

### CERTIFICATE

I hereby certify that the work which is being presented in the thesis entitled "**Relationship between Cross Gender Identity and Coping Strategies in Young Adult Males and Females**", in partial fulfilment of the requirements for the award of degree of Masters of Philosophy in *Psychology* submitted in the School of Management and Social Sciences of Thapar University, Patiala, is an authentic record of my own work carried out under the supervision of Dr. Santha Kumari, Associate Professor, and Dr. Hitashi Lomash, Lecturer, SMSS.

The matter presented in thesis has not been submitted for the award of any other degree of this or any other university.

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### Acknowledgement

Words are often less to reveal ones deep regards. An understanding work like this is never the out come of efforts of a single person. I take this opportunity to express my profound sense of gratitude and respect to all those who helped me through the duration of this thesis.

First of all I would like to thanks to my Husband, who has always guided me to work on the right path the life. My greatest thanks to my parents who best-owned ability and strength in me to complete this work.

This work would not have been possible without the encouragement and able guidance of my supervisors. Dr. Santha Kumari & Dr. Hitashi Lomash Their enthusiasm and optimism made this experience both rewarding and enjoyable. Most of the novel ideas and solutions found in this thesis are the result of our numerous stimulating discussions.

I am also very thankful to entire faculty and staff members of School of Social science and Management for their direct – indirect help, cooperation , love and affection, which made my stay at Thapar university memorable.

I wish to thanks all my classmates for their time to time suggestions and cooperation without which I would not have been able to complete my work.

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## **ABSTRACT**

The present study investigates the coping strategies developed by high and low cross gender identified adults males and females. Masculine Gender Identity Scale and Femininity Gender Identity Scale were administered to 117 females and 100 males respectively. On the basis of scores obtained of this high and low cross gender identified males and females were selected and Ways Of Coping Strategies was further administered to this selected groups. High masculine females utilized Planful Problem Solving Coping Strategies and low masculine females utilized Escape Avoidance and Seeking Social Support Coping Strategies. Similarly, high feminine males utilized Planful Problem Solving and low feminine males utilized Distancing Coping Strategies. The findings are explained in terms of benefits of cross gender identified in Intellectual Ability and Problem Solving Strategies.

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# **CHAPTER-I**

## **INTRODUCTION**

The study of coping methods has a long history. The topic was originally described by psychodynamic psychotherapists (including Dr. Sigmund Freud) who called them defense mechanisms. The defense mechanism literature was largely focused on mental illness and the ways that various primitive mechanisms served largely to maintain serious illness rather than help reduce it. Later, more cognitively oriented researchers began a separate study of coping that focused more on mental health, and ways that mature coping methods could be taught to enhance health. Though some authors suggest that the term defense mechanisms should be reserved for describing primitive, immature coping strategies, and the term "coping methods" for more mature, useful coping efforts, it doesn't really matter what label is used to describe the different coping methods from our perspective; they are all just people's attempts at coping.

The most primitive of the defense mechanisms are considered to be primitive because they fundamentally rely on blatant misrepresentation or outright ignoring of reality in order to function. These mechanisms flourish in situations (and minds) where emotion trumps reason and impulsivity rules the day. Children use them naturally and normally, but then again, children are by definition emotionally immature and not held to a higher standard as are adults. When adults use these methods on a regular basis, it is an indication that their emotional development is at some level

Researchers define stress as a physical, mental, or emotional response to events that causes bodily or mental tension. Simply put, stress is any outside force or event that has an effect on our body or mind. The word stress is derived from the Latin word "stringi", which means, "to be drawn tight". According to Richard S Lazarus, "stress is a feeling experienced when a person thinks that the demands exceed the personal and social resources the individual is able to mobilize"(1971).p.337-348.

Your body tries to adjust to different circumstances or continually changing environment around you. In this process, the body is put to extra work resulting in "wear and tear". In other words, your body is stressed. Stress disturbs the body's normal way of functioning. Most of us experience stress at one time or another. Without stress, there would be no life. However, excessive or prolonged stress can be harmful. Stress is unique and personal. A situation may be stressful for someone but the same situation may be challenging for others. For example, arranging a world level symposium may be challenging for one person but stressful to another. Some persons have habit of worrying unnecessarily.

According to Seley (1956) "stress is not necessarily something bad – it all depends on how you take it. The stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental."(p.210). Stress can therefore be negative, positive or neutral. Passing in an examination can be just stressful as failing. Sometime we know in advance that doing a certain thing will be stressful, but we are willing to doing that. For example, while planning a vacation to a hill station you know that it would be stressful at certain times. But you are willing to face those challenges. People often work well under certain stress leading to increased productivity. Many times you do not know in advance and the stress periods may be sudden. The situation may not be under your control. Too much stress is harmful. You should know your level of stress that allows you to perform optimally in your life.

Depending on the stressors and the types of changes or events we are dealing with, stress can manifest itself physically, emotionally and/or mentally. Physical stress occurs when the body as a whole starts to suffer as a result of a stressful situation. Symptoms can manifest in a variety of ways and vary in their seriousness. The most common physical symptom is headaches because stress causes people to unconsciously tense their neck, forehead and shoulder muscles. However, long-term stress can lead to digestive problems including ulcers, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart disease, strokes and even hair loss. Emotional stress is due to stress

affecting the mind and include anxiety, anger, depression, irritability, frustration, over-reaction to everyday problems, memory loss and a lack of concentration for any task.

Anxiety is normally shown as a response to loss, failure, danger or a fear of the unknown. Anger is a common response to frustration or social stress and can become a danger to other individuals if not kept in check. Depression is frequently seen as an emotional response to upsetting situations such as the death of a loved one, illness and failure. Psychological – long-term stress can cause psychological problems in some individuals. Symptoms include withdrawal from society, phobias, compulsive behaviors, eating disorders and night terrors.

## **1.1 COPING & COPING STRATEGIES**

Coping refers to the thoughts and actions we use to deal with stress. In large part, feeling stressed or not depends on whether we believe we have the coping resources to deal with the challenges facing us.

Coping strategies are assumed to have two primary functions: managing the problem causing stress and governing emotions relating to those stressors (Folkman & Lazarus, 1980, 1986; Lazarus & Folkman 1984). Interpreting their results in terms of this assumption, most studies confirm two major related findings. The first is that a situation is evaluated as stressful, in part, whenever the individual perceives a lower ability to cope with it. The second finding is that stressors perceived as controllable elicit more proactive coping mechanisms (Karasek & Theorell, 1990), while those perceived as uncontrollable elicit more avoidance strategies (Lazarus & Folkman, 1984).

