

# Coping Strategies: Do Adolescents and Young Adults Differ in the way they Cope and does Gender play a role?

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## Abstract:

**Background:** Stress has a strong impact on the psychological and physiological health of an individual and recent times have witnessed an increase in research on stress and coping. Coping is an important mechanism in the overall well-being and a maladaptive coping strategy can be a predictor of anxiety, depression and stress among young adults. Adaptive coping strategies can lead to favorable consequences and adaptation whereas maladaptive coping strategies especially smoking, alcohol and drug use may have severe consequences in terms of health, career and overall well-being. Furthermore, studies report differences in the coping strategies used by men and women to cope with stress. In the present study, we aim to study such differences among adolescents and young adults and whether gender differences exist.

**Materials and Methods:** The total sample consisted of 100 subjects equally divided into adolescent and young adult subjects and two levels of gender (males and females). We used a 2x2 Factorial design where two levels of group (adolescents and young adults) were matched with two levels of sex (male and female) to yield four conditions. The subjects were selected using stratified random sampling technique from Dehradun, Uttarakhand. The Coping Strategies Scale by A.K. Srivastava was used to assess the coping strategies of the subjects. The data was analysed using standard statistical packages.

**Results:** Findings of the study suggest that adolescents and young adults differed significantly in their coping strategies. The study also observed gender differences in coping strategies.

**Conclusion:** The results support the hypothesis that adolescents and young adults differed significantly in the choice of coping strategies and gender played a significant role in the choice of coping strategies used at the time of crisis.

**Keyword:** Coping Strategies, Adolescents, Young Adults

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## I. Introduction

Stress has a strong impact on the psychological and physiological health of an individual and recent times have witnessed an increase in research on stress and coping. School and college going adolescents and young adults are no exception to the modern day stressors and are subject to different types of stressors such as the burden of studies, pressure to succeed, uncertainty about the future<sup>21</sup>, peer pressure and multitasking. Experiencing the stress arising out of such stressors may lead to physical, emotional, or social difficulties for the students; this may in turn have an impact on their academic performance<sup>8,5</sup> as well as self-esteem and mental health<sup>22,17</sup>.

Such stressors if not nipped in the bud can have disastrous consequences for this population in terms of mental well-being and socially deviant behaviours<sup>12</sup> such as drug abuse and alcoholism, depending on the type of coping utilized by the person.

Coping can be defined as 'the process of managing, mastering, tolerating, or reducing external or internal demands that are appraised as taxing or exceeding the resources of the person'<sup>13</sup>. It is the behaviours and thoughts that are used to manage the internal and external demands of situations that are appraised as stressful.<sup>10,25</sup> In this regard, coping is not a one-time response, rather a set of responses that occur over time and by which the person and the environment influence each other<sup>26</sup>. Each person differs in their coping style i.e. the particular way in which an individual deals with stressful events<sup>26</sup> influences the experience of stress for the individual<sup>12</sup>. Thus, the coping strategy of an individual plays an important role than the stressor itself in determining the consequences of the stressful situation.

Coping encompasses cognitive and behavioural strategies used to manage stressful situations (problem-focused coping) or/and to attend negative emotions (emotion-focused coping)<sup>13</sup>. Pareek<sup>19</sup> suggested two basic

categories of coping behaviour: approach (functional coping) and avoidance (dysfunctional coping). Individuals with an avoidant coping style to stressful situations have a higher risk of developing psychopathology and mental health issues<sup>9</sup>. Further, there is also evidence of the relationship between self-harm, suicidal behaviour and coping style<sup>15</sup>.

#### ***Coping strategies in adolescents and young adults:***

Some of the major sources of stress for adolescents and young adults are academics, exams, academic syllabus, staying in hostel, parental pressure and expectations, lack of entertainment and psychosocial factors<sup>23</sup>. Research suggests increased levels of anxiety, depression and stress among young adult college students and maladaptive coping strategy was a major predictor of such anxiety, depression and stress<sup>14</sup>.

Similar findings were reported by Nieto et al.,<sup>18</sup> suggesting a relationship between depression symptoms and avoidant coping strategies. Hence, coping strategies play a vital role in determining the social, emotional and physical well-being of adolescents and young adults. Being the formative years, adaptive coping strategies can lead to favorable consequences and adaptation whereas maladaptive coping strategies especially smoking, alcohol and drug use may have severe consequences in terms of health, career and overall well-being. A study conducted by Hampel & Petermann<sup>11</sup> suggested that maladaptive coping is associated with adjustment problems in adolescents.

