

## Differences between genders in coping: Different coping strategies or different stressors?\*

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*These study analysed gender specificity in coping behaviours by taking into account the types of problem faced by Spanish adolescents attending school. It was focused on the ten problems most frequently reported by participants (828 adolescents, 355 boys, and 473 girls;  $M_{age} = 14.07$ ,  $SD = 1.34$ ), which were classified using a multi-axial classification system. Coping was examined as a two separate measures of approach and avoidance coping, and as a combined measure indicating the predominant use of coping, and total coping effort. A MANCOVA and subsequent univariate tests were conducted to analyse the specificity of coping according to problem and gender, controlled by age. The results showed that the percentage of types of problems reported by adolescents differed according to gender. The influence of gender on coping was scarcely relevant when the type of problem was controlled for. There were no gender differences when the predominant type of coping was considered, but when a total coping effort measure was analysed girls showed more coping efforts than boys to face interpersonal relationship problems and personal illness.*

*Keywords: adolescence, coping, gender differences, stressors.*

## Diferencias de género en afrontamiento: ¿diferentes estrategias o diferentes estresores?

*Este estudio analiza la especificidad del género en el afrontamiento tomando en consideración los diferentes tipos de problemas que afrontan los*

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*adolescentes. Se focaliza en los diez problemas más frecuentemente relatados por los participantes (828 adolescentes, 355 chicos y 473 chicas;  $M_{edad} = 14.07$ ,  $DT = 1.34$ ). Estos problemas han sido codificados de acuerdo a un sistema de clasificación multiaxial. El afrontamiento se analiza como dos medidas separadas de coping (Aproximación y Evitación), como una medida combinada que indica el uso preferencial del coping, y como el total de esfuerzos de coping. Se ha llevado a cabo un MANCOVA seguido de test univariados para analizar la especificidad del coping según tipos de problemas y género controlando edad. Los resultados muestran que el porcentaje de los tipos de problemas relatados por los adolescentes difieren según el género. La influencia del género en el coping es poco relevante cuando se controla el tipo de problema. No se hallan diferencias de género en la forma predominante de coping, pero, sí en los esfuerzos totales de coping donde las chicas muestran mayores esfuerzos para afrontar problemas de relación interpersonal y enfermedad propia*

Palabras clave: *adolescencia, coping, diferencias de género, estresores.*

## **Coping theoretical framework**

The present study is based on the transactional theory of coping (Moos, 1993) which differentiates two foci of coping: Approach and avoidant coping. Approach coping refers to cognitive and behavioural attempts to deal directly with the stressor, including responses such as logical analysis, organizing plans, seeking guidance, information or support, and reassessing the problem. Avoidance coping refers to cognitive and behavioural attempts to regulate the negative emotional state triggered by stressors, including responses as venting feelings, seeking alternative rewards, acceptance/resignation, and ignoring or not thinking about the problem.

The definitions of coping highlighted its situational nature in relation to a particular kind of stressor. As a result, subsequent studies analysed the use of different coping strategies in relation to specific stressors. In our view, however, the traditional way in which stressors are defined fails to capture their inherent complexity. For example, a *family problem* could be referring to very different situations such as personal problems with household rules, interpersonal family violence, family economic problems, quarrels between parents and siblings, and so on. Also, a problem "in the school" may be related to poor achievement, personal problems doing homework, interrelationship problems with colleagues or problems with school authority. When teenagers are asked to indicate the coping strategies used to solve a problem, it is difficult to know the specific problem they have in mind and on which they base their reply. Nonetheless, this approach is widely used in studies comparing coping used against various stressors (Gelhaar *et al.*, 2007). We suspect that this lack of precision in defining stressors may underlie some of the contradictions highlighted in the adolescents coping literature. Therefore, in our opinion, the accurate classification of problems is a prerequisite

in studies that relate stressors and the use of specific coping strategies and thus could contribute to achieving a greater consensus within the coping literature.

Another important topic in this field concerns gender differences in the use of coping. Here again the results have proved inconsistent (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Eschenbeck, Kohlmann & Lohaus, 2007). The lack of consensus regarding the use of coping according to gender could be related to the different types of problems that are experienced by boys and girls, rather than being a gender difference per se.

