

The Impact of Coping Strategies on Anxiety and Depression among Young Adults: A Mediation Approach

Miss Safiqua Parween¹, Miss Jayanti Mala^{2*}

ABSTRACT

Anxiety and depression are among the most widespread mental health issues affecting young adults, particularly during the transition to adulthood, which is often marked by academic pressures, evolving responsibilities, and social changes. These stressors may trigger or intensify psychological disorders depending on how individuals manage them. This study explores the role of coping strategies as mediators in the relationship between life stressors and mental health outcomes, focusing on anxiety and depression both male and female post graduate students of Fakir Mohan University, Balasore. For the study purpose, a total number of 150 samples were used who were in their 1st and 2nd year of study. Drawing from the Brief COPE Inventory and psychological frameworks, the study collected data from a sample of young adults to assess the prevalence of adaptive and maladaptive coping strategies and their correlation with anxiety and depression levels. Results indicate that individuals employing adaptive coping mechanisms—such as cognitive restructuring and problem-solving—reported lower levels of psychological distress, while those using avoidance and self-blame exhibited heightened symptoms. The findings underscore the significance of early intervention programs and the need to promote positive coping behaviours to improve mental health outcomes among young adults.

Keywords: *Coping strategies, anxiety, depression, young adults, mental health*

Anxiety and depression are among the most prevalent mental health issues impacting young adults, particularly during the critical transition from adolescence to adulthood. This period involves academic pressure, identity exploration, and increased responsibilities, which heighten vulnerability to psychological distress. According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, these conditions significantly affect emotions, cognition, and daily functioning, leading to impairment in relationships, academics, and self-esteem (American Psychiatric Association, 2013). The World Health Organization (2023) also emphasizes that depression alone affects more than 264 million people worldwide, with young adults representing a particularly high-risk group (World Health Organization, 2023).

¹Department of Applied Psychology, Fakir Mohan University

²Assistant Professor, Department of Applied Psychology, Fakir Mohan University

*Corresponding Author

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Coping strategies play a crucial mediating role between life stressors and mental health outcomes. Adaptive coping methods such as problem-solving, seeking social support, and positive reframing can help reduce the severity of anxiety and depressive symptoms, promoting resilience and emotional well-being. In contrast, maladaptive coping behaviors like denial, avoidance, or substance use tend to intensify psychological distress and interfere with recovery (Clark & Beck, 2010). Research further highlights that individuals employing active coping and cognitive restructuring show lower anxiety levels and improved mood regulation compared to those who rely on avoidance or emotional suppression (Hofmann et al., 2012). Therefore, interventions that enhance adaptive coping skills particularly in educational and counseling settings can serve as preventive measures for anxiety and depression.

From a biopsychosocial perspective, the development of anxiety and depression involves an interaction of genetic, psychological, and environmental factors. Biological vulnerabilities, such as neurotransmitter imbalances in serotonin, GABA, and norepinephrine systems, contribute to emotional dysregulation and heightened stress reactivity (Hettema et al., 2001; LeDoux, 2000). Psychological factors, including negative thought patterns, perfectionism, and low self-esteem, also play a significant role in predisposing individuals to anxiety and depressive disorders (Beck, 1976). Environmental stressors such as childhood trauma, overprotective parenting, and social pressure further amplify risk, particularly in academic and professional contexts (McLaughlin et al., 2010). This multifactorial model underscores the need for holistic approaches that integrate biological, psychological, and social interventions.

Promoting effective coping mechanisms is essential for improving mental health outcomes and preventing chronic anxiety or depression. Evidence-based interventions such as Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR) empower individuals to identify maladaptive thoughts, manage stress, and enhance emotional resilience (Kabat-Zinn, 1990; Hofmann et al., 2012). Additionally, lifestyle modifications including regular physical activity, adequate sleep, and balanced nutrition have been linked to reduced anxiety and depressive symptoms (Herring et al., 2010). Integrating these coping strategies within educational institutions and community mental health programs can foster psychological well-being among young adults and mitigate the rising prevalence of mental health disorders in this population.

Objectives

- To assess the gender variations among young adults in terms of anxiety and depression
- To assess the link between problem-focused coping on both anxiety and depression.
- To assess the relationship between emotion-focused coping and levels of anxiety and depression.
- To examine the relationship between avoidant focused coping with anxiety and depression.

