Stress Across The Adult Lifespan: Variations In Coping Styles And Effectiveness

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Abstract
Background: This study investigates the level of stress and most frequently used coping style in adulthood.
Objective: The primary objective of this study is to evaluate the stress level on both working and studying males and females separately. To study the coping styles used most frequently in working and studying males and females separately.
Method: This study adopts a cross-sectional design. The participation pool comprises of 120 adults (60 males and 60 females) between 20 to 30 years. Which is divided in 30 males working, 30 males studying, 30 females working and 30 females studying.
Results: The ANOVA results indicate that there are no significant differences in stress levels among the groups, as evidenced by an F-value of 0.407 and a P-value of 0.748, leading us to fail to reject the null hypothesis. In contrast, there are significant differences in coping strategies, with a between-group F-value of 3.83 and a P-value of 0.01, indicating at least one group uses a notably different coping strategy. Additionally, a high F-value of 19.45 and a P-value of 0.00 suggest that some coping strategies are used more frequently than others. However, the interaction effect shows an F-value of 0.94 and a P-value of 0.58, implying that group membership does not significantly influence the choice of coping strategies. Specifically, Group A1 (Working Females) predominantly uses Active Coping (8.95%), while Group A2 (Studying Females) prefers Acceptance (9.11%). Both Group B1 (Working Males) and Group B2 (Studying Males) identify Planning as their primary strategy, with Group B1 using it 9.27% of the time compared to 8.84% for Group B2.
Conclusion: Variations in coping strategies were observed, these differences reflected distinct patterns across groups rather than any significant influence of group membership on coping style selection.
Keywords: Level of Stress, Most Frequently used Coping Style

I. Introduction

Stress is a common experience that affects individuals differently based on various biological, psychological, and social factors. For adults, stress can emerge from a range of life domains, such as work, family, finances, and health. These stressors are often experienced differently by men and women due to distinct social roles, expectations, and coping strategies that are influenced by both cultural norms and physiological responses.

In adult males, stress often arises from job-related demands, financial pressures, and societal expectations of success and responsibility. Men are often socialized to be self-reliant, which may lead them to cope with stress through problem-solving and physical outlets, rather than seeking social support. This coping style, while effective in some cases, may also contribute to higher rates of certain stress-related conditions, such as cardiovascular disease, due to prolonged exposure to stress without adequate emotional processing.

Adult females, on the other hand, commonly face stress from the intersection of professional and familial responsibilities. Women often employ coping strategies that are more relational, such as seeking social support or engaging in expressive activities. While these strategies can be beneficial, women may also experience unique stress due to societal expectations around caregiving and multitasking, potentially leading to higher risks of anxiety and depression.

The root of the English word "adult" is the same Latin word that means "to grow to maturity" (adolescere), but the term "adultus" refers "full-grown and strong" or "matured," so someone who has finished growing up and is prepared to take his place in society as an adult is what we mean when we say that someone is

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an adult [1]. The legal age of majority in modern American culture is eighteen, which is the longest time of a person's life span, even considering the slow but steady growth in lifespan.

Specific psychological and physiological changes occur regularly during the lengthy adult years. Adulthood is traditionally divided according to the timing of specific physical and psychological changes and the associated adjustment difficulties, cultural pressures, and expectations. This division mirrors childhood and adolescence, two similarly lengthy periods where these changes occur at predictable intervals [2].

Development Task of Early Adulthood

Even before he achieves legal age, a young adult in our culture is conversant with and conforms to certain social norms. Maybe he has never known, at this age, exactly what others expect of him. These societal expectations form the basis for the evolving tasks of adulthood early, which encompass choosing a life partner, adjusting to married life, having a family, caring for children, running a household, beginning a career, becoming involved in one's community, and making friends. The degree to which an individual succeeds when reaching a peak in middle age whether that peak is related to work, social recognition, or family living and the amount of happiness he will feel then and, in the years, to come are both determined by how successfully he gains mastery of certain developmental activities in their early adult years.

