

COPING WITH ANXIETY: A CROSS-CULTURAL EXAMINATION

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ABSTRACT

The present study designed to explore anxiety experiences and coping approaches amongst individuals from the broad population and to study the relationship between current anxiety levels and overall perceived anxiety levels. A mixed-method research design was done, including a literature review, quantitative survey, and a qualitative thematic analysis. The Data of total 50 participants from various demographic backgrounds studied. Information was composed through a self-report questionnaire comprising demographics, anxiety-related questions, and open-ended questions about anxiety proficiencies and coping methods. Quantitative data were assessed using vivid statistics, frequencies, percentages, and correlation analysis, while qualitative responses were explored through thematic analysis. Results exhibited that anxiety was commonly reported experience among participants, with fluctuating levels of intensity. A significant positive relationship was found between current anxiety levels and overall perceived anxiety levels, representing that individuals who described higher anxiety at the time of data collection also supposed themselves as usually more anxious. The qualitative findings recognized three major themes associated to anxiety experiences, specifically Academic and Occupational Stress, Future-related Concerns, Family and Relationship apprehensions. Likewise, coping approaches were characterized into Internal Coping, External Coping, and Behavioral Coping. Participants potently informed using prayer, positive thinking, acceptance, family support, social interaction, physical activity, and free time activities to manage anxiety. The literature review further reinforced these findings by promising the effectiveness of adaptive coping, mainly religious coping, social care, emotional regulation and physical activity, in decreasing anxiety and increasing psychological well-being.

I. INTRODUCTION

Anxiety is a psychological experience and can be very distressful to individuals who experience persistent or severe anxiety. It can affect many aspects of an individual's life including their emotional well-being, their work/school, their social relationships and overall daily functioning [WHO] 2025). Anxiety or worry which often makes people feel nervous, anxious or afraid and which they try to avoid, is perceived and expressed in many different ways within different cultures and how people comprehend, talk about and express anxiety is diverse within different cultures (Cheng, 2003; Ryder et al., 2011). Anxiety is shaped by biological, psychological and social forces so it is important to look at both personal traits and the community where anxiety grows and is handled (WHO, 2025). The cultural context plays a critical role in how anxiety is expressed sought and managed (Kleinman, 2004). Studies

have found that although the symptoms of anxiety are common across cultures the coping strategies are formed by the beliefs in place social support networks and the availability of resources (Ryder et al. 2011). As such cross-cultural studies are vital since the variations in values and coping methods can have an effect upon how anxiety manifests and is dealt with in different groups (Cheng et al., 2014). Individualistic cultures usually stress independence, self-reliance and solving problems when facing stress (Chun et al. 2006; Kuo, 2011). By contrast collectivistic cultures tend to focus on family ties help from the community close contact with others and shared duties when dealing with times (Kuo, 2011; Taylor et al. 2007). Social support can lower anxiety by giving approval real help and a feeling of belonging (Thoits, 2011). Religious and spiritual coping is especially key in South Middle Eastern cultures and it has been linked to strength and lower mental strain (Pargament et al., 2011; Koenig, 2012).

In Pakistan, family, community and religious support are sources of strength for people who experience emotional distress (Taylor et al., 2007). Prayer, religious gatherings and other spiritual activities can be helpful in providing comfort, meaning and a greater sense of control for some people facing stress (Koenig, 2012). Amiri et al. (2024) found that lifestyle interventions were available and inexpensive approaches to reducing anxiety, depression, and stress. Nonetheless stigma related to health in some cultures can discourage seeking professional assistance and lead to delayed treatment seeking (Corrigan & Watson 2002; Kohrt et al. 2014). In non-Western cultures anxiety can present itself as physical complaints such as headaches, fatigue, dizziness or digestive upset (Ryder et al., 2011; Hinton & Lewis Fernández 2011). These body signs can be an accepted way to express inner distress, especially where speaking openly about feelings is less common (Kirmayer & Young 1998; Escobar et al., 2000). The link between anxiety and coping can be seen through the Transactional Model of Stress and Coping which says that mental reactions depend not on stressful happenings but also on how people judge those happenings and see the help they can use (Lazarus & Folkman 1984). Primary appraisal means checking if a situation's dangerous while secondary appraisal looks at the resources a person thinks they can use to deal with it (Lazarus & Folkman 1984).

People who see situations as threatening and who think they have little help may feel more anxiety (Lazarus & Folkman 1984). The model separates coping, which tries to solve the cause of stress from emotion focused coping, which tries to calm the feelings that come from stress (Lazarus & Folkman 1984). Both problem focused and emotion focused coping are linked to anxiety, better daily life and stronger adaptation to hard moments (Cheng, 2001). Coping flexibility means that mental health improves when people can choose ways to cope depending on the situation instead of sticking to one single method (Cheng, 2001). People who have coping flexibility tend to have less anxiety and better mental health (Bonanno & Burton 2013; Cheng et al., 2014). Other coping approaches and psychological interventions including culturally adapted interventions, have also been associated with improvements in anxiety symptoms and better psychological adaptation (Mishu et al., 2023). Still coping tactics do not mean the thing or work the same way in every culture so cross-cultural study is needed to know how anxiety is handled (Cheng et al., 2014). Avoiding, holding back feelings and staying passive can give calm but may keep anxiety alive when they stop people from dealing with the real problem (Aldao et al., 2010). Positive religious coping, like asking for help and seeing stressful events in a meaningful way can build resilience and lower anxiety while negative religious coping can raise mental strain (Ano & Vasconcelles 2005; Pargament et al., 2011). Studying how anxiety and coping interact in cultures can give a clearer picture of good and bad coping ways and can help create mental health help that fits each culture (Cheng et al., 2014; Pargament et al., 2011). This study therefore looks at anxiety and coping across cultures to learn how people manage anxiety, in cultural and social settings.

Hypotheses

- H1. There is a significant relationship between coping strategies and anxiety levels
- H2. How anxious are you today? and Rate your Anxiety Level are positively correlated
- H3. Individuals of different ages exhibit significant differences in coping strategies
- H4. The general population significantly differs in the frequency of the use of coping strategies to manage anxiety.

II. METHOD

The current study utilized a mixed-method study design to examine the anxiety levels, experiences, and coping mechanisms of the population, as well as the association between anxiety and coping.

Participants

The sample size was selected conveniently and by snowball sampling from Punjab University, GIFT University, IISAT, other academic institutes, social circles, and the general population, similar to the previous Pakistani studies (Salman et al., 2020; Qadri et al., 2021), which recruited by convenience and non-probability sampling using online sources to explore anxiety and coping behaviors. The criteria for inclusion were age 18 years and older, comprehension of the English language, consent to participate in the study, and completion of the questionnaire, whereas the criteria for exclusion were non-eligibility, irrelevant responses, and duplication. Out of the 70 questionnaires distributed, 50 eligible responses were received, and the analysis was conducted as an exploratory study due to the limitations of the small sample size and non-probability sampling employed in the study.