Differences in the conceptualization of coping have led to a number of ways of classifying coping strategies. Lazarus and Folkman (1984) offered a widely used definition of coping, namely: constantly changing cognitive and behavioral efforts to manage specific external or internal demands. Subsequently, Higgins and Endler (1995) grouped coping strategies into three main classes: task-oriented, emotion-oriented, and avoidance-oriented.

**1. Task-oriented:** The task-oriented strategy is problem-focused. It involves taking direct action to alter the situation itself to reduce the amount of stress it evokes.

**2. Emotion-oriented:** In the emotion-oriented strategy, efforts are directed at altering emotional responses to stressors. It also includes attempts to reframe the problem in such a way that it no longer evokes a negative emotional response and elicits less stress

**3 Avoidance-Oriented:** avoidance- oriented coping includes strategies such as avoiding the situation, denying its existence, or losing hope (Lazarus & Folkman, 1984). It also includes the use of indirect efforts to adjust to stressors by distancing oneself, evading the problem, or engaging in unrelated activities for the purpose of reducing feelings of stress

In general, research has shown that problem-focused coping strategies are the most effective way for dealing with stress. Coping strategies refer to specific effort, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful event. Two general coping strategies have been distinguished: problem- solving strategies are efforts to do something active to alleviate stressful circumstances , whereas emotional-focused coping strategies involve effort to regulate the emotional consequences of stressful or potentially stressful event. People mostly employ problem-focused coping to deal with potential controllable problems such as work-related problem and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotional-focused coping.

An additional distinction that is often made in the coping strategies is between active and avoidant coping strategies. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas avoidant coping strategies lead people into activities ( such as alcohol use ) or mental states ( such as withdrawal ) that keep them from directly addressing stressful events

## **1.2 Sources Of Academic Stress And Its Likely Impact On Students**

College students perceive academic life as stressful and demanding (Wan, 1992; Hammer, Grigsby & Woods, 1998) and report experiencing emotional and cognitive

reactions to this stress, especially due to external pressures and self-imposed expectations (Misra & McKean, 2000). They report on numerous stressors during term-time, including academic demands and social adjustment.

Stress-inducing academic demands include grade competition; lack of time and issues relating to time or task management the need to adapt to new learning environments in terms of the increased complexity of the material to be learned and the greater time and effort required to do so; and the need to constantly self-regulate and to develop better thinking skills, including learning to use specific learning techniques .Emotional stress, such as anxiety, students' appraisal of the stressfulness of the role's demands and of their ability to cope with those demands, are also connected to academic stress(Wan, 1992).

Another category that evokes stress is social adjustment, particularly adjusting to university life and separating from family and friends. Finally, other constraints include financial pressure (Miech & Shanahan, 2000) and other technical difficulties.

Thus, academic stressors cover the whole area of learning and achieving in and adjusting to a new environment in which a great deal of content must be assimilated in a seemingly inadequate period of time. Since students endeavor to adapt themselves to academic life, positive adaptation and well-being factors are associated with fewer experienced stress symptoms.

### **1.3 Development Of Gender Identity**

During the 1950s and '60s, psychologists began studying gender development in young children, partially in an effort to understand the origins of homosexuality (which was still viewed as a mental disorder at the time). In 1958, the Gender Identity Research Project was established at the UCLA Medical Center for the study of intersexuals and transsexuals. Psychoanalyst Robert Stoller generalized many of the findings of the project in his book “Sex and Gender: On the Development of Masculinity and Femininity” (1968). He is also credited with introducing the term gender identity to the International

Psychoanalytic Congress in 1963. Psycho endocrinologist John Money was also instrumental in the development of early theories of gender identity. His work at Johns Hopkins Medical School's Gender Identity Clinic (established in 1965) popularized an interactionist theory of gender identity, suggesting that, up to a certain age, gender identity is relatively fluid and subject to constant negotiation. His book *Man and Woman, Boy and Girl* (1972) became widely used as a college textbook, although many of Money's ideas have since been challenged.

#### **1.4 Gender Identity**

Gender identity refers to the feeling that you are male, female or transgender. Many things contribute to the formation of gender identity, including society, family and factors that are in place before birth (Friedrichs,1973).

Transgender individuals may have the genitals of one sex, but a gender identity usually associated with the other. For example, a person born with a penis who feels female may identify as transgender. Some people identify as androgynous, and do not adhere to the binary constructs of male or female.

#### **1.5 Androgyny**

Androgyny is the combination of both male and female characteristics. Carl Jung believed that the integration of the masculinity and femininity that is inherent in each of us is essential for person wholeness (Cook, 1985).

According to Bem (1974) “Androgyny is a psychological construct which means blending of the positive masculine and positive feminine characteristics”.p.6-14

Bem (1979) also asserted that people could be both masculine and feminine or in other words, both instrumental and expressive or both cytic and communal at the same time. The androgynous individuals could tap into these tendencies based on appropriateness of the current situation. Therefore, androgynous individuals have an advantage over sex-typed individuals as they are potentially more comfortable and competent in performing a variety of tasks, along with having greater behavioral flexibility and psychological wellbeing (Bem, 1979). Women who are androgynous are assertive and competent.

Many societies have strict rules about activities, jobs and appearances which are based on deep-seated ideas about what is appropriate for someone based on their gender. Gender performance refers to how people act and present themselves to the world based on their Gender identity also refers to how one thinks of one's own gender: whether one thinks of oneself as a man (masculine) or as a woman (feminine.) Society prescribes arbitrary rules or gender roles (how one is supposed to and not supposed to dress, act, think, feel, relate to others, think of oneself, etc.) based on one's sex (whether one has a vagina or a penis.) These gender roles are called feminine and masculine. Anyone who does not abide by these arbitrary rules may be targeted for mistreatment ranging from not being included in people's circle of friends, through the cold shoulder, snide comments, verbal harassment, assault, rape, and murder based on one's (perceived) gender identity. (Compas et al., 1993).

### **1.6 Gender Non-Conforming**

Refers to people who do not adhere to society's rules about dress and activities for people that are based on their sex. A gender non-conforming person may choose to present as neither clearly male, nor clearly female, but rather as a gender-free individual. Some gender non-conformists are transgender, gay, lesbian or bisexual. Others do not identify with any of these categories

### **1.7 Sexual Identity**

Refers to how one thinks of oneself in terms of whom one is sexually and romantically attracted to, specifically whether one is attracted to members of the same gender as one's own or the other gender than one's own. Society prescribes arbitrary rules that one should be sexually and romantically attracted to members of the other gender than one's own, and should not be attracted to members of the same gender as one's own. Anyone who does not abide by these arbitrary rules may be targeted for mistreatment ranging from not being included in people's circle of friends, through the cold shoulder, snide comments, verbal harassment, assault, rape, and murder based on one's (perceived) sexual identity. (See homophobia and biphobia.) When one's sex and one's gender identity are different,

one may base one's sexual identity on either one. Alternatively, one may have two sexual identities, one as a man and one as a woman.