The type of groundwork established earlier has a significant impact on how well one handles the developmental challenges of early adulthood. On the other hand, adulthood brings about several circumstances that make these abilities more accessible, the most crucial of which are:

1. **Physical Efficiency**: Most people achieve their physical efficiency peak in their mid-twenties, and then it gradually declines until their early forties. So, the person is physically capable of meeting and resolving adjustment issues when they are most numerous and challenging.
2. **Motor Abilities**: A person's strongest years are between the ages of twenty-five and thirty. The peak reaction time occurs between 20 and 25 years, after which a gradual reduction occurs. When compared to those reaching middle age, those in their early twenties excel at learning new motor abilities. In addition, unlike when he was a teenager when his fast and uneven growth made him clumsy and uncomfortable, a young adult may rely on his abilities to succeed in any given scenario [3].
3. **Mental Abilities**: Recall of previously taught material, reasoning by comparison, creative thinking, and other crucial mental talents for learning and adapting to new situations are at their best in the twenties and then start to deteriorate slowly but surely. The quality of the young adult's learning remains unchanged even though his learning speed may have decreased.

Early Adult Recreation

Compared to most other cultures and their parents or grandparents, young adults in the United States now have more free time than adults in other countries. This is partially because workweeks are shorter and partially because of mechanization, which has reduced the amount of time and energy needed to operate a home. Additionally, compared to earlier times, people from all socioeconomic classes have more money to spend on leisure. Many young folks nevertheless feel that their leisure activities are insufficient despite these opportunities. Finding interesting ways to pass the time in their spare time is one of their biggest adjustment issues. For young adults, recreation poses a significant transition challenge for a number of reasons:

- During school or college, students have access to free or low-cost recreational activities and a large social network to participate in.
- Parents and teachers emphasized the importance of recreation in school and college life.
- Schools and colleges provided guidance and supervision to help students use their leisure time productively [4].

A literature review on stress and coping strategies among adult males and females explores the variations in how different genders experience, respond to, and manage stress. Gender differences in stress and coping have been extensively studied in psychology, sociology, and health sciences, offering insight into distinct emotional and behavioral responses, which can be influenced by biological, social, and cultural factors.

Stress is a psychological and physiological response to perceived challenges or threats, which can originate from personal, professional, and social sources. Research has identified several common stressors in adult life, including work pressure, family responsibilities, financial constraints, social expectations, and health concerns. Studies suggest that while males may experience more stress from work and financial pressures, females often report greater stress due to caregiving responsibilities and social relationships. However, these trends can vary by cultural context, age, and socio-economic background (Kessler et al., 2001).

Biologically, the response to stress in males and females may differ due to hormonal influences, particularly the effects of cortisol and adrenaline, which trigger the body's fight-or-flight response [15]. In women, estrogen and oxytocin may also play roles in fostering social bonding as a coping response, termed the "tend-and-befriend" reaction (Taylor et al., 2000). Men may exhibit a more pronounced fight-or-flight response, potentially

making them more susceptible to aggressive or avoidant coping strategies (Kelly et al., 2008). This biological basis may contribute to the differences in how males and females experience stress and choose coping methods.

Coping strategies refer to the methods used to manage stress. Commonly, coping strategies are classified into problem-focused, emotion-focused, and avoidant coping (Lazarus & Folkman, 1984). Research generally indicates that males tend to favor problem-focused coping, which involves addressing the stressor directly [14], while females are more likely to use emotion-focused coping, such as seeking social support or engaging in expressive activities (Tamres et al., 2002). However, cultural and individual personality differences also significantly influence coping preferences.

Problem-focused coping, often preferred by males, involves tackling the stressor itself by finding solutions, taking control of the situation, or making changes to reduce stress. Studies have found that men, especially in work-related stress, tend to focus on action-oriented strategies, such as planning, time management, or taking steps to alter the stressor (Ptacek et al., 1994).

