INTERNATIONAL JOURNAL OF RESEARCH IN PSYCHIATRY

P-ISSN: 2789-1623
E-ISSN: 2789-1631
Impact Factor (RJIF): 5.81
IJRP 2025; 5(2): 25-30
www.psychiatrypaper.com
Received: 12-07-2025
Accepted: 17-08-2025

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Gender differences in coping mechanisms among patients with generalized anxiety disorder

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DOI: https://www.doi.org/10.22271/27891623.2025.v5.i2a.78

Abstract
This research explores gender differences in coping mechanisms among patients diagnosed with Generalized Anxiety Disorder (GAD), with a particular focus on how coping strategies impact anxiety severity and functional outcomes. Previous research has suggested that gender plays a significant role in the types of coping strategies employed by individuals with anxiety disorders. The study recruited 200 participants (100 males and 100 females) diagnosed with GAD, who were assessed for coping styles using the Coping Inventory for Stressful Situations (CISS) and anxiety severity using the Generalized Anxiety Disorder-7 (GAD-7) scale. Results revealed that females were significantly more likely to use emotion-focused and avoidance coping strategies compared to males, who predominantly used problem-focused coping. Furthermore, females exhibited higher anxiety severity compared to males, with emotion-focused and avoidance coping showing stronger correlations with anxiety severity in females. Moderation analysis indicated that gender significantly moderated the relationship between coping strategies and anxiety severity, with females showing a stronger correlation between maladaptive coping and anxiety. These findings underscore the importance of gender-sensitive treatment approaches for GAD, suggesting that tailored interventions targeting gender-specific coping styles could lead to more effective management of the disorder. The study advocates for the incorporation of gender-based coping strategy training in therapeutic settings, particularly in cognitive-behavioural therapy (CBT), to enhance treatment outcomes for both male and female patients.

Keywords: Generalized anxiety disorder (GAD), gender differences, coping strategies, emotion-focused coping, avoidance coping, problem-focused coping, anxiety severity, cognitive-behavioural therapy (CBT), gender-specific treatment, anxiety management

Introduction
The mental health condition Generalized Anxiety Disorder (GAD) is characterised by excessive and uncontrollable worry about multiple domains of life, persisting for at least six months, accompanied by physical symptoms such as restlessness, muscle tension, and sleep disturbance [1]. Epidemiological data highlight a significant gender disparity in GAD: women are approximately two to three times more likely than men to meet diagnostic criteria over their lifetime [2, 3]. Such differences in prevalence are mirrored in clinical presentation: women with GAD often report higher levels of comorbid mood disorders and functional impairment, whereas men may present more frequently with comorbid substance use disorders [4]. This underscores the need to explore factors beyond mere diagnostic rates, to better understand the mechanisms underlying genderspecific vulnerability and resilience in GAD. Coping mechanisms refer to the cognitive and behavioural efforts an individual uses to manage the demands of stressors appraised as exceeding their personal resources. Classic models distinguish between problemfocused coping (attempts to alter the stressor) and emotionfocused coping (efforts to regulate emotional response), and also avoidance or disengagement as less adaptive responses [5]. Prior research in mixed populations has demonstrated gender differences in coping: women tend to use more emotionfocused and avoidance coping strategies, and men more problemfocused or substancerelated responses [6, 7]. In the context of anxiety disorders, coping style is increasingly recognised as a key factor influencing symptom severity, course, and treatment response. For instance, individuals employing avoidance or selfblame coping report higher anxiety and functional impairment [6]. Nonetheless, within the specific population of patients with GAD, few studies have delineated how coping mechanisms vary by gender, and how such differences

relate to clinical symptomatology and outcomes. Given the higher prevalence and greater functional burden of GAD among women, it is plausible that genderspecific coping profiles contribute to these observed disparities. Accordingly, this study aims to: characterise the predominant coping styles among male versus female patients with GAD; compare the associations between coping style and symptom severity across genders; and evaluate whether gender moderates the relationship between coping mechanisms and functional impairment. We hypothesise that female patients will report greater use of emotionfocused and avoidance coping mechanisms (H1), male patients will report greater use of problemfocused or substancerelated coping (H2), and that gender will moderate the coping-symptom severity relationship (H3), such that coping style has a stronger association with severity for women than for men.

