His strong emotional reactions interfere with his proper adjustment, making him react in irrational ways (Eysenck and Eysenck, 1975). Such individual frequently complain of vague somatic upsets of minor kind, such as headaches, digestive troubles, insomnia, backaches etc. and also report many worries, display anxieties and other disagreeable emotional feelings. Such individuals are predisposed to develop neurotic disorder under stress, but such predispositions should not be confused with actual neurotic breakdown. A person may have high scores on Neuroticism, yet functioning adequately in work, sex, family and social system (Eysenck and Eysenck, 1968).

McCrae (1990) has defined Neuroticism as a predisposition to experience negative affect and therefore those who are high in Neuroticism experience more anxiety, depression, hostility and self-consciousness (McCrae and Costa, 1986).
Psychoticism

Eysenck and Eysenck (1975) and Howarth (1986) reported that a high scorer on Psychoticism (P) possesses the following traits: Impulsiveness, lack of cooperation, oral pessimism, rigidity, lower super ego controls, low social sensitivity, low persistence, lack of anxiety, egocentric, impersonal, lack of feelings of inferiority, un-empathic, creative, aggressive, cold, antisocial and tough minded.

A high scorer on psychoticism is described as being solitary, crude, inhuman, insensitive, hostile and aggressive.

Lie Scale (Social Desirability)

The Lie (Social Desirability) Scale (L) was first incorporated in the Eysenck Personality Inventory (EPI) to measure a tendency on the part of the subjects to fake good responses. A series of factorial and experimental studies have been carried out to investigate the nature of this scale in some detail (Eysenck, 1971). This scale possesses a considerable degree of factorial unity.

Verma (1977) on the basis of exhaustive review of literature on the Lie (Social Desirability) Scale was of the opinion that this is a powerful independent factor of personality, which needs to be studied in its own right.

FAMILY ENVIRONMENT

In most of the societies about a century ago, the family was the most valued system in almost all spheres of life and human living. Family is the only institution which provides the security and support without any rewards in return. The effectiveness of family functioning in conditioning the children’s personality and social development has an outstanding importance (Roelfse and Middleton, 1985).
The family interactions play an important role in the development of an individual. These interactions and interpersonal relationships are between parents, parent and child, siblings, and any other relative or person living in the household. The healthy functioning of these interaction patterns enhances mental health of the individual (Kaur, 2001).

Family environment is dynamic and traditional in nature. It is always changing and behavior can be understood only in terms of its interactions with this environment because it is somewhat different for each child. Moreover, the difference within the family does not run in one direction; while children are being socialized by others, they are also achieving socializing agents (Dhillon, 2005).

As a social system, the family can be thought of as a constellation of subsystems defined in terms of generation, gender, and role (Feiring and Lewis, 1978). Findings suggest that the family is a network of interacting individuals functioning as a system.

Family environment and family members' adaptation mutually influence each other. More specifically each adult family member’s personal characteristics, coping skills and well-being can affect the quality of family relationships, the family's emphasis on personal growth goals, and the family's focus on system maintenance. That is why when an adult in a family has a behavioral or emotional disorder, the family environment viz. relationship, personal growth, and system maintenance, is likely to be affected (Moos and Moos, 1984). Two other factors that influence the family climate are children’s personal characteristics, coping skills and well-being, and acute life crisis and on-going stress and resources from settings outside the family such
as school and work. Moreover life crisis such as child's serious physical illness, can also alter the family member's coping skills and personal characteristics (Moos & Moos, 1984). Thus, a cohesive family can affect adult's coping skills and functioning. It can also influence children's cognitive and emotional development, self-confidence and well-being.

One spends one third of one's life at home, with family members. Family does not only provide emotional nourishment but it also provides the environment of security. Family influences directly the development of personality by holding, communication and differential but just reinforcement. It also influences indirectly where family members are the persons with whom the child identifies, models after, in behavioristic speech. The mirror image of self is gradually developed by viewing oneself through the eyes of family members (Kazdin, 2000).

CROSS-CULTURAL PARENTING

Parenting and child-rearing practices are strongly related to the attitudes, beliefs, traditions, and values of the particular culture or ethnic group within which the family belongs. Consequently, many differences in parenting, as well as similarities, exist among different cultural groups. Variations in discipline practices also differ among cultural groups. It is evident that much variation exists among parenting practices, but parents tend to rear their children in ways that encourage competencies and successful functioning within their culture and society (Ogbu, 1987).
HAPPINESS

Almost by definition, people everywhere strive for happiness and life satisfaction. Aristotle has said that happiness is an activity of the soul in accordance with virtue. Hartman (1934) said happiness is “a relatively permanent state of well-being characterized by dominantly agreeable emotions ranging in value from mere contentment to positive felicity”. Hart (1940) opined “happiness is any state of consciousness which the person seeks to maintain or attain”.

Cantril (1965) emphasized life satisfaction and happiness as components of life quality. Happiness, in turn, according to Bradburn (1969) results from a balance between positive and negative affect and as a preponderance of positive affect over negative affect.

Only until comparatively recently psychologists have looked at the correlates, definitions and predictors of happiness (Synonymous to psychological well-being, mental well-being, or subjective well-being) (Argyle, 1987; Eysenck, 1990). Happiness has been described both as “affect” and “cognition”. The former refers to one’s current state of joy (a mood) which tends to be short in duration and less stable; the later refers to a trait-like overall satisfaction and tends to be long lasting and more stable. Argyle et al., (1989) defined happiness as the average level of satisfaction over a specific period, the frequency and degree of positive affect, and the relative absence of negative affect. They devised a measure of happiness that have proved a robust and comprehensive measure of high reliability and validity (Furnham and Brewin, 1990).
According to Encyclopedia of Psychology, "joy or happiness is an emotion in human beings, and it has been observed and discussed since earliest times, as we know from the writings of Homer and earlier written and pictorial records of human ability" (Kazdin, 2000).

Ryan and Deci’s (2001) integrative review organized the field of well-being into two broad traditions. One dealing with happiness (hedonic well-being), and one dealing with human potential (eudaimonic well-being). Ryan and Deci (2001) opined that the concept of well-being refers to optimal psychological functioning and experience.

HAPINESS ORIENTATIONS

Philosophers and psychologists have long been concerned with the good life and how it can be achieved (Guignon, 1999). Researchers have found three different ways to be happy: through pleasure, through meaning, and through engagement (Seligman, 2002). Each of these three orientations individually predicted life satisfaction. People simultaneously low on all these orientations reported especially low life satisfaction (Peterson et al., 2005).

1- Pleasure – The Hedonic Perspective

The doctrine of hedonism - maximizing pleasure and minimizing pain - were articulated thousands of years ago by Aristippus who championed immediate sensory gratification. It was elaborated by Epicurus into the edict of ethical hedonism, which holds that our fundamental moral obligation is to maximize our experience of pleasure. (Peterson et al., 2005).
Hedonism is alive and well today in the name of a new field – hedonic psychology (Kahneman, 1999). At least in the modern Western world, the pursuit of pleasure is widely endorsed as a way to achieve satisfaction (Peterson, et al., 2005).

Psychologists who have adopted the hedonic view have tended to focus on a broad conception of hedonism that includes the preferences and pleasures of the mind as well as the body (Kubovy, 1999).

2- Meaning – The Eudaimonic Perspective

Many philosophers, religious masters and visionaries, from both the East and West, have denigrated happiness as a principal orientation of well-being. Standing in contrast to hedonism is another venerable tradition that can be traced to Aristotle’s notion of eudemonia – being true to one’s inner self (demon). According to this view, true happiness entails identifying one’s virtues, cultivating them, and living in accordance with them (Peterson et al, 2005).

Uniting eudemonic emphasis is the premise that people should develop what is best within themselves and then use these skills and talents in the service of greater goods – including in particular the welfare of other people or human kind writ large. Again, in the modern world, the pursuit of a meaningful life is widely endorsed as a way to achieve satisfaction (Peterson et al., 2005).

3- Engagement (Flow)

The third orientation to happiness refers to the pursuit of engagement (Seligman, 2002). It is influenced by Csikszentmihalyi’s (1990) writings on flow. Flow is a well-known concept in English speaking scientific literature. Csikszentmihalyi’s
(1990) has described flow as "a psychological state that accompanies highly engaging activities". It is a state in which the challenges of a situation and one's personal skills are at an equally high level. When experiencing flow, people are in an optimal state characterized by an effortless and pleasurable feeling of engagement with the task at hand. The experience a feeling of unity with the activity and they feel "in control". Thus, they often perform to the best of their capacity because their actions seem to be produced easily, automatically, and with a great amount of confidence.

In his studies of eudemonia, Waterman (1993) initially equated the flow state with eudemonia (which he termed personal expressiveness) but then concluded from his data that flow represented as "analogue" of hedonic and eudemonic features. Researchers, instead, suggest that flow is distinct. Flow is not same as sensual pleasure. Indeed, flow is non-emotional and arguably non-conscious. People may describe flow as enjoyable, but this is an after-the-fact summary judgment, "joy" is not immediately present during the activity itself. So, flow differs from Hedonism, in which positive emotional experience is front and center Csikszentmihalyi (1999). At least at any given point in time, flow and pleasure may be incompatible.

Although the pursuit of a meaningful life can at times produce. Flow for some individuals, not all flow-producing activities are meaningful in the sense of connecting an individual to a greater good and not all meaningful activities entail the total absorption that defines flow (Peterson et al., 2005).
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 (Peterson, et al., 2005).

OPTIMISM

Optimism and pessimism are two alternative explanatory styles people use to understand the good and bad events in life. These explanatory styles are habits of thinking learned over time (Kazdin, 2000).

Scheier and Carver (1985) opined that optimism is a general feeling and inclination to hopefulness and confidence. It is a disposition to take a bright and hopeful view of things. It is one extreme of continuum with the other extreme being pessimism.

Optimism is an important psychological construct. Scheier and Carver (1985) have regarded dispositional optimism as a stable coping resource.

The personality disposition of optimism facilitates one in goal-directed behaviors, helps in coping with stress in a better fashion (Scheier and Carver, 1985) and leads to health enhancing states. It thus confers beneficial efforts on physical well-being.

Scheier and Carver (1992) studied the personality variable they labeled as dispositional optimism. The global expectation that good things will be plentiful in the future and bad things, scarce.

Optimists are people who expect good things to happen to them; Pessimists are those who expect bad things. Folk wisdom has long held that this difference matters and contemporary research supports this assertion. Just as common sense definition of optimism
and pessimism rest on expectations for the future so do scientific theories. These theories thereby link optimism and pessimism to a long tradition of expectancy-value models of motivation. The result is that the optimism concept although based in folk wisdom is also firmly grounded in decades of work on motivation and behavior (Kazdin, 2000).

HOPE

The two visions of optimism—expectation and agency—are integrated in a third approach, studies of hope by psychologist Rick Snyder (1994) at the University of Kansas. Snyder traced the origins of his thinking to the earlier work of Averill et al. (1990) and Stotland (1969), in which hope was cast in terms of people’s expectations that goals could be achieved. According to Snyder’s view, goal-directed expectations are composed of two separate components. The first is agency, and it reflects someone’s determination that goals can be achieved. The second is identified as pathways; the individual’s belief that successful plans can be generated to reach goals. The second component is Snyder’s novel contribution, not found in any other formulation of optimism as an individual difference.

