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Young Carers' Self-Compassion and Subjective Well-Being Relative to Non-Caregiving Youth

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Young carers (YCs) provide unpaid care for their family members due to several circumstances within the family. Caregiving can be time consuming and quite difficult for some adolescents. By meeting others' needs, their needs may be neglected, thereby potentially affecting their levels of self-compassion (SC) and subjective well-being (SWB). Due to a lack of studies in these areas, this descriptive, exploratory, quantitative, and comparative study aimed to fill in this gap. This study sampled 55 YCs and 107 non-YCs between the ages of 12-18 years. Multivariate analyses (MANOVA) were carried out. Results revealed that YCs and non-YCs had similar levels of SC and SWB. Implications for what it means for YCs and further support were discussed.

Keywords: Young carers, self-compassion, subjective well-being, non-caregiving youth, comparative study

In Canada, young carers (YCs) represent around 28.2% of children and youth between the ages of 15-24 years, who provide unpaid care for family members due to specific circumstances in their family (e.g., illness, disability, addiction, language barriers, age-related needs, and parental absence) (Bleakney, 2014; Charles, 2011; Charles et al., 2009; Stamatopoulos, 2015). Internationally, especially in the United Kingdom and Australia, YCs are well known and supported by community programs and the government, as well as recognized in society (Becker, 2007; McDonald et al., 2009; Moore & MacArthur, 2007; Richardson et al., 2009; Watson, 1999). However, in Canada, more research is needed to further understand who YCs are, the impact on their lives, and how to best support them.

Provision of care takes time and requires effort. One common finding is that YCs often complete more chores and spend more time on caregiving tasks than other children their age (Banks et al., 2001; Becker, 2007; Nagl-Cupal et al., 2014; Warren, 2007). Their responsibilities may include household tasks, general care, sibling care, medical/nursing care, financial care, and emotional support (Joseph et al., 2009; McDonald et al., 2009; Nagl-Cupal et al., 2014). YCs' experiences (e.g., living with family members with illnesses or disabilities) and circumstances (e.g., having no one else to provide the care) often necessitate 'heavier' caregiving responsibilities (Becker, 2007). This suggests that for some YCs, responsibilities may quickly compound and have a tremendous impact on their lives.

This study aimed to assess whether caregiving impact was visible on two constructs, namely subjective well-being (SWB) and self-compassion (SC) that have yet to be examined with YCs. By comparing YCs to youth without the caregiving role, this study was able to assess whether meaningful differences existed on SWB and SC.

Many studies have found that added caregiving can leave some YCs feeling extreme exhaustion, stress, and burn-out (Szafran et al., 2016), and at-risk for several adverse consequences such as poorer physical and mental health, as well as lower well-being (Banks et al., 2001; Banks et al., 2002; Chalmers & Lucyk, 2012; Collins & Bayless, 2013; Hamilton & Adamson, 2013; Lakman & Chalmers, 2019; Lloyd, 2013; Polkki et al., 2004; Thomas et al., 2003). Even comparative studies show the same pattern of results, with YCs reporting higher depressive symptoms and lower self-esteem (Banks et al., 2001; Lakman & Chalmers, 2019), lower life satisfaction and more emotional and behavioural problems (Collins & Bayless, 2013), more negative affect and anxiety about their futures (Sahoo & Suar, 2010; Warren, 2007), as well as more physical and mental health problems (Nagl-Cupal et al., 2014). In the case of Canadian-based studies, although Lakman & Chalmers (2019) found that YCs had lower self-esteem and higher depressive symptoms, Remtulla and colleagues (2012) found that YCs did not feel any more overwhelmed than non-YCs. Much remains unknown about YCs' experiences in Canada and what is known so far yielded mixed findings, which reinforces the need for further investigation. Even more importantly, currently in Canada, unlike other places in the world (e.g., UK, Australia), YCs remain a hidden, nationally unrecognized group (Chadi &

Stamatopoulos, 2017). Moreover, in Canada, in addition to the aging population, issues with the health care system, there are very limited number of programs that directly support YCs (Chadi & Stamatopoulos, 2017; Stamatopoulos, 2016). Thus, it is expected that in the Canadian context especially, YCs' well-being might be lower than other YCs elsewhere, who might be recognized, supported, and have higher number of programs targeted at meeting their needs.