These are terms often used within the sexual identity and gender identity communities. Self-identification terms are often spelled with initial caps (e.g. Queer, Bisexual) to emphasize that they refer to how one think of oneself, rather than how someone else labels one. (For instance, researchers often classify bisexual-identified women and men as lesbians and gay men and transvestites as transsexuals, obscuring important distinctions.) Androgenous/Androgeny: One who is /the quality of simultaneously exhibiting masculine and feminine characteristics.

### **1.8 Tomboy Or Masculine Females**

Tomboy is a girl who behaves according to the gender role of a boy. They wear typically masculine oriented types of clothes and practiced games and activities that are typically considered to be the domain of boys. And they preferred to be friendly with boys rather than other girls.

Females who have grown up in a family made mostly of male siblings display masculine characteristics. The most extreme cases have occurred with girls who have been raised on farms. And biological cause might be an excess of testosterone and/or insufficient estrogen. The physical signs might be small breasts, body hair & bad (acne prone) skin and the emotional sign might be stubbornness, a rational (rather than emotional) approach to life, which was nonetheless irrational because girls were not supposed to function in this way.

Femininity and masculinity or one's gender identity (Burke et al, 1985) refers to the degree to which persons see themselves as masculine or feminine given what it means to be a man or woman in society. Femininity and masculinity are rooted in the social (one's gender) rather than the biological (one's sex). Societal members decide what being male or female means (e.g., dominant or passive, brave or emotional), and males will generally respond by defining themselves as masculine while females will generally define

themselves as feminine. Because these are social definitions, however, it is possible for one to be female and see herself as masculine or male and see himself as feminine.

## **1.9 Transgender**

Transgender is an umbrella term used to describe people whose gender identity (sense of themselves as male or female) or gender expression differs from that usually associated with their birth sex. Many transgender people live part-time or full-time as members of the other gender. Broadly speaking, anyone whose identity, appearance, or behavior falls outside of conventional gender norms can be described as transgender. However, not everyone whose appearance or behavior is gender-atypical will identify as a transgender person.

### **1.10 Types Of Transgender People**

Transsexuals are transgender people who live or wish to live full time as members of the gender opposite to their birth sex. Biological females who wish to live and be recognized as men are called female-to-male (FTM) transsexuals or transsexual men. Biological males who wish to live and be recognized as women are called male-to-female (MTF) transsexuals or transsexual women. Transsexuals usually seek medical interventions, such as hormones and surgery, to make their bodies as congruent as possible with their preferred gender. The process of transitioning from one gender to the other is called sex reassignment or gender reassignment.

Cross-dressers or transvestites comprise the most numerous transgender group. Cross-dressers wear the clothing of the other sex. They vary in how completely they dress (from one article of clothing to fully cross-dressing) as well as in their motives for doing so. Some cross-dress to express cross-gender feelings or identities; others cross-dress for fun, for emotional comfort, or for sexual arousal. The great majority of cross-dressers are biological males, most of whom are sexually attracted to women.

Drag queens and drag kings are, respectively, biological males and females who present part-time as members of the other sex primarily to perform or entertain. Their

performances may include singing, lip-syncing, or dancing. Drag performers may or may not identify as transgender. Many drag queens and kings identify as gay, lesbian, or bisexual. Other categories of transgender people include androgynous, bigendered, and gender queer people. Exact definitions of these terms vary from person to person, but often include a sense of blending or alternating genders. Some people who use these terms to describe themselves see traditional concepts of gender as restrictive

### **1.11 Gender Identity Disorder**

Gender Identity Disorder (GID) is a psychological diagnosis that may be given to a transgender person. Transgender people often feel as if their physical bodies do not match their gender identities. For example, a person who is born with XX chromosomes and a vagina who feels like a male, may identify as transgender (Friedrichs,1973).

## CHAPTER-II

### REVIEW OF LITERATURE

#### 2.1 Coping Strategies

It is believed that students coping behavior could be predicted from their stress perceptions and their academic-related stress levels. Generally students employ task oriented coping strategies as compared to emotional oriented coping strategies and students age was significant factor in determining their coping behavior

College students perceive academic life are stressful and demanding (Wan, 1992; Hammer, & Woods, 1998)and experiencing emotional and cognitive reactions to this stress , especially due to external pressure and self imposed expectations (Misra, 1998). Morris et al, (2000) suggest that there is a relationship between student status , academic goal orientation , and type of coping style utilized specifically, non-traditional college students more often endorsed learning goals and utilize task-oriented coping, in addition to exhibiting a wide repertoire of coping behavior and did the younger traditional college students. Student who reported high symptoms of Attention Deficit Hyperactivity Disorders used significantly fewer academic coping behavior than their low-symptoms peers.

Stress and academic Performance are omnipresent issues in college student's lives. A recent increase in the number of nontraditional college students has raised the possibility that traditional and non traditional college students utilize different coping styles when confronted with stressful situation. Endler and Parker (1990) argue that people develop distinct coping when responding to stressful situation. Coping style is the typical manner in which an individual will confront a stressful situation

Macnair and Elliot (1992) examined the relation between Self- Perceived Problem solving and coping in undergraduates. They found that those students who reported more effective problem solving skills were also more likely to use coping strategies aimed

towards task- oriented or problem solving faced. The findings indicated that children who employ positive/action – oriented strategies are more likely to have higher academic achievement and higher sense of self- worth and they tend to view themselves as more competent in the area of scholastic achievement and express that they feel successful in their peer relations.

McCrae and Costa (1986) examined both examination- taking coping strategies and study coping strategies are determinants of test anxiety. This study examines the contribution made by these two types of coping strategies on anxiety/performance relationship, under two types of examination conditions who were enrolled in an intermediate- level statistics course were assigned randomly to either an untimed or a timed examination conditions. Both types of coping strategies made a significant contribution in explaining variance in test anxiety. Students in the timed condition performed more poorly than did students in the untimed condition. A significant interaction was found between examination taking coping strategies and examination condition. Students with poor coping strategies did perform as well in the timed as in the untimed condition.

Early adolescence is characterized by rapid and significant changes in an individual's physical, social, cognitive, and emotional domains. Young adolescents are adjusting to the biological changes of puberty, their emerging ability to think in more abstract and hypothetical ways, and increased involvements with peer groups in their strive toward identity formation and autonomy (Petersen et al, 1995). In addition to those common developmental challenges experienced by all adolescents as part of normal development, adolescents encounter varying amounts of stress from multiple sources in the process of understanding and dealing with the world (Compas et al, 1993).