Similar findings were reported for college students (young adults), where the use of emotion focused coping strategies was dominant as compared to problem-solving strategies for both male and females<sup>4</sup>. Coping style has also been associated with psychopathology in pre-adolescence; avoidant coping has been associated with anxiety and eating disorders and depressive symptoms being associated with maladaptive coping at a later stage<sup>20</sup>. However, coping strategies of adolescents may differ from adults in significant ways<sup>6</sup> owing to developmental, social and environmental factors.

#### ***Gender and coping strategies:***

Studies report differences in the coping strategies used by men and women to cope with stress. Men tend to use problem-focused coping to deal with stress while women tend to use emotion-focused strategies where they modify their emotional response; however, these tendencies can change in certain circumstances<sup>16</sup>.

Almeida & Kessler<sup>1</sup> have suggested that how gender impacts stress could be conditioned by traditional socialization patterns. The traditional role of a female revolves around affiliation, dependence, emotional expressiveness, a lack of assertiveness and subordination of one's own needs to those of others. On the other hand, a traditional male role revolves around self-confidence, autonomy, assertiveness, being goal-oriented and instrumentality. The researchers concluded that there are some gender similarities as well as differences among adolescents in terms of their coping strategies.

Most studies have also suggested higher stress levels for females than males<sup>28,4</sup>. Brougham et al.,<sup>4</sup> suggested a higher level of stress level and the use of more emotion-focused strategies by the females than males. Similar results were reported by Miller and Kirsch<sup>16</sup>, who suggested that men tend to use the problem-focused coping and women tend to use the emotion-focused strategies.

Additionally, there is a stronger relationship between maladaptive coping and adjustment problems among females<sup>11</sup>. Coping strategies may play an important role in reducing the later risk of depression in females as compared to males<sup>28</sup>, probably because men can be more prone to deviant behaviours such as smoking ,alcohol/drug use or aggression.

Hence, studying and understanding the stressors and coping strategies among adolescents and young adults can be a good source for schools, colleges and organizations to develop a psychosocial framework to provide guidance and support to the students in dealing with the varying stressors of life.

## **II. METHOD**

#### ***Objective:***

The primary aim of the present study was to study the coping strategies among adolescent and young adult males and females. Further, whether the two levels of gender differ significantly on the use of coping strategies and its types.

***Research design:*** The study had a 2 x2 factorial design, as there were two independent variables with both two levels- adolescents (males/females) and young adults (males/females). The effect of the two IV's was observed on the dependent variable i.e. coping strategy and its types.

***Hypothesis:*** The following hypotheses were tested

1. Adolescents and Young adults will differ significantly from each other in coping strategies and its types.
2. Males and females will differ significantly from each other in coping strategies and its types.

**Sample:** The total sample of the study consisted of 50 adolescents and 50 young adults. The sample was recruited using *stratified random sampling technique* from Dehradun, Uttarakhand with two strata – adolescents (n=50) and young adults (n=50) and further based on gender-male and female. Both the groups, adolescents and young adults had an equal number of males (n=25) and females (n=25), thus a total of 50 males and 50 females. The adolescents in the age group of 14-18 and young adults in the age group of 19-23 were included in the study. Additionally, they were matched on the Socio Economic Status (SES) level, as only the middle-income group was considered for data collection.

**Tools:**

**Coping Strategies Scale by Prof. A.K. Srivastava:** The Coping Strategies Scale by A.K. Srivastava was used to assess the coping strategies of the subjects. It is a measure of coping strategies and comprises of 50 items. The scale describes a variety of coping strategies that fall under five major categories namely Behavioural-Approach, Cognitive-Approach, Cognitive-Behavioural-Approach, Behavioural-Avoidance, and Cognitive-Avoidance. The items are rated on a five-point scale and each item carries five response categories- *Never, Rarely, Sometimes, Most of the times, and Almost always.*

**Reliability /Validity:** It is a standardized test with a test-retest reliability of 0.92. The split-half reliability for the *Approach Coping Strategies* is 0.78 and for *Avoidance Coping Strategies* is 0.69. Content validity of the tool was ascertained by examining the extent of homogeneity among the items constituting ‘approach’ and ‘avoidance’ coping strategies sub-scales. Concurrent validity of the scale was ascertained by examining the correlation of the scores obtained on the coping strategies scale with the scores on Mental Health Inventory<sup>24</sup> and P.G.I. Health Questionnaire<sup>27</sup>.

