

EMOTIONAL COPING ACCROSS GENDERS DURING THE PANDEMIC TIMES

LAVINIA ȚÂNCULESCU-POPA*

Hyperion University, Faculty of Psychology and Educational Sciences Department of Psychology;
National University of Political Studies and Public Administration, Communication and Public Relations
Department; Transilvania University of Braşov, Faculty of Psychology and Education Sciences

Abstract

The current study, conducted during the first months of pandemic lockdown (March – April 2020) among general population in Romania (N = 476), examined how men and women differ with regards to the four emotional coping strategies described by Carver, Scheier, & Weintraub (1989). Multivariate analysis of variance showed that statistically significant differences exist between men and women on coping focalized on emotions when analyzed jointly. Additionally, significant differences were shown at the religious approach and at the positive interpretation and growth level between men and women, whereas at the restraint and acceptance level there were no significant differences between the studied groups. These findings are in line with the current literature related to individual differences between boys and girls, men and women. The results also add value to understanding how various approaches can be proposed in a particularized, not gender stereotyped manner, for women and men, not only in the organizations, but also in the family and in managing self in medical crisis situations.

Cuvinte-cheie: coping de natură emoțională, coping bazat pe apelul la religie, coping prin interpretare pozitivă și dezvoltare, diferențe de gen, SARS-CoV-19.

Keywords: emotional coping, religious approach, positive interpretation and growth, gender differences, SARS-CoV-19.

1. INTRODUCTION

The construct of gender role, the social role theory, the role congruity theory are just few of the literature references that speak about genders related prejudices and stereotypes about a social group that is incongruent with the attributes that are thought to be required for success in certain classes of social roles (Eagly & Karau, 2002). Still, the fact that, in some circumstances, there are differences between men and women, is a reality. Sometimes, tailoring the approach for men and women could be the answer to a lot of possible problems in organizations, in particular and

* Hyperion University, Faculty of Psychology and Educational Sciences Department of Psychology, Calea Călărașilor 169, Sector 3, București (România), 030615, E-mail: lavinia.tanculescu@thewings.ro

in life, in general. Let's take the psychology of consumer behavior for example. Studies have shown that women are more sensitive to price than men (Kraljević & Filipovic, 2017) and have higher levels of brand commitment, hedonic consumption and impulse buying in comparison to men (Tifferet & Herstein, 2012). In organizations, for example, women may be expected to engage in communal forms of citizenship (e.g., altruism; Heilman & Chen, 2005) and was shown that women assign greater importance to CSR than men (Lämsä *et al.*, 2008). In civic virtue case, as Chiaburu *et al.* (2014) presented, is more expected from male employees than from female employees by activating gender stereotypes, whereas other authors suggest that the altruism, courtesy, sportsmanship and civic virtue are related to gender stereotypes (Kidder & McLean Parks, 2001).

Still, one of the most important factor to be taken into consideration would be the social context in which one or another gender role are manifested and what could be categorized as stereotype bias regarding to either one of the gender.

In the context of a complex crisis, such as the pandemic crisis generated by the outbreak of SARS-CoV-2 in December 2019, various levels of an individual are triggered and/or required to be activated. The gender role or personality differences are not the only ones explaining the dissimilarities between men and women.

In this study we suggest that the crisis differentiate between the manner of emotional responses of men and women. Also, we suggest that this is a natural type of response rather than a cultural one and that, in light of the results of the current study, both men and women could contribute and act differently to managing the associated stress level felt in connection with the new conditions imposed by the crisis.

1.1. DIFFERENCES BETWEEN MEN AND WOMEN AND THEIR IMPACT ON EMOTIONAL COPING IN THE PANDEMIC SITUATION

A rapid development of a body of literature talking about the impact of the 2020 pandemic situation is happening. Among those studies, an increased interest is seen in understanding the pandemic from the individual differences point of view, including gender (Chang, 2020) to reduce the "gender inequality" that the crisis generated (Holtsberg, 2020).

Even if women were shown to have been impacted financially, economically, and socially uniquely, from the disease incidence and lethality their situation is better than the one of men, given the proof of a more rules compliance and protective behaviour (e.g., hand-washing), which greatly reduced the chance of infection (Chang, 2020).

In May 2020, the British Broadcasting Corporation (BBC) drew a typology including seven type of women mostly affected by the results of the pandemic situation, in an attempt to help understand how differences between men and women can be managed ahead of time and in a dedicated way in each country.

