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Coping Strategies: Gender Differences and Development throughout Life Span

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Development during life-span implies to cope with stressful events, and this coping may be done with several strategies. It could be useful to know if these coping strategies differ as a consequence of personal characteristics. This work uses the Coping with Stress Questionnaire with this aim using a sample of 400 participants. Specifically, the effects of gender and age group (young people, middle age and elderly), as well as its interaction on coping strategies is studied. With regard to age, on one hand, it is hypothesised a decrement in the use of coping strategies centred in problem solving and social support seeking as age increases. On the other hand, the use of emotional coping is hypothesised to increase with age. With respect to gender, it is hypothesised a larger use of emotional coping and social support seeking within women, and a larger use of problem solving within men. A MANOVA found significant effects for the two main effects (gender and age) as well as several interactions. Separate ANOVAs allowed us to test for potential differences in each of the coping strategies measured in the CAE. These results partially supported the hypotheses. Results are discussed in relation to scientific literature on coping, age and gender.
Keywords: coping strategies, young people, middle age, elderly, gender.

El desarrollo a lo largo del ciclo vital implica afrontar situaciones estresantes, lo que puede hacerse mediante diversas estrategias de afrontamiento. Los tipos de estrategias empleadas pueden diferir en función de características personales. Este trabajo estudia estas potenciales diferencias en algunas de estas características empleando como medida de afrontamiento el CAE. Específicamente se han probado los efectos de la edad, del género y de su interacción en las estrategias empleadas por una muestra de 400 adultos españoles. En relación a la edad, se hipotetiza que habrá una disminución en la aplicación de las centradas en la solución de problemas y búsqueda de apoyo social al aumentar la edad y un aumento de las centradas en la emoción. En relación al género, se hipotetiza que los hombres usarán más frecuentemente estrategias de solución de problemas, y las mujeres de las centradas en la emoción y búsqueda de apoyo social. Se empleó MANOVA para evaluar estos tanto los efectos principales como los de interacción. Los ANOVAs de continuación permitieron contrastar las potenciales diferencias en cada una de las distintas estrategias de afrontamiento, que apoyaban parcialmente las hipótesis planteadas. Se discuten los resultados encontrados relacionándolos con la literatura científica.
Palabras clave: estrategias de afrontamiento, jóvenes, adultos, ancianos, género.

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Coping is key to our understanding of how people adapt to adverse situations. The term "coping strategies" was defined by Lazarus and Folkman (1984) as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.

Most theories of coping (Carver, Scheier, & Weintraub, 1989; Lazarus & Folkman, 1984; Moos, 1988; Moos & Billing, 1982) agree in classifying its strategies into three general domains according to their aims: appraisal (cognitive coping), an attempt to find meaning in the event and appraise it so that it becomes less disagreeable, problem (behavioral coping), behavior geared toward confronting reality and managing its consequences, and emotion (emotional coping), regulating emotional aspects and striving to maintain affective balance.

With these sorts of domains in mind, the dimensions of coping have been conceptualized in various ways (Skinner, Edge, Altman, & Sherwood, 2003). First, a distinction is drawn between problem-focused and emotion-focused coping (Lazarus & Folkman, 1984). The objective of problem-focused coping is to manage or alter the problem that is the source of ill-being, while emotion-focused coping methods aim to regulate one's emotional response to that problem.

A second conceptualization distinguishes between engagement and disengagement (Carver & Connor-Smith, 2010; Moos & Schaefer, 1993; Roth & Cohen, 1986; Skinner et al., 2003). Engagement seeks to deal with the stressor and/or the emotions associated with it through problem-focused and some emotion-focused strategies like seeking support, emotional regulation, and cognitive restructuring. In disengagement, on the other hand, the person is emotion-focused and seeks to escape their feelings of anxiety; this includes coping responses such as avoidance, denial, and irrational thinking.

A third approach, which focuses on different types of action and behavior, while taking into consideration emotions, attention, and goals and objectives, is suggested by authors such as Brandtstädter and Renner (1990), Morling and Evered (2006), and Skinner et al. (2003). They distinguish between primary control, or assimilation, and secondary control, or accommodation. Primary control refers to adjustments people make to adapt to a stressful situation as a function of perceived limitations. It involves confronting objective events or conditions and impacting them (Rudolph, Dennig, & Weisz, 1995). In secondary control, behavior is geared toward maximizing one's adjustment to the current conditions, adapting or accommodating goals, wishes, and beliefs to adjust to the situation at hand.

