

Understanding Coping Strategies of College Students for Depression: A Review of Approaches and Insights

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This review examines a variety of coping mechanisms, such as emotion-focused, problem-focused and avoidance techniques and assesses how well they work to reduced depressive symptoms. The importance of personality, gender and cultural differences on coping outcomes and preferences is highlighted in the review research. It also points out gaps in the literature and makes recommendations for future research directions to improve coping mechanisms for a diverse population of college students. Coping strategies were effective for prevention of depressive symptoms. It was seen that male significantly predicted problem focused coping strategies and female significantly predict emotion focused coping strategies. It has been resulted that participant which used more task focused coping found low level of depression and anxiety.

Keywords: Depression, Coping strategies, College Students

“Depression can significantly impact people’s lives, and individuals often adopt specific coping mechanisms to manage it. Coping refers to the cognitive and behavioral strategies people use to reduce unpleasant emotions—such as sadness, fear, and anger—when facing stress, trauma, or illness (Stallman, 2020).”

“According to research, coping mechanisms are effective in managing life stress and traumatic experiences, as they can reduce the negative impact of stress on health outcomes (Nimrod et al., 2012)”. This buffering effect is evident in both short-term cognitive performance and long-term physical and mental health (Skinner et al., 2003). However, individuals suffering from depression may lack the necessary coping skills or social support to effectively manage negative emotions or challenging situations. Faulk et al. (2013) found that depressed individuals are more likely to rely on maladaptive coping strategies, such as venting, behavioral avoidance, or withdrawal.

The employment of incorrect coping mechanisms may result in more severe depression symptoms and impact the individual’s interpersonal function, causing them to fall into a succession of challenges (D’Iuso et al. 2018).

Researchers have developed a number of frameworks to classify unique coping techniques in order to make it easier to introduce and evaluate them. The three common classification systems include nation, Coping strategies are a variety of plans utilized by the individual to control the stressful experiences. It was observed that severe stress experiences produce a number of coping behaviors among the individuals. “Coping strategies refer to identifiable act, patterns of cognitive or behavioral attempts to handle situational difficulty which are perceived as challenging or considerable ability of a person to change” (Lazarus and Folkman, 1984).

“Coping was firstly described in terms of psychoanalytic protection mechanisms, an

activity which conceptualizes coping patterns or developments which can be stable across the lifespan” (Valliant, 1971). Coping is a multifaceted concept and does not have a single, fixed definition. It can be understood in various forms such as techniques, responses, methods, skills, or strategies—whether cognitive or behavioral in nature. Lazarus (1991) described coping as the mental and behavioral efforts made to manage specific internal or external pressures that are perceived as challenging or exceeding a person’s available resources. Essentially, coping refers to how individuals attempt to handle stress, though the effectiveness of these methods can vary. Psychological coping methods are often referred to as coping strategies or skills, representing the diverse approaches people use to manage stress.

Many coping strategies vary in effectiveness, with some proving more adaptive and beneficial than others. Cognitive approaches to stress management are often referred to as coping strategies. Typically, “the term *coping* refers to constructive methods that aim to lower stress levels in a healthy and adaptive manner” (Lazarus, 1991). However, not all strategies are effective—some are maladaptive, involving responses that may temporarily relieve stress but ultimately contribute to greater psychological distress. These maladaptive strategies can be seen as ineffective or even as a form of non-coping (Skinner et al., 2003). The success of coping efforts is largely influenced by the type and severity of the stressor involved.

Although researchers have described different definitions of coping but the majority of them has been influenced from the description and definition of Lazarus and colleague (1983). He proposed that coping is a process to reduce the stress. He determined that stress is the outcome of two

cognitive assessments done by the human beings.

Folkman and Lazarus (1984) classified coping strategies into two primary categories: problem-focused coping and emotion-focused coping. Problem-focused coping involves taking constructive actions to manage or alter the source of stress, particularly when the situation is appraised as changeable or controllable. In contrast, emotion-focused coping involves efforts aimed at regulating the emotional distress associated with the stressful event, especially when the situation is perceived as beyond one’s control.

