

Original Article

The Interplay of Personality, Coping, and Parental Expectations in Predicting Adolescent Anxiety

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Abstract - This study aims to examine the relationship between personality and adolescent mental health, with a focus on generalized anxiety, coping strategies, and perceived parental expectations. The study employed a cross-sectional correlation design, with a sample of 100 adolescents in the age range of 13 to 19 years. Standardized instruments were utilised, such as the Quiet Quiz to measure personality, the Severity Measure for Generalized Anxiety Disorder (GAD) to measure anxiety, the Brief COPE for assessing the coping strategies, and the Perception of Parental Expectations Inventory. Statistical analysis, such as Mann-Whitney U Test, Kruskal-Wallis tests, one-way ANOVA, Pearson correlation, multiple regression and mediation analysis were conducted. Results indicated that female adolescents reported higher anxiety levels than their male counterparts. Significant differences in anxiety were observed between the different personality types, with introverts reporting the highest levels of anxiety, followed by ambiverts. Findings suggest that introverts used emotion-focused and avoidant coping strategies, whereas extroverts used problem-focused coping strategies. Anxiety was significantly positively correlated with emotion-focused and avoidant coping strategies. Parental ambition showed a small but significant positive correlation with anxiety. Regression analysis revealed that avoidant coping was a significant predictor of anxiety, explaining a substantial portion of variance. Mediation analysis suggested a non-significant indirect effect of avoidant coping between parental ambition and anxiety. The findings highlight the critical role of personality and coping strategies in adolescent anxiety. This emphasizes the importance of personality-informed interventions for improving adolescent mental health outcomes.

Keywords - Personality, Coping, Stress, Academic Achievement, Parental Ambition, Anxiety, Adolescents.

1. Introduction

Adolescence is a time of change and transition, characterized by traits of instability (Hill & Edmonds, 2017), coming with immense emotional, social, and academic stress. Stress, which in early humans was used as a safety mechanism, can be uncomfortable for people of any age, during puberty, when emotions are heightened, and the stress can become overwhelming. Adolescent stress has been associated with unhealthy behaviour and lifestyles, sometimes as coping mechanisms (Byrne, 2007). This includes the struggle to control obesity, premature and likely excessive alcohol intake, physical inactivity, and cigarette smoking (Soponaru, 2020).

A significant amount of research and literature proves that the majority of adolescent stress stems from academics and school (Park & Kim, 2018). Specifically, the pressure from parents, teachers, and societal norms to excel in one's studies results in "intense stress" for students (Park & Kim, 2018). Through empirical research, academic stress has been correlated with "adjustment, mental health, suicidal intentions, and academic achievement" (Park, Kwon, & Shin, 2014).

School stress can also stem from social pressures or discomfort, which can act as stressors and have been found to predict a number of adjustment difficulties in adolescents (Bester, 2019). As seen in research conducted by Mokesnes et al. (2013), girls have higher scores than boys in stress related to peer pressure, home life, academic performance and school/leisure conflict.

Along with academic pressure, many teens suffer from stress with family conflict and changes, which can come from a disconnected family with separation and divorce, as well as large family transitions like moving homes (Jake, 2024). Social pressures, relationships, and online presence and influence also cause stress for many teens (Jake, 2024).

1.1. Personality and Stress Response in Adolescence

In the theory of Erik Erikson, adolescence is a central psychosocial phase during which people are in an identity versus role confusion crisis, trying to find a sense of belonging, role models, and identity in the process of identity exploration (Erikson, 1968). Personality factors significantly predetermine how the stressor is viewed and how to cope with it at this stage, affecting how mental health is affected



by a stressor (Oshio et al., 2018). These characteristics become even more salient when adolescents struggle with social pressures, academic expectations and identity development (Jiang et al., 2022).

The Eysenck Personality Questionnaire (EPQ) was designed to test extraversion, neuroticism, and psychoticism (Eysenck & Eysenck, 1975; Frigon, 1976). Eysenck's system consisted of four levels. On the first level are one-off occurring acts or cognitions. Level two is composed of habitual acts and cognitions. Level three includes traits in terms of intercorrelations between different habitual behaviours. The final level is composed of personality types or dimensions, in terms of considerable intercorrelations between one's traits.

According to Eysenck, extraversion is defined as the seen correlations between the following traits: "sociable, lively, active, assertive, sensation-seeking, carefree, dominant, and venturesome." Neuroticism was defined as: anxious, depressed, guilt feelings, low self-esteem, tense, irrational, shy, moody, and emotional, and psychoticism was defined as one with the traits: "aggressive, cold, egocentric, impersonal, impulsive, antisocial, unempathic, and tough-minded" (Weaver, 2007).

The introversion-extraversion dimension is a continuum, and the vast majority of people will not be on the poles but will be in between (Grant, 2013). Introverts prefer introspection and solitude as a means of recharging, and hold on to the emotional processing and tend to withdraw when stressed to reflect internally (Stone et al., 2025).

Extraverts, on the contrary, find their energy in social contacts, are optimistic and social and prefer active and external coping mechanisms, such as seeking support in high-stress moments. Extraversion adolescents are more adaptable to environmental stressors and can experience increased distress over negative social cues because of increased sensitivity (Sapancı & Akkaya, 2022).

Ambiverts, which lie in the middle of the spectrum, are more flexible and can combine introvert and extravert traits, and they tend to have better psychological balances and adaptability (Petric, 2022; Cleveland Clinic, 2025). They state that they have fun in their lone contemplation as well as in society and make adaptable decisions that depend on the situation rather than just having their preferences (Grant, 2013).

Ambiverts do better than pure introverts or extraverts in sales and social performance in the context of stress, and this supports the idea that ambiverts are resilient in coping through situational flexibility, which might prove beneficial among adolescents with changeable stress, such as peer relationships or academic challenges (Cleveland Clinic, 2025).

