

Differences in Coping Strategies Across Ages and Genders: A Systematic Review

Ximeng Lin^{1,a,*}

¹*School of Education, University of Glasgow, Glasgow G12 8QQ, Scotland, UK
a. ximenglin072xylah@st.btbu.edu.cn*

**corresponding author*

Abstract: This review started from the general background and introduced the pressure that people of different genders and ages may face and is a part of the currently known research on gender and age. However, this part of the research was mainly conducted for students of specific majors, and the broader and general research were temporarily blank. Therefore, this study took gender and age as the subject and hoped to discuss the roles of these two factors in coping strategies, namely whether there were differences and whether they were interrelated. Then, a brief introduction was made to the research methods and data screening. After that, the definition, main categories and commonly used questionnaire methods of coping strategies were mentioned in this study. Then the empirical studies after 2000 were analyzed from gender and age, and conclusions were drawn and discussed based on the data. In the end, the author expected to provide useful information and reference for future research from the limitations of this study and inspiration for the future.

Keywords: coping strategies, age, gender, stress, individual differences

1. Introduction

With science and technology's continuous innovation and progress, modern people's horizon constantly expands. Meanwhile, the rapid popularization of information networks makes the world more compact, and the distance between people shrinks accordingly. The fast pace of life and fierce competition bring people various kinds of pressure [1]. It can be said that everyone in modern society faces pressure from society, family or themselves. For instance, the pressure on school-age children mainly comes from academic tasks (from school, which can be regarded as a micro-society), parents' expectations (from family) and the pursuit of grades and rankings (from themselves) [1]. It has been proved that coping strategies, including behaviour, awareness and cognition, play a significant role in managing and regulating stress and the associated distress and practical problems that stress brings [2]. The study of the connection between stress and coping mechanisms has long intrigued sociologist, partly because coping strategies mediated the relationship between stress and diseases [3,4]. Moreover, the need to improve human happiness and well-being, and to reduce the prevalence of diseases, among other things, also drives the popularity of coping strategies [5]. Gender and age are both factors often mentioned in this research topic. Gray indicated that females were more likely to be vulnerable and affected by certain stressful life events than males and that their coping strategies varied by gender [5]. Concerning age, past studies have shown that seniors tended to employ less escapist and hostile coping strategies than youths and tended to use problem-focused methods to deal

with stress [6]. However, Folkman et al. pointed out that older adults were not more focused on solving problems in a planned way than younger adults and instead focused on avoiding them [7].

Previous studies have explored both gender and age adequately, but few have mentioned both factors at the same time. This review was expected to explore whether there is an obvious interaction or relationship between gender and age based on their coping strategies. Meanwhile, prior research preferred to analyze and interpret specific groups of people based on occupation and profession. Nevertheless, this study aimed to have a more general and broader object of study, so it did not restrict or limit the background of subjects such as profession and religion.

2. Methodology

The academic database Web of Science was used for a comprehensive literature search. The following search phrases were used: pressure, stress, stressor, age difference, gender difference, coping, and coping strategies. Also, other research was found in supplemental sources such as CNKI and Google Scholar, and these were integrated to create a more thorough literature analysis. Studies were included if they: (i) mentioned age differences or gender differences, (ii) discussed differences in coping strategies, (iii) included empirical data, (iv) have been published after 2000 (data from empirical studies must be published after 2000, but the age of literature used in the introduction and semantic analysis might be relaxed).