Emotion-focused coping, more commonly reported by females, includes strategies aimed at managing the emotional response to stress rather than the stressor itself. Women are more likely to seek social support, talk about their feelings, or engage in self-soothing activities. This approach aligns with the "tend-and-befriend" theory, suggesting that women's coping strategies might be evolutionarily influenced by a tendency to protect social bonds (Taylor et al., 2000).

Avoidant coping involves distancing oneself from the stressor through distraction, denial, or substance use. This strategy is generally less adaptive but is often used by both genders, particularly in the face of uncontrollable stress. Men may be more prone to avoidant coping mechanisms, such as substance use, which can lead to negative health outcomes (Addis & Mahalik, 2003).

Gender socialization influences coping behaviors from an early age. Traditional gender roles often encourage men to be stoic and independent, potentially leading them to avoid expressing emotions or seeking help when stressed. Women, conversely, are often socialized to be communicative and nurturing, which can foster emotional expressiveness and social coping (Nolen-Hoeksema, 2001).

The mental health consequences of stress and coping strategies can differ by gender. Studies have shown that while men may be more prone to externalizing disorders (e.g., substance use and aggression), women may be more vulnerable to internalizing disorders (e.g., anxiety and depression) as responses to chronic stress (Rieker & Bird, 2005). Adaptive coping strategies, such as seeking social support or engaging in mindfulness practices, are associated with improved mental health outcomes in both genders (Carver & Connor-Smith, 2010).

Research highlights that women are more likely to seek social support as a coping strategy, while men may avoid seeking help due to stigma or norms around masculinity. This reluctance in men may stem from cultural expectations to be self-reliant [13], potentially increasing the risk of stress-related health issues due to limited emotional outlets (Addis & Mahalik, 2003). Increasing awareness and reducing stigma around mental health may encourage more men to access social and professional support.

Objectives:
1. To study the level of stress in working and studying males and females.
2. To study the coping styles used most frequently in working and studying males and females.

Hypotheses:
1. There will be no significance differences in the levels of stress in working and studying male and female adult.
2. There will be no significance difference between coping styles is used most frequently.

II.   Materials And Methodology

Research Design: Cross -sectional research design was used.

Sampling Methods: Purposive sampling method was used.

Sample: Sample population for present study was 120 adults (60 males and 60 females) between 20 to 30 years. Which was further divided in a way 30 males working ,30 males studying ,30 females working and 30 females studying**.**

Inclusion criteria:
1. General population Adults
2. Males between age group 20-35
3. Females between age group 20-35
4. Those participants score lesser than or equal to 3 on GHQ-12
5. Individuals who are working or studying.

6. Individuals who signed consent form.

Exclusion criteria:
1. Those persons with overall severe medical sickness, recent surgical psychological and neurological illness.
2. People in this category are either not working or have taken a hiatus from their education.
3. Those people whose relationships with their parents and siblings are unhappy[5].

Tools to be administered:
Socio Demographic Sheet:
 Some examples of self-made semi-structured sociodemographic data include: gender, age, marital status, schooling, place of residence, the occupation, along with connections with parents and siblings.

General Health Questionnaire (Ghq-12):
 The 12-Item General Health Questionnaire (GHQ-12) is a more comprehensive mental health assessment and the most widely used screening tool for common mental illnesses. Higher scores indicate more severe symptoms of mental illness; the scale ranges from 0 to 12. One of the most well-known and extensively used screening tools for identifying and measuring mental health, it was created by a British professor named Goldberg in 1972. The GHQ-12 is a valid tool for gauging general population mental health and identifying non-psychotic psychiatric disorders. Anyone with a score higher than 3 will be disqualified due to the possibility of a health problem. The 60-item, 28-item, 30-item, and 20-item versions are also available.

