The Relationships of Self-Compassion and Stress Among Emerging Adults Experiencing Early Adult Crisis

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ABSTRACT

Early adult crisis is a period of early adult development that often causes high stress in emerging adulthood and has the potential to affect negatively on health and well-being of emerging adults. Self-compassion as a personal response that is positive, supporting and caring for oneself has been found to be an effective coping strategy in reducing stress. Thus, this study aims to investigate the association of self-compassion and stress on emerging adults experiencing early adult crisis. This research is a correlational study with a cross sectional design; and involved 211 early adults age 18-25 years, man and woman, and experiencing a period of early adulthood crisis. Data were collected from two questionnaires: stress questionnaire (Emerging Adult Stress Inventory) and a self-compassion questionnaire (Self-Compassion Scale). Data were analyzed using Pearson correlation to determine the association between stress and self-compassion. The result shows several findings. First, stress can be reduced by improving self-compassion in emerging adults ($r = -.694$, $p < 0.01$). Second, the positive dimensions of self-compassion have the potential to reduce stress which consist of self-kindness, common humanity, and mindfulness. Third, the negative dimensions of self-compassion can lead to increase stress which consist of self-judgment, isolation, and overidentification. In terms of clinical implications, these findings may be useful for practitioners and clinicians to focus on developing self-compassion-based interventions to reduce the impact of stress in early adult during their crisis period.

Keywords: *Early Adult Crisis, Stress, Self-Compassion.*

1. INTRODUCTION

Early adult crisis is developmental crisis during a transitional development that occurs from the period from adolescence into adulthood [1]. In early adult crisis period, emerging adults often face various challenges in order to establish a stable purpose of life such feeling of frustration and worry about social relationships, career, education, and also difficulty in making choices, and uncertainty about the future [2]. For the last few years, early adult crisis has been increasing felt by many emerging adults.

This was shown by study from Robinson (2013) in the UK found that 39% of women and 49% of men with an age range of 20-29 years reported an early adult crisis [3]. In addition, a study from Habibie, Syakarofath, and Anwar (2019) on 219 participants in Indonesia aged 18-25 years, found the average early adulthood crisis in female participants was 54.63% and the average early adulthood crisis in male participants by 54.86% [4]. Previous studies reported that this period of crisis has the potential to cause stress in emerging adults [5]. During emerging adults period, they then to have difficulty faces major changes in their lives such as difficulty in getting a

job or changes in working conditions [6], confuse about starting a new study or failing in their studies, inability to cope with the transition from being single to a romantic relationships [7], feelings of loneliness, isolation, self-doubt, inadequacy and fear of failure [8]. The stress experienced in early adulthood crises can lead to feeling of frustration, panic, anxiety, and a sense of helplessness if it is not managed effectively [9]. Stress that accumulates in the long term can have negative consequences on emerging adults' psychological health such as lower self-esteem, panic attacks, anxiety disorders, depression [3, 6].

According to Lazarus dan Folkman (1984) transactional stress and coping theory, if a person in a stressful situation, they will try to produce coping strategies to deal with emotions and the stressor [10]. Folkman (1984) define coping as an individual's response and effort to manage a situation that considers as a stressful situation [11]. Therefore, it is important to identify adaptive coping strategies for emerging adults to be able to cope with stressful life events and manage stressful situations effectively [12]. Previous study from Mahmoud, Staten, Hall, and Lennie (2012) shown that emerging adults age 18-24 experiencing stressful situation often use maladaptive coping strategy such as self-blaming, denial, and giving up which were predicted to experience increased levels of stress, depression and anxiety [13]. A previous study from Matud, Diaz, Bethencourt, and Ibanez (2020) also found that emotion focused coping strategies predicted a reduction in stress. One form of emotion focused coping that has been found to be adaptive in dealing with stress is self-compassion [7].