3. Literature Review

3.1. Definition and Categories of Coping Strategies

Carroll defined coping as the effort to decrease the negative consequences or harm that an occasion, circumstance, or emotion has on human beings physically, psychologically and socially [8]. Coping strategy is the response or measures people take consciously or unconsciously to reduce or avoid unpleasant emotions or uncomfortable states [9]. This strategy is flexible, can be manifested through behaviour or only at the level of consciousness, and unfolds through time either because of developmental processes or in reaction to shifting evaluations [10]. There are hundreds of ways to cope, and researchers tried to categorize coping strategies through rational consideration, logical deliberation and analysis of empirical factors. However, coping strategies' broader, coercive architecture was not widely acknowledged and accepted [11]. Initially, Folkman and Moskowitz classified coping strategies into four categories: problem-centred coping strategies, emotion-centred coping strategies, support-seeking coping strategies and meaning-making coping strategies [11]. After and following Folkman and Moskowitz, Weiten and Lloyd identified four types of coping strategies: appraisal-focused (adaptive cognitive) coping strategies, problem-focused (adaptive behavioral) coping strategies, emotion-focused coping strategies, and occupation-focused coping strategies [11,12]. Besides, Bilings and Moos especially mentioned and added avoidant coping strategies in emotional-centred strategies [13]. According to Taylor, human beings who have a propensity for using problem-centred coping strategies are better equipped to handle challenges and adjust to the environment [14]. They contended that these coping strategies could strengthen people's ability to control their perspective of the world around them and amplify it, whereas emotion-centred coping strategies weaken these capacities. In actuality, though, every coping strategy can function effectively in the appropriate situations.

According to Folkman, the appraisal-focused coping approach (adaptive cognition) is the most effective way to deal with a situation when there is no evident and clear-cut solution to the issue at hand [15]. It was assumed that appraisal-focused coping techniques were frequently employed when an individual was trying to change their regular and habitual thought patterns in response to stress, such as when they were in denial about what was happening or was about to happen or when they

had an avoidant or reluctance to face the issue that had arisen. [16]. The problem-centred coping strategy was determined to be a solution-focused approach to dealing with and managing stress. People can resolve issues or face dilemmas by addressing the stressors when the source of stress can be modified and controlled, but this approach has the drawback that the source of stress must first be determined [15]. In contrast to problem-centred coping strategy, emotion-centred coping strategy may be the only practical method available to humans to deal with and cope with stress in real life when the source of stress cannot be changed or controlled by an individual, and the causes of stress cannot be discovered [17]. It is crucial to keep in mind that emotion-centred coping strategies are ineffective in dealing with real-world problems because they do not tackle the underlying issues, including the generation and growth of stress [17]. Additionally, research have indicated that persons who habitually utilise problem-centered coping methods as opposed to emotion-focused ones to manage stress generally experience worse physical health results [18]. This may be due to the fact that many individuals who employ emotion-focused coping mechanisms utilise alcohol, comfort foods, and/or narcotics to numb themselves and release their emotions [19].

3.2. Common Survey Method for Analyze Coping Strategies

Researchers frequently use the questionnaire approach to analyse how the subjects utilise coping strategies and determine how frequently and likely the participants are to employ this coping style based on their scores on certain coping mechanisms. It was discovered during the analysis that the Brief COPE questionnaire is the most frequently utilised type of questionnaire (this questionnaire was also widely used in the literature evaluated in this study) [20]. The questionnaire was a 28-item multidimensional measure of strategies used for coping or regulating cognition in response to stressors which classified individuals' coping strategies into 14 types [9]. Although this form of questionnaire was generally accepted and used, researchers have raised some doubts about it. Baumstarck et al. believed that even though this can measure the coping strategies used by some individuals in daily life as accurately as possible, the scale evaluated 14 kinds of coping strategies, and its score may not be integrated to provide specific results for quantitative research [20].

3.3. Gender Difference in Coping Strategies

Gender differences in coping strategies refer to how men and women deal with stress. Evidence suggests gender differences in stressors and that such differences may lead to subsequent differences in coping strategies. For instance, social definitions and encouragement of the two genders may emphasize individualism in men, leading them to be stressed mainly by their careers, while social expectations of women are more interpersonal, leading them to be stressed towards interpersonal coping. However, the researchers found that, after controlling for stressors or controlling individuals in the same situation, the gender differences in coping strategies, although relatively small, were still small and significant [13]. It has been summed that the most consistent results found for gender differences in coping strategies were that female has a greater tendency to choose the coping strategies seeking social support than male, and vice visa for problem-centred coping strategies. However, in terms of avoidant coping strategies, males are more likely to use and choose them than females [21].