Acute stressors and minor daily hassles both have been associated with adolescent maladjustment, and the later development of dysfunction and psychopathology (Compas, 1987). Therefore, the importance of understanding the development of effective coping methods and the adolescent-coping process in general has generated a significant body of research over the last two decades (Compas, 1998). Despite the increased attention to

coping during adolescence, a comprehensive conceptualization of those adolescent-coping processes has not been established. Given multiple changes and challenges encountered by young adolescents, their limited range of available coping strategies, and their potential to develop emotional and behavioral problems, early adolescence is an important period in which to study the coping process (Allen et al, 1995).

Anda (1997) examined Fifty-four adolescents from a middle school in the Los Angeles area completed two self-report measures that examined their experience of stress and identified the stressors in their environment and the coping strategies they used to deal with these stressors. Gender differences were evident throughout the study, with girls indicating higher levels of stress and boys and girls reporting different behavioral and affective responses to stress. Although the sample as a whole evidenced moderately low levels of stress, school-related stressors were highest in frequency, followed by siblings and fathers. Students used coping strategies very infrequently and with a low frequency of success.

Robert et al, (2000) examine the perceived influences on college students' selection and implementation of career choices. Students at two universities participated in a structured interview examining (a) factors that had affected their choice of occupational field, (b) supports and barriers to pursuing their choices, and (c) methods they had used to cope with choice barriers. Across both samples, person factors (e.g., interests) and work-relevant experiences were frequently cited bases for choice selection, although contextual factors (e.g., financial constraints, social supports) were among the most salient barriers and supports to choice implementation. Each sample also reported choice selection and implementation influences and coping strategies that may have been linked to their particular environmental and developmental contexts.

Hampell and Petermann (2005) investigate age and gender effects of childrens and adolescents coping with common stressors in 3 age groups (late childhood, early, and middle adolescence). Furthermore, age and developmental differences in situation-specific coping with 2 stress domains were examined. Participants (ages 8 to 13 years)

were asked to complete the German Coping Questionnaire for Children and Adolescents (Hampel et al, 2001) in response to both an interpersonal and an academic stressor. Adolescent boys and girls, as well as girls from all age ranges scored lower on adaptive and higher on maladaptive coping strategies. With regard to interaction effects, female early adolescents coped maladaptively with common stressors, showing a decreased employment of adaptive (e.g., distraction, positive self-instructions) and an enhanced use of maladaptive coping strategies (e.g., rumination, aggression). Situation-specific coping did not differ consistently with age and gender.

Bradley and Yeates (1997) investigate differences in the coping strategies adopted by male and female first year students in a higher education environment and the extent to which such strategies had an impact on self-esteem and attainment. Results revealed significant differences between males and females in terms of engagement in coping strategies and academic attainment. Specifically, males Exhibited greater ability to detach themselves from the emotions of a situation, were more inclined to demonstrate emotional inhibition or ‘bottling up’ of emotions and reported higher self-esteem. In addition, it was observed that females attained at a significantly higher level than males. Practical implications and recommendations for future research are identified.

William et al, (1987) found that at the times of stress, men and women sometimes turn to the use of alcohol and drugs as an avenue for relieving their discomfort and distress. One explanation of this finding implicates traditional male tendencies as predisposing factors. The purpose of the present investigation was to study how the relationship between stress and substance use is moderated (1) by the masculine role, as measured by the Masculine Role Inventory; and (2) by socially desirable and undesirable masculine-instrumental and feminine-expressive personality attributes, as measured by the Extended Personal Attributes Questionnaire. The results indicated that during stressful episodes men characterized by socially undesirable instrumental personality attributes reported using tranquilizers and sedatives. By contrast, it was found that during stressful times, women characterized by success preoccupation reported less use of mind-altering drugs and more

use of tranquilizers-sedatives. In addition, it was found that socially desirable expressive attributes served to buffer the impact of stressful experiences on women's use of alcohol.

## **2.2 Gender Identity**

Terman and Miles (1936) found that masculinity – femininity was somewhat age-related with individuals, particularly males showing their higher level of masculinity in their late teens and early twenties. Not surprisingly masculinity-femininity was related to people's interests and academic pursuits. Masculine men tended to be more interested in science and mechanical things, and feminine men in cultural pursuits and the arts. Among high school and college-aged women, masculinity was found to be associated with broad interests, high level of education, and "intellectuality." In other words for women, masculinity was associated with intellectual and educational accomplishment, and if one wanted to place a value judgment on these findings, one might conclude that in this regard, masculinity is "good" for women.

Later research replicated these early results, indicating feminine boys and masculine girls tend to show higher level of creativity, scholastic achievement, and giftedness than more sex-typed children do (Lippa, 1998; Maccoby, 1966). According to Lubinski & Humphreys (1990) sex-typed children are those whose traits and behaviors are stereotypic for their sex. Thus in terms of creativity and intellectual achievement, femininity can be considered good for boys and masculinity good for girls.

In a study by Lippa (1988) it was found that high school boys who are "feminine" and girls who are "masculine" tend to score higher than their more sex-typed peers on the National Merit Scholarship Qualifying Test.

Renk (2006) explained that attending a university for the first time can be a stressful experience for many new college students. This study examines the relationships among femininity and masculinity, depressive symptomatology, levels of stress, and the types of coping strategies used by college freshmen. Results of this study suggest that these

variables were related uniquely for first-year college students. Masculinity and femininity significantly predicted problem-focused coping, and femininity significantly predicted emotion-focused coping. Further, the levels of family and college stress reported by college students, as well as their endorsement of avoidant coping, significantly predicted their levels of depressive symptoms. Overall, the results of this study suggest that understanding the relationships among the gender role, the levels of depressive symptomatology, and the levels of stress exhibited by college freshmen may be important in facilitating their transition and adjustment to university life.

Androgens, the male sex hormones, play an essential role in male sexual differentiation and development. However, the influence of these sex hormones extends beyond their roles in sexual differentiation and development. In many animal species, sex hormones have been shown to be essential for sexual differentiation of the brain during development and for maintaining sexually dimorphic behavior throughout life. The principals of sex determination in humans have been demonstrated to be similar to other mammals. However, the hormonal influence on sexual dimorphic differences in the nervous system in humans, sex differences in behaviors, and its correlations with those of other mammals is still an emerging field. In this review, the roles of androgens in gender and cognitive function are discussed with the emphasis on subjects with androgen action defects including complete androgen insensitivity due to androgen receptor mutations and 5alpha-reductase-2 deficiency syndromes due to 5alpha-reductase-2 gene mutations. The issue of the complex interaction of nature versus nurture is addressed ( Zhu & Cai, 2006).