**Procedure:** The adolescent sample in the present study was selected from the public schools of Dehradun. For this a total of 25 males and 25 females were selected. The young adult sample was selected from the colleges in Dehradun with again 25 males and 25 females. After the sample selection, the Coping Strategies Scale was administered separately on the adolescent and young adult sample. The test was scored using the manual in the following manner- *Never* was given a score of 0, *Rarely* was given a score of 1, *Sometimes* was given a score of 2, *Most of the times* was given a score of 3, and *Almost always* was given a score of 4. Each coping strategy category had fixed item numbers measuring it as given in the manual. The score for each coping strategy was calculated using the manual. After obtaining scores for each of the coping strategy category, statistical analysis was conducted to test the hypotheses. Means, SD’s, and ANOVA’s were computed to analyze the data and to interpret the results. For descriptive analysis, means and SD’s were calculated. The relationships among various variables were studied using analysis of variance (ANOVA).

**III. RESULT**

**Table 1:** Means and Standard Deviation of Adolescents and Young Adults on all the Coping Strategies

Coping- Strategy	Adolescents		Young Adults	
	M	SD	M	SD
Behavioural-Approach	27.47	8.13	29.48	5.87
Cognitive-Approach	12.68	3.63	15.46	4.83
Cognitive-Behavioural Approach	17.21	5.93	17.94	4.88
Behavioural-Avoidance	22.00	6.73	22.04	6.67
Cognitive-Avoidance	14.28	4.20	11.26	3.43

Table 1 presents the Mean and Standard Deviation of the total adolescents and total young adults on all coping strategies. As per the table, on *Cognitive Approach* adolescents had a mean of 12.68 (SD=3.63), and the young adults had a mean of 15.46 (SD=4.83). On *cognitive Avoidance* the adolescents had a mean of 14.28 (SD=4.20) and young adults had a mean of 11.26 (SD=3.43).

There was a difference in the mean scores, with adolescents having a higher mean for *Cognitive Avoidance* and the young adults having a higher mean for *Behavioural Approach, Cognitive Approach, Cognitive-Behavioural Approach* and *Behavioural Avoidance.*

**Table 2:** Means and Standard Deviations of Males and Females on all the Coping Strategies

Coping Strategy	Males		Females	
	M	SD	M	SD
Behavioural-Approach	26.72	7.26	29.74	7.81
Cognitive-Approach	12.32	3.38	13.20	3.79
Cognitive-Behavioural Approach	16.40	3.96	19.86	6.77
Behavioural-Avoidance	26.54	6.89	20.98	7.05
Cognitive-Avoidance	12.82	3.70	11.20	3.73

Table 2 presents the Mean and Standard Deviation of males and females on all the coping strategies. As per the table, the males had a higher mean for *Behavioural Approach*, *Cognitive Approach*, *Cognitive-Behavioural Approach*, whereas the females had a higher mean for *Behavioural Avoidance* and *Cognitive Avoidance*.

**Table 3:** Summary ANOVA Table

Dimension	Total Sample		
	F-Value (Adolescents* Young Adults)	F-value (Gender)	F-value (Adolescents* Young Adults* Gender)
Behavioural-Approach	1.94	2.77*	0.46
Cognitive-Approach	2.73*	0.12	0.12
Cognitive-Behavioural Approach	2.02	2.69*	0.01
Behavioural-Avoidance	0.00	2.50	0.02
Cognitive-Avoidance	2.62*	0.28	0.13

\*Significant at  $p < .05$ , \*\*Significant at  $p < .01$

As per Table 3, there was a significant main effect in the dimension of *Cognitive-Approach* and *Cognitive-Avoidance* among the adolescents and young adults. Additionally, there was a significant gender difference on the dimensions of *Behavioural-Approach* and *Cognitive-Behavioural Approach*. The interaction effect was not found to be significant on any of the coping strategy dimensions.

#### IV. DISCUSSION:

The present study aimed at studying the coping strategies among adolescent and young adult males and females. There were two independent variables both with two levels- adolescents (male/female) and with youngadults (male/female); the dependent variable was coping strategy and its types.

Hypothesis 1: Adolescents and Young adults will differ significantly from each other in coping strategies and its types.