Within this framework and given the perspectives proposed above, authors like Carver et al., 1989, Lazarus and Folkman, 1984, and Moos, 1988 agree in describing active coping methods (this implies making an effort to deal directly with the event that is the source of conflict) as successful, considering their positive effects in terms of adaptation, mental health, and well-being. Passive methods, meanwhile, meaning the absence of coping, or avoidance and denial behaviors, are considered less successful. That being said, it must be kept in mind that active coping has not always been shown to have a clear relationship with approach or improved mental health. Authors such as Aldwin and Revenson (1987) have reported that the direction of that relationship may be mediated in part by the type of stressor and the perception of controllability, an argument shared by Carver and Connor-Smith (2010), according to whom the link between coping and adaptation may be moderated by the stress's nature, duration, and context, as well as one's ability to control it.

According to authors like Gutmann (1974) and Pfeiffer (1977), as people age, they apply more passive coping strategies; in other words, they shift from a more problem-focused style to a more emotion-focused style. Carver and Connor-Smith (2010) suggest the same, holding that this type of strategy diminishes with age. Similarly, research by Folkman, Lazarus, Pimley, and Novacek (1987) has reported that young adults, whose development generally occurs in changing contexts, exhibit a more active coping pattern, emphasizing problem-focused methods. Elderly people, conversely, live in a context less in flux and exhibit coping patterns that emphasize emotion-focused methods (LaChapelle & Hadjistavropoulos, 2005). Bear in mind that by virtue of their age, the elderly at times confront a variety of situations related to health risks, the loss of loved ones, and increased dependency, situations they might appraise as harm or loss (Folkman & Lazarus, 1980; Martin, Kliegel, Rott, Poon, & Johnson, 2008; Rodin, 1986). In that vein, perceiving themselves as ineffective makes the elderly more vulnerable to stress and depression (Bandura, 1997; Pearlin & Skaff, 1995), so it is crucial to emphasize the analysis of different coping strategies' use. By the same token, Heckhausen, Wrosch, and Schulz (2010) have reported an increase in control abilities during infancy and adolescence, peaking at young and middle adulthood. This is due to the many developmental trajectories they may need to adapt to, which decrease in old age because opportunities to achieve specific developmental objectives become scarcer.

In addition, it is important to note that factors such as threat appraisal and the nature of the stressor itself have been determinants of gender differences in various studies. Men and women do not cope with stress the same way, even during earlier developmental stages than the scope of this study, according to authors such as Rose and Rudolph (2006), so the same stressor may impact them differently (Frey 2000; Lindqvist, Carlsson, & Sjoden, 1998; Ptacek, Smith, & Zanas, 1992). According to Tamres, Janicki, and Helgeson (2002), men and women often differ in their coping styles; masculine behavior is generally inclined toward two seemingly opposing methods, confronting the problem directly and denying it. Meanwhile, women exhibit

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a more emotional response to their problems and are expected to spend more time discussing them with friends and family. In line with those results, Yeh, Huang, Chou, and Wan (2009) point out that the two genders regularly operate in different social contexts, and therefore tend to develop different responses. Feminine roles are defined by their ability to experience, express, and communicate their emotions to other people, and also to empathize with the feelings of others. Conversely, masculine roles are defined by one's ability to suppress and control his emotions. Similarly, Kirchner, Forns, Muñoz, and Pereda (2008) posit that while men tend to regulate their emotional states by using more cognitive than behavioral avoidance, women use those two avoidance tactics with a very similar frequency. Some authors (Ptacek et al., 1992; Vingerhoets & Van Heck, 1990) have argued that men's strategies are more instrumental and active, focusing on problem-directed adaptation, while women more often utilize emotion-focused coping to adapt their behavior. Specifically, Tamres et al. (2002) report that women are more likely to use strategies that involve verbally expressing themselves, seeking emotional support, ruminating about their problems, and positive self-talk. According to the review by Rose and Rudolph (2006), those aspects also stand out as differential at earlier stages.