Hromatko et al (2008) have shown that menstrual cycle related variations in sex hormones influence various cognitive processes. These shifts are considered as the evidence for a hormone-mediated adaptive design underlying human mating motivation. In a series of related studies we have shown that (i) femininity does not vary across the menstrual cycle, whereas masculinity is the most pronounced during the fertile period, (ii) masculinity, but not femininity, predicts shifts in spatial cognition across the menstrual cycle, and (iii) women with different positions on masculinity and femininity dimensions differ in their self-perceived mate value. These results suggest that (i) there

might be a hormone mediated psychological mechanism making a woman more assertive and dominant during a short time-window when the conception is likely, (ii) menstrual cycle related shifts in cognitive abilities and mating motivation might have a common hormonal mechanism, and (iii) women's mate value (and indirectly her reproductive success) depends upon both feminine and masculine traits

Gender identity-one's sense of being a man or a woman-is a fundamental perception experienced by all individuals that extends beyond biological sex. Yet, what contributes to our sense of gender remains uncertain. Since individuals who identify as transsexual report strong feelings of being the opposite sex and a belief that their sexual characteristics do not reflect their true gender, they constitute an invaluable model to understand the biological underpinnings of gender identity. This study analyzed MRI data of 24 male-to-female (MTF) transsexuals not yet treated with cross-sex hormones in order to determine whether gray matter volumes in MTF transsexuals more closely resemble people who share their biological sex or people who share their gender identity. Luders et al (2009).

Ehrhardt and Meyer-Bahlburg (1981) gave evidence about sex and gender differences in pain and analgesia has been gathered rapidly during the past decade. A number of studies have demonstrated a higher prevalence of pain states and greater pain sensitivity among women compared with men. Sex hormones influence pain sensitivity. Activity of cytochrome P450 in female is greater than in male and this suggested that drugs are more rapidly metabolized in female than in male. Analgesic effect of pentazocine is reported to be more potent in male than in female. These data strongly suggested that males and females may have different pain modulatory circuits.

Long (2000) examined women's sex-role orientation, coping strategies, self-efficacy, and stress in male- and female-dominated occupations. Results revealed that high-masculine women (measured by the Bem Sex Role Inventory), compared with low-masculine women, reported significantly lower scores on measures of anxiety and strain, with the exception of interpersonal strain. High-masculine women, compared with low-masculine

women, reported greater problem- relative to emotion-focused coping and higher self-efficacy. Low-feminine women in nontraditional occupations reported higher self-efficacy and greater problem-focused coping compared with low-feminine women in traditional occupations. The relation between masculinity and strain was non-significant when the variance due to self-efficacy was partialled out, suggesting that the relationship between sex role and strain may be mediated by personal efficacy.

Long (1990) examined sex-typed traits (instrumentality and expressiveness), the work environment (demands and interpersonal resources), and importance of stressor episodes as predictors of 3 measures of coping (avoidance, problem reappraisal, and active problem solving) derived from a modified Ways of Coping Checklist. The data were collected from 132 managers (60 men and 72 women). Sex-typed trait measures and demographic information were assessed one month before the assessment of the work environment, stressful episodes, and coping responses. Women, compared with men, were more likely to use avoidance and problem-reappraisal coping, whereas there were no gender differences with regard to active problem-solving coping. Multiple regression analyses showed that sex-typed traits, the work environment, and episode importance were significant predictors of the coping scores after the effects of sex were removed, and that patterns of effects were different for each type of coping.

Renk (2003) examined the relationships among gender, gender identity, and coping in late adolescents were examined. One hundred sixty-nine late adolescents completed measures assessing their masculinity and femininity, as well as their use of coping strategies. Females endorsed greater use of emotion-focused coping strategies than males. Late adolescents who were high in masculinity endorsed higher levels of problem-focused coping strategies than those who were low in masculinity. In contrast, late adolescents who were high in femininity endorsed higher levels of emotion-focused coping strategies than those who were low in femininity. Neither the gender nor the masculinity and femininity of late adolescents were predictive of the use of avoidant coping strategies. Overall, gender identity made an important and independent contribution to the endorsement of coping strategy use. These results emphasize the

importance of assessing both gender and gender identity with regard to coping in late adolescents.

Perl (2000) cognitive appraisals of mothering as a challenge and threat, coping strategies, affect balance, and depression were studied in 91 married gender-typed, cross-gender typed, and androgynous middle-class Israeli mothers of infants aged 3–5 months. The results indicated that gender-typed and androgynous women had significantly higher challenge scores and lower threat scores than did cross-gender typed women. With regard to coping strategies, gender-typed and androgynous women used more support-seeking than did cross-gender typed women. Gender-typed women also used less problem-focused strategy and more emotion-focused strategy than did cross-gender typed women. Gender-typed and androgynous women manifested more positive affect balance and less depression than did the cross-gender typed women.

Male and female coping behaviors were compared in order to test the theory that men use instrumental coping strategies more frequently than women, who are thought to use emotion-focused coping solutions. They interviewed 51 female and 39 male first-year undergraduates by telephone three times a week for 8 weeks, using an inventory developed for 28 chronic stressors. Analyses of variance were used to test gender differences in frequency of daily stressors, concomitant perceptions of stress, and utilization of problem-solving behaviors. The majority of analyses showed no gender differences (Hamilton et al, 1998).

DeFries-Fulker (1988) studied genetic atypical gender role development, parents of twin pairs, ages 3 and 4, rated their twin children's masculinity and femininity. Boys were selected as gender atypical if they were highly feminine relative to other boys, and girls were selected if they were highly masculine relative to other girls. Gender-atypical boys and girls were each divided into 2 groups: fully gender atypical (e.g., feminine boys also low on masculinity) and partially gender atypical (e.g., feminine boys who are not low on masculinity).Extremes analysis yielded moderate group heritability and substantial shared environment effects for atypical gender role behavior. However, for fully gender-atypical

girls, group heritability accounted for most of the variance, and shared environment had no effect.

Suziedelis and Antanas (1977) demonstrated the usefulness of distinguishing various aspects of masculinity and femininity in the study of sex roles among adolescents. Subjects, a national sample of boys and girls aged 12-16, were individually administered direct questions, checklists, rating scales, and symbolic and projective items. Results were as follows: (1) finer differentiation occurs in sets of those characteristics that are typically ascribed to the opposite sex; (2) girls are higher on Intimacy and Sociability scores, but especially high on Intimacy subscores; (3) within each sex, subscores of masculinity and femininity are correlated significantly and differentially with other sex role identification and adoption indices based on less direct symbolic and projective materials; and (4) girls, more than boys, tend to "genderize" the world around them. Findings suggest that there may be very different patterns or levels of integration of the masculine and the feminine, of the agentic and the communal.

