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Grief, Self-Compassion and Coping styles among Younger and Older Adults

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Abstract: ***Experiencing loss of a loved one is the most painful experience that can have a long-lasting impact on individuals. Coping with such a loss could seem extremely difficult at first however with the right coping strategies. The purpose of this study was to gain an understanding of how grief can have an impact on two categories of group namely; Younger and Older Adults and to further assess their self-compassion and coping strategies. With the help of tools such as "adult attitude to grief scale", "the brief cope scale" and "the self-compassion scale" the data was generated from 100 Adults (50 younger and 50 older adults). In accordance with the research findings, it was found that the grief level was higher in younger adults who sort to use problem focused coping styles and had high level of self-compassion as compared to the older adults who tend to use more of avoidant focused coping styles and their grief levels were less than younger adults this could be due to more life experience and experience of loss more than younger adults. There existed a significant relationship between the three variables.***
Keywords: avoidant focused coping, emotion focused coping, problem focused coping, grief levels, self-compassion.

I. INTRODUCTION

Aspects of the human experience like grief, self-compassion, and coping methods are intricate and diverse, and they are all impacted by a variety of things, including age.

The way that various age groups deal with sorrow, which is a normal reaction to losing a loved one or going through a major life transition, might differ, with younger and older individuals displaying different coping mechanisms. Additionally, how people deal with sorrow may be greatly influenced by their capacity for self-compassion, which is treating oneself with love, understanding, and acceptance while facing adversity.

The study of grief, self-compassion, and coping styles has received more attention in recent years because how people cope with loss and sadness may have a significant impact on their mental health and wellbeing.

A. Older Adults Response to Grief

Even though grief experienced by older adults is seen similar to that experienced by younger adults, the intensity of reaction to the grief could be different due to age and variety of life experiences.

Older adults could be at higher risk of developing serious health issues as a result of extreme stress accompanied by loss experienced. During bereavement, changes in appetite of elders is evident as they tend to start skipping meals while they are in the grieving process.

Commonly, it is seen that confusion is a quiet prominent reaction to grief. This involves being unable to have a clarity about how to proceed with life without the deceased and in case of loss of spouse, an increased confusion in terms of financial pressure comes in way.

B. Young adults and their response to grief

In comparison to other life stages, young adults tend to undergo several changes rapidly. They experience sadness and other emotions when they realize that they will have to move on to the next phase of life without the deceased close one.

As there are a lot of changes seen in the dynamics of family, conflicting emotions may arise. Youngsters are usually seen as free spirited however responsibilities due to death in family may make them focus on earning bread rather than enjoying their youth.

Incidents like losing someone close to death may make young adults mature quickly hence they could lose their connections with peer group and many of the friends in general could not relate with the individual as they haven't had similar experience of bereavement, this reduces the emotional support from friends and peers.

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C. Coping Styles Among Younger and Older Adults

Younger individuals may face particular difficulties since they may be experiencing loss for the first time in their life. They could struggle to understand their loss and feel strong emotions including shock, disbelief, rage, and grief. Younger individuals could also experience social and developmental changes, such adjustments to their roles and responsibilities, which can make grief more difficult for them. As a result, individuals could develop coping mechanisms that are more centered on expressing emotions, getting social support, and using problem-solving techniques to deal with their grief.

On the other hand, elderly people may have distinct coping mechanisms and coping methods since they may have gone through several losses during their life. They may be more adept at controlling their emotions and may rely on coping skills that they have honed over time, such as looking for meaning in their loss using wisdom and life experience, concentrating on happy memories, and partaking in activities that give them a sense of direction and structure.

D. Exploring the Role of self-Compassion in Coping with Grief

Young adults can emphasis on their emotional health and take part in self-soothing activities when they have a strong sense of self-compassion. In a similar manner, elderly people who may have had several losses over their life might also gain from using self-compassion to deal with their grief. Additional difficulties might include their physical condition, social isolation, and existential concerns. They can find solace and understanding in a supporting and affirming inner voice that comes from practicing self-compassion, which also aids them in navigating the difficult emotions brought on by their grieving.

II. REVIEW OF LITERATURE

Jones et.al (2022) aimed at studying the uniqueness of psychological and physical losses along with young adult's patterns of grief responses who lived with cancer. The sample included N=13 participants (with stage 3 or 4 cancer) in the age range of 23-38 years. A semi-structured interview and socio-demographic survey was conducted. The design and analysis were based on Glaser's grounded theory. As per the results, it indicated that disoriented patterns of grief were showcased by the younger adults which led to them being bereft of similar pre-trauma identities and lives.

