

GENDER-RELATED DIFFERENCES IN SELF-REPORTED COPING MECHANISMS. A STUDY ON ROMANIAN POPULATION

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The Romanian version of the COPE Questionnaire (the version with 60 items and 15 coping strategies) elaborated by Carver, Scheier, Weintraub (1989), was culturally adapted on a convenience sample of 1009 adults by Crașovan and Sava (2013) from general population (non-clinical sample). This study aims to identify gender differences in the usage of coping mechanisms, using a heterogeneous (N = 770) sample composed of different age groups with different social and educational backgrounds. The results show that a number of four coping mechanisms out of the 15 operationalized by COPE are more specific to women, respectively mental disengagement, focus on and venting of emotions, religious coping and use of emotional social support, while only one coping mechanism was identified as more specific to men, namely substance use.

Keywords: coping mechanisms, general population, adjustment, gender differences, COPE.

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This study aims to identify differences determined by gender in coping mechanisms, by using the Romanian version (Crașovan, Sava, 2013) of the COPE questionnaire (Carver, Scheier, Weintraub, 1989) on a general, non-clinical sample. Also, this study is an extension of the existing research as it investigates differences in coping strategies adopted by men and women in different cultural spaces.

In retrospect, the entry of the coping notion in the medical scientific and psychological circuit is much related to stress (Lazarus, Folkman, 1987; Selye, 1976 a, 1976 b) and to the relationship between psychological stress and how to adapt to stress and defense against it, respectively the coping mechanisms. The reaction of the human subject depends on the coping capacities of the subject and on the adaptation to the new situation or stress. Thus stress, defined as any response of the organism consecutive to any request or demand exerted on the organism, is directly related to the process of coping, considered to be the way in which the human subject copes with stressful situations managing to handle it (Selye, 1976 a).

Thus, the interest for coping strategies has registered a continuous growth, thus, from 1990 to 1996 the database of PsycLIT has registered a number of 3392 articles with the coping descriptor (Ionescu, Jacquet, Lhote, 2002). Still, in spite of the enormous number of literature on stress and

coping in the last two decades, a series of questions remained unanswered (Carver, 1997). In this context, a number of authors (Blackman, 2009; Cramer, 1991 a, b, 1998, 2006; Ionescu et al., 2002) showed a growing interest to analyze psychological defense, namely, coping mechanisms.

In this context of gender differences which involves coping mechanisms, previous research (Dakhli & Matta, 2013; Gianakos, 2000; Madhyastha, Latha & Kamath, 2014; Matud, 2004; Rose & Rudolph, 2006; Tamres, Janicki & Helgeson, 2002) shows the existence of some differences between men and women when it comes to the coping mechanisms used to cope with stress, which are subject to the specific characteristics of the studies mentioned.

Therefore, some of the studies mentioned (Dakhli & Matta, 2013; Madhyastha, Latha & Kamath, 2014; Matud, 2004; Tamres, Janicki & Helgeson, 2002) show that females predominantly use coping strategies which include: use of instrumental support seeking (problem-focused), emotional support seeking (emotion-focused), in comparison to males; also, females use strategies that involve verbal expressions in relation to others or to oneself, in order to seek emotional support or ruminate about problems. These differences characterize also girls, who, compared to boys, seek for support, express their

emotions (Rose & Rudolph, 2006) and ruminate about problems. Moreover, in some of these studies, humor has been identified as a coping mechanism specific to males (Madhyastha, Latha & Kamath, 2014), humor being predominantly used also by boys in comparison to girls (Rose & Rudolph, 2006). Throughout their development, boys and girls show differences of coping with stress which are evident in relation to specific types of stress, and some of these differences expand along the development (Rose & Rudolph, 2006).

As mentioned, women have a tendency towards emotional support seeking, verbalizing their emotions and ruminate about problems, while men have a tendency towards active coping strategies and towards using humor. Even more, women were more likely than men to engage in most coping strategies (Tamres, Janicki & Helgeson, 2002).

