Generational Differences in Coping Skills when Handling Uncertainty in Life Events

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Abstract

Differences in psychological development, societal standards, and access to mental health resources are reflected in how different generations cope with important life events. With a focus on coping methods, perceived stress, quality of life, and coping efficacy, the current study examined how people across generations manage uncertainty during significant life events. This study employed a quantitative, cross-sectional survey approach with a section for the participants to add qualitative details, drawing on previous research showing that coping techniques differ by age and sociocultural setting (Chen et al., 2018; Kurth et al., 2025; Trudel-Fitzgerald et al., 2025). A self-report questionnaire measuring life events, coping practices, stress levels, and perceived efficacy of coping techniques was completed by 109 participants across Generation Z, Millennials, Generation X, Baby Boomers, and the Silent Generation. The one participant from the Silent Generation and one participant under 18 were both excluded from the analyses.

Consistent with earlier findings on psychological adaptation, the results showed that all generations had high levels of stress and lower quality of life after major life events, followed by improvements over time (Schlechter et al., 2026). While older generations relied more on interpersonal support and religious traditions, younger generations reported using professional and adaptive coping techniques, such as therapy and self-care. Despite these variations, assessments of stress and quality-of-life outcomes showed no statistically significant generational disparities. Nonetheless, adaptive coping techniques were linked to improved psychological outcomes and higher perceived efficacy, which supports the body of research that links coping style to well-being (Grelle et al., 2023). Overall, results indicate that people exhibit resilience regardless of age, even though coping strategies vary by generation. To enhance

psychological outcomes in the face of life stressors, the findings emphasize the need to encourage adaptive coping skills and to customize mental health therapies to generational needs.

Introduction

Managing and coping with significant life events is a fundamental psychological issue that varies across all generations (Radjenovic et al., 2025). The customization of psychological support and greater exposure to mental health education have influenced younger generations more than older ones, perhaps leading to more flexible coping mechanisms (Trudel-Fitzgerald et al., 2025). Additionally, to cope with life events, older people frequently turn to religious frameworks and well-established personal ties (Sowan et al., 2023). This paper will discuss the different types of life events experienced by each generation and how each generation copes with life events.

Literature Review

Conceptual Framework and Key Terms

One of the main areas of study in developmental and stress psychology is coping with significant life events. People experience circumstances throughout their lives that cause instability and necessitate psychological adjustment. According to Chen and colleagues (2018), coping strategies are behavioral and cognitive techniques used to manage demands perceived as stressful or exceeding available resources. These techniques are frequently divided into three categories: emotion-focused coping, which focuses on controlling emotions; problem-focused coping, which focuses on actively addressing the stressor; and avoidance-based coping, which entails disengagement or denial of the stressor (Chen et al., 2018). Coping methods are operationalized in the current study as self-reported actions chosen from a standardized checklist. These behaviors include exercise, writing, peer support, family support, therapy, religious practices, substance use, isolation, and other customized responses.

Life events are significant occurrences, such as divorce, illness, financial issues, addiction (such as substance abuse), victimization, or grief, that necessitate psychological adjustments. These life events are frequently linked to higher stress levels and lower quality of life (Radjenovic et al., 2025; Schlecter et al., 2026). Life events are operationalized in this study as experiences chosen from a predetermined list and validated by participants.

Perceived unpredictability or a lack of control over life situations is known as uncertainty, and it has been demonstrated to have a detrimental impact on mental health outcomes and subjective well-being (Uzun & Arslan, 2025). Lastly, professional services such as therapy and psychiatric consultations are included in mental health support, including informal support networks, such as peers, family, and religious groups (Grelle et al., 2023; Sowan et al., 2023). Moreover, a framework for analyzing variance in psychological adaptation during adulthood is provided by understanding how these dimensions vary across generations.

Life Events and Psychological Impact Across Adulthood

The frequency and psychological effects of life events differ across generational stages. According to Radjenovic and colleagues (2025), life events grow increasingly diverse and complicated as people age. For example, the study found that nearly 68% of adults over the age of 60 reported having at least one major illness occur within the last five years. While older generations deal with health-related and loss-related events more often, younger adults frequently go through identity-related conditions (such as changes in school or breakups). These variations may influence the choice of coping method depending on the type of life event.