Adolescents with introversion can employ passive and avoidance-based coping during stress situations, which exposes them to an increased risk of experiencing internalisation problems such as anxiety (Stone et al., 2025). Extraverts exploit proactive and problem-oriented approaches and are at risk of over-stimulation as a result of the excessive social demands (Sapancı & Akkaya, 2022). The duality of ambiverts allows them to respond equally, as a barrier between withdrawal and engagement, in order to be as resilient as possible (Petric, 2022). Such trends highlight the moderating value of personality in stress that would guide specific interventions in the identity phase of Erikson (Erikson, 1968).

1.2. Stress Models and Measurement of Adolescent Stress

The human coping with stress situations has been widely conceptualised in popular literature as well as in scientific literature in terms of the General Adaptation Syndrome (GAS) model by Hans Selye, which describes the physiological response of the body to an extreme and protracted stressor (Quigley, 2010; Selye, 1956). The main premise of the study undertaken by Selye was that stress is a physiological reaction of the body to demand, irrespective of its specificity for the animal. The work was founded on the experimental work done with animals and was mostly theorized. In this model, GAS is divided into three stages that include the alarm reaction stage, the resistance stage and the exhaustion stage (Quigley, 2010).

The stage of alarm reaction is the immediate response of the body to a perceived stressor, which is the activation of the sympathetic nervous system. This is the reaction often known as the fight-or-flight response, where the adrenal glands are stimulated, and catecholamines are then released (adrenaline and noradrenaline). These hormonal shifts equip the body to react quickly to danger and are linked with physiological symptoms such as a higher rate of the heart, high blood pressure, rapid breathing, and alertness (Chu et al., 2024). Although this stress response is adaptive in the short term, recurrent activation of the response may have harmful effects on the physical and psychological well-being. The role of stress is of special importance in adolescence as the latter stage of development is characterised by intensive biological maturation, cognitive restructuring, and changing social roles. Young people are more vulnerable to stress because, as a result of brain maturation, in particular, in the prefrontal cortex and limbic system, their responses to stress influence emotional regulation, impulse regulation, and decision-making (Steinberg, 2014). The lack of balance between increased emotional responsiveness and regulatory functions that are not yet fully developed predisposes adolescents to stress-related challenges, particularly (Romeo, 2016).

The stressors that are seen in adolescence are not simple but are caused by multiple domains. The academic stressors

encompass examination pressure, academic rivalry, work demands and apprehensions regarding future education and career opportunities. The interpersonal stressors are usually based on peer relationships, social acceptance, bullying, romantic relationships and family conflict. Also, intrapersonal stressors, including identity exploration, concerns with self-esteem and dissatisfaction with body images, are especially relevant in this developmental phase. Stressors within the environment and society, such as the socioeconomic strain, parental expectations, and social media exposure, also add to the stress experienced by adolescents (Compas et al., 2001; Byrne et al., 2007).

1.3. Coping Strategies and Stress Domains

Recent research suggests that the connection between a child's regulatory abilities, which is the ability to manage emotions, behaviour, impulses, and adapt to change, and academic performance can be further explored through research on adolescent coping styles (Arsenio & Loria, 2013). It has also been argued that the coping strategies formed during adolescence have a major influence on adult functioning in the future (Arsenio & Loria, 2013).

In one particular study, researchers defined coping during adolescence as "conscious volitional efforts to regulate emotion, cognition....and the environment in response to stressful events or circumstances" (Compas et al., 2001). Lazarus & Folkman (1984) outlined two largely used coping mechanisms for stress: Problem Focused Coping and Emotion-Based Coping. Problem-focused coping occurs when one attempts to resolve or alleviate a stressful situation. This coping mechanism tends to appear in situations that can be controlled. Emotion-focused coping, on the other hand, is seen as more passive and can manifest in denial. Emotion-focused coping is used for situations one has less control over, with a heavier emphasis on thoughts and emotions as compared to problem-focused coping, where one "takes action to change the situation" (Lazarus & Folkman, 1984; Ben Zur & Zeidner, 1995).

Similarly, coping types can be organised into primary and secondary engagement control coping, and disengagement coping (Lazarus & Folkman, 1984). Primary control coping refers to coping that is intended to influence and gain personal control over events or conditions. In contrast, secondary coping is defined as "maximising one's fit to current conditions", or essentially adapting to fit the current conditions (Compas et al., 2001).

Similarly, coping types can be organised into voluntary versus involuntary and engagement versus disengagement (Compas et al., 2001). Researchers further asserted that voluntary and involuntary stress responses can be seen as one's engagement with a stressor in comparison to disengaging from the stressor and one's responses (Compas et al., 2001). The concept of voluntary and involuntary stress

responses can be traced back to the fight, engagement, or flight, disengagement response (Compas et al., 2001).

1.4. Parental Expectations and Adolescent Anxiety

It has been seen in the context of modern Indian society that adolescent pressures stem from parental expectations and a competitive environment. Many parents view "academic achievements and specific career paths as indicators of success" (Soni & Kumar, 2024). These expectations have an influence on Indian adolescent career choice, academic success, and even psychological health and well-being.

Sometimes the parental views do not align with those of their adolescent child, and as a result, tension forms between them. This can lead to a decline in the child's mental health, leading to feelings of "anxiety, depression, and social withdrawal" (Soni & Kumar, 2024). Additionally, according to the self-discrepancy theory, when adolescents believe that they cannot meet parental expectations, they may experience heightened emotional difficulties and lowered self-esteem.

Parental expectations and pressure can also be viewed through a socioeconomic or gender lens. Parental expectations depend on the family's resources, cultural values, and career opportunities "perceived to be accessible to them". Additionally, parental expectations of their adolescents, in terms of roles in the family, academic expectations, and career choice, can differ based on gender and cultural values, with distinct expectations placed upon both boys and girls, as a result of their gender (Soni & Kumar, 2024).