The research from Eschenbeck et al. was conducted on school-aged students from grade three to grade eight and the major stressors from social and academic they faced [21]. In the coping strategy of seeking social support, female students showed higher scores than male students in arithmetic mean which means there was a mathematical difference between them. And this situation for female students to score higher than male students also existed in problem-solving coping strategies. On the contrary, male students generally outperformed female students regarding arithmetic mean when it came to avoidant, palliative emotion regulation, and anger-related emotion regulation coping

strategies. By comparing the standard deviation of the scores of male and female students for each of these five coping strategies, it has been found that the male students' score fluctuations were greater than those of the female students. This finding suggested that male students' individual differences were greater than female students. In line with the results, statistically significant gender differences were found in the coping mechanisms of seeking social support, problem-solving, and avoidance. In terms of seeking out social support and problem-solving, female students outperformed boys, whereas male students outperformed female students in terms of using avoidant coping mechanisms. However, there was no discernible difference between the sexes in palliative and anger-related emotion control coping methods.

The research from Sullivan took 150 parents of children as the participants to analyze [22]. The author categorized coping strategies into 15 types [23]. The main stressor for these parents was their child with Down syndrome and the problems that arise from it. According to the study, male and female parents generally showed significant gender differences in the coping strategy of planning, as well as extreme gender differences in the coping strategies of seeking instrumental social support, seeking emotional support, suppressing competing activities, turning to religion, and focusing on and venting emotions. Female parents also performed better than male parents across the board in each of these six coping mechanisms. And based on the standard deviation, female parents had more individual variation (diversity) in seeking social support on an emotional level as well as an instrumental one. They also suppressed competing activities and turned to religion in addition to focusing on and expressing their feelings.

On the basis of Graves et al.'s research, the Brief COPE questionnaire was used to analyze undergraduate students from three college courses [9,24]. This study included gender differences in stress perception between males and females. It can be seen that most males and females had moderate perceptions of stress, and the proportion of male students with moderate stress was much higher than that of female students, showing a significant difference. Although there was no significant difference in severe stress, the proportion of females in severe stress was mathematically higher than that of males. Meanwhile, coping strategies were divided into 14 types. The strategies for coping of self-distraction, emotional support, instrumental support, and venting have been found to be significantly different between the sexes. Significant gender variations also existed in the most common emotion-focused coping strategies. It is important to note that female students outperformed male students in all five categories of coping strategies (including emotion-focused coping strategies), and that female students' differences fluctuated more than those of male students in the coping mechanisms of instrumental assistance and venting.

Liu et al. used the Trait Coping Style Questionnaire to measure among Chinese adolescents and found that gender differences were significant in the coping strategies of comparing with less fortunate children, seeking understanding or help, smoking or using alcohol and staying away from other people, the difference was extremely significant in the coping strategy of crying byself [25,26]. Compared with female students, male students more preferred to use the coping strategies of comparing with less fortunate children and smoking or using alcohol when they faced problems or stressful situations, while female students more frequently used the coping strategies of seeking understanding or help, staying away from other people and crying byself.

According to the studies mentioned above, it was found that females showed higher scores in the coping strategies of problem-solving, acceptance, positive framing and crying byself, while males more frequently used coping strategies such as problem-solving, acceptance, active coping and focusing on positive aspects. It has been revealed that the use of coping strategies by both males and females was no single. Even when the stressors were controlled in a small range (mainly academic pressure), they would not adopt only one coping strategy to face and deal with stress. As was noted in the preceding conclusion, there were many different and intricate coping mechanisms used. Males

were more likely than females to adopt emotion-focused coping mechanisms, but even though males were more inclined to do so, they did not perform as well. The coping techniques of the two sexes differed significantly, and males' individual differences and score variations were larger than those of females. As the study settings on gender differences in coping techniques were so broad and general, there were no constraints for occupation, age, or country of the research objects. However, this also resulted in certain limitations in this study. Shekrladze et al. pointed out that in various circumstances, culture influences how individuals view the world, form ideas, and interact with one another [27]. Therefore, it was deemed that cultural background and other factors like educational background and occupation could be the confounding variables which should be analyzed and controlled in further studies.