Hypothesis

Null hypotheses (H₀):

The null hypotheses state that there are no significant differences between males and females in anxiety and depression levels, and no significant relationships between coping styles (problem-focused, emotion-focused, and avoidant) and anxiety or depression.

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Alternative hypotheses (H1):

The alternative hypotheses suggest that males and females differ significantly in their levels of anxiety and depression. They also propose that different coping styles—problem-focused, emotion-focused, and avoidant—are significantly related to levels of anxiety and depression. In other words, both gender and coping strategies may influence how individuals experience and manage anxiety and depression.

MATERIALS & METHOD

A total of 150 samples including 75 female and 75 male from different colleges of Balasore aged between 18 - 25 years, were including in the study. Individuals who confirmed their gender as male and female only included in the study and the other gender categories were excluded from the study. Two famous non probability sampling techniques i.e. purposive and snowball sampling were used to collect the data. Quantitative analysis including t-test and Pearson correlation was used to analysis the data.

Instruments

- **Beck Anxiety Inventory scale (BAIS):** The Beck Anxiety Inventory (BAI) is a 21-item self-report tool for people aged 17 and above, designed to assess anxiety severity (with both cognitive and physical symptoms). Each item is rated from 0 (“not at all”) to 3 (“severely”), giving a total score between 0 and 63. Scores are classified as: minimal (0–7), mild (8–15), moderate (16–25) and severe (26–63). The BAI has strong reliability and validity and is widely used in clinical practice and research to distinguish anxiety from depression.
- **Beck Depression Inventory scale (BDIS):** The Beck Depression Inventory (BDI), developed by Aaron T. Beck and colleagues in 1961, is a 21-item self-report questionnaire used to assess the severity of depression in individuals aged 13 and above. Each item reflects a symptom of depression, such as sadness or sleep changes, rated on a 4-point scale (0–3), with total scores ranging from 0 to 63. The severity levels are categorized as minimal (0–13), mild (14–19), moderate (20–28), and severe (29–63). The BDI has strong psychometric reliability and validity, making it a widely used tool in both clinical and research settings for evaluating and tracking depressive symptoms over time (Beck et al., 1961).
- **Brief coping strategies scale (BCSS):** The Brief COPE Inventory, created by Carver (1997), is a 28-item self-report tool that measures how individuals respond to stress using 14 coping strategies, each represented by two items. These strategies fall into three main categories: problem-focused, emotion-focused, and avoidance coping. Respondents rate their coping behaviors on a 4-point Likert scale from 1 (“I haven’t been doing this at all”) to 4 (“I’ve been doing this a lot”). The Brief COPE is widely used in research due to its reliability, brevity, and effectiveness in assessing coping styles in relation to stress, anxiety, depression, and other mental health outcomes (Carver, 1997).

Statistical Analysis

Data were collected via online platform using Google forms. After collecting the data, it was first analyzed with descriptive statistics and expressed in number, mean and standard deviation. T-statistics is also used to find out the significances in Anxiety and Depression. Pearson correlation was computed between the problem focused coping with anxiety and depression, emotional focused coping with anxiety and depression, and avoidant focused

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coping with anxiety and depression. SPSS were used to computation of Mean, SD, Correlation and T- statistics respectively.

RESULTS

Table 1 Gender wise percentage of anxiety

Anxiety	N	Mean	Std. Deviation	df	t-score	Sig.(2-tailed)
Male	75	43.7200	9.03531	148	1.082	.281
Female	75	41.9467	10.93951			

Result Table-1 shows the gender-wise comparison of anxiety scores. The mean anxiety score for male respondents was $M = 43.72$, $SD = 9.23$, while for female respondents, it was $M = 41.95$, $SD = 10.99$. An independent samples t-test was conducted to compare the mean scores. The results showed no statistically significant difference between males and females in anxiety levels, $t(148) = 1.082$, $p = .281$. Therefore, the difference is not significant at the 0.05 level ($p > .05$).

Table 2 Gender wise percentage of depression.

Depression	n	Mean	Std. Deviation	df	t-score	Sig.(2-tailed)
Male	75	22.3600	9.69207	148	.777	.439
Female	75	21.0000	11.66654			

Result Table-2 presents the comparison of depression levels between male and female participants. The mean depression score for male respondents was $M = 22.46$, $SD = 9.69$, while for female respondents, it was $M = 21.00$, $SD = 11.67$. An independent samples t-test was conducted to compare the mean scores. The results showed that the difference was not statistically significant, $t(148) = -0.777$, $p = .439$. Hence, there is no significant difference in depression levels between male and female respondents at the 0.05 level ($p > .05$).