Measures

A structured questionnaire was administered to collect data, including demographic questions and four questions related to anxiety: current anxiety, perceived anxiety, frequency of anxiety, and coping, similar to previous research exploring perceived anxiety and psychological distress of the Pakistani population (Qadri et al., 2021; Ullah et al., 2024). The quantitative component of the study consisted of questions related to various types of coping responses: religious coping, social, entertainment, avoidant, and physical coping, which have been reported in previous studies examining coping responses of Pakistani students and adults, including religious coping, seeking emotional support, acceptance, positive reappraisal, self-distraction, active coping, and behavioral disengagement (Salman et al., 2020).

Procedure

All participants were informed of the ethical aspects of the research, including the study's objectives, confidentiality, anonymity, and voluntary participation before the questionnaires were left with them, and all responses were collected within 5-10 minutes. The quantitative study will be analyzed using Statistical Package for the Social Sciences (SPSS), while the qualitative study will be done by conducting a narrative literature search of research studies published between 2020 and 2025 and performing a thematic analysis of qualitative responses. There were 25 relevant articles that screened by inclusion and exclusion criteria and were retrieved from Google Scholar, PubMed, PsycINFO, Scopus, and HEC Research Repository and compared with previous research about anxiety, coping, lifestyle, and mental well-being. The qualitative responses received from the same participants will be coded and organized thematically related to anxiety and coping. The themes of anxiety identified included academic and work-related stress, future-oriented concerns, and family and relationship concerns, similar to the previous research identifying academic-related stress, uncertainty, disrupted routines, and social concerns as sources of anxiety (Qadri et al., 2021; Ullah et al., 2024). The themes related to coping included religious coping, positive thinking and acceptance, emotion regulation and relaxation, family support, friends and social interaction, physical activity, and entertainment and leisure activities, identified in the previous research as mechanisms and lifestyle adjustments made to cope with anxiety (White et al., 2024). The study followed ethical principles, including informed consent, confidentiality, anonymity, voluntariness, and protection of personal information.

III. RESULTS

The results of the study are presented in two sections. First, qualitative results from the study participants' answers as well as from the reviewed literature are presented by major themes. In the second section, quantitative results from the study participants are presented including demographic information as well as frequencies, percentages and correlation analysis.

Qualitative Data Analysis

The reviewed articles written between the years of 2020 and 2025 were focused on the aspects of anxiety and coping mechanisms. First, Salari et al. (2020) conducted the study among the Iranian population and found that Emotion-focused behaviors along with social support have a significant role in reducing psychological problems, while Avoidance coping mechanisms are predictive of them. Second, Asif et al. (2020) explored the role of Anxiety and coping mechanisms among the Pakistani University Students and found that religious coping (prayer and acceptance) was predictive of less anxiety and stress. Finally, Bäuerle et al. (2020) analyzed the role of routine keeping on Anxiety and depression among adults in Germany. The study found that routine keeping predicted lower levels of Anxiety and depression. Ye et al. (2020) examined the role of problem-focused coping among the

Chinese Students and Anxiety and found that problem-focused coping predicted less Anxiety. Finally, Saltzman et al. (2020) found that Meaning-focused coping mechanisms were predictive of less Anxiety among Americans and Israelis. The following articles also support the main idea of cultural and individual preferences in coping mechanisms. According to DeRossett et al. (2021), Religious coping is positively correlated with good mental health outcomes in the face of stress. Santabárbara et al. (2021) found that approximately 25% of individuals experienced anxiety during the COVID-19 pandemic, with higher levels observed among several at-risk groups, whereas according to Sulaiman et al. (2021) found that greater family support was associated with lower anxiety, while religious coping was commonly used by university students. Meanwhile, Sheikh et al. (2024) found that breathing techniques can reduce Anxiety and distress, whereas Li et al. (2021) found that problem-based coping helped reduce the negative effects of COVID-19-related stressors on anxiety, whereas emotion-based coping was associated with greater anxiety. Lara et al. (2021) found that Expressive writing has a significant anxiety-reducing effect on university students, while Ogueji et al. (2022) found that resilient coping strategies helped unemployed and employed adults manage the psychological challenges. Muneeb et al. (2023) found that Islamic coping mechanisms have better health-related outcomes than other strategies among Pakistan adults.

The reviewed articles published in 2023-2025 also demonstrated cultural and lifestyle-related preferences in coping strategies. Namely, Fadhli et al. (2022) concluded that maintaining the cultural identity acted as a protective factor that increased resilience while Lades et al. (2020) found that engaging in the routine regular activity was associated with better emotional wellbeing. Amiri et al. (2024) reported that the lifestyle interventions were providing nearby and gainful attitude for reducing anxiety/depression/stress Graça et al. (2024) explored that religious/spiritual coping was associated with greater psychological wellbeing and life satisfaction among university students partly through emotion regulation and Simionescu et al. (2024) determined that students utilized problem-focused, emotion-focused and avoidance coping strategies to manage stress/anxiety during the COVID-19 Pandemic. Ghazali and Zakaria (2024) established that the differences in cultural groups leads to preferences in the methods of coping used while Saeed et al. (2025) reported that the students made use of socializing, exercise, mediation, journaling, venting, nicotine and sleeping aids to cope with psychological distress. To conclude, most of the reviewed articles concluded that differences in culture lead to preferring one category of coping strategies over the others, primarily focusing on religion, extended family, social support, or problem-focused methods instead of universal strategies. Emotion-focused coping, in general, was linked to either low Anxiety levels or the opposite effect, while Avoidance was related to high levels of Anxiety.