### **The use of coping strategies in relation to stressors**

Several studies conducted in adolescent samples suggest that coping responses have some specificity in relation to the particular problem at hand. The use of approach strategies has been reported in coping with school stressors (Compas, Malcarne & Fondacaro, 1988; Griffith, Dubow & Ippolito, 2000; Seiffge-Krenke, Anoula & Nurmi, 2009), in facing personal problems (Compas, Malcarne & Fondacaro, 1988; Griffith, Dubow & Ippolito, 2000), in dealing with parent divorce (Armistead *et al.*, 1990), and in facing conflicts with friends or companions and with teachers and parents (Bowker, Bukowski, Hymel & Sippola, 2000; Griffith, Dubow & Ippolito, 2000; Seiffge-Krenke, Anoula & Nurmi, 2009). These problems triggered help-seeking through gathering information about the problem or by eliciting social support, talking with peers, or searching for the solution.

The use of avoidance strategies has been reported in order to face family stressors (Griffith, Dubow & Ippolito, 2000; Lohman & Jarvis, 2000) and school conflicts (Antoniuzzi, Souza & Hutz, 2010). Cognitive avoidance coping was used to face interpersonal stressors (Compas, Malcarne & Fondacaro, 1988) and unfamiliar stressors regarding figures of authority (Band & Weisz, 1988), and acceptance-resignation was used by young male prisoners to cope with freedom deprivation (Mohino, Kirchner & Forns, 2000).

However, no complete consensus concerning the use of approach and avoidance coping has yet been achieved. Moreover, Jaser *et al.* (2007) found moderate consistency in the coping strategies used to deal with family stress and peer stress. Similarly, Kirchner, Forns, Amador and Muñoz. (2010) highlighted that the consistency of coping answers across stressors, after a 17-month period, was between low and moderate, and that differed according to gender: girls showed more consistency than boys in their use of avoidance coping.

### **A combined perspective on measuring coping**

Some authors have also emphasized that a person is neither a copier nor a defender (i.e. making exclusive use of either approach or avoidant coping), but

may in fact use both forms of coping to face problems (Herman-Stahl, Stemmler & Petersen, 1995). Therefore, research on the specificity of stressors related to coping strategies must also take into account the combined use of different forms of coping (Kirchner, Forns & Mohino, 2007; Steiner, Erickson, Hernandez & Pavelski, 2002). Psychological health may -in fact- be more reliably accounted for by a combination of coping strategies than by the use of coping strategies analysed independently (Tolan, Gorman-Smith, Henry, Chung & Hunt, 2002).

This study applies to a detailed identification of stressors, analyses the approach and avoidance coping and two new combined forms of coping. The main objectives are: First, to provide data on the adolescents' problems most frequently described, and coded throughout a multiaxial perspective (Forns *et al.*, 2004). It is stated that there will be gender differences as regards the main problems reported by adolescents. Second, to analyse the specificity of approach and avoidant coping related to stressors and gender. It is stated that some of the inconsistencies highlighted in the literature about the specificity of coping will appear to be linked more to stressors than to gender. Third, to analyse the specificity of two combined measures of coping related to gender and stressors. It is stated that these combined measures will provide more reliable information about the specificity of adolescents' coping than that obtained by independent analysis of approach or avoidance.

## **Method**

### ***Participants***

Participants were 1395 adolescents (624 boys and 771 girls) attending compulsory secondary education. Participants were recruited in the urban metropolitan area of Barcelona (Spain), from nine randomly-selected public schools (54.7%) and private schools partly financed by local government (45.3%). According to Hollingshead's index (1975) the mean occupational status of the parents was 5.4 (skilled and semi-skilled jobs, small business owners, sales workers, electricians, etc). Approximately 90% of the adolescents were Spanish, and 10% were Moroccan or South American. Any protocols that included incomplete data or unequivocally false information were excluded from the sample (6%). From this initial group, adolescents who reported the ten most frequent types of stressors -occurring in the last twelve months- were selected, resulting in a sample of 828 adolescents (355 boys and 473 girls) aged between 12 and 17 years ( $M_{\text{age}} = 14.07$ ,  $SD = 1.34$ ). There were no significant differences between the selected and the remaining sample on gender,  $\chi^2 (N=1395, df=3) = 3.01, p > .05$ ; age,  $t (1396) = 0.151, p > .05$ ; and course  $\chi^2 (N=1396, df=3) = 3.09, p > .05$ .