Expanding on coping frameworks, Aspinwall and Taylor (1997, 2011) introduced the concept of proactive coping, also known as future-oriented coping, which involves efforts to anticipate potential stressors and prepare in advance. A related concept is anticipatory coping, where individuals imagine upcoming challenges and plan how to handle them effectively (Greenland & Fiksenbaum, 2009).

Approach coping refers to strategies that directly address the stressor with the intention of resolving or mitigating it (Roth & Cohen, 1986; Carver, Scheier, & Weintraub, 1989). On the other hand, avoidance coping (also called escape coping or avoidant coping) involves disengaging from the stressor through denial, distraction, or withdrawal. Although this may provide short-term relief, it is generally considered maladaptive as it prevents effective problem resolution (Carver et al., 1989).

Emotional approach coping, a subset of emotion-focused coping, involves the expression and processing of emotions in response to stress. Harrington (2013) noted that this form of coping can facilitate psychological adjustment, particularly in response to severe or uncontrollable stressors.

Billings and Moos (1985) further divided coping strategies into:

- Active behavioral coping, which entails taking direct action to resolve the problem,
- Active cognitive coping, which involves reinterpreting or reframing the stressful event to reduce its psychological impact, and
- Avoidance coping, which includes denial, distraction, or behaviors aimed at emotional numbing or tension reduction.

Kemp et al. (1995) introduced the concepts of engagement coping, referring to active, problem-solving behaviors, and disengagement coping, which includes strategies such as self-criticism, problem

avoidance, and social withdrawal—all of which are typically considered maladaptive.

In order to review the literature, an extensive and systematic search was carried out to get journal articles that deal with empirical work on the factors responsible for depression and coping strategies. Articles with full text were identified through JSTOR, Google Scholar, Pub Med and

J-Gate database covering the period from 2000 to 2024, using the key words, depression, minor depression, depression, coping strategies and college / university students. There were some criteria for selecting these reviews to include in the present study. In present study review pattern suggested by Grover, Raju, Sharma and Shah (2019).

Review of Literature on Level of Depression and Coping Strategies:

Researcher Name /Year	Objectives of the Study	Study Design	Study Site	Sample Size	Sampling Technique	Measures used	Findings/ Conclusion
Steiner, Erickson, Hernan, Renee and Pavelski (2002)	To investigate the association between coping strategies and health outcomes among individuals experiencing psychological stress.	Cross sectional	U.S.A.	A total of 1,769 general high school students participated in the study, comprising 48% girls, with a mean age of 16 years	Random	Coping Response Inventory - Youth form, Juvenile Wellness and Health Survey	Approach coping was negatively associated with health-related problems and risk behaviors, indicating a protective effect, whereas avoidance coping showed a positive correlation with these outcomes, suggesting it may contribute to poorer health and increased risk behaviors.
Wilson, Pritchard and Brian (2005)	To find the relation between health symptoms and coping strategies.	Cross sectional	U.S.A.	A total 546 adolescents	Random	Brief Cope (Carver, 1997).	Positive links were identified between coping strategies and health outcomes, with these associations showing no meaningful differences between males and females. suggesting that the relationship between coping and health is consistent for both males and females.
Hampel, and Petermann (2006)	To see the relationship of perceived stress and coping skills with	Cross sectional	Austria	A total of 286 adolescents aged 10 to 14 years.	Random	GCQ for Children and Adolescents SVF-KJ; Self evaluated	Perceived stress and maladaptive coping were positively associated with adjustment difficulties, indicating that individuals experiencing higher stress and relying on