This study will take as its point of departure the distinction between problem-focused and emotion-focused coping, and utilize one of the scales validated in the Spanish context to assess those types of strategies, the Coping with Stress Questionnaire (CSQ) by Sandín and Chorot (2003). It evaluates the following dimensions: focus on problem-solving, negative self-focus, positive reappraisal, overt emotional expression, avoidance, social support seeking, and religion. The following study proposes three different hypotheses as a function of subjects' age, gender, and the interaction between them.

The present study will test the following hypotheses:

H1: The use of different coping strategies will vary as a function of age. This hypothesis will be tested by means of two sub-hypotheses:

H1(a): As age increases, measures of coping focused on problem-solving and social support seeking will decrease.

H1(b): As age increases, measures of emotion-focused coping strategies will increase.

H2: Significant differences in coping strategies will occur as a function of gender. This hypothesis can be divided into two sub-hypotheses:

H2(a): Men will use problem-solving strategies more than women, on average.

H2(b): Women will use emotion-focused and social support seeking strategies more than men, on average.

H3: Finally, it is difficult to propose hypotheses as to the interaction effect based on a review of the results in the body of literature. Moreover, due to the cross-sectional design employed, there clearly could be an important generational effect. That being said, we tentatively hypothesize that men's and women's differences in coping strategies will become more pronounced during old age.

Method

Participants and Procedure

The research design incorporates correlational and survey data. As for the procedure, the sample was obtained from 4 retirement homes where elderly individuals were asked for their voluntary participation. Voluntary participation was also sought from young and middle-aged adults at the retirement home, or who were there accompanying elderly members. It is therefore a convenience sample, comprised of a total of 400 subjects from three age groups: young adults, middle-aged adults, and elderly adults. The criteria used to determine cut-off points for those groups were: in the elderly, being 65 or older, because that was the normative retirement age at the time the study was conducted; in middle-aged adults, being 40 years-old was used, because it is usually accepted as the onset of middle age, conventionally and in empirical studies (Keyes, Shmotkin, & Ryff, 2002); finally, the young adult group started at 18 years-old, the legal onset of adulthood.

Regarding the sample's size and main characteristics, the young adult group is made up of 92 subjects between 18 and 39 years-old with an average age of 22.89 (SD = 3.74); 44.6% are women. The middle-aged adult group consists of 107 subjects 40 to 64 years-old with a mean age of 51.35 years (SD = 7.32); 68.2% are women. Last, the elderly group is comprised of 201 subjects between 65 and 95 years-old with an average age of 73.49 (SD = 6.21); 67.2% are women. With respect to their level of education, in the young adult group, the distribution is: elementary school 7.7%, secondary school 27.5%, and college 64.8%; in the middle-aged adult group: less than elementary school 5.7%, elementary school 38.1%, secondary school 30.5%, and college 25.7%; among the elderly: less than elementary school 21.9%, elementary school 57.1%, secondary school 12.8%, and college 8.2%.

Instruments

In addition to answering questions about various sociodemographic measurements, subjects filled out the Coping with Stress Questionnaire (CSQ) by Sandín and Chorot (2003). The CSQ is a self-report measure of general coping made up of 42 items with graduated, Likert-type response options ranging from never (0) to almost always

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(4). It was developed and validated in Spain, and exploratory studies showed it to have an adequate factor structure made up of the following seven dimensions, each appearing along with a sample item: 1. Problem-solving focus ("Thinking at length about what steps to follow to confront the problem"); 2. Negative self-focus ("I felt defenseless and incapable of doing something positive to change the situation"); 3. Positive reappraisal ("I tried to get something positive out of the problem"); 4. Overt emotional expression ("I took my bad mood out on others"); 5. Avoidance ("When the problem entered my mind, I tried to concentrate on other things"); 6. Social support seeking ("I spoke with friends or family members to calm myself down when I felt badly"); 7. Religion ("I went to church and prayed for the problem to be solved").

In a subsequent higher-order factor analysis, the questionnaire's authors obtained two factors with satisfactory reliabilities. They suggest the first dimension would be equivalent to rational, or problem-focused, coping, which includes the categories problem-solving focus, positive reappraisal, and social support seeking. The second dimension, meanwhile, may be defined as emotion-focused coping, which includes negative self-focus and emotional expression. Note that the literature (Folkman & Lazarus, 1980; Tobin, Holroyd, Reynolds, & Wigal, 1989) has reported social support seeking to load positively on both factors. On the other hand, Sandín and Chorot (2003) reported results in which it loaded on the problem-focused coping dimension alone.