Scientifically documented biological differences between men and women were highlighted. From these, a stronger immune system in women brings survival advantages to their offspring (Wanner, 2020), presence of female estrogen, with a role in the immune system, women carrying two X chromosomes containing genes related to immunity, while men carry only one (Chang, 2020), could have led to higher mortality rates in men in comparison with women. Another investigated area was the modification in women's sexual behaviour, authors concluding that, during the COVID-19 pandemic, there were a significantly increased sexual desire and frequency of intercourse, but the quality of sexual life significantly decreased (Yuksel & Ozgor, 2020).

In a meta-analysis of 697 effect sizes representing 236,304 individual ratings of self-conscious emotions states and traits, Else-Quest *et al.* (2012) state that findings support the inaccuracy about women's greater emotionality, with only small gender differences in relation to shame and guilt and only for the White population investigated and not for embarrassment, authentic pride and hubristic pride where gender similarities were shown. Still, authors are not fully in consensus. A meta-analysis studying the magnitude and variability of sex differences in vocational interests, has shown that men showed stronger Realistic and Investigative interests with more specific measures of engineering, science and mathematics interests whereas women showed stronger Artistic, Social and Conventional interests (Su, Rounds & Armstrong, 2009).

Coming closer to the current study theme, there are some studies discussing about gender differences in organizationally relevant phenomena such as work burnout which link the gender differences to experiencing stress related phenomena and moves us closer to the preferred coping strategies in both men and women. In one of these studies – a meta-analysis conducted by Purvanova and Muros (2010) – it was shown that women are slightly more emotionally exhausted than men, while men are somewhat more depersonalized than women, fighting in this way the prejudiced idea that only women are likely to experience burnout rather than men.

In his theory related to the development of gender-typed behaviours, Maccoby (1990) states that gender differences in individual characteristics, such as personality and temperament, are likely to be small. Consistent with this theory, Else-Quest *et al.* (2006) state in their meta-analysis studying the gender differences in temperament of the children, that there were found negligible effect sizes for gender differences in many dimensions of temperament.

Also, building up to two more theories that studied gender differences, namely Brody's (1997, 2000) theory of gender differences in emotional expression and Scarr and McCartney's (1983) theory of evocative interactions, Else-Quest *et al.* (2006) found no gender difference in sociability and small gender differences in activity, favouring boys. In turn, they sustain other studies showing that girls are

more adjusted to the fine details of their environment (including negative emotions displayed by important others in their environment, such as parents, teachers, or peers), therefore may experience more stressors, simply because they notice more negative events around them (Rothbart, Ahadi & Hershey, 1994). And since the boys tend to exert higher incidence of attention and externalizing behavior problems, including attention-deficit/ hyperactivity disorder (Nigg, Goldsmith & Sachek, 2004), we may presume that, later on, the men would be less prone to focusing on the aspects of life that require more patience, such as worrying about the others including about greater aspects of society and political issues.

Finally, we presume that there are gender differences in coping based on emotions, even if, stereotypically, and, in initial studies, one may state that women are more prone to cope in an emotional manner rather than men (Billings & Moos, 1981; Folkman & Lazarus, 1980). This presumption is in line with previous studies that showed that not in all emotional coping areas men are disadvantaged from emotion focused coping (Howerton, 2005). And since women and girls tend to experience different kinds of traumatic events (perhaps more severe or pathogenic events) than do men and boys (Tolin & Foa, 2006), we expect that they are more focused on healing and mentally connected with the idea of trauma and, therefore, interested in how they can, in advance, protect from experience an emotional damage.

2. METHODOLOGY

2.1. OBJECTIVE

The study aims to determine whether the four coping strategies included in the coping focalized on emotions factor, namely positive interpretation and growth, abstention, acceptance and turning to religion differ between men and women.

2.2. RESEARCH QUESTIONS

Building on previous studies on gender differences, but taking into account that behaviours should be interpreted in the special context generated by the SARS-CoV-19 pandemic that affected us globally in 2020, a context whose study only now generates a relevant body of literature, we choose to we formulate the following research questions:

Research Question 1: Is there a variance in the studied coping strategies due a combined effect of gender?

Research Question 2: Is there a variance in the positive interpretation and growth, due to gender?

Research Question 3: Is there a variance in the restraint due to gender?

Research Question 4: Is there a variance in the acceptance due to gender?