Table I: Empirical Studies Investigating Anxiety and Coping Strategies across Different Cultures

Sr. #	Author & Year	Country	Research Design / Methods	Sample	Assessment Tools	Coping Approaches	Key Findings
1	Salari et al. (2020)	Global (Meta-analysis)	Systematic review & meta-analysis	17 countries; general population	DASS-21, GAD-7	Emotion-focused, avoidance and social care	Emotion-focused surviving and community care decreased anxiety; avoidance increased grief
2	Xiong et al. (2020)	China, Spain, Italy, Iran, USA	Narrative review	General population	Self-report scales	Religious approaches, broadcasting avoidance, social care	Spiritual copings shielded anxiety in collectivistic beliefs
3	Asif et al. (2020)	Pakistan	Cross-sectional	University students (n = 1,134)	DASS-21	Religious approaches, avoidance and emotion-focused	Entreaty and acceptance were maximum adaptive
4	Bäuerle et al. (2020)	Germany	Cross-sectional	Adults (n = 2,400)	PHQ-4	Digital copings and daily routines	Planned routines decreased

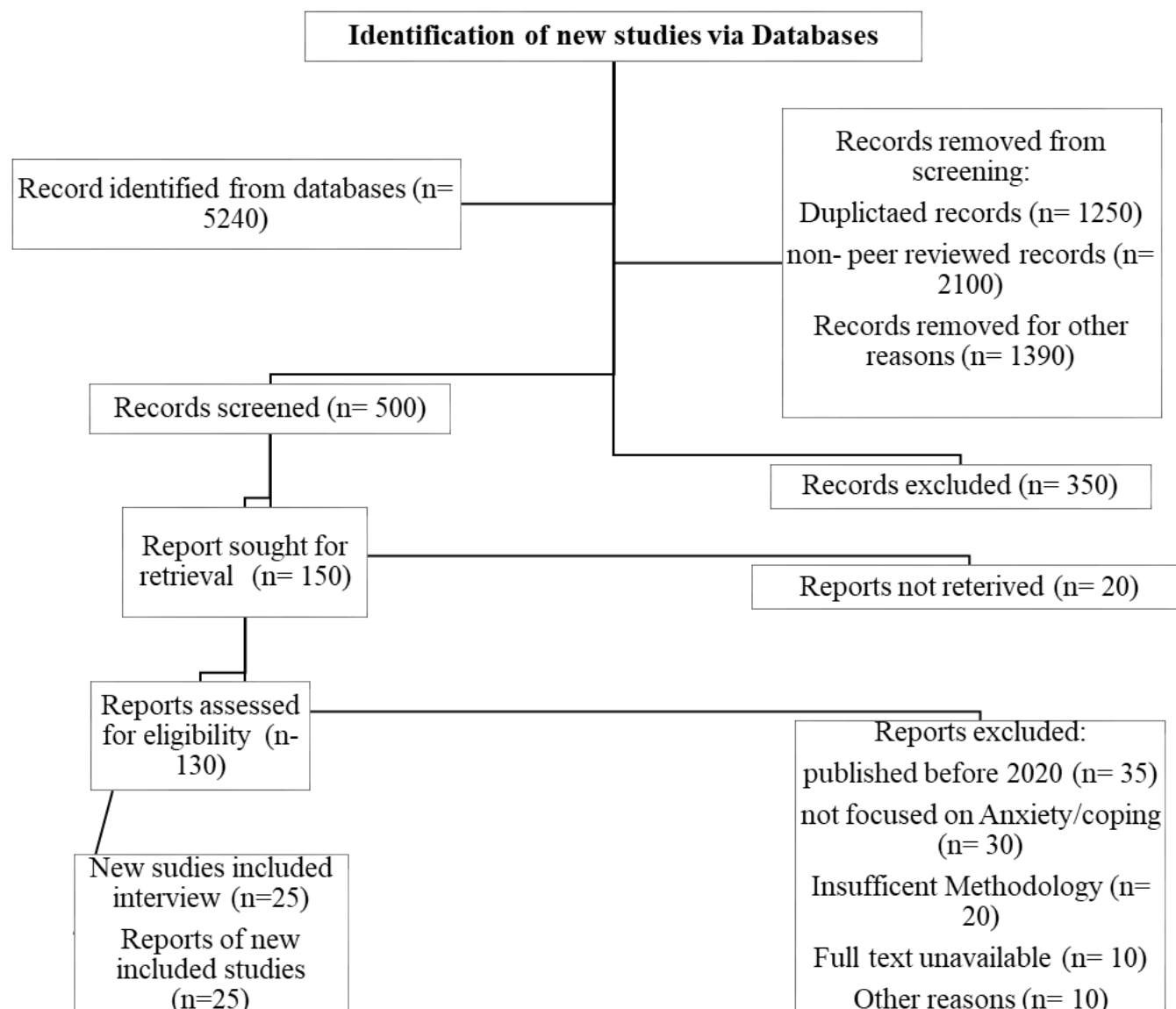
							anxiety
5	Ye et al. (2020)	China	Cross-sectional	University students	DASS-21	Problem-focused and emotions-focused	Problem-focused coping linked with lesser anxiety
6	Saltzman et al. (2020)	USA & Israel	Comparative survey	Adults (n = 1,200)	Anxiety scales	Meaning-focused copings	Meaning-making decreased anxiety crosswise cultures
7	Koenig (2020)	USA & Global	Review	Multi-population	Various	Religious copings	Faith-based coping decreased anxiety during disasters
8	Lades et al. (2020)	Ireland	Cross-sectional, within-person study	604 adults	Day Reconstruction Method	Daily activities and routines	daily routines and habits, improved emotional well-being
9	DeRossett et al. (2021)	USA	Cross sectional	970 Adults	Various	Positive and negative Religious coping	Faith-based coping condensed anxiety during COVID-19
10	Santabárbara et al. (2021)	Global	Meta-analysis	43 community based studies	Various anxiety measures	prevalence of anxiety during COVID-19,	Anxiety occurrence was approximately 25%, with higher anxiety among several at-danger groups.
11	Sulaiman et al. (2021)	Malaysia	Cross-sectional	Adults (n = 316)	DASS-21	Family support, religion coping	Family support lesser anxiety, religion cast off as a coping.
12	Li et al. (2021)	China	Cross-sectional survey	850 adolescents from 3 secondary schools	GAD-7	Problem-focused, emotion-focused	Problem-based coping decreased stressors, emotion-based copings increase anxiety.
13	Lara et al. (2021)	UK	Experimental	University students (n = 180)	GAD-7	Journaling, expressive writing	dramatic writing significantly decreased anxiety
14	Wolf et al. (2021)	International	Rapid systematic review	42,293 participants from 21 studies	Various	Physical activity and anxiety	Higher physical activity lesser anxiety signs.
15	Ogueji et al. (2022)	Nigeria	Cross-sectional	Adults (n = 282)	Brief Resilient Coping Scale	Resilient coping	resilient coping approaches helped to achieve the psychological trials
16	Fadhli et al. (2022)	Netherlands	Qualitative study	18 adult Syrian refugees	Semi-structured interviews & thematic analysis	Cultural uniqueness	cultural individuality as a protective