Viewing parental expectations and pressure through a socioeconomic and gender-based perspective, we can take a more holistic approach to viewing how these influences are shaped by social and cultural contexts.

Though much research has been conducted on stress responses in adolescents, there are fewer papers that delve into how distinct personality types respond differently to various categories of stress. While there is some research on stress in introverts and extroverts, these researches do not lay emphasis on the role of the ambivert personality type. Furthermore, the way these three distinct personalities cope with different stressors, particularly stress from parental expectations, has not been extensively studied. The present study aims to bridge this gap by carrying out a cross-sectional correlation research with a sample of 100 adolescents.

2. Materials and Methods

2.1. Aim of the Study

The current research aims to understand how personality type is related to adolescent mental health, particularly by observing the differences in generalised anxiety, coping

strategy use, and perceived parental expectations across personality groups.

Furthermore, the study will also explore whether coping strategies and parental ambition predict anxiety, and whether avoidant coping mediates the relationship between perceived parental ambition and anxiety in adolescents.

2.2. Objectives of the Study

The following objectives guided the present study:

- a. To explore gender differences in generalized anxiety, coping strategies, and perceived parental expectations among adolescents.
- b. To examine age-related differences in adolescents across the variables of personality, coping strategies, and generalized anxiety.
- c. To investigate differences in Generalized Anxiety (GAD) scores across introvert, extrovert, and ambivert personality types.
- d. To examine differences in coping strategy use (problem-focused, emotion-focused, and avoidant coping) across personality types.
- e. To test whether personality type has an association with differences in perceived parental expectations.
- f. To analyse the associations between coping strategies, perceived parental expectations and anxiety among adolescents under investigation.
- g. To measure the extent to which avoidant coping and parental ambition tend to predict GAD scores.
- h. To assess whether avoidant coping mediates the relationship between perceived parental ambition and anxiety.

2.3. Hypotheses

Based on the existing literature and the objectives of the present study, the following alternate hypotheses were formulated:

H1: Female adolescents will report significantly higher GAD scores than male adolescents.

H2: GAD scores will differ significantly across personality types (introvert, extrovert, and ambivert).

H2a: Introverts will report significantly higher anxiety than extroverts.

H2b: Ambiverts will differ significantly from both introverts and extroverts in anxiety levels.

H3: Personality type will significantly influence coping strategy use.

H3a: Introverts and ambiverts will report greater use of emotion-focused coping compared to extroverts.

H3b: Introverts will report greater use of avoidant coping compared to extroverts.

H4: Personality type will significantly influence perceived parental expectations.

H5a: Avoidant coping will be positively associated with anxiety in adolescents.

H5b: Emotion-focused coping will be positively associated with anxiety in adolescents.

H5c: Perceived parental ambition will be positively associated with anxiety in adolescents.

H6: Avoidant coping and perceived parental ambition will significantly predict GAD scores in adolescents.

H6a: Avoidant coping will significantly predict GAD scores.

H6b: Perceived parental ambition will significantly predict GAD scores.

H7: Avoidant coping will mediate the relationship between perceived parental ambition and anxiety in adolescents.

2.4. Research Design

The present study adopted a cross-sectional, correlational research design. A cross-sectional approach was employed as data were collected at a single point in time across participants of different ages, enabling comparisons between groups without longitudinal follow-up. Adopting a correlational component allowed for the examination of relationships among personality types, coping strategies, perceived parental expectations, and generalized anxiety, without manipulation of variables. This design is appropriate for exploratory research seeking to identify patterns and associations across well-known psychological constructs, relevant to adolescents, in a naturalistic sample.

2.5. Participants

The study comprised 100 adolescents between the ages of 13 and 19 years (M age not reported), recruited through purposive and convenience sampling via an online survey platform. The 100 participant sample included 68 female participants (68%) and 32 male participants (32%). In terms of age distribution, 31 participants (31%) were aged 13–14 years, 44 participants (44%) were aged 15–16 years, and 25 participants (25%) were aged 17–19 years. With respect to geographic representation, 78 participants (79.6%) were from Eastern countries and 20 participants (20.4%) from Western countries, allowing for an insightful cross-cultural perspective. Regarding family structure, 68 participants (68%) resided in nuclear families and 32 participants (32%) in joint families.

Participants were included if they fell within the adolescent age range of 13–19 years and were able to understand and respond to English-language survey items. Participants or their guardians were required to provide informed consent prior to participation. No clinical diagnosis was required for inclusion, and participation was entirely voluntary.

2.6. Instrumentation

The present research employs four validated questionnaires that help assess personality type, anxiety levels, coping strategies employed and perceived parental expectations among the respondents.

2.6.1. *The Quiet Quiz (Cain, 2012)*

Developed by Susain Cain (2012), the questionnaire consists of 20 items that aim to assess individuals along the introversion-ambiversion-extroversion spectrum. All the items are in a True/False format wherein a predominance of “True” responses indicates introversion, and a predominance of “False” responses reflects extroversion. If the respondent has an equal distribution of True-False responses, ambiversion is reflected. An example item reads: “I prefer not to show or discuss my work with others until it is finished.” The instrument was chosen for its age-appropriate language and its explicit inclusion of ambiversion as a category, which is central to the present study’s focus.

2.6.2. *Severity Measure for Generalized Anxiety Disorder — Child Age 11–17 (APA, 2013)*

This 10-item questionnaire was developed by the American Psychiatric Association (2013) to help assess the severity of GAD symptoms over the last seven days. Items are rated on a 5-point Likert scale ranging from 0 (Never) to 4 (Always), with total scores ranging from 0 to 40. Higher scores indicate greater anxiety severity. The scale has demonstrated strong psychometric properties and is routinely used in clinical and research contexts for adolescent populations.

