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# INTERSECTING COPING MECHANISMS FOR DEPRESSION AND ANXIETY ACROSS AGE, GENDER, AND OCCUPATIONAL GROUPS IN BANGLADESH: A MIXED-METHODS APPROACH.

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## ABSTRACT

This study analyzes the intersection of age, gender, profession, coping mechanisms, and its genesis to understand patterns in how individuals cope up in the moment of depression and anxiety. Examined data reveals that the younger individuals (16–25 years) predominantly adopt social coping mechanisms like *Talking to someone* and reflective methods such as *Meditation*. Males tend to prefer action-oriented strategies, such as *Exercise* and *Being busy*, while females favor introspective methods like *Prayer* and *Sleep*. Professionally, students rely on social and spiritual coping mechanisms, whereas engineers favor practical methods like *Sleep* and *Exercise*. Teachers, in the contrary, lean toward emotional and spiritual practices such as *Meditation* and *Prayer*. Intersecting demographical data, self-discovery is the initial inspiration for adopting coping mechanisms, followed by the influence from media and peers. However, less effective strategies which are labeled dysfunctional, such as *Denial* and *Isolation*, are more prevalent among older age groups, particularly females. This study highlights the importance of tailoring mental health interventions to demographic-specific preferences and inspirations for better mental health management outcomes in the context of Bangladesh.

## INTRODUCTION

Coping mechanism is referred any conscious or nonconscious adjustment or adaptation that decreases tension and anxiety in a stressful experience or situation. Every Individual use their own coping mechanisms to calm themselves down in any form of anxiety or distress. For such, the diversity of coping mechanism, leads to two different pathways, Adaptive or functional coping mechanisms and Maladaptive or dysfunctional coping mechanisms**.** Lazarus, R. S., & Folkman, S. (1984), Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989), Endler, N. S., & Parker, J. D. A. (1990),

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Billings and Moos (1981), Skinner, Edge, Altman, and Sherwood (2003), Compas et al. (2001) Some emotion-focused responses involve denial, others involve positive reinterpretation of events, and still others involve the seeking out of social support. These responses are very different from each other, and they may have very different implications for a person's success in coping. Age to age, gender to gender and profession to profession these coping mechanisms vary. Their way of adopting the coping mechanisms also vary, such as peers to peers, watching it on internet etc. There is a growing conviction that the ways people cope with stress affect their psychological, physical, and social well-being. Individuals who tend to use pleasant, distracting activities to relieve their moods before they attempt to focus on their problems and solve them will have shorter periods of depressed mood. Feeling instantly after, 4-5 hours later and a day after performing the individual coping strategy indicates how well functioning, adaptive and relevant the coping mechanism is. Anxiety and depression are believed to have similar emotional features, but the key in anxiety is fear, and the key in depression is distress or anguish. Diagnoses of MDD (Major Depressive Disorder) or other depressive disorder require impairment of social, occupational, or other important areas of functioning. Anxiety and depression symptoms are bidirectionally related, with anxiety symptoms more strongly predicting depressive symptoms, and depressive disorders more strongly predicting social anxiety disorder and specific phobia. Both depressed and anxious individuals rated high on negative affectivity. Individual differences in the tendency to self-focus, rather than to use active coping strategies, may influence the course of depression. Depression is now the fourth leading cause of global disease burden. Major Depressive disorder affecting all ages including the young adults demanding special attention toward the illness in context to management and productivity. In Bangladesh, the levels of depression and anxiety has been reported to be as high as 54.3% & 64.8%, respectively (Hossain et al., 2014, Alim et al., 2017, Saeed et al., 2018, Mamun & Griffiths, 2019, Mamun et al., 2019). Mental health challenges are the most emerging challenges globally. Studies have enormously evidenced the effectivity of coping strategies such as Exercise, therapy, and meditation in specific demographic groups. However, there is limited research investigating how demographic factors like age, gender, and occupation influence the adoption and perceived effectiveness of coping mechanisms, intersecting demographic constants with coping strategies and its genesis, particularly in a cultural context such as Bangladesh. This study aims to fill the gaps by examining the depressed and anxious people's coping mechanisms in a real-world setting, it's effectiveness & its genesis based on gender, age and occupation in a mixed method approach and their implementation in social and global mental health policies in context of Bangladesh.

## RESEARCH METHODOLOGY

The research was conducted in November 2024.There were 120 self-reports from the individuals for the entire research. I did the research on 16–40-year-old. It is shown that individuals who are 20 or less to 40-year-olds, are more likely to diagnose for

mild-severe depression in context of Bangladesh. I used the PHQ-9, Patient Health Questionnaire developed by Drs. R.L. Spitzer, J.B.W. Williams, K. Kroenke and colleagues, with an educational grant from Pfizer, Inc.; which is the most specific and brief set of questionnaires used in clinical research, to screen, diagnose, monitor and to measure the severity of depression. I asked their gender, age and profession in addition, for my research. It has 9 questions about how they felt about those specific 9 problems and every question's answer is self-reported. Each question has 4 options about the intensity of that following problem and has respective points. Question no. 9 is the most important part of the questionnaire, asking the intensity of the thought of suicide. Adding all the points from columns makes the total score, on which we can know about an individual's severity of depression. An additional question, which

| PHQ- 9 Score | Provisional Diagnosis |
|---|---|
| 5-9 | Mild Depression |
| 10-14 | Moderate Depression |
| 15-19 | Moderately Severe Depression |
| 20-27 | Severe Depression |

is apparently the most important question, about facing what those problem caused.