Table 3 Correlation between problem focused coping with anxiety.

Variables	N	r	Sig.(2-tailed)	Remark
Problem focused				
Anxiety	150	0.113	0.167	Non-significant

In table-3 a Pearson correlation coefficient was computed to assess the relationship between problem-focused coping and anxiety among a sample of 150 participants. The correlation coefficient $r = 0.113$ with a p-value = 0.167 (2-tailed), which indicates a positive but weak correlation. However, this correlation is not statistically significant at the conventional alpha level ($p > 0.05$). Therefore, no significant relationship was found between problem-focused coping and anxiety in this sample.

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Scatter plot, representing the relation between problem focused coping with anxiety

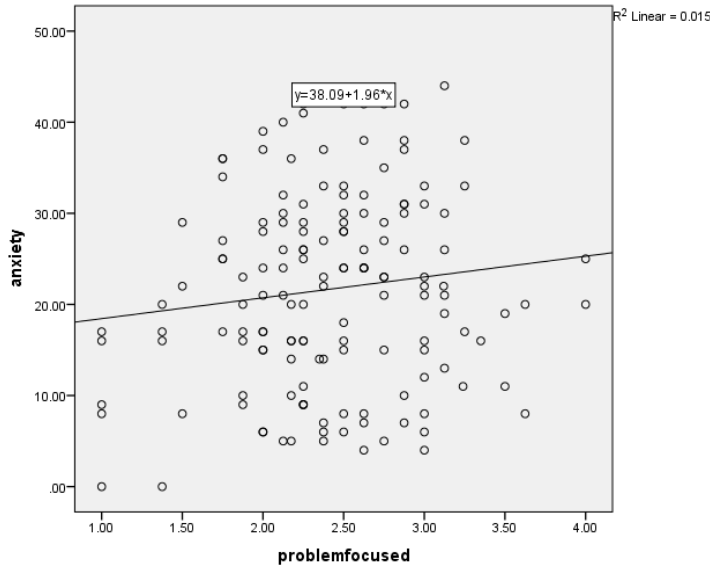
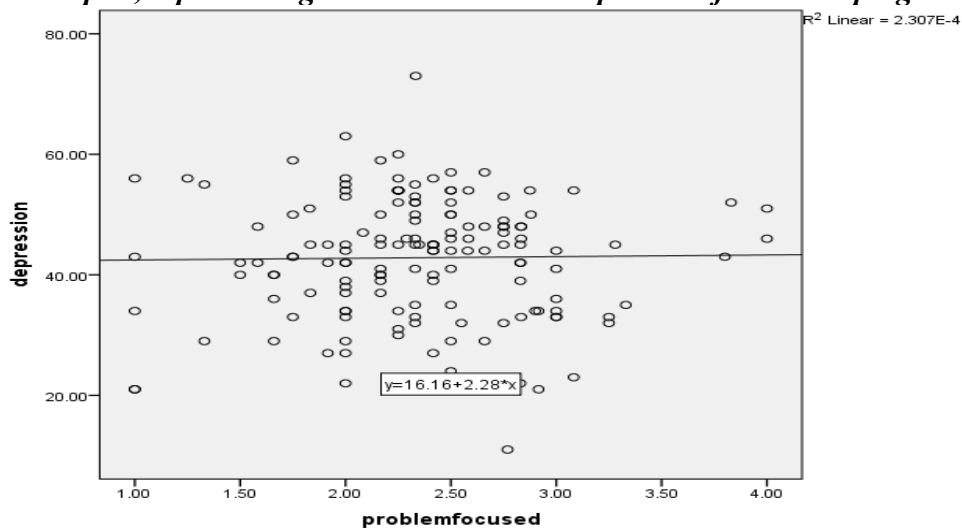


Table-4 Correlation between problem focused coping with depression.

Variables	N	R	Sig.(2-tailed)	Remark
Problem focused				
Depression	150	.124	.132	Non-significant

In table-4 a Pearson correlation coefficient was calculated to examine the relationship between problem-focused coping and depression among a sample of 150 participants. The analysis produced a correlation coefficient of $r = 0.124$ with a p -value = 0.132 (2-tailed). This result indicates a very weak positive correlation, which is not statistically significant ($p > 0.05$). Therefore, the data does not support a significant association between problem-focused coping and depression in this sample.