	adjustment.					stress scale, RAASI.	ineffective coping strategies tend to face more challenges in adaptation. Gender differences were also observed. However, girls also scored lower on distraction-based coping and higher on maladaptive coping mechanisms and social discomfort, suggesting a complex pattern of coping that may contribute to increased emotional vulnerability.
Dyson and Renk (2006)	This study examined the relationship among genders, depressive symptoms, stress level, and types of coping strategies.	Cross sectional	Florida	Mean Age 18 years	Random	BDI-II	Males had a significant preference for problem-solving coping strategies, while females had a significant preference for emotion-solving coping strategies. While their degree of depression was greatly predicted by family and peer pressure, as well as acceptance of avoidant coping.
Sung, Puskar and Sereika (2006)	To identify the relationship of coping strategies with psychosocial factors	Cross sectional	South Eastern Pennsylvania	72 students attending a rural high school	Random	CRI-Y), RADS, STAXI, the SCARED, RADS and the RSES	Significant gender differences were found for psychosocial factors of depression, self-esteem and anxiety. Several significant relationships were observed between coping strategies and psychosocial factors of rural adolescents.
Dam, Hosman, Hoogdu and Schaap (2007)	The effect of the CWD (coping with depression) course on the severity of depressive episodes and symptoms was studied.	Randomized controlled trial (RCT) design.	Netherlands	N = 104 Participants with subclinical depressive symptoms	Convenience sampling.	Center for Epidemicologic Studies Depression Scale (CES-D)	Coping with depression cause was effective for preventing depressive symptom subclinical depression.
Kelly, Sereika, Battista and Brown (2007)	To examine the association between depression and coping strategies	Longitudinal study	U.S.A.	189 subjects from primary care	Purposive sampling method	Self reported measure	The findings indicated that emotional reactivity to depression significantly influenced the type of coping strategies used. Both male and female participants who exhibited heightened emotional responses were more likely to engage in maladaptive coping behaviors. In contrast, female participants who reported a greater sense of control over their depressive symptoms were more inclined to utilize adaptive coping techniques.

Leandro and Castillo (2010)	The primary objective of this study is to examine the relationship between coping strategies, stress situations, personality dimensions, anxiety, and depression.	Cross sectional	Spain	274 participant age range 17-62 years		Coping style Questionnaire COPE (Carver et al. 1989), State trait anxiety Inventory BDI	Participants who used more Problem-focused coping showed lower levels of depression and anxiety, according to the study. on the other side Emotion based coping mechanisms, were linked to low self-esteem, depression, and anxiety.
Shaheen and Alam (2010)	The aim of this study was to look into the connection between psychological distress, attribution style, and coping strategies.	Cross sectional	India	300 adolescents from Aligarh Muslim University age range 16-19.	Random	COPE Scales multidimensional coping strategies scale developed by (Carver, Scheier and Weinraub 1989), PGI Health Questionnaire, It was developed by Verma, Wing and Pershad (1985).	Avoidance coping was found to be positively related to psychological depression, while Problem-focused coping mechanisms were found to be negatively linked. Science stream students used more problem-focused coping while Arts stream students used more avoidance coping,
Zong et al. (2010)	Explored the prevalence of depressed mood and examined the coping patterns and degree of flexibility.	Cross sectional	China Beijing	428 UG students among those 266 students completed entire question set.	Random	BDI: Chinese version, The CFQ is a questionnaire designed to assess the coping styles	Students with depressive symptoms were more likely to utilize maladaptive coping methods.
Hortowitz, Hill and King (2011)	To examine the relationship between coping strategies and depressive symptoms and suicidal ideation	Cross Sectional	U.S.A.	140 Adolescents	Purposive Sampling method	RDS (Reynolds Depression Scale, 2008), Brief COPE by Carver 1997	Maladaptive coping strategies such as behavioral disengagement and self-blame are strongly associated with increased levels of depression. Similarly, emotion-focused and avoidant coping mechanisms have been linked to both depression and suicidal ideation. In contrast, problem-focused coping does not independently serve as a significant predictor of reduced depression symptoms.

