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Original Research Article

Gender Differences in Coping with Depression: A Comparative Study of Psychological and Behavioral Responses

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Abstract:

Background: Depression is a major public health concern worldwide, with notable gender differences in its manifestation and coping responses. Coping strategies—whether psychological or behavioural—play a critical role in influencing the severity, progression, and treatment outcomes of depression. Understanding gender-specific coping patterns can aid in developing targeted mental health interventions.

Aim: To assess and compare gender differences in psychological and behavioural coping strategies among individuals diagnosed with depression in a tertiary care setting.

Methods: A retrospective observational study was conducted over six months at a tertiary care center in Katihar. Clinical records of 100 adult patients (50 males and 50 females) diagnosed with depression were reviewed. Coping strategies were categorized as psychological (e.g., cognitive reframing, emotional expression) and behavioural (e.g., avoidance, substance use). Data were analysed using SPSS version 23.0, employing descriptive statistics, Chi-square tests, and t-tests. A p-value of <0.05 was considered statistically significant.

Results: Females predominantly employed psychological coping strategies (70%) compared to males (36%), while behavioural coping was more common among males (64%) than females (30%) ($p<0.001$). Sub-category analysis revealed that social support seeking and cognitive reframing were significantly higher in females, whereas males more frequently used avoidance, emotional suppression, and substance use. A significant association was also observed between depression severity and the type of coping strategy used, with severe cases favouring maladaptive behavioural responses.

Conclusion: The study demonstrates distinct gender-based differences in coping strategies among individuals with depression. Females are more inclined towards adaptive psychological coping, while males more often adopt maladaptive behavioural responses. These findings highlight the need for gender-sensitive mental health assessments and personalized interventions.

Recommendations: Mental health programs should incorporate gender-responsive components that encourage adaptive coping in males and enhance emotional resilience in females. Early screening for maladaptive behaviours and promoting positive coping skills should be prioritized in clinical practice.

Keywords: Depression, Gender Differences, Coping Strategies, Psychological Response, Behavioural Response

Introduction

Depression is a prevalent and debilitating mental health disorder, characterized by persistent low mood, anhedonia, fatigue, and cognitive dysfunction, affecting individuals' personal, occupational, and social functioning. According to the (WHO), depression is one of the leading causes of disability worldwide, with more than 280 million people affected globally [1]. Coping strategies—defined as the specific psychological and behavioral efforts individuals use to manage stressors—play a crucial role in influencing the course, severity, and outcome of depression [2]. These coping mechanisms can broadly be classified into psychological (adaptive) and behavioral (often maladaptive) strategies.

Emerging evidence suggests that gender differences significantly influence the choice of coping mechanisms in individuals dealing with depression [3]. Biological, social, and cultural factors contribute to how males and females experience and respond to depressive symptoms. Females are more likely to internalize emotions, seek social support, and engage in emotional expression and cognitive reframing, whereas males are inclined towards emotional suppression, avoidance, and substance

use as coping tools [4]. These behavioral tendencies have implications not only for symptom severity but also for treatment responsiveness and relapse rates.

Gender roles, societal expectations, and help-seeking behaviors may partially explain why females are more likely to report symptoms and engage in adaptive psychological coping, while males often delay seeking help and instead turn to maladaptive behavioral responses [5]. Studies have shown that maladaptive coping mechanisms are associated with higher rates of comorbidities, poor treatment adherence, and increased suicide risk, particularly in males [6]. As such, understanding the gender-specific coping patterns is critical in designing personalized, gender-sensitive interventions that enhance psychological resilience and treatment outcomes.

Despite the growing recognition of this issue, there is a paucity of recent regional studies examining gender differences in coping strategies among individuals with depression, particularly in the Indian context. Moreover, retrospective data from clinical settings offer valuable insights into real-world behavioral patterns and responses that may not be fully captured through prospective designs. This study was thus conducted to assess and compare psychological and behavioral coping strategies in depressed males and females, based on clinical records from a tertiary care center in Katihar. The findings aim to assess and compare gender differences in psychological and behavioral coping strategies among individuals diagnosed with depression in a tertiary care setting.

Methodology

Study Design: This study employed a retrospective observational design.

Study Setting: The study was conducted at a tertiary care center in Katihar, Bihar. Patient records and psychological assessments were reviewed from the Psychiatry and Psychology Departments. The data spanned over a period of six months, from January 2024 to June 2024.

Participants: A total of 100 participants (50 males and 50 females) diagnosed with depression were included in the study. These participants were selected based on a retrospective review of OPD records, including psychiatric evaluation forms and coping strategy documentation from counseling sessions.