To test this hypothesis, the mean, SD and ANOVA were calculated. The results suggested that there was a

significant difference between adolescents and young adults on the cognitive aspect of coping strategies (Table 3). The adolescents and young adults in the present sample differed significantly on the *Cognitive –Approach* and *Cognitive-Avoidance* coping strategies.

Further, on examining Table 1, young adults had a higher mean for the *cognitive-approach coping strategy* (M=15.46) as compared to adolescents (M=12.68). On the contrary, adolescents had a higher mean for the *cognitive- avoidance coping strategies* as compared to the young adults, which is an emotion-focused coping. This suggests that young adults, in the present sample, are more likely to use cognitive-approach coping strategies such as intellectualization, positive re-interpretation, cognitive reappraisal and seeking social support for emotional reasons. Whereas the adolescents, in the present sample, are more likely to use cognitive-avoidance coping strategies such as rationalization, distancing, cognitive restructuring and resignation.

On the other hand, there was no significant difference found for the *Behavioural-Approach*, *Cognitive-Behavioural Approach* and *Behavioural Avoidance* suggesting that whatever difference was found was due to chance factors and not because of the actual difference between adolescents and young adults on these coping strategies. However, the difference was significant for the *cognitive-approach* and *cognitive- avoidance coping strategies*.

These findings are consistent with Arnold<sup>2</sup>, who suggested that adolescents and adults might differ in their coping strategy significantly. This can be due to a number of environmental and developmental factors such as restrictions on freedom, personal and financial dependence on parents, and still developing cognitive, affective and behavioural aspects. Being moldable, the coping strategies can be modified easily during adolescence<sup>24</sup>.

Developing healthy coping skills and reducing emotion-focused coping among adolescents with mental health issues can make them more resilient to self-harm thoughts and acts<sup>15</sup>. Alternatively, addressing maladaptive coping in young adults can have a positive effect in reducing anxiety, depression and stress<sup>14</sup>.

Hypothesis 2: Males and females will differ significantly from each other in coping strategies and its types.

To test this hypothesis, the mean, SD and ANOVA were calculated. The results suggested that there was a significant difference between males and females on some of the coping strategies (Table 3). The boys and the girls, in the present sample, differed significantly on the *Behavioural Approach* and *Cognitive-Behavioural Approach cognitive strategies*.

On a closer examination of Table 2, females had a higher mean for *Behavioural-Approach* (M=29.74), *Cognitive-Approach* (M=13.20) and *Cognitive-Behavioural-Approach* (M=19.86). Whereas the boys had a higher mean for *Behavioural-Avoidance* (M=26.54) and *Cognitive-Avoidance* (M=12.82). This suggests that the females in the present sample are more likely to use confronting, taking impulsive decisions, seeking social support, self-control and negotiation as the dominant coping strategies. Whereas, the boys, in the present sample, are more likely to use restraint coping, inhibition of action, escaping, behavioural disengagement, acceptance, withdrawal and feeling helpless as the dominant coping strategies.

However, such a difference in coping strategies between males and females was found to be significant only for the *Behavioural-Approach* and *Cognitive-Behavioural-Approach* coping strategies and not for the others. Thus, any difference in the *Cognitive-Approach*, *Behavioural-Avoidance* and *Cognitive-Avoidance* coping strategies can be attributed to chance factors and not to an actual difference in these coping strategies between males and females.

These findings are consistent with Dwyer & Cummings<sup>7</sup> who suggested that the most prevalent coping strategy among females is social support from friends. In their study, females reported more social support from friends as a coping strategy than males. This could be due to the social aspects attributed to gender role such as affiliation, dependence, subordination of one's needs and emotional expressiveness in females<sup>1,3</sup>.

## V. CONCLUSION:

Stress has a very important role on the physical and mental health of an individual. In this regard, an important factor is the coping strategy utilized towards a stressful situation. This study compared the coping strategies of adolescents and young-adults as well as the gender differences. The findings suggest that adolescents and young-adults do differ significantly on coping strategies with a cognitive component. As for gender differences, the study suggests differences in the behavioural component of coping strategies, with females using more behavioural aspects of coping. These findings have important implications in research and practice, especially in school and college settings. It emphasizes developing specific psycho-educational programs to help school children and college students understand 'stress', learn stress-reduction techniques and develop effective coping strategies in the early years itself.

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