

Research Article

## Self-Esteem, Coping Strategies, and Anxiety Among Generation Z: A correlational Study

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### Abstract

This research work focuses on the relationships between trait anxiety, coping strategies, and self-esteem among Generation Z. The research study showed a significant relationship between trait anxiety, coping strategies, and self-esteem through quantitative research. The results emphasize the importance of understanding these variables in order to promote Generation Z's mental health. Through providing insight into the intricate relationships among self-esteem, coping strategies, and trait anxiety among Generation Z, this study makes a significant contribution to the area of applied psychology. The significance of these findings is towards treatments and support initiatives targeted at boosting the resilience and self-esteem of Generation Z are discussed.

**Keywords:** State anxiety, coping styles, self-esteem, generation Z, problem focused coping, emotion focused coping, avoidant coping.

### Introduction

Generation Z, born between the 1997 and the 2012, has emerged as a group of individuals experiencing particular difficulties to their mental health and well-being. In contrast to other generations, Generation Z lives in a society characterized by constant social pressure, quick technological advancement, and widespread digital connectedness (Twenge, 2017). This complicated environment has a major impact on their mental health and performance, and concepts like anxiety, coping strategies, and self-esteem plays a prominent role in determining how their mental health turns out.

For Generation Z, the continual bombardment of information and social media connections is a biggest sources of stress. Social media platforms have the potential to promote positivity, loneliness, and unjustified comparisons, even as they facilitate contact and a feeling of community. According to research, young women that witness troubles with their bodies may find that their self-esteem is significantly impacted by exposure to carefully crafted internet profiles (Hindustan Times, 2023). Moreover, persistent stress and feelings of inadequacy are further aggravated by the continual need to maintain an online presence and FOMO which abbreviates to fear of missing out (Twenge, 2017).

Beyond the boundaries of the internet, Generation Z must navigate a world full of uncertainties. A sense of helplessness and ongoing uneasiness is brought on (The Annie E. Casey Foundation, 2023). Their feeling of security and future prospects are impacted by the financial weight of student loan debt in addition to the competitive job market (Very well Mind, 2023). Studies show that Generation Z is more vulnerable to experience anxiety and sadness than older generation, which can be symptoms of chronic stress (American Psychological Association, 2019).

In spite of this, Generation Z also exhibits a remarkable degree of resilience in overcoming these obstacles. This generation is tended to suppress the stigma around getting treatment by initiating conversations around mental health concerns (Deloitte Global, 2023). Their use of online platforms and resources for assistance as well as their proficient in technology allows them to get information on mental health (Forbes, 2023). There is potential for better outcomes since this openness to communication and self-care points to a proactive attitude towards mental health.

In summary, Generation Z lives in a complicated and frequently stressful environment. Their fast globalization, continual digital connectivity, and social pressures present a special set of difficulties that have an effect on their mental health. But their openness to have frank conversations around mental health also using the tools at their disposal points to a generation that is actively looking for answers. In order to create efficient support networks that are tailored to their individual requirements and to comprehend the long-term impacts of these environmental influences on their mental health, further study is required.

## **ANXIETY**

A condition of worry, confusion, and fear brought on by anticipation of an imminent threat or occurrence is known as anxiety. It is classified by tense muscles, tiredness, agitation, annoyance, and difficulty paying attention. Although anxiety is a normal emotional reaction and a protective mechanism, it can cause serious suffering and handicap when it gets over board or out of control to the existent danger (American Psychological Association, 2000).

Anxiety theories offer an understanding of the core reason and factors that lead to the onset and persistence of illnesses related to anxiety. The following explains a few significant theories of anxiety:

Cognitive-behavioral theories (Beck, 1960), suggest that anxiety is worsened by maladaptive thought patterns and actions, such as catastrophizing, interpreting situations negatively, and engaging in avoidance behaviors.

Biological theories suggest that neurochemical imbalances, inherited predispositions, and physiological brain abnormalities could be the reason for disorders related to anxiety, impacting the control of emotions and stress responses (Grey, 1983; Goddard et al., 2001).

Evolutionary theories (Seligman, 1971), suggest that anxiety is an adaptive response that people develop to defend themselves against possible threats.

According to psychodynamic theories, anxiety stems from unresolved difficulties and unconscious conflicts. Defense mechanisms like suppression and displacement are used to control thoughts and feelings that produce anxiety (Sigmund Freud, late 19th, and early 20th century).