Scatter plot, representing the relation between problem focused coping with Depression.



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Table 5 Correlation between emotional focused coping with anxiety.

Variables	N	r	Sig.(2-tailed)	Remark
Emotional focused				
Anxiety	150	.015	.854	Non-significant

In table-5 a Pearson correlation coefficient was computed to examine the relationship between emotional-focused coping and anxiety among 150 participants. The analysis yielded a correlation coefficient of $r = 0.015$ with a p -value = 0.854 (2-tailed). This result indicates a near-zero positive correlation, suggesting virtually no association between the use of emotional-focused coping and levels of anxiety. Since the p -value is much greater than 0.05, the result is not statistically significant.

Scatter plot, representing the relation between Emotional focused coping with Anxiety.

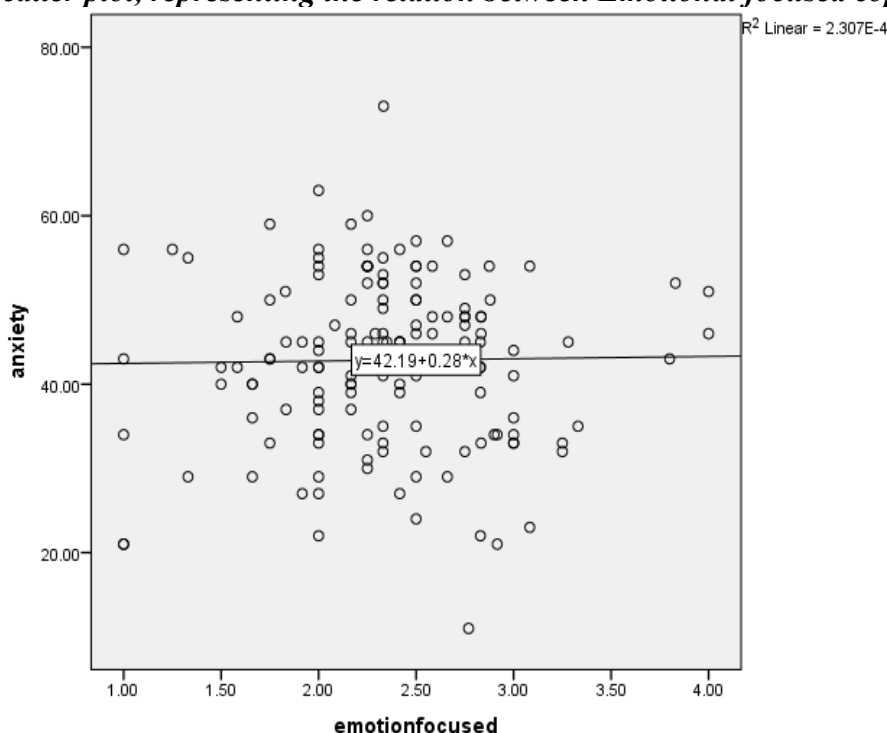


Table-6 Correlation between emotional focused coping with depression.

Variables	N	r	Sig.(2-tailed)	Remark
Emotional focused				
Depression	150	.104	.207	Non-significant

In table-6 a Pearson correlation coefficient was computed to examine the relationship between emotional-focused coping strategies and depression among a sample of 150 participants. The correlation coefficient was found to be $r = 0.104$, indicating a very weak positive correlation. The significance value ($p = 0.207$) was greater than the conventional threshold of 0.05, suggesting that the correlation is not statistically significant. Therefore, no significant linear association was observed between emotional-focused coping and depression in this sample.

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Scatter plot, representing the relation between Emotional focused coping with Depression.