## Measures

The Spanish adaptation (Forns *et al.*, 2005) of *Coping Responses Inventory-Youth* form (CRI-Y; Moos, 1993) was used with the permission of the publisher (Psychological Assessment Resources). The reliability of the Spanish version of the CRI-Y was optimized for the current study. A first-order exploratory factor analysis (EFA) was conducted using principal component analysis method and varimax rotation (KMO = .794; Barlett's Chi-squared = 4490.48,  $p < .001$ ). EFA was forced into two factors to reproduce the two main foci of coping (approach and avoidance). This yielded an approach factor (12.32% of variance, eigenvalue of 5.91;  $\alpha = .82$ ) which included 21 items related to logical analysis, positive re-appraisal, seeking guidance, seeking support, and problem solving strategies, and an avoidance factor (6.10% of variance, eigenvalue of 2.93;  $\alpha = .69$ ) which included 13 items related to cognitive avoidance, acceptance-resignation, and emotional discharge strategies. The correlation between factors was .31. On the basis of this analysis two scales were generated (Approach and Avoidance) and the average value of the items loading on each scale was calculated. The rating of each scale ranges from 0 (*not used*) to 3 (*fairly often used*).

The *Coding System of Problems Reported by Adolescents* (CSPRA; Forns *et al.*, 2004) was used to codify the problems reported according to three axes simultaneously: nature, content and participants. The inter-coder reliability analysis was conducted for a third of the problems, by three psychologists' experts in adolescence and coping issues. The kappa values obtained were of .88, .85 and .86 for the categories of nature, content and participants respectively. Examples of this coding system could be consulted in Forns *et al.* (2004).

## Procedure

Schools were contacted, and heads, teachers, and parents' associations all gave their consent. Pupils were invited to voluntarily participate in the research by filling in the questionnaires during classroom time, and they were assured that all their answers would be treated anonymously and confidentially. No students refused to participate. Two expert psychologists helped students to complete the protocols. The ethical code of the *Catalan Association of Psychologists* was observed at all times.

## Data analysis

The Chi-square test was used to evaluate the frequency of reported problems by gender. A MANCOVA and univariate post-hoc tests (using Scheffé contrast and Bonferroni correction) were conducted to analyse the specificity of coping taking problem and gender as independent variables, and approach and avoidance coping as dependent variables, and age as a covariate.

In order to capture general coping behaviour, two new measures were generated by combining the approach and avoidance scores. The “predominant type of use” of coping was generated by calculating the difference between approach and avoidance raw scores for each subject. In this variable a zero implies the analogous use of both strategies; scores higher than zero indicate a more prevalent use of approach, while those lower than zero indicate a more prevalent use of avoidance. The measure of “total coping effort” was generated by adding the mean value of approach and avoidance scores. Two univariate tests, taking problems and gender as independent variables and predominant use of coping and total coping effort, respectively as dependent variables, were then conducted, followed by post-hoc multiple comparisons using Scheffé contrasts and Bonferroni correction.

## **Results**

### ***Problems reported by adolescents***

Table 1 lists the ten problems most frequently reported by adolescents, along with their frequency, percentages of occurrence for boys and girls, and the  $\chi^2$  contrast by gender. Interpersonal problems were reported by 25.8% of the sample. Three of these interpersonal problems concerned relationship problems with peers, with boy-/girlfriends, and with the immediate family; the fourth interpersonal problem was linked to norm-and-rule conflicts within the immediate family. Personal problems were reported by 18.3% of the adolescents and involved school achievement, illness and self-blame. Problems concerning other people were reported by 15.2% and concerned illness, death or suicide of family members. The frequency of some types of problems differed according to gender. Girls described significantly more interpersonal relationship problems with peers and with the immediate family and health problems in the extended family than boys. Boys reported significantly more personal school achievement problems than did girls.

### ***Specificity of approach and avoidance coping related to gender and stressors***

Table 2 shows descriptive data for approach and avoidance coping scales according to problems and gender. The MANCOVA analysis yielded a significant main effect for problems (Wilks'  $\lambda = 10.95$ ,  $p < .001$ ,  $\eta^2 = .115$ ) and gender (Wilks'  $\lambda = 8.92$ ,  $p < .001$ ,  $\eta^2 = .023$ ), but not for age, included as a covariate. No interaction effect was found.