Both the Snyder hope theory and the definition of hope emphasize cognitions that are built on goal-directed thought. We define hope as goal-directed thinking in which the person utilizes pathways thinking (the perceived capacity to find routes to desired goals) and agency thinking (the requisite motivations to use those routes).
Only those goals with considerable value to the individual are considered applicable to hope. Also, the goal can vary temporally – from those that will be reached in the next few minutes (short-term) to those that will take months or even years to reach (long-term). Likewise, the goals entailed in hoping may be approach oriented (that is, aimed at reaching a desired goal) or preventative (aimed at stopping an undesired event) (*Snyder et al.*, 2000).

Pathways thinking has been shown to relate to the production of alternate routes when original ones are blocked (*Snyder et al.*, 1991), as has positive self-talk about finding routes to desired goals (e.g., “I’ll find a way to solve this”; *Snyder et al.*, 1998). Moreover, those who see themselves as having greater capacity for agency thinking also endorse energetic personal self-talk statements, such as “I will keep going” (*Snyder et al.*, 1998), and they are especially likely to produce and use such motivational talk when encountering impediments.

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).

**HEALTH**

well-being and not merely the absence of disease or infirmity”. The meaning of wellness is sometimes expanded to include spiritual well-being, occupational satisfaction, and environmental safety (Owen, 1999) as well as a balance of integration of these various components (Adams et al., 1997).

Good health sets the stage for later longevity and resilience, but its bottom line may well be in the here and now. The person in good health feels alive, exuberant, and vital and reaps of all the psychological and social benefit of feeling good (Peterson, 2006).

MENTAL HEALTH

What is typical – normal – should not be confused with what is healthy, given that any population includes a fair number of people with demonstrable psychological problems, necessarily bringing down the average of whatever indicators of well-being we choose to assess (Kessler et al., 1994).

It is often said that mental health is a full and harmonious functioning of the whole personality which gives satisfaction to the person and is beneficial to the society. It is a positive concept and not more absence of disease. General well-being is part of this positive mental health. Though the subjective feeling of well-being is difficult to measure, the concept continues to be useful in mental health research.

Encyclopedia of Psychology (2000) defines mental health as a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms and a capacity to establish constructive relationship and cope with ordinary demands and stress of life. From this perspective, the primary purpose of
promoting wellness is to reach high levels of physical, psychological and emotional fitness to increase resistance to both minor illness and life-threatening disease. By and large, good health enables the society to lead productive life, physically, socially and financially. Health and pursuit of well-being is the basic right of every individual and should be the motive of everyone. A number of correlates of subjective well-being have been examined e.g. personality variables such as self-esteem (Campbell et al., 1976), income (Veenhoven, 1991) and social support variables such as family satisfaction (Campbell et al., 1976).

The World Federation of Mental Health (Wig, 1996) has recently come out with a three-point definition of mental health based on the following three criteria:

- A person who is mentally healthy must be comfortable within himself/herself. If you are not comfortable within yourself; if you are tense, nervous, fearful, sad, aggressive or suspicious, you are not mentally healthy, at least not for the time you are having such negative emotions.

- A person who is mentally healthy is not only comfortable within oneself but also makes others comfortable around him/her. It is very important component of definition. You may be very happy and comfortable within yourself but if you are making the life miserable for those around you, you are not a mentally healthy person. In fact the degree of your mental health can be judged from the focus of those who are in your company. Ultimately, mental health is a kind of harmony between ourselves interest and social responsibility.
A mentally healthy person is constantly striving to improve further. A mentally healthy person never feels that she/he has reached perfection because he/she is always making further efforts for self improvement.

The Oxford dictionary defines health as “soundness of body”. According to the comprehensive textbook of psychiatry (Kaplan and Sadok, 2005) health refers to a reasonable, optimal state of functioning. Health is not the absence of negatives but the presence of positives.

A healthy individual makes good adjustment with the environment, that attains a proper synthesis between the intellectual, emotional and physical aspects, is satisfied and optimistic, experiences a minimum of tension and conflict in his/her conduct with other individuals in society.

DEPRESSION

Depression has been one of the most intensely studied mental disorders. Depression is a widespread disorder, and depressive symptoms are common across a broad range of psychological problems (Kazdin, 2000).

Depression has featured throughout history as perhaps the most pervasive of all psychopathology. There is no evidence to indicate that prevalence rates of depression are declining. The central symptoms of depression are sadness, pessimism, self-denigration, loss of energy, motivation and concentration. As depression develops people become increasingly inefficient and experience loss of interest and difficulty in concentration (Beck, 1967).
Aish and Wasserman (2001) reported that within the context of his research on depression Beck et al. (1979) observed that depressed individuals share common cognitive features i.e. a negative view of the self, of the self in relation to the world, and of the self in relation to the future. Beck et al. (1979) gave a three-factor model based on the factor structure: affective, motivational, and cognitive.

The prevalence of depressive disorders with high economic and emotional cost and the possibility of its continuing as a major mental health problem for years to come, demand the attention of researchers as well as professionals particularly in the context of the psychiatrically normal adults, adolescents and children (Kaplan and Sadock, 1998).

ADOLESCENT DEPRESSION

Presentation of adolescent depression is often complex and initially not clearly part of the adult identity. Several characteristic patterns are distinguishable. For example, lowering of mood is more influenced by environment and is less fixed reflecting typical adolescent mood fluctuation. Continuities with childhood and adult disorder however should not be overlooked (Jones, 1989). Although depressive behavior may be displayed from earlier childhood, capacity, or articulate feeling of lower mood only emerges with adolescent cognitive maturity. Nevertheless, adolescents are often unwilling to talk spontaneously about deeper feelings and rather than lower mood may refer more ambiguously to a sense of emptiness or absence of feelings.

In contrast to early adulthood, teenage is a period during which levels of depression increase, especially for females. Although males
exhibit higher levels of depression than females during childhood, females display higher levels of depression during adolescence. Those who work in the area of teenage depression tend to use a classificatory system that is based upon the adult version. In a recent review, Petersen and her colleagues (Petersen et al., 1993) suggested the following types of depression disorders among teenagers:

- Depressed mood
- Depression syndrome
- Clinical depression

In depressed mood, teenagers report having the 'blues' or report feeling sad and down. Such feelings are usually triggered by an external source, for example a bad grade at school or the break-up of a social relationship. The depressed mood may be quite brief (a day or so) or may extend for a much longer period. According to Petersen et al. (1993), other symptoms are also very often associated with depressed mood and these may include fear, guilt, anger, contempt, disgust, anxiety, or social withdrawal.

Aspects of teenage depression can be viewed as part of a wide range of related problems that form part of a behavioral syndrome (Petersen et al., 1993). Several research studies have suggested that depression co-exists along with anxiety, feelings of loneliness, a fear of doing bad things, and a fear of being unloved. Additional components can also include a feeling that others might be out to "get" you, feelings of worthlessness, nervousness, guilt, etc.
REVIEW OF RELATED STUDIES
A: ADOLESCENT STRESS, COPING AND PERSONALITY

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).

Individuals differ dramatically in their response to a problem or a stressor. Some people are born with a temperament that predisposes them to higher or lower levels of tolerance to stress. Cognitive reaction to a situation plays a role in determining how stressful a situation is to the person and emotional responses to a situation are determined by the appraisal of both the situation and coping abilities, as well as temperament (Martin, 2006).

To date, the most thoroughly researched behavioral risk factor in the etiology of psychosomatic disorders is the Type A Behavior Pattern. Type A behavior was first noted and described by Rosenman and Friedman, two cardiologists. They noted that this style of behavior was highly associated with the incidence of coronary disease. The term Type A Behavior is often used synonymous with coronary-prone behavior.

Type A subjects showed a significant positive correlation with Extraversion (Llorente, 1986; Llorente and Torrnbia, 1988; Gujral, 1990) and Neuroticism; and negatively related with Psychoticism in coronary heart disease patients (Gujral, 1990). Type A persons were more likely to report a variety of illnesses (Wood and Burns, 1984), and that the greater incidence of self-reported illness in Type A persons was thought to be stress-linked (Hicks et al., 1986).
The Health Locus of Control is a personality variable directly related with health. People who score more towards the "Internal" direction seem to be more achievement-oriented and less conforming and compliant, more intelligent, to support political positions that stress individual responsibility and to take more reasonable risks (Strickland, 1977).

The Locus of Control construct is related to several other dimensions of stress associated with personality patterns, such as helplessness and social autonomy versus social identification. This collection of personality facets, which all center around the idea of control, has been found to be associated with the most severe of all psycho-physiological reactions (Calman and Downie, 1988).

Zika and Chamberlain (1987) examined three personality variables- locus of control, assertiveness, and meaning in life as possible moderators of the relation between stressors and subjective well-being. Results from sample of 160 students suggested that any moderating effects were not extensive and were mainly limited to the locus of control variable with female subjects. Replication of the study on a sample of 120 community members found no significant moderating effects. Chronic daily stressors (hassles) were found to have a direct effect on well-being reports. Among the personality variables, meaning in the life consistently predicted positive well-being and internal locus of control had direct but somewhat less consistent effects.

In a general sense, internal locus of control is part of the stress-resistant style of personality, whereas external control is in the stress-prone direction (Adler, 1995).
Hardiness acts as a buffer when people have high levels of all three components (i.e. involvement, challenge, and perceived control which was labeled psychological hardiness) and it operates as a stress buffer and has a direct influence on health (Ouellette, 1993; Westman, 1990).

In highly stressful environments, hardy individuals were proposed not to fall ill because of their feelings of commitment, control and challenge. Hardiness was originally conceived to improve health by existing as a buffer of stressful life events (Kobasa and Puccetti, 1983).

Personality model would be useful in predicting variability in subjective well-being. Specifically, those people with higher Neuroticism and an external of locus of control were predicted to report greater variability in subjective well-being when measured weekly across an extended period (DeNeve and Cooper, 1998).

Many researchers have tried to identify personality correlates of health, well-being and happiness. More than 2000 years ago, Aristotle claimed that “it is contemplation alone that yields happiness”. Despite the popularity of paraphrasing Aristotle in current well-being/happiness research, his postulate about contemplation has had no impact in the field. Contemplation is almost never mentioned as correlates of happiness or subjective well-being (SWB). Reviews since the days of Wilson (1967), point to such factors as self-esteem, optimism, sociability and Extraversion as the primary sources, or at least correlates, of health and well-being. Moreover, according to many researchers, Extraversion is said to be the cardinal trait of happiness and well-being (Lue et al., 1999). However, in a recent
meta-analysis DeNeve and Cooper (1998) found that when personality traits were grouped according to the Five Factor model, emotional stability (i.e. the positive role of Neuroticism) was the strongest predictor of both, life satisfaction, health and happiness, although Extraversion also contributed somewhat in explaining the variance in positive affect. Similarly, studies in which both Extraversion and Emotional stability are included as independent variables reveal that the effect on satisfaction/well-being from emotional stability normally out weighs the effect from Extraversion (DeNeve and Cooper, 1998).