Self-compassion has been found to play a role in adaptive emotional focused coping such as reducing self-blaming, avoidance, and denial, and it related to acceptance and positive reinterpretation and growth [14]. Neff (2003b) defines self-compassion as (1) treating oneself with kindness and understanding rather than judging and criticizing in response to difficulties (self-kindness vs. self-judgment); (2) recognizing that difficulties and imperfections are a normal part of all human life rather than feeling isolated from others (common humanity vs isolation); and (3) being aware of current experiences in a balanced perspective rather than being overidentified with negative feelings or individual suffering (mindfulness vs overidentification) [15]. Thus, self-compassion can be understood as a positive response by treating oneself with compassion, kindness, and understanding when individual in difficult and stressful conditions [16]. Self-compassion as a form of adaptive coping strategy allows individual to regulate negative emotions and individual stress [17], also it could increase the ability to control stressful situations [18]. Previous empirical study on adolescent show that self-compassion is negatively related to stress [19, 20]. A significant correlation between self-compassion and mental health variables are stress, anxiety, and depression [21]. From the previous research mention above, it can be understood that self-compassion acts as an adaptive coping strategy that can reduce stress levels.

Based on previous studies, self-compassion is correlated with stress and vice versa, but these studies tend to be found in a sample of adolescents and adults. Considering that the crisis occurs in early adulthood has the potential to cause stress, there is a need to further explore the relationship between self-compassion and stress especially in emerging adulthood who experiencing early adult crisis.

2. METHODS

2.1. Sample

2.2.1. Characteristics of Sample

Participants in this study consisted of 211 emerging adults which were man and woman, age 18-25 years, and were experiencing a period of early adulthood crisis. The criteria for early adult crisis is determined by referring to the characteristics of the crisis from a previous study [22], such as: (a) difficulty in dealing with the transitions and changes they experience; (b) an increase in negative emotions (such as anxiety, frustration, anger, sadness); (c) individuals are questioning the purpose of life, values, and identity; (d) the crisis were experienced for approximately 6 months to 1 year or more.

2.2. Study design and Procedures

This research is correlation studies with cross sectional design. The sampling technique uses a purposive sampling by referring to the crisis definition and question of early adulthood. The selection process was carried out based on the empirical average score of the research participants' crisis self-appraisal questions. Participants who have a score below the average value (X < 3.5) will be excluded as research participants, while participants who have a score above the average value (X 3.5) will be recruited as research participants. The process of collecting data was carried out online using google forms on several social media platforms. Participation in this study was voluntary. Participants who do not meet the selection criteria will be excluded as research participants.

2.3. Measures

2.3.1. Crisis Definition and Question

The crisis definition and question [22] consist of several questions related to early adult crisis (such as: during the past 6 months to 1 year, how often you feel difficult and stress to meet the demands / responsibilities as an adult; how often do you experienced negative feelings such as anxiety, anger, sadness; and how often do you questioning your purpose in life, values, and identity). The questions are presented using a Likert scale with five points (1 = almost never, 5 = almost always). All of the early adulthood crisis selection questions have good reliability (α = 0.84) with the corrected total item correlation item value of 0.6.

2.3.2. Emerging Adulthood Stress Inventory (EASI)

Emerging Adulthood Stress Inventory (EASI) was developed by Murray et al., (2020) that was designed to assess the level of stress experienced by early adulthood [23]. In this study, the EASI measuring instrument has a total of 38 items and consists of measure emerging adults stress levels related to family/home life, study, future uncertainty, competing demands, peers and friend relationships,

romantic relationships, employment, and financial pressure. Statements are presented using a Likert scale with five points (1 = not at all stressful / irrelevant to my situation, 5 = very stressful). The score of EASI can be obtained by average the score for the total score and/or scores per dimension. Based on the reliability test in this study, the results show a good reliability (α=0.96), with each dimension having a Cronbach alpha value ranging from 0.60 to 0.90. Based on the validity test in this study using confirmatory factor analysis (CFA), it was found that the EASI measuring instrument consisting of 8 factors had moderate fit $\chi2$ (637, N = 316) = 1414.85, p <.05, NFI = .93, CFI = .96, GFI = 0.82, RMSEA = .08). The results indicates that all latent factors are well represented by their respective indicators.

2.3.3. Self-Compassion Scale

The Self-Compassion Scale (SCS) was developed by Neff et al (2003a). that was designed to assesses an individual's level of self-compassion [24]. The SCS measuring instrument has a total of 26 items (13 positive items and 13 negative items) and consists of six dimensions, namely three positive dimensions (self-kindness, common humanity, mindfulness) and three negative dimensions (self-judgment, isolation, overidentification). The statements are presented using a Likert scale with five points (1 = never, 5 = very often). The score of SCS can be obtained by average the score for the total score and scores per dimension. Based on the reliability test in this study, the results show a good reliability (α=0.93), with each dimension having a Cronbach alpha value ranging from 0.60 to 0.80. Based on the validity test in this study using confirmatory factor analysis (CFA), it was found that the SCS measuring instrument consisting of 6 factors had acceptable fit $\chi2$ (284, N = 316) = 827.85, p <.05, NFI = .94, CFI = .96, GFI = 0.83, RMSEA = .07). The results indicates that all latent factors are well represented by their respective indicators.