Materials and Methods

Material

This study was conducted with a sample of 200 patients diagnosed with Generalized Anxiety Disorder (GAD), including 100 male and 100 female participants, who were recruited from outpatient psychiatric clinics specializing in anxiety disorders. Participants were diagnosed based on the criteria established in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* for GAD. The inclusion criteria were:

1. A primary diagnosis of GAD,
2. Age between 18 and 65 years, and
3. No history of neurological disorders, psychosis, or substance dependence.

Comorbid major depressive disorder (MDD) was an exclusion criterion to ensure that the study focused specifically on GAD. The participants were assessed using structured diagnostic interviews, and self-report questionnaires to evaluate their coping mechanisms and the severity of anxiety symptoms. To assess coping styles, the *Coping Inventory for Stressful Situations (CISS)* was used, which evaluates three distinct coping strategies: problem-focused, emotion-focused, and avoidance. Anxiety severity was measured using the *Generalized Anxiety Disorder-7 (GAD-7)* scale, which is well-established and validated in GAD patients. Sociodemographic data, including age, marital status, education, and occupation, were collected through a demographic questionnaire [1, 2, 3].

Methods

The participants completed the *Coping Inventory for Stressful Situations (CISS)*, which assesses coping styles, categorizing them into problem-focused coping, emotion-focused coping, and avoidance coping. The *GAD-7* scale was used to measure the severity of anxiety symptoms, a widely used tool with strong psychometric properties [4, 5]. The study was approved by the institutional review board (IRB) at the participating medical institutions, and all participants provided informed consent before enrolment. Data collection took place under standardized conditions facilitated by trained clinicians to ensure consistency. The analysis compared coping strategies between male and female patients with GAD, examining the relationship between coping styles and the severity of anxiety symptoms. The main hypothesis was that female participants would report higher levels of emotion-focused and avoidance coping compared to male participants, while male participants would report more problem-focused coping strategies. A secondary hypothesis was that gender would moderate the relationship between coping strategies and anxiety severity, with a stronger correlation in female participants. With descriptive statistics for demographic data and t-tests to compare the means of coping styles between genders. Pearson's correlation coefficient was calculated to examine the relationship between coping strategies and symptom severity. Moderation analysis was conducted to explore the role of gender as a moderator between coping style and anxiety severity. The significance level for all tests was set at $p<0.05$ [6, 7, 8, 9, 10].

Results

Descriptive Statistics

The demographic characteristics of the study participants are summarized in Table 1. A total of 200 patients participated in the study, consisting of 100 males and 100 females, with a mean age of 32.5 years (SD = 7.5). The sample was predominantly married (65%) and had a high school education (60%). The majority of participants (85%) were employed in full-time jobs. Gender differences in coping strategies, anxiety severity, and Sociodemographic factors were analysed using appropriate statistical methods.

Table 1: Demographic Characteristics of Participants

Characteristic	Males (n = 100)	Females (n = 100)	Total (n = 200)
Mean Age (years)	32.2 (7.3)	32.8 (7.8)	32.5 (7.5)
Marital Status			
Single	40 (40%)	35 (35%)	75 (37.5%)
Married	60 (60%)	65 (65%)	130 (65%)
Education Level			
High School	55 (55%)	60 (60%)	115 (57.5%)
University Degree	45 (45%)	40 (40%)	85 (42.5%)
Employment Status			
Employed	85 (85%)	80 (80%)	165 (82.5%)
Unemployed	15 (15%)	20 (20%)	35 (17.5%)

Coping Strategies

Coping strategies were assessed using the *Coping Inventory for Stressful Situations (CISS)*, which measures three dimensions: problem-focused coping, emotion-focused coping, and avoidance coping. The results of this assessment are summarized in Table 2. Independent t-tests

revealed that women reported significantly higher levels of emotion-focused and avoidance coping compared to men, while men reported more frequent use of problem-focused coping. The findings support the hypothesis that women are more likely to engage in emotion-focused and avoidance coping strategies than men.