Burke (1989) found that among middle school children, boys and girls with a more feminine gender identity earned higher grades than those with a more masculine gender identity. This was true independent of the child's sex, race, grade, subject area, or sex of the teacher. Since the early years of schooling are more likely to be "feminized" because there are more female than male teachers (Lipman-Blumen 1984), children with a more feminine identity will likely perform better in a "feminine" institution. Among college students, research has shown that males and females with a more feminine gender identity are more likely to inflict and sustain both physical and sexual abuse in dating relationships (Burke, Stets & Pirog-Good 1988). People with more feminine gender identities are likely to be more emotionally expressive and relationship oriented. Aggression maybe used as a last resort to attain a closer relationship.

### **2.3 CROSS GENDER IDENTITY , PERSONALITY AND COPING STRATEGIES**

The effects of gender, gender roles, and personality variables (achievement and affiliation orientation, locus of control, empathy) on coping and symptoms were tested to explore

the risk and protective effects of gender roles and personality on psychological symptoms, and to test whether or not gender roles or personality accounted for gender differences in coping and symptoms (Liliana et al, 2000). In a sample of university undergraduates masculinity predicted lower depression but higher antisocial and substance use problems, whereas femininity predicted lower antisocial and substance use problems. Personality variables did not account for the effects of gender or gender roles on coping or symptoms, but rather gender roles and personality each predicted unique variance in those variables. Significant gender differences in the relations among gender roles and personality emerged; however, there were no gender differences in the relations between coping and symptoms. Findings highlight the importance of studying gender differences in the effects of gender roles and personality on coping and symptoms, because it appears that gender roles and personality operate differently for males and females.

Nezu and Nezu (1987) demonstrated that psychological well-being and distress are strongly associated with masculinity, but unrelated to femininity. In this study undergraduate students revealed that high masculine subjects, compared to low masculine persons, reported significantly lower scores on self-report measures of depression, state anxiety, and trait anxiety. No difference in distress were found as a function of sex or the femininity dimension. Further, high-masculine subjects, relative to low-masculine subjects, were found to relate their problem-solving ability as more effective, to engage in more active-behavioral and less avoidance methods of coping in response to previously experienced stressful reaction and to engage in more problem-focused and less emotional-focused coping styles regarding stressful situations. sex and femininity differences were not found related to differences in problem solving and coping. However, the relation between masculinity and distress was found to be nonsignificant.

The Type A behavior pattern is another personality variable that has been related to coping. Vingerhoets and Flohr (1984) asked 300 males subjects to complete the Dutch version of the Jenkins Activity Survey and the original Ways of Coping Checklist. A factor analysis was performed on responses to a trait wording of the coping items, i.e.,

subjects were asked how they generally thought or behaved during a stressful period. Those classified as Type A were significantly lower on Acceptance and significantly higher on Problem-Focused Coping and Self-Blame.

Scheier et al (1986) evaluated the relationship between dispositional optimism and coping in two studies of undergraduate students. They found that optimism was positively associated with problem-focused coping, elaboration of coping, and seeking of social support, and was inversely associated with denial, disengagement, and focusing on and expressing feelings.

Parkse (1986) also evaluated the role of individual differences, environmental factors, and situational characteristics relative to general coping, direct coping, and suppression. Individual difference included assessment of extraversion and neuroticism; environmental factors included social support and work demand; and situational characteristics included types of stressful episode and its perceived importance. She found that all three types of variable were significant predictor of coping scores: interaction of person, environment, and situation variable contribute significantly to the explained variance of direct coping and suppression.

## **CHAPTER-III**

### **FORMULATION OF THE RESEARCH PROBLEM**

#### **3.1 MOTIVATION FOR THE STUDY**

Gender-role orientation might be a better predictor of coping style than gender. The purpose of this study is to explore the relationship between cross gender identification and self-reported use of coping strategies in response to a peer-related stressful situation among young adult males and females. The present investigation is an attempt to study the coping strategies used by high and low cross gender identified males and females in stressful situation. It is hypothesized that highly cross gender identified males and females may use coping strategies such as Planful Problem Solving and accepting responsibility and low cross gender identified subjects may use Escape Avoidance and seeking social support.

#### **3.2 OBJECTIVE**

To Study the Coping Strategies of young adult males and females having high and low Cross Gender Identity (CGI)

#### **3.3 HYPOTHESIS:**

1. Females having high masculinity (CGI) may use planful problem solving coping strategy as compared to those having low masculinity.
2. Females having low masculinity (CGI) may use escape-avoidance and seeking social support as compared to those having high masculinity.
4. Males having high femininity (CGI) may use planful problem solving coping strategy as compared to those having low femininity.
5. Males having low femininity (CGI) may use escape-avoidance and seeking social support coping strategies as compared to those having high femininity.

## **CHAPTER-IV**

### **METHODOLOGY**

#### **4.1 DESIGN**

##### **Statistical Analysis**

Chi-Square and t-test used to analyze the data for comparing high and low cross gender identified groups.

#### **4.2 SAMPLE**

Undergraduate students of the age range 17-21 years participated in this study CGI questionnaire was administered to 100 males and 117 females. Mean and SD CGI scores of males and females were computed (mean = 6.58 & SD = 3.81).Based on this 2 categories- high CGI and low CGI were selected. Those with Mean +  $\frac{1}{2}$  SD (mean = 6.58 & SD = 8.48) was categorized as high CGI and those with Mean -  $\frac{1}{2}$  SD (mean = 6.58 & SD = 4.67) was categorized as low CGI group.

#### **4.3 TOOLS USED AND PROCEDURE:**

##### **4.3.1 Ways Of Coping Questionnaire**

Ways of coping questionnaire developed by Folkman and Lazarus(1988) was used. It consists of 66 items based on eight subscales: Confronting Coping, Distancing, Self Controlling, Seeking Social Support, Accepting Responsibility, Escape Avoidance, Planful Problem Solving, Positive Reappraisal. Participants were asked to assess how frequently they used various coping methods using the following scale: 0 (does not apply or not used), 1 (used quite a bit), 2 (used somewhat), and 3 (used a great deal). The test was completed in 20minutes.

### **4.3.2 Gender Identity Scale**

The Feminine gender identity (FGI) scale for males developed by Blanchard and Freund (1983) and the masculine gender identity (MGI) scale for females developed by Freund and Blanchard (1988) were used to get measured of feminine gender identity in males and masculine gender identity in females. Respectively FGI consists of 19 items and MGI consists of 20 items. These are developmentally oriented and derives a measure of CGI in an unobtrusive manner. There was no time limit for this test, however, all the students completed the test in 15minutes. The above tests were administered in a group of ten students and were given refreshments in order to motivate them.

## CHAPTER-V

### RESULTS AND DISCUSSION

#### 5.1 RESULTS

##### 5.1.1 CROSS GENDER IDENTITY

The mean and standard deviation of the cross gender identity scores of males and females were computed and is given in Table 5.1.