							point that increased resilience
17	Muneeb et al. (2023)	Pakistan	Cross-sectional	Adults (n = 410)	GAD-7	Religious copings	Islamic copings, forecast resilience
18	Ahmadi et al. (2023)	International	Systematic review of qualitative studies	Older adults	Qualitative evidence from 13 studies	Social connections, meaning-based, protective, avoidance, and fun strategies	older adults used social contacts, meaning-based plans, protective behaviors, avoidance, and fun activities to cope with stress
19	Olivencia-Carrión et al. (2023)	Spain & Latin America	Cross-cultural	Healthcare workers	Zung Anxiety Scale	Active vs. avoidant coping	Active coping decreased anxiety
20	Amiri et al. (2024)	Asia, Europe, Africa	Systematic review	Multi-population	96 randomized clinical trials	Anxiety, depression, and stress	Physical activity, dietic changes, and sleep patterns
21	Graça et al. (2024)	Portugal	Cross-sectional study	109 university students	Religious/spiritual coping, emotion regulation, psychological well-being, and life satisfaction	Religious/spiritual coping	Religious coping relate with psychological well-being and life satisfaction, with emotion parameters
22	Simionescu et al. (2024)	Romaine	Cross sectional	University students	Anxiety, stress and coping measures	Coping strategies	problem-focused, emotion-focused, and avoidance coping plans to succeed stress and anxiety
23	Ghozali & Zakaria (2024)	Indonesia & Brunei	Cross-sectional	498 Undergraduates	Coping-stress questionnaire/survey	Problem-focused vs emotion-focused	Cultural alterations in coping choices
24	Sheikh et al. (2024)	Iran	Quasi-experiment	60 COVID-19 patients	DASS-21	Guided breathing exercises	Breathing decreased anxiety and stress.
25	Saeed et al. (2025)	Sudan	Cross-sectional	393 Medical students	PHQ-4	Socializing, exercise, meditation, journaling, venting, and pharmacological coping	Socializing, exercise, meditation, journaling, nicotine, and sleeping pills to cope with psychological distress.

The literature search identified approximately 5,240 records related to anxiety and coping from Google Scholar, PubMed, PsycINFO, Scopus, and the HEC Research Repository. After removal of duplicate and irrelevant records, the remaining studies were screened according to the inclusion criteria. Full-text articles were assessed for eligibility, and studies outside the 2020–2025 publication period or lacking relevant information on anxiety and

coping were excluded. A total of 25 studies were ultimately included in the review. The selection process is presented in Figure 1 through the PRISMA flow diagram.

Figure 1: PRISMA Flow Diagram Haddaway et al., (2022)



Thematic Analysis

Participant's open-ended answers were explored thematically to describe their practices, causes, and coping methods. The responses were studied many times, allotted supposed codes consistent to frequent themes, and collected together based on same patterns and features. Three key surviving categories occurred namely, internal coping, external coping, and behavioral coping.

Table II: Themes, Categories, and Codes recognized from Participants Responses

Themes	Categories	Codes
Coping schemes	Internal Copings	Prayer, Positive views, recognition, Self-motivation, Deep breathing, Emotional ruling
	External Copings	Family support, Talking to friends, Social interaction, Seeking advice, Professional support

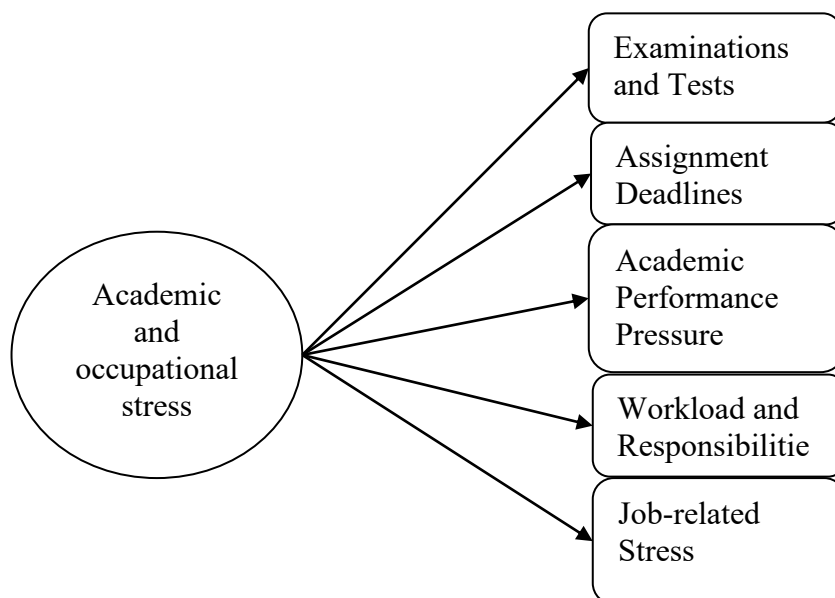
Anxiety Experiences

Anxiety was described by the participants as worry, nervousness, uneasiness and fear of the unidentified things. They associated anxiety mostly with challenges of academic and work-related nature, future, money, and problems with family and friends.

Academic and Occupational Stress

Academic or job-related responsibilities were often a matter of concern. Examinations, assignments, presentations, deadlines, workload, performance, career prospects, failure, and judgment were the issues which were reported by the participants. Such stressors were associated with overthinking, worry, and uncertainty about the future outcome. In Figure 2, academic and occupational stress as a source of anxiety is demonstrated.

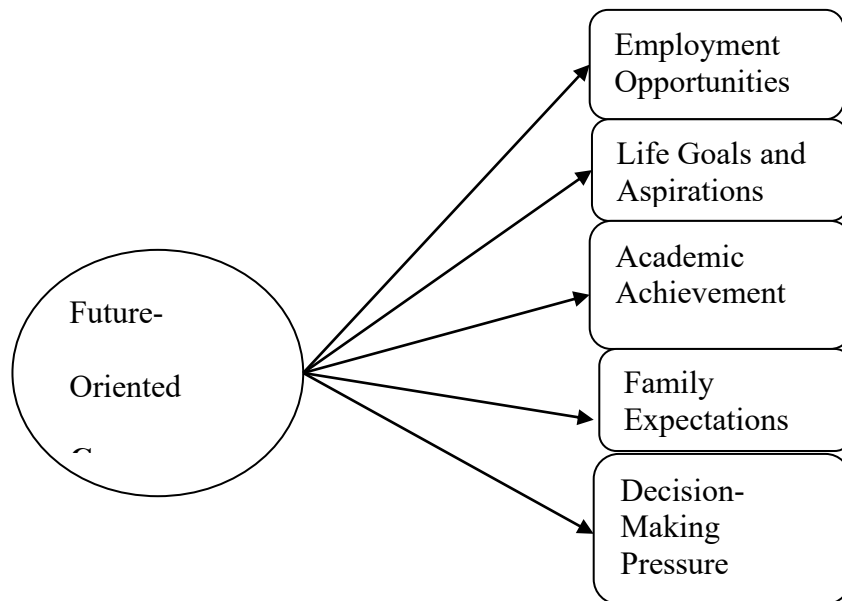
Figure II: Academic and occupational stress of the individuals



Future-Oriented Concerns

Future-related uncertainty was another prominent source of anxiety. Participants reported concerns about career development, employment, financial stability, personal goals, responsibilities, and future success. These concerns were associated with insecurity, uncontrollable thinking, and worry about events that participants perceived as beyond their control. Figure 3 presents future-oriented concerns.