2.6.3. *Brief COPE (Carver, 1997)*

The Brief COPE (Carver, 1997) is a 28-item self-report inventory designed to assess 14 distinct coping strategies employed in response to stress. Items are rated on a 4-point Likert scale (1 = I have not been doing this at all; 4 = I have been doing this a lot). Since the present study dealt with the adolescent population, the “substance use” subscale was excluded from the present survey.

The remaining 13 coping strategies were consolidated into three broader coping styles of problem-focused coping (Active coping, Planning, and Instrumental support seeking), emotion-focused coping (Emotional support seeking, Positive reframing, Acceptance, Religion, and Humour) and avoidant coping (Self-distraction, Denial, Venting, Behavioural disengagement, and Self-blame). This classification aligns with the conceptual framework proposed by Lazarus and Folkman (1984) and has been widely used in adolescent coping research.

2.6.4. *Perception of Parental Expectations Inventory (Sasikala & Karunanidhi, 2011)*

The Perception of Parental Expectations Inventory (PPEI; Sasikala & Karunanidhi, 2011) is a 30-item self-report scale developed specifically for use with Indian adolescents. It assesses adolescents’ perceptions of parental expectations across four domains: Academic Expectations, Personal Expectations, Career Expectations, and Parental Ambition. The items are rated on a Likert-type format, with greater scores reflecting greater perceived parental

expectations. This particular scale was selected for its cultural relevance to the predominantly Eastern sample in the present study and its inclusion of the parental ambition subscale, which was central to the mediation analysis.

2.7. *Data Collection Procedure*

Data was collected using an online survey administered via Google Forms. The four standardised points of observation described above were compiled into a single digital questionnaire. The survey link was distributed to potential participants through social media platforms, school networks, and personal contacts, using a convenience sampling approach. To ensure broad reach while maintaining cross-cultural representation, the survey was shared across both Eastern and Western adolescent populations.

Prior to collecting survey data, participants and, where applicable, their parents or guardians were presented with an informed consent form explaining the purpose of the study, the role of the adolescent participants, the voluntary nature of participation, as well as the right to withdraw at any point without consequence. Once consent was confirmed, the participants continued to complete the survey independently. No time limit was imposed, and participants could complete the survey at a time and place of their choosing. All responses were recorded anonymously, and no personally identifying information was collected to ensure the safety of adolescent participants.

2.8. *Statistical Analysis*

Descriptive statistics (means, standard deviations, and medians) were computed for all study variables prior to inferential testing. Data was also screened for normality using frequency distributions and Inspection of skewness values.

For variables wherein the assumption of normality was violated, non-parametric tests were employed. Mann–Whitney U test and Kruskal–Wallis H test were conducted, followed by Dunn–Bonferroni post hoc comparisons to identify specific group differences.

One-way analyses of variance (ANOVAs) were used to examine differences in coping strategy scores and perceived parental expectation scores across personality types. Where significant ANOVA results were obtained, Bonferroni-adjusted post hoc comparisons were conducted to identify pairwise differences.

Pearson product–moment correlation coefficients were computed to examine associations among coping strategies, perceived parental expectations, and anxiety. A multiple linear regression analysis was conducted to assess the predictive value of avoidant coping and parental ambition on GAD scores.

Lastly, the study also employed a simple mediation analysis to understand whether avoidant coping functioned as a mediator in the relationship between parental ambition and anxiety. The mediation model was tested using the product-of-coefficients approach (paths $a \times b$), with the significance of the indirect effect assessed using the conventional alpha threshold of .05.

2.9. Ethical Considerations

In the present research, various ethical considerations were observed throughout. Firstly, informed consent was obtained from all the participants prior to participation in the study. The research dealt with minors (adolescents aged 13-17 years); a parental or guardian consent provision was also incorporated in the survey. Adolescents aged 18-19 provided their own consent.

Secondly, participation in the study was entirely voluntary, and all participants retained the right to withdraw from the survey at any stage without providing a reason and without any consequences. Anonymity of responses was maintained throughout the course of the data collection process, with no personally identifying information being collected.

The survey instruments were carefully selected to ensure that the content was appropriate for adolescent respondents and was unlikely to cause distress. The items included in the survey were not of a nature to induce significant anxiety, stress, or emotional discomfort. In the event that any participant experienced distress during the survey, they were informed of their right to discontinue participation.

3. Results

Prior to conducting inferential analyses, assumptions of normality were examined for all continuous variables using the Kolmogorov-Smirnov, Shapiro-Wilk, and Anderson-Darling tests, supplemented by visual inspection of histograms and Q-Q plots. GAD scores violated the assumption of normality, particularly for male participants (Shapiro-Wilk, $p < .001$), warranting the use of non-parametric tests for group comparisons involving anxiety. Residuals for coping strategy variables (problem-focused, emotion-focused, and avoidant coping) were normally distributed across all tests ($p > .05$), supporting the use of parametric ANOVA. Homogeneity of variance was confirmed via Levene's Test based on the Mean ($F(2, 97) = 0.36, p = .699$).

Table 1. Shows the demographic characteristics of the respondents

Variable	Category	n	%
Gender	Female	68	68%
	Male	32	32%
Age	13-14	31	31%
	15-16	44	44%
	17-19	25	25%
Country Type	Eastern	80	80%
	Western	20	20%
Family Type	Joint family	32	32%
	Nuclear family	68	68%

Table 2. Shows Descriptive Statistics and Mann-Whitney U Test Comparing GAD Scores by Gender

Gender	n	M	SD	Mdn	Mean Rank
Female	68	13.85	9.20	12.00	55.49
Male	32	9.88	9.59	7.50	39.89

Outcome	U	z	p	r
GAD Total Score	748.50	-2.51	.012	.25

Note. r represents the effect size calculated as $z / \sqrt{N}$.