Research Question 5: Is there a variance in turning to religion due to gender?

2.3. PARTICIPANTS

The study was conducted on a non-probabilistic, non-clinic, convenience sample of 476 Romanian participants ($M_{age} = 37.35$, $SD = 11.76$), 75.6% women. The respondents have completed an online survey, using a virtual testing platform, during March – April 2020, after the World Health Organization's Director declared that *the global COVID-19 outbreak can be described as a pandemic* on March 11th, 2020 (Adhanom Ghebreyesus, 2020). The recruitment of the participants and their inclusion were made on a voluntary, snowball basis, with confidentiality assurance.

2.4. MEASURES

Positive interpretation and growth was measured by the homonym 4 items scale in the COPE Questionnaire (Carver, Scheier & Weintraub, 1989). Internal reliability coefficient calculated for the present study was $\alpha = 0.66$ (0.67 for men and 0.65 for women), the original alpha Cronbach coefficient for this scale was $\alpha = 0.62$ (Carver *et al.*, 1989) and in the Romanian adaptation study $\alpha = 0.58$ (Craşovan & Sava, 2013). An item example from this scale was: "I look for something good in what is happening".

Restraint was measured by the homonym 4 items scale in the COPE Questionnaire (Carver *et al.*, 1989). Internal reliability coefficient calculated for the present study was $\alpha = 0.60$ (0.51 for men and 0.62 for women), the original alpha Cronbach coefficient for this scale was $\alpha = 0.72$ (Carver *et al.*, 1989) and in the Romanian adaptation study $\alpha = 0.48$ (Craşovan & Sava, 2013). An item example from this scale was: "I hold off doing anything about it until the situation permits."

Acceptance was measured by the homonym 4 items scale in the COPE Questionnaire (Carver *et al.*, 1989). Internal reliability coefficient calculated for the present study was $\alpha = 0.73$ (0.74 for men and 0.73 for women), the original alpha Cronbach coefficient for this scale was $\alpha = 0.65$ (Carver *et al.*, 1989) and in the Romanian adaptation study $\alpha = 0.74$ (Craşovan & Sava, 2013). An item example from this scale was: "I accept that this has happened and that it can't be changed".

Turning to religion /Religious approach was measured by the homonym 4 items scale in the COPE Questionnaire (Carver *et al.*, 1989). For the present study, reliability was $\alpha = 0.92$ (0.90 for men and 0.92 for women), the original alpha Cronbach coefficient for this scale being $\alpha = 0.92$ (Carver *et al.*, 1989). An item example from this scale was: "I try to find comfort in my religion".

The respondents were asked to indicate what do they do and feel in this period (lockdown, pandemic), related to the experienced /perceived stressful events. For all the scales included in the present study, the respondents used a 4 point Likert-scale, where 1 – I usually don't do this at all, 2 – I usually do this a little bit, 3 – I usually do this a medium amount to 4 – I usually do this a lot.

2.5. DATA ANALYSIS

The statistical analysis was carried out in SPSS. Multivariate analysis of variance (MANOVA) was used to determine the significance of differences between the coping strategies focused on emotions of men and women. The assumptions for the multivariate analysis of variance were met. A substantial correlation between the dependent variables (Kerlinger & Lee, 2000) was observed. Also, the Box's M value of 16.024 was associated with a p value of .105, interpreted as non-significant according to the standard guideline of $p < .005$ (Huberty & Petoskey, 2000). Also, we used the Box's Test to test for homogeneity of covariance matrices especially because we had unequal sample sizes.

We observed both Pillai–Bartlett trace, the sum of the proportion of explained variance on the discriminant functions, similar to R^2 (Field, 2018, p. 842) and Wilk's Lambda. We choose to report the later, being the product of the unexplained variance on each of the variates (Field, 2018, p. 843). Also, we are interpreting the effect size, considering Cohen's guidelines (1988), where $\eta^2 = .01$ indicates a small, $\eta^2 = .06$ a medium and $\eta^2 = .14$ a large effect size.

3. RESULTS

3.1. CORRELATION ANALYSIS

Prior to conducting the MANOVA, a series of Pearson correlations were performed between all of the dependent variables to test the MANOVA assumption, namely that the dependent variables will be correlated with each other as Meyers, Gampst & Guarino (2006), in the moderate range.