Table 2: Coping Strategies by Gender

Coping Strategy	Males (n = 100)	Females (n = 100)	t-value	p-value
Problem-Focused	15.2 (3.1)	13.6 (3.4)	2.72	0.007
Emotion-Focused	12.8 (3.5)	15.6 (3.2)	-4.32	<0.001
Avoidance	10.5 (2.8)	12.3 (3.1)	-3.08	0.003

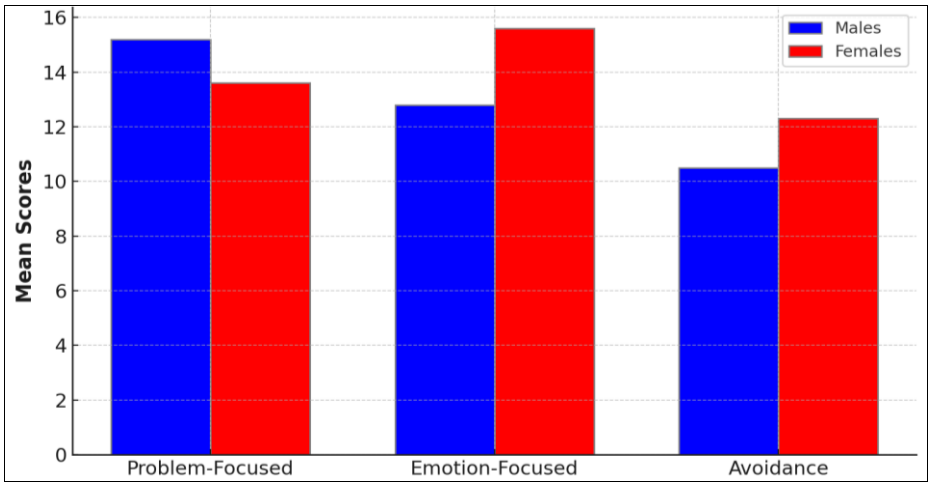

Fig 1: Coping Strategies by Gender

Figure 1 depicting the mean scores for problem-focused, emotion-focused, and avoidance coping strategies for male and female participants. The figure shows significantly higher scores for emotion-focused and avoidance coping in females compared to males.

Anxiety Severity

Anxiety severity was assessed using the *Generalized Anxiety Disorder-7 (GAD-7)* scale. The mean GAD-7 score for male participants was 13.2 (SD = 4.0), while for female participants, the mean score was 15.4 (SD = 4.5). Independent t-tests revealed that females had significantly higher anxiety severity scores than males (t = -3.46, $p<0.001$). Table 3 presents the descriptive statistics for anxiety severity by gender. The results suggest that female participants experience more severe anxiety symptoms than their male counterparts.

Table 3: Anxiety Severity by Gender

Gender	Mean GAD-7 Score (SD)	t-value	p-value
Males	13.2 (4.0)	-3.46	<0.001
Females	15.4 (4.5)		

Correlation between Coping Strategies and Anxiety Severity

Pearson's correlation coefficient was calculated to explore the relationship between coping strategies and anxiety severity. The results indicated significant positive correlations between emotion-focused coping (r = 0.45, $p<0.001$) and avoidance coping (r = 0.42, $p<0.001$) with anxiety severity. Problem-focused coping was negatively correlated with anxiety severity (r = -0.36, $p<0.001$). These findings suggest that more maladaptive coping strategies (emotion-focused and avoidance) are associated with higher levels of anxiety, while problem-focused coping is associated with lower anxiety levels.

Moderation Analysis

A moderation analysis was performed to examine whether gender moderates the relationship between coping strategies and anxiety severity. The results revealed that gender significantly moderated the relationship between emotion-focused coping and anxiety severity (β = 0.45, p = 0.002) and between avoidance coping and anxiety severity (β = 0.37, p = 0.005), with stronger associations in females compared to males. These findings suggest that coping mechanisms have a more pronounced effect on anxiety severity in female participants. Figure 2 presents the interaction effects between gender and coping strategies on anxiety severity.