In the context of gender differences concerning the use of coping mechanisms, gender roles helped significantly to predict the type of coping mechanism used. Therefore, Gianakos (2000) (in a study concerning gender roles and coping with work stress) shows that gender roles are significantly related to the utilization of specific coping mechanisms for dealing with work stress and that feminine individuals reported significantly greater use of direct action coping methods than masculine persons and undifferentiated persons. Moreover, the study shows that feminine and masculine persons, bound by their constraints of traditional roles, did not differ significantly in their help-seeking when compared to either androgynous or undifferentiated persons. In addition, a significant gender difference was found for alcohol use, with males more likely to utilize this method than females.

Despite the gender differences identified between men and women when it comes to the coping mechanisms used to cope with stress which have been reported in various studies, there are a series of characteristics that are predominantly cultural or belong to society and which limit the generalization of the results to cultural spaces or to the type of society involved. Therefore, the previous studies were made in different cultures which makes it possible that the differences observed could have been limited to the variables of that specific cultural space, in other words: norms and social values, the expectations of the society from gender roles, the relationship between collectivism and individualism, the distance people had to power, risk avoidance (see: Copeland & Hess, 1995; Dakhli & Matta, 2013; Ward & Kennedy, 2001), variables which have a huge impact on the perceptions, attitudes, and behaviours of the individuals, and, obviously, on the coping strategies. Intercultural differences can be in favor of some identity dimensions, but they can also determine or activate an unexpected consensus (Gavreliuc, 2006).

Pearlin & Schooler (1978) showed that the effective coping modes are unequally distributed in society. Also, the way we respond to stress is subject to a number of factors such as: self-assessment of our own skills, life events (McCrae, 1984), the type of method used in evaluating the coping process, which includes the self-approaching methods or direct observations (Craşovan, 2014), the time that has passed since stress appeared and the activation of the coping mechanisms, up to the measurement of the coping process (Tamres, Janicki & Helgeson, 2002), previous experiences, gender, motivation,

parenting style, age (McCrae, 1982; Phelps & Jarvis, 1994; Tamres, Janicki & Helgeson, 2002), individual vulnerability and temperament (Compas, Connor-Smith & Jaser, 2004). Moreover, as psychological processes, coping strategies also affect the responses of the endocrine system, of the nervous system, while at the same time having some potential for improvement through learning. The body's reaction at a biological and behavioral level depends, in addition, on the nature of the stress factor, on the duration of the stress and on the efficiency of the coping style used (Craşovan, 2011).

The research conducted on identifying gender differences in the use of coping mechanisms have reported different types of stressors and different age groups, making it difficult to compare results of various researches on stress and coping mechanisms in terms of gender, thus being necessary to use a common list of coping mechanisms. Also, researches report conflicting results regarding gender differences in the use of coping mechanisms for both adults (Endler & Parker, 1990; Leong, Bonz & Zachar, 1997) and for children and teenagers (Byrne, 2000; Compass, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Kausar, Munir, 2004; Patterson & McCubbin, 1987).

Differences determined by gender in using coping mechanisms are still unclear. In a recent study (Galanakis, Stalikas, Kalia, Karagianni, Karela, 2009) on stress at work according to gender, it was found that women have a level of perceived stress higher than men, but when marital status, age and education were taken into account, differences became non-significant. Also, another study by Folkman and Lazarus (1988) does not reveal differences in gender in terms of ways of coping emotionally.

On the other hand, there are a number of studies highlighting the differences between men and women in terms of the coping mechanisms used. Thus, a number of studies (Lam, Scuck, Smith, Farmer, Checkley, 2003; Dekker, Ormel, 1999; Billings, Moos, 1984) reveal differences between the two genders in terms of the type of coping used, women using emotional coping strategies while men use active coping strategies.

The present study

The results of this study may diminish to some extent contradictions between the results of other researches on the identification of gender differences for a coping mechanism by using a tool to analyze coping mechanisms (COPE) translated, validated and adapted to another culture by ITC rules and regulations (Hambleton, 2001). The instrument was applied to two groups (330 men and 440 women), relatively balanced in terms of other demographic variables. Thus, this study goes beyond some of the limitations of previous studies on the identification of gender differences in the use of participants in the study come from all social environments (rural and urban), participants have different levels of education, participants are of different ages, participants are not only students (see: Carver et al., 1989 [a study in which questionnaire COPE was used]) or high-school students (see: Dakhla, Dinkha, Aboul-Hosn & Matta, 2013 [a study in which questionnaire COPE was again used]). In this context, this study has an exploratory nature aiming to identify differences in coping mechanisms between men and

women, using a quota sample drawn from the general population. Thus, this study attempts to overcome some limitations of previous studies.