With regard to the questionnaire's internal consistency, Cronbach's alpha was analyzed for each of the seven factors proposed, obtaining the following coefficients: problem-solving focus (α = .77), negative self-focus (α = .68), positive reappraisal (α= .66), overt emotional expression (α = .68), avoidance (α = .66), social support seeking (α = .86), and religion (α = .93). Hence, the scale exhibits almost adequate indices of internal consistency.

Analyses

Statistical analyses have been carried out using SPSS 19. A MANOVA has been performed to determine the effects of age group, gender, and their interaction on subjects' combination of coping strategies. The MANOVA has been supplemented by the appropriate follow-up analyses of variance and post-hoc tests where statistically significant differences were found.

Results

The multivariate contrasts indicate there were main effects of the variables age group (Λ = .635, $F(14, 764)$ = 13.16; $p < .01$; η^2 = .194), gender (Λ = .891, $F(7, 382)$ = 6.70; $p < .01$; η^2 = .109), and their interaction (Λ = .888, $F(14, 764)$ = 3.35; $p < .01$; η^2 = .058).

Table 1 below presents the results of follow-up ANOVAs for the effects of the variables age group, gender, and their interaction.

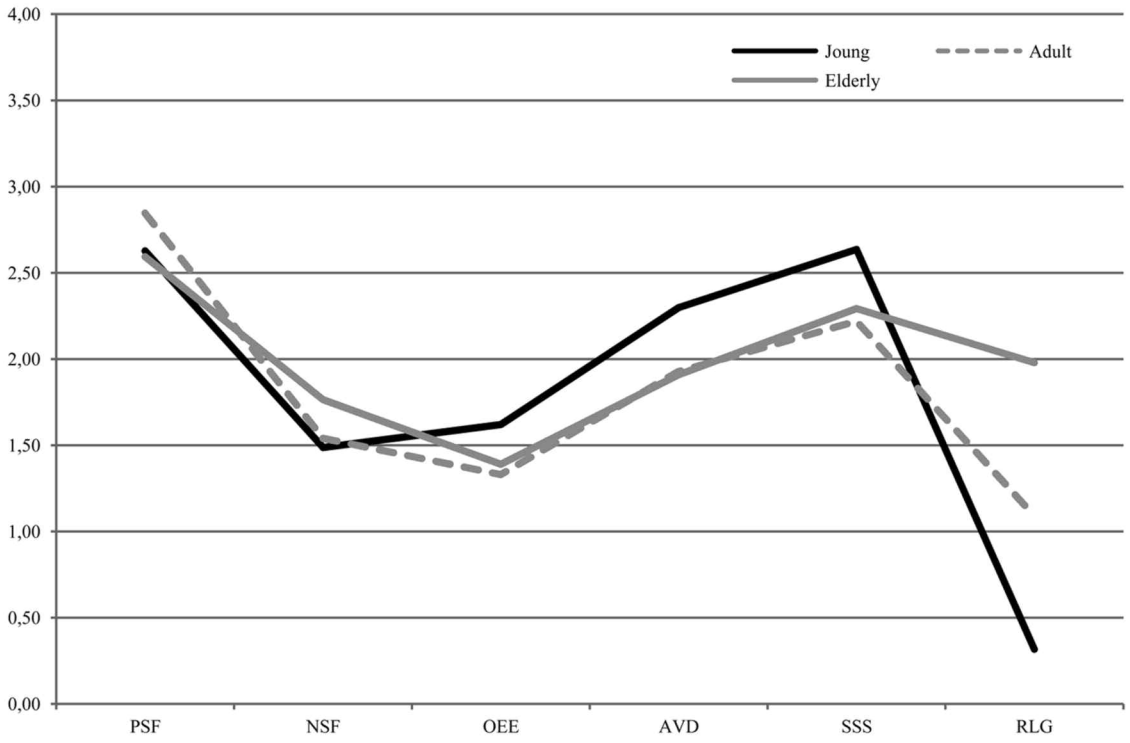
As for the age group variable, Tukey's post-hoc test was applied to determine which age groups differed from one another, revealing elderly adults to differ significantly from young adults ($p < .05$) and middle-aged adults ($p < .05$) on the dimensions negative self-focus and religion; the elderly group's mean was higher in both cases. Also, the middle-aged adults' mean was found to be higher than that of elderly adults on the problem-solving focus strategy ($p < .05$). Finally, the young adults' means were higher than and differed significantly from middle-aged adults in overt emotional expression, and from both middle-aged and elderly adults in avoidance ($p < .01$) and social support seeking ($p < .05$). However, these differences between age groups in overt emotional expression were very slight in terms of explained variance (1.9%). These differences are displayed in Figure 1.