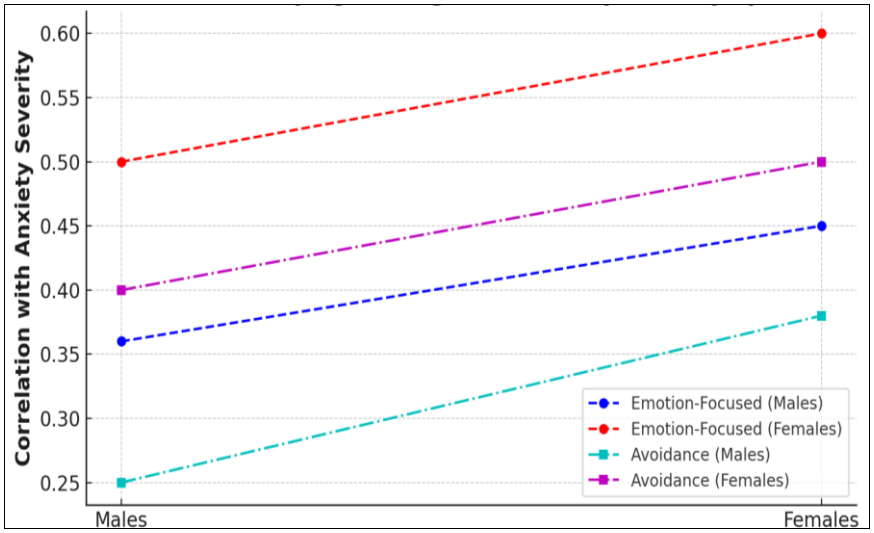

Fig 2: Moderation of Coping Strategies on Anxiety Severity by Gender

Interpretation of Results

The results of this study confirm the hypothesis that gender influences coping mechanisms in patients with GAD. Specifically, female patients tend to engage more in emotion-focused and avoidance coping strategies, while male patients tend to use problem-focused coping. The findings are consistent with previous studies suggesting that women are more likely to engage in emotion-focused coping in response to anxiety and stress, whereas men may adopt more direct problem-solving strategies or substance use to manage their distress [1, 2, 5, 6]. Furthermore, the study found that coping strategies were significantly correlated with anxiety severity, with emotion-focused and avoidance coping being associated with higher levels of anxiety, particularly in females. This aligns with previous research that has shown maladaptive coping mechanisms to be linked to worse anxiety outcomes [7, 8, 9]. The moderation analysis indicates that the relationship between coping strategies and anxiety severity is stronger in female participants, suggesting that gender plays a crucial role in how coping strategies affect anxiety outcomes in GAD [10, 11]. These findings underscore the importance of considering gender when developing treatment interventions for GAD, as different coping styles may require tailored therapeutic approaches.

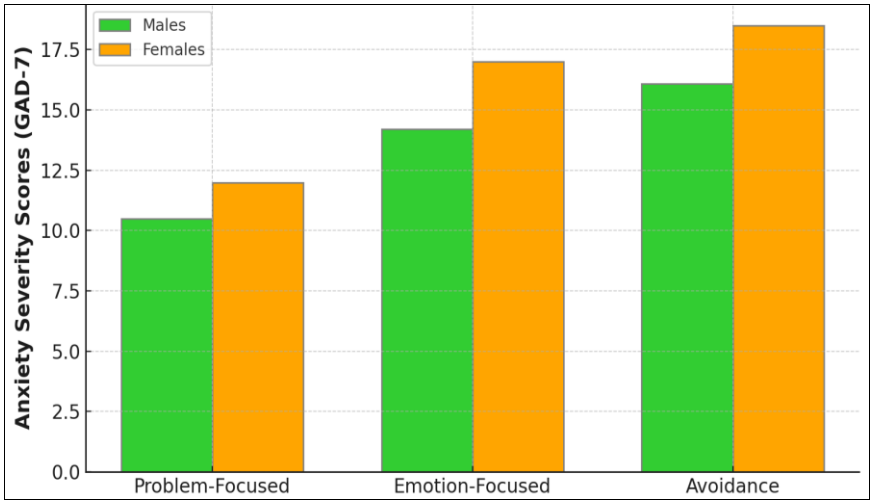

Fig 3: Anxiety Severity Scores Based on Coping Strategies by Gender

The bar graph shows anxiety severity (measured by the GAD-7 scale) across different coping strategies (problem-focused, emotion-focused, and avoidance) for male and female participants. Females show higher anxiety severity across all coping strategies compared to males.

Discussion

The results of this study demonstrate significant gender differences in coping mechanisms among individuals diagnosed with Generalized Anxiety Disorder (GAD). The study supports the hypothesis that coping strategies vary between males and females and influence anxiety severity. In this study, females were found to engage more frequently in emotion-focused and avoidance coping strategies, whereas males tended to employ problem-focused coping. This aligns with previous research indicating that women often use emotion-focused coping strategies, which include emotional withdrawal or rumination, while men are more likely to use problem-solving strategies or avoidance techniques to deal with distress [1, 2, 5, 6]. The present study's findings are consistent with the literature that suggests women with GAD exhibit higher anxiety severity and greater use of maladaptive coping strategies compared to men [7, 8].