Univariate tests for problems offered significant differences for both approach and avoidance coping in both genders (boys approach:  $F_{[9, 323]} = 5.71$ ,  $p < .001$ ,  $\eta^2 = .137$ ; boys avoidance:  $F_{[9, 323]} = 2.85$ ,  $p < .003$ ,  $\eta^2 = .074$ ; girls approach:  $F_{[9, 434]} = 8.85$ ,  $p < .001$ ,  $\eta^2 = .155$ ; girls avoidance:  $F_{[9, 434]} = 4.80$ ,  $p < .001$ ,  $\eta^2 = .091$ ). The effect sizes found were small for both genders.

TABLE 1. FREQUENCY AND PERCENTAGES OF THE TEN MOST FREQUENTLY PROBLEMS REPORTED BY THE SUBJECTS.  $\chi^2$  CONTRAST ACCORDING TO GENDER.

Problems	Boys		Girls		Gender Contrast
	<i>n</i>	%	<i>n</i>	%	$\chi^2$
1. Interpersonal, relationships, with peers	47	7.4	114	14.8	27.88 **
2. Interpersonal, relationships, with boy/girlfriend	17	2.7	33	4.3	5.12
3. Interpersonal, relationships, with the immediate family	32	5.0	72	9.3	15.38 **
4. Interpersonal, norms and rule conflicts, with the immediate family	25	3.9	20	2.6	0.56
5. Personal, school achievement, own	91	14.3	61	7.9	5.92 *
6. Personal, illness, own	41	6.4	32	4.2	1.11
7. Personal, self-blame, own	11	1.7	20	2.6	2.61
8. Others, illness, immediate family	17	2.7	20	2.6	0.42
9. Others, illness, extended family	22	3.5	46	6.0	8.47 **
10. Others, death or suicide, extended family	52	8.2	55	7.1	0.08
Other type of problems reported	269	43.1	298	38.7	
Total problems	624	100	771	100	

$p < .001$  \*\*;  $p < .01$  \*

TABLE 2. DESCRIPTIVE DATA FOR APPROACH AND AVOIDANCE COPING SCALES ACCORDING TO PROBLEMS AND GENDER.

	Approach factor						Avoidance factor					
	Boys			Girls			Boys			Girls		
Multiaxial identification of the 10 most frequent problems (Nature, Content, Participants)	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
1. Interpersonal, relationships, with peers	44	1.45	.49	103	1.74	.42	44	1.13	.45	103	1.24	.47
2. Interpersonal, relationships, with boy/girlfriend	15	1.77	.29	30	1.67	.42	15	1.41	.36	30	1.52	.48
3. Interpersonal, relationships, with the immediate family	27	1.32	.54	64	1.53	.45	27	1.24	.57	64	1.4	.47
4. Interpersonal, norms and rule conflicts, with the immediate family	24	1.54	.45	18	1.56	.42	24	1.16	.46	18	1.17	.40
5. Personal, school achievement, own	80	1.58	.54	59	1.73	.41	80	.97	.50	59	1.05	.48
6. Personal, illness, own	41	1.43	.50	32	1.60	.42	41	1.08	.38	32	1.38	.42
7. Personal, self-blame, own	11	1.48	.44	18	1.61	.53	11	1.20	.24	18	1.43	.40
8. Others, illness, immediate family	17	1.31	.40	20	1.47	.37	17	.93	.37	20	1.19	.49
9. Others, illness, extended family	22	1.14	.46	45	1.28	.37	22	.99	.57	45	1.09	.45
10. Others, death or suicide, extended family	52	1.08	.46	55	1.26	.45	52	1.24	.55	55	1.30	.45

Note: Raw score range for approach and avoidance factor are between 0 and 3.