A Mann-Whitney U test was conducted to examine gender differences in GAD scores. Results indicated that females (Mdn = 12.00, Mean Rank = 55.49) reported significantly higher anxiety levels than males (Mdn = 7.50, Mean Rank = 39.89), $U = 748.50, z = -2.51, p = .012, r = .25$. The effect size suggests a small-to-moderate difference in anxiety between genders.

Table 3. Shows Descriptive Statistics and Kruskal-Wallis Test for GAD Scores by Personality Type.

Personality Type	n	Mdn	Mean Rank
Introvert	50	15	62.01
Extrovert	27	5	29.33
Ambivert	23	10	50.33

Test	H	df	p	ϵ^2
GAD Total Score	22.28	2	< .001	.21

Note. ϵ^2 = epsilon-squared effect size.

A Kruskal–Wallis H test was conducted to examine differences in GAD total scores across personality types (introvert, extrovert, and ambivert). Results indicated a statistically significant difference in anxiety levels across groups, $H(2) = 22.28$, $p < .001$, $\epsilon^2 = .21$. The effect size suggests a large difference between personality groups. Inspection of group medians and mean ranks revealed that introverts (Mdn = 15, Mean Rank = 62.01) reported the highest anxiety levels, followed by ambiverts (Mdn = 10, Mean Rank = 50.33). In contrast, extroverts reported the lowest anxiety levels (Mdn = 5, Mean Rank = 29.33).

Table 4. Shows Dunn–Bonferroni Post Hoc Comparisons for GAD Scores by Personality Type

Comparison	z	p (Bonferroni-adjusted)
Introvert – Extrovert	4.72	< .001
Introvert – Ambivert	1.60	.329
Extrovert – Ambivert	–2.55	.032

Dunn–Bonferroni post hoc comparisons indicated that introverts scored significantly higher on GAD than extroverts ($z = 4.72$, $p < .001$). The difference between introverts and ambiverts was not statistically significant ($z = 1.60$, $p = .329$). However, ambiverts scored significantly higher than extroverts ($z = -2.55$, $p = .032$).

Table 5. Shows means, standard deviations, and One-Way ANOVA results for Coping Strategies by Personality Type

Coping Strategy	Introvert M (SD)	Extrovert M (SD)	Ambivert M (SD)	F(2, 97)	p	η^2
Problem-Focused Coping	16.58 (3.39)	16.19 (3.84)	16.65 (3.34)	0.14	.867	.00
Emotion-Focused Coping	29.94 (5.31)	26.70 (5.07)	29.43 (5.70)	3.35	.039	.06
Avoidant Coping	66.78 (11.22)	58.67 (13.06)	64.65 (12.64)	4.00	.021	.08

*Note. Personality type included three groups: introvert, extrovert, and ambivert. η^2 = eta squared effect size.

A one-way analysis of variance (ANOVA) was conducted to examine differences in coping strategies across personality types (introvert, extrovert, and ambivert). Results indicated that there was no significant difference in problem-focused coping across the three groups, $F(2, 97) = 0.14$, $p = .867$, $\eta^2 = .00$, suggesting that the use of problem-focused strategies was comparable regardless of personality type. However, a significant effect of personality type was observed for emotion-focused coping, $F(2, 97) = 3.35$, $p = .039$, $\eta^2 = .06$. Inspection of group means indicated that introverts ($M = 29.94$, $SD = 5.31$) reported higher levels of emotion-focused coping than extroverts ($M = 26.70$, $SD = 5.07$), with ambiverts ($M = 29.43$, $SD = 5.70$) showing

similar levels to introverts. The effect size suggests a small-to-moderate proportion of variance explained. Similarly, avoidant coping differed significantly across personality types, $F(2, 97) = 4.00$, $p = .021$, $\eta^2 = .08$. Introverts ($M = 66.78$, $SD = 11.22$) reported higher use of avoidant coping compared to extroverts ($M = 58.67$, $SD = 13.06$), while ambiverts ($M = 64.65$, $SD = 12.64$) fell between the two groups. The effect size indicates a small-to-moderate effect. Overall, these findings suggest that while problem-focused coping does not vary by personality type, emotion-focused and avoidant coping strategies are more frequently used by introverts compared to extroverts, with ambiverts showing intermediate patterns.

Table 6. Shows Bonferroni Post Hoc Comparisons for Avoidant Coping by Personality Type

Comparison	Mean Difference	SE	p	95% CI
Introvert – Extrovert	8.11	2.88	.018	[1.09, 15.13]
Introvert – Ambivert	2.13	3.04	1.00	[–5.28, 9.53]
Extrovert – Ambivert	–5.99	3.42	.251	[–14.33, 2.35]

Following a significant one-way ANOVA, Bonferroni-adjusted pairwise comparisons were conducted to examine differences in avoidant coping across personality types. Results indicated that introverts scored significantly higher on avoidant coping than extroverts, with a mean difference of

8.11, $p = .018$, 95% CI [1.09, 15.13]. The confidence interval does not include zero, confirming that this difference is statistically significant. There was no significant difference between introverts and ambiverts (Mean difference = 2.13, $p = 1.00$, 95% CI [–5.28, 9.53]). The confidence interval

crosses zero, indicating the groups do not differ reliably. Similarly, the difference between extroverts and ambiverts was not statistically significant (Mean difference = -5.99 , $p = .251$, 95% CI $[-14.33, 2.35]$). Although ambiverts scored

higher than extroverts descriptively, the confidence interval includes zero, indicating that this difference is not statistically reliable.