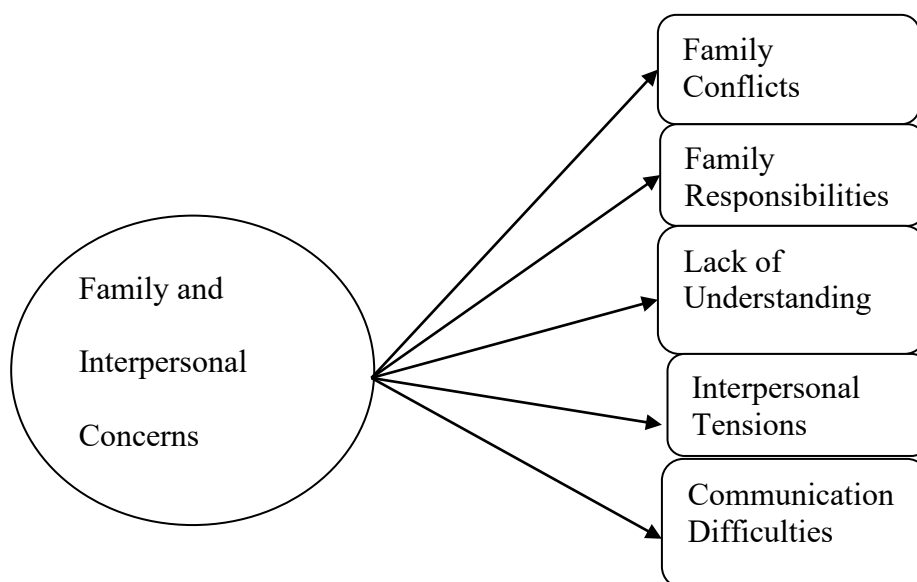
Figure III: Future Oriented concerns of the individuals



Family and Interpersonal Concerns

The study revealed that such factors as family problems, relational issues, social expectations, and interpersonal conflicts were also triggers of participants' anxiety. Family expectations, arguments, domestic situations, comparisons with peers, and the need to meet social or family expectations are some examples of anxiety triggers reported by the participants. The negative emotions caused by these triggers included feeling insecure, under pressure, and anxious. Figure 4 below represents family and interpersonal concerns.

Figure IV: Family and Interpersonal concerns of the individuals



Theme 2: Coping Strategies

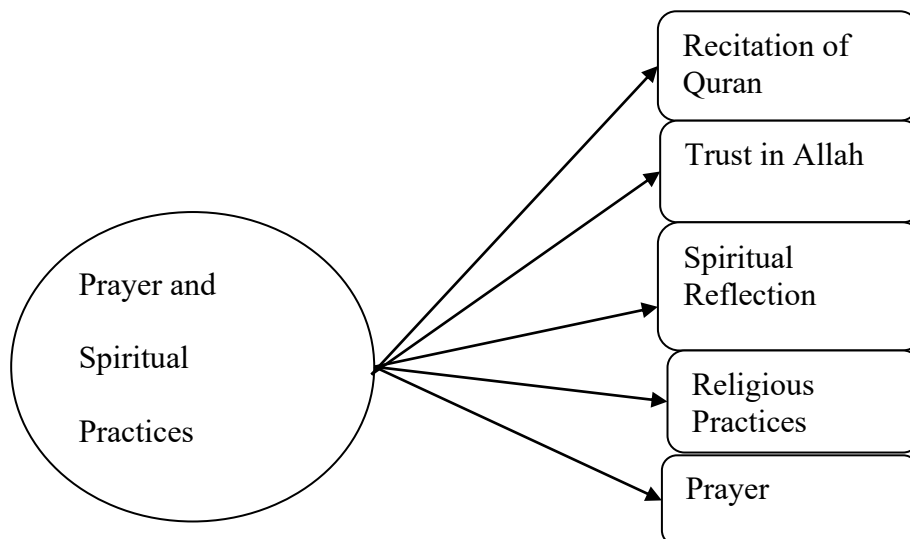
A variety of coping strategies were used by participants, and the strategies were categorized as internal, external, and behavioral coping.

Internal Coping Strategies

Internal coping policies are meant to opinions and feelings. Prayer and dedication, positive thoughts and receipt, expression regulation, deep breathing, and mindfulness were the most conjoint methods among them.

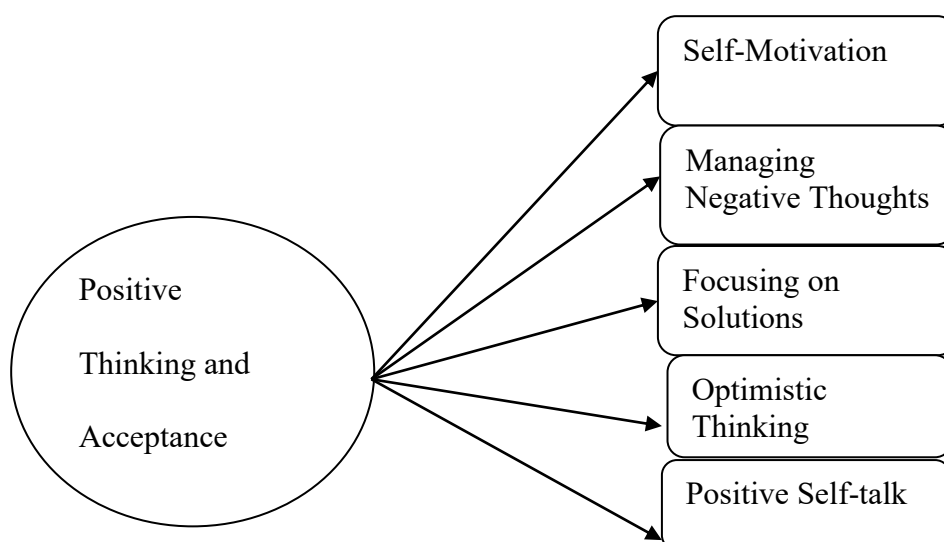
Prayers and Spiritual Practices. Some participants used religious coping mechanism. They included Prayer, Quran, faith in Allah, and Islamic beliefs as a mean for seeking comfort and hope, power, and receiving emotional support and spiritual strength. Such means of coping helped them to overcome the fearful thoughts, the feeling of deprivation of control. Figure 5 below demonstrates prayer and divine practices.