Method

Participants

The sample used includes 770 adults (330 men [42.86 %], $M_{age} = 31.16$ years, $SD_{age} = 10.81$, age range: 18-66 and the graduated study level is between level 1 and level 7, where 1 corresponds to high school [337 subjects/43.7 %], 2 post-secondary [20 subjects/2.6 %], 3 college – three years [167 subjects/21.7 %], 4 faculty - four, five or six years [175 subjects/22.8 %], 5 master courses [56 subjects/7.3 %], 6 doctoral studies [12 subjects/ 1.6 %] and 7 for other cases - 10 grades or below 10 grades [3 subjects/0.4 %]. The data was collected from August 2010 to September 2011 in the western Romania, and the participation in the study was based on free will and informed consent.

The development of the study assumed the administration of COPE together with another questionnaire, the DSQ 60, discussed elsewhere (Craşovan, Maricuţoiu, 2012) and with a demographic questionnaire to a number of 800 subjects. Out of the total of 800 administered questionnaires, 770 sets of answers were filled in and introduced in subsequent analyses ($N = 770$). Eligibility criteria for inclusion the participants were the absence of mental illness, the absence of any known chronic organic diseases, persons aged between 18 and 66.

Instruments and procedure

Demographic questionnaire used for the recording of demographic data and details of the participants in the research.

COPE Questionnaire. The Romanian version of the COPE Questionnaire (Craşovan, Sava, 2013) is a self-report instrument used for the evaluation of coping strategies based on the last version of the COPE Questionnaire elaborated by Carver et al. (1989). The questionnaire integrates the pattern of stress elaborated by Lazarus (Lazarus, Folkman, 1987), but the authors of the questionnaire think that the separation of the coping forms into two types (focused on emotion or focused on the problem) is too simple. The Questionnaire has 60 items, each of the 15 coping strategies is evaluated through 4 items. The answer can be measured on a scale from 1 to 4, in which: 1 – I usually don't do this; 2 – I rarely do this; 3 – I sometimes do this; 4 – I often do this. Rating is achieved by summing the scores from each of the 4 items corresponding to each of the 15 coping mechanisms. For example, for the coping mechanism positive interpretation and increase, responses to items 1, 29, 38, 59 are summed up, items that match this coping mechanism. By using an exploratory factorial analysis of individual scales of the COPE questionnaire, Carver et al., (1989) have identified four factors: (1) coping focalized on the problem (including the following coping strategies: affective approach, planning and deletion of concurrent activities);

(2) coping focalized on emotions (positive interpretation and growth, abstention, acceptance and religious approach); (3) coping focalized on search for social support (use of the social-instrumental support, the social-emotional support and focalizing on expressing emotions) and (4) avoidance coping, for the problem or the associated emotions (denial, mental and behavioral deactivation). In the original version, performed by Carver, the following coping strategies are not included: substance consumption and humor. Psychometric properties of the original version - the Alfa Cronbach Coefficient for the 15 scales is situated between .21 (mental deactivation) and .93. The average value of the alpha coefficient for the 15 subscale is .74. In the Romanian version of COPE (see: Craşovan, Sava, 2013), the results support a solution with four correlated factors: problem focused coping, emotion focused coping, social support focused coping and avoidant coping. Psychometric properties of the Romanian version - the internal consistency values range between .72 to .84 for the 4-factor solution, and between .48 and .92 for the 15 initial scales.

The items have been used in at least 3 formats. One is a dispositional or trait-like version in which respondents self-report the extent to which they usually do the things listed, when they are stressed. A second is a time-limited version in which respondents indicate the degree to which they actually did have each response during a particular period in the past. The third is a time-limited version in which respondents indicate the degree to which they have been having each response during a period up to the present. The formats differ in their verb forms: the dispositional format is present tense, the situational-past format is past tense, the third format is present tense progressive (I am ...) or present perfect (I have been ...). In this study we used the first format that taps on dispositional aspects.