Table 7. Shows Bonferroni Post Hoc Comparisons for Emotion-Focused Coping by Personality Type

Comparison	Mean Difference	SE	p	95% CI
Introvert – Extrovert	3.24	1.27	.038	[0.13, 6.34]
Introvert – Ambivert	0.51	1.34	1.00	[-2.77, 3.78]
Extrovert – Ambivert	-2.73	1.51	.223	[-6.42, 0.96]

Results indicated that introverts reported significantly higher emotion-focused coping than extroverts, with a mean difference of 3.24, $p = .038$, 95% CI [0.13, 6.34]. The confidence interval does not include zero, indicating that this difference is statistically significant. However, there was no significant difference between introverts and ambiverts (Mean difference = 0.51, $p = 1.00$, 95% CI [-2.77, 3.78]), as

the confidence interval includes zero. Similarly, the difference between extroverts and ambiverts was not statistically significant (Mean difference = -2.73 , $p = .223$, 95% CI [-6.42, 0.96]). Although ambiverts scored descriptively higher than extroverts, this difference was not statistically significant.

Table 8. Shows Means, Standard Deviations, and One-Way ANOVA Results for Perceived Parental Expectations by Personality Type

Domain	Introvert M (SD)	Extrovert M (SD)	Ambivert M (SD)	F(2, 97)	p	η^2
Personal Expectations	40.84 (5.52)	38.93 (5.84)	39.22 (4.96)	1.33	.269	.03
Parental Ambition	20.40 (5.89)	18.11 (5.37)	19.74 (5.46)	1.44	.242	.03
Academic Expectations	30.24 (5.95)	30.07 (4.82)	30.57 (6.39)	0.05	.955	.00
Career Expectations	19.06 (3.47)	19.22 (2.81)	19.74 (3.71)	0.32	.724	.01

Mean scores of parental expectations were slightly higher among introverts ($M = 40.84$, $SD = 5.52$) compared to extroverts ($M = 38.93$, $SD = 5.84$) and ambiverts ($M = 39.22$, $SD = 4.96$). A similar pattern was observed for the parental ambition subscale, with introverts ($M = 20.40$, $SD = 5.89$) reporting marginally higher scores than extroverts ($M = 18.11$, $SD = 5.37$) and ambiverts ($M = 19.74$, $SD = 5.46$). Mean academic and career expectation scores were comparable across all three personality groups. A series of one-way Analyses Of Variance (ANOVAs) was conducted to examine whether personality type influenced perceived expectations. Results indicated that personality type did not

significantly affect parental expectations, $F(2, 97) = 1.33$, $p = .269$, $\eta^2 = .03$, nor the parental ambition subscale, $F(2, 97) = 1.44$, $p = .242$, $\eta^2 = .03$. Likewise, no significant differences were observed for academic expectations, $F(2, 97) = 0.05$, $p = .955$, $\eta^2 = .00$, or career expectations, $F(2, 97) = 0.32$, $p = .724$, $\eta^2 = .01$. Effect sizes were small across all domains, indicating that personality type accounted for minimal variance in perceived parental and academic expectations. Overall, findings suggest that perceptions of parental, academic, and career expectations do not significantly differ across introverted, extroverted, and ambiverted adolescents.

Table 9. Shows Pearson Correlations Among Coping Strategies, Perceived Parental Expectations, and Anxiety

Variable	1	2	3	4	5	6	7	8
1	—							
2	.68***	—						
3	.61***	.84***	—					
4	.18	.19	.12	—				
5	.16	.21*	.21*	.58***	—			
6	.12	.04	-.01	.53***	.52***	—		
7	.10	-.01	-.02	.46***	.43***	.68***	—	
8	.03	.35***	.48***	.15	.25*	.08	.08	—

Note: 1 = Problem focused coping, 2 = Emotional focused coping, 3 = Avoidant coping, 4= Personal expectations, 5= Parental Ambition, 6 = Academic expectations, 7 = Career expectations, 8 = GAD. N = 100. $p < .05^*$, $p < .01^*$, $**p < .001$.

A Pearson product-moment correlation analysis was conducted to examine associations among coping strategies, perceived expectations, and anxiety. Significant positive correlations were observed among the three coping strategies. Problem-focused coping was strongly correlated with emotion-focused coping, $r = .68, p < .001$, and avoidant coping, $r = .61, p < .001$. Emotion-focused coping was highly correlated with avoidant coping, $r = .84, p < .001$. Regarding anxiety, avoidant coping demonstrated a moderate positive association with GAD scores, $r = .48, p < .001$, while emotion-focused coping was also positively correlated with

anxiety, $r = .35, p < .001$. Parental ambition showed a small but significant positive correlation with GAD scores, $r = .25, p = .012$. No significant associations were found between problem-focused coping and anxiety, $r = .03, p = .74$, nor between academic expectations, career expectations, or personal expectations and anxiety ($p > .05$). Personal expectations were significantly associated with parental ambition, $r = .58, p < .001$, academic expectations, $r = .53, p < .001$, and career expectations, $r = .46, p < .001$. Academic and career expectations were also strongly correlated, $r = .68, p < .001$.

Table 10. shows Multiple Regression Predicting GAD Scores From Avoidant Coping and Parental Ambition (N = 100)

Predictor	B	SE B	β	t	p	95% CI for B
Constant	-14.31	4.81	—	-2.98	.004	[-23.85, -4.77]
Avoidant coping	0.34	0.07	.45	4.96	<.001	[0.20, 0.48]
Parental ambition	0.26	0.15	.16	1.75	.083	[-0.03, 0.56]

Note. $R = .50, R^2 = .25$, Adjusted $R^2 = .24$.
Model $F(2, 97) = 16.38, p < .001$.

A multiple linear regression analysis was conducted to examine whether avoidant coping and parental ambition predicted GAD scores. The overall model was statistically significant, $F(2, 97) = 16.38, p < .001$, explaining 25% of the variance in anxiety ($R^2 = .25$, adjusted $R^2 = .24$). Avoidant coping emerged as a significant positive predictor of anxiety,

$B = 0.34, SE = 0.07, \beta = .45, t = 4.96, p < .001$, indicating that higher levels of avoidant coping were associated with increased GAD scores. Parental ambition did not significantly predict anxiety when included in the model ($B = 0.26, SE = 0.15, \beta = .16, t = 1.75, p = .083$), although the direction of the relationship was positive.