Figure V: Prayer and spiritual practices of the individuals



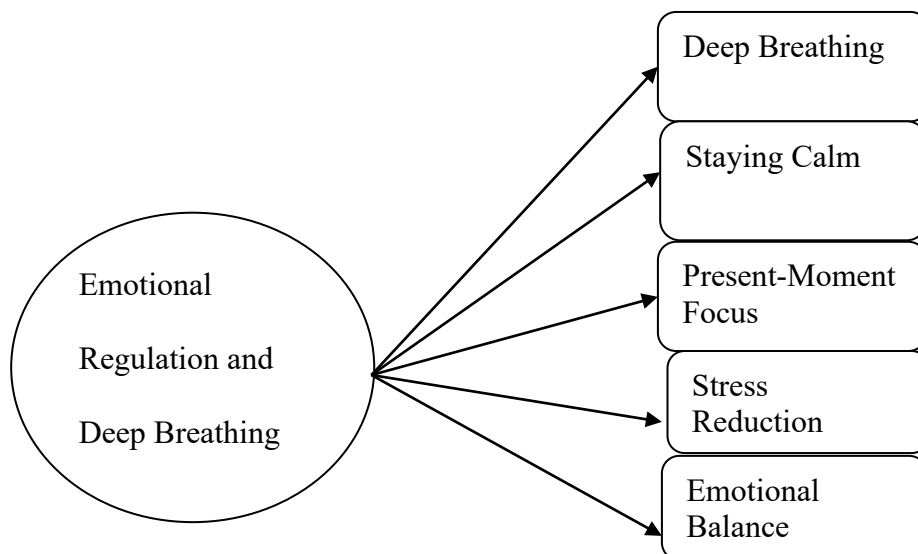
Positive Thinking and Acceptance. Participants used positive thoughts, being hopeful, self-motivation and praise to alternate the negative believe process and accomplish anxiety. There was also a statement that positive thoughts and acceptance helped people to deal with overwhelming dealings that would otherwise cause them to be in stress. This allowed them to be motivated on what they could do about a specific situation. Figure 6 below signifies Positive Thinking and Acceptance.

Figure VI: Positive Thinking and Acceptance of the individuals



Emotional Regulations and Deep Breathing. The participants described using of emotional regulation such as deep breathing and mindfulness to control anxiety and maintain emotional stability. They also stated that the use of deep breathing promoted relaxation. Mindfulness allowed them to be present focused instead of worrying about what has happened or what is going to happen. Figure 7 below demonstrates emotional-regulations and deep breathing.

Figure VII: Emotional Regulations and Deep Breathing of the individuals

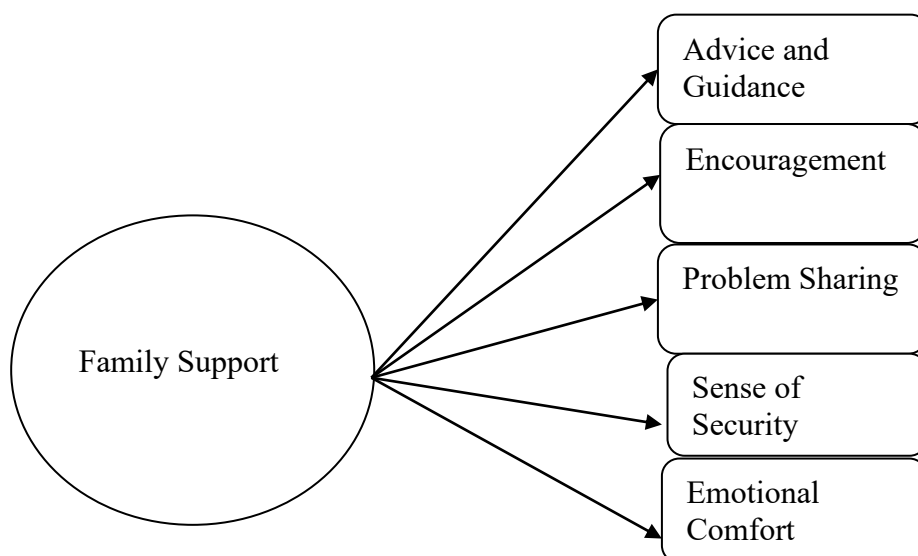


External Coping Strategies

External coping involved obtaining emotional and practical support from other people.

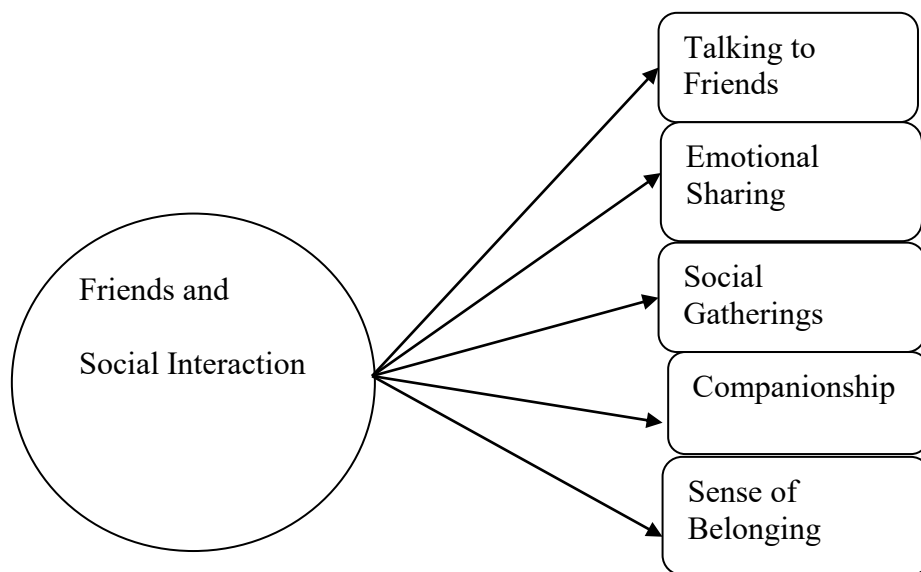
Family Support. Family members were often identified as a source of comfort and reassurance guidance, encouragement, and feeling secure. Participants indicated that the ability to share worries provided a sense of being cared for by family, and support. Figure 8 depicts family support.

Figure VIII: Family Support of the individuals



Friends and Social Interaction. Participants also used their friends to provide emotional support, companionship, advice, and distraction. The participants found talking and having company was a means of expressing their concerns, gaining multiple views of the issues, and reducing loneliness and overthinking. Figure 9 depicts friends and social interaction.