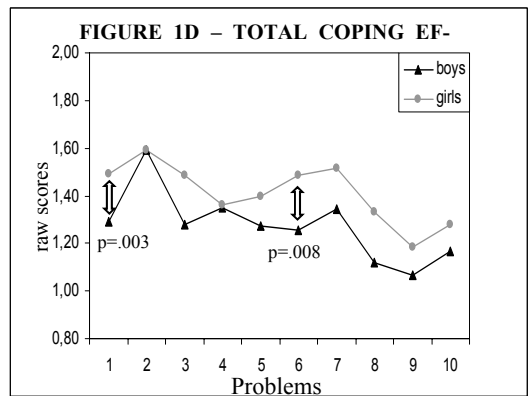
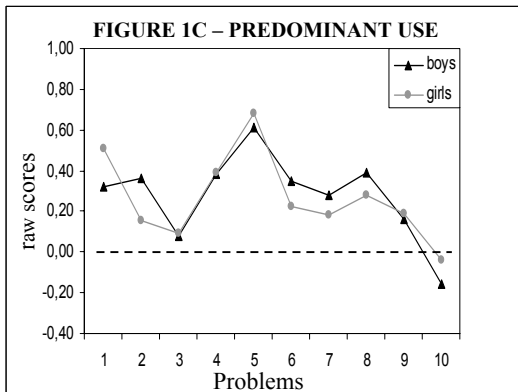
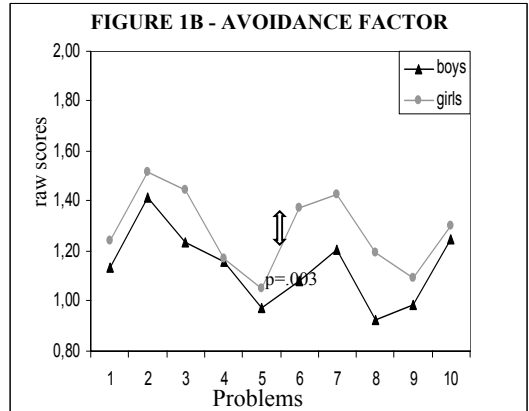
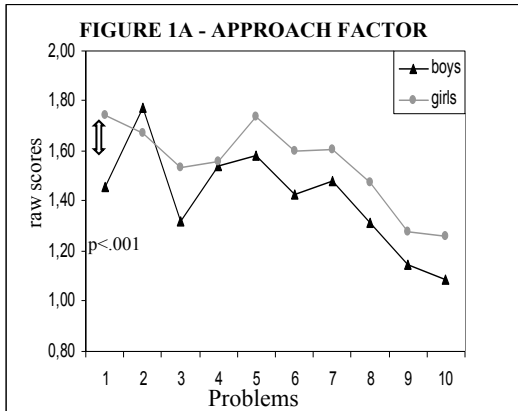
With regard to the use of approach coping, multiple comparisons indicated significant differences (all  $p < .01$ ) for problems 2 and 5 versus problem 10 in boys, and for problems 1 and 5 versus problems 9 and 10 in girls (figure 1A). Therefore, when facing interpersonal relationship problems with peers (for girls) or with girlfriends (for boys), or personal school achievement problems (both boys and girls), adolescents made greater use of approach coping than when facing illness involving the extended family (both boys and girls) or death or suicides of significant others or family members (for girls). No significant differences were found in the use of approach coping between the four interpersonal problems, between the three personal problems, or the three problems concerning to others. Neither were there any significant differences between interpersonal and personal problems. Gender contrasts regarding approach coping for each of the ten problems only indicated a significant difference for problem 1, insofar as girls used more approach coping than boys when facing interpersonal relationship problems with peers (figure 1A).

With regard to the use of avoidance coping, multiple comparisons revealed no significant differences between problems in either boys or girls (figure 1B), indicating an equivalent use of avoidant coping when facing different problems, be they interpersonal, personal or concerning others, and referring to different contents. Gender contrasts regarding avoidance coping for each one of the ten problems only showed a significant difference for problem 6, insofar as girls tended to use more avoidance coping than boys when dealing with personal illnesses.

### ***Specificity of combined measures of coping related to gender and stressors***

With regard to the predominant type of coping used, a significant effect for problems ( $F_{[9, 757]} = 16.26, p < .001, \eta^2 = .162$ ) was found, although the effect size was weak. No significant differences were found for gender. Figure 1C illustrates how the use of coping favors the approach strategy in all issues (the difference between  $A_p$  and  $A_v$  being greater than zero) except for problem 10, which refers to death or suicide in the extended family. Problems related to interpersonal relationship conflicts within the immediate family (problem 3) showed an almost balanced use of approach and avoidance coping. Scheffé contrasts between problems showed differences between interpersonal relationship problems with peers (problem 1) and interpersonal relationship conflicts within the immediate family (problem 3), and death or suicide of other relatives (problem 10), with approach coping being used predominantly to face problem 1. In addition, personal school achievement problems (number 5) triggered more approach coping than interpersonal problems within the immediate family (problem 3), problems related to illnesses in the immediate family (problem 9), and death or suicide in the extended family (problem 10). This latter problem was associated with a tendency to use more avoidance than approach coping.