Table 11. Shows Mediation Analysis Examining Avoidant Coping as a Mediator Between Parental Ambition and GAD (N = 100)

Path	Effect (B)	SE	β	t	p
a: Parental ambition → Avoidant coping	0.46	0.22	.21	2.12	.036
b: Avoidant coping → GAD	0.34	0.07	.45	4.96	<.001
c: Total effect (X → Y)	0.42	0.16	—	2.56	.012
c': Direct effect (X → Y controlling for M)	0.26	0.15	.16	1.75	.083
Indirect effect (a × b)	0.16	0.08	—	1.92	.055

Note. X = Parental ambition subscale; M = Avoidant coping; Y = GAD total score. The indirect effect represents the product of paths a and b.

A mediation model was tested to evaluate whether avoidant coping functioned as an intervening variable in the association between parental ambition and anxiety (GAD scores). Results indicated that parental ambition was a significant predictor of avoidant coping (path a), and avoidant coping, in turn, significantly predicted anxiety (path b). The total effect of parental ambition on anxiety was statistically significant; however, the direct effect (c') was reduced to non-significance upon inclusion of the mediator,

suggesting a potential indirect mechanism. Nevertheless, the estimated indirect effect ($ab = 0.16$) did not achieve statistical significance ($p = .055$), indicating insufficient evidence to support a mediation effect under conventional alpha thresholds. Accordingly, the data do not provide robust support for avoidant coping as a mediator in this relationship. The observed pattern may reflect a trend toward indirect association; however, confirmation would require more rigorous estimation procedures, such as bootstrapped

confidence intervals, to enhance statistical power and inference reliability.

4. Discussion

The findings of the present study revealed that female respondents had a higher score on anxiety (measured by the GAD) as compared to male respondents. Popular literature finds support for this finding, with Stewart et al. (1997) reporting that among a sample of 818 university students, female students reported higher anxiety symptoms.

Furthermore, Harwood (2025) reported that females have higher anxiety compared to males in a study with a sample of 200 participants, 100 females and 100 males. Finally, Khanna & Jyotsana (2018) reported that women with GAD have significantly higher self-reported measures of worrying, as compared to men with GAD.

The findings of the present research show a significant positive correlation of anxiety scores (measured by the GAD) with emotion-focused coping and avoidant coping. In support of the current findings, Harwood (2025) found in a study with 200 participants that females having greater anxiety scores had stronger correlations with emotion-focused and avoidant coping. The present study shows a similar relationship, though the correlation has been examined in the overall sample, governing both male and female respondents, rather than a gender based data differentiation.

Additionally, Whatley et al. (1998) in a study of 245 university women students found that emotion-focused coping is positively correlated with anxiety (measured using the Self-Rated Anxiety scale). Finally, Kit (2025) found that there was a consistent positive correlation between anxiety and avoidant coping in a meta-analysis of 11 quantitative studies.

Present research shows a weak positive correlation between anxiety and problem-focused coping in adolescents. Popular literature has provided contradictory evidence, with there being negative correlations reported in research studies between the two variables (Kit, 2025; Whatley et al., 1998; Salsabila et al., 2023).

A study with 30 GAD patients and 30 controls, conducted by Arul (2016), finds that extroverts experience more anxiety in GAD, contradicting the current study, which shows that adolescent introverts have a higher level of anxiety in GAD, followed by ambiverts, and finally extroverts.

In a study with a sample size of 139, conducted by Sigarlaki and Setiawati (2023), it was found that introverts display a higher level of social anxiety as compared to extroverts, in congruence with the results of the current research.

Findings from the present study sought to conduct a mediation analysis to understand the role of avoidant coping in parental ambition and anxiety scores. Though the indirect effect did not meet the statistical standards, higher parental ambition did significantly predict avoidant coping, and greater engagement with avoidant coping did cause an increase in anxiety as per the data from the present sample. Findings from previous literature have suggested that avoidance mediates the relationship between parental overprotectiveness and parental anxiety, as found by Fulton et al. (2014). Additionally, a study conducted by Wang et al. (2024) with 1931 participants suggests that cognitive avoidance mediates the relationship between overparenting and adolescent anxiety.

Findings from the present studies suggest that avoidant coping emerges as a positive predictor of anxiety. Popular literature supports this finding, as can be seen in a study by Grant et al. (2013) in which the participants included 199 students who, over an 8-week study, using structural modelling equations, it was found that avoidance coping plays a reciprocal role with symptoms of anxiety and depression.

Findings from the present study show that extroverts reported lower use of emotion-focused and avoidant coping strategies compared to introverts and ambiverts. A study by Amirkhan et al. (1995) claims that extraversion is related to social support seeking and is related to problem solving, suggesting lower use of emotion-focused and avoidant coping strategies. However, an investigation conducted by Allen et al. (2011) suggests the contrary, with results showing that “extraverted athletes, who were also emotionally stable and open to new experiences (a three-way interaction effect), reported a greater use of problem-focused coping strategies”.

Findings from the current study show that emotion-focused coping was higher among introverts and ambiverts, relative to extroverts. An external study conducted by Sharma et al. (2024) presents findings in line with the current research. The participants included 728 nursing students, in which 64.56% were introverts and 35.44% were extroverts. Among the extraverted nursing students, 67.55% adopted problem-focused coping strategies. 44% of the introverted nursing students adopted emotion-focused coping strategies, 40.5% adopted problem-focused coping strategies, and 15.5% adopted avoidant coping strategies. It can be seen that emotion-focused coping was higher among introverts as compared to extroverts, who predominantly used problem-focused coping strategies.

In the current study, it is seen that introverts and ambiverts report higher avoidant coping scores than extroverts. A study conducted by Nakano (1992), where the relationship between coping behaviours and personality

characteristics such as introversion and extroversion was observed in 176 Japanese female college students, proves the contrary. Nakano's study shows that, through multiple regression analysis, it was seen that extroverted individuals seek more social support and avoidance than the introverted subjects. The study claimed that further research could be done on the situational factors in coping behaviours.