As regards the administration procedure on non-clinical population, the eligible participants were informed of the purpose of the research and their informed consent was requested, while the following questionnaires were subsequently applied in the presence of a research assistant: Demographic Questionnaire, the COPE Questionnaire (Romanian version [Craşovan, Sava, 2013]) and the DSQ-60, which was not included in the present study.

Data analysis was run using the independent sample t test under the statistic program of data analysis SPSS version 16 (Howitt, Cramer, 2010) and PowerStaTim 1.0 (Sava, Maricuţoiu, 2007). The „t” independent test was run repeatedly for identifying possible differences between men and women for each of the 15 coping mechanisms operationalized by COPE and for the overall score of coping mechanisms in the two groups of participants. PowerStaTim 1.0 (Sava, Maricuţoiu, 2007) program was used to calculate the effect size (Cohen's d) and statistical power.

Table 1. Mean, standard deviation, „t” test, degrees of freedom, probability, effect size and statistical power for the 15 coping mechanisms.

| coping mechanisms | men | | women | | t | df | p | d | stat. power |
|---|---------|-------|---------|-------|-------|-----|-----------------|-----|-------------|
| | N = 330 | | N = 440 | | | | | | |
| | M | SD | M | SD | | | | | |
| 1) Positive reinterpretation and growth | 12.44 | 2.11 | 12.69 | 2.25 | | | | | |
| 2) Mental disengagement* | 9.23 | 2.59 | 9.94 | 2.73 | -3.64 | 768 | .000 (p < .001) | .26 | .81 |
| 3) Focus on and venting of emotions* | 9.23 | 2.61 | 9.94 | 2.76 | -3.54 | 768 | .000 (p < .001) | .26 | .80 |
| 4) Use of instrumental social support | 11.96 | 2.57 | 12.19 | 2.78 | | | | | |
| 5) Active coping | 12.08 | 2.23 | 12.11 | 2.49 | | | | | |
| 6) Denial | 7.87 | 2.55 | 7.71 | 2.57 | | | | | |
| 7) Religious coping* | 11.35 | 3.65 | 12.38 | 3.61 | -3.90 | 768 | .000 (p < .001) | .28 | .87 |
| 8) Humor | 9.34 | 3.45 | 9.17 | 3.63 | | | | | |
| 9) Behavioral disengagement | 7.73 | 2.57 | 7.88 | 2.46 | | | | | |
| 10) Restraint | 10.51 | 2.30 | 10.65 | 2.32 | | | | | |
| 11) Use of emotional social support* | 10.41 | 2.87 | 11.33 | 3.13 | -4.17 | 768 | .000 (p < .001) | .30 | .93 |
| 12) Substance use** | 5.26 | 2.54 | 4.80 | 2.31 | 2.57 | 768 | .010 (p < .05) | .19 | .73 |
| 13) Acceptance | 10.68 | 2.87 | 10.93 | 2.81 | | | | | |
| 14) Suppression of competing activities | 11.17 | 2.52 | 11.05 | 2.50 | | | | | |
| 15) Planning | 12.60 | 2.51 | 12.65 | 2.68 | | | | | |
| COPE global | 152.21 | 18.97 | 155.58 | 18.53 | -2.47 | 768 | .014 (p < .05) | .18 | .68 |

Note: (N = 770). * Coping mechanisms specific to female participants; ** Coping mechanisms specific to male participants.

Results

Table 1 presents a gender comparison in the use of coping mechanisms. Statistically significant differences were found between men and women for the following five coping mechanisms measured with COPE: mental disengagement ($t = -3.64$, $p < .001$, $d = .26$), focus on and venting of emotions ($t = -3.54$, $p < .001$, $d = .26$), religious coping ($t = -3.90$, $p < .001$, $d = .28$), use of emotional social support ($t = -4.17$, $p < .001$, $d = .30$) and substance use ($t = 2.57$, $p < .05$, $d = .19$). The effect size (taking as reference values given by: Popa, 2008; Sava, 2011; Sava, Maricuțoiu, 2007) show the existence of low or middle-low values for the effect's size (see Table 1).