According to learning theories unpleasant events get paired with neutral stimuli or reinforced anxious behaviors can lead to the acquisition of anxiety through associative learning processes, which in turn gives rise to phobias and anxiety responses (Mowrer, 1947).

### **Trait Anxiety:**

Trait anxiety is a personality trait that influences how people react to stresses and difficulties. TA is predisposition of a person to see events as dangerous and react with heightened anxiety levels. Individuals with high TA frequently have higher anxiety in a diverse context, including everyday ones. This influences their perception and reaction to stressors by making them feel more anxious, tense, and uneasy.

People who have high trait anxiety display traits like constant worry and anxiousness, trouble managing their anxiety, bodily symptoms including exhaustion, tense muscles, and agitation, as well as increased sensitivity to perceived threats and risks.

One important personality factor included in Costa and McCrae's Five Factor Model (1992) is neuroticism, which reflects differences in emotional stability and makes people vulnerable to stressors and negative emotions. This increases the threat of trait anxiety, anxiety, depression, and vulnerability.

The Dual Process Model of trait anxiety proposed that there exist two underlying systems that contribute to heightened trait anxiety: a regulatory system and a hypersensitive danger monitoring system. Imbalances between these systems might cause higher vigilance and anxiety responses (Mogg, et al., 1998).

The Cognitive-Affective Processing System (CAPS) model combines cognitive and affective processes and suggests that cognitive biases, emotional responses, and regulatory mechanisms interact to influence the persistence and manifestation of trait anxiety over time (Mennin, et al., 2013).

The Tripartite Model proposed that depression as well as trait anxiety are associated by common factors such as negative affect and physiological hyperarousal, but it also distinguished between general distress that is shared by both and specific symptoms of anxiety, highlighting the resemblance and discrepancies between the two conditions (Clark, et al., 1991).

The Hierarchical Model of anxiety and depression, suggests that depression and trait anxiety are different but similar concepts that could be organised hierarchically. This highlights the significance of distinguishing similarities and differences within anxiety and depression at various hierarchical levels in order to study their interactions and manifestations in people with varying degrees of trait anxiety (Mineka, et al., 1998).

## **SELF-ESTEEM**

A person's total subjective assessment of their own value and worth is referred to as their self-esteem. It reflects an individual's views about their own abilities, traits, and perceived competence. In the matter of influencing, one's ideas, feelings, actions, and general well-being, self-esteem is vital for survival (Branden, et al, 1969).

Healthy self-esteem is demonstrated by: Positive Self-Regard: People who have high self-esteem often think well of themselves and have faith in their capacity to thrive and overcome obstacles (Rogers, 1950).

Confidence: Self-confidence is frequently linked to high self-esteem because it enables people to make their voices heard, pursue their objectives, and deal with failures skilfully (Bandura, 1970)

Resilience: Individuals who have a strong sense of self-worth, which enables them to handle stress and

disappointments, are more resilient against all odds (Werner, et al, 1970). Positive self-regard allows people to embrace who they are—strengths and shortcomings included—without engaging in excessive self-criticism or self-judgment (Rogers, 1950). Personal experiences, social interactions, cultural standards, and internal beliefs are some of the factors that affect one's self-esteem. Low self-esteem can impact mental well-being and the general quality of life by causing feelings of inadequacy, self-doubt, and negative self-perceptions (Rosenberg, et al., 1969). Healthy self-esteem is created and maintained via self-awareness, self-compassion, goal setting, confronting negative self-talk, getting help, and participating in self-acceptance and growth-promoting activities (Branden, et al., 1969).

The Social Identity Theory, argues that social comparisons and group affiliations are the sources of self-esteem and that individuals recognize themselves with positive groups to feel better about themselves (Tajfel, et al.,1979). The Self-Discrepancy Theory emphasises that differences in self-esteem are caused by discrepancies between the real self, ought self, and ideal self, and that these discrepancies have an impact on self-esteem (Higgins,1987). The Socio Metre Theory holds that variations in self-esteem are influenced by perceptions of social inclusion or exclusion. Self-esteem functions as an internal barometer of social acceptance or rejection (Leary et al., 2000). The Self-Evaluation Maintenance Model, claims that people compare themselves to others in areas pertinent to their self-concept, which affects self-esteem, especially when one feels threatened by comparisons to successful near relatives (Tesser, 1988). The Contingencies of Self-Worth Theory states that certain situations or domains that are important to people—like relationships, academic success, and physical appearance—have an impact on one's sense of self-worth and can therefore serve as sources of self-esteem (Crocker, et al., 2001).