**TABLE 5.1 Mean and SD of Cross Gender Identity scores of Males and Females**

CGI	MEAN	SD	N
MALES	8.26	3.424	100
FEMALES	13.225	4.89	117

Those subjects with Mean +  $\frac{1}{2}$  SD (mean = 6.58 & SD = 8.48) was categorized as high CGI and those with Mean -  $\frac{1}{2}$  SD (mean = 6.58 & SD = 4.67) was categorized as low CGI group. The values used for categorizing are given in Table 5.2.

**TABLE: 5.2 CGI scores used for categorizing the high and low CGI groups of males and females.**

CGI	HIGH	LOW	t value
Males	8.48	4.67	18.387, p<.001
Females	15.665	10.785	29.5, p<.001

### 5.1.2 COPING STRATEGIES:

Raw scores and their corresponding relative scores were computed for various coping strategies for males and females for the high and low CGI group. The coping scores of high CGI and Low CGI group of females are given in Table 5.3.

**TABLE 5.3 The Mean and SD of relative scores and corresponding t values obtained for various coping strategies for high and low masculine groups (females)**

CGI(FEMALES) category		N	MEAN	SD	t	df	sig(2- tailed
CC	H	19	.145680	.040275	.739	40	.464
	L	23	.135302	.049069	.753	40.000	.456
DIS	H	19	.107430	.053025	-.896	40	.376
	L	23	.122822	.057265	-.903	39.440	.372
SC	H	19	.122767	.058997	.685	40	.497
	L	23	.111680	.045911	.669	33.629	.508
SSS	H	19	.119374	.054311	-2.702	40	.010
	L	23	.167341	.059564	-2.726 **	39.574	.009
AR	H	19	.151249	.072584	1.445	40	.156
	L	23	.122174	.057906	1.414	34.174	.167
EAR	H	19	.079414	.048725	-5.059	40	.000
	L	23	.161873	.055533	-5.123 *	39.831	.000
PSR	H	19	.166427	.057026	4.755 *	40	.000
	L	23	.093151	.042797	4.627	32.832	.000
PR	H	19	.107654	.047157	1.478	40	.147
	L	23	.085655	.048685	1.483	38.948	.146

.From Table 5.3 and Figure 5.1, it is evident that high masculine females differ significantly from low masculine females on planful problem solving and confronting coping. The low group is making use of escape avoidance coping strategies as compared to high masculine group. No difference was obtained between high masculine and low masculine females in other coping strategies.

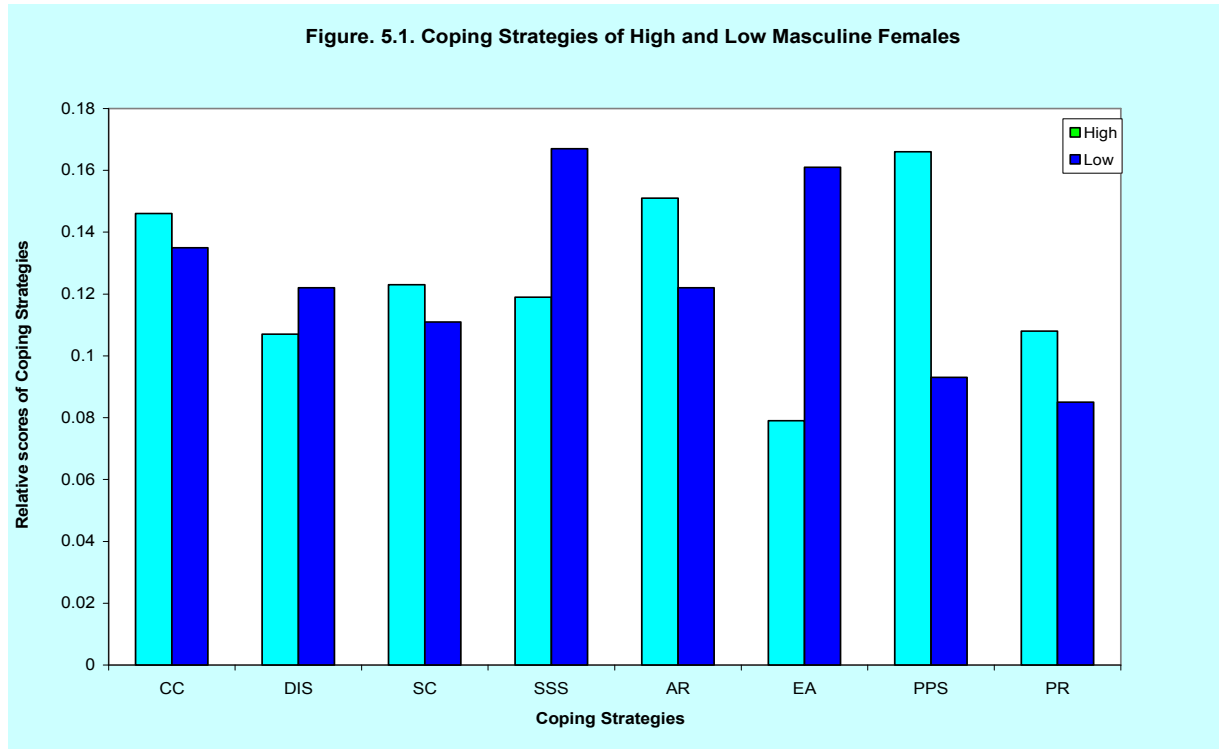


Fig. 5.1 : Coping Strategies of High and Low Masculine Female.

**TABLE 5.4 The Mean, SD and corresponding t values obtained for various coping strategies for high and low feminine groups (males)**

CGI (MALES) category		N	MEAN	SD	t	df	sig(2tailed)
CC	H	26	.1045880	.0364978	-1.500	65	.138
	L	41	.1168726	.0300092	-1.436	45.773	.158
DIS	H	26	.1105548	.0318982	-1.754 *	65	.084
	L	41	.1241233	.0301806	-1.732	51.141	.089
SC	H	26	.1393188	.0308395	1.318	65	.192
	L	41	.1295113	.0289254	1.299	50.794	.200
SSS	H	26	.1254515	.0354030	-.228	65	.821
	L	41	.1271724	.0263404	-.213	42.369	.832
AR	H	26	.1360951	.0373859	.557	65	.579
	L	41	.1312057	.0334192	.543	48.907	.589
EAR	H	26	.1187570	.0273710	-1.066	65	.290
	L	41	.1267280	.0312529	-1.099	58.455	.276
PSR	H	26	.1401854	.0311897	2.352***	65	.022
	L	41	.1215794	.0317872	2.362	54.108	.022
PR	H	26	.1250494	.0228755	.358	65	.722
	L	41	.1228073	.0262624	.369	58.649	.714

\*\*\*p<.05

The coping scores of high CGI and Low CGI group of males are given in Table 5.4. From Table 5.4 and Figure 5.2, it is evident that high feminine males differ significantly from low feminine males on planful problem solving strategies only. However, in the case of distancing coping strategies values are nearly significant, and no difference was obtained between high feminine males and low feminine males in other coping strategies. The high feminine group is making use of planful problem solving as compared to low feminine group. Low feminine group prefer distancing coping strategies as compared to high feminine group.