After I got the self-reported PHQ-9 scores, I took the results of mildly depressed to severely depressed individuals, and asked them to answer 5 questions.

**When You Feel Depressed or Anxiety, What Coping Mechanism Do You Use?** 10 options were given. The options contained adaptive and maladaptive coping mechanisms, functional and dysfunctional coping mechanisms. They were given an optional box to write their own coping mechanisms which was not on the options. So that I don't miss any of the coping mechanism an individual, individually does.

**How They Felt After Using That Coping Mechanism.**
It was a group question and contained 3 questions. Firstly, instantly after doing that particular thing, secondly 4-5 hours after and lastly a day after.

What Inspired You or Made You Believe That, Doing That Particular Thing Helps You from Depression or Anxiety?

It was a question to understand their way of learning how to cope up. As I already know how old they are, which gender they are and their working field, that gave me an ideal notion of their context and perspective.

## RESULTS

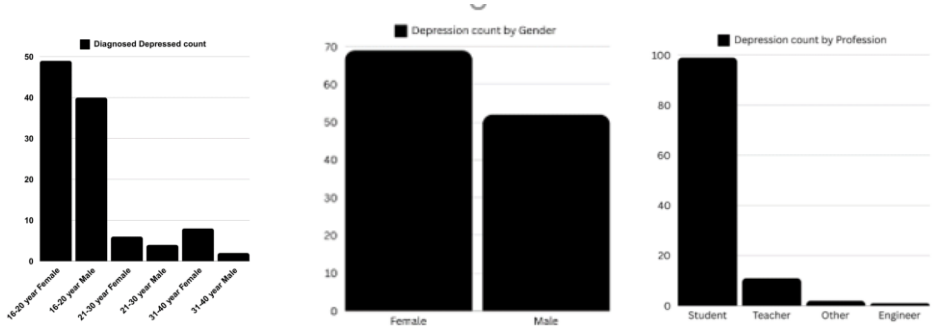
Among 120 self-reports there, 68 Females and 52 Males participated. After self-reporting the PHQ-9 (Patient Health Questionnaire-9), 9.16% people diagnosed for minimal depression, 27.5% people diagnosed for Mild depression, 20% people diagnosed for Moderate Depression, 27.5 people for Moderately Severe Depression and 15.83% people diagnosed for severe depression. 16-20-year-old women, were most likely to be diagnosed for depression, 40% of all self-reports. On next, 16-20-year-old men, diagnosed for depression 33.33% of all self-reports. 21-30-year -old women diagnosed for depression 5% of the total self-reports. 21-30-year-old male diagnosed for depression, which is 3.33% of

the total self-reports. 31-40-year-old females, diagnosed for Depression with 5% of the total self-reports. 26-30-year-old men, who were engineer, diagnosed for depression with 0.83% of the total self-reports.

### Intersection Of Demographics & Depression Severity

We took Mild-Severe depressed patient count. Females aging 16-20-year, were the highest to diagnose for depression, who were all students. After them, Males aging 16-20-year, were the second highest to diagnose for depression, who were all students. After them, 31-40-year-old females, diagnosed the most for depression, who were teachers. After them, 21-30-year-old females, 21-30-year-old male and 31-40-year-old males.

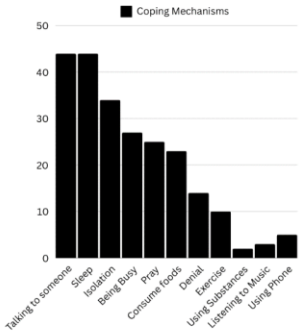
Women diagnosed the most for the total depression diagnosis, 57.5% of the total self-reports. Men diagnosed for depression 42.5% of the total self-reports.




Students are the most to be diagnosed for depression, which is the 82.5% of the total self-reports. Teachers diagnosed for depression 9.16%, Other professionals (Housekeeper, Service Holders) diagnosed for 1.6% & Engineers diagnosed for depression 0.8% of the total self-reports.