### **COPING STRATEGIES:**

The intentional actions and behaviours people adhere to regulate, adjust to, or reduce stress, difficulties, and emotional suffering in their life are referred to as coping strategies. These techniques are used to work with challenging circumstances, intense feelings, or outside pressures that might affect an individual's functioning and general well-being. Coping strategies can be defined as behavioural and cognitive attempts to handle certain external or internal pressures that are seen to be demanding or beyond the person's resources (Folkman, et al., 1980).

Various types of coping methods can be distinguished by their focus and methodology. These include: Problem-focused coping is taking proactive measures to address the core stresses with the goal of changing the stressful circumstance and regaining control (Lazarus, et al., 1984). Emotion focused coping - Instead of addressing the issue head-on, coping involves regulating one's emotions in reaction to pressures, seeking out emotional support, and reframing unfavourable ideas (Folkman, et al.,1984). Avoidant coping refers to attempts to avoid or flee from stresses or emotional suffering by using temporary coping techniques including substance abuse, diversion, or denial (Folkman, et al.,1984). Numerous theories offer conceptual frameworks for comprehending coping mechanisms and people's reactions to stress and difficulties. The following are some well-known theories about coping mechanisms.

With coping strategies designed to balance the demands of internal and external stressors, the Transactional Model of Stress and Coping emphasises the dynamic interplay between individuals and their environment during stress management. Primary assessment to find the significance of stressors, and secondary assessment is employed to judge coping resources (Lazarus, et al., 1984). The Framework for Coping Strategies highlights the significance of adaptive coping strategies for resilience and general well-being by differentiating between emotion-focused coping, which focuses on emotional regulation, and problem-focused coping, which involves stressor management (Carver, et al., 1989). According to the Coping Flexibility Model, people who exhibit coping flexibility may successfully handle stress and produce favourable results by modifying their coping mechanisms to fit various circumstances (Folkman, et al., 1984).

By highlighting the significance of coping strategies in stress management and highlighting the influence of coping efficacy on psychological well-being through the interconnection of stress, coping strategies, and outcomes, the Transactional Coping Model builds upon Lazarus and Folkman's Transactional Model (Compas, et al., 1997). According to the Dual-Process Model of Coping, people respond to stress by using both problem- and emotion-focused coping techniques. This emphasises the significance of striking a balance between dealing with stresses head-on and controlling emotional reactions (Park, et al., 1997). The integration of behavioural and cognitive coping strategies is emphasised by the Cognitive-Behavioural Coping Theory, provides understanding and strengthening resilience and coping skills during times of stress and adversity. Behavioural techniques, problem-solving abilities, and cognitive restructuring are all important components of stress management and the development of adaptive coping mechanisms (Beck, et al., 1960).

### **Review of Literature:**

#### **Self-esteem and trait anxiety:**

A research study explains, TA significantly lowered self-esteem indirectly through negative affect, meaning that those with greater TA were more probable to have lower self-esteem as a consequence of increased negative affect responses. By using good emotions to deal with negative situations, those with greater trait resilience levels were more probable to have high self-esteem. In contrast, trait resilience has shown a strong positive indirect influence on self-esteem through positive affect. In summary, the research emphasised the significance of emotion regulation in comprehending the intricate connections among trait anxiety, trait resilience, and self-esteem (Benetti et al., 2006)

High emotional intelligence and self-esteem were shown to be significantly associated with low TA in the Greek population research on trait emotional intelligence, self-esteem, and trait anxiety. Whereas, these constructs regarded for 66.5% of the variance in TA, demonstrating their significance, only 33.5% of variance was explained, indicating the presence of other impacting variables. The study emphasised the requirement for further research in the area of other variables influencing TA, with a special emphasis on gender dynamics. These results shown give thoughtful information for creating specialised therapies and educational initiatives to alleviate anxiety in the context of Greek culture (Papagiannopoulou et al., 2024).

#### **Trait anxiety and coping strategies:**

According to the study, problem-focused and positive coping strategies were connected to lower levels of anxiety, whereas active avoidance and religious/denial coping strategies were linked to greater levels of state and trait anxiety. Boys preferred problem-focused and constructive coping techniques, whereas girls showed greater anxiety levels and tended to utilise more active-avoidance and religious/denial coping strategies (Fatima et al., 2013).