Although the above-mentioned studies have explored mental health generally, only four studies have directly explored well-being in YCs. Bolas, Wersch, and Flynn (2007) reported that all the interviewed YCs felt angry, guilty, and overwhelmed with their caregiving role. Moreover, Järkestig-Berggren and colleagues (2019) found that YCs scored relatively low on psychological well-being, showing levels of emotional symptoms, hyperactivity, and peer problems, which were above the clinical cut-off for total difficulties. One comparative study directly measured well-being in YCs aged 10-11 years and found that those who looked after somebody at home had poorer well-being and were overall less happy than children who did not look after somebody at home (Lloyd, 2013). Finally, a study from Switzerland found that YCs' SWB was lower than those not identified as a YC (Leu et al., 2019). While this evidence points to relatively low well-being, these studies used different measures (e.g., psychological, emotional, subjective well-being or constructs related to mental health), which precludes any clear conclusions from being derived.

Instead of assessing negative impact, via psychological or emotional well-being, it might also be more empowering to measure how YCs themselves think and feel about their own lives, eliciting their SWB (Seligman & Csikszentmihalyi, 2000; Diener, 2000). SWB is a psychological construct tailored towards examining the positive notions of life and getting at how people subjectively evaluate their own well-being (Diener & Ryan, 2009), "based on their values, goals, and life circumstances" (Diener et al., 1998, p. 35; Diener, 2000; Maddux, 2017; Seligman & Csikszentmihalyi, 2000). For instance, a few YC studies have already focused on strength-based constructs (e.g., happiness, resilience, coping) or benefit-findings (e.g., maturation, independence, better self-concept, appreciation) (Doutre et al., 2013; Gough & Gulliford, 2020; Heyman & Heyman, 2013; McDonald et al., 2009; Polkki et al., 2004). When asking YCs how they feel, one study explored a phenomenon of the 'duality of caregiving' (Doutre et al., 2013, p. 36), which showed that they can feel happy and appreciative of their caregiving role and at the same time feel miserable (Heyman & Heyman, 2013; McDonald et al., 2009; Stamatopoulos, 2018). Those who persevere can be viewed as resilient, showing inner growth and coping (Polkki et al., 2004), self-efficacy (Gough & Gulliford, 2020), as well optimism (Lakman & Chalmers, 2019). With only one study that was mentioned earlier measured SWB (Leu et al., 2019), it is imperative to continue this trend, because in Canada, no studies, to the best of our knowledge, have examined SWB among YCs. Thus, it would be important to examine SWB in YCs in comparison to their peers to not only expand Canadian-based literature, but also to have a better sense of how they think and feel about their lives in comparison to their peers.

Another construct that is still lacking in the YC literature is SC. Neff (2003a, 2003b) defined SC as a healthy attitude or an emotional regulatory strategy that is directed towards oneself. Research have suggested that SC includes three main components: Self-kindness, mindfulness, and common humanity, countered with self-judgement, identification with emotion, and isolation, respectively (Neff, 2003a, 2003b). SC is very beneficial, as it was found to be associated with optimism, positive affect, and happiness (Neff, Rude et al., 2007) and enhance psychological functioning, quality of life, and well-being (Neff & Germer, 2012; Neff, Kirkpatrick et al., 2007; Neff & McGehee, 2010; Neff, Rude et al., 2007). It has been argued that when SC is high, people who provide care to others remain kind to themselves, show mindfulness regarding their emotions, and understand that others share their experiences too (Neff, 2003a). However, when SC is low, a person who provides care to others only focuses on other people's needs and neglects their own (Neff, 2003a).