Hoeksema and Aldao (2011)	To examine how emotion regulation strategies relate to depressive symptoms, and how these relationships differ across gender and age.	Cross sectional	U.S.A.	1312	Random	BDI-SF (short form) and COPE Inventory	Across all age groups and genders, maladaptive coping strategies were significantly associated with increased depressive symptoms, whereas adaptive coping strategies showed no such association. Additionally, women demonstrated a higher tendency than men to employ emotion-regulation strategies.
Chou, Chao, Yang, Yeh and Lee(2011)	Using the stress coping framework, to investigate the association between stress, coping mechanisms, and depressive symptoms.	Cross sectional	Overseas Chinese university preparatory institute in Taiwan.	756 students	Purposive sampling	CES-D, Stress scale and Coping strategies Scale	It was found that stress is significantly linked to coping strategies and depressive symptoms, with passive coping strategies mediating the relationship between stress and depression.
Kumar, and George (2011)	Aimed to study the association between life events, coping methods, social support, and suicide attempts in a group of persons.	Case control study	India	50 participant (case of suicide attempters) and 50 participants of control group	Purposive sampling	Stressful Life Events Scale, Social Support Questionnaire Coping Style Scale, and WHO QOL Bref.	In Attempters reported much poorer levels of social support, constructive coping, and quality of life. Desirable life events, good education, and good social support were found to be defensive against suicide among all.
Eisenbarth and Chius(2012)	To study the role of self-esteem in modulating the effects of perceived stress and coping on depressive symptoms.	Cross sectional	North West United State	713 college students	Random	PSS (Cohen, Kamarch and Mermelstein, 1983) Carver's (1997) Brief COPE variables for analysis, the Brief COPE, Rosenberg's (1965) Self-Esteem Scale. Lovibond and Lovibond's (1995) Depression Scale.	In college students, self-esteem was essential in determining the relationship between perceived stress and coping, which contributed to the occurrence of depressive symptoms.

Mohmound et al. (2012)	To explore the significance of the relationship between coping style, life satisfaction, and socio-demographic factors in forecasting depression, anxiety, and stress,	Cross sectional	U.S.A.	508 participant age range 18-24 years Under graduate regular students	Random	Brief COPE Inventory, Multi-dimensional Life Satisfaction Scale, DASS-21	Maladaptive coping was found to be the strongest indicator of depression, anxiety and stress. The reduction in maladaptive coping skills had the greatest effect to reduce the students' depression, anxiety, and stress levels.
Adler, Conklin, and Daniel R. Strunk (2014)	The aim of this research was to see whether the quality of coping skills could predict changes in depressive symptoms in response to a number of naturally occurring stressors.	Cross Sectional	U.S.A.	213 undergraduate students	Purposive sampling	PHQ-9, assesses cognitive and behavioral coping skills PANAS	The quality of coping skills was a significant predictor of more adaptive responses, specifically reduced depressive symptom reactivity. This association was much greater among people who had higher initial level of depressive symptoms.
Noble, Ashby and Gnilka. (2014)	Examined the relationship between multidimensional perfectionism, coping, and depression	Cross sectional	South eastern United States	405 undergraduate	Random	APS-R (Slaney et al. (2001), the COPE (Carver, Scheier and Weintraub, 1989) and the Scale (CES-D; Radloff, 1977).	Higher avoidant coping and highest depressive symptoms. Highest active problem-focused coping and lowest level of depression was found. College students identified as maladaptive perfectionists, adaptive perfectionists, and non-perfectionists showed significant differences in their depression levels and demonstrated distinct coping styles.
Roohafza et al. (2014)	Examined the association between perceived social support and coping styles with depression and anxiety.	Cross sectional	Iran	4658 Individuals	Cluster random sampling	HADS, coping strategies questionnaire, MSPSS	Social support, particularly from family, has emerged as an effective protective factor against anxiety and depression. In contrast, both conditions were associated with a higher risk of employing passive or avoidant coping. While all types of perceived social support were positively associated with active coping techniques, perceived support from friends was adversely associated with avoidant coping.
Fang Tang, Xue and Qin(2015)	Study evaluated the influence of stressful life events and coping skills	Cross sectional	China, Buhan	5972 students, randomly selected from 6 universities	Random	Coping Response Inventory, a 48-item	Stressful life events and deficient coping skills were strong risk factors for suicidal behavior among students. 7.64 %