Figure IX: Friends and Social Interaction of the individual

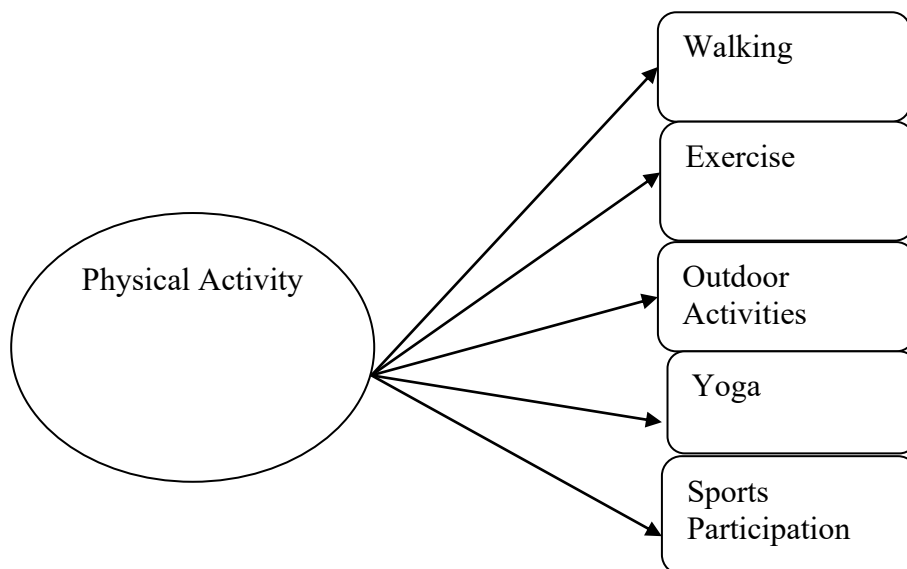


Behavioral Coping Strategies

Behavioral coping involved physical activities like exercises, hobbies and interest, and recreation and entertainment. Behavioral coping was used by participants to help distract themselves from negative thoughts which consequently improved their mood.

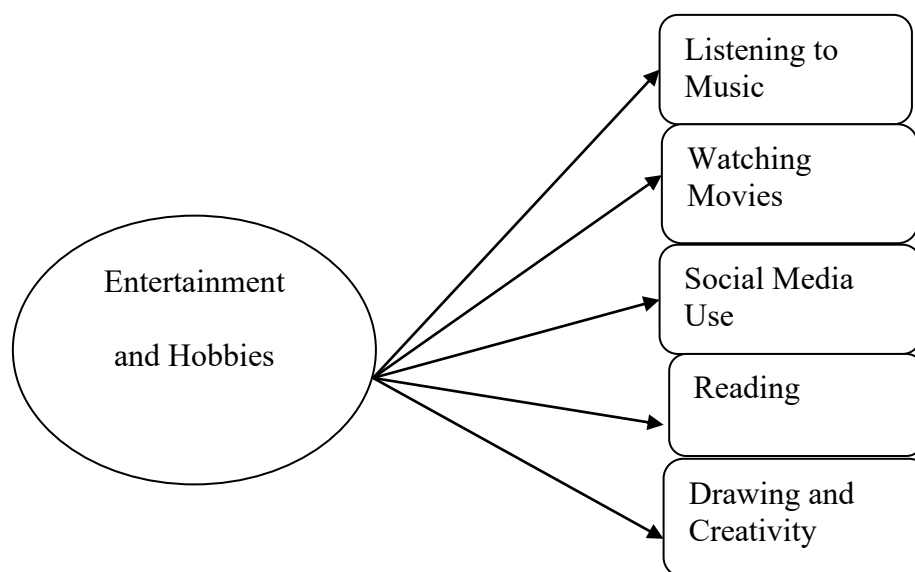
Physical Activity. Walking, exercise and sports were testified as plateful issue tightness, reduce stress, improve mood and divert participants from persistent negative thinking. Figure 10 shows physical activity as a coping approach.

Figure X: Physical Activity of the individuals



Entertainment and Hobbies. Some of the participants used their hobbies in order to switch off from worries and relax. This would allow temporary relief from anxious thoughts and helped participants feel calmer. Figure 11 presents entertainment and hobbies.

Figure XI: Entertainment and Hobbies of the individuals



Quantitative Data Analysis

Quantitative findings were examined using frequencies, percentages, and correlation analysis.

Demographic Characteristics of Participants

The demographics of the 50 participants are presented in the table. In expression to gender, 9 (18.0%) were male, although 41 participants (82.0%) were female. Concerning to socioeconomic status, 7 (14.0%) fit in to the upper class, 33 (66.0%) belonged to the middle class, and 10 participants (20.0%) gone to the lower class. With respect to mother tongue, 47 participants (94.0%) stated Punjabi, 1 (2.0%) reported Saraiki, and 2 participants (4.0%) give an account to other mother tongues, while no one reported to Pushto. With respect to the living area, 26 (52.0%) were from urban areas, although 24 participants (48.0%) were from rural areas. In support to ethnicity, 43 (86.0%) were Punjabi, 5 participants (10.0%) were Sindhi, 1 member (2.0%) was Pushto, and 1 contributor (2.0%) gone to other groups. Side by side about educational level, 39 participants (78.0%) were undergraduates, 5 (10.0%) were graduates, 5 participants (10.0%) had a master's degree, and 1 (2.0%) had a PhD.

Table III: Descriptive of Demographic Variable (N=50)

Variables		<i>n</i>	%
Gender	Male	9	18.0
	Female	41	82.0
Socio economic status	Upper class	7	14.0
	Middle class	33	66.0
	Lower class	10	20.0
Mother Tongue	Punjabi	47	94.0
	Saraiki	1	2.0
	Pushto		
	Others	2	4.0
Living Area	Urban Areas	26	52.0
	Rural Areas	24	48.0
Ethnicity			
	Punjabi	43	86.0

Level of Education	Sindhi	5	10.0
	Pushto	1	2.0
	Others		
		1	2.0
	Undergraduate	39	78.0
	Graduates	5	10.0
	Masters	5	10.0
	PHD	1	2.0

Note. n = Frequency, % = Percentage

Correlation Matrix of Study Variables

A correlational analysis was conducted to examine the relationship between two variables. The analysis demonstrated that there was a positive moderate correlation between Today's Anxiety and Rate Anxiety Level, $r=.447$, $p<.01$. The results suggest that participants who endorsed higher level of anxiety today also had higher levels of overall anxiety.