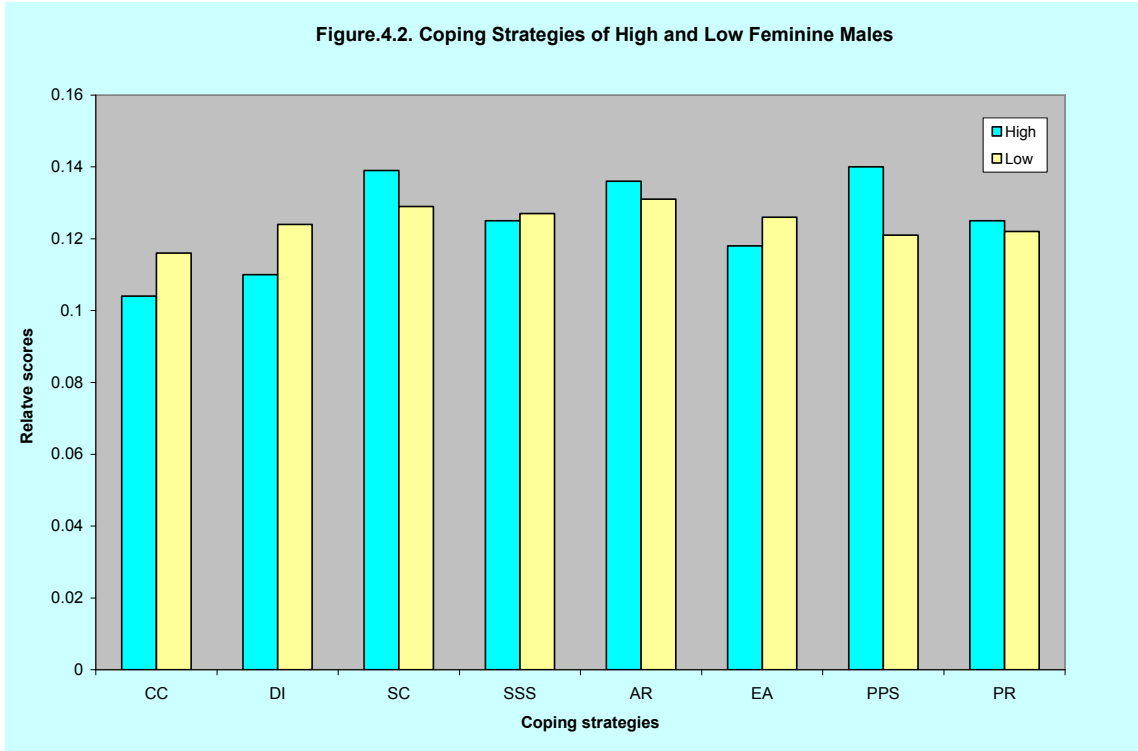


Fig. 5.2 : Coping Strategies of High and Low Feminine Males.

### 5.1.3 CHI-SQUARE

Chi-Square was computed in order to study the frequency of coping strategies in high and low masculine groups (females). Details are given in Table 5.5. It can be seen that a significance difference was obtained in planful problem solving.

**TABLE 5.5 Chi-Square value of coping strategies scores in high and low CGI group for females**

Categories	Chi-Square	N	df
CC	.25	47	1
DIS	1.414	47	1
SC	0.41	47	1
SSS	0.727	47	1
AR	0.236	47	1
EA	3.2	47	1
PS	5.5068***	47	1
PR	0.41	47	1

\*\*\*p<.05

Chi-Square was computed in order to study the frequency of coping strategies in high and low feminine groups (males). Details are given in Table 5.6. It can be seen that a significance difference was obtained in confronting coping and distancing coping.

**TABLE 5.6 Chi-Square values of coping strategies scores in high and low CGI group for males**

<b>Categories</b>	<b>Chi-Square</b>	<b>N</b>	<b>df</b>
CC	3.8072*	47	1
DIS	5.5314*	47	1
SC	3.38	47	1
SSS	2.819	47	1
AR	3.128	47	1
EA	2.8163	47	1
PS	3.128	47	1
PR	2.8163	47	1

\*\*\*p<.05

## 5.2 DISCUSSION

The findings of the present study confirms the posited hypothesis that high masculine females adopt planful problem solving strategy compared to those having low masculinity. This is in line with the findings of the study by Blanchard-Fields et al. (1991). They found that females with masculine gender orientation deployed problem focused strategy as compared to emotion focused coping strategies. In other words for women, masculinity was associated with intellectual and educational accomplishment, and if one wanted to place a value judgment on these findings, one might conclude that in this regard, masculinity is “good” for women .They have lower scores on measures of anxiety and strain compared to low masculine females. The second hypothesis that females having low masculinity use escape-avoidance and seeking social support coping strategy as compared to those having high masculinity is also confirmed. Typical feminine women are more emotional in their approach and have been found to have low self efficacy and seek social support in dealing with problems. Otherwise they tend to avoid situations so that it will not hamper their day today dealings.

The other significant finding of the study is that males having high femininity used planful problem solving strategy compared to those having low femininity. This confirms the third hypothesis posited in this study. There are studies which shows that feminine boys tend to show higher level of creativity, scholastic achievement, and giftedness than more sex-typed children do (Lippa, 1998; Maccoby, 1966). Thus in terms of creativity and intellectual achievement, femininity can be considered good for boys Lubinski & Humphreys (1990) demonstrated that high masculinity in females and high femininity in males significantly predicted problem-focused coping strategies and low femininity in males and low masculinity in females significantly predicted emotion-focused coping . However, the hypothesis that males having low femininity (CGI) may use escape-avoidance and seeking social support coping strategies as compared to those having high femininity was not confirmed. It was found that males with low femininity used distancing coping strategy compared to the high feminine group. They tend to detach oneself to minimize the significance of the situation.

## **CHAPTER VI**

### **CONCLUSION**

High Cross Gender Identification in males and females have been found to be effective in dealing with stressful situation. They tend to adopt problem focused efforts to alter the situation, coupled with analytical approach to solving the problem. The sex typical ( low cross gender identification ) sex typical males and females tend to use Escape avoidance where as wishful thinking and behavioral effort to Escape or Avoid the problem is prevalent.

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