Stress Questionnaire:
 This 25-item inventory determines the likelihood that a person may experience stress-related issues, even in relatively minor situations. Scientists at ISMA UK created it. If a person checks "yes" for each item, they get one point; if they check "no" for each statement, they get zero points. A score of four or below indicates that the person is unlikely to get stress-related disease. Individuals with 5–13 points are at increased risk for mental or physical health problems as a result of stress. Those with 14 points or more are highly vulnerable to stress because they exhibit a wide array of unhealthy traits and behaviors. Irritable bowel syndrome, migraines, high blood pressure, heart disease, stroke, depression, anxiety, and stress are all stress-related illnesses that are more prone to occur in this population [6].

Brief -Cope (Coping Orientation To Problems Experirnced Inventory):
 One self-report tool developed by Carver is the Brief COPE, a 28-item questionnaire (1989). This test aims to identify the most and least efficient means of dealing with a stressful situation. One common use of the scale is to gauge the emotional reaction of patients to traumatic events. The Brief Cope is a condensed version of the original COPE scale comprising 60 items. The scale can indicate someone's major coping styles using scores on the three sub-scales, i.e.. Different strategies for dealing with problems include focusing on emotions, avoiding problems, and problem-focused coping.
 Additionally, reports of self-distraction, denial, substance use, and behavioral disengagement are included in the coping aspects. Provide emotional support and a safe space for venting. Humor, Acceptance, Self-Blame, Religion, Active Coping. Use of Instrumental Support. A more optimistic perspective and strategic preparation. The 28-item test measures 14 characteristics with two questions each. Each item is evaluated on a 4-point Likert scale, where 1 indicates no activity, and 4 indicates heavy activity. Primary coping styles, including Avoidant Coping, are determined by the scale and Approach Coping. Content validity and test-retest reliability are strong points of the exam.

Data Collection Process:
 Following ethics committee permission, data was gathered from several sources, including workplaces and institutions. Before data was collected, the participants were briefed about the study's goals and obtained consent. In addition to addressing their worries, participants were notified that their data will be kept strictly secure and anonymous [7]. Section one of the questionnaire gathers participants' socio-demographic information; section two is a standardized questionnaire; section three is scoring according to scoring guidelines for each measure; and section four is a statistical analysis based on objectives and hypotheses [11].

Statistical Analysis:
 The data was analyzed using the IBM Statistical Package for the Social Sciences (SPSS) 25 version. Data normality, descriptive statistics, correlation, and analysis of variance were all computed [12].

III. Result
Table 01 Socio demographic Variable

Variable		Frequency	%
N=120			
Sex			
	Male	60	
	Female	60	50.00%
Education			
	PG	74	61.67%
	UG	46	38.33%
Marital Status			
	Married	8	6.67%
	Single	112	
Residence			
	Rural	25	20.83%
	Semiurban	18	15.00%
	Urban	77	64.17%
Socioeconomic Status			
	High	3	2.50%
	Low	6	5.00%
	Middle	111	92.50%
Order of birth			
	1	63	52.50%
	2	40	33.33%
	3	17	14.17%
No. of siblings			
	1	46	38.33%
	2	40	33.33%
	3+	21	17.50%
	None	13	10.83%
Parents occupation status			
	Both	12	10.00%
	Father	94	78.33%
	Mother	5	4.17%
	None working	9	7.50%
Age			
	20-24	80	66.67%
	25-30	40	33.33%

There are 60 males and 60 females for a balanced representation of the sexes, according to the demographic data that gives a thorough picture of the participants. In a highly educated group, 61.67 percent have earned graduate degrees, and 38.33 percent have finished bachelor's degrees. The age distribution adds extra emphasis to the youthful population; 66.67% of the participants are in the 20–24 age bracket, and an astounding 93.33% are single. The majority of participants (64.17%) live in metropolitan regions, suggesting a preference for city life. The vast majority of people (92.5%) do not come from particularly privileged or poor origins, according to the socioeconomic landscape [8].Regarding sibling relationships, the vast majority have one or two siblings and 52.5% are firstborns. According to the statistics on parental occupation, the vast majority of households' breadwinners are dads; in fact, a significant 78.33% of the participants had working fathers. This dataset generally reveals a highly educated, youthful, and primarily metropolitan populace with a robust infrastructure.