Table IV: Correlation Matrix of a Study Variable (N=50)

Scales	1	2
1. Today's Anxious level	--	.447**
2. Rating Average Anxiety		--

Summary of Findings

The results suggested that participants had worries about academic and professional stress, the future, and prospects in addition to financial and family and interpersonal problems. As a result, the subjects came up with various strategies, including religion, positive thinking and acceptance, emotional regulation, family and social support, physical activities, and hobbies and entertainment. The qualitative results also demonstrated that participants used different internal, external and behavioral methods to deal with their anxiety.

IV.DISCUSSION

The present study analyzed anxiety experiences and coping strategies through a mixed-method approach. The results of the research indicate that anxiety is ubiquitous and is provoked by academic and work-related stress, concerns with regard to the future, familial and social problems, and financial worries among participants. Effective coping mechanisms utilized by the studied population include religious experiences, optimistic thinking, emotion regulation, social support, physical activity, and recreation. In general, the results of the study align with the previously established understanding of the general influence of adaptive coping mechanisms on the psychological well-being of individuals (Ye et al., 2020; Li et al., 2021). Religious coping particularly praying and having faith in God was the most commonly used type of coping mechanism. This finding is consistent with the results of the Asif et al. (2020), Muneeb et al. (2023) studies which reveal that religious coping practices such as prayer have the potential to bring meaning and hope during crises. In addition, participants reported seeking help and support from family members, friends and through social events as effective coping strategies. As explored by the study of Salari et al. (2020), social and family support were also mentioned by participants as a basis of help during their psychological sorrow. Moreover, the participants stated exercising, hiking, listening to music, and appealing in fun activities as actual ways of coping. Wolf et al. (2021) set up that keeping regular physical activity was linked with lower levels of anxiety and depression. It can be summarized from the study of Olivencia-Carrión et al. (2023) that active coping was align with lower anxiety, however avoidant coping was positively linked with anxiety among healthcare experts.

The second hypothesis suggested that there is a significant positive relationship between the level of current anxiety and overall anxiety perceptions. This hypothesis was supported by the study since there was a positive correlation between current anxiety and overall perceived anxiety, $r= .447$, $p<.01$. It implies that participants who reported higher levels of anxiety at the moment of filling out the questionnaire also experienced higher levels of

anxiety. The results of the qualitative part of the study also confirm this hypothesis since the participants indicated their worries about studies, job prospects, future life, family, and finances. These results can be supported by the results of Xiong et al. (2020) who also indicated that uncertainty about future opportunities and personal life provokes anxiety. Similarly, the result of Salari et al. (2020) also confirm this hypothesis since both studies showed a relationship between the presence of psychological distress and the experience of anxiety. The third hypothesis was that the coping strategies would differ in different age groups. The results demonstrated that the participants used different coping strategies in line with their age and situation. The fresher participants associated academic, examination, and career-related problems and allocated by using social interaction, music, recreation, and positive thinking. This conclusion is consistent with the results from Lara et al. (2021) and Simionescu et al. (2024), who explored that learners used problem-focused, emotion-focused, and avoidance coping approaches to manage stress and anxiety. The participants aged 25 – 65 years accompanying problems at work, finances, and family problems and survived using problem-focused strategies of family support, and religion. The mature participants relate concerns with family, career, and finances and handled using acceptance, social support, and spiritual coping strategies. Ahmadi et al. (2023) examined that older adults used social links, meaning-based strategies, protective behaviors, avoidance, and amusing activities to manage with stress. The members used religious coping tricks to deal with their problems and worries, which were more recurrent in the adult and mature participants than the young ones, which is clear with the results from Koenig (2020) and Muneeb et al. (2023).

The fourth hypothesis suggested that there would be differences in the use of coping strategies. The results supported this hypothesis as thematic analysis revealed three categories of coping strategies: internal, external, and behavioral coping strategies. Internal coping strategies were the most common and included prayer, optimism, acceptance of circumstances, self-motivation, emotion management, and breathing control. The second category was external coping strategies which mainly involved the support from family, friends, and advice-seeking. Finally, the third category was the coping strategies of behavioral type such as walking, exercising or listening to music or pursuing a hobby. Similar findings were found in the previous studies which also found religious coping strategies, social support and behavioral strategies as the most common ways of coping (Asif et al., 2020). Olivencia-Carrión et al. (2023) found that active coping was associated with lower anxiety, whereas avoidant coping was positively associated with anxiety among healthcare professionals. Wolf et al. (2021) concluded that doing regular physical activity was linked with lower levels of anxiety and depression. Cultural background, religious beliefs, and social support can be considered as possible moderators of the relationship between the type of coping strategy and mental health issues (Xiong et al., 2020; Ghozali and Zakaria, 2024).

Limitations

The study had several limitations. The small sample size (n=50) is a significant limitation because it reduces the study's generalizability to the larger population. Future studies should validate the newly developed scale in larger and more diverse populations, examine its reliability and validity, and compare it with established anxiety and coping measures to assess its psychometric properties. Furthermore, self-reported information may have been subject to subjects' biases. Additionally, the sample lacked diversity in terms of education and ethnicity. Finally, the study's qualitative part used open-ended questions instead of semi-structured interviews, thus making it difficult to capture the participants' true intentions and motives.

Future Research Recommendations

The future research should involve more subjects with different cultural backgrounds and larger sample sizes from different countries and ethnic group and used the qualitative findings to develop and validate a culturally relevant scale for assessing coping strategies related to anxiety. The use of longitudinal research would be appropriate to understand anxiety and changes in coping mechanisms. clinicians practice can utilize the scale to help people with high anxiety scores and certain types of coping strategies (e.g., social, relations, religious, avoiding, or escape) to benefit from the intervention and track their progress during treatment. Further studies should assess resilience, emotions, personality, social supports, and other factors, and recruit participants from various occupations and education levels.

Implications

The implications of the research may be different for psychology, education, and intervention. The results can help raise awareness about sources of anxiety and coping mechanisms in people. This knowledge can be used by various specialists and institutions to plan their strategies regarding individual cases of anxiety and stress. For instance, psychologists, educators, and other professionals can use the study's results to develop treatment and intervention strategies. Educational facilities and work organizations can also benefit from the research to improve their strategies towards students and employees with mental health issues and show solidarity. In general, the study's implications are essential for educational and work settings, as well as psychologists, to understand people's anxiety sources better and help them find appropriate coping mechanisms.

V. CONCLUSION

The research undertaken by the team revealed that anxiety was common among stresses by educational, workloads, future prospects, as well as social and family problems. The study explicated the use of internal, external, and behavioral coping mechanisms, including prayer, positive thinking, acceptance, social support, physical exercises, and engaging in recreational activities. A close relationship between individual current and overall anxiety levels was found to be positive, which underlines the need to consider people's anxiety levels. In general, the research findings suggest that coping mechanisms help individuals deal with their anxiety effectively.

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