Table no. 1

Descriptive statistics and correlations for the variables in study

Variables	<i>M</i>	<i>SD</i>	1	2	3	4
Positive interpretation and growth	3.29	.42	-			
Restraint	2.84	.43	.26	-		
Acceptance	2.91	.47	.31	.27	-	
Turning to religion	2.60	.89	.18	.26	.07	-

Note. $N = 476$; in bold significant correlation at $p < .001$

The results shown in Table no. 1 show dependent variables correlating between themselves with one exception, namely the coping strategy based on Acceptance did not significantly correlate with the coping strategy implying Turning to religion ($r = .07$, $p = .142$).

3.2. MANOVA

The results of the MANOVA analyses are provided in Table no. 2.

Table no. 2

Multivariate tests for the gender groups

Variable	Value	F	df	Error df	p	Partial Eta Squared
Gender	.969	3.73 ^a	4.00	471.00	.005	.03

Note. Statistically significant difference in bold: $p < .05$; ^aExact statistic

There was a significant difference between men and women when considered jointly on the variables positive interpretation and growth, abstention, acceptance and turning to religion, Wilk's $\Lambda = .969$, $F(4, 471) = 3.73$, $p = .005$. These results support positively answering to *Research Question 1*. A low to medium effect size was observed (partial $\eta^2 = .03$) related to the variance in the studied coping strategies due a combined effect of gender.

A separate ANOVA was conducted for each dependent variable (see Table no. 3), with each ANOVA evaluated at an alpha level of .025.

Table no. 3

One-way ANOVA with Emotional Coping Subscales as Dependent Variables and Gender as Independent Variable

Dependent variable	Levene's		ANOVAs		
	$F_{(1,474)}$	p	$F_{(1,474)}$	p	η^2
Positive interpretation and growth	.33	.566	5.44	.020	.011
Restraint	1.52	.218	1.51	.220	.003
Acceptance	2.70	.101	.88	.350	.002
Turning to religion	.02	.893	11.77	.001	.024

Note. $N = 476$; ANOVA statistically significant in bold; η^2 = Partial eta squared

Based on a series of Levene's F tests, the homogeneity of variance assumption was considered satisfied, since the Levene's F tests suggested variances associated with all four emotional coping strategies were homogenous ($p > .05$). A series of one-way ANOVA's on each of the four dependent variables was conducted as a follow-up tests to the MANOVA. As can be seen in Table no. 3, two of the ANOVA's were statistically significant, with effect sizes (partial η^2) scoring a low of .11 for positive interpretation and growth and a higher score of .024 for turning to religion. The other two of the ANOVA's were statistically not significant with effect sizes very low of $\eta^2 = .002$, $p = .350$ for acceptance, as coping mechanism and $\eta^2 = .003$, $p = .220$ for restraint. These results show that *Research Questions 2* and *5* were positively answered, whereas *Research Questions 3* and *4* were not.

Table no. 4 presents that in two out of the four dependent variables studied there are differences between genders. To illustrate these differences, we included in Table no. 4, the means and standard deviations for the genders reported for each of the dependent variables.

Also, the effect sizes as estimated by Cohen's d are reported in the Table no. 4. It can be observed that Cohen's d values for positive interpretation and growth = -.25 and turning to religion = -.36 are suggestive of a low to medium effect size, according to Cohen (1992).

Table no. 4

Descriptive Statistics for the Dependent Variables in relation to the Genders and Mean Differences in Emotional Coping Strategies Expressed as Cohen's d

Dependent variable	Men (N=116)		Women (N=360)		Mean Difference	Cohen's d
	M	SD	M	SD		
Positive interpretation and growth	3.21	.44	3.31	.41	-.10	-.25
Restraint	2.80	.39	2.85	.45	-.06	-.13
Acceptance	2.87	.52	2.91	.46	-.05	-.10
Turning to religion	2.36	.87	2.68	.88	-.32	-.36

Note. $N = 476$; significant mean differences in bold

3.3. LIMITATIONS

One limitation of this study could be seen in the transversal design that impair us to draw causal inferences. Also, the results were obtained solely through self-report questionnaires, which increase the possibility of contamination of the reported relationships through common method variance. Also, even if the study had a medium size large sample ($N=476$), the two gender samples were uneven, women being much more willing to take part in this study announced on a social platform and requiring a voluntary response. Lastly, the novelty of the general context in which this study was run, objectively insufficiently studied constitute both a limitation and also a very important path for future research both for general population as well as for the gender specific studies.