Table 02 Comprise between level of stress in working and studying males and females

	Groups				F	df		P-value
	A1	A2	B1	B2		Between Groups	3	
	n=30	n=30	n=30	n=30				
Mean	9.4	9.03	9.16	10.06	0.407	Within Groups	116	0.75

								Total	119	

Each of the four groups A1 for working women, A2 for studying women, B1 for working men, and B2 for studying men consists of thirty people, and they are all compared using analysis of variance (ANOVA). Group A1, which includes working women, has 282 points for an average of 9.4, but Group A2, which provides for studying women, has 271 points for an average of 9.03. The average score for Group B1 (Working Males) is 9.17, while the highest score for Group B2 (Studying Males) is 302, resulting in an average score of 10.07. With an estimated F-value of about 0.41, we can see that there is far less variety in the means of the groups than there is within them. Additionally, since the P-value is more significant than the standard alpha threshold of 0.05 (about 0.75), it is suggested that no statistically significant differences exist across the groups. Because individual variances among participants significantly impact average scores more than the group classification, the bulk of the variance is located inside groups (df = 116) instead of between them (df = 3). In sum, the data show that the stress levels of the groups do not cause any noticeable differences in the outcomes [15].

Table 0.3 Comparison between coping styles used most frequently in working and studying males and females

Groups	SD	AC	De	SU	ES	IS	BD	Ve	PR	Pl	Hu	Ac	Re	SB	Total	Highest coping use
Groups A1 n=30																
Mean	4.3	5.6	3.9	2.70	4.57	4.86	3.67	4.07	5.20	5.33	4.10	4.73	5.07	4.50	4.47	
Weight in total of coping	6.87%	8.95%	6.23%	4.31%	7.29%	7.77%	5.86%	6.50%	8.31%	8.52%	6.55%	7.56%	8.09%	7.19%		AC
Group A2 n=30																
Mean	4.07	4.9	4.03	3.60	4.93	4.80	4.30	4.50	4.97	5.23	4.03	5.70	4.67	4.53	4.59	
Weight in total of coping	6.50%	7.83%	6.44%	5.75%	7.88%	7.67%	6.87%	7.19%	7.93%	8.36%	6.44%	9.11%	7.45%	7.24%		Ac
Group B1 n=30																
Mean	4.73	5.366	4	2.87	4.30	4.80	3.83	4.00	5.03	5.80	4.70	5.73	5.13	4.03	4.60	
Weight in total of coping	7.56%	8.57%	6.39%	4.58%	6.87%	7.67%	6.12%	6.39%	8.04%	9.27%	7.51%	9.16%	8.20%	6.44%		Pl
Group B2 n=30																
Mean	4.27	4.80	3.87	3.00	4.03	4.36	3.87	3.97	4.80	5.53	3.77	5.13	4.53	3.73	4.26	
Weight in total of coping	6.82%	7.67%	6.18%	4.79%	6.44%	6.98%	6.18%	6.34%	7.67%	8.84%	6.02%	8.20%	7.24%	5.96%		Pl
Total																
N=120	120	120	120	120	120	120	120	120	120	120	120	120	120	120		
Mean	4.34	5.17	3.95	3.04	4.46	4.71	3.92	4.13	5.00	5.48	4.15	5.33	4.85	4.20		

ANOVA			
Source of Variation	F	P-value	Df
Sample	3.83	0.01	3
Columns	19.45	0.00	13
Interaction	0.94	0.58	39
Within			1624
Total			1679

NOTE: Self-distraction: SD Active coping: AC Denial: De Substance use: SU Use of emotional support: ES Use of instrumental support: IS Behavioural disengagement: BD Venting: Ve Positive reframing: PR Planning: Pl Humour: Hu Acceptance: Ac Religion: Re Self-blame: SB