The present study contributes to the growing body of literature on adolescent stress and coping by highlighting the role of personality type as a meaningful individual difference variable. Across findings, introverts consistently reported higher anxiety and greater reliance on emotion-focused and avoidant coping strategies, while extroverts demonstrated comparatively lower anxiety and more adaptive coping profiles. Ambiverts largely mirrored introverts in their coping patterns, though their anxiety levels fell between the two groups. The association between perceived parental ambition and avoidant coping, and in turn anxiety, points to the relevance of family-level factors in adolescent psychological wellbeing, even where full mediation could not be statistically established. Taken together, these findings underscore the importance of personality-informed approaches in designing stress management and mental health interventions for adolescents.

5. Conclusion

Adolescents experience multiple stressors daily, impacting their mental health, daily behaviour, and functioning. These stressors include personal expectations, parental ambition, academic expectations, and career expectations. The stressors cause adolescents to rely on certain coping habits, such as problem-solving, emotion-focused coping, and avoidant coping. Through research, these coping strategies have been correlated to individuals' personality types, which in this study were organised as introverts, people that tend to be withdrawn; extroverts, individuals who thrive in social situations; and ambiverts, who lie between the spectrum of introverts and extroverts. It was found that emotion-focused coping and avoidant coping were both significantly associated with anxiety, which was measured by higher GAD scores, as compared to problem-focused coping. Emotion-focused coping is significantly correlated with avoidant coping. Additionally, higher perceived parental ambition is significantly associated with avoidant coping. Higher perceived parental ambition is also significantly associated with anxiety. Personal expectations were significantly correlated with perceived parental ambition, and parental ambition displayed a small, yet significant, positive correlation with GAD. Avoidant-focused coping showed a moderate positive association with GAD scores. Academic and career expectations are also strongly correlated. No significant associations were found between problem-focused coping and anxiety, nor between academic expectations, career expectations, or personal expectations and anxiety.

The current study will enable adolescents to reflect on their daily stressors and, in turn, consider the coping strategies that they currently rely on, allowing them to better help themselves manage stress in healthy and productive ways, to improve overall adolescent mental health. By understanding the role of personality in shaping stress responses, educators, counsellors, and parents can develop more targeted and effective support systems that are sensitive to the individual needs of adolescents navigating this critical developmental phase.

5.1. Limitations of the Study

1. The sample size of the current study consisted of 100 participants, which is relatively small for the analyses conducted, particularly regarding the mediation model. The small sample size reduces the statistical power and generalizability of the data collected.
2. The study's participants were 68% female, 32% male, creating a gender imbalance. The findings on gender differences should be interpreted cautiously, as the biology of gender and potential social roles can influence stress.
3. All four instruments on the survey are self-report; social desirability and recall bias may affect responses, resulting in self-report bias, particularly for items regarding anxiety and coping.
4. Due to the cross-sectional design of the study, we cannot establish causality between personality, coping, and anxiety, and only associations and correlations can be inferred from the data collected.
5. The Quiet Quiz (Cain, 2012), which is used to determine and measure personality in the participants, is a popular science tool, not a clinically validated psychometric scale. This is a significant methodological limitation worth addressing directly, because to ensure increased accuracy of the data, the items on the survey must be backed scientifically and by research.
6. For the mediation analysis, bootstrapped confidence intervals were not calculated, and as a result, the indirect effect approached but did not reach significance ($p = .055$). Therefore, conclusions about mediation should be stated cautiously.
7. The study's respondents have a geo-cultural imbalance with the Eastern sample making up 79.6% of participants, while the Western participants were only 20.4% of the sample. Furthermore, the age range of the participants is 13-19 years, which represents a wide developmental window. This may have obscured within-group differences since early and late adolescents differ significantly neurologically as well as socially.

5.2. Future recommendations

1. Replication with a larger, more balanced sample to improve statistical power, particularly for the mediation pathway, for more accurate and generalizable results.

2. Use of a clinically validated personality instrument (e.g., Big Five Inventory or EPQ) alongside or instead of the Quiet Quiz will increase result accuracy and reliability.
3. The implementation of longitudinal designs to track how coping strategies and anxiety levels shift across adolescent development would help with the long-term development of adolescent stressors and coping strategies.
4. Examining gender as a moderator in the personality–coping–anxiety relationship rather than just as a demographic variable would give more detailed and personal results that can further aid adolescents with reflection and growth, regarding stress and coping mechanisms.
5. Expanding the parental expectations measure to include perceived parental warmth or autonomy support can help better capture the family dynamic, providing more data on the contributors to adolescent stress, and insight into whether personality or coping mechanisms are either hereditary or observed and learned through family dynamics.
6. Researchers can ensure a more balanced representation of Eastern and Western samples for significant cross-cultural comparisons of the responses.
7. Exploring the role of school type (private vs. public), socioeconomic status, or academic performance as additional contextual variables that may influence personality and anxiety levels
8. Future research should consider nationality and religion, as the present sample consisted largely of international students and did not account for these influential factors.
9. Research examining personality types (introverts, ambiverts, extroverts) and perceived parental expectations is limited. Introverts tend to experience higher social anxiety, and understanding this can help adolescents address it.
10. Parental ambition is positively correlated with GAD and avoidant coping, encouraging parents to reflect on the pressure they place on children. Increased GAD is associated with emotion-focused and avoidant coping; individuals can benefit from reducing avoidant coping and using more adaptive strategies. Introverts and ambiverts tend to use emotion-focused and avoidant coping; recognising avoidant patterns can support better coping choices. Extroverts tend to use problem-focused coping. If people are made more aware of their personality type, it can aid them in selecting appropriate coping strategies for different situations.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this paper.

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