2.4. Data Analyses

Data were analyse using the SPSS application. The steps in data analysis are 1) classic assumption test consisting of normality test; 2) descriptive analysis for self-compassion and stress variable; 3) correlation analysis using Pearson Correlation.

3. RESULTS

3.1. Demographic Variables

The table below (Table 1.) describes the demographic data of 211 participants. The demographic data includes gender, age, domicile, education level, religion, marital status, and working status. From the demographic data it can be concluded that 36.5% age 23, 66.6% participant domicile in Jakarta, 67.3% participants have completed college, 99.1% participants is not married, 58.8% participants is unemployed, and 41.2% participants is employed with 26.5% employment status as full time. Based on the result, it can be seen that the majority of emerging adults has completed higher levels of education (such as bachelor degree), but has not been married and mainly are unemployed.

3.2. Descriptive Statistics

3.2.1. Descriptive Statistic of Self-Compassion and Stres Variable

Based on the analysis, it was found that the self-compassion score (M = 3.11, SD = 0.73) indicating participants levels of self-compassion were above average. The self-compassion subscale also shows participants have a higher self-compassion domains on 1) common humanity (M = 3.45, SD = 0.80); 2) mindfulness (M = 3.41, SD = 0.72); 3) self-kindness (M = 3.28, SD = 0.74); 4) overidentification (M = 3.16, SD = 0.72); 5) self-judgment (M = 3.15, SD = 1.95); 6) isolation (M = 3.13, SD = 1.17).

Table 1. Demographic Data of Participants

Demographic Variables	Percentage (%)
Gender	
Female	81.5
Male	18.5
Age	
18	1.9
19	4.7
20	7.6
21	10.9
22	16.1
23	36.5
24	11.4
25	10.9
Domicile	
Jakarta	66.4
Outside of Jakarta	33.6
Education	
High School	25.6
Diploma	2.4
College	3.3
Bachelor	67.3
Others	1.5
Married Status	
Not Married	99.1
Married	0.9
Divorced	0
Widow / Widower	0
Work Status	
Unemployed	58.8
Employed	41.2
Employment Status	
Full Time	26.5
Part Time	4.3
Freelancer	9.5
Others	0.9

Based on the analysis it was also found that stress score (M = 3.27, SD = 0.89) indicating participants levels of stress were above average. The stress subscale also shows participants have a higher level of stress related to domains of 1) stress of future uncertainty (M = 3.96, SD = 0.98); 2) stress of competing demands (M = 3.48, SD = 1.12); 3) stress of financial pressure (M = 3.37, SD = 1.11); 4) stress of study (M = 3.35, SD = 1.00); 5) stress of family relationships and home life (M = 3.33, SD = 1.14); 6) stress of employment (M = 3.26, SD = 1.14); 7) stress of peers relationships (M = 3.06, SD = 1.11); 8) stress of romantic relationships (M = 2.64, SD = 1.17).

3.3. Primary Results

3.3.1. Normality Test

Normality testing is done by using the unstandardized residuals of the variables stress, self-compassion. Then, the residuals were analysed using Shapiro Wilk normality Test. Based on the results of the Shapiro Wilk normality test, the data obtained were normally distributed. This was shown with p-value greater than 0.005 (p = 0.215). Therefore, the result show normal distribution and the data can be further explored by Pearson Correlation.

3.3.2. Associations of total self-compassion scores with stress

Based on Pearson Correlation analysis (Table 2.), the results indicated that self-compassion demonstrated a significant negative association with stress (r = -0.69, p < 0.01). This study also further explores the association between self-compassion subscales with stress to provide more comphrehensive information about the impact of positive and negative self-compassion subscale on stress in emerging adults experiencing early adult crisis.

A Pearson Correlation analysis were conducted and it was found that self-kindness (r = -0.43, p < 0.01), common humanity (r = -0.33, p < 0.01), and mindfulness (r = -0.42, p < 0.01) have a significant correlation with stress. This finding shows that the higher self-kindness, common humanity, and mindfulness, the lower stress levels, and vice versa. Moreover, self-judgement (r = 0.66, p < 0.01), isolation (r = 0.69, p < 0.01), and overidentification (r = 0.60, p < 0.01) have a significant correlation with stress. This means that the higher self-judgment, isolation, and overidentification, the higher stress levels, and vice versa.