There is substantial literature explicating the role Neuroticism plays in levels of well-being. Smith (1961) wrote about the emotional correlates of happiness (well-being) as optimism, warmth, and emotional stability. Therefore, those people reporting high levels of Neuroticism, a trait defined by its lack of emotional stability and optimism, and marked by high levels of guilt proneness, psychosomatic concerns, and worry, might be expected to report lower levels of well-being. Consistent with this expectation, longitudinal research (Costa and McCrae, 1980) found that people higher in Neuroticism experienced more negative affect.

Work by Emmons and Diener (1985) found that Extraversion, Neuroticism, emotionality, sociability, and locus of control were all implicated in the three areas of subjective well-being (positive affect, negative affect, and global life satisfaction). Other work supported the claims about Extraversion (Costa and McCrae, 1980; Emmons and Diener, 1985), finding Extraversion to be positively correlated with happiness regardless of the setting (Diener et al., 1992). Because
Extraversion consistently predicts subjective well-being, intuition suggests that the mechanism through which this association arises is social in nature. Persons high in subjective well-being may have more rewarding interactions with others and may, therefore, have more extensive networks from which they receive support (McLennan et al., 1988). Thus, Extraversion may influence subjective well-being indirectly by allowing more effective use of social support as a coping strategy.

McLennan et al. (1988) reported that subjective well-being was inversely correlated with Neuroticism, a pattern of association also found by others (Hottard et al., 1989).

According to Hotard et al. (1989), previous research has indicated that there is a relation between Extraversion and subjective well-being (SWB), and that the sociability component of Extraversion primarily accounts for this relation. Interactive effects of Extraversion and social relationship variables on subjective well-being were hypothesized and found to be significant. In another study, these findings using Extraversion scores from Eysenck’s Inventory revealed important interactive relations between Extraversion, Neuroticism and social relationships in predicting subjective well-being and health.

A recent study by Larsen and Ketalaar (1989) provided some experimental support for the view that Extraversion is positive emotionality. Extraversion was correlated with response to a positive mood induction, whereas Neuroticism was related only to response to a negative mood induction. Individuals high in Extraversion and low in Neuroticism were predisposed to be happy and healthy.
Many findings have led to the conclusion that happiness, well-being and health and the chronic emotional reactions that underlie these dimensions are probably best understood as reflections of enduring dispositions. Costa and McCrae (1984) proposed a model relating positive and negative affect to the personality dimensions or Neuroticism and Extraversion. Specifically, they hypothesized that Extraversion leads to positive affect, Neuroticism leads to negative affect, and both, indirectly, influence overall happiness. This model has since been widely replicated (Emmons and Diener, 1985). The explanation for these findings is probably temperamental: Extraverts are simply more cheerful and high spirited than introverts; individuals high in Neuroticism are more prone to negative affect than those low in Neuroticism. Watson and Clark (1984) have suggested that the broad dimension one calls Extraversion should be relabeled as positive emotionality. Many researchers who have studied subjects at midterms or finals and have found that coping is clearly a complex process, influenced by both personality characteristics (Bolger, 1990; Long and Sangster, 1993), situational demands (Heim et al., 1993), and even the social and physical characteristics of the setting (Mechanic, 1978).

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 women (N=145). Using multiple regression analysis, the results showed that personality variables viz. Extraversion and Neuroticism accounted for the largest proportion of
explained variance in the well-being measures viz. Distress and Happiness.

Five Factor Model of personality indicated that Neuroticism tends to exacerbate the dynamic link between stressful life events and maladjustment, whereas Extraversion tends to ameliorate it. *Hoffman et al. (1996)* examined the developmental relevance of this model during transition in adolescence. Questionnaire data regarding stressful life events, Neuroticism, and Extraversion were provided by 51 males aged 10-11 and by 68 males aged 12-13, with parallel data on adjustment provided by homeroom teachers. As expected, regression analyses revealed significant interactions between personality traits and life events in the prediction of adjustment among adolescents, but not preadolescents. Further, significant but low correlations appeared in both age groups between personality traits and the appearance of stressful events as well as adjustment problems.

*Gunthert et al. (1999)* proposed that high on Neuroticism individual’s day-to-day emotionality is partially attributable to the way in which he or she experiences and handles daily stress. High-Neuroticism person could be more reactive in response to negative appraisal and specific coping efforts than would low-Neuroticism person. Neurotic persons clearly report more stressful events and uncomfortable physical symptoms (*Affleck et al., 1992*) and magnify the effects of a given stressful event (*Mohan, 1996, 1999; Mohan et al., 1996*).
Uehara et al. (1999) conducted a study on a clinical sample, to investigate the relationships between coping strategies and personality traits. Task-oriented coping showed a positive correlation with Extraversion and frustration tolerance. Emotion-oriented coping was closely associated with Neuroticism, esoteric tendencies and isolation tendency. Avoidance-oriented coping was related to Extraversion. Principal component analysis indicated three corresponding factors between coping and personality; one was related to psychopathology, a second was a social-adaptive ability component, and a third was a passive-avoidance coping component. Uehara et al. (1999) concluded that some personality traits such as Extraversion and frustration tolerance are significantly related to task-oriented coping, and psychopathological personality traits such as Neuroticism are associated with emotional-oriented coping in major depressive disorder.

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.

Sinclair and Tetrick (2000) reported that hardy people from sickly families do better under stress, on average than those from healthy families but with fewer inner resources. Hardy people are thought to perceive potentially stressful events differently than non-hardy people and are thought to be more resistant to the potentially harmful effects of stress.
Many studies have reported personality trait correlates of happiness (Cheng and Furnham, 2001; Francis et al., 2000; Hills and Argyle, 2001).

According to Vollrath and Torgersen (2000) Neuroticism and Extraversion have entirely opposite effects on perceived stress. Little is known of how these effects interact in individuals with high scores in both personality factors, nor the additional effects that high or low Conscientiousness may create. A possible means of addressing this knowledge gap is to study a typology that builds on combinations of high and low Neuroticism (N), Extraversion (E), and Conscientiousness (C). Such a typology was presented by Torgersen (1995), and showed its advantage in understanding the relationship between personality, stress and coping.

Based on previous findings, Vollrath and Torgersen (2000) expected to find personality types with combinations of high values on Extraversion and low values on Neuroticism to have low values on experienced stress. Further, they expected to find personality types with low values on Extraversion and high values on Neuroticism to have higher values on experienced stress compared to others.

An intriguing finding was the few differences between the personality types on the frequency scales of the JSS. This indicates an agreement on how often the different stressors, which are included in the job pressure and lack of support scales, occur. In other words, the differences between the personality types arise mainly when it comes to evaluating the strain associated with these stressors.
Vollrath and Torgersen (2000) identified three patterns concerning severity of perceived stress, while there were few differences of reported frequency of stress. First, the personality types characterized with a combination of high values on Extraversion and low values on Neuroticism, as seen in entrepreneur and hedonist types, reported lower values of perceived stress compared to others. Second, the insecure and the brooder personality types, which combine low Extraversion with high Neuroticism, had higher levels of perceived stress compared to others. These two findings were as expected, and in accordance with previous findings using these dimensions separately. These findings may imply that for these personality types Extraversion and Neuroticism contribute in the same direction in regard to perceived stress, without Conscientiousness playing a moderating part. The third pattern in connection to the severity indexes was found among the impulsive and complicated personality types, which have high levels on both Extraversion and Neuroticism.

Of these types, the most Conscientious (the complicated type) had higher scores on both severity indexes compared to others, while the less conscientious (the impulsive type) had scores in line with others on these indexes. The difference between these types is that while the complicated type appears conscientious and orderly, the impulsive type appears active and changing. This is also reflected in the high scores on control coping among the complicated and low scores among the impulsive types, respectively. Trying to control stressors, as the complicated type is trying to do, probably activates their negative emotionality, leading to a negative focus on these
stressors. Consequently, they are perceived as more severe. The impulsive type, on the other hand, is not trying to control external events. Consequently, their Neuroticism does not color these events, and they do not perceive them as more severe than others do (Vollrath and Torgersen, 2000).

Regarding the coping, Vollrath and Torgersen (2000) found two patterns. First, the entrepreneur and complicated types had higher values on active coping strategies like control coping and support coping. These personality types share the combination of high Extraversion and high Conscientiousness. Second, persons with personality types combining low Extraversion and low Conscientiousness reported either less control coping (the insecure type), or support coping (the spectator type) compared to others. The reason for these findings might be that they only measured active coping strategies that require a certain degree of Extraversion and Conscientiousness. However, in addition to these patterns, they found the impulsive type (high Extraversion, low Conscientiousness, high Neuroticism) to use less control coping than others. This personality type is characterized by the combination of personality characteristics that have opposite effects on control coping (high Extraversion and low Conscientiousness).

According to Diener and Lucas (2000), individual differences in both personality and subjective well-being emerge early in life, are stable over time, and have a moderate to strong genetic component. These findings have led some to calculate that subjective well-being is primarily determined by our inborn predispositions. Others have argued that the importance of inborn traits may depend on the types
of questions we ask about subjective well-being. For example, *Lucas et al. (2002)* argued that by looking at subjective well-being within individual outcome, researchers will find that life events and life changes have important implications for well-being beyond the effects of personality. Yet, regardless of the origins of individual differences, personality and subjective well-being researchers must develop precise theories that can explain why certain individuals are chronically happier and more satisfied with their lives.

*Cheng and Furnham (2001)* conducted two studies which set out to examine to what extent attributional style (internal, stable, global) and personality traits predicted happiness and psychiatric symptoms in a normal, non-clinical, population of young people in their early twenties. Two hundred and three participants completed five questionnaires: the Attributional Style Questionnaire (ASQ) (version one & version two), Eysenck Personality Questionnaire, Oxford Happiness Inventory, and Langner 22-Item Measure. Sample 1 (n = 120) completed ASQ version one (in both positive and negative situations) and sample 2 (n = 83) completed ASQ version two (in expanded negative situations). The results indicated that optimistic attributional style in positive situations was a stronger predictor of self-reported happiness than mental health and pessimistic attributional style in negative situations was a predictor of both happiness and mental health. Extraverts tended to have optimistic explanatory style for positive outcomes whereas neurotics tended to have pessimistic explanatory style for negative outcomes.
Connor-Smith and Compas (2002) conducted a cross-sectional design to test two possible models of the role of coping. First, the vulnerability to distress associated with sociotropy may be explained by the selection of less effective coping methods by sociotropic individuals. This possibility was explored by testing a coping mediated model of relations between sociotropy and distress. Because relations between sociotropy and coping have not been investigated, it is difficult to predict the coping preferences of sociotropic individuals. However, sociotropy correlates strongly with Neuroticism, and some consider sociotropy a specific, interpersonally focused facet of Neuroticism (Dunkley et al., 1997). Thus, like individuals high in Neuroticism, sociotropic individuals are expected to rely more heavily on disengagement than on engagement coping. High levels of disengagement coping and low levels of engagement should be associated with greater distress.

George (2002) conducted a research to study occupational stress and burnout among the nurses in relation to their personality, self-esteem and ways of coping. Results showed that the hardiness (challenge and commitment dimensions) was associated with occupational stress in general. Implying thereby that the higher the challenge and commitment, the lower will be occupational stress. Self-esteem also emerged as a negative predictor of occupational stress in younger age group.