In comparison to students with an external locus of control, those with an internal locus of control had lower average trait anxiety levels. Furthermore, compared to their peers who had an external locus of control, students who had an internal locus of control scored substantially higher on problem-focused coping measures. The frequency of avoidance and seeking out social assistance did not, however, differ significantly between the two groups (Arslan et al., 2009)

Self-esteem is a factor in self-handicapping behaviours; people with poor self-esteem are more prone to employ self-handicapping techniques as a means of preserving their self-worth. Self-handicapping and TA are related for the reason individuals who have high TA may utilise these coping mechanisms to prevent being viewed as inadequate. One coping technique for handling nervousness before performances is self-handicapping (Torok et al., 2014).

#### **Coping strategies:**

According to the survey, stress levels among student of Irish college surpass average for both genders, with female students showing noticeably greater stress levels. Male students are more likely to utilise active, emotion-focused coping techniques compared to female students. Stress levels and their satisfaction with life has been connected to a high utilisation of avoidant-focused coping strategies. How important it is to support college students' development of healthy coping mechanisms and stress management techniques in order to improve their wellbeing and academic performance is shown by the results (Ryan, 2013).

The research study on social support, emotion-focused coping, and active coping in college students looked at gender variations in coping mechanisms. Students who are female exhibited higher degree of action, knowledge, and emotion coping strategies than students who are male, Despite there was no significant gender differences in total coping strategies. These findings emphasise how necessary it is to identify gender-specific coping strategies so that the mental health of students can be promoted. Convenience sampling and self-reported data are two of the study's weaknesses, which point to the necessity for more research including a wider range of student demographics (Theodoratou et al., 2023)

#### **Demographics:**

More often than males, women use coping mechanisms such acceptance, self-distraction, positive reframing, support, and religion. However, compared to women, males are inclined to employ problem-focused coping strategies such Active coping and Positive reframing (Gattino et al., 2014).

A study conducted in Cantho City, Vietnam, found that a significant proportion of HSC students, who have an average age of 16.1 years, had low self-esteem. The total number of people taken as sample was 1,149 students, with a fairly even distribution of males (36.5%) and females (63.5%). The study found a link between poor self-esteem and mental health disorders such as anxiety, sadness, and suicide thoughts among Vietnamese teenagers. Furthermore, the study emphasised the need to address academic pressure and

provide mental health care in order to lower the incidence of mental health issues within the Vietnamese secondary school students (Nguyen et al., 2019).

**STATEMENT OF THE PROBLEM:**

By examining the moderating function of anxiety, the study seeks to close the research gap about how coping mechanisms among Generation Z members are impacted by self-esteem. Through examining these relationships, the study aims to promote creating specialized treatments and networks of support to advance mental health in Gen Z population.

**RATIONALE:**

Increased concerns regarding the mental health of Generation Z individuals have prompted studies on the relationship between anxiety levels, self-esteem, and coping techniques. Prior research highlights the crucial function of self-esteem in reducing stress and anxiety, implying that therapies targeted at improving self-esteem might lessen the adverse consequences of stressors. Furthermore, in order to reduce isolation and improve general wellbeing, specialised therapies are required due to the intricate association that exist among anxiety, coping strategies, and self-esteem. There are still research gaps despite a wealth of research in this field, especially when it comes to the regulating effect of anxiety in the association between Generation Z's coping strategies and self-esteem.

**OBJECTIVES:**

1. To find out the relationship between self-esteem, trait anxiety, and coping strategies among Generation Z.
2. To find out the impact of self-esteem on trait anxiety and coping strategies among Generation Z.

**HYPOTHESES:**

1. There will be a relationship between self-esteem, trait anxiety, and coping strategies among Generation Z.
2. There will be a significant impact of self-esteem on trait anxiety and coping strategies among Generation Z.

**Methodology:**

In this section, the research methodology is outlined, research design, participants of study and the sample size, research instrumentation or scales used, and procedure.

**RESEARCH DESIGN:**

The current study adopted correlational research design.

**Participants of study and Sample size:**

The sample size of the study involves a total participants of 198 members, among which 83 participants are male, 114 female, 1 participant belonged to other gender. The process of data collection was carried out online among Generation Z adult population.