4. DISCUSSIONS AND CONCLUSIONS

The current study aims to explain how different emotional coping strategies were preferred by men and women at the outbreak of the pandemic *global COVID-19* and if those strategies were differently preferred by both genders.

When discussing about the problem solving and emotional coping strategies, it is important to make the distinction between the two, namely that "*the problem focused coping, is aimed at problem solving or doing something to alter the source of the stress, whereas, the emotion focused coping, is aimed at reducing or*

managing the emotional distress that is associated with (or cued by) the situation” (Folkman & Lazarus, 1980). Since the pandemic was, at least in its outset, a situation that one cannot solve, emotional coping mechanisms were rather involved when dealing with this kind of stressor. In their seminal article on the development of the COPE measure, Carver *et al.* (1989) explained each of the emotional coping strategies, followed by a deepening of understanding these strategies in a follow-up work (Carver, 1997).

One important point that the results of the current study support is the aspect related to *acceptance* and *restraint*. Both of them could occur in primary appraisal, when a person realizes that the stressor is real and are rather spontaneous reactions to the unknown nature of the stressor. Therefore, being characteristic of the human nature to either restrain oneself from doing anything too quickly until one gathers more information to react, or, simply accept the reality of the fact that it happened, both men and women cope in a similar way. Therefore, no significant difference could be seen, as shown by the results, between genders.

When it comes to secondary appraisal in which people need to bring to mind a potential response to the threat (Carver *et al.*, 1989), coping strategies like *positive reinterpretation and growth* (termed also *positive reappraisal*) and *turning to religion*, are carriers of both gender specific responses and understanding of the stressor’s nature as well as individual differences. The current study results are aligned with the results obtained by Tamres, Janicki & Helgeson (2002) in a meta-analysis. In 19 studies (N=3315), results have shown that women are more inclined to use much more positive reappraisal than men and in 9 other studies (N=1675) women have shown a higher preference to turn to religion than men. These authors showed also that women tend to adhere much more than men to positive reappraisal when the nature of the stressor is related to personal health (result found in 9 studies, N=1264) and to religion when the nature of the stressor is related to both personal health and others’ health (result found in 3 studies, N=398 and, respectively, 2 studies, N=220).

As the authors explained and this current study also support, gender socialization may explain these findings as well as the fact that women tend to look at the stressors trying to grow, learn, or derive some benefit from them and in a more interpersonal, self-disclosing manner, way that may be viewed by men as revealing weaknesses and exposing vulnerabilities (Tamres *et al.*, 2002). Accepting that the pandemic could be distressing, women wanted more to seek comfort in turning to religion rather than men. To fight a prejudice related to women being more emotional than men in all situations, analyses of covariance (ANCOVA) revealed that sex differences in turning to religion remained significant when neuroticism was statistically controlled (Tamres *et al.*, 2002).

It was reported that positive religious coping strategies have consistently been associated with psychological adjustment variables such as self-esteem, life satisfaction, and quality of life, and negative religious coping strategies have consistently been related to more depressive symptoms (Harrison *et al.*, 2001; Ano & Vasconcelles, 2005).

The conclusion of this study is that, in terms of basic, primary appraisal emotion coping mechanisms, both men and women tend to react similarly. Still, when coming to choosing a manner in which the pandemic, as the studied stressor, was approached, women tend to score higher than men in turning to religion to manage the stress and to positively reappraise this situation, finding a way to grow and learn something new, different, out of the pandemic.

Practical implications could be drawn around manners in which men and women may choose to manage their activities in the pandemic crisis, not only in their work environments but also in the family settings, keeping in mind and respecting the differences and similarities.

