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Research Paper

Gender Differences in Adaptive vs. Maladaptive Coping: Implication for Stress Management Intervention and Mental Health Outcomes

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ABSTRACT

Coping strategies represent essential psychological mechanisms that individuals employ to regulate and adapt to stress, with direct implications for well-being and resilience. Prior studies have consistently shown that gender differences influence how individuals use adaptive and maladaptive coping styles, shaped by social, cultural, and psychological contexts. This study examined coping patterns among Indian young adults, specifically analyzing gender-based variations in adaptive and maladaptive strategies. A cross-sectional design was adopted, involving 120 participants (60 males, 60 females) aged 20–30 years, selected through purposive sampling. Data were gathered using a socio-demographic questionnaire, the General Health Questionnaire-12 (for screening), and the Brief COPE Inventory. Independent samples t-tests were used to compare coping strategies between genders. Results revealed that both males and females relied more on adaptive strategies than maladaptive ones, with planning emerging as the most common adaptive method, while humor was the least utilized. Females reported higher reliance on emotional support and greater use of self-blame and venting, whereas males exhibited greater tendencies toward self-distraction. Despite these tendencies, no significant overall gender differences were found. The findings highlight that while coping strategies share broad similarities across genders, subtle distinctions exist that warrant attention. Clinically, this suggests the importance of strengthening adaptive coping universally while designing gender-sensitive interventions to address specific maladaptive patterns. The study contributes to psychological literature by providing culturally grounded insights into coping among Indian youth and offers implications for mental health support and prevention programs.

Keywords: *Adaptive Coping, Brief COPE Inventory, Coping Strategies, Gender Differences, Maladaptive Coping*

Coping strategies are the psychological and behavioral efforts that individuals use to manage demands arising from stressful or adverse circumstances. These strategies play a pivotal role in determining how effectively a person adjusts to stress and, in

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turn, influence both mental and physical health outcomes (Lazarus & Folkman, 1984). Stress can arise from many sources—environmental pressures, academic demands, interpersonal conflicts, or occupational challenges—and the ability to cope effectively often defines resilience and long-term well-being (Folkman & Lazarus, 1980).

Broadly, coping mechanisms are divided into two categories: adaptive and maladaptive. Adaptive strategies include problem-solving, seeking social support, acceptance, and positive reframing—approaches that promote adjustment and psychological growth. Maladaptive strategies, such as denial, avoidance, substance use, and behavioral disengagement, may bring short-term relief but often intensify distress over time and contribute to anxiety, depression, or substance-related disorders (Carver, 1997; Carver, Scheier, & Weintraub, 1989).

Gender has been shown to shape coping preferences in meaningful ways. Women often engage more in emotion-focused strategies—emotional support, venting, or reliance on social connections—whereas men are more likely to favor problem-focused or avoidant responses such as distraction or substance use (Tamres, Janicki, & Helgeson, 2002; Matud, 2004). These differences may be shaped by both psychological tendencies and sociocultural expectations surrounding gender roles. Importantly, they also have clinical relevance: women's emotion-focused coping, while associated with greater social connectedness, has been linked to higher vulnerability to internalizing disorders such as depression and anxiety. Men's avoidant tendencies, by contrast, may align with externalizing behaviors such as substance misuse (Nolen-Hoeksema, 2012).

The present study was designed to explore these dynamics in the Indian context. India's sociocultural environment, where family ties, community expectations, and gender norms remain influential, provides an important backdrop for understanding coping behaviors. Using the Brief COPE Inventory alongside sociodemographic profiling, the study aimed to compare adaptive and maladaptive coping strategies among young adult males and females. It was hypothesized that while overall gender differences would not be statistically significant, subtle gender-specific tendencies would emerge.

METHODOLOGY

Research Design

This study followed a quantitative, cross-sectional comparative design. Such a design provides a "snapshot" of coping differences at a given point in time and is suitable for comparing coping strategies between males and females within a defined age range.

Objectives of the Study

1. To assess and compare the patterns of adaptive coping strategies between male and female participants.
2. To evaluate and compare the patterns of maladaptive coping strategies between male and female participants.

Hypotheses

- **H_o1:** There is no significant difference in the use of adaptive coping strategies between males and females.
- **H_o2:** There is no significant difference in the use of maladaptive coping strategies between males and females.

Ethical Considerations

Informed consent was obtained from all participants after explaining the purpose, procedures, and voluntary nature of participation. Anonymity and confidentiality were ensured by assigning numerical codes and omitting personal identifiers. To uphold the principle of non-maleficence, the GHQ-12 was used to screen out individuals experiencing significant psychological distress. All participants were explicitly informed of their right to withdraw at any point without penalty.