	on risk for suicidal behavior					instrument developed by Moos, Chinese version of the Symptom Checklist-90 Revised (SCL-90-R).	students reported the occurrence of suicidal behavior
Romero, Riggs and Ruggero (2015)	To examine the roles of coping methods and family social support in the development of anxiety and depressive symptoms.	Cross sectional	U.S.A.	136 students	Purposive Random sampling	Brief COPE	Avoidant coping and perceived family social support were found to be significant predictors of depression and anxiety symptoms. Furthermore, family support was shown to influence the connection between coping strategies—whether problem-focused or avoidant—and psychological distress, with its protective effect differing based on the type of coping strategy used.
Thompson et al. (2016)	To examine the prevalence of depression in relation to coping strategies and social support.	Cross sectional	University of North Dakota School of Medicine and Health Sciences (UNDS MHS)	253 medical students	Random	PHQ-9, to assess the social support and coping strategies self evaluated measure was used.	Approach-based coping Skill, social support, and resiliency to mental health problems were found to be linked among medical students; 70% of medical students had mild to serious depression. 23% students reported lack of ability to cope. Inadequate support from family and friends was related to a considerably higher risk of depression.
M. Holubova et al. (2017)	Objective of this study was to explore the relationship between the coping strategies and quality of life in outpatients with depressive disorder.	Cross sectional	U.S.A.	82 outpatient	Random	Stress Coping Style The Q-LES-Q	Depressive disorder was linked with negative coping mechanisms, especially the tendency to escape. Coping strategies exhibited a robust association with quality of life, adaptive coping strategies emerged as the strongest predictors of QoL.
Coiro, Bettis, MS and Compas, (2017)	To assess the type of coping strategies of the students in interpersonal stress..	cross-sectional quantitative survey methodology	Loyola University Maryland Vanderbilt University (USA)	135 undergraduate students from 2 universities	Cluster random sampling	Study variables accessed via self-report measures	Students experiencing higher levels of interpersonal stress reported increased symptoms of depression and anxiety, along with reduced use of engagement coping strategies and greater reliance on disengagement strategies. Interestingly, coping strategies did not significantly

Vungkhanching, Tonsing and Tonsing (2017).	To assess psychological distress, perceived social support and effective coping strategies.	Cross sectional	Central California	234 students	Random	COPE Scale (Brief COPE, Carver, 1997), DASS-21 (Lovibond)	moderate the relationship between stress and mental health. There was a negative correlation between perceived social support and symptoms of depression, anxiety, and stress. Perceived social support served as an effective positive coping mechanism for managing depressive symptoms. Additionally, female students were found to use more emotion-focused and problem-focused coping strategies than their male counterparts.
Loannou, Kassianos and Symeou (2018)	To understand whether and how social support modifies or explains the association between self-esteem, stress, and depression.	Cross sectional Observational study	Cyprus	N=334 young adults aged 17-26 (78% female)	Random	CES-D scale (Radloff, 1977), MSSS	Under conditions of low-to-moderate stress, perceived social support served as an effective buffer against depressive symptoms. Moreover, higher levels of perceived support from both family and coworkers were significantly associated with reduced depressive symptoms
Sawhney, Kunen and Gupta (2018)	To evaluate whether two groups with high and low level of depressive symptoms used adequate or inadequate coping strategies.	Cross sectional	India, University	120 final sample size after screening the depressive symptoms	Stratified Random	CES-D Scale (Radloff, 1977), for Depression score, CRI-A, (Moos, 1993)	High depressive symptom group turned to more inadequate (avoidant) coping strategies than the low level depression group. Female were more likely to use avoidant coping strategies than male.
Suh et al. (2020)	The current study investigated the similarities and differences in stress coping styles between bipolar disorder (BD) and depressive disorder (DD).	5 years long study	Korea	Total 235 subjects (BD-135 and DD-100)	Purposive sampling	CISS developed by Endler and Parker and BDI (CES-D)	Severity symptom of depression can affect coping strategies. Depressed BD, BD group shown significantly more avoidant and task-oriented coping than the DD group.. Positive
Hofbauer and Holzinger (2020)	To evaluate the prevalence of stress and depression and the efficacy of coping strategies in undergraduate medical students.	Cross sectional survey	Medical University of Vienna	589 second-year and sixth-year students	Purposive sampling	Stress and Coping Inventory (SCI)	thinking and active coping was a protective factor against depressive symptoms