Brook (2006) studied the extent to which acne influences the emotional life of adolescents. 54 adolescent girls with acne were studied for their personality variables that are related to high coherence. Sense of coherence, e.g. meaningfulness of life, is crucial
to cope successfully with stressors of living: it expresses the belief that a high probability exists that things will work out as well as can reasonably be expected. 58 adolescent girls without acne were in the control group. Results revealed that Neuroticism (anxiety level) was the first predictor of the sense of coherence measure for girls with acne, explaining 19% of the variance. Extraversion was the next predictor, explaining an additional 23% of the variance, and Psychoticism was the third predictor, explaining together 27% of the variance. There was a lack of difference between groups with respect to other personality variables. These predictors have to be taken into consideration while treating adolescents’ acne.

Although there are extensive data on the relationship between personality and stress reactivity in adults, there is little comparable empirical research with adolescents. Steiner et al. (2007) examined the simultaneous relationships between long term functioning (personality, defenses) and observed stress reactivity (affect) in adolescents. High school students (n=169; mean age 16; 73 girls) were asked to participate in two conditions of Stress Induced Speech Task (SIST): Free Association and Stressful Situation. Immature and mature defenses, distress and restraint personality dimensions, and negative and positive affect were examined. Results revealed that greater reported use of immature defenses was significantly associated with negative affect, whereas greater reported use of mature defenses was significantly associated with greater positive affect. Although personality style was also a significant predictor of negative affect across two of three conditions, defenses were better overall predictors of affect than were personality dimensions. Gender
was also a significant predictor of negative affect, wherein girls reported more negative affect than boys.

Defenses and personality style predict affective response during a moderately stressful task. Immature defenses and, to a lesser extent, the distress personality dimension predict mobilization of negative affect, whereas mature defenses predict the reporting of positive affect. These results relate to processes central to psychotherapy: defensive responding, personality styles, and affective reactivity during the recounting of stress events (Steiner et al., 2007).

**B: ADOLESCENT STRESS, COPING AND PERCEIVED FAMILY ENVIRONMENT**

It has been long established that the relationship between adolescents and their parents plays an important role in the psychosocial adjustment of adolescents.

The family can be a source of stress and certain family environments (e.g., increased conflict, decreased cohesion and support, decreased organization, less emotional expression, and more control oriented) have been associated with psychiatric and behavioral problems (Bolger and Zuckerman, 1995; Lewinsohn et al., 1994). The family is also a major influence in other aspects of adolescent behavior. For example, youths imitate their parents and other adults in risk taking habits like smoking (Goodstadt et al., 1982). Furthermore, a national longitudinal study on adolescent health found that parental connectedness (including feelings of warmth love, and caring from parents) was protective against many
adolescent health risks including emotional health (Resnick et al., 1997).

Parent-adolescent conflict is a potential mediator in the relation between degrading parenting behavior and adolescent adjustment. Aversive parenting practices, including name-calling and humiliation, might disrupt conflict resolution strategies, leading to sustained and more frequent conflicts (Patterson, 1982). Furthermore, attachment theorists have predicted that some children might respond to degrading parenting with anger and overt resistance (Crittenden and Ainsworth, 1989), suggesting greater conflict frequency in parent-child relationships. This theory is supported by findings that parenting styles characterized by hostility and physical punishment are associated with elevated levels of adolescent irritability and hostility toward parents (Conger and Ge, 1999; Snyder et al., 1997). In addition, there is suggestive evidence that greater frequency of parent-adolescent conflict might place children at risk for conduct problems (Robins et al., 1997; Rutter, 1994). Longitudinal work by Patterson and his colleagues identified a pathway whereby coercive parents who favor scolding, threatening, ignoring, and aggressive responses toward their children tend to elicit greater frequency of noncompliant and impulsive behaviors from their children, increasing risk for conduct disorder (Patterson, 1982, Patterson and Reid, 1984).

Olson et al. (1979) have reported that adolescents who coped well with the transition to adulthood came from close and supportive families, where the families were also flexible in their approach to solving problems. This indicates that the ability of families to adjust to
adolescents’ needs rather than being rigid is important, and that flexibility in solving problems can serve as a good model for the acquisition of adaptive coping behaviors by adolescents.

Moos and Moos (1981, 1986) have also shown that adolescents develop better coping skills when their families are seen as cohesive, expressive, and organized, and when independence is encouraged. Adolescents in supportive families have been found to develop better social and coping skills and more positive identities (Cooper et al., 1982).

In contrast, coping can be impeded when adolescents perceive their families as high in conflict and very controlling (Burt et al., 1988). An overprotective and highly controlling family climate might interfere with adolescents’ development of a sense of mastery and competent methods for coping with stressful situations (Wrubel et al., 1981). Adolescents in such families have been found to exhibit a high level of support-seeking behavior. The way these adolescents cope therefore reflects a high level of dependence on the family.

Adolescents from structured, expressive, and intellectually oriented families have been found to show a high level of active coping and a low level of withdrawal (Shulman et al., 1987; Seiffge-Krenke, 1995). Family cohesion and support in asserting individuality appear to be precursors of adaptive coping for adolescents. Such family climates serve as a model of functional coping and support when adolescents are faced with external demands (Block and Block, 1980).
Shulman et al. (1987) found that the perception of family cohesion and organization, combined with respect for individual development, was related to a higher level of functional coping in adolescents. A lack of family support, as well as a lack of organization, was related to a higher level of dysfunctional coping. A non-supportive family climate did not foster adaptive modes of dealing with external and developmental demands, leading to an increase in the level of stress and a tendency to withdraw.

In sum, a family environment providing love and support and moderate control, as well as having an appropriate amount of intra-familial conflict and a flexible approach to solving family problems, can facilitate the development of a constructive coping style in adolescents (Shulman et al., 1987).

A study by Sten ane Zevon (1990) supported the view that a negative perception of family environment is associated with the use of more emotion-focused coping strategies, such as withdrawal, denial, and tension reduction. A positive perception of family climate is related to the use of more problem-focused strategies, such as active coping.

According to Wagner and Compas (1990), whereas early adolescents report family-related stressors more often than other types of stressors, mid-adolescents name more stressors related to peers in their social network. Similarly, other studies have shown that mid-adolescents are greatly concerned by peer problems (Bowker et al., 2000). Female adolescents name more conflicts with parents, peers, and romantic partners than males do (Phelp and Jarvis, 1994).
Lamborn et al. (1991) found that adolescents who considered their parents to be authoritative had higher levels of psychological competence and lower levels of psychological and behavioral dysfunction in comparison to adolescents who perceived their parents as neglectful. Students who believe they have authoritarian parents do well with obedience and conformity to adult standards however, they show relatively poor self-conceptions. Adolescents with permissive/indulgent parents have a strong self-confidence but they also experience more problems with drug experimentation and misconduct in and outside of school. In a two year follow-up of the Lamborn et al. (1991) study, Steinberg et al. (1994) reported similar patterns of adjustment as a function of parenting style over time.

In general, stress during the transition from adolescence to adulthood is a significant and pervasive risk factor for psychopathology (Compas et al., 1995). Although the accumulation of many stressors has been found to be directly related to psychopathology (Grant et al., 2003), the ways in which individuals cope with these stressors may have a bearing on current and future adjustment. The development of characteristic ways of coping with relationships stress may place adolescents on a more or less adaptive developmental trajectory. Several studies have shown that the use of maladaptive coping styles, such as avoidance, resulted in an increase of psychopathology concurrently and several years later (Seiffge-Krenke and Klessinger, 2000; Seiffge-Krenke, 2001).

Research has shown that the vast majority of stressors experienced by adolescents (80%) pertain to relationships (Seiffge-Krenke, 1995). These result from everyday interactions that lead to
conflicts within the family (Harvey and Byrd, 2000; Smetana et al., 1991; Seiffge-Krenke et al., 2001) or with peers and close friends (Bowker et al., 2000) as well as issues associated with initiating and maintaining romantic relationships (Furman et al., 2002; Nieder and Seiffge-Krenke, 2001; Pollina and Snell, 1999).

Harvey and Byrd (2000) examined the relationship between 95 university students’ (mean age 19.6 years) perceptions of their familial attachment and the manner in which their families cope with life's difficulties. It was hypothesized that individuals with high levels of secure attachment would perceive their families as using more active coping strategies (e.g., mobilizing the family to deal with a problem and making efforts to acquire social support). The results supported this hypothesis. Further, individuals with high levels of anxious/ambivalent attachment perceived their families as using a passive appraisal coping strategy. It is suggested that this is because of a desire to avoid confrontation for fear of disturbing family accord.

Parental support tends to be positively related to aspects of adolescent well-being such as general competence (Amato, 1989), identity achievement (Sartor and Youniss, 2002), academic achievement and self-esteem (Bean et al., 2003), family life satisfaction (Henry, 1994), and career self-efficacy (Turner and Lapan, 2002). Parental support is negatively related to alcohol misuse (Barnes et al., 2000), identity or peer relationship problems (Marta, 1997), eating disorders (McVey et al., 2002), and depressed affect (Whitbeck et al., 1993).
When adolescents perceive their parents as more supportive, overall family functioning may also be higher (Barber and Buehler, 1996). Balanced families, for example, provide a family emotional climate where parents foster a balance between separateness and connectedness.

In turn, adolescents might perceive their parents as providing support as they seek to maintain a balance of separateness and connectedness with their families and peers.

Recent research supports the potential of investigating relationships between overall family system functioning and parenting variables. Using reports from mothers of first and third grade students, Mupinga et al. (2002) found that balanced and moderately balanced overall family functioning were positively related to authoritative parenting styles while balanced overall family functioning were negatively related to authoritarian parenting styles. Many parenting scholars emphasize the importance of distinguishing specific parental behaviors in research rather than using aggregate parenting styles (Peterson and Hann, 1999).

According to Furman et al. (2002), relationship stressors and the ways the adolescents cope with them are closely intertwined. Difficulties in establishing autonomy and upholding relatedness with parents may forecast difficulties in competently interacting with peers and in maintaining close, but individuated relationships with friends and romantic partners during adolescence and in emerging adulthood (O'Connor et al., 1996).
During the period of changing relationship patterns, adolescents’ attempts to manage stressful encounters with significant others are critically important. Similar to attachment behavior, which is activated in the context of perceived threat, stressful events usually trigger the use of coping strategies.

Halloran et al. (2002) studied the relationship of adolescent personality and family environment to adolescent health. They concluded that family can be a source of stress and certain family environments like those with increased conflict, decreased cohesion and support and decreased organization have been associated with psychiatric and behavioral problems. The family is also a major influence on other aspects of adolescent behavior like their belief in God, adherence to customs and traditions, risk-taking habits like smoking etc. Furthermore, a national longitudinal study on adolescent health found that parental connectedness, including feelings of warmth, love and caring from parents was protective against many adolescent health risks including emotional health (Renick et al., 1997).

Recently, studies have found that parent-adolescent relationship quality is associated with better adjustment in the form of fewer internalizing and externalizing problems (Brody et al., 2002; Dorsey and Forehand, 2003).

Allen et al. (2003) studied the secure-base phenomenon in action by examining the extent to which parent and teen worked to maintain their relationship as they discussed a disagreement in which the teen was striving to establish autonomy. Secure base in adolescence requires both parties in a relationship working in a goal-
oriented partnership to maintain the relationship as the adolescent explores his or her autonomy.