**Table 1**

*Participant Characteristics*

		Mean	SD	N	Percentage
Age	27 - 18	22	3	199	100%
Gender	Male			83	41.9%
	Female			144	57.6%
	Others			1	0.5%
Education	SSC			11	5.6%
	Bachelors			136	68.7%
	Masters			48	24.2%
	PhD			3	1.5%

*Note.* Table represents characteristics of the participants.

**Inclusion criteria:**

The participants should belong to Generation Z and should be of age above 18 (born between 1997 to 2006)  
Participant must be efficient in reading and understanding English.

**Exclusion criteria:**

If the participant does not belong to the required age group or is not yet adult.  
Participants who have severe mental illness.

**Research Instruments:**

**Brief Cope scale (Carver, 1997):**

A popular self-report tool used to assess coping mechanisms during stress and difficult circumstances is the Brief-COPE scale. It has 28 items that describe different strategies people employ to deal with stress. The three primary scales of coping strategies include Problem-Focused Coping (I've been taking action to try to make the situation better) and the items show a proactive attitude to managing difficult circumstances by showing actions and solutions targeted at towards addressing the stress causing agent or problem at hand. Emotion-Focused Coping - rather of addressing the stressor directly, emotion-focused coping focuses on controlling the emotional suffering brought on by the stressor. The items show behaviours and approaches for controlling feelings, looking for emotional support, and figuring out how to deal with the stressor's impact on one's emotions (I've been criticizing myself). Avoidant Coping (I've been giving up trying to deal with it) - the items reflect behaviours and strategies aimed at avoiding or distracting oneself from the stressor rather than directly confronting or addressing it. Each question on the Brief-COPE scale is scored by allocating a numerical value to the individual's replies. Each item on the measure has a 4-point Likert scale, there is no reverse scoring for any item in this scale. Response possibilities include the following: 1= I haven't been engaging in this activity at all; 2 = A little quantity; and 3 = A moderate amount; 4 = I've done this a lot of times. The scores are calculated for every coping strategies (Problem-Focused Coping, Emotional-Focused Coping, Avoidant Coping) and for certain coping strategy within each style once the person has completed all 28 items. Cronbach's alpha values for the Emotion Focused Coping subscale range from 0.66 to 0.78. Cronbach's alpha values for the Problem-Focused Coping subscale range from 0.50 to 0.78.

**State Trait Anxiety Inventory (STAI) (Spielberger, 1983)**

A popular self-report tool used to determine two different forms of anxiety, is the State-Trait Anxiety Inventory (STAI). While trait anxiety represents an inherited inclination to experience anxiety in a diverse contexts, SA is a momentary emotional state marked by feelings of tension, uncertainty, and uneasiness in reaction to a particular scenario. For the current study we have just considered TA.

The State Anxiety Scale and the Trait Anxiety Scale are the two measures that make up the State-Trait Anxiety Inventory (STAI). Respondents assess their feelings on a 4-point scale for each of the 20 items on each measure. Higher scores signify higher state anxiety levels at the time of assessment for the State Anxiety Scale, which has a score range of 20 to 80. Similar to this, the TA Scale has a score range of 20 to 80, where higher scores signify higher trait anxiety as a consistent personality feature. An individual's overall scores on each scale indicate their overall predisposition to suffer anxiety as well as their present level of anxiety.

For some items, answer bias can be managed by using reverse scoring. When using reverse scoring, certain things have their scoring directions switched before the final score is added together. This gives a precise evaluation of anxiety levels and counteracts reaction tendencies. Items 21, 26, 27, 30, 33, 36, and 39 on the trait anxiety scale are the ones that have been reversed. The Trait Anxiety Scale (STAI-T) has showed to have a high internal consistency for the STAI, with Cronbach's alpha values often falling between 0.86 and 0.95. This means that the scale's components are continuously assessing the same trait anxiety underlying concept.

**Rosenberg's self-esteem scale (Rosenberg, 1965):**

It is a popular self-report tool that measures both positive and negative thoughts about oneself in order to determine one's overall self-esteem. It has ten items with responses on a Likert scale of 4-point that goes from "strongly disagree" to "strongly agree."

This scale is scored by adding up the answers to each of the 10 items. The responses are provided on a Likert scale of 4 points, with "strongly disagree" and "strongly agree" being the extremes. To take into consideration unfavourable self-perceptions, certain items could be reverse-scored. Items 2, 5, 6, 8, 9 are reverse scored. The reliability sections of the Rosenberg Self-Esteem Scale showed good ratings; the

minimum Coefficient of Reproducibility was at least 0.90, and the internal consistency was 0.77 (Rosenberg, 1965).