Halliday and Pidgeon (2020) carried out pilot research. In order to determine if a self-compassion intervention is beneficial in helping people cope with loss and grief and it includes evidence that suggests that self-compassion may help people who have experienced loss lessen their level of grief-related pain and encourage the use of adaptive coping mechanisms.

Maccallum et al (2019) looked at the impact of self-compassion in the emergence of post-traumatic stress disorder (PTSD) among firefighters, who experienced significant trauma on the job. It showed evidence that self-compassion may act as a buffer against the onset of PTSD symptoms, which may be significant in the context of grieving and losing a loved one after experiencing traumatic experiences.

Burke & Neimeyer (2019) addressed the difficulties of grieving and losing a loved one as people age, including the idea of complicated sorrow and its effects on those who are dealing with their own mortality or the death of a loved one. In order to navigate the difficulties of mourning in the context of end-of-life care, the article addressed a variety of coping mechanisms and therapies, including the possible contribution of self-compassion.

Neimeyer (2018) explored the process of meaning reconstruction. It talks about how people invent new stories and meanings to make sense of their losses and deal with grief. Even the function of self-compassion as a potential coping strategy for rebuilding meaning after loss was examined.

Lengacher et. Al. (2018) examined the benefits of mindfulness-based stress reduction (MBSR) on breast cancer survivors in a randomized controlled experiment.

The study sought to investigate the efficacy of MBSR in coping with the bereavement and emotional difficulties of cancer survival, including enhanced self-compassion and decreased distress.

Boelen & van den Bout (2017) Through confirmatory factor analysis, investigated the uniqueness of complex sorrow, sadness, and anxiety as post-loss disorders. They discussed about the many coping mechanisms and emotional reactions connected to each condition and how self-compassion may affect how they grow and turn out.

Gilbert (2015) provided a thorough analysis of the idea of compassion, covering its theoretical underpinnings, scientific discoveries, and therapeutic uses. In order to promote emotional healing and wellbeing, it is discussed how compassion may be developed as a coping strategy in the face of pain, such as grief and loss. It is also discussed how compassion can be included into therapeutic procedures.

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III. RESEARCH METHODOLOGY

A. Aim

To assess the effect of grief on self-compassion and coping styles of younger and older adults.

B. Objectives

1) To study the different coping styles adopted by younger and older adults.
2) To understand varying level of self-compassion in younger and older adults.
3) To examine the relationship between coping styles and self-compassion in the context of grief among different age groups.
4) To assess the effect of grief on coping styles of younger and older adults.
5) To identify the effect of grief on self-compassion of younger and older adults.

C. Hypothesis

1) There will be a significant difference in grief levels of younger and older adults.
2) There will be a significant difference in level of self-compassion of younger and older adults.
3) There will be a relationship between the three variables.

D. Research Design

The quantitative research design was adopted for the purpose of gathering data through surveys/tools selected, which provided an in-depth understanding of the three variables grief, self-compassion, and coping styles among younger and older adults. With the help of this design, it would be useful to describe and analyze the present scenario of these variables in the selected sample and to provide a valuable insight into the association and patterns that may exist between them.

E. Sample Selection

The sample for this study comprised of 100 participants, inclusive of both young adults aged 18-25 years and older adults aged 35-65 years. Random sampling technique was used in order to ensure that the results are representative of the broader population of younger and older adults. The sample size of 100 provided an effective statistical analysis and allowed for meaningful conclusions/inferences to be drawn from the data collected.

F. Data Collection Procedure

Structured questionnaires with closed-ended questions were used during the data gathering process. Participants responded to closed-ended questions based on a preset set of response possibilities in order to collect quantitative data. Following ethical standards for data collection, the participants' questionnaires were distributed in a methodical and uniformed manner. Data was partially and in offline mode obtained using Google Forms. To arrive at significant findings and conclusions, the data gathered through the questionnaire was then examined using the proper statistical procedures and quantitative analytic methodologies.