Given YCs' tendencies to experience array of negative emotions (Bolas et al., 2007), provide caregiving until they report lacking time for other activities (Kavanaugh et al., 2014; Nagl-Cupal et al., 2014; Stamatopoulos, 2018; Szafran et al., 2016; Warren, 2007), and meet other's needs instead of their own needs (Ali et al., 2012; Nagl-Cupal et al., 2015), it was imperative to examine whether YCs leave room for SC, especially since it could provide them with many benefits to their well-being. Due to the lack of comparative studies in the field, conclusions cannot yet be derived about where YCs' SC rates are in comparison to their peers. Thus, in addition to measuring their SWB, this study aimed to measure YCs' SC in relation to non-caregiving peers.

Taken together, in comparison with other countries, much remains unknown in Canada with regards to YCs (Waugh et al., 2015). The limited and non-existent knowledgebase underpins the need for this study to compare YCs and non-YCs on these two important constructs, specifically SWB and SC.

Methods

Participants

The sample comprised of 162 participants that were split into YCs and non-YCs.

YCs. There were 42 self-identified YCs from support groups and 13 YCs who were screened from the community, comprising a total 55 YCs aged 12 to 18 years. Of the 55 YCs, 22 were boys (40%) and 33 were girls (60%). Their average age was 14.31 years ($SD = 1.69$). A total of 92.7% were born in Canada. Yet, the majority identified belonging to another ethnicity/culture (61.8%, $n = 34$; e.g., American, French, Italian, British, other (e.g., Irish, Jamaican, Portuguese)).

Almost half of YCs (41.8%) lived with both parents ($n = 23$), but some lived with only their biological father (5.5%, $n = 3$), only their biological mother (20%, $n = 11$), birth mother and stepfather (14.5%, $n = 8$), birth father and stepmother (1.8%, $n = 1$), legal guardians (5.5%, $n = 3$), grandparents (7.3%, $n = 4$), or other (e.g., stepmother, 1.8%, $n = 1$). A total of 23 YCs (41.9%) reported

living with 1-2 other people. Fourteen (25.5%) reported to live with 3-4 people, and another 17 (30.9%) reported to live with five or more other people in their home.

Non-YCs. There were 107 non-caregiving youth (ages 12-18 years) who matched YCs' age and sex. Of those, 44 were boys (41.1%) and 63 (58.9%) were girls. Their average age was 14.43 ($SD = 1.53$). A total of 88.8% were born in Canada and 80.4% ($n = 86$) belonged to another ethnicity (e.g., French, Italian, German, Dutch, British, other (e.g., Arab Indian, Colombian, Croatian, Irish, Middle Eastern)).

Most non-YCs (74.8%) lived with both parents ($n = 80$), but some lived with only their biological father (3.7%, $n = 4$), only biological mother (14%, $n = 15$), birth mother and stepfather (7.5%, $n = 8$), birth father and stepmother (2.8%, $n = 3$), legal guardians (.9%, $n = 1$), grandparents (2.8%, $n = 3$), other relatives (.9%, $n = 1$), or other (e.g., brother, .9%, $n = 1$). Reports suggested that 46.7% ($n = 50$) lived with 1 to 2 other people, 41.1% ($n = 44$) lived with 3-4 people, and 11.2% ($n = 12$) lived with five or more other people in their home.

Measures

Demographics. The participants responded to questions regarding their sex, age, ethnicity, and whether they were born in Canada or not. They were also asked their living arrangements (e.g., with whom they lived and how many other people lived with them). Those identified as YCs proceeded to respond to questions that sought to understand their caregiving role (e.g., how many hours per day they spent on caregiving, duration of caregiving (in years), their onset age for caregiving, how long have they been members of a support group, who they cared for, and the reason for caregiving).