**PROCEDURE:**

The process of data collection was carried out via validated scales State Trait Anxiety Inventory (STAI) to measures anxiety, Brief cope to assessing strategies, and Rosenberg’s self-esteem scale to measure self-esteem. Adult members of Generation Z were asked to fill a survey which includes questions regarding their self-esteem, trait anxiety levels, coping mechanisms, and demographic information. Convenience sampling was employed to recruit participants from the target population of Generation Z adults. The participants were asked to give their consent before proceeding. Measures were taken to protect participants' privacy, confidentiality, and rights throughout the process of data collection, including obtaining informed consent and ensuring data security. Approximate time take to complete the whole survey was 20 minutes.

**Results:**

The data was analysed in SPSS Software through Pearson correlation and simple regression analysis.

**Descriptive statistics for the studied variable:**

Descriptive statistics (M, SD, Range) are a shown in the table 2 for each variable considered for the study. The table includes the following variables: self-esteem, coping strategies, and anxiety.

**Table 2**

*Descriptive statistics for studied variable.*

	Total N	Mean	SD	Scores	
				Minimum	Maximum
Trait Anxiety	198	42.15	8.37	21	60
Self-esteem	198	23.64	3.07	12	30
PFC	198	2.64	0.612	1.00	4.00
EFC	198	2.40	0.514	1.00	4.00
AC	198	2.14	0.591	1.00	4.00

*Note. note: PFC-Problem focused coping; EFC-Emotion focused coping; AC-Avoidant coping.*

For TA, the mean score is 42.15 and SD is8.37. Self-efficacy has a mean score of 23.64 and SD is3.07; Problem focused coping shows a mean score of 2.64 and SD is0.612; Emotion focused coping has a mean of 2.40 and SD is.514; Finally, Avoidant coping has a mean of 2.14and SD is0.591. All statistics are according to 198 participants as the sample size. Relationship between self-esteem, trait anxiety and coping strategies among Generation Z.

**Pearson correlation:**

Pearson correlation was computed to evaluate the association among self-esteem, trait anxiety and coping strategies among Generation Z. The results of Pearson correlation are shown in table 3.

**Table 3**

*Pearson correlation between self-esteem, trait anxiety, and coping strategies.*

Variable	Group Header						
	SE	TA	AC	EFC	PFC	Education	Gender
SE	1	-.364**	-.270**	-.092	.239**	.099	-.081
TA	-.364**	1	.334**	.229**	-.141*	-.077	.190**
AC	-.270**	.334**	1	.536**	.203**	-.043	-.052
EFC	-.092	.229**	.536**	1	.575**	-.035	-.086
PFC	.239**	-.141*	.203**	.575**	1	-.026	-.133
Education level	.099	-.077	-.043	-.035	-.026	1	.159*
Gender	-.081	.190**	-.052	-.086	-.133	.159*	1

Note. Correlation is significant at the 0.01 level (2-tailed). Correlation is significant at the 0.05 level (2-tailed). AC: Avoidant coping, EFC: Emotion Focused coping, PFC: Problem Focused Coping.

Several correlations were found to be significant. A sample including 198 individuals' self-esteem, trait anxiety, coping strategies (avoidant, emotion-focused, and problem-focused), education level, and gender were examined. Trait anxiety and self-esteem had a negative correlation ( $r = -.364, p < .001$ ), indicating that low levels of TA were linked to great levels of self-esteem. Furthermore, it was shown that there was a positive correlation found between self-esteem and both education level ( $r = .099, p = .164$ ) and problem-focused coping ( $r = .239, p < .001$ ). Conversely, there was a positive correlation among TA and both emotion-focused coping ( $r = .229, p = .001$ ) and avoidant coping ( $r = .334, p < .001$ ). This indicates that higher TA was linked to increased use of both coping mechanisms. Gender and trait anxiety were shown to have a noteworthy positive connection ( $r = .190, p = .007$ ), suggesting that women were more likely than males to report experiencing high levels of trait anxiety. These findings provide light on the complex relationships that exist between psychological theories and coping mechanisms and suggest potential areas for support and intervention.

**Multiple regression:**

A multiple regression analysis was computed to determine the impact of self-esteem on trait anxiety and coping strategies.