Problems: 1 Interpersonal, relationships, with friends; 2. Interpersonal, relationships, with boy/girlfriend; 3. Interpersonal, relationships, with the immediate family; 4. Interpersonal, norms and rules conflicts related with members of the immediate family; 5. Personal, school achievement, own; 6. Personal, illness, own; 7. Personal, self-blame, own; 8. Others, illness, immediate family; 9. Others, illness, extended family; 10. Others, death or suicide, extended family.

⇕ Significant differences by gender

Figure 1: Use of approach (1A) and avoidant (1B) coping factors, preferential use of coping (1C) and total coping effort (1D) according to problems and gender in adolescence.

The measure of total coping efforts revealed significant effects for problem ( $F_{[9, 757]} = 6.29, p < .001, \eta^2 = .070$ ) and gender ( $F_{[1, 757]} = 18.89, p < .001, \eta^2 = .024$ ) (Figure 1D). No interaction effect was found. Scheffé contrasts between problems indicated that interpersonal relationship problems with boyfriend/girlfriend (problem 2), with friends (problems 1) and with the immediate family (problems 3) elicited significantly more coping efforts than problems related to others, i.e.

illnesses and deaths in the extended family (problems 9 and 10). Univariate analysis indicated two gender differences among the problems (figure 1D): girls reported more coping efforts when facing interpersonal relationship problems with peers (problem 1) and when facing a personal illness (problem 6). No significant effects can be observed for the other problems.

## **Discussion**

This study aimed to identify the main problems expressed by a broad group of secondary school pupils and to analyse problem and gender specificity in the use of approach and avoidance coping strategies when dealing with stressful situations. We identified the ten problems most frequently reported by adolescents and analysed gender differences in terms of the type of problem reported. Girls reported significantly more interpersonal problems with peers and with the immediate family than boys. Several studies have highlighted the greater tendency among girls to establish relationships and friendships with their peers in search of social support and to devote more time to cultivating friendships (Rose & Rudolph, 2006). If social support and friendships are so important for girls it is no surprise that these aspects may become a source of concern when they break down. Our data confirmed that interpersonal relationships are foremost among the problems reported by girls and highlight the greater sensitivity of females to social relationship conflicts, as previous studies have repeatedly noted (Ingles, Méndez & Hidalgo, 2000; Washburn-Ormachea, Hillman & Sawilowsky, 2004).

Conflicts arising from school achievement were among the most frequently reported personal problems, especially for boys, for whom it was the most frequent source of daily hassle, as indicated by Washburn-Ormachea, Hillman and Sawilowsky (2004). This high level of concern could be related to pressure from family and school as regards academic performance, and to the poor school performance of Spanish adolescents indicated in the PISA report of 2009 (OECD, 2010).

Girls more frequently reported illness of extended family members as a stressor than boys, but there were no differences with regard to illnesses affecting immediate family members. The results suggest greater empathy and care for others among girls, which would also imply that women have larger, more interdependent social networks (Rose & Rudolph, 2006).

With regard to the specificity of coping, both problems and gender introduced significant differences, while age did not. However, effect sizes revealed that differences in the use of coping were mainly related to problems, and to a lesser extent to gender. The clearest trend found was that problems to do with others (illness, death or suicide in the extended family) triggered less use of approach coping, possibly due to the perception of having less control over them (Causey & Dubow, 1992; Roecker, Dubow & Donaldson, 1996). This finding reinforces the idea that

event controllability influences the choice of coping strategies (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Clarke, 2006), consequently in current study, subjects may well have seen problems concerning others as the stressors with the lowest level of event controllability.