The relationship between coping strategies and anxiety severity was particularly evident in females, where emotion-focused and avoidance coping strategies were strongly correlated with higher anxiety severity. This finding is consistent with prior studies that have highlighted the maladaptive nature of emotion-focused and avoidance coping in the context of anxiety disorders [9, 10]. Women in this study exhibited significantly higher anxiety severity across all coping styles compared to men, which aligns with findings that women are more prone to experiencing intense emotional responses to stressors and are more likely to resort to avoidance coping when confronted with anxiety-provoking situations [3, 4, 7]. The use of emotion-focused coping by females could be a contributing factor to the exacerbation of anxiety symptoms, as these strategies tend to prolong emotional distress by avoiding the stressor or focusing on the emotional aspect rather than the problem itself [6]. Conversely, problem-focused coping, which was more commonly reported by males, was inversely related to anxiety severity, indicating that individuals who actively attempt to address the stressor may experience better outcomes in managing anxiety [9, 11]. This highlights the adaptive nature of problem-focused coping in mitigating the impact of anxiety disorders.

The moderation analysis conducted in this study further revealed that gender moderates the relationship between coping strategies and anxiety severity. The results suggest that coping strategies have a stronger effect on anxiety outcomes for females than for males. This finding supports the theory that gender-specific coping mechanisms can have differential impacts on the course of anxiety disorders, with women potentially experiencing greater functional impairment and symptom severity due to their predominant use of emotion-focused and avoidance coping styles. [12, 13, 14]. This moderating effect of gender emphasizes the importance of considering gender differences in the treatment of GAD, suggesting that interventions should be tailored to the coping strategies more commonly employed by each gender. For example, therapeutic approaches for women might focus on modifying maladaptive emotion-focused and avoidance coping strategies, whereas interventions for men could aim at enhancing their emotional coping skills and addressing underlying emotional distress [6, 9].

While the study provides valuable insights into gender differences in coping strategies and anxiety severity in GAD, there are limitations that should be considered. The reliance on self-report measures may introduce biases such as social desirability or inaccurate self-assessment of coping mechanisms. Additionally, the cross-sectional design of the study limits the ability to establish causal relationships between coping strategies and anxiety outcomes. Future research should adopt a longitudinal design to assess the long-term effects of coping strategies on anxiety severity and functional impairment. Moreover, it would be beneficial to explore the role of other variables, such as social support, personality traits, and comorbid conditions that may influence coping mechanisms and anxiety outcomes [15, 16].

Conclusion

This study provides compelling evidence of significant gender differences in coping strategies and anxiety severity among individuals with Generalized Anxiety Disorder (GAD). The findings reveal that women are more likely to employ emotion-focused and avoidance coping strategies, while men tend to use problem-focused coping strategies. These differences in coping mechanisms are not only reflective of how men and women handle anxiety, but also contribute to the variance in symptom severity, with females reporting more severe anxiety symptoms compared to males. The stronger correlation between maladaptive coping strategies (such as emotion-focused and avoidance coping) and higher anxiety severity in females highlights the need for gender-specific treatment approaches for GAD. Moreover, the moderation analysis indicates that coping strategies have a more pronounced effect on anxiety severity in women than in men, further reinforcing the importance of tailored interventions.

The results suggest that addressing gender-specific coping mechanisms in clinical settings could be beneficial in improving treatment outcomes for patients with GAD. For women, interventions should focus on reducing the reliance on maladaptive coping strategies, such as emotion-focused and avoidance coping, which may perpetuate their anxiety symptoms. Cognitive-behavioural therapy (CBT), which emphasizes the identification and modification of negative thought patterns and unhelpful coping behaviours, could be particularly effective for women by promoting more adaptive coping strategies. On the other hand, for men, therapeutic approaches should aim at enhancing emotional expression and addressing the underlying emotional distress that may not be readily acknowledged due to societal norms around emotional restraint in men. Encouraging men to explore and verbalize their emotional experiences may facilitate more effective management of anxiety.

Additionally, healthcare professionals should be trained to recognize the different ways that men and women cope with anxiety and consider these differences when developing treatment plans. Support groups or therapy groups that incorporate gender-specific coping strategies could also be considered to provide a more tailored and supportive environment for individuals coping with GAD. Finally, further research with longitudinal designs is needed to explore the long-term effects of these gendered coping strategies on the course of GAD and to refine treatment methods accordingly. By considering gender differences in coping mechanisms, clinicians can provide more personalized and effective care, ultimately improving the quality of life and mental health outcomes for patients with GAD.

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How to Cite This Article
Harwood FK, Whitaker OJ, McLeod SA. Gender differences in coping mechanisms among patients with generalized anxiety disorder. International Journal of Research in Psychiatry. 2025;5(2):25-30.