Bornstein et al. (2003) conducted a study to examine how well a family function was tied to the quality of the relationship between parents and their children. This relationship was a critical ingredient in shaping early child development and setting developmental pathways into adulthood (Bornstein et al., 2003). Research in Canada and the United States has consistently shown that parenting practices influence a range of childhood outcomes, such as aggressive behavior, pro-social behavior, academic achievement and high school completion (Bornstein and Bradley, 2003).

Another control behavior is parental monitoring, or guidance based upon parents' attention to and knowledge of their adolescents' schedules, friends, activities, and interests (Dishion and McMahon, 1998). Monitoring allows parents to be involved and provide guidance while promoting healthy adolescent development. Parental monitoring is related to reduced risk of adolescent problem behaviors (Crouter and Head, 2002) and is positively related to psychosocial well-being (Salem et al., 1998), identity achievement (Sartor and Youniss, 2002), health behaviors (Markey et al., 2001), and greater parental enjoyment of the parent-adolescent relationships (Laird et al., 2003).

Howard and Medway (2004) examined how high school students cope with stress as a function of their attachment style. Data were gathered from 75 adolescent-parent pairs in Texas and included measures of attachment, coping style, life stress, and whom the
respondent would turn to in times of stress. Adolescents' attachment security was positively related to family communication and negatively related to negative avoidance behaviors such as drinking or using drugs. Attachment insecurity was positively related to negative avoidance. Parent and child attachment ratings were related for secure and preoccupied but not fearful or dismissing styles.

Adolescents whose parents are accepting, firm, and democratic achieve higher school grades, and more self reliant, less anxious and depressed, and less likely to engage in delinquent behavior than are youth with parents using other rearing styles (Steinberg et al., 1991). Adolescents fare better and their family relationships are happiest in households where parents are both supportive and accepting of the child's needs for more psychological independence (Lerner and Steinberg, 2004).

Wadsworth et al. (2005) tested several models of the associations among economic strain, life stress, coping, involuntary stress responses, and psychological symptoms in a sample of 57 parent-adolescent dyads from rural, lower income families. Economic strain and life stress predicted symptoms for both parents and adolescents. Stressor-symptom specificity was found for parents, such that economic strain uniquely predicted depression, whereas negative life events predicted hostility. Involuntary stress responses were associated with higher levels of symptoms for both parents and the adolescent children. Secondary control coping was associated with fewer symptoms for both parents and adolescents. Results support a mediational role of coping and responses to stress during adolescence, with a shift to moderational status in adulthood.
In contrast to the stressor-specificity found for parents, economic strain was a robust predictor of both internalizing and externalizing behaviors for adolescents, with the strength of the association between economic strain and adolescent internalizing symptoms demonstrating similar magnitude to that between economic strain and parental depression. Similarly, stressful life events added a significant increment to the prediction of both internalizing and externalizing problems for adolescents, above and beyond the contribution made by chronic economic strain.

Parental symptoms of psychopathology seem to serve as another source of chronic stress for adolescents. Of course, children’s psychopathology could mirror parental psychopathology due to factors such as genetic risk or modeling of maladaptive behavior. In addition, however, adolescents who face chronic poverty-related stress may find their coping resources depleted by the enduring crush of living with less than they need, leaving little left over to deal with the negative life events and parental psychological symptoms that financial stress tends to bring along.

Despite the damaging effects of stress in the lives of poor families, Wadsworth et al (2005) found that certain types of coping may act as protective factors. The pattern of association between coping and symptoms was similar for parents and adolescents, with secondary control coping being associated with lower levels of symptoms for both parents and adolescents. Secondary control strategies, such as cognitive restructuring and acceptance, are thought to be optimal responses to uncontrollable stressors that require adapting oneself to the situation, rather than trying to directly
alter the situation. While parents are obviously responsible for the economic circumstances of their family, the structural barriers associated with poverty often contribute to feelings of powerlessness and a lack of control (Belle and Doucet, 2003) and individuals cannot control broader societal factors, such as the economy and job availability.

In the study by Caples and Barrera (2006), mother-adolescent conflict mediated the relation between mother’s degrading parenting and adolescent internalizing. Families characterized by mothers’ degrading parenting were more likely to have mother-adolescent conflict, which, in turn, was associated with higher risk for adolescent internalizing problems. This is consistent with previous work that found an association between daughters’ frequency of conflict with their mothers and internalizing symptoms (Powers and Welsh, 1999) and an association between hostile parenting and adolescent depression (Kaitainen et al., 1999). The current study’s findings add to the literature by identifying the unique predictive value of mother’s degrading parenting behaviors for adolescent internalizing, as well as a mediational pathway by which degrading affects adolescent outcomes.

Perceived maternal support was also found to be a significant mediator of degrading parenting’s relation to internalizing problems. Although numerous studies have demonstrated a relation between perceived parental support and adolescents’ internalizing problems (Barrera and Li, 1996), the links between degrading parenting, parental support, and internalizing symptoms had not been established adequately. The identified mediational pathway is
consistent with theory that degrading parenting increases risk for adolescent internalizing in part because it thwarts adolescents’ needs for belongingness (Brassard and Gelardo, 1987) and conveys a message that the degrading parent will not be available or supportive to the adolescent (Navarre, 1987).

According to Henry et al. (2006), among the parental behavior variables, support explained the most differences in overall family functioning. Adolescents who saw their families as balanced (moderate levels of both cohesion and flexibility) or moderately balanced (moderate levels of either cohesion or flexibility) reported their parents as more supportive than adolescents who reported other types of overall family functioning. Thus, adolescents who perceive their overall family functioning to be characterized by warmth, closeness, and flexibility also perceived their parents as supportive. These findings are consistent with a small body of research which found relationships between parenting and family functioning (Mupinga et al., 2002) and research showing both overall family system and parental qualities to relate to adolescent well being (Henry, 1994). Thus, parental support may be a key element of the emotional atmosphere of overall family system functioning (Barber and Buehler, 1996). Since Peterson and Hann (1999) concluded that parental support is the parental behavior most consistently associated with positive outcomes in offspring, additional research is needed to more fully explore how balanced and moderately balanced overall family functioning may interface with parental support.

Although parental support was related to greater variation in family functioning than any of the parental control behaviors, one of
the three parental control variables (monitoring) was significantly related to differences in family functioning. The results showed that adolescents reported higher parental monitoring when they perceive their family systems as functioning at high (balanced overall family functioning) or low levels (i.e., extreme overall family functioning) rather than moderate levels. This finding challenges researchers and theorists to refine ideas about parental monitoring and adolescent well-being which typically using professional or parent reports (Crouter and Head, 2002). One interpretation of these results is that adolescent reports of parental monitoring may represent different family emotional atmospheres in balanced families when compared to extreme families. In balanced families, perceived parental monitoring might represent a preventive function as parents seek an awareness of adolescents’ lives as youth interact with others outside the family (i.e., monitoring) while providing a balance of connection to and freedom from the overall family system.

However, in extreme families, parental monitoring may be a form of intervention as parents seek to emphasize limiting rather than maintaining an awareness of adolescent activities and friends. Further, the relationships of overall family functioning and parental behavior may vary depending upon which family member or outsider reports on the family system or parenting.

Vazsonyi and Belliston (2006) examined whether the relationships between maternal and paternal parenting processes and measures of internalizing behaviors, symptoms of anxiety and depression, operated similarly or differently across different cultural contexts and developmental periods. Though a number of studies
have compared levels of depression between racial and ethnic groups in the United States or between groups located in different cultures, few investigations have tested whether the observed relationships between predictors (e.g., parenting processes) and outcome measures replicate across different cultural or national contexts. The study addressed several gaps in literature on parenting processes and measures of adolescent internalizing symptoms in non-clinical samples of adolescents.

**Bynum and Kotchick (2006)** investigated the role of mother-adolescent relationship quality and autonomy in the psychosocial outcomes in a sample of adolescents drawn from the National Longitudinal Study of Adolescent Health. The results indicated that positive mother-adolescent relationship quality and greater autonomy were associated with higher self-esteem, fewer depressive symptoms, and less delinquent behavior. Moreover, adolescents who were older, female, or from households with less income reported more depressive symptoms. In addition, adolescents who were younger or female reported fewer delinquent behaviors. Being male was associated with higher self-esteem. Adolescents’ age, family income, and mother-adolescent relationship quality did not moderate relations between autonomy and the outcome variables.

The results of the study are consistent with previous research indicating that positive mother-adolescent relationship quality is predictive of better psychosocial adjustment (**Barber and Erickson, 2001; Laible and Carlo, 2004**). Similarly, the finding that greater autonomy was associated with better psychosocial adjustment is
consistent with previous research with African American and European American samples (Marsh et al., 2003; Smetana, 2000). Results also indicated that gender was associated with depressive symptoms and delinquent behaviors in ways that are consistent with findings from previous research (Hinshaw and Lee, 2003). Specifically, females reported more depressive symptoms and fewer delinquent behaviors. Previous research has indicated that adolescent girls are diagnosed with depression more frequently than adolescent boys (Hammen and Rudolph, 2003). This may be in part due to the girls’ greater vulnerability to the effects of stressful life events, problems in social support, and interpersonal difficulties (Rudolph, 2002; Schraedley et al., 1999). Likewise, the availability of opportunities to participate in delinquent behavior in disadvantaged neighborhoods is an important risk factor for delinquent behavior for African American boys (Tolan et al., 2003).

Previous research has indicated that as adolescents’ age, autonomy seeking increases with parents allowing greater autonomy as adolescent move closer to adulthood (Pinquart and Silbereisen, 2002; Smetana et al., 2004). Moreover, greater autonomy during the early adolescent years predicted increased involvement in problem behaviors (e.g., marijuana use and antisocial acts) (Dishion et al., 2004). Similarly, another study found that in families in which adolescents are permitted to make unilateral decisions about various topics (e.g., friends, curfew) showed poorer psychosocial adjustment at 2-year follow up (Lamborn et al., 1996). These findings suggest that autonomy granting is an important part of healthy adolescent
development for adolescents regardless of age, income, or parent-
adolescent relationship quality.

While effective parenting behaviors such as acceptance, attentiveness, responsiveness, guidance (Bronstein et al., 1996), inductive discipline (Whitebeck et al., 1997), autonomy granting practices (Barber et al., 1994; Gray and Steinberg, 1999) and clear limits setting (Denham et al., 2000) have been linked with positive adolescent adjustment and development, previous studies indicate that parenting difficulties predict adolescents’ internalizing and externalizing symptoms (Forman and Davis, 2003). Longitudinal research indicates that parents’ firm behavioral control reduces externalizing problems among adolescents (Galambos et al., 2003). Lower acceptance and higher negative affect is consistently related to greater emotional/behavioral problems in adolescents (Bosco et al., 2003). Disruptive parenting with insufficient monitoring is more characteristic of parents with conduct-disordered children (Berg-Nielsen et al., 2002).