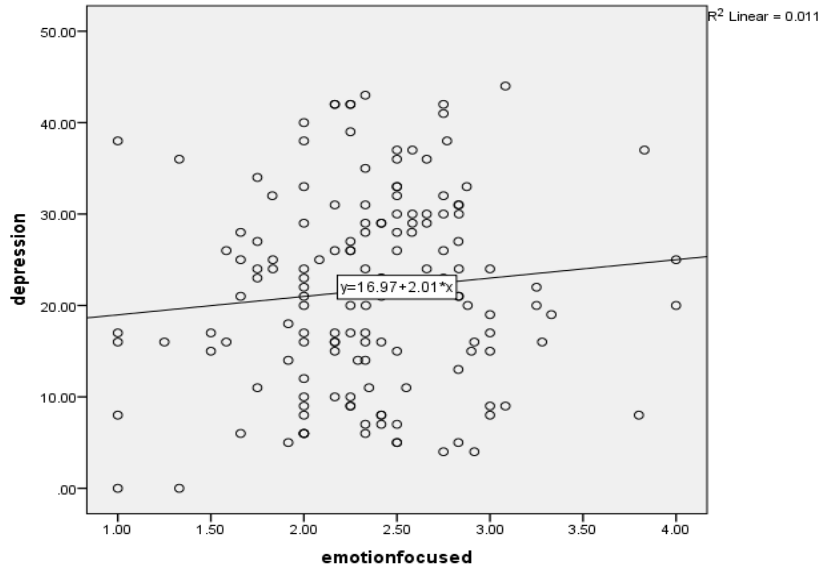
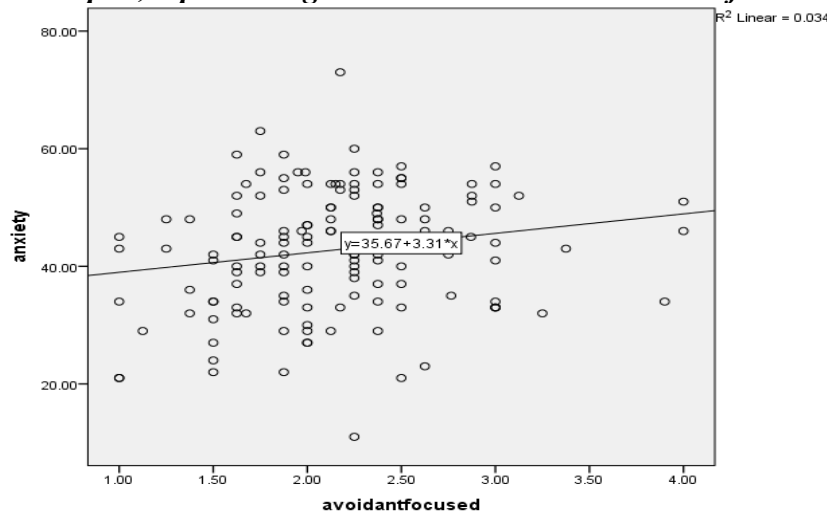


Table-7 Correlation between avoidant focused coping with anxiety.

Variables	N	r	Sig.(2-tailed)	Remark
Avoidant focused				
Anxiety	150	.185**	.023	Significant

In table-7 a Pearson correlation coefficient was computed to assess the relationship between avoidant-focused coping and anxiety among 150 participants. The analysis revealed a correlation coefficient of $r = 0.185$, with a p -value = 0.023 (2-tailed). This indicates a weak but statistically significant positive correlation between avoidant coping and anxiety levels. Therefore, individuals using avoidant-focused coping strategies were found to have slightly higher levels of anxiety.

Scatter plot, representing the relation between Avoidant focused coping with Anxiety.



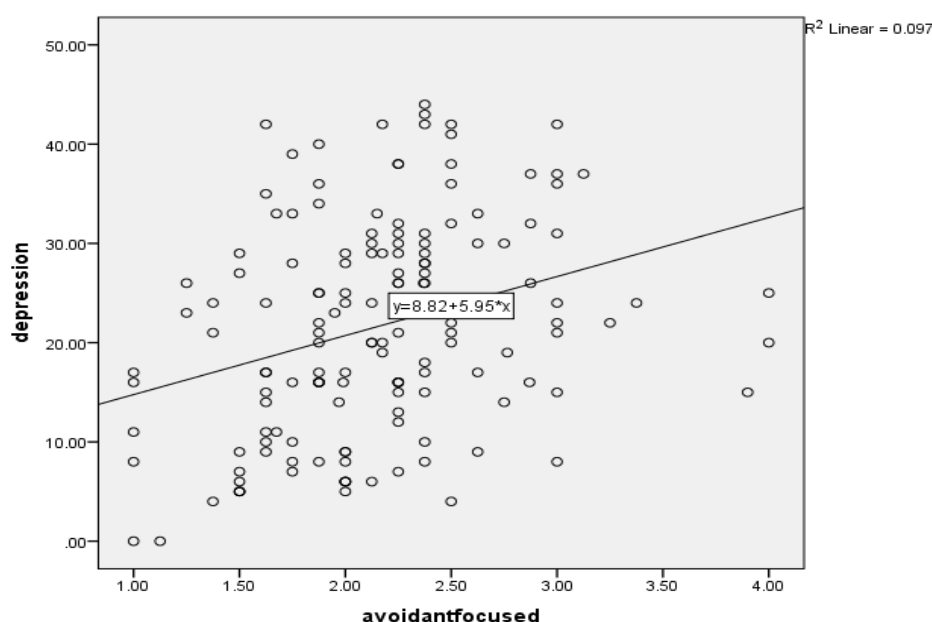
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Table-8 Correlation between avoidant focused coping with depression.