**Table 4**

*Simple linear regression analysis to predict trait anxiety, PFC,EFC,AV, on self-esteem among generation Z.*

Variable	R <sup>2</sup>	β	B	SE	CI 95% (B)	p
Model	.221					
EFC		-.114	-.682	.561	-1.789/.426	.226
PFC		.312	1.565	.416	.745/2.385	<.001
AC		-.196	-1.020	.406	-1.821/-.218	.013
Trait anxiety		-.229	-.084	.026	-.136/-.032	.002

Note. Dependent Variable: Self-esteem; Predictors: Trait Anxiety, Problem Focused Coping (PFC), Avoidant Coping (AC), Emotion Focused Coping(EFC);  $R = .470$ , Adjusted  $R^2 = .205, p < .001, \beta =$  Standardised beta coefficient, B = Unstandardised beta coefficient, SE = Standard Error.

Table 4 presents the findings of a regression that looked at the association between self-esteem and trait anxiety, emotion-focused coping, problem-focused coping, and avoidant coping. With an R-square of .221, the model, which included all four predictors, significantly explained the variance in self-esteem scores ( $F(4, 193) = 13.709, p < .001$ ). This indicates that around 22.1% of the variation in self-esteem ratings may be explained by the combination of these variables.

The study revealed that among the variables, problem-focused coping was the most significant positive predictor of self-esteem ( $\beta = .312, p < .001$ ), suggesting that individuals who employ problem-focused coping strategies frequently had higher levels of self-esteem. In contrast, a negative correlation ( $\beta = -.196, p = .013$ ) was found between avoidant coping and self-esteem, suggesting that those who engage in avoidance behaviours can have lower self-esteem. Furthermore, a negative correlation ( $\beta = -.229, p = .002$ ) was found between trait anxiety and self-esteem, indicating that greater trait anxiety levels are linked to lower self-esteem ratings.

However, self-esteem was not significantly predicted by emotion-focused coping ( $\beta = -.114, p = .226$ ). These findings suggest that while problem-focused coping strategies enhance self-esteem, avoidance behaviours and trait anxiety may have a negative impact on self-esteem levels. There is no statistically significant correlation between emotion-focused coping and self-esteem suggests that, in this particular situation, self-esteem ratings may not be significantly predicted by this coping method.

As a whole, the regression analysis's findings reveal important insight on the variables affecting self-esteem and show how trait anxiety and coping strategies have diverse effects on outcomes related to self-esteem. These results have implications for therapies meant to promote good coping mechanisms and boost self-esteem as well as for the body of research already available.

### **Discussion:**

The study's conclusions offer crucial insights into the connections among Gen Z's coping mechanisms, anxiety, and self-esteem. This discussion attempts to contextualise and make sense of these findings in the perspective of contemporary psychological theories and literature.

The findings of this study contribute to our understanding of the intricate interaction between a variety of psychological traits and self-esteem and validate the theoretical frameworks established by previous research. The concept of stress and coping proposed by Lazarus and Folkman (1984) is consistent with the negative correlation between trait anxiety and self-esteem, suggesting that individuals with higher levels of anxiety may also have lower levels of self-esteem.

This finding is consistent with earlier studies (Mruk, 2006; Orth et al., 2008) that found a connection between anxiety symptoms and a decline in self-worth and confidence. Moreover, the correlation that exists between problem-focused coping and self-esteem is affirmative of the idea put out by Carver and colleagues (1989) that adaptive coping techniques foster positive self-esteem. Active problem solvers may have higher self-esteem because they feel more capable and in charge of their life.

Furthermore, previous research about the adverse effects of avoidance on psychological well-being is consistent with the found negative correlation between self-esteem and avoidant coping methods (Carver et al., 1989). Avoidant coping, which is defined by attempts to avoid or repress stresses, can damage people's self-esteem by fostering a sense of powerlessness and avoiding difficult situations. This research emphasises how crucial it is to support adaptive coping strategies in programmes meant to improve resilience and self-esteem (Mennin et al., 2005).

Contrary to some earlier study findings, there is no significant link found between emotion-focused coping techniques and self-esteem (Carver et al., 1989). Although emotion-focused coping refers to a vast majority of strategies intended to control emotional pain, its precise effect on self-esteem might change based on personal characteristics and contextual variables. To shed further light on this correlation, future research could find it useful to compare the impact of various emotion-focused coping techniques on outcomes related to self-esteem.