Previous research indicated that the link between parental depression and internalizing and externalizing problem behaviors in adolescents is mediated by the quality of parenting (Hetherington and Clingpeel, 1992). Youth depression was found to be impacted by parenting style and maternal mental health (Oyserman et al., 2002). Depressed mothers perceive the behavior of their children more negatively than those who are not depressed (Brody et al., 2002). They use more anxiety- and guilt-inducing methods of discipline in combination with voiced disappointment in their children than non-depressed parents (Cicchetti and Toth, 1991). Depressed
mothers may lack the necessary skills to cope with normal stressful events which contribute to adolescents’ internalizing and externalizing behaviors (Forehand and McCombs, 1988).

C: ADOLESCENT STRESS, COPING AND HAPPINESS MEASURES

Child and youth life satisfaction research has focused on the study of life satisfaction as an outcome variable, that is, most studies have investigated assumed determinants of individual differences in life satisfaction. Such studies have revealed a wide ranging network of associated variables (Gilman and Huebner, 2002). These variables include family, peer, neighborhood, self-related (personality, cognitive attributions), and activity (participation in structure extra curricular activities) variables. Demographic variables (gender, socioeconomic status) appear to play a very modest role at best in child or youth global life satisfaction reports (Huebner et al., 2000). Adolescent life satisfaction reports have been correlated with a variety of risk behaviors (e.g., risky sex behavior, alcohol and drug use) as well, although the directionality of the relationships has not been determined. Importantly, preliminary studies have suggested that youth life satisfaction reports mediate the relationship between stressful life events and internalizing behaviors (McKnight et al., 2002) and moderate the relationship between stressful life events and externalizing behaviors (Suldo and Huebner, 2004). Thus, adolescent life satisfaction judgments may not only be important in and of themselves; they may also reflect or determine important adaptive outcomes.
Research has found that positive global life satisfaction is normative among adults (Diener and Diener, 1996) and adolescents (Huebner, 2004). Incorporating Lazarus’ (1991) theory of coping as a conceptual framework, maintaining a positive outlook on life (i.e., a positive “set point”) may serve as a signal against the backdrop of ongoing cognitive appraisals, affective states, and environmental circumstances. This set point may function as a comparison standard against which potential negative emotional and behavioral reactions are made (Heady and Wearing, 1992).

Wilson (1967) investigated correlates of happiness. Findings replicated successfully showed happiness to be unrelated to wealth of parents, education of parents, IQ and school success and to be related to (a) health, good social relations, and good family relations (Wilson, 1967). Other studies relate happiness to youth, number of leisure-time activities enjoyed, and time spent in leisure-time activities, optimism, warmth, emotional stability, self-insight, and sociability (Wilson, 1967).

Lu and Shih (1997) asked subjects – what is meant by happiness? People gave two kinds of answers: (a) often experiencing a positive emotional state such as joy or (b) being satisfied with life as a whole or with parts of it. These are two possible components to happiness. However, happiness is not the opposite of unhappiness, depression, or psychological ill-health, although it is negatively related to those states and has somewhat different causes (Argyle, 1997; Lu and Shih, 1997).
Lu and Shih (1997) also reported some age differences in terms of sources of happiness. The sources that were mentioned most frequently were pleasure and positive affect for respondents aged 16-20; satisfaction of material needs for those aged 20-30; achievement at work for those aged 30-40; gratification of need for respect for those aged 40-50; and being at ease with life for those older than 50. This pattern of apparent differential importance in sources of happiness corresponds to specific concerns relevant to particular stages in life. However, the importance of family and interpersonal relationships was not affected by age, a finding that is consistent with the Chinese emphasis on the social being.

Lu (1999) examined the personal and environmental causes of happiness. Lu analyzed an integrative model of happiness, which incorporated personal factors (demographics, Extraversion, Neuroticism and locus of control) and environmental factors (life events and social support). Results found that Extraversion is not directly related to happiness but both Neuroticism and internal control had direct effects on happiness.

Folkman and Moskowitz (2000) have highlighted the role of positive emotional experiences in the context of negative life experiences. Positive emotional experiences have been shown to aid coping in a variety of ways (e.g., by speeding recovery from negative emotions or providing a respite from negative emotional times). Results indicate that another way positive emotional experiences facilitate coping is by enhancing the feeling of meaningfulness. Along the lines suggested in work by Fredrickson and colleagues (Fredrickson, 2001; 2002), positive emotions may foster a cognitive
broadening that facilitates the forming of meaningful connections between elements of experience – allowing the person to more readily connect his or her life to a larger meaning framework. Future research on coping and meaning making should incorporate measures of mood not only as outcomes but also as contributes to the coping process.

Seligman and Csikszentmihalyi (2000) in their study on happiness orientations found that many of the individuals who simultaneously scored low on all three orientations were likely depressed, anxious, or otherwise distressed. These are the people that clinical psychology has studied for 50 years, grouping everyone else together as “normal”.

Lucas and Fujita (2000) reported that one of the most consistent findings in the study of personality and emotion is that Extraversion is moderately correlated with pleasant affect.

In general, subjective psychological well-being is considered a stable trait and therefore, certain personality dimensions are related to this experience of happiness. Along these lines, Hayes and Joseph (2003) stated that certain people tend to be happier than others because of their personality. Likewise, Costa and McCrae (1980) believed that satisfaction with life is related to a high level of extraversion and a low level of neuroticism. Thus, Eysenck and Eysenck (1985) reported that extroverts tend to vary between positive affect and what they called a neutral element, whereas neurotics display changes that go from negative affect to neutrality. Subsequent research has confirmed these relations (Chan and Joseph, 2000; Hills and Argyle, 2001). In fact, the personality traits
of extraversion and neuroticism have been extensively investigated and are considered stable over time and observable in different situations and cultures (Kline, 1993). Costa and McCrae (1994) have shown that these two personality traits can account for a significant amount of the variance of subjective well-being and that they can even predict the level of psychological well-being 20 years later.

Gonzalez et al. (2005) opined that personality is an important correlate of subjective well-being. In their study, as in other previous ones, neuroticism was the best predictor of balanced affect, subjective well-being and satisfaction with life. Although it may seem instinctively natural to associate the positive state of subjective well-being to extraversion, these results point in the direction of those already indicated by DeNeve and Cooper (1998).

Neuroticism, in general, accounts for a high percentage of the variance of all the indicators of subjective well-being than Extraversion. As indicated by DeNeve and Cooper (1998), Neuroticism predisposes people to experience a low level of subjective well-being, and this is due to the fact that, statistically, subjective well-being is a bipolar measure where high scores are determined by high scores in satisfaction with life and in positive affect, and low scores are determined by low scores in satisfaction with life and high scores in negative affect. In contrast, extraversion was not the best predictor of subjective well-being. Therefore, extraversion seems to be fairly less significant than neuroticism as a predictor of the variables of subjective well-being, satisfaction with life, and balance.
To conclude, the work of Gonzalez et al. (2005) raised doubts about the dimension of extraversion being the main trait that influences subjective well-being, and supports the viewpoint that neuroticism-emotional stability is the dimension that is consistently associated with the three dependent variables (subjective well-being, satisfaction with life, and affective balance). The evidence provided by this work suggests that the concept of subjective well-being, considered globally, is more closely related to emotional stability than to the trait of extraversion.

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

Both the Snyder hope theory and the definition of hope emphasize cognitions that are built on goal-directed thought. Snyder and Lopez (2007) defined hope as goal-directed thinking in which the person utilizes Pathways thinking (the perceived capacity to find routes to desired goal) and Agency thinking (the requisite motivations to use those routes).

Snyder (1994) proposes that hope has no hereditary contributions but rather is entirely a learned cognitive set about goal-directed thinking. The teaching of pathways and agency goal-directed thinking is an inherent part of parenting, and the components of hopeful thought are in place by age two.

Snyder (2000) has proposed that strong attachment to caregivers is crucial for imparting hope, and available research is consistent with this speculation (Shorey et al., 2003). Traumatic events across the course of childhood also have been linked to the lessening of hope (Rodriguez-Hanley and Snyder, 2000), and there
is research support for the negative impacts of these traumas (e.g., the loss of parents) (Westburg, 2001).

Along the route to the goal, the person may encounter a stressor that potentially blocks the actual goal-pursuit. Hope theory proposes that the successful pursuit of desired goals, especially when circumventing stressful impediments, results in positive emotions and continued goal pursuit efforts (i.e., positive reinforcement). On the other hand, if a person’s goal pursuit is not successful (Often because that person cannot navigate around blockages), then negative emotions should result, and the goal pursuit process should be undermined (i.e., punishment).

Furthermore, such a stressor is interpreted differently depending on the person's overall level of hope. That is to say, high hopers construe such barriers as challenges and will explore alternate routes and apply their motivations to those routes. Typically having experienced successes in working around such blockages, the high hopers are propelled onward by their positive emotions. The low hopers, however, become stuck because they cannot find alternate routes; in turn, their negative emotions and ruminations stymie their goal pursuit (Snyder and Lopez, 2007).

Optimism, defined as generalized positive outcome expectancies, represents a relatively stable individual difference variable that promotes psychological and physical wellbeing. Recent years have witnessed substantial progress in understanding the contribution of psychological factors to physical health. One such factor, optimism, or expectation of positive outcomes, has been tied to better physical health (Scheier et al.,
1989) and more successful coping with health challenges (Carver et al., 1993). However, the routes by which optimism might be associated with better health have not received systematic investigation. One plausible route is through effects on the immune system. Optimists cope differently with stressors, experience less negative mood, and may have more adaptive health behaviors, all of which could lead to better immune status.

Although both an optimist and a pessimist appraise the same stressor as highly significant and relevant, only the highly optimistic individual will begin to consider his or her coping options and resources (secondary appraisal), whereas the overly pessimistic individual might simply stop at this stage in the coping process (Showers and Ruben, 1990). In turn, such differences might help account for pessimists' greater or haphazard use of more disengaged coping activities (e.g., self-criticism and social withdrawal) and their poorer level of adjustment (e.g., greater dysphoria) compared with optimists. This also suggests that an important possible focus of intervention in working with pessimistic patients or clients can be to first help them see that they have more available options than believed (Beck et al., 1979). Hence, by modifying this secondary appraisal, pessimists might begin to rely less on their use of disengaged coping strategies, which appear to be linked to greater maladjustment for them than for optimists.

Scheier and Carver (1985) reported the findings of a project investigating whether dispositional optimism acts as a buffer against stress. They found that optimism positively correlated with indications of active coping with elaboration or complexity of coping strategies,
and with the seeking of social support. Optimism was negatively correlated with focus on emotion and emotional expression and with disengagement from the goal.

*Scheier and Carver (1985)* also found that optimists cope with stressful events more successfully and engage in more health enhancing behaviors than pessimists.

*Scheier and Carver (1987)* have suggested that differences in well-being between optimists and pessimists could derive from the way individuals select and use the general strategies of coping available to them. The second possibility is that optimism/pessimism differences directly affect physiologic functioning. Optimists receive greater satisfaction from interpersonal relationships and perceive lesser stress and are better at coping. Compared to pessimists, optimists report greater satisfaction from relationships with friends, have lower levels of distress, are less depressed, have less perceived stress and are more socially supported (*Scheier and Carver, 1992*). Therefore, optimists have better mental and physical health.

In one of few studies reporting direct associations between attributions and coping, *Bruder-Mattson and Hovanitz (1990)* found that a pessimistic attributional style for negative events was positively associated with a maladaptive emotion-focused coping style in their sample of 176 college students. Positive associations between problem-focused coping and stable and global attributions for positive events were found only for men. In unpublished studies, *Brandon (1998)* failed to find any associations between attributional style for
positive or negative events and productive and non-productive coping styles in a sample of 110 children in years 5 and 6.