3.4. Age Difference in Coping Strategies

According to Erikson's Eight Stages Theory, youth, middle age, and old age are the three stages of life that human beings experience. Every stage of life presents its challenges, occurrences, and circumstances for people (also known as stressors). The urge to address the psychosocial tension between intimacy and isolation caused stress in young individuals. Their priorities in life were obtaining committed relationships and pursuing their careers. The middle-aged cared more about generativity and stagnation as they were motivated by expectations for a balance between family and career. The seniors preferred to reflect on their lives and pay attention to their integrity because their stress was primarily related to the decline of their health and the end of life. It has been revealed that young adults mainly face school-related stressors, the pressure of middle-aged adults related to work and financial or money problems, while older adults' stressors always be health-related. Also, it was worth noting that in terms of stress degree, young adults' stress scored higher than that of middle-aged adults, and middle-aged adults' stress degree was greater than that of older adults [28]. The Socioemotional Selectivity Theory has posited that the target changes with age [29,30]. This theory predicted that, over time, it would become more important for people to focus on emotional regulation goals and emotion-centred coping strategies. Age differences in problem-solving may reflect differences in the relative importance of goals between older and younger people (e.g., whether there is a problem with the same thing; whether the same problem is worth solving or arguing about) [31]. Previous studies have shown that older adults engage in less action-oriented problem-solving. They might not prefer active problem-solving strategies because they do not believe problem-solving depends on action-oriented coping strategies. They may also find that even less active problem-solving and coping strategies effectively controlled the situation [32].

Yeung and Fung' study controlled the main stressors into two phases: when the threat of SARS was the most serious in Hong Kong (phase 1) and when the threat of SARS was moved (phase 2) [33]. Based on the analysis, it was deemed that for emotional responses, individuals from different ages in phase 1 and phase 2 showed great significant differences in anger emotion. And in phase 1, young adults scored higher than both middle-aged adults and older adults, while in phase 2, middle-aged adults scored higher. Significant age differences did not exist in emotional sadness, fear and shock responses. For coping strategies, it was discovered that individuals from different age groups had significant age differences in both phase 1 and phase 2, which was extremely significant in phase 1. When a crisis (SARS) occurred, older persons reacted less with wrath and terror and more with melancholy. In comparison to young adults, they also displayed more emotion-focused strategies for coping and fewer problem-focused ones. Young adults tended to employ emotion-focused coping strategies more than middle-aged and elderly people did at the height of the crisis. Although each age group will use more emotion-focused coping mechanisms as the crisis ends, at this point, the age gap in coping strategies was totally reversed, with seniors using more of these processes. It was evident

that people's capacity to control their emotions increased with age because older adults showed a bigger reduction in unpleasant emotions over both times.

Whitty used secondary appraisal to analyze the stability of the samples in terms of coping strategies [34]. Participants were divided into two groups based on the results of individuals' fluctuation: low changeability and high changeability. As for participants who were grouped as low changeability, it was shown that great significant age differences happened in distancing and accepting responsibility. From the overall situation of participants who gained low changeability, young people most frequently used to seek social support and least used distancing; middle-aged people also most frequently used seeking social support and least used escaping-avoidance; seniors most preferred to use self-controlling and distancing and least preferred the strategy of accepting responsibility. As for participants who were grouped as high changeability, it was discovered that great significant age differences existed in accepting responsibility and escape-avoidance. In the coping strategy of accepting responsibility, young people scored the highest while seniors scored the lowest, and in the coping strategy of escape-avoidance, seniors scored the highest while middle-aged people scored the lowest. It can be seen that the old group (whether with high or low changeability) were highly consistent in their scores and performance on accepting responsibility. They were not inclined to adopt such coping strategies to deal with problems. The defense mechanisms of the young were significantly less mature than those of the middle-aged and the old (and there was no significant age difference in coping strategies between the elderly and the middle-aged). Young people's defence mechanisms were noticeably less developed than those of middle-aged and elderly people, and there was no discernible difference in coping mechanisms between the elderly and the middle-aged. Accepting responsibility and escape-avoidance coping techniques showed substantial age variations, age differences between accepting responsibility and escape-avoidance coping strategies were significant. However, it was worth noting that in the case of the high changeability group and the low changeability group, the low changeability group would tend to use more emotion-centred coping strategies while the high changeability group would use more problem-solving centred coping strategies.