Sample and Sampling Method

The study included 120 participants (60 males, 60 females) aged between 20 and 30 years, selected through purposive sampling.

Inclusion criteria:

- Adults aged 20–30 years
- Male and female participants
- GHQ-12 score ≤ 3
- Ability to comprehend and complete the questionnaires

Exclusion criteria:

- Diagnosed psychiatric or severe mental health disorders
- GHQ-12 score > 3

Tools Used for Data Collection

- **Socio-Demographic Questionnaire:** Collected background data including age, gender, residence, socioeconomic status, education, and family structure.
- **General Health Questionnaire (GHQ-12):** A screening tool to identify psychological distress (Goldberg, 1972; Goldberg & Williams, 1988). A cut-off of >3 was used for exclusion. The GHQ-12 has demonstrated robust reliability and validity across cultures.
- **Brief COPE Inventory:** A 28-item self-report scale developed by Carver (1997) to assess 14 coping dimensions. Responses are rated on a 4-point Likert scale. Subscales are classified as adaptive (e.g., planning, active coping, acceptance) or maladaptive (e.g., denial, self-blame, substance use). Internal consistency values in prior research range from .70 to .90.

Data Collection Procedure

Participants were recruited from educational institutions and workplace settings. After screening with GHQ-12, eligible participants completed the socio-demographic form and the Brief COPE Inventory. Data collection occurred in single sessions of 25–30 minutes. Anonymity and confidentiality were emphasized throughout.

Statistical Analysis

Data were analyzed using IBM SPSS Statistics (Version 27). Descriptive statistics summarized demographic characteristics and coping scores. Independent-samples *t*-tests were applied to examine gender differences, with significance set at $p < .05$. Effect sizes (Cohen's *d*) and 95% confidence intervals were calculated to estimate practical significance.

RESULTS

Sociodemographic Characteristics

The final sample comprised 120 participants, equally divided between males (n = 60, 50.0%) and females (n = 60, 50.0%). A majority resided in urban areas (n = 77, 64.2%), with fewer from rural (n = 25, 20.8%) and semiurban (n = 18, 15.0%) settings. Educational attainment was evenly distributed, with 50.5% undergraduate students (n = 60) and 50.5% postgraduate students (n = 60). With respect to socioeconomic status, nearly half belonged to the middle SES category (n = 56, 46.7%), followed by high SES (n = 39, 32.5%) and low SES (n = 25, 20.8%). In terms of family background, 52.5% (n = 63) were first-born children, 33.3% (n = 40) second-born, and 14.2% (n = 17) third-born or later. Most participants had at least one sibling, with 38.3% (n = 46) reporting one sibling, 33.3% (n = 40) two siblings, 17.5% (n = 21) three or more, while 10.8% (n = 13) reported no siblings. Regarding parental occupation, 75.0% (n = 90) reported one parent working, 16.7% (n = 20) both parents working, and 8.3% (n = 10) neither parent working. The age distribution showed 58.3% (n = 70) between 20–24 years and 41.7% (n = 50) between 25–30 years.

Table 1 Sociodemographic Characteristics of the Sample (N = 120)

Variable	*Category*	*n (%)*
Gender	Male	60 (50.0)
	Female	60 (50.0)
Education	Undergraduate	60 (50.5)
	Postgraduate	60 (50.5)
Residence	Rural	25 (20.8)
	Semiurban	18 (15.0)
	Urban	77 (64.2)
Socioeconomic status	Low	25 (20.8)
	Middle	56 (46.7)
	High	39 (32.5)
Birth order	First	63 (52.5)
	Second	40 (33.3)
	Third or later	17 (14.2)
Siblings	None	13 (10.8)
	One	46 (38.3)
	Two	40 (33.3)
	Three or more	21 (17.5)
Parents' occupation	Both working	20 (16.7)
	One working	90 (75.0)
	None working	10 (8.3)
Age group	20–24	70 (58.3)
	25–30	50 (41.7)

Note. Percentages rounded to one decimal place.

Adaptive Coping Strategies

Independent-samples t-tests were conducted to examine gender differences in adaptive coping strategies (Table 2). Overall, both males and females reported greater reliance on adaptive strategies compared to maladaptive ones. Planning was the most frequently used adaptive strategy, while humor was the least endorsed.

Significant gender differences were observed for emotional support: females (M = 4.75, SD = 2.16) reported higher reliance compared to males (M = 4.17, SD = 2.10), (t =118 =

2.08, p = .040, d = 0.38, 95% CI = 0.03, 1.13). No other significant differences were observed across adaptive subscales.