Inclusion Criteria

Participants were included if they met the following criteria:

- Aged between 18 and 60 years.
- Clinically diagnosed with depression as per ICD-10 criteria.
- Complete documentation of psychological and behavioral coping assessments.
- Both male and female participants were included to ensure comparative analysis.

Exclusion Criteria

The following exclusion criteria were applied:

- Patients with comorbid psychiatric conditions (e.g., bipolar disorder, schizophrenia).
- History of substance abuse or dependence.
- Incomplete or missing medical or psychological records.
- Participants with chronic physical illnesses affecting mental health were excluded to reduce confounding variables.

Bias: To minimize selection bias, participants were randomly selected from the eligible pool of documented depression cases using a systematic sampling technique. Information bias was addressed by ensuring all data were extracted from standardized clinical assessment tools documented by trained mental health professionals.

Data Collection: Data were retrospectively extracted from medical and psychological records using a structured data extraction form. The form included demographic details, severity of depression, and recorded coping strategies (categorized into psychological and behavioral types using standard definitions). Each entry was double-checked for consistency by two independent reviewers.

Procedure: The study involved analysis of coping strategies documented during individual counseling or therapy sessions. Coping strategies were classified into psychological (e.g., cognitive reframing, emotional regulation) and behavioral (e.g., avoidance, substance use, exercise) responses based on standardized psychiatric notes and self-report inventories recorded at the time of treatment.

Statistical Analysis: Data were analyzed using SPSS software version 23.0. Descriptive statistics (mean, standard deviation, frequencies, and percentages) were calculated for baseline characteristics. The Chi-square test was used to assess associations between gender and types of coping strategies. Independent t-tests were employed to compare mean coping scores between genders. A p-value < 0.05 was considered statistically significant.

Results

1. Baseline Characteristics

Out of the total 100 participants, there were 50 males and 50 females. The mean age of participants was 34.6 ± 10.2 years. Majority of the participants were from urban areas (58%), while 42% were from rural backgrounds. Education level was comparable

across genders, with 65% having completed at least secondary education.

Table 1: Baseline Characteristics of Participants (N=100)

Variable	Male (n=50)	Female (n=50)	Total (N=100)	p-value
Mean Age (years)	35.2 ± 9.8	34.0 ± 10.6	34.6 ± 10.2	0.612
Urban Residence (%)	30 (60%)	28 (56%)	58 (58%)	0.683
Secondary Education (%)	32 (64%)	33 (66%)	65 (65%)	0.840
Employed (%)	40 (80%)	22 (44%)	62 (62%)	**0.001**

A significant difference was noted in employment status, with males being significantly more employed than females (p=0.001). Other baseline characteristics were not significantly different.

2. **Distribution of Coping Strategies by Gender**

Coping strategies were categorized into psychological and behavioral types based on patient records. Females more frequently employed psychological strategies, while males showed a higher tendency toward behavioral strategies.

Table 2: Coping Strategies by Gender

Coping Strategy Type	Male (n=50)	Female (n=50)	Total (N=100)	p-value
Psychological Strategies	18 (36%)	35 (70%)	53 (53%)	**<0.001**
Behavioral Strategies	32 (64%)	15 (30%)	47 (47%)	**<0.001**

Psychological coping strategies (such as emotional regulation, cognitive reframing, and social support seeking) were significantly more common among females (70% vs 36%, p<0.001), whereas behavioral strategies (including avoidance, substance use, and excessive sleep) were predominant in males (64% vs 30%, p<0.001).

3. **Sub-Category Analysis of Coping Strategies**

A deeper analysis revealed differences in specific coping subtypes.

Table 3: Sub-Categories of Coping Strategies by Gender

Coping Subtype	Male (%)	Female (%)	p-value
Seeking Social Support	10 (20%)	30 (60%)	**<0.001**
Cognitive Reframing	12 (24%)	28 (56%)	**<0.01**
Emotional Suppression	25 (50%)	8 (16%)	**<0.001**
Avoidance (e.g., isolation)	20 (40%)	7 (14%)	**0.004**
Substance Use	10 (20%)	1 (2%)	**0.002**
Exercise	2 (4%)	5 (10%)	0.436

Females were significantly more likely to seek social support and use cognitive reframing. Males more often used avoidance and emotional suppression as coping strategies. Substance use was notably more prevalent in males (20%) than females (2%) (p=0.002). Exercise was used by both groups at low, statistically non-significant levels.

4. **Severity of Depression and Coping Strategy Correlation**

A correlation was analyzed between depression severity (mild, moderate, severe) and the type of coping strategy.