Screening for Young Carers. Three questions were used to screen for potential young carers in this community sample (e.g., 1. Do you live with an immediate family member(s) who is ill, has a disability, or other special needs? 2. If so, do you help on a daily basis with responsibilities such as cooking, cleaning, dressing, supervising siblings, etc.? 3. Are you a part of a local support program for young carers?). The third question was only required for ethics, to ensure there was no duplicated surveys.

Self-Compassion (SC). The Self-Compassion Scale (SCS; Neff, 2003a) was employed to measure SC with 26 items on a 5-point Likert Scale (1 = *Almost never* to 5 = *Almost always*). Higher scores indicated higher SC. Self-kindness (example item: "I try to be loving towards myself when I am feeling emotional pain"), self-judgment (example item: "When times are very difficult, I tend to be tough on myself"), common humanity (example item: "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (example item: "When I'm really struggling, I tend to feel like other people must be having an easier time of it"), mindfulness (example item: "When something upsets me, I try to keep my emotions in balance"), and over-identified (example item: "When something painful happens, I tend to blow the incident out of proportion"). All the negative subscales were reverse coded before a composite was created for an overall

SC score. To increase readability, twelve phrases were revised (e.g., Item 1: 'disapproving and judgmental' into 'negative and critical'). The results shall be interpreted with caution. Reliability tests revealed that self-kindness' sample derived Cronbach's alpha was $\alpha = .83$, self-judgement ($\alpha = .84$), common humanity ($\alpha = .71$), isolation ($\alpha = .76$), mindfulness ($\alpha = .70$), and over-identified ($\alpha = .74$). The Cronbach's alpha for overall SC was high ($\alpha = .91$).

Subjective well-being (SWB). Cognitive and affective measures were employed to measure SWB (Diener, 2000; Seligman & Csikszentmihalyi, 2000). SWB was comprised of three dimensions: positive and negative affect (e.g., good mood and absence of negative emotions), as well as life satisfaction. Cronbach's alpha for SWB was high ($\alpha = .94$).

Positive and Negative Affect. The Positive and Negative Affect Scale for children (PANAS-C; Laurent et al., 1999) was utilized to assess 30 feeling/emotions that ranged from 1 (*Very slightly or not at all*) to 5 (*Extremely*). In this sample, Cronbach's alphas for positive and negative affect were $\alpha = .91$ and $\alpha = .92$, respectively.

Satisfaction with Life. The Satisfaction with Life Scale for Children (SWLS-C; Gadermann, Schonert-Reichl, & Zumbo, 2010) was used to assess participants' life satisfaction with five items on a 5-point Likert scale (1 = *Disagree a lot* to 5 = *Agree a lot*). Higher scores indicated higher satisfaction with life. The five items were combined to form a total life satisfaction score that ranged from 5-25. This sample's derived reliability was $\alpha = .89$.

Procedure

This study was approved by Brock University's Research Ethics Board (REB #18-294). Following ethics approval, the researcher reached out to a local YC support organization to recruit self-identified YCs via targeted sampling. At the same time, a larger ongoing study was seeking youth participants from the community on a study of self-compassion in Canadian youth.

Following meetings with the executive director and program manager, a date for data collection was set. Participants with signed parental consent and assent forms were directed to a designated area where they filled out paper and pencil questionnaires, in group settings during regular program hours. They were instructed to complete surveys independently and ask for any clarifications or assistance with comprehension. The survey took approximately 30 minutes to complete. Upon completion, participants were compensated with pizza and drinks or a healthy snack of their choice.

Data Screening and Analyses

Due to the comparative nature of this study, a YC and a non-YC samples were required.

A sample of YCs was obtained from the local support organization. Due to limited sample size, any identified YCs from the community who admitted to the YC screening questions were identified as a YC ($n = 13$) and were merged with the YC group, to create the overall 'YC status' group ($n = 55$). The sample of non-

YCs was drawn from another parallel study of youth aged 12-18 years ($N = 159$). Within that sample, non-YCs were matched to YCs' age and gender. They were not matched on other variables (e.g., with whom they lived and how many people), to refrain from further reducing an already limited sample.