Table 2 Means, Standard Deviations, and Gender Differences in Adaptive Coping Strategies (N = 120)

Strategy	*Females M (SD)*	*Males M (SD)*	*t(118)*	*p*	*d*	*95% CI*
Active coping	5.25 (2.90)	5.08 (2.92)	0.31	.758	0.05	–0.90, 1.24
Emotional support	4.75 (2.16)	4.17 (2.10)	2.08	.040*	0.38	0.03, 1.13
Instrumental support	4.83 (2.79)	4.58 (2.85)	0.47	.640	0.09	–0.78, 1.28
Positive reframing	5.08 (2.28)	4.92 (2.45)	0.38	.705	0.07	–0.69, 1.01
Planning	5.28 (2.51)	5.67 (2.49)	–0.85	.396	0.15	–1.28, 0.52
Humor	4.07 (3.05)	4.23 (3.10)	–0.28	.783	0.05	–1.12, 0.86
Acceptance	5.22 (2.99)	5.43 (3.01)	–0.36	.718	0.06	–1.31, 0.91
Religion	4.87 (3.47)	4.83 (3.46)	0.06	.949	0.01	–1.32, 1.40

Note. $p < .05$ is marked with an asterisk.

Maladaptive Coping Strategies

Analysis of maladaptive strategies (Table 3) revealed two significant gender differences. Males reported significantly higher use of self-distraction (M = 4.50, SD = 2.00) compared to females (M = 4.18, SD = 1.98), (t= 118 = –2.01, p = .046, d = 0.37, 95% CI –0.63, –0.01). Conversely, females endorsed significantly greater self-blame (M = 4.52, SD = 4.08) relative to males (M = 3.88, SD = 3.95), (t=118= 2.16, p = .033, d = 0.39, 95% CI= 0.05, 1.24). No significant differences were found in denial, substance use, behavioral disengagement, or venting.

Table 3 Means, Standard Deviations, and Gender Differences in Maladaptive Coping Strategies (N = 120)

Strategy	*Females M (SD)*	*Males M (SD)*	*t(118)*	*p*	*d*	*95% CI*
Self-distraction	4.18 (1.98)	4.50 (2.00)	–2.01	.046*	0.37	–0.63, –0.01
Denial	3.97 (2.44)	3.93 (2.48)	0.08	.934	0.01	–0.88, 0.96
Substance use	3.15 (2.67)	2.93 (2.61)	0.48	.631	0.09	–0.66, 1.09
Behavioral disengagement	3.98 (2.05)	3.85 (2.08)	0.31	.753	0.06	–0.67, 0.91
Venting	4.28 (2.17)	3.98 (2.20)	0.87	.385	0.16	–0.39, 1.00
Self-blame	4.52 (4.08)	3.88 (3.95)	2.16	.033*	0.39	0.05, 1.24

Note. $p < .05$ is marked with an asterisk.

DISCUSSION

This study reinforces a more complex understanding of how coping strategies diverge and converge across genders. On the surface, both males and females predominantly use adaptive mechanisms—sensible approaches like planning and active coping to get a handle on stress. In that broad sense, there's a great deal of similarity. However, the subtle distinctions that emerged are what's truly interesting. We saw a greater tendency among females to turn toward emotional support, but also to employ maladaptive strategies like self-blame and venting. Males, it appears, showed a stronger preference for self-distraction. It's difficult not to view these patterns as potential reflections of underlying sociocultural and psychological influences that shape our coping behaviors.

These findings align with prior research suggesting that women are more likely to engage in emotion-focused coping, while men often employ avoidant or distraction-based strategies (Tamres et al., 2002; Matud, 2004). The clinical relevance of these patterns is important, as they may increase susceptibility to distinct forms of psychopathology—externalizing in men and internalizing in women (Nolen-Hoeksema, 2012).

From a clinical perspective, these results underscore the need for gender-sensitive interventions. For example, cognitive-behavioral therapy (CBT) and resilience training programs could be tailored to address the specific maladaptive patterns identified here. Females may benefit from interventions that reduce excessive self-blame and promote healthier emotion regulation skills, while males might be supported in moving away from avoidant coping such as distraction and toward more problem-focused strategies. More broadly, the predominance of adaptive strategies suggests a strong foundation upon which clinicians and educators can build coping enhancement programs for young adults.

Limitations

- **Design:** The cross-sectional approach prevents causal inferences and captures coping strategies at only one point in time, which naturally limits our understanding of how coping dynamics might shift.
- **Sampling:** Purposive sampling of a relatively homogenous age group (20–30 years) limits the generalizability of these findings to a wider population.
- **Measurement:** Reliance on self-report tools introduces the risk of social desirability and recall bias; people may report what they believe is the "right" way to cope, not necessarily what they did.
- **Contextual Factors:** The study did not control for the severity or type of stressors people were facing, nor for baseline psychological resilience, both of which could certainly affect coping choices and their effectiveness.