Psychological Measures

1) Adult Attitude to Grief Scale (Machin 2001): Is a likert scale consisting of 9 items inviting responses from strongly agree to strongly disagree. This scale has been utilized by several bereavement services. This uses characteristics (resilient, overwhelmed and controlled) to provide an overall indication of vulnerability.
2) Brief-Cope Scale (Carveret et, al): is a self-report questionnaire and consists of 28 items. This scale aims to measure ineffective and effective ways of coping with stressful life events. This is used to determine an individual's primary coping styles as approach coping or avoidant coping.
3) The Self Compassion Scale (Kristin Neff,2011): is a tool used to assess and measure 3 major components (self-kindness, common humanity and mindfulness) The purpose of developing this tool was to assess the ways in which people stay calm, understanding as well as kind to themselves when faced with difficult situations/circumstances. The test consists of 6 dimensions namely: Self kindness, self-judgment, common humanity, Isolation, mindfulness, over identified. There are 26 items in total. To calculate the negatively code items reverse rating was used. The scores can be analyzed by assessing the dimensions individually or by totaling up the scores.

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G. Ethical Considerations

The safety and wellbeing of the participants was ensured. All ethical considerations including informed consent, confidentiality and no harm, right to withdraw were followed at every step of the study.

IV. RESULTS

Table 1
Comparison Of Grief Levels Between Younger and Older Adults

Group	Young Adults (18-25 years)	Older Adults (35-65 years)
Mean grief level	3.52	2.19
Standard deviation	0.89	0.76
T-value	5.27	
P-value	<0.001	

Table 1 indicates that mean grief level is higher in young adults (3.52) compared to older adults (2.19). The standard deviation of grief levels is higher in young adults (0.89) compared to older adults (0.76). The t-value/ANOVA F-value is 5.27 with a p-value of <0.001, indicating a statistically significant difference in grief levels between young and older adults

Table 2
Comparison of Self-Compassion Levels between Younger and Older Adults

Group	Younger Adults	Older Adults
Mean self-compassion level	4.65	3.98
Standard Deviation	0.72	0.85
T-value	2.86	
p-value	0.005	

Table 2 indicates mean self-compassion level is higher in young adults (4.65) compared to older adults (3.98). The standard deviation of self-compassion levels is higher in young adults (0.72) compared to older adults (0.85). The t-value/ANOVA F-value is 2.86 with a p-value of 0.005, indicating a statistically significant difference in self-compassion levels between young and older adults.

Table 3
Descriptive Statistics for Grief, Self-Compassion and Problem Focused Coping

Variables	Mean	Std. Deviation	
GRIEF	13.3100	4.00428	100
SC	85.2200	9.03593	100
PFC	30.0900	1.93894	100

Table 3 indicates the mean and standard deviation of the three variables: the mean and standard deviation of the grief variable respectively is (13.31) and (4.004) and the mean and standard deviation of self-compassion is (85.22) and (9.03) and the mean and standard deviation of problem focused coping variable is (30.09) and standard deviation is (1.93).

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Table 4
Correlation between Grief, Self-compassion and Problem Focused Coping

		GRIEF	SC	PFC
GRIEF	Pearson correlation	1	-.185	.175
	Sig. (2 tailed)		.066	.082
	N	100	100	100
SC	Pearson correlation	-.185	1	-.063
	Sig. (2 tailed)	.066		.531
	N	100	100	100
PFC	Pearson correlation	.175	-.063	1
	Sig. (2 tailed)	.082	.531	
	N	100	100	100

Correlation is significant at 0.05 level (2 tailed)

Table 4 indicates a significant positive relationship between Grief, self-compassion and problem focused coping style. This could mean that the any change in one variable would lead to changes in the other two variables.

Table 5
Descriptive Statistics for Grief, Self-Compassion and Avoidant Focused Coping

	Mean	Std. Deviation	N
GRIEF	13.3100	4.00428	100
SC	85.2200	9.03593	100
AFC	30.0900	1.93894	100

Table 5 indicates the mean and standard deviation of the three variables: the mean and standard deviation of the grief variable respectively is (13.31) and (4.004) and the mean and standard deviation of self-compassion is (85.22) and (9.03) and the mean and standard deviation of problem focused coping variable is (39.09) and standard deviation is (1.93).