In contrast, when attributional style for positive and negative events was combined, and specific coping strategies were examined, Cotta (1999) found a depressive attributional style was significantly associated with the non-productive coping strategies of self-blame, not coping, keeping to oneself, and tension reduction in her sample of 88 Year 7 students.

Previous research has shown that dispositional optimism (Scheier and Carver, 1985) is linked to both coping and adjustment but has failed to consider the potential influence of appraisals in the stress and coping process (Lazarus and Folkman, 1984). The study by Chang (1998) examined the influence of optimism and appraisals on coping and psychological and physical adjustment in 726 college students. Results from correlational analyses indicated that stress-related appraisals were associated with optimism, coping, and adjustment. Comparative analyses further indicated that optimists (n=109) and pessimists (n=110) differed significantly in secondary (but not primary) appraisal, coping, and adjustment. In addition, optimism was found to add significant incremental validity in predicting adjustment, beyond what was accounted for by appraisals and coping.

Optimism and Pessimism merit special attention because they appear to predict mental and physical mental health variables (Seligman, 1991; Taylor, 1989).
Recent empirical studies showed that optimists are psychologically better adjusted and are physically healthier than their more pessimistic counterparts (Scheier et al., 2001). According to the model presented by Scheier and Carver (1985), optimists are better adjusted than pessimists due to their tendency to change conditions related to a stressful situation rather than ignore or withdraw from it. This kind of coping was believed to increase the likelihood that conditions related to the stressful situation will be effectively addressed or resolved (Bandura, 2000; Chang, 1998). Numerous studies have pointed to the importance of optimism as an important regulator in how people cope with stressful events. Optimism can be considered to be a part of a proactive coping style, in that a proactive coper evaluates difficulties in more positive terms and views them as challenges rather than threats. Therefore, proactive coping and optimism are expected to be positively correlated. At the same time, proactive coping involves more than being an optimist in that it equips the individual with a wider set of skills for successful management of life goals including the management of stressors. Therefore, it is expected that proactive coping should predict psychological wellbeing over and above the effects of optimism.

In a meta-analysis examining the relationship between attributional style and depression in children, Gladstone and Kaslow (1995) found consistent evidence that higher levels of depressive symptoms were associated with a more pessimistic attributional style consisting of internal–stable–global attributions for negative outcomes and external–unstable–specific attributions for positive outcomes.
Seligman (1995) further suggested that children’s attributions for events tend to become habitual by the time a child is about nine years old, unless these attributions are challenged.

Optimism has been shown to mitigate the effects of stressors on psychological functioning. Dispositional optimism (who holds generalized positive outcome expectancies) has shown less mood disturbance in response a number of different stressors, including adaptation to college (Aspinwall and Taylor, 1992; Scheier and Carver, 1992).

DeNeve and Cooper (1998) conducted a study of 103 men and 120 women and found that optimism correlated positively with Extraversion, but it was also correlated negatively, and more strongly, with Neuroticism.

According to Carver and Scheier (2000), it is particularly noteworthy that optimists turn towards acceptance in uncontrollable situations, whereas pessimists turn more to the use of active attempts at denial. Although both tactics seem to reflect emotion-focused coping, there are important qualitative differences between them that may, in turn, be associated with different qualities of outcomes. More concretely, denial (the refusal to accept the reality of the situation) means attempting to adhere to a worldview that is no longer valid. In contrast, acceptance implies a restructuring of one’s experience so as to come to grips with the reality of the situation that one confronts. Acceptance thus may involve a deeper set of processes, in which the person actively works through the experience, attempting to integrate it into an evolving world-view.
Carver and Scheier (2000) further opined that optimists experience less distress than pessimists when dealing with difficulties in their lives. Is this just because optimists are more cheerful than pessimists? Apparently not, because the differences often remain, even when statistical controls are incorporated for previous levels of distress. There must be other explanations. Do optimists do anything in particular to cope that helps them adapt better than pessimists? Many researchers are now investigating this possibility as a potential mechanism through which optimism confers psychological benefits. The coping strategies that optimists and pessimists tend to use may help them deal better with stress (Scheier and Carver, 2000).

In describing the manner in which optimists and pessimists cope with adversity, several other studies are worth noting. These studies don't deal with coping per se, but they make points that are closely related to the points Carver and Scheier (2000) made regarding coping. Some of these, are studies of proactive processes, processes that promote good health and well-being. The reasoning behind the studies is that people who are optimistic about their personal future may take active steps to ensure the positive quality of that future. This behavior would be much the same as engaging in problem-focused coping activities, except there's no particular stressor threatening the person. The “problem” in this case is simply the problem of ensuring good health and well-being, no matter what circumstances might arise in the future (Compas et al., 2001).

Optimists are likely to cope actively with stress, whereas pessimists are likely to react emotionally (Scheier et al., 1986). It is reasonable to assume that the Indian students are more pessimistic.
because of seemingly insurmountable problems of everyday living which, in turn, would lead to greater stress and emotional coping (Sihna et al., 2000).

Various studies suggested that optimism is associated with behaviors aimed at promoting health and reducing health risk (Carver and Scheier, 2000).

Taylor et al. (2000) opined that psychological beliefs such as optimism, personal control, and a sense of meaning are known to be protective of mental health.

Dozens of studies have been conducted examining the relationship among optimism, pessimism, and distress among groups of people undergoing adversity of one type or another (Steiner et al., 2002). The results of these studies all point in the same direction: Optimistic persons experience less distress during times of adversity than pessimists.

Mental Health is aptly defined as the full and harmonious functioning of the total personality, realizing one’s full potential in the world of work, with satisfaction and contentment to oneself and benefit to the society (Verma and Verma, 1989).

Verma and Verma (1989) put forth a dual factor theory of mental health. This dual factor theory postulated that there are different sets of factors that contribute to negative and positive mental health. Some factors when present only contribute to negative mental health but their absence does not lead to positive mental health. These negative factors could be manifested as mental disorders (like neurosis, psychosis, drug and alcohol dependence, personality disorders, psycho-physiological disorders, etc.) or as mental
symptoms (like anxiety, depression, obsessions, compulsions, phobias, delusions, hallucinations, de-realization, de-personalization, etc.) or even as negative states (like anger, hostility, dissatisfaction, jealousy, irritability, fear, prejudices, inferiority feelings, loneliness, hate, anxiety, depression, etc.).

Unhealthy adaptation to stress can take many forms, such as school maladjustment. For example, stressors at home and school may lead to reduced attention span and to diminished motivation to succeed academically (Pryor-Brown and Cowen, 1989). Some students develop socially maladaptive coping patterns, including verbal and physical aggression toward others, defiance of authority, acting out, and juvenile delinquency (Compas et al., 1989). Anxiety (Swearingen and Cohen, 1985), depression, and suicidal ideation (Cohen-Sandler et al., 1982) are other reactions to stress. Moreover, some youths experience psycho-physiological symptoms in response to chronic or severe levels of stress (Walker and Greene, 1987).

A 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.

Recent researches also suggest the relation between health and well-being. Researchers concluded that health is strongly correlated with well-being. This association, however, holds only for self-reported health measures where an emotional component creeps in (George and Landerman, 1984). The correlation weakens
considerably when objective health ratings by physicians are examined (Watten et al., 1997).

Hagquist (1998) described the link between economic stress and perceived health among Swedish adolescents. Worry about family finances was strongly linked to the adolescents’ perceived health. The occurrence of perceived poor health was much greater among those who were frequently or constantly worried about their family’s finances than among those who seldom or never experienced such worry. The relationship between economic stresses and perceived health was also stronger than the relationship between other types of stresses and perceived health. In addition, those adolescents who, during the last month, were often unable to afford various recreational activities, exhibited a greater degree of perceived poor health than others.

Sirohi (2002) reported that conflicts must be resolved to preserve mental health. Sirohi (2002) examined the impact of humor, economic status and sex on the resolution of conflicts. The findings suggested clear role of humor in conflict resolution.

F: ADOLESCENT STRESS, COPING AND DEPRESSION

Subjective feelings of wellbeing, one of the hallmarks of health, are characterized not only by low levels of depression but also higher levels of life satisfaction. These variables, as indices of psychological wellbeing, have been extensively studied in previous research (Chang, 1998). Numerous studies showed that depression, for example, relates negatively to positive psychological variables such as self-esteem and optimism, and positively to negative psychological variables such as hopelessness. Life satisfaction, on the other hand
was found to relate positively to positive psychological variables and negatively to negative psychological variables.

The conceptualization of coping processes is a central aspect of contemporary theories of stress; coping is viewed as a stabilizing factor that may help individuals maintain psychosocial adaptation during stressful periods (Lazarus and Folkman, 1984). In research on the influence of coping responses on adjustment, active, problem-oriented coping strategies have been found to moderate the adverse influence of negative life events on psychological functioning (Billing and Moos, 1981). The proportion of problem-solving coping relative to total coping efforts also has been associated with reduced depression (Mitchell et al., 1983). Moreover, coping strategies involving negotiation and optimistic comparisons have been linked to reductions in concurrent stress, as well as to a lessening of future role problems, even when initial distress is controlled (Menaghan, 1982).

In addition, very little is known about the determinants of coping among depressed individuals. Yet, understanding the predictors of coping among these persons is especially important clinically. Patients entering treatment for depression tend to use fewer problem-solving and more emotional-discharge coping strategies than do community controls (Billing et al., 1983). Moreover, the choice of coping strategies has been associated with the degree of pathology in depressed patients, with active coping strategies associated with less severe dysfunction and avoidance coping linked to more serious depression (Billing and Moos, 1984).
Holahan and Moos (1987) examined personal and contextual predictors of active and avoidance coping strategies in a community sample of over 400 adults and in a sample of persons entering psychiatric treatment for unipolar depression. Socio-demographic factors of education and income (except for active-cognitive coping), personality dispositions of self-confidence and an easy-going manner, and contextual factors of negative life events and family support each made a significant incremental contribution to predicting active and avoidance coping. Among both healthy adults and patients, active and avoidance coping were positively associated with negative life events. Individuals who had more personal and environmental resources were more likely to rely on active coping and less likely to use avoidance coping. Moreover, for both groups most of the predictors continued to show significant relations with active and avoidance coping strategies even after the stable component in coping was controlled in a longitudinal design. A comprehensive framework to understand the determinants of coping can be of practical value in suggesting points for therapeutic intervention aimed at fostering more adaptive coping efforts.

The findings were consistent with earlier work on the role of stressful conditions in the development of coping. As with research by Folkman and Lazarus (1980) and Fleishman (1984), results implied that both active and avoidance coping efforts are elicited by stressful conditions for normal and depressed persons. Moreover, new negative life events increase the reported use of both active and avoidance coping beyond the individual’s initial tendency to use them. Whereas active coping strategies are as strongly related to positive
as to negative events, avoidance coping is associated with negative events but not with positive ones. Avoidance coping is a response to threatening situations when personal and contextual resources are scarce.