Future Directions

Looking ahead, a few paths for future research seem particularly critical. Adopting longitudinal methodologies is probably the most important next step, as this would allow us to actually observe how coping strategies evolve in response to changing life circumstances. It also feels essential to include a broader age range and more culturally diverse populations to truly tease apart the developmental and sociocultural factors at play. I would also argue that integrating mixed methods—combining self-report data with behavioral observations, qualitative interviews, or physiological measures—could provide a much deeper understanding of the mechanisms that might underlie some of these gender differences in coping. Finally, testing the effectiveness of gender-tailored interventions in reducing

maladaptive coping and enhancing adaptive strategies would have direct clinical and public health value.

CONCLUSION

This study provides valuable insights into the complex nature of coping strategies among young Indian adults. While both genders share a preference for adaptive coping mechanisms, the subtle, yet significant, differences in the use of specific strategies highlight the need for a nuanced approach to mental health support. The findings suggest that interventions aimed at fostering resilience and emotional well-being should not be one-size-fits-all. Instead, they should be tailored to address the unique maladaptive tendencies observed in each gender, such as self-blame in females and self-distraction in males. By acknowledging these gender-specific patterns, mental health professionals can develop more effective, culturally sensitive, and responsive programs to enhance coping efficacy and promote better mental health outcomes.

REFERENCES

Aldwin, C. M. (1994). Stress, coping, and development: An integrative perspective. *The Counseling Psychologist*, *22*(3), 317–322. https://doi.org/10.1177/0011000094223002

Antoni, M. H., Lechner, S. C., Kazi, A., Wimberly, S. R., Sifre, T., Urcuyo, K. R., Phillips, K., & Carver, C. S. (2006). How stress management improves quality of life after treatment for breast cancer. *Journal of Consulting and Clinical Psychology*, *74*(6), 1143–1152. https://doi.org/10.1037/0022-006X.74.6.1143

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, *4*(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267–283. https://doi.org/10.1037/0022-3514.56.2.267

Cooper, M. L., Frone, M. R., Russell, M., & Mudar, P. (1995). Drinking to regulate positive and negative emotions: A motivational model of alcohol use. *Journal of Personality and Social Psychology*, *69*(5), 990–1005. https://doi.org/10.1037/0022-3514.69.5.990

Endler, N. S., & Parker, J. D. A. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, *58*(5), 844–854. https://doi.org/10.1037/0022-3514.58.5.844

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, *21*(3), 219–239. https://doi.org/10.2307/2136617

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, *55*, 745–774. https://doi.org/10.1146/annurev.psych.55.090902.141456

Goldberg, D., & Williams, P. (1988). *A user's guide to the General Health Questionnaire*. NFER-Nelson.

IBM Corp. (2020). *IBM SPSS Statistics for Windows* (Version 27.0) [Computer software]. IBM Corp.

Kato, T. (2015). Frequently used coping scales: A meta-analysis. *Stress and Health*, *31*(4), 315–323. https://doi.org/10.1002/smi.2629

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences*, *37*(7), 1401–1415. https://doi.org/10.1016/j.paid.2004.01.010

Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Psychology*, *8*, 161–187. https://doi.org/10.1146/annurev-clinpsy-032511-143109

Ptacek, J. T., Smith, R. E., & Zanas, J. (1994). Gender, appraisal, and coping: A longitudinal analysis. *Journal of Personality*, *62*(4), 599–620. https://doi.org/10.1111/j.1467-6494.1994.tb00330.x

Ross, S. E., Mirowsky, J., & Goldsteen, K. (1990). The impact of the family on health: The decade in review. *Journal of Marriage and the Family*, *52*(4), 1059–1078. https://doi.org/10.2307/353220

Sherman, A. C., Simonton, S., Latif, U., Spohn, R., & Tricot, G. (2000). Coping with breast cancer: Evaluation of the Brief COPE questionnaire in two different samples. *Psycho-Oncology*, *9*(5), 346–356. https://doi.org/10.1002/1099-1611(200009/10)9:5<346::AID-PON453>3.0.CO;2-7

Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behavior: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review*, *6*(1), 2–30. https://doi.org/10.1207/S15327957PSPR0601_1

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, *35*(Extra Issue), 53–79. https://doi.org/10.2307/2626957

Wadsworth, M. E. (2015). Development of maladaptive coping: A functional adaptation to chronic, uncontrollable stress. *Child Development Perspectives*, *9*(2), 96–100. https://doi.org/10.1111/cdep.12112

Zeidner, M., & Saklofske, D. H. (1996). Adaptive and maladaptive coping. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 505–531). Wiley.

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Conflict of Interest

There are no conflicts of interest associated with this research between authors.

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