Table 1
ANOVAs on each coping strategy: main effects and interactions

	Age Group				Gender				Age Group × Gender			
	F	*df*	*p*	η^2	*F*	*df*	*p*	η^2	*F*	*df*	*p*	η^2
PSF	2.99	2, 338	.051	.015	0.19	1, 38	.338	.002	0.56	2, 338	.592	.003
NSF	8.22	2, 338	.000	.041	5.84	1, 38	.016	.015	6.50	2, 338	.002	.032
PR	1,34	2, 338	.261	.007	1.42	1, 38	.234	.004	2.12	2, 338	.121	.011
OEE	3.78	2, 338	.024	.019	19.42	1, 38	.000	.048	0.52	2, 338	.592	.003
AVD	9.79	2, 338	.000	.048	8.86	1, 38	.003	.022	4.43	2, 338	.013	.022
SSS	6.93	2, 338	.001	.034	15.98	1, 38	.000	.040	3.03	2, 338	.049	.015
RLG	58.90	2, 338	.000	.233	21.62	1, 38	.000	.053	6.08	2, 338	.003	.030

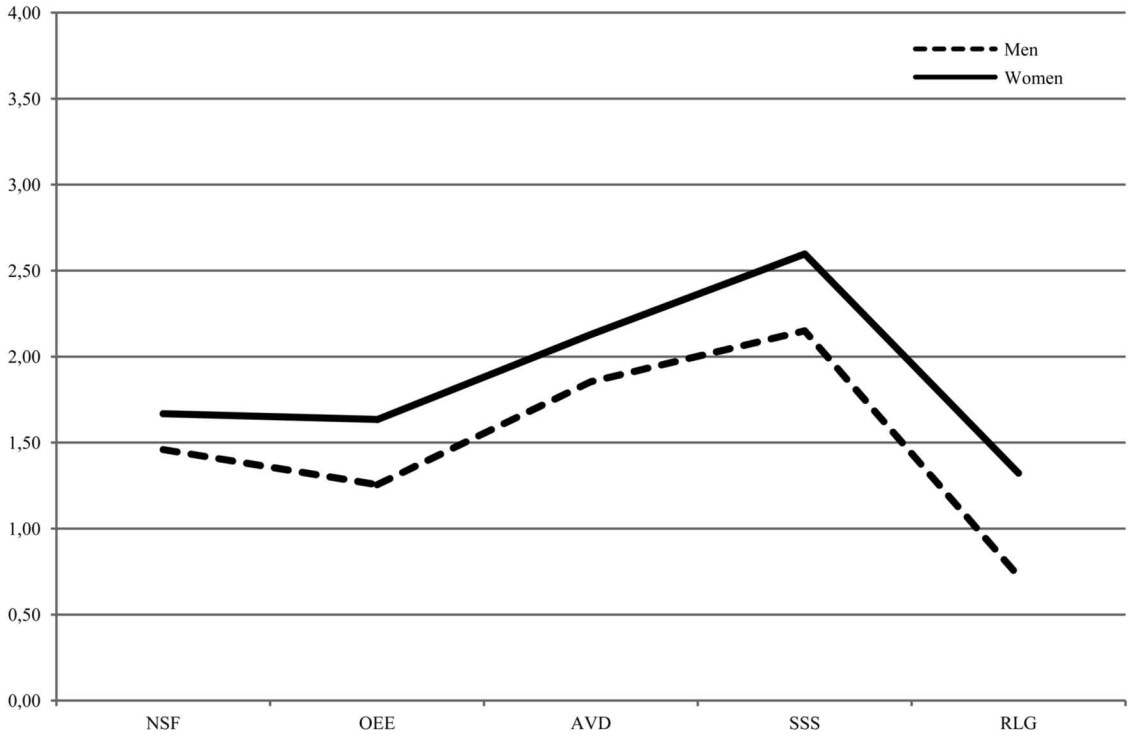
Notes: d.f.: degrees of freedom; PSF: problem-solving focus; NSF: negative self-focus; PR: positive reappraisal; OEE: overt emotional expression; AVD: Avoidance; SSS: social support seeking; RLG: Religion.