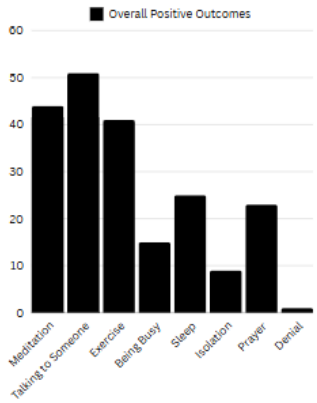
### Coping Strategies

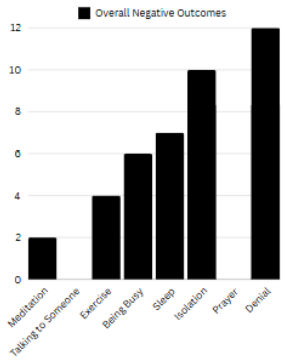
Use of coping mechanisms when people feel depression and anxiety is demonstrated. 36.67% people talk to someone who they trust and Sleep. 28.1% isolate themselves,




22.31% people get busy, 20.66% people pray, 2.3% people consume food, 10.74% people use denial method, 8.26% people exercise, 1.65% use substances, 2.5% people listen to music and 4.1% people distract themselves using their phone while they feel depressed and anxiety.

**Success Rate**




Graphs demonstrate the coping success using diverse coping mechanisms. **Prayer (85%)**, **Talking to Someone (77%)**, **Exercise (76%)**, and **Meditation (73%)** lead to the highest success rates. **Denial (17%)** and **Isolation (23%)** are the least successful mechanisms, with negative outcomes being common.

**Denial** and **Isolation** have the highest negative outcomes, indicating they are the least effective coping mechanisms. **Talking to someone** and **Prayer** resulted in no negative outcomes, making them highly reliable approaches. **Meditation** and **Exercise** have relatively low negative outcomes, supporting their effectiveness.

## DISCUSSION

With the help of PHQ-9, I got statistical data about severity of depression, and with additional questions I learned about their age, gender and occupation along with coping mechanisms and its genesis. Female students, who are 16-20-year-old, have the highest rate to diagnose for depression. After them, Male students, who are 16-20-year-old, have the second highest rate to diagnose for depression. Then 31-40-year-old female, who are teacher, have the third highest rate to diagnose for

depression. Students diagnosed the most for depression, along with teachers. Most of the people found it somewhat difficult to do their work and get along with other people. A handful of people did not find it difficult at all. In the coping mechanism section, most of the people chose talking to someone or sleep to cope up with depression. A great number of people chose isolation, being busy, prayers, consume food and denial to cope up with depression. We can see uses of substances as a coping mechanism among people, which is not high in rate. Students (16-20 years) frequently discover coping mechanisms themselves, especially for Meditation and Talking to someone**.** Being busy is a popular mechanism for male students (21-25), likely reflecting academic or career pressures. Engineers (26-40 years) rely heavily on self-discovery for mechanisms like Sleep and Being busy, with some influence from media. Teachers (26-40 years) adopt emotional and spiritual mechanisms like Meditation and Prayer, often from self-discovery or peer influence. Talking to someone and Prayer have the highest effectiveness with 0 negative outcomes and high success rates. Denial and Isolation lead to the most negative outcomes, with Denial being the least effective coping mechanism. Younger age groups (16–20) prefer social mechanisms, while older groups (31–40) adopt more spiritual or passive strategies (Prayer, Denial). Males favor action-oriented coping mechanisms such as Exercise, being busy, and talking to someone**.** Females lean toward reflective mechanisms like Meditation, Prayer, and Sleep**.** Males lean toward active mechanisms like Exercise. Females prefer calming mechanisms such as Meditation and Sleep. Individuals may be experiencing a concern like pain from an injury, post-traumatic stress disorder, anxiety or depression. Instead of addressing the root cause, substance misuse temporarily numbs pain or psychological health concerns[11] Studies showed that, individuals who tend to use pleasant, distracting activities to relieve their moods before they attempt to focus on their problems and solve them will have shorter periods of depressed mood. Most of the people, discovered the coping strategy by themselves. A number of people adapted the coping strategy from their peers. We can see the coping mechanism such as talking to someone you trust, praying, exercising etc. which is both adaptive and functional coping strategy. These coping mechanisms helps individuals to embrace their feelings and naturally cope up with the distress. Sleeping, being busy, consuming food, moderately using phone is active and functional coping strategy. These are the most famous coping mechanism, yet these coping mechanisms do not help individual to embrace their feeling, thus a chance of returning of the distress is still there. Isolation, denial, usage of substances is maladaptive and dysfunctional coping strategy. These coping mechanisms don't help to deal with distress, rather comes with a bigger wave of anxiousness and depression. When depressed people are isolating and denying their emotional state, they obviously are focusing on something negative, and this may make it more likely that their thinking will be negatively biased by their mood (cf. Teasdale, 1983).

## CONCLUSION

Coping up using coping mechanisms in depression and anxiety, varies on different factors such as age, gender and profession etc. A large number of students and professionals are to be diagnosed for severe depression. Institutions and workplaces should provide accessible mental health backups, like counseling and mental health days, while promoting awareness and reducing stigma. Implementation of flexible policies and creation of a mental health issue supportive environment can enhance their working ability. Mental health policies should target at-risk demographics such as students aging 16-25 year, for early intervention by analyzing correlations between severe symptoms. Lastly, increasing access to culturally competent and stigma-free mental health resources ensures equitable support for all. This study will provide the important demographics and statistics and brief description of usage of coping mechanisms in depression and anxiety, based on age, gender and occupation, in Bangladesh's context.

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