Schlechter and colleagues (2026) showed that significant life events are a strong predictor of long-term changes in mental health and well-being. Both the actual occurrence and how it influences individuals' psychological reactions, and how they interpret and cope with it. This

implies that the choice of coping method mediates life experiences and long-term well-being outcomes. Furthermore, prolonged exposure to stress has been linked to depressive symptoms, mainly when maladaptive coping mechanisms are utilized (Sowan et al., 2023). These results highlight the importance of determining which coping mechanisms are used in stressful situations and whether they are perceived as advantageous.

Generational Differences in Coping Strategies

There is significant evidence of generation-related variations in coping. Older generations exhibit higher levels of positive affect regulation and report using emotion-focused coping methods more frequently than younger generations (Chen et al., 2018). Age and emotional well-being were shown to be balanced by problem-focused coping, indicating developmental changes in coping efficacy.

The idea that coping mechanisms change as people age is further supported by longitudinal data from the Midlife in the United States research (Kurth et al., 2025). In middle-aged and later adulthood, people place greater emphasis on acceptance-based approaches and emotional control than on directly fixing problems. This developmental change might reflect shifting perspectives on life and perceived control.

By examining common cultural factors, generational research builds on age-based findings. According to Umul and Guloglu (2023), there are notable variances in coping mechanisms and interpersonal conflict-resolution abilities across generations X, Y, and Z. While older generations placed greater emphasis on self-control and interpersonal harmony, younger generations showed greater openness to expressive coping. These variations demonstrate how sociocultural background affects coping mechanisms. Despite these results, rather than

comparing several cohorts within a single research design, a large portion of the literature looks at age or generational groups separately. There are very few direct comparisons.

Mental Health Awareness and Outreach to Professionals

Coping mechanisms have been impacted by the increased exposure of younger generations to mental health activism and psychoeducation. According to Grelle and colleagues (2023), compared to older generations, younger generations reported increased dependence on professional help and had less stigma toward mental health services. Their findings during the COVID-19 pandemic showed that there were age differences in maladaptive responses, such as drug use, as well as coping strategies. Similarly, Choi and colleagues (2026) showed that adaptive coping methods were associated with fewer depressive symptoms and improved self-efficacy by identifying distinct coping patterns among Gen Z over time. These results imply that long-term adjustment and coping flexibility may be impacted by exposure to organized mental health therapies.

According to Trudel-Fitzgerald and colleagues (2025), individual and environmental variables, such as generational atmosphere, affect coping variability and perceived coping efficacy. More coping strategy experimentation was reported by younger individuals, which could be a result of more access to psychoeducational resources and the normalization of therapy. Few studies assess whether these professional coping mechanisms are perceived as more helpful than conventional or informal supports, despite evidence of increased help-seeking among younger generations.

Coping Strategies in Older Generations

When dealing with uncertainties and significant life challenges, older adults are more likely to turn to religion, family, and established social networks (Kurth et al., 2025; Sowan et

al., 2023). Resilience and emotional control in later adulthood have been linked to religious coping and meaning-making of what they are going through (Uzun & Arslan, 2025). These techniques might offer existential stability in the face of unforeseen circumstances.

According to Kurth and colleagues (2025), coping becomes more consistent as people age, as older individuals' coping styles show greater consistency over time. Furthermore, Sowan and colleagues (2023) found that in older generations under chronic stress, interpersonal support considerably reduces depression symptoms. These findings suggest that older generations rely on interpersonal and faith-based coping strategies to give similar emotional advantages, even if they may be less inclined to seek professional mental health care. Still, not enough research has been done to directly compare the effectiveness of faith-based and professional coping strategies across generations.

Maladaptive Coping and Generational Risk

Maladaptive coping mechanisms, such as drug abuse, social isolation, and avoidance, have been associated with negative mental health outcomes (Grelle et al., 2023; Sowan et al., 2023). Maladaptive coping mechanisms have been found to vary across generations, especially in response to major stressors such as the COVID-19 pandemic (Grelle et al., 2023). Nevertheless, there is little research comparing the incidence of maladaptive coping across several generations within a single study that examines a variety of life experiences. Determining at-risk groups and developing customized therapies requires an understanding of the prevalence of maladaptive coping.

Gaps in the Literature

Despite extensive research on coping in different generations, several limitations remain. First, rather than using distinct generational cohorts, much research concentrates on

developmental age differences. Second, studies often assess coping frequency but do not gauge how successful people believe their coping mechanisms are (Trudel-Fitzgerald et al., 2025). Third, little research establishes a clear connection between specific life events and the coping mechanisms used in response to those events. Lastly, there are a few cross-generational comparisons that incorporate both maladaptive and adaptive coping mechanisms in