Received: 1.02.2021

REFERENCES

1. ADHANOM GHEBREYESUS, T., *WHO Director-General's opening remarks at the Mission briefing on COVID-19 on 12 March 2020*, 2020, <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---12-march-2020>, Accessed Jan 24, 2021.
2. ANO, G.G., VASCONCELLES, E.B., *Religious coping and psychological adjustment to stress: a meta-analysis*, *Journal of Clinical Psychology*, **61**, 4, 2005, p. 461–480.
3. BILLINGS, A.G., MOOS, R.H., *The role of coping responses and social resources in attenuating the stress of life events*, *Journal of Behavioral Medicine*, **4**, 2, 1981, p. 139–157.
4. BRODY, L.R., *Gender and emotion: Beyond stereotypes*. *Journal of Social Issues*, **53**, 2, 1997, p. 369–394.
5. BRODY, L.R., *The socialization of gender differences in emotional expression: Display rules, infant temperament, and differentiation*. In A.H. Fischer (Ed.), *Gender and emotion: Social psychological perspectives*, Cambridge, England, Cambridge University Press, 2000.
6. CARVER, C.S., *You Want to Measure Coping But Your Protocol's Too Long: Consider the Brief COPE*, *International Journal of Behavioural Medicine*, **4**, 1, 1997, p. 92–100.
7. CARVER, C.S., SCHEIER, M.F., WEINTRAUB, J.K., *Assessing coping strategies: A theoretically based approach*, *Journal of Personality and Social Psychology*, **56**, 2, 1989, p. 267–283.
8. CHANG, W.-H., *Understanding the COVID-19 pandemic from a gender perspective*, *Taiwanese Journal of Obstetrics and Gynecology*, **59**, 6, 2020, p. 801–807.
9. CHIABURU, D.S., SAWYER, K., SMITH, T.A., BROWN, N., HARRIS, T.B., *When civic virtue isn't seen as virtuous: The effect of gender stereotyping on civic virtue expectations for women*, *Sex Roles*, **70**, 5, 2014, p. 183–194.
10. COHEN, J., *A power primer*, *Psychological Bulletin*, **112**, 1, 1992, p. 155–159.
11. COHEN, J., *Statistical power analysis for the behavioral sciences (2nd ed.)*, Hillsdale, NJ, Erlbaum, 1988.
12. CRAȘOVAN, D., SAVA, F., *Translation, adaptation, and validation on Romanian population of COPE questionnaire for coping mechanisms analysis*, *Cognition, Brain, Behavior. An Interdisciplinary Journal*, **17**, 1, 2013, p. 61–76.
13. EAGLY, A.H., KARAU, S.J., *Role congruity theory of prejudice toward female leaders*, *Psychological Review*, **109**, 3, 2002, p. 573–598.
14. ELSE-QUEST, N., HIGGINS, A., ALLISON, C., MORTON, L., *Gender Differences in Self-Conscious Emotional Experience: A Meta-Analysis*, *Psychological bulletin*, **138**, 5, 2012, p. 947–981.
15. ELSE-QUEST, N., HYDE, J., GOLDSMITH, H., VAN HULLE, C., *Gender Differences in Temperament: A Meta-Analysis*, *Psychological bulletin*, **132**, 1, 2006, p. 33–72.
16. FIELD, A., *Discovering Statistics Using IBM SPSS Statistics (5th ed.)*, London, UK, Sage Publications, 2018.