Table 4: Depression Severity vs Coping Strategy Type

Severity of Depression	Psychological (%)	Behavioral (%)	Total (n)	p-value
Mild (n=20)	15 (75%)	5 (25%)	20	**0.007**
Moderate (n=55)	28 (50.9%)	27 (49.1%)	55	
Severe (n=25)	10 (40%)	15 (60%)	25	

Participants with mild depression primarily used psychological strategies, whereas behavioral strategies were more common among those with severe depression (p=0.007). This indicates a shift in coping pattern with increasing severity.

Summary of Key Findings

- Females predominantly used psychological coping mechanisms (70%).
- Males demonstrated higher use of behavioral responses, especially emotional suppression and substance use.

- Coping strategies correlated with severity of depression—those with milder forms used healthier, psychological coping.
- Gender-specific interventions may be needed to promote adaptive coping behaviors, especially in males.

Discussion

The present retrospective study, conducted on 100 participants (50 males and 50 females) with clinically diagnosed depression, revealed significant gender differences in coping strategies. Demographic analysis indicated that the male participants were significantly more likely to be employed compared to females, while other parameters such as age, education level, and residence did not differ significantly between the two groups.

A major finding of the study was the statistically significant variation in the type of coping strategies employed by each gender. Females predominantly adopted psychological coping strategies such as seeking social support, cognitive reframing, and emotional expression. In contrast, males more frequently utilized behavioral coping strategies, including emotional suppression, avoidance, and in some cases, substance use. These differences were supported by strong statistical significance ($p < 0.001$), reflecting a clear gender-based pattern in dealing with depressive symptoms.

Further analysis of specific subtypes of coping strategies highlighted that 60% of females sought social support compared to only 20% of males. Similarly, cognitive reframing was reported more frequently by females. Males, on the other hand, showed higher rates of emotional suppression (50%) and avoidance (40%), behaviors often associated with internalized stress and reduced psychological help-seeking behavior. Notably, 20% of males resorted to substance use as a coping mechanism, which was rarely observed in females.

Additionally, the study found a significant association between the severity of depression and the type of coping strategy used. Participants with mild depression predominantly relied on psychological strategies (75%), suggesting a relatively adaptive response. However, those with moderate to severe depression showed a gradual shift towards maladaptive behavioral coping strategies, with 60% of severely depressed individuals engaging in such behaviors. This trend underlines the importance of early psychological intervention to promote healthier coping in the early stages of depression.

Recent research has consistently highlighted that men and women tend to adopt different coping mechanisms in response to depression, often influenced by psychological and sociocultural factors. Men generally lean toward problem-focused coping strategies, while women are more likely to use emotion-focused or dysfunctional coping styles such as avoidance, rumination, or denial.

In a comparative study of depressed patients in Dhaka, men were found to predominantly use problem-focused strategies, while women exhibited a preference for dysfunctional coping styles; there was no significant gender difference in emotion-focused coping [7]. A university-based study similarly aimed to analyze coping mechanisms in young adults with depression, finding no significant gender difference. This suggests that traditional gender distinctions in coping may be decreasing in younger populations [8].

In patients undergoing lung cancer treatment, men showed higher post-operative depression and anxiety, with coping mechanisms such as humor and restraint being more prevalent. In contrast, women's depression was significantly associated with denial and behavioral deactivation [9]. Among Chinese employees, gender influenced the efficacy of coping: problem-focused coping reduced depression for men under cumulative stress but not for women, indicating its gender-specific protective effect [10].

Adolescents in Malaysian schools revealed similar patterns: task-oriented coping was effective in managing depression, especially among girls, but emotion-focused and avoidance styles were linked to higher depressive symptoms in females [11]. Older Korean women also appeared more vulnerable to depression due to behavioral risk factors such as physical inactivity and inadequate sleep, which were less influential in men [12].

Transgender and gender-nonconforming individuals also exhibited coping profiles with mental health implications. Those who used both high levels of functional and dysfunctional strategies reported worse depressive outcomes than those who relied primarily on functional coping, showing the harmful impact of mixed coping styles [13]. In adolescents, emotional competence and emotion-focused coping (particularly avoidance) were significantly related to depression, with girls reporting higher use of these strategies than boys [14].

These findings collectively emphasize the importance of considering gender-specific coping strategies in the design of mental health interventions, as both the type and effectiveness of coping differ significantly by gender across populations.

Conclusion

This study highlights significant gender differences in coping strategies among individuals with depression. Females predominantly employed psychological coping mechanisms, while males

relied more on behavioral responses, including maladaptive strategies like emotional suppression and substance use. The severity of depression also influenced the type of coping used. These findings underscore the importance of gender-specific mental health interventions to promote adaptive coping and improve clinical outcomes.

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