The results of the study by Holahan and Moos (1987) were also consonant with prior work on the link between coping and personal and environmental resources. In line with earlier research (Billing and Moos, 1981; Pearlin and Schooler, 1987), their data show that normal and depressed persons of higher socio-economic status are more likely to report using active-behavioral strategies and less prone to rely on avoidance coping. Although these relations were expected, they were less strong than those for the other two sets of predictive factors. Coping was tied more closely to ongoing current circumstances than to more remote and stable background factors.

Extending earlier research on social network resources and coping (Cronkite and Moos, 1984), Holahan and Moos (1987) found that family support was positively linked to active coping strategies in both samples. It also was less reliance on avoidance coping. In light of the failure of prior research on avoidance coping to consider social network resources, the strength of these relations is noteworthy. In the hierarchical analysis with the community sample, family support contributed the largest amount of incremental variance to avoidance coping even though it was considered last. The cross-sectional data revealed a strong relation between lack of family support and avoidance coping for both the community and patient samples. In addition, family support predicted a decrease in the use of avoidance coping over time.
This pattern of findings was congruent with *Lazarus and Folkman's (1984)* theoretical discussion of psychological stress. These authors argued that psychological stress occurs when an individual appraises a situation as threatening (primary appraisal) and perceives his or her resources for coping with it as inadequate (secondary appraisal). *Moos (1984)* explained that the appraisal process cues particular coping strategies that are then linked with an eventual adjustment outcome. Avoidance coping occurs when primary appraisal leads to the perception of a threat, and secondary appraisal results in a perception of insufficient personal and environmental resources.

The weaker links between the predictive factors examined here and active-cognitive coping relative to both active-behavioral and avoidance strategies may suggest special adaptive benefits of active-cognitive coping. As *Shifman (1985)* has pointed out, active-cognitive coping may be especially useful precisely because it is less under situational control than other forms of coping. For example, active-cognitive coping efforts may be less vulnerable to environmental disruption from either increased stressor or reductions in social support than more contextually influenced coping responses.

Empirical studies provide good support for theories about relations between sociotropy and reactivity to social stressors. Sociotropy is correlated with sadness, loneliness, anxiety, and low self-esteem (*Jolly et al., 1996; Robins et al., 1997*), but does not appear to be simply a symptom of depression, as it persists following the remission of a depressive episode (*Moore and Blackburn, 1993*). In laboratory studies, sociotropic individuals exhibited
immediate emotional and physiological reactivity to social stressors, with less reactivity to nonsocial stressors (Ewart et al., 1998). Finally, the diathesis-stress model, which predicted that depressive symptoms result from an interaction between sociotropy and interpersonal stressors, is supported by cross-sectional (Bartelstone and Trull, 1995) and prospective studies (Robins et al., 1997) with undergraduate and clinical samples.

Although there are many ways of categorizing coping responses, a primary distinction is between disengagement coping (distancing oneself from the stressor or related feelings) and engagement coping (approaching the event or associated emotions). Engagement coping can be further divided into primary control strategies, involving attempts to control the stressor or one's emotions, and secondary control strategies, involving efforts to adapt to the stressor (Compas et al., 2001). Primary control strategies, such as problem solving and seeking emotional support, are linked to lower levels of distress (Osowiecki and Compas, 1999; Whatley et al., 1998), as are secondary control strategies, such as cognitive restructuring and distraction (Epping-Jordan et al., 1999). Disengagement coping strategies, such as avoidance and denial, are generally associated with heightened symptoms of depression and anxiety (Fukunishi, 1996).

According to Joyner and Udry (2000), absence of depression is an indicator of adolescent well-being. Depression has been found not only to influence the self-esteem of adolescence, but also their suicidal thoughts and behavior. Depression additionally increases
adolescents’ chances of experiencing academic and inter-personal problems. These problems, in turn, create an ongoing cycle.

One early study by Carver and Scheier (2000) of the effect of optimism on emotional well-being examined the development of depressed feelings after childbirth. Optimism related to lower depression symptoms at the initial assessment. More important, optimism predicted lower levels of depressive symptoms post-partum, even when controlling for the initial levels. Thus, optimism seemed to confer a resistance to the development of depressive symptoms after having a baby (Carver and Scheier, 2000).

Wadsworth et al (2004) in their study tested the factor structure of coping and stress responses in Navajo adolescents and examined the reliability and validity of the Responses to Stress Questionnaire (Connor-Smith et al., 2000) with this population. Results revealed that primary and secondary control engagement coping responses were associated with fewer depressive symptoms in the sample, whereas disengagement coping and involuntary engagement responses were associated with more depressive symptoms.

G: CULTURAL AND GENDER DIFFERENCES

Many researches have been conducted to explore cultural and gender differences on various psychological variables among adolescents.

Gender differences have been found with regard to the protective effects of positive parent-child relationships. For instance, in a longitudinal study of 460 middle school students, Leadbeater et
*al. (1999)* found that the direct protective effects of attachment to parents on internalizing problems, such as depression, were stronger for girls than boys. The authors discuss this finding in the context of reviews (*Leadbeater et al., 1995*), which have suggested that girls’ greater socialization for self-regulation and sensitivity to interpersonal concerns increases their vulnerability to internalizing problems compared with boys.

Culture, stress, and health are topics of frequent consideration by human biologists and biological anthropologists. Several studies have documented a range of adverse health outcomes associated with the processes of westernization and urbanization, as individuals are forced to adapt to novel socio-cultural and ecological environments (*Jenner et al., 1987; Dressler, 1991; Wessen et al., 1992*). The majority of this research has been conducted among adults, and only a handful of studies have considered culture change as a source of psychosocial stress for children and adolescents.

Evidence of ethnic group differences in rates of depression has been mixed (*Petersen et al., 1993*). For example, in two of five studies where race was examined, Black adolescents reported higher rates of depressive symptoms than did White adolescents (*Fleming & Offord, 1990*). Similarly, results from a study of 3,294 high school students indicated that Blacks and Latinos were higher in depressive symptoms than Whites, with Latina females exhibiting the highest rates of all (*Emslie et al., 1990*).

*Tran et al. (1995)* studied ethnic and gender differences in reported stressful life events (SLE) in a sample of 70 Southeast Asian (SEA) adolescents. The ranking of five SLEs with the highest
percentage reporting Some or A Lot of stress showed differences in qualitative life events among Cambodian, Hmong, and Vietnamese adolescents. Cambodians ranked strict discipline in social life by parents as most stressful. Hmong and Vietnamese adolescents reported doing house chores and academic pressure to do well, respectively, as most stressful. In other stressor domains, academic performance (i.e. studying for a test, personal pressure to get good grades) and parental expectations (i.e. high expectations from parents to do well, fear of failure to meet family expectations) show similarity across ethnic groups. Results showed that female adolescents reported higher stress on eight out of 10 life events females than males. Personal pressure to get good grades had the highest percentage mean for females. For males, worrying about where to live or getting a job after graduation were the two most endorsed stressful life events.

In a study, Abel (1998) a gender differences were observed on the measures of distress from physical symptoms. Women reported more distress from physical symptoms than men. However, no significant gender differences were obtained on the measures of perceived stress-distress from anxiety or sense of humor.

Juang and Silbereisen (1999) found among their sample of 283 German adolescents that supportive parenting, as measured by the adolescents’ perceptions regarding their parents’ sensitivity, predictability and school involvement, was negatively related to adolescents’ levels of depression. In the same longitudinal study, Juang and Silbereisen (1999) found that adolescents from
consistently supportive families reported lower mean levels of depression compared to those from inconsistently supportive parents.

_Lohman (2000)_ studied how teenagers coped with conflict in the family which was related to adolescent adjustment and developmental outcomes. Females tended to utilize more emotion-focused coping when dealing with parent conflict than did males; males used more avoidance coping when managing parent conflict than did females.

_Bergman and Scott (2001)_ examined the well-being of young adolescents. They found clear gender differences in self-esteem, self-efficacy, unhappiness and worries, well-being and health risk behaviors among adolescents.

_Sidebotham (2001)_ in a qualitative research project, based on the principles of grounded theory, used a series of semi-structured interviews with parents to explore parental understanding of the culture in which today’s children are growing up, the influences of that culture on their parenting and the potential impact on their child. Sixteen mothers and one father whose children were participating in the Avon Longitudinal Study of Parents and Children were interviewed. The interviews covered various aspects of parenting and culture. Data from the transcribed interviews were analyzed for emerging themes relating to parenting and areas where parenting can go wrong. These themes were developed further through an understanding of the literature on parenting and families. Results suggested several key areas in which our culture imposes particular stresses on parents and, as such, does not support families or children. Prominent areas of stress were time pressures, particularly
in the work-home arena, expectations of children to be active and achieving, financial pressures and the impact of consumerism on families. These data suggested parents, although holding a very positive view of their children, do perceive parenting as being stressful. This is exacerbated by social structures and attitudes that do not value or support children and their families.

Happiness, as a state of mind, may be universal, but its meaning is complex and ambiguous. *Luo et al. (2001)* directly examined the relationships between cultural values and experiences of happiness in two samples, by using a measurement of values derived from Chinese culture and a measurement of subjective well-being balanced for sources of happiness salient in both the East and the West. The participants were university students—439 from an Eastern culture (Taiwan) and 344 from a Western culture (the United Kingdom). Although general patterns were similar in the 2 samples, the relationships between values and happiness were stronger in the Taiwanese sample than in the British sample. The values social integration and human-heartedness had culture-dependent effects on happiness, whereas the value Confucian work dynamism had a culture-general effect on happiness.

*Barron et al. (2002)* reported that coping strategies used by adolescents may have an effect on their psychological development. They studied the relationship between coping and psychological well-being and the effect that age and gender had on these variables. The results showed that, adolescent women used a greater variety of coping strategies and were less skillful in coping with problems than
men. Clearer differences with regard to coping strategies use were established by the level of psychological well being than by age and gender.

*Rudolph (2002)* opined that gender differences in stress and emotional reactions to stress, particularly within an interpersonal context, contribute to the development of gender differences in anxiety and depression during adolescence.

*Immerman and Mackey (2003)* reported that women are nearly twice as likely as men to develop major depression. The reasons for this difference remain unclear.


*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 (SWB). 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. Participants from 2 individualistic cultures (United States, Germany) and three Collectivistic cultures (Japan, Mexico, Ghana) completed measures of Extraversion, Neuroticism, hedonic balance, and life satisfaction. As predicted, Extraversion and Neuroticism influenced hedonic balance to the same degree in all cultures, and hedonic balance was a stronger predictor of life satisfaction in individualistic
than in collectivistic cultures. The influence of Extraversion and Neuroticism on life satisfaction was largely mediated by hedonic balance. The results suggest that the influence of personality on the emotional component of subjective well-being is pan-cultural, whereas the influence of personality on the cognitive component of subjective well-being is moderated by culture.

Culture influences subjective well-being in at least two different ways. First, culture has direct effects on subjective well-being. People living in individualistic, rich, and democratic cultures have higher levels of SWB than do those living in collectivistic, poor, and totalitarian cultures (Diener and Suh, 1999; Veenhoven, 1993). Second, culture moderates the relation between hedonic balance and life satisfaction (Suh et al., 1998). Suh et al. (1998) found that the relation between hedonic balance and life satisfaction was significantly stronger in individualistic cultures than in collectivistic cultures.