17. FOLKMAN, S., LAZARUS, R.S., *An analysis of coping in a middle-aged community sample*, Journal of Health and Social Behavior, **21**, 3, 1980, p. 219–239.
18. HARRISON, M.O., KOENIG, H.G., HAYS, J.C., EME-AKWARI, A.G., PARGAMENT, K.I., *The epidemiology of religious coping: A review of recent literature*, International Review of Psychiatry, **13**, 2, 2001, p. 86–93.
19. HEILMAN, M.E., CHEN, J.J., *Same behavior, different consequences: Reactions to men's and women's altruistic citizenship behavior*, Journal of Applied Psychology, **90**, 3, 2005, p. 431–441.
20. HOLTSBERG M., *"Crisis always exacerbates gender inequality"*, UN Women AsiaPacific, Available at: https://mobile.twitter.com/un_women/status/1238232061007331330, Accessed January 24, 2021.
21. HOWERTON, A., *Gender differences in coping: Implications for depression and crime*, Doctoral Dissertations, **267**, 2005, <https://scholars.unh.edu/dissertation/267>.
22. HUBERTY, C.J., PETOSKEY, M.D., *Multivariate analysis of variance and covariance in* Tinsley, H., Brown, S. (Eds.) *Handbook of applied multivariate statistics and mathematical modeling*, New York, Academic Press, 2000.
23. KERLINGER, F.N. LEE, H.B., *Foundations of behavioral research (4th Ed.)*, Fort Worth, TX, Harcourt College Publishers, 2000.
24. KIDDER, D.L., MCLEAN PARKS, J.M., *The good soldier: Who is s(he)?* Journal of Organizational Behavior, **22**, 8, 2001, p. 939–959.
25. KRALJEVIĆ, R., Z. FILIPOVIĆ, *Gender differences and consumer behavior of Millennials*, Acta Economica Et Turistica, **3**, 1, 2017, p. 5–13.
26. LÄMSÄ, A.-M., VEHKAPERÄ, M., PUTTONEN, T., PESONEN, H.-L., *Effect of business education on women and men students' attitudes on corporate responsibility in society*, Journal of Business Ethics, **82**, 1, 2008, p. 45–58.
27. MACCOBY, E.E., *Gender and relationships: A developmental account*, American Psychologist, **45**, 4, 1990, p. 513–520.
28. MEYERS, L.S., GAMST, G., GUARINO, A., *Applied multivariate research: Design and interpretation*, Thousand Oaks, CA, Sage Publishers, 2006.
29. NIGG, J.T., GOLDSMITH, H.H., SACHEK, J., *Temperament and attention-deficit/ hyperactivity disorder: Preliminary convergence across child temperament and adult personality data may aid a multi-pathway model*, Journal of Clinical Child and Adolescent Psychology, **33**, 2004, p. 42–53.
30. PURVANOVA, R., MUROS, J., *Gender differences in burnout: A meta-analysis*, Journal of Vocational Behavior, **77**, 2, 2010, p. 168–185.
31. ROTHBART, M.K., AHADI, S.A., HERSHEY, K.L., *Temperament and social behavior in childhood*, Merrill-Palmer Quarterly, **40**, 1994, p. 21–39.
32. SCARR, S., MCCARTNEY, K., *How people make their own environments: A theory of genotype-environment effects*, Child Development, **54**, 2, 1983, p. 424–435.
33. SU, R., ROUNDS, J., ARMSTRONG, P., *Men and Things, Women and People: A Meta-Analysis of Sex Differences in Interests*, Psychological bulletin, **135**, 6, 2009, p. 859–884.
34. TAMRES, L., JANICKI, D., HELGESON, V., *Sex Differences in Coping Behavior: A Meta-Analytic Review and an Examination of Relative Coping*, Personality and Social Psychology Review, **6**, 1, 2002, p. 2–30.
35. TIFFERET, S., HERSTEIN, R., *Gender differences in brand commitment, impulse buying, and hedonic consumption*, Journal of Product & Brand Management, **21**, 3, 2012, p. 176–182.
36. TOLIN, D.F., FOA, E.B., *Sex Differences in Trauma and Posttraumatic Stress Disorder: A Quantitative Review of 25 Years of Research*, Psychological bulletin, **132**, 6, 2006, p. 959–992.
37. Visual and Data Journalism Team, *Coronavirus pandemic: Tracking the global outbreak*, BBC News, 2020.
38. WANNER, M., *Immune system changes with age differ between men and women*, The Jackson Laboratory, 2020, Available at: <https://www.jax.org/news-and-insights/2020/february/immune-system-changes-with-age-differ-between-men-and-women>, Accessed January 24, 2021.
39. YUKSEL, B., OZGOR, F., *Effect of the COVID-19 pandemic on female sexual behavior*, International Journal of Gynecology and Obstetrics, **150**, 1, 2020, p. 98–102.

REZUMAT

Studiul, realizat în primele luni ale pandemiei (martie-aprilie 2020) în rândul populației generale din România (N = 476), a examinat modul în care bărbații și femeile diferă în ceea ce privește apelul la cele patru strategii de coping emoțional descrise de Carver, Scheier și Weintraub (1989) în situația crizei generate de pandemie. Analiza multivariată a varianței a arătat că există diferențe semnificative statistic între bărbați și femei atunci când cele patru tipuri de strategii de coping emoțional sunt analizate ca un tot unitar. Pe lângă aceasta, s-au evidențiat diferențe semnificative între bărbați și femei în ceea ce privește apelul la două dintre cele patru strategii de coping centrat pe emoții, respectiv apelul la religie și reevaluarea pozitivă cu scoruri medii mai ridicate în favoarea femeilor. În cazul celorlalte două strategii de coping, respectiv reținerea și acceptarea nu au existat diferențe semnificative între grupurile studiate. Rezultatele sunt în concordanță cu literatura actuală referitoare la diferențele individuale dintre băieți și fete, și cele dintre bărbați și femei. Aceste rezultate pot fi valorificate pentru a propune particularizat, și nu bazat pe stereotipii de gen, diferite abordări pentru femei și bărbați, nu numai în organizații, ci și în familie și în gestionarea propriei persoane, în situații de criză medicală.