An analysis of coping techniques was conducted using data from four groups: A1 (Working Females), A2 (Studying Females), B1 (Working Males), and B2 (Studying Males). A total of 120 individuals were included in the study. Overall, 8.95% of the coping strategies used by Group A1 (Working Female) are active coping. Acceptance is the most prominent coping mechanism among Group A2 (Studying Females), comprising 9.11% of their techniques. Group B1 (Working Males) and Group B2 (Studying Males) both rank planning as their primary coping mechanism; 9.27% of the time for Group B1 and 8.84% for Group B2, respectively. The ANOVA findings show notable differences between the groups, especially in the columns (F = 19.45, P < 0.001), which implies that the groups' coping techniques differ considerably. Group membership, rather than interactions between groups, is the primary determinant of coping strategy differences, as the interaction effect is not statistically significant (P = 0.58). The results show that some coping mechanisms, including acceptance and planning, are more commonly used than others and that there are distinct ways of dealing with stress depending on the group.

IV.   Conclusion

This study aimed to examine how stressed-out adults were and what coping mechanisms they employed the most often, both in the workforce and in school. The goals were to find out how stressed out these groups were and what their main coping mechanisms were. Working and studying people, regardless of gender, did not differ significantly in stress levels or coping technique usage, according to the hypotheses. Twelve individuals (60 men and 60 females) aged 20 to 30 were surveyed using a cross-sectional design with purposive sampling. The participants were then separated into four groups: working males (30), studying males (30), working females (30), and studying females (30).

There was a nice mix of males and women in the sample, and there was a clear trend toward middle-class income, urban residency, and advanced degrees (postgraduate). The majority of people were first-borns, unmarried, and had one or two siblings; working dads made up the majority of the population. Those in their

twenties and thirties, as did those living in metropolitan regions, made up a disproportionate share. Moderate to high variability was seen within the demographic variables of parental employment and socioeconomic position, despite the different origins of the sample.

With an F-value of 0.407 and a P-value of 0.748, we can see from the ANOVA findings that the groups do not differ significantly in terms of stress levels; hence, we cannot reject the null hypothesis.

On the other hand, coping techniques differ significantly; at least one group employs a significantly different approach (between-group F-value: 3.83, P-value: 0.01).

On top of that, certain coping mechanisms seem more commonly employed than others, according to the high F-value of 19.45 and the 0.00 P-value.

However, a P-value of 0.58 and an F-value of 0.94 in the interaction effect suggest that group membership does not substantially impact the selection of coping mechanisms. Active coping is most commonly used by Group A1 (Working Females) (8.95%), whilst Acceptance is preferred by Group A2 (Studying Females) (9.11%). Although Group B2 (Studying Males) uses Planning 8.84% of the time, Group B1 (9.27%) and Group B2 (8.84%) both say that planning is their main technique.

While stress levels are generally the same across demographics, differences in coping mechanisms point to the possibility of targeted therapies [9].

V. Future Directions And Limitations

Research on stress and coping mechanisms covers a broad spectrum, exploring how individuals manage stress across different life stages, specific stressors, and demographics, with the goal of developing effective interventions [10]. Additionally, investigating the effects of various stressors—such as workplace versus personal life stress—provides insights into how specific contexts influence coping mechanisms and overall stress levels. Gender differences are also an important focus, as understanding the nuanced ways in which stress and coping techniques differ between men and women, shaped by both biological and societal influences, can provide a foundation for gender-sensitive approaches. Intervention studies, aimed at evaluating the efficacy of various coping mechanisms, seek to generate practical strategies for managing stress in real-world settings. Meanwhile, longitudinal studies track participants over time to assess how early coping techniques may predict long-term outcomes, offering a dynamic view of how stress management evolves and impacts well-being over the lifespan.

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