Every YC was matched to two non-YCs to approximate the population. When the match was not possible due to lack of participants of the same gender/age, older or younger participants (by one year only) were chosen instead. In one case, there were no 18-year-old female participants to match one YC, thus two 17-year-old girls were randomly selected.

Using SPSS IBM statistics 22, data was screened to ensure that all statistical assumptions were met. There was evidence for univariate and multivariate normality, as well as for linearity, independence, and homoscedasticity. There were neither univariate or multivariate outliers, nor presence of multicollinearity (Field, 2017; Tabachnick & Fidell, 2001). In this study, descriptive and correlational analyses were conducted to further understand YCs and their caregiving context. Then, multiple analyses of variance (MANOVA) were carried out to assess whether YCs and non-YCs differed on subscales of SC and subscales of SWB. MANOVA analyses were chosen because they represented an omnibus test that measured multiple dependent variables at once and safeguarded against type 1 error (Field, 2017). This was an exploratory study with its main focus for a direct comparison of YCs and non-YCs' levels of SC and SWB. Findings were presented according to two main parts: (i) descriptive statistics on YCs and, (ii) differences of YCs and non-YCs on SC and SWB.

Results

Descriptive Statistics on YCs

YCs had been carers for almost seven years at the time of this study ($M = 6.95$, $SD = 4.14$, $mdn = 7.50$, $n = 39$), and started caregiving at an average age of years 7.56 years ($SD = 3.36$, $mdn = 8$, $n = 39$). YCs reported to care for about 6.61 hours a day ($SD = 7.75$, $n = 39$), with a median of 3.50 hours. Over half of all YCs cared for siblings (58.2%, $n = 32$) and a quarter for their mother. While the majority cared for one person, 23.6% cared for more than one person in the family (see Table 1).

Correlational analyses revealed that caregiving factors, such as the number of hours and years of caregiving, age of onset of caregiving, and the number of people cared for, did not relate to SC and SWB (see Table 2). Expectedly, caregiving hours were positively related to the number of people cared for. This indicated that YCs who cared for more people were more likely to spend more hours on caregiving per day. There was also a positive correlation between SC and SWB.

Differences between YCs and Non-YCs on SC and SWB

Two separate MANOVA analyses were carried out on SC subscales and subscales of SWB. Results revealed that YCs and non-YCs had similar levels of SC, as there were no significant main effects, (Wilks $\Lambda = 0.954$, $F(6, 155) = 1.24$, $p = .290$,

$\eta^2 = .046$). Moreover, YCs and non-YCs did not vary on SWB and its subscales, as there was no statistically significant main effect (Wilks $\Lambda = 0.973$, $F(3, 156) = 1.46$, $p = .229$, $\eta^2 = .027$). Although failing to reach statistical significance, a trend was evident, where YCs reported lower life satisfaction ($p = .061$) and lower overall SWB ($p = .074$) than non-YCs (see Table 3).

Discussion and Implications

The purpose of this study was to examine whether YCs' SC and SWB rates were lower than non-caregiving youth. Before a discussion about YCs' SC and SWB rates in comparison to their peers, it is important to take a moment to appreciate what YCs do and what their lives may look like.

At the time of the study, YCs had cared for an average of almost seven years and started caregiving at a very young age. On average, they cared for around seven hours per day, an equivalent of almost 50 hours per week. These results were not surprising, given that other studies found similar trends. For example, McDonald and colleagues (2009) found that some YCs who were 11 to 26 years old (at the time of the study) reported beginning caregiving around the age of 10. Caregiving at a young age could be a necessity in response to the caregivers' circumstances and variability in diagnoses (McDonald et al., 2010; Smyth et al., 2011). Some studies also reported similar hours of care, with anywhere from minimally 7 to upward of 50 hours per week (Banks et al., 2001; Järkestig-Berggren et al., 2019; Marote et al., 2012; Nagl-Cupal et al., 2014; Stamatopoulos, 2018; Warren, 2008).