Variables	N	R	Sig.(2-tailed)	Remark
Avoidant focused Depression	150	.312**	.000	Significant

In table-8 a Pearson correlation coefficient was computed to assess the relationship between avoidant-focused coping and depression among 150 participants. The analysis revealed a correlation coefficient of $r = .312$, with a p -value = $.000$ (2-tailed). This indicates a weak but statistically significant positive correlation between avoidant coping and depression levels. Therefore, individuals using avoidant-focused coping strategies were found to have slightly higher levels of depression.

Scatter plot, representing the relation between Avoidant focused coping with Depression.



Major Findings of the Study

On gender differences in anxiety and depression, independent samples t-tests showed that there is no statistically significant difference between male and female students. This indicates that the null hypothesis was accepted, and the alternative hypothesis was rejected. This indicates that both male and female students experience anxiety and depression at similar levels. Here both male and female have equal levels of anxiety and depression.

Correlation analysis between coping strategies and psychological distress revealed several key findings. Problem-focused coping was not significantly related to either anxiety or depression. This indicates that the null hypothesis was accepted, and the alternative hypothesis was rejected. It shows that students who use problem-solving strategies do not experience significant changes in their psychological symptoms. Here problem-focused coping has no significant relationship with either anxiety or depression.

Emotion-focused coping also showed no significant correlation with anxiety or depression. This indicates that the null hypothesis was accepted, and the alternative hypothesis was

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rejected. This suggests that students who rely on emotional coping mechanisms do not experience noticeable differences in psychological distress. Here emotion-focused coping is not significantly associated with levels of anxiety or depression.

However, avoidant-focused coping showed a significant positive correlation with both anxiety and depression. This suggests that the null hypothesis was rejected, while the alternative hypothesis was accepted. Avoidant-focused coping is significantly associated with increased anxiety and depression. It says students who frequently use avoidance strategies—such as denial, distraction, or withdrawal—are more likely to experience high levels of psychological distress. Here avoidant coping is significantly associated with anxiety at 0.05 level and with depression at 0.01 level.

Results show that among the three coping strategies, avoidant-focused coping is the most significantly related to increased anxiety and depression. Students using this coping style show higher psychological distress, highlighting the need for interventions that reduce avoidant behaviours and promote healthier coping mechanisms.

The findings indicate that although students may use a combination of coping mechanisms, reliance on avoidance-based methods can be harmful to their psychological well-being. From a practical perspective, these results emphasize the need for psychological support programs that reduce reliance on avoidant strategies and encourage more adaptive coping mechanisms. Further studies using longitudinal designs are recommended to understand causality and to identify other influencing factors such as personality, life stressors, and social support systems.

DISCUSSION AND CONCLUSION

Every individual experience psychological distress at some point, and this study aimed to understand how different coping strategies relate to anxiety and depression among university students. The transition to higher education can be emotionally and mentally taxing, and how students cope with such stressors significantly influences their mental health.

The main objective of this study was to examine the relationship between psychological variables (anxiety and depression) and three types of coping strategies: (problem-focused, emotion-focused, and avoidant-focused coping styles). The study involved 150 participants. The results showed that while problem-focused and emotion-focused coping were not significantly associated with either anxiety or depression, avoidant coping showed a statistically significant positive correlation with both, especially depression. This suggests that avoidant coping is a maladaptive strategy contributing to elevated psychological distress.

Limitation of the Study

The study's cross-sectional design limits causal conclusions, and the use of self-report questionnaires may introduce bias. Limited background information and a basic gender analysis reduce generalizability, while broadly defined coping categories and the exclusion of factors like social support or personality traits overlook important influences on the results.

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Conflict of Interest

The author(s) declared no conflict of interest.

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