Discussion

Gender differences in terms of use of particular forms of coping mechanisms were found for mental disengagement, focus on and venting of emotions, religious coping, use of emotional social support and substance use. Comparing the means of coping mechanisms on which there are significant differences, there can be observed that 4 of the 5 coping mechanisms (mental disengagement, focus on and venting of emotions, religious coping and use of emotional social support) are more specific to women. Also, substance use appears to be the only coping mechanism which is more specific to men participating in the study. This result is supported also by the results of

other authors (see: Gianakos, 2000; Talbott, Wilkinson, Moore & Usdan, 2014).

Regarding other coping mechanisms for which statistically significant differences are not observed, i.e.: positive reinterpretation and growth, use of instrumental social support, active coping, denial, humor, behavioral disengagement, restraint, acceptance, suppression of competing activities and planning, they are used both by men and women participating in the research without the existence of gender differences.

Of the coping mechanisms identified in this study as more specific to women, only use of instrumental social support is reported in other previous researches in the form of search and use of social supports (see: Chapman & Mullis, 1999; Endler & Parker, 1990; Leong, Bonz & Zachar, 1997).

As shown in this study, adult women use more often the seek for social support (in the form of use of instrumental social support) as a coping mechanism compared to men, an aspect shown also by Endler & Parker (1990), Leong, Bonz & Zachar (1997) and Chapman & Mullis (1999) and also adolescent girls typically reported predominant use of social support as a coping strategy compared to boys (see: Eschenbeck, Kohlmann & Lohaus, 2007; Hamid, Yue & Leung, 2003; Hampel & Petermann, 2005). Also, previous research reported conflicting results regarding gender differences in the use of coping mechanisms for both adults (Endler & Parker, 1990; Leong, Bonz & Zachar, 1997) and for

children and adolescents (see: Byrne, 2000; Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Kausara, Munir, 2004).

In terms of overall COPE score, obtained by summing the scores of the 15 coping mechanisms included in the questionnaire, we can observe a significant difference between women participants and men participants, in the way that there was an intensification of the use of coping mechanisms in female participants. To put it simple, the mean of the overall COPE score for the surveyed women (M women COPE global = 155.58) is higher than the mean of the men participants (M men COPE global = 152.21), a fact also discovered by Galanakis et al. (2009), Matud (2004) and Tamres, Janicki & Helgeson (2002) in terms of the perception of stress in the participants' workplace.

We can assume based on these small to moderate effect sizes in terms of gender differences that cultural factors play a more important role than gender in determining the preference for particular coping mechanisms, a result that is convergent with other results unrelated to coping that stress the importance of cultural factors over gender differences (Baron, Byrne, 1991 in Gavreliuc, 2006). Furthermore, intercultural differences influence the variability of some identity dimensions, such as gender roles or gender stereotypes (Gavreliuc, 2006). This way, gender differences used in coping mechanisms identified in this research can have as a possible explanation "gender roles" based on social norms and therefore. These differences show the Romanian characteristic when it comes to some different coping strategies used by men and women, as in the case of alcohol consumption, because, at least in the Romanian society, the consumption of substances (alcohol, in particular) is more accepted in men rather than in women, since injunctive norms were a significant predictor of drinking after controlling for gender and effects of time (Talbot, Wilkinson, Moore & Usdan, 2014). On the other hand, emotional reactions were accepted more in women rather than in men.

Our results have implications for both research and practice. On the research side, the results obtained in this study show the need for systematic research of coping mechanisms in different cultural contexts and on samples that will highly reflect the characteristics of the reference population. On the practical side, the study brings a number of useful information in psychological counseling and psychotherapy, practitioners being thus aware of the relationship between various coping strategies and gender.

In conclusion, the study shows a number of 4 coping mechanisms of the 15 operationalized by COPE specific to women, which are mental disengagement, focus on and venting of emotions, religious coping, use of emotional social support, and the identification of substance use as the only coping mechanism specific to men.