Of course, there was a range of caregiving hours, from 0 to 24 hours per day, which indicated a continuum of care (Becker, 2007). The one participant who responded to care for zero hours may have had a different conceptualization of their tasks, where they did not see their caregiving as a job and may have only seen 'care' as a familial duty (Bolas et al., 2007), which elicited pride (Metzing-Blau & Schnepf, 2008). The five participants who responded they cared for 24 hours might have experienced the burden of caregiving due to the nature of care required (Järkestig-Berggren et al., 2019).

Among the many reasons for caregiving, spectrum disorders (e.g., Autism, ADHD) were the most common. Coupled with the fact that over half of the YCs in this sample cared for siblings, it could be that their siblings have these diagnoses. In Canada, recent statistics have shown that 1 in every 66 children and youth, aged 5 to 17 years, was diagnosed with Autism Spectrum in 2015 (Public Health Agency of Canada, 2018). Thus, it is important to note how significant this finding is within the Canadian context, where so many other YCs would potentially require helping siblings but would remain hidden. Doctors, nurses, and all frontline workers at support organizations for these spectrum diagnoses should be aware of this subgroup and identify those children within the family unit. By doing so, they could refer them to proper services, which could further support YCs in their caregiving roles.

The existing literature on SC and SWB is limited, at best. This study was designed to determine whether YCs and non-YCs differed on these two important constructs. First, YCs and non-YCs did not show statistically significant differences on SC.

Table 1. Caregiving Characteristics

Characteristic	Category	YC % (n)
Care recipient	Mother	25.5% (14)
	Father	14.5% (8)
	Sister	29.1% (16)
	Brother	29.1% (16)
	Grandfather	9.1% (5)
	Grandmother	7.3% (4)
	Aunt	5.5% (3)
	Uncle	3.6% (2)
	Cousin	12.7% (7)
	Other (e.g., step siblings)	3.6% (2)
	Number cared for	One person
Two people		10.9% (6)
Three people		5.5% (3)
Four people		1.8% (1)
Five people		1.8% (1)
Nine people		3.6% (2)
Caregiving reasons	Spectrum (e.g., Autism, ADHD)	39.8% (22)
	Syndromes (e.g., Down, Fatal Alcohol, Tourette)	10.8% (6)
	Chronic/physical illness (e.g., brain injury, cancer, multiple sclerosis, arthritis)	21.6% (12)
	Mental health/ disorders (e.g., anxiety/depression, substance use, bipolar/ personality disorder)	10.8% (6)

Note. $N = 55$ YCs. More than one response was possible on any of these variables.

Table 2. Zero-Order Correlations between Caregiving Variables, SC, and SWB.

Variable	1	2	3	4	5	6
1. Hours of caregiving	-	.34*	-.32	.60***	-.17	-.08
2. Years of caregiving		-	-.77***	-.27	-.22	-.18
3. Age of onset of caregiving			-	.16	.03	.04
4. Number of people cared for				-	.09	.17
5. Total self-compassion					-	.67***
6. Subjective well-being						-

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; Total responses on caregiving variables were very low, ranging from $n = 30$ to $n = 50$.

Table 3. YCs versus Non-YCs on Measures of SC and SWB

Variables	YCs ($N = 55$)		Non-YCs ($N = 107$)	
	Mean	Standard deviation (SD)	Mean	Standard deviation (SD)
Self-kindness	2.83	0.94	3.00	0.96
Self-judgement	2.71	1.12	2.60	0.99
Common humanity	3.01	0.90	2.99	0.95
Isolation	2.84	1.14	2.94	0.97
Mindfulness	3.19	0.89	3.22	0.85
Overidentification	2.89	1.01	2.85	0.98
Total SC	2.91	0.70	2.94	0.71
Life satisfaction	16.67	5.29	18.15	4.35
Positive affect	3.25	0.88	3.29	0.80
Negative affect (reversed)	3.54	0.99	3.74	0.82
Total SWB	7.82	2.12	8.39	1.80

Note. There were $N = 105$ non YCS within the SWB subscales. SC = Self-compassion; SWB = Subjective well-being.