Graves, Hall, Dias-Karch, Haischer, Apter(2021)	Examined stress, coping mechanisms, and gender differences in undergraduate students towards the end of the semester	Cross-sectional	America Florida Atlantic University	N= 448enrolled in three different undergraduate	Convenience sampling	Perceived Stress Scale(PSS) and Brief COPE for measurement	Females reported higher levels of stress than their male counterparts. Significant gender differences were observed in coping strategies, with women notably more inclined than men to employ emotion-focused coping methods
Mishra et. al. (2021)	To identify the prevalence of psychological distress among healthcare students and examine its association with their lifestyle behaviors and coping strategies.	Cross-sectional online survey	KIIT University, Bhubaneswar, India	588 medical, dental, and nursing students studying in institutes of healthsciences,	Random Sampling	DASS-21 questionnaire and Brief COPE	Individuals experiencing psychological distress often relied on emotion-focused coping strategies, such as venting and self-blame, as well as avoidant coping behaviors like denial. Their distress was also associated with certain lifestyle habits, including increased consumption of soft drinks..
Alotaibi et.al. (2024)	Objectives of the current study are to explore the prevalence of depression, anxiety and stress symptoms .	Cross-sectional study	Kuwait University and selected students	Sample of 1142 students	Multistage-stratified cluster sampling design and logistic-regression analysis	Depression, Anxiety and Stress Scale 21 (DASS-21) and the Brief COPE scale.	The results suggest that a significant proportion of Kuwait University students experience Significant level of mental health issues—particularly anxiety, depression, and stress—and employ varying coping strategies that are often inconsistent in addressing the academic and personal challenges encountered during their studies

Recommendation

The results of this review study suggested that most students have high prevalence of mental health issues, primarily stress, anxiety, and depression, as well as irregular coping mechanisms for the difficulties. When they were studying Furthermore, additional risk factors mostly stress family issues, illness, faculty type and maladaptive coping mechanisms also contribute to the exacerbation of psychological disorders. Consequently, these results have a detrimental effect on students' confidence and sense of self, which lowers their academic performance and compromises

their health and well-being. Thus, the creation of counseling facilities in every faculty at the current study is its most crucial recommendation. Consequently, this makes it easier to incorporate programs for wellness and offering self-management skills, specific training sessions, and thorough educational courses. It is also advised that a required course be made available to all faculties of educational institute with the goal of educating students about mental health, helping them comprehend the risk factors that may exacerbate psychological symptoms, and helping them develop healthy coping mechanisms to deal with the difficulties they may encounter.

Conclusion

A systematic review encompassing 33 studies demonstrated a consistent link between coping strategies and depressive symptoms. Adaptive coping styles—particularly problem focused or task oriented strategies—were associated with lower levels of depression and anxiety. Specifically, males were more likely to employ problem focused coping, whereas females predominantly utilized emotion focused coping approaches. Participants engaging in task focused coping exhibited significantly fewer depressive and anxiety symptoms, while reliance on emotion focused strategies corresponded with diminished self-esteem and elevated depression and anxiety.

Additionally, self-esteem emerged as a crucial moderator: students with higher self-esteem were better able to buffer perceived stress through effective coping, thereby reducing the onset of depressive symptoms. Across studies, maladaptive coping consistently predicted higher levels of depression, anxiety, and stress; conversely, reducing such coping behaviors had the strongest beneficial effect on psychological well-being among students. Stressful life events, combined with deficient coping skills, were identified as robust risk factors for suicidal behavior in youth populations. Finally, low perceived support from family and friends further exacerbated depressive symptoms, underscoring the importance of social support in these dynamics.

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