Studies from Meléndez et al. tested age differences in stress coping strategies and found that significant age differences existed in coping strategies of negative self-focused, avoidance social support seeking and religion [35]. Young people had the largest individual fluctuation, whereas older persons had the smallest, as the figure and data shown. This indicated that coping strategies used by elderly individuals were more stable and reliable than those used by young individuals. On the whole sight, young people most preferred to use problem-solving-focused and social support seeking coping strategies while least used religion; middle-aged people most preferred to use problem-solving focused while least used religion; seniors most preferred to use problem-solving focused as well as the other two groups while least used overt emotional expression. It was observed that coping strategies used by the middle-aged group also tended to be intermediate and age. There was relatively little difference between the middle-aged and younger and older groups, with significant differences between the older and younger groups. The use of problem-solving-centered coping strategies was broadly similar across age groups, but it was notable that the young differed from the middle-aged and the elderly. As the age grows, the ability of seniors in this aspect will decline significantly. The reason predicted by the author was that many factors would be lost in old age, such as the departure of lovers and friends, the loss of jobs and the deterioration of health. But in contrast, as people age, they acquire more emotionally centered coping skills (older adults show higher scores on emotional coping than other two groups).

4. Implications and Conclusion

This article looks more broadly and generally at the gender variations in coping strategy use between males and females, as well as the age differences in coping strategy use among young, middle-aged, and old people. The participants in this study were not restricted in any way regarding their personal histories, levels of education, professional experience, country, geographic region, religious affiliation, or other criteria. As a result, compared to other studies, there are more areas where the research findings might be used and promoted. Pressure is pervasive and unseen in contemporary culture. Everyone is under pressure in different ways, whether from concrete issues or irrational feelings. All individuals must be clear on coping strategies to manage stress and address issues effectively. This study can serve as the background information and prerequisite for promoting such coping strategies differentiated by gender or age, providing ideas and theories for implementing specific programs in the future and providing references for the personalized setting of more specific coping strategies. Schools, government departments and other parties can also guide different groups according to gender and age differences in coping strategies.

However, the limitation of this study is also due to its universality. People of the same age and gender face different stressors due to different educational backgrounds, educational levels, working environments and professional direction. The different stressors may also lead to their different coping strategies. Future studies can consider stressors as interfering variables and conduct research and analysis under the condition that the control participants face the same stressor to refine the groups involved and make the pressure of the study more specific. At the same time, further studies can conduct in-depth analysis and investigation on the causes of gender and age differences.

References

- [1] Zhou, X., Bambling, M., Bai, X. et al. (2023). Chinese school adolescents' stress experience and coping strategies: a qualitative study. *BMC Psychol* 11, 91.
- [2] Baqutayan, S. M. S. (2015). Stress and coping mechanisms: A historical overview. *Mediterranean Journal of Social Sciences*, 6(2 S1), 479-488.
- [3] Prado, G., Feaster, D. J., Schwartz, S. J., Pratt, I. A., Smith, L., & Szapocznik, J. (2004). Religious involvement, coping, social support, and psychological distress in HIV-seropositive African American mothers. *AIDS and Behavior*, 8, pp. 221-235.
- [4] Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., ... & Xiong, Z. (2020). Coping style, social support, and psychological distress in the general Chinese population in the early stages of the COVID-19 epidemic. *BMC Psychiatry*, 20(1), 1-11.
- [5] Gray, D. E. (2003). Gender and coping: The parents of children with high functioning autism. *Social Science & Medicine*, 56(3), 631-642.
- [6] Aldwin, C. M. (1991). Does age affect the stress and coping process? Implications of age differences in perceived control. *Journal of Gerontology*, 46(4), 174-P180.
- [7] Folkman, S., Lazarus, R. S., Pimley, S., & Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging*, 2(2), 171-184.
- [8] Carroll, L. (2020). Active Coping. In: Gellman, M.D. (eds) *Encyclopedia of Behavioral Medicine*. Springer, Cham.
- [9] Carver, C. S. (1997). You want to measure coping but your protocol' too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4(1), 92-100.
- [10] Aldwin, C. M., & Yancura, L. A. (2004). Coping and health: A comparison of the stress and trauma literatures. In P. P. Schnurr & B. L. Green (Eds.), *Trauma and health: Physical health consequences of exposure to extreme stress* (pp. 99-125). American Psychological Association.
- [11] Folkman, S. & Moskowitz, J. T. (2004). Coping: Pitfalls and Promise. *Annual Review of Psychology*. 55 (1), 745-774.
- [12] Weiten, W., & Lloyd, M. A. (2008). *Psychology Applied to Modern Life*. Wadsworth Cengage Learning.
- [13] Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine*, 4(2), 139-157.
- [14] Taylor, S. E. (2010). *Health Psychology*. Oxford University Press.
- [15] Folkman, S. (2013). Stress: Appraisal and Coping. In: Gellman, M.D., Turner, J.R. (eds) *Encyclopedia of*

Behavioral Medicine. Springer, New York, NY.