Table 2. Descriptive and Correlational Analysis

Variable	n	M	SD	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(1) Stres	211	3.27	.89	1							
(2) Self-Compassion	211	3.11	.73	-.69**	1						
(3) Self-Kindness	211	3.28	.74	-.43**	.72**	1					
(4) Self-Judgement	211	3.15	1.05	.66**	-.86**	-.44**	1				
(5) Common Humanity	211	3.45	.80	-.33**	.67**	.62**	-.35**	1			
(6) Isolation	211	3.13	1.17	.69**	-.86**	-.39**	.84**	-.40**	1		
(7) Mindfulness	211	3.41	.72	-.42**	.68**	.76**	-.33**	.71**	-.36**	1	
(8) Overidentification	211	3.16	1.06	.60**	-.86**	-.41**	.84**	-.34**	.86**	-.36**	1

** p-value < 0.01

4. DISCUSSION

This study aims to find out more about the relationship between self-compassion and stress in emerging adults experiencing the early adult crisis. In this study, several research results were found. First, it was found that self-compassion has a significant relationship with stress. The higher self-compassion the lower stress levels, thus, stress can be reduced by improving self-compassion on emerging adults. Furthermore, if a person have higher self-compassion they will experiencelower level of stress. This study is consistent with previous study [18], [19], and [20] that reports self-compassion is negatively related to stress.

Self-compassion as a positive, supportive, comppasionate response in the facing stress or difficulties can encourage emerging adults to regulate negative emotions, puts difficulties in a more open and balanced perspective therefore able to accept difficult conditions [24]. Furthermore, self-compassion plays a role in managing negative emotions and reduce feelings of helplessness in dealing with stressful situations [25]. Self-compassion also encourage a person to be able to deal with stressful conditions with attention and understanding [26]. Thus, self-compassion can keep the stress under control.

In addition, this study provides a more detailed description of the importance of self-compassion as an adaptive coping strategy by further exploring the role of each of the positive

(self-kindness, common humanity, mindfulness) and negative subscale of self-compassion in the relationship with stress. The positive dimensions of self-compassion which are self-kindness, common humanity, mindfulness was found significant related with stress. These findings shows that self-kindness, common humanity, mindfulness can lower stress. Moreover, the negative dimensions of self-compassion including self-judgment, isolation, overidentification were found significant related with stress. These findings suggest that over-criticizing oneself (self-judgment), trapped by negative personal experiences (overidentification) and feeling isolated (isolation) could increase stress that was experienced by emerging adults.

For clinical implication, the study findings emphasize the importance for practitioners, health workes, and clinicians to develop or implementing self-compassion-based intervention that could help individuals to develop healthy, compassionate self-attitudes. Hopefully, self-compassion-based intervention could encourgae emerging adult to learn how to regulate emotions more adaptively in an effort to manage their stress during early adulthood crisis.

Furthermore, the study findings also suggesting to the health professionals to develop psychoeducation for emerging adults. Psychoeducation can be implemented before and after taking college studies or entering the world of work. Psychoeducation can focus on educating emerging adults about the principles in life such as understanding own suffering, failure is a part of human life, and the importance of forming and maintaining groups of friends as a source of social support in living life. Thus, through psychoeducation, it is expected that emerging adults will be better prepared and able to adapt to the pressures and demands of their environment.

Finally, it is also recommended for the university to introduce self-compassion interventions to students. Through these programs and interventions, the university can provide positive short-term and long-term benefits for students experiencing stress and difficulties facing early adult crisis. In addition, the university can also provide opportunities for students to access counseling services regarding crisis periods in their lives.

5. CONCLUSION

In the end, it can be concluded that self-compassion may be a valueable coping strategy on emerging adults experiencing early adult crisis. Altough this study found the beneficial of self-compassion as adaptive coping strategy in facing stress, this study still require requires more in-depth study to confirm and prove the findings. Thus, for future studies it is recommended to use experimental methods to evaluate effectivenss of self-compassion intervention related to stress or other psychological health. Furture studies are also encourage to use qualitative, mix methods, or longitudinal methods to get a more comprehensive findings related to self-compassion and psychological health.

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