Moreover, the positive relationship shown between education level and self-esteem supports earlier findings indicating greater education levels are linked to better levels of self-esteem (Orth et al., 2008). Because education increases a person's feeling of accomplishment, personal growth prospects, and resource availability, it may function as an armour against poor self-esteem. The previously mentioned discovery emphasises the need of considering socio-economic elements when comprehending discrepancies in self-worth and formulating strategies to foster favourable self-images across diverse populations.

Moreover, the significant positive correlation between gender and trait anxiety—females reporting higher levels of trait anxiety than males—highlights the gender differences in anxiety prevalence rates (McLean et al., 2011). These gender variations in trait anxiety may also explain variations in self-esteem levels because anxiety symptoms are known to have an impact on psychological well-being and self-esteem generally.

Gender-sensitive approaches to intervention and support may be required to address these disparities and promote positive results for men and women's self-esteem.

A number of significant correlations between self-esteem and the independent variables of trait anxiety, problem-focused coping, emotion-focused coping, and avoidant coping were found by the linear regression analysis's results. These findings contribute to our understanding of the factors influencing self-esteem and are consistent with theoretical frameworks that propose psychological factors and coping mechanisms influence self-esteem.

Consistent with other studies, trait anxiety was found to be a strong negative predictor of self-esteem (Mruk, 2006; Orth et al., 2008). Individuals with higher trait anxiety scores also rated their self-esteem lower, indicating the detrimental impact of anxiety symptoms on self-perceptions. This study highlights how important it is to treat anxiety-related problems in treatments intended to improve psychological health and self-esteem.

Additionally, a significant correlation was found between problem-focused coping strategies and self-esteem ( $\beta = .312, p < .001$ ), suggesting that people who actively solve problems often have greater self-esteem. This is consistent with the stress and coping hypothesis of Lazarus and Folkman (1984), which says that psychological resilience and positive self-esteem are enhanced by adaptive coping strategies. The correlation that exists between self-esteem and problem-focused coping highlights the need of cultivating efficient coping strategies in therapies aimed at enhancing self-esteem.

However, avoidant coping techniques were shown to be negatively correlated with self-esteem, suggesting that avoidance might be a coping mechanism for those with poor self-esteem. This finding is consistent with earlier research (Carver et al., 1989) that shown avoidance practices are not helpful in stress management. Interventions aimed at improving self-esteem may benefit from focusing on reducing avoidant coping strategies and promoting more adaptive coping mechanisms.

Interestingly, emotion-focused coping did not significantly predict self-esteem in this model. Even while emotion-focused coping encompasses a range of techniques aimed at managing emotional discomfort, the specific impacts on self-esteem may vary depending on personal traits and environmental factors. Future research might look at the subtle effects of certain emotion-focused coping mechanisms on outcomes linked to self-esteem in order to better understand this relationship.

All things considered, the outcomes of the linear regression analysis offer insightful information about the variables affecting self-esteem and emphasise the significance of treating psychological variables as well as coping strategies in interventions meant to improve self-esteem. Through addressing adjustable components like coping techniques and trait anxiety, interventions have the potential to positively impact psychological well-being and positive self-perceptions in a variety of diverse populations. In order to improve comprehension underlying mechanisms guiding these correlations and guide the creation of specialised therapies aimed at enhancing self-esteem outcomes, more study is necessary.

### **Conclusion:**

The study's conclusions offer crucial insights into the connections among Generation Z's coping mechanisms, anxiety, and self-esteem. The relationship between TA and low self-esteem emphasises how important it is to address anxiety-related issues in interventions meant to improve psychological health and positive self-perception. Moreover, the relationship that has been shown between problem-focused coping and self-esteem emphasises how important it is to develop effective coping strategies in order to enhance outcomes associated with self-esteem. Nonetheless, avoidant coping techniques have a detrimental impact on one's sense of self, suggesting that therapies that seek to enhance adaptive coping strategies while reducing avoidant coping techniques are required.

### **Limitations:**

The process of data collection was carried out through online mode, participant exhaustion could have caused reduced quality in the data. The sample size was 198 members, therefore it cannot be generalised to all the Gen Z population.

### **Implications:**

In order to assist young people in Generation Z feel less anxious, implement programmes in educational environments that emphasise building self-esteem and providing flexible coping mechanisms. Develop problem-focused coping mechanisms by designing mental health therapies that clearly tackle the particular stresses and anxiety patterns present in Generation Z.

## **Declarations**

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