This complemented Neff and McGehee's (2010) speculations that youth, in general, may have relatively low SC rates, due to the process of egocentrism, or personal fable where they would think that their experiences are unique and unusual, be more self-critical and lost in their problems. This would suggest that all youth, irrespective of their YC status, might have this, contributing to low SC rates. Thus, more effort should be made to gain a better understanding into the role of SC in young people's lives.

Another potential explanation for non-significant results is that YCs in the current study were not a characteristic of a "true YC" described in the literature (as was the case in Remtulla et al.'s (2012) study). Given these youth came from a support program, perhaps they learned how to deal with some negative emotions through therapy, solved their isolation by hanging out with friends, and were able to see that others go through similar experiences. This complemented a previous study that showed that a YC programming aided YCs to decrease isolation, gain meaningful peer support, and have a break (Richardson et al., 2009), thereby pointing to how beneficial these programs can be. However, smaller, more specific differences might have existed, but did not emerge because of the reliance on the omnibus test and lack of power. YCs' scores on self-compassion subscales, in relation to non-YCs, might have suggested that YCs have lower self-compassion; specifically, YCs from support services showed more self-judgement than YCs identified from the community, which could be indicative of lower self-compassion, but the results were not statistically significant, perhaps due to the small sample size. Since this research was exploratory, much more investigation is warranted. Future studies should further examine whether YCs and non-YCs in fact report similar levels of self-compassion or whether it was due to limited sample size.

With regards to SWB, results of this study showed that YCs scored similarly to non-YCs. This again could simply illustrate that youth, ages 12 to 18, may have low SWB, which complemented recent findings from Ronen et al. (2016) where older adolescents, in particular, had lower life satisfaction and higher negative affect (rather than positive affect). Given that 'adolescence' might represent a stormy and stressed phase, it might not be surprising to see that some adolescents (but not all) may struggle with well-being (Arnett, 1999; Steinberg & Morris, 2001). For some, 'adolescence' can be an extremely vulnerable phase, where teenagers may already show poorer mental health and may worsen their health further by engaging in risky, health compromising behaviours (e.g., substance use, unsafe sexual behaviours) (Call et al., 2002). YCs are not different; they are adolescents, who on top of everything else provide care to their loved ones. It is also noteworthy that both groups (YCs and non-YCs) ranged between scores of 15 to 19, which signified that they were slightly below average on life satisfaction (Diener, 2006). This suggests that YCs, like the other youth, might go through certain life events and therefore may be a bit dissatisfied, but to a similar degree.

Having similar degree of dissatisfaction might suggest that caregiving does not fully impact YCs' SWB. However, a further look into the results showed that descriptively, without reaching statistical significance, YCs showed trending results for lower life satisfaction and overall lower SWB than non-YCs. Of course,

these were not significant main effects, but given the exploratory nature of this topic, coupled with the small sample size, these results demand our attention because they complement a recent article that found that YCs experienced a 'caregiving penalty', whereby they showed lower educational attainment and limited employment opportunities, worsened attachment to their loved ones, and limited or non-existent social life (Stamatopoulos, 2018). Although Stamatopoulos' (2018) study was not comparative, other comparative studies showed similar trends, where YCs showed lower life satisfaction (Collins & Bayless, 2013) and lower psychological (Järkestig-Berggren et al., 2018) and subjective well-being (Leu et al., 2019).