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Note: PSF Problem-solving focus; NSF: Negative self-focus; OEE: Overt emotional expression; AVD: Avoidance; SSS: Social support seeking; RLG: Religion.

Figure 1. Mean of age groups in strategies of coping with significant differences.



Note: NSF: Negative self-focus; OEE: Overt emotional expression; AVD: Avoidance; SSS: Social support seeking; RLG: Religion.

Figure 2. Mean of men and women in strategies with significant differences.

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Table 2
Mean and standard deviation of coping strategies in the age groups studied

		PSF	NSF	PR	OEE	AVD	SSS	RLG
Young	M	2.63 (0.71)	1.45 (0.66)	2.60 (0.65)	1.44 (0.68)	2.34 (0.70)	2.28 (0.99)	0.32 (0.69)
	W	2.61 (0.71)	1.52 (0.59)	2.76 (0.67)	1.79 (0.64)	2.24 (0.74)	3.06 (0.81)	0.30 (0.58)
Adults	M	2.87 (0.62)	1.09 (0.67)	2.72 (0.61)	1.07 (0.79)	1.50 (0.71)	1.95 (1.09)	0.28 (0.42)
	W	2.84 (0.61)	1.73 (0.77)	2.95 (0.62)	1.57 (0.63)	2.12 (0.81)	2.37 (0.94)	1.47 (1.24)
Elderlies	M	2.73 (0.80)	1.82 (0.81)	2.75 (0.75)	1.24 (0.90)	1.71 (0.85)	2.20 (0.95)	1.55 (1.44)
	W	2.53 (0.91)	1.74 (0.87)	2.64 (0.76)	1.43 (0.86)	2.01 (0.92)	2.34 (1.10)	2.18 (1.34)

Notes: M: Men; W: Women; PSF: problem-solving focus; NSF: negative self-focus; PR: positive reappraisal; OEE: overt emotional expression; AVD: Avoidance; SSS: social support seeking; RLG: Religion.

Regarding the coping strategies that showed a gender effect (negative self-focus, overt emotional expression, avoidance, social support seeking, and religion), the women's means were always higher, as Figure 2 conveys. That being said, one must keep effect size in mind, which in the case of negative self-focus and avoidance was very small, between 1 and 3% of explained variance. Therefore, we are talking about very slight differences in any case.

Finally, with regard to the age-gender interaction, Table 2 displays means and standard deviations for all the coping strategies studied. However, as mentioned above, significant differences were only observed in the case of negative self-focus, avoidance, social support seeking, and religion.

Given the means of strategies' interactions when they did turn out to be statistically significant, a pattern of relatively stable relationships emerges: as women age, their use of avoidance declines, while negative self-focus and religion increase. The trend is different in men, however; it does not appear to be linear, but rather curvilinear. That interpretation must be tempered, however, taking into account that the three interactions' effect sizes are very small, between 2-3% of explained variance, so we are talking about very slight differences anyway. The interaction effect on social support seeking is statistically significant, but the effect size is extraordinarily small, as also indicated by the values of the means.

Discussion

The present study provides evidence for the joint effects of age and gender on seven coping strategies. Those two factors and their interaction had significant effects on four dimensions: negative self-focus, avoidance, social support seeking, and religion. Gender as well as age significantly affected overt emotional expression, but their interaction did not. Meanwhile, no significant effect was found in the problem-solving or positive reappraisal dimensions. One must take into consideration that while several differences occurred as a function of the factors studied and their interactions (summarized in the Results section), the effect size was often small or very small.