References

- Byrne, B. (2000). Relationships between anxiety, fear, self-esteem, and coping strategies in adolescence. *Adolescence*, 35, 201-215.
- Blackman, J., S. (2009). 101 apărări. Cum se autoprotejează mintea [101 defenses. How the mind defends itself]. București: Editura Trei.
- Billings, A. G., Moos, R. H. (1984). Coping, stress and social resources among adults with unipolar depression. *Journal of personality and social psychology*, 46, 877 – 891.
- 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, 92-100.
- Carver, C. S., Scheier, M. F., Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Chapman, P., & Mullis, R. L. (1999). Adolescent coping strategies and self-esteem. *Child Stud Journal*, 29, 69–77.
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127, 87–127.
- Compas, B.E., Connor-Smith, J.K., & Jaser, S. S. (2004). Temperament, stress reactivity, and coping: Implications for depression in childhood and adolescence. *Journal of Clinical Child and Adolescent Psychology*, 33, 21-31.
- Copeland, E. P., & Hess, R. S. (1995). Differences in young adolescents' coping strategies based on gender and ethnicity. *The Journal of Early Adolescence*, 15(2), 203-219.
- Cramer, P. (1991 a). Development of defense mechanisms: Theory, research, and assessment. New York: Springer-Verlag.
- Cramer, P. (1991 b). Anger and the use of defense mechanisms in college students. *Journal of Personality*, 59(1), 39–55. doi: 10.1111/j.1467-6494.1991.tb00767.x.
- Cramer, P. (1998). Coping and Defense Mechanisms: What's the Difference? *Journal of Personality*, 66, 919-946. doi: 10.1111/1467-6494.00037.
- Cramer, P. (2006). Protecting the self: Defense mechanisms in action. New York, NY: The Guilford Press.
- Crașovan, D. I. (2011). Rolul mecanismelor de apărare/coping în tulburarea depresivă majoră [The role of defence mechanisms and coping mechanisms in depression disorders]. Unpublished doctoral thesis, University of Bucharest.
- Crașovan, D.I., & Maricuțoiu, L.P. (2012). Adaptation of the Defensive Style Questionnaire 60 (DSQ-60) within a Romanian sample. *Cognition, Brain, Behavior. An Interdisciplinary Journal*, 16, 509-528.
- Crașovan, D. I., Sava, A. F. (2013). Translation, adaptation and validation on Romanian population of COPE Questionnaire for coping mechanisms analysis. *Cognition, Brain, Behavior. An Interdisciplinary Journal*. Volume XVII, No. 1 (March), pg 61-76.
- Crașovan, D. I. (2014). Limits of methods used in analysing the psychological defense: psychological defense mechanisms and coping mechanisms. *Journal of Educational sciences and Psychology*. Vol. IV (LXVI) No. 2/2014, pg 76 - 84.
- Dakhli, M., Dinkha, J., Matta, M., & Aboul-Hosn, N. (2013). The effects of gender and culture on coping