These mixed results may in part be explained by sample specific characteristics (e.g., sample size) and the nature of the caregiving role (e.g., duration, intensity). First, the above-mentioned comparative studies (except for Järkestig-Berggren et al (2019)) included a larger sample of YCs, which increases the likelihood of finding statistical significance (Field, 2017). Second, it is also possible that the YCs in the current study have been carers for a longer time and have been a part of support program. After all, longer duration of caregiving was shown to be related to fewer self-reported worries, because YCs might have gotten more knowledgeable and felt more in control with some passage of time (Cree, 2003). Thus, further studies could test whether YCs' SWB can be moderated by caregiving duration. Further research would also be needed to determine whether other individual differences among YCs (e.g., personality traits, attachment to parents) might play a moderating role in determining YCs' SWB or SC.

Taken together, this study found YCs and non-YCs had similar levels of SC and SWB. Although no other studies, that we are aware of, have investigated these two constructs among YCs, similar constructs such as resiliency and coping offer comparable evidence. Gough and Gulliford (2020) reported that some YCs had inner strength to persevere, despite their hardships. In that study, resilience was tied to perceived self-efficacy and school connectedness, which were deemed as protective factors and were related to higher levels of mental well-being. This meant that YCs who believed in their ability to be caregivers and were connected to others at school had greater adjustments. Moreover, Lakman & Chalmers (2019) have found that YCs and non-YCs both expected the best out of life, to similar degree, despite YCs' caregiving circumstances. Moreover, Boumans and Dorant (2018) did not find statistical differences between YCs and non-YCs on level of resilience but found that YCs relied on emotion-focused coping more than non-YCs, which contradicts the present study's lack of differences on SC. However, most evidence showed that YCs and non-YCs have similar levels of resilience, which could be indicative of what they think or how they value their experiences. Finding that both groups showed similar SWB and SC could encourage other studies to examine these two constructs as potential mechanisms that would help promote psychological adjustment of YCs.

Limitations

First, this study could have been underpowered due to low

number of YCs. The small sample size might have also hindered the ability to find statistically significant differences. However, one strength of this study was that both self-identified YCs from programming and screened YCs from the community were included as participants. Thus, this heterogeneity among YCs could have increased generalizability beyond YCs who were in support programs. Second, this present study obtained a sample of YCs from a support program, who may be more resilient than other YCs because of all the support they receive. It could be argued that due to their increased engagement with the program, they would have learned SC and improved their well-being. Thus, further work should be undertaken to investigate SC in YCs who are not in support programs to truly see whether differences exist. Future studies could also explore whether better screening questions can identify more YCs from the population. Third, this study utilized self-reported measures, and although it showed that they were appropriate (e.g., reliable and valid), they could have still weakened the results. Fourth, this study used cross-sectional data. Therefore, it could be that although this study did not find any statistically significant results, differences may have emerged over time. Future studies could use experimental designs or longitudinal designs to better understand the constructs of SC and SWB among YCs. Fifth, the views presented in this paper focus on an individualized and subjective YCs' experiences, which impacted how we conceptualized these two constructs. The present study relied on the framework of positive psychology, with specific attention given to the positive notions in people (Compton & Hoffman, 2019; Hart, 2020). Thus, future studies could examine these two constructs within the family and/or within a more ecological framework, because young caregiving is not only a product of a family need, but it is also shaped by their community relationships. Finally, a note must be taken about the critiques of the deployment of self-compassion and self-care frameworks. Self-care strategies have been criticized for leaving individuals responsible for coping with structural inequalities (see for example, Stuart, 2021; Quaye et al., 2019). These studies argue that instead of fixing structural inequalities (and often work-related issues), the emphasis is being given to "fixing" the individuals, who are expected to self-care in order to thrive at work (Stuart, 2021; Quaye et al., 2019). For these reasons, it is important both to attend to these structural inequalities and to examine the role of self-care in YCs' lives, especially when they might be experiencing more serious issues at home, school, or work.

Conclusion

The present study was the first to compare YCs to non-YCs on SC and SWB. This study found that YCs and non-YCs have similar SWB and SC. Although this study did not find any statistically significant differences, further work should be undertaken to investigate SC in youth, especially in vulnerable sectors, to inform programs and services on how to cultivate SC and improve SWB.

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