A relevant finding with regard to avoidance coping is its lack of problem-situation specificity, as reported previously by Hampel and Peterman (2005) and Kirchner, Forns, Amador and Muñoz (2010). Our data indicate that when facing interpersonal, personal or problems concerning others, adolescents deploy the same mean level of avoidant coping. In other words, the use of avoidant coping does not depend on the concerns analysed.

Another relevant finding was that the effect of gender on the use of approach and avoidance coping was minimized when the problem was accurately characterized. The results showed no gender differences in the use of approach coping in relation to interpersonal problems, except when the problem was specifically related to peers. Since girls usually report more peer-related problems than boys it is likely that girls will score higher on approach coping in studies which analyse coping without clearly defining the type of problem involved. The use of avoidance strategies was also very similar between boys and girls, except in the case of stressors related to personal illness, where girls used more avoidance strategies. These findings are in agreement with the studies that stress that gender differences are scarcely relevant (Hampel & Peterman, 2005; Ptacek, Smith & Dodge, 1994; Washburn-Ormachea, Hillman & Sawilowsky, 2004). They are also consistent with research showing that there are more gender similarities than differences in the use of coping (Hoar, Crocker, Holt & Tamminen, 2010). Thus, the differences in coping behaviour which are attributed to gender should be revised, taking into account the problem characteristics.

The literature on gender and the use of coping also suggests that females are more likely than males to engage in most coping strategies (Tamres, Janicki & Helgeson, 2002; Wilson, Pritchard & Revalee, 2005). The present study analysed this question by generating a measure of coping efforts. The most important contribution in this regard is that females made greater coping efforts only in the two specific situations already identified: interpersonal problems with peers and personal illness. In contrast, the measure of the preferential use of coping, underlines that the academic problems for both girls and boys trigger the use of approach coping rather than avoidance coping. Furthermore, adolescents, irrespective of their gender, displayed more approach than avoidance strategies with respect to a wide array of problems, except in relation to the loss of an extended family member, thus indicating good adaptation to stress. Therefore these combined measures of coping provide a new perspective on gender differences in coping.

In conclusion, adolescent females and males reported different rates of problems, with interpersonal problems being more frequently reported by girls and school achievement problems being more common among boys. Gender differences in

the use of both approach and avoidance coping are almost irrelevant when stressor situations are precisely identified. Indeed, the specificity of coping is more related to problems than to gender. In this community adolescent population only death or suicide in extended family triggered more avoidance than approach coping. Overall, total coping efforts were slightly higher for girls when face interpersonal relationship problems with peers and personal illness.

### ***Limitations and strengths***

This work has several limitations. As the sample refers only to adolescents recruited in urban settings, the results must be limited to this context and caution should be exercised when generalizing the data to other populations. The findings were based on self-report data in order to identify both the main problem and the coping behaviours used to deal with it. In addition, information related to stressor appraisal was limited to the selection of “the most important problem”. Without underestimating the importance of stressor appraisal variables (Zanini, Fons & Kirchner, 2005) the present study has focused on the importance ascribed by the subject to a given stressor (“the most important”), since the inclusion of other appraisal variables could have given rise to very small group sizes that would have limited the statistical analysis.

Another issue is that although the coping instrument used has an acceptable Cronbach reliability index for the approach factor, the alpha value for the avoidance factor is moderate. Thus, it would be advisable to test the results reported here with those obtained with another coping instrument

Another limitation is that this study has been carried out only with two global coping foci: approach and avoidance. So our results should be contrasted with more specific forms of coping.

The study has several strengths. First, present results refer to the use of coping with respect to real stressors or problems, identified from an open-written description, occurring in the last 12 months. The study thus approaches coping from a situational perspective. Second, Zimmer-Gembeck and Skinner (2011) recommend that coping studies use methods that allow the stressor to be well specified; our study fits into this line. Third, the finding that gender differences in the use of coping strategies appeared in very few problem situations is noteworthy. Our work highlights that most of the differences that can be found in the literature may be explained by the fact that boys and girls do not consider the same stressors when responding to coping tests. Fourth, the use of both measures of “predominant type of coping use” and “total coping effort” to characterize the overall coping behaviour used by adolescents adds originality to the work and opens up new areas for study in the field of adolescent coping.

Future research about gender differences in relation to coping needs to take into account the type of stressor, to define each stressor clearly and to base the

analysis of coping both on specific narrow types of coping and on combined measures of its principal dimensions.

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