With regard to this study's first general hypothesis, the results obtained show that age group exerted a main effect on coping strategies' use. Specifically, the first concrete hypothesis proposed that a decrease in problem-focused strategies would occur with age, because of effects observed in studies by authors such as Folkman et al. (1987) and Lachapelle and Hadjistavropoulos (2005). The results revealed problem-focused strategies were used with similar levels across the different age groups studied. However, the differences observed between middle-aged and elderly adults were noteworthy in the category of problem-solving focus, where there was a significant decline in old age. Although this study did not examine coping as a function of specific stressors, so the discussion is somewhat speculative, it is important not to forget that this effect, also reported by Chiriboga and Cutler (1980), Goldberg and Comstock (1980), LaChapelle and Hadjistavropoulos (2005), and Lazarus and DeLongis (1983), may be due to the fact that with the arrival of old age, people experience fewer important life events because the activities they carry out follow a routine more so than earlier in life. Furthermore, it should be noted that many situations elderly subjects face have an element of loss; such is the case of health deterioration and the loss of one's job, friends, and loved ones. Faced with this type of important life event, which results from context and which one has no personal control over, it is difficult to apply problem-solving actions to modify the conflict situation.

On another note, this hypothesis also predicted social support seeking scores would tend to decrease as age increases, and that effect has been confirmed. In light of this result and in support of a structural view of social support, social support seeking declines considerably in old age (Charles & Carstensen, 2009). However, as Meléndez, Tomás, and Navarro (2007) suggest, two things must be recognized. First, the tendency to select social contacts

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seems to begin during middle age, so it is less likely it should be interpreted as an old age-related deficit. Second of all, this decrease is very selective, primarily affecting the most accessory or superficial contacts; the closest, most supportive relationships remain basically intact with age.

Wrapping up the discussion of age effects, we hypothesized the opposite effect would occur in the case of emotion-focused coping, that use of this type of strategy would increase significantly with age. As seen in the results section, the proposed hypothesis has been confirmed, with the elderly group exhibiting higher scores than middle-aged and young adults in the negative self-focus and religion categories, which are defined as unique to emotion-focused coping. Said results might be justified in terms of the stereotypes of elderly people, which tend to be negative. Moreover, elderly people's experience of the negative life events that are characteristic of that stage may reinforce their negative self-perception, which would directly affect behavior and cognition and generate a more negative self-concept. If one's self-image and behavior create a portrait of this negative stereotype, his or her self-concept will tend to decline and their self-perception will become negative (Sáez, Meléndez, & Aleixandre, 1994). In contrast, the avoidance scores' trend does not confirm the hypothesis set forth. Scores were found to decrease after young adulthood, an outcome consistent with the results of Aldwin (1991) and Aldwin, Sutton, Chiara, and Spiro (1996). In line with these findings, authors like Carver and Connor-Smith (2010) suggest people acquire greater ability with emotion-focused strategies as they grow old.

Shifting our attention to gender, the results reflect significant differences in coping strategies' use as a function of gender. In terms of sub-hypotheses, this study's results have only confirmed one of the predictions made. First, based on a certain "tradition" of research results from this field of study, it was hypothesized that men would make greater use of problem-focused strategies. However, as in the meta-analysis study conducted by Tamres et al. (2002), no evidence has been found to support that notion.

On the other hand, in relation to emotion-focused and support seeking coping strategies' use, which were hypothesized to be significantly higher in women, women were found to have higher scores of negative self-focus, overt emotional expression, religion, avoidance, and social support seeking. This is consistent with the meta-analysis conducted by Tamres et al. (2002) and the review by Rose and Rudolph (2006), which indicate that from early developmental stages onward, some of these strategies are characteristically observed in women. In line with those results, the study by Mataud (2004) in a Spanish context focused on gender differences, reporting that women score significantly higher than men on emotional coping styles and score lower on more rational coping styles. If, as proposed, women tend to use emotion-focused strategies, then it follows that their coping styles are distinct from men's. Authors such as Billings and Moos (1981), Menaghan (1982), and Pearlin and Schooler (1978) assume problem-solving strategies are more adaptive than emotional ones, which are more often maladaptive. Similarly, Stanton and Franz (1999) suggest emotional processing is adaptive short-term, but if it persists over time, in other words long-term, rumination may occur, which would not be beneficial to adjustment. This possibility is proposed in other studies as well (Nolen-Hoeksema, 2000; Nolen-Hoeksema, & Davis, 1999; Nolen-Hoeksema, Larson, & Grayson, 1999), where rumination is understood as tending to be passive in a way that focuses on negative emotions and their consequences. It is associated with an increase in symptoms of depression and anxiety, which largely interfere with the adaptive process (Nolen-Hoeksema & Aldao, 2011).