Table 6
Correlation between Grief, Self-Compassion and Avoidant Focused Coping

		GRIEF	SC	AF
GRIEF	Pearson correlation	1	-.185	
	Sig. (2 tailed)		.066	
	N	100	100	
SC	Pearson correlation	-.185	1	0.63
	Sig. (2 tailed)	.066	100	.531
	N	100		100
AFC	Pearson correlation	.175	-0.63	1
	Sig. (2 tailed)	.082	.531	100
	N	100	100	

Correlation is significant at 0.05 level (2 tailed)

Table 6 indicates a significant positive relationship between grief, self-compassion and coping style (avoidant focused coping)

Table 7
Descriptive Statistics for Grief, Self-Compassion and Emotion Focused Coping

Variables	Mean	Std. Deviation	
GRIEF	13.3100	4.00428	100
SC	85.2200	9.03593	100
EFC	39.5800	1.93894	100

Table 7 indicates the mean and standard deviation of the three variables: the mean and standard deviation of the grief variable respectively is (13.31) and (4.004) and the mean and standard deviation of self-compassion is (85.22) and (9.03) and the mean and standard deviation of problem focused coping variable is (39.58) and standard deviation is (1.93).

Table 8
Correlation between Grief, Self-Compassion and Emotion Focused Coping

		GRIEF	SC	AFC
GRIEF	Pearson correlation	1	-.185	003
	Sig. (2 tailed)		.066	.976
	N	100	100	100
SC	Pearson correlation	-.185	1	068
	Sig. (2 tailed)	.066		.499
	N	100	100	100
EFC	Pearson correlation	.003	-.068	1
	Sig. (2 tailed)	.976	.499	
	N	100	100	100

Correlation is significant at 0.05 level (2 tailed)
Table 8 indicate a significant positive correlation between the three variables namely grief, self-compassion and emotion focused coping style. This means that increase or decrease in one variable would lead to increase or decrease in another variable

V. DISCUSSION

The topic of grief, self-compassion, and coping styles among younger and older adults is a complex and multifaceted area of research. Understanding how individuals of different ages experience and cope with grief can provide valuable insights into how to effectively support them during difficult times.
The objective of the study was to understand how grief has an effect on the self-compassion and coping styles of younger and older adults. The goal was to make a comparison between the selected age groups (younger adults 18-25 years & older adults 35-65 years) As per Hypothesis 1, there is a significant difference in level of grief between younger and older adults as indicated by data analysis. Mean grief level is higher in young adults (3.52) compared to older adults (2.19). The standard deviation of grief levels is higher in young adults (0.89) compared to older adults (0.76). The t-value/ANOVA F-value is 5.27 with a p-value of <0.001, indicating a statistically significant difference in grief levels between young and older adults. Hypothesis 1 was accepted which stated that there will be significant difference in grief levels of younger and older adults.

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According to hypothesis 2, there is a significant difference in self-compassion level as reflected in results. Mean self-compassion level is higher in young adults (4.65) compared to older adults (3.98). The standard deviation of self-compassion levels is higher in young adults (0.72) compared to older adults (0.85). The t-value/ANOVA F-value is 2.86 with a p-value of 0.005, indicating a statistically significant difference in self-compassion levels between young and older adults. Hypothesis 2 was accepted that there will be a significant difference in self-compassion of younger and older adults.

The correlation between grief, self-compassion and coping styles (problem focused, avoidant focused and emotion focused) obtained for younger and older adults came out to be significant at 0.05 level which indicates positive correlation. This could mean that the any change in one variable would lead to changes in the other two variables. Increase or decrease in Grief levels would lead to changes in self-compassion and coping styles. Hypothesis 3 was accepted that there will be a significant correlation between the three variables

Research suggested that both younger and older adults experience grief, but they may differ in their coping styles and self-compassion levels. Younger adults may be more likely to engage in active coping strategies, such as problem-solving and seeking social support, as they may have more resources and social networks to draw upon. On the other hand, older adults may rely more on passive coping strategies, such as avoidance or resignation, possibly due to a lack of resources or declining physical and mental health.

VI. CONCLUSION

In order to effectively help people who are grieving, it is essential to comprehend the nuances of sorrow, self-compassion, and coping mechanisms among younger and older persons. While there could be some age-related disparities in coping mechanisms and degrees of self-compassion, it's crucial to acknowledge the variety and uniqueness of mourning experiences among people of all ages. All the hypothesis has been accepted as discussed above and there exists a significant relationship among variables (positive) which suggested that increase/decrease in one variable would lead to increase/decrease in other variables.