- [16] Senanayake, S., Harrison, K., Lewis, M., McNarry, M., & Hudson, J. (2018). Patients' experiences of coping with idiopathic pulmonary fibrosis and their recommendations for its clinical management. *PLoS One*, 13(5), e0197660.
- [17] McLeod, S.A. (2015). *Stress Management*. Retrieved from www.simplypsychology.org/stress-management.html.
- [18] Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine*, 25(6), 551-603.
- [19] Peter, C. B. (2004). The relation of coping strategies to alcohol consumption and alcohol-related consequences in a college sample, *Addiction Research & Theory*, 12:2, 103-114.
- [20] Baumstarck, K., Alessandrini, M., Hamidou, Z., Auquier, P., Leroy, T., & Boyer, L. (2017). Assessment of coping: a new french four-factor structure of the brief COPE inventory. *Health and Quality of Life Outcomes*, 15, 1-9.
- [21] Eschenbeck, H., Kohlmann, C. W., & Lohaus, A. (2007). Gender differences in coping strategies in children and adolescents. *Journal of Individual Differences*, 28(1), 18-26.
- [22] Sullivan, A. (2002). Gender differences in coping strategies of parents of children with Down syndrome. *Down Syndrome Research and Practice*, 8(2), 67-73.
- [23] 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.
- [24] Graves, B. S., Hall, M. E., Dias-Karch, C., Haischer, M. H., & Apter, C. (2021). Gender differences in perceived stress and coping among college students. *PLoS ONE*, 16(8), Article e0255634.
- [25] Liu, X., Tein, J. Y., & Zhao, Z. (2004). Coping strategies and behavioral/emotional problems among Chinese adolescents. *Psychiatry Research*, 126(3), 275-285.
- [26] Jiang, Q. J. (1999). The Chinese trait coping style questionnaire. *Rating Scales Mental Health 2nd ed. Chinese Journal Mental Health*, 120-122.
- [27] Shekriladze, I., Javakhishvili, N., & Chkhaidze, N. (2021). Culture Related Factors May Shape Coping During Pandemics. *Frontiers in psychology*, 12, 634078.
- [28] Chen, Y., Peng, Y., Xu, H., & O'Brien, W. H. (2017). Age Differences in Stress and Coping: Problem-Focused Strategies Mediate the Relationship Between Age and Positive Affect. *The International Journal of Aging and Human Development*, 86(4), 347-363.
- [29] Carstensen, L. L. (1993). Motivation for social contact across the life span: A theory of socioemotional selectivity. In *Nebraska Symposium on Motivation*, 4, 209-254.
- [30] Carstensen, L. L., & Charles, S. T. (1998). Emotion in the second half of life. *Current Directions in Psychological Science*, 7(5), 144-149.
- [31] Nauta, A., Brooks, J. D., Johnson, J. R., Kahana, E., & Kahana, B. (1996). Egocentric and nonegocentric life events: Effects on the health and subjective well-being of the aged. *Journal of Clinical Geropsychology*, 2(1), 3-21.
- [32] Charles, S. T., Carstensen, L. L., & McFall, R. M. (2001). Problem-solving in the nursing home environment: Age and experience differences in emotional reactions and responses. *Journal of Clinical Geropsychology*, 7, 319-330.
- [33] Yeung, D. Y. L., & Fung, H. H. (2007). Age differences in coping and emotional responses toward SARS: a longitudinal study of Hong Kong Chinese. *Aging and Mental Health*, 11(5), 579-587.
- [34] Whitty, M. T. (2003). Coping and defending: Age differences in maturity of defence mechanisms and coping strategies. *Aging & Mental Health*, 7(2), 123-132.
- [35] Meléndez, J. C., Mayordomo, T., Sancho, P., & Tomás, J. M. (2012). Coping Strategies: Gender Differences and Development throughout Life Span. *The Spanish Journal of Psychology*, 15(3), 1089-1098.