By way of explanation for the findings described here, authors like Mataud (2004), Pearlin and Schooler (1978), and Ptacek et al. (1992) suggest these sorts of differences are consistent with the socialization hypothesis, which predicts that men are instructed to use more active, instrumental coping behaviors, while women are taught to utilize more passive, emotion-focused behaviors. From another explanatory point of view, Billings and Moos (1984) and Folkman and Lazarus (1980) hold that gender differences in adaptation can be explained by variations in the type of situations men and women tend to encounter. That is, women experience more stressful events related to health and family, while men perceive more stressful events related to their work and finances. In that vein, Patton and Goddard (2006) report that the use of one type of strategy or another is associated with the stress level to which one is exposed, with certain types of activities being more or less stressful than others. Nevertheless, authors such as Felsten (1998) assert that gender differences in coping strategy use may decrease due to social changes related to gender roles, given that some of the differences observed can be explained contextually (Emslie et al., 2002).

Last, with respect to the age-gender interaction, it was predicted that differences between men and women in coping strategies would be more pronounced during old age. The results have shown significant age effects on some categories of emotion-focused strategies, negative self-focus, avoidance, and religion, and also on social support seeking, but not all categories were found to follow the hypothesized trend.

Regarding negative self-focus, which is defined in terms of blame and a negative view of oneself, our hypothesis was confirmed in that elderly people, specifically elderly men, scored highest. It is observable that across the life span, young and middle-aged adult men score lowest, scoring higher when they reach old age. In contrast, women's use of this strategy shows a certain stability. As for men's scores, the already classic activity theory (Havighurst, 1963) provides one explanation that is consistent with the considerable change observed. From

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that point of view, to grow old successfully, one must maintain or even increase their levels of activity. This is because losing one's occupational role and encountering difficulty finding other roles, which above all influences elderly men, implies a significant loss, not only functionally but socially, personally, and economically, that can generate dissatisfaction.

Let us bring our attention to the avoidance dimension. This strategy entails cognitive and/or behavioral efforts to avoid thinking about the stressor, or trying to reduce tension through escapism behaviors. Except for men in the young adult stage, women score higher and their scores are fairly stable across the life span. Men's use of this strategy, on the other hand, tends to decrease after completing the young adulthood stage, which does not corroborate the hypothesis proposed. Finally, in the religion category, two aspects stand out. The trend is for scores to increase with age, linearly for women, who also score higher; in men, this trend only applies to the elderly. Not to underestimate the possible effect of generation and cohort, which may be among the most important elements in explaining these differences, they could also be due to the fact that applying strategies linked to religiosity promotes psychological mechanisms that are adaptive during old age, illness, and suffering (Phelps et al., 2009). In fact, some authors, like Nelson (1990) and Poloma and Pendleton (1991), associate it with high self-esteem and will to live, providing hope and a sense of transcendence or continuity between life and death (Azhar, & Varma, 1995; Rosik, 1989).

Finally, note the significance of the observed interaction effect in the social support seeking category. Though explained variance was small, women scored higher and their scores were shown to decrease with age. Conversely, men's scores increased during old age. This brings to light the relationship between life cycle and social network. Evidently, over the course of our development, supports are not constant; they undergo transformations not only qualitatively, but quantitatively.

In closing, this study has a series of limitations that future research should try to overcome, such as its non-probabilistic sampling and cross-sectional design, which make the results hard to generalize. Next, conceptually speaking, several aspects should be taken into account. First of all, there has been a lack of consensus about the study of coping strategies because of difficulty defining the basic categories and forms of adaptation. It is neither a specific behavior that can be unequivocally observed nor a particular belief that can be reliably reported. As Skinner et al. (2003) point out, the problem and emotion-focused categories (utilized in this study) are not conceptually clear, mutually exclusive, nor exhaustive, especially the emotion-focused ones. This makes it challenging to generalize results and compare them with other studies' conclusions. Additionally, this type of analysis of coping strategies does not take stress agents into account, and each person's subjective experience may vary even when confronted with the same stress factor. What is more, contextual and/or cultural differences may occur due to generational effects. Controlling for said effects is challenging because of the wide age range being studied. The results provide data not only about the development and comparison of coping strategies across much of the life span, but also the type of adaptive solutions at work when one adjusts to different events and situations that are unique to a given stage of life, and the role of gender and its interaction with age, which has scarcely been studied.

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