VII. LIMITATIONS OF THE STUDY

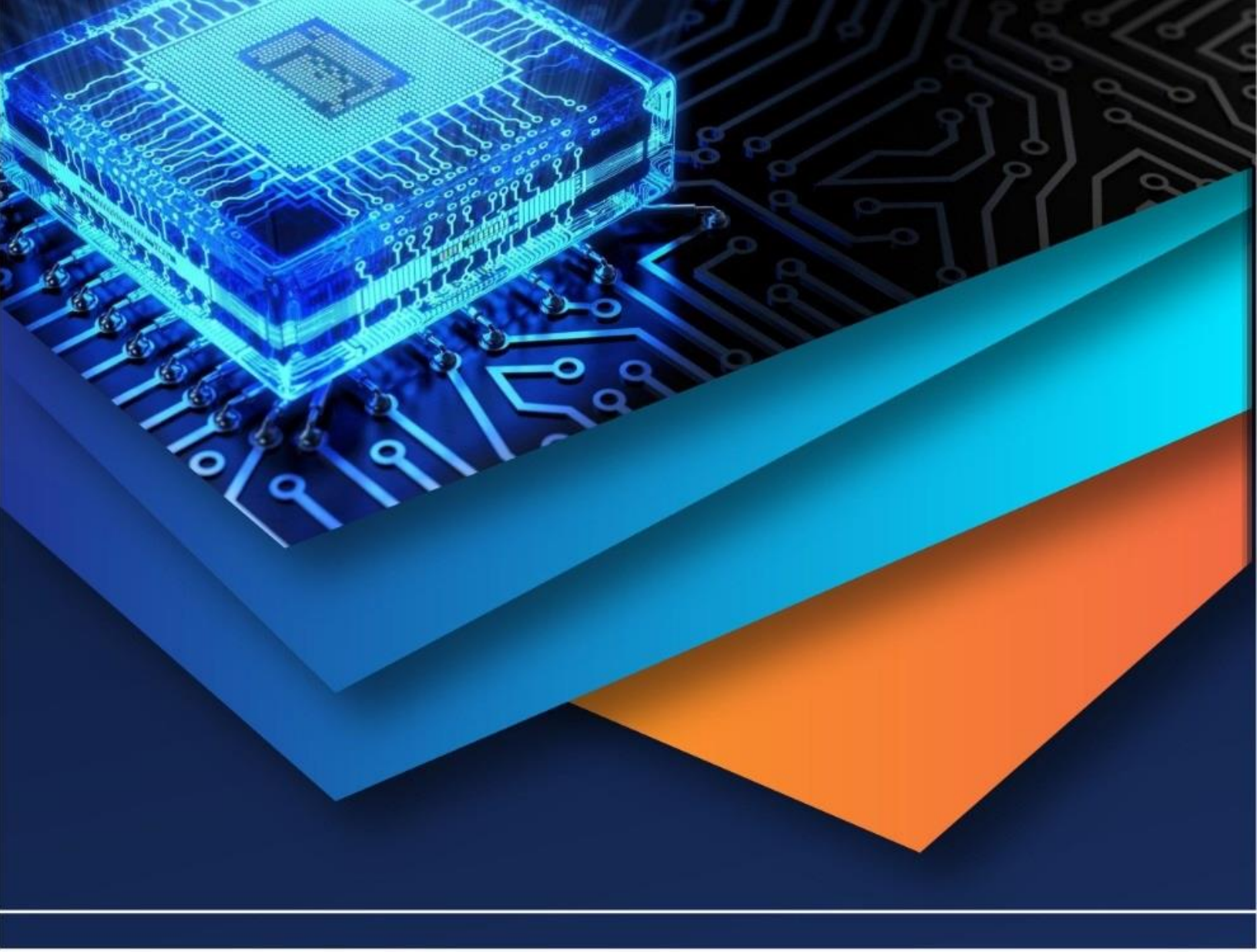
Despite the valuable insights gained from the study on grief, self-compassion, and coping styles among younger and older adults, there are several limitations that should be acknowledged:

1) The study may have limitations in terms of sample size, such as sample size, demographic representation, and generalizability.
2) The study likely relied on self-report measures, which are subject to biases such as social desirability bias and recall bias.
3) Participants may have provided responses based on their perceptions or interpretations of the questions, which may not fully capture their actual thoughts, feelings, and behaviors.
4) Due to cultural and societal differences, it may not be possible to generalize the results of this study to other countries. Individual differences vary depending contextual factors, and cultural norms, and may not be fully captured by standardized measures.

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