- strategies: an extension study. *The International Journal of Social Sciences*, 8(1), 87-98.
- Dekker, J., Ormel, J. (1999). Depression and coping. *Eur J Psychiatry*, 13, 183-89.
- Eschenbeck, H., Kohlmann, C., & Lohaus, A. (2007). Gender differences in coping strategies in children and adolescents. *Journal of Individual Differences*, 28(1), 18-26.
- Endler, N. S., & Parker, J. D. A. (1990). The multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, 58, 844-854.
- Folkman, S., Lazarus, R. S. (1988). „The relationship between coping and emotion: implications for theory and research”. *Social Science and Medicine*, 26, 309-317.
- Galanakis, M., Stalikas, A., Kalia, H., Karagianni, C., Karela, C. (2009). Gender differences in experiencing occupational stress: the role of age, education and marital status. *Stress and Health*, 25 (5), 397 – 404.
- Gavreliuc, A. (2006). *Psihologia interculturală. Impactul fenomenelor culturale asupra fenomenelor psihosociale*. Timișoara: Editura Universității de Vest.
- Gianakos, I. (2000). Gender roles and coping with work stress. *Sex Roles*, 42(11-12), 1059-1079. DOI 10.1023/A:1007092718727
- Hambleton, R. K. (2001). The next generation of the ITC test translation and adaptation guidelines. *European Journal of Psychological Assessment*, 17, 164-172.
- Hamid, P. N., Yue, X. D., & Leung, C. M. (2003). Adolescent coping in different Chinese family environments. *Adolescence*, 38(149), 111-130.
- Hampel, P., & Petermann, F. (2005). Age and gender effects on coping in children and adolescents. *Journal of Youth and Adolescence*, 34, 73-83.
- Howitt, D., Cramer, H. (2010). *Introducere în SPSS pentru psihologie [Introduction to SPSS for Psychology]*. 16th version. Iași: Editura Polirom.
- Ionescu, Ș., Jacquet, C.-L., Lhote C. (2002). *Mecanismele de apărare. Teorie și aspecte clinice [Defense mechanisms. Theory and clinical aspects]*. Iași: Editura Polirom.
- Kausara, R., & Munir, R. (2004). Pakistani adolescents' are coping with stress: Effect of loss of a parent and gender of adolescents. *Journal of Adolescence*, 27, 599-610.
- Lam, D., Scuck, N., Smith, N., Farmer, A., Checkley, S. (2003). Response style, interpersonal difficulties and social functioning in major depressive disorder. *J Affect Disord*, 75, 279-283.
- Lazarus, R. S. (1966). *Psychological Stress and the coping Process*. New York: McGraw-Hill.
- Lazarus, R. S., Folkman, S. (1987). Transactional Theory and Research on emotion and coping. *European Journal of Personality*, 1, 141-169.
- Leong, F. T., Bonz, M. H., & Zachar, P. (1997). Coping styles as predictors of college adjustment among freshmen. *Counselling Psychology Quarterly*, 10, 211-220.
- Madhyastha, S., Latha, K. S., & Kamath, A. (2014). Stress, coping and gender differences in third year medical students. *Journal of Health Management*, 16(2), 315-326.
- Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences*, 37(7), 1401-1415. doi:10.1016/j.paid.2004.01.010
- McCrae, R.R. (1982). Age differences in the use of coping mechanisms. *Journal of Gerontology*, 37, 454-460.
- McCrae, R.R. (1984). Situational determinants of coping responses: Loss, threat, and challenge. *Journal of Personality and Social Psychology*, 46, 919-928.
- Patterson, J. M. & McCubbin, H. I. (1987). Adolescent coping style and behaviors: Conceptualization and measurement. *Journal of Adolescence*, 10, 163-186.
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of health and social behavior*, 2-21.
- Phelps, S. B., & Jarvis, P. A. (1994). Coping in adolescence: empirical evidence for a theoretically based approach to assessing coping. *Journal of Youth and Adolescence*, 23, 359-372.
- Popa, M. (2008). *Statistică pentru psihologie. Teorie și aplicații SPSS [Statistics for Psychology. Theory and Applications SPSS]*. Iași: Editura Polirom.
- Rose, A. J., & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological bulletin*, 132(1), 98. DOI: 10.1037/0033-2909.132.1.98
- Sava, F. A. (2011). *Analiza datelor în cercetarea psihologică [Data Analysis in Psychological Research]*. Cluj Napoca: Editura ASCR.
- Sava, F., Maricuțoiu, L.-P. (2007). *PowerStatim. Manualul utilizatorului [PowerStatim. User's Manual]*. Timișoara: Editura Universității de Vest.
- Selye, H. (1976 a). *Stress in Health and Disease*. Boston: Butterworth.
- Selye, H. (1976 b). *The stress of life*. The McGraw-Hill Companies, Inc Revised edition.
- Talbott, L. L., Wilkinson, L. L., Moore, C. G., & Usdan, S. L. (2014). The Role of Injunctive Norms and Alcohol Use during the First-Semester of College. *Journal of Alcohol & Drug Education*, 58(1), 60.
- 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. doi: 10.1207/S15327957PSPR0601_1
- Thygesen, K. L., Drapeau, M., Trijsburg, R.W., Lecours, S., de Roten, Y. (2008). Assessing defence styles: Factor structure and psychometric properties of the new Defence Style Questionnaire 60 (DSQ-60). *The International Journal of Psychology and Psychological Therapy*, 8, 171-181.
- Ward, C., & Kennedy, A. (2001). Coping with cross-cultural transition. *Journal of Cross-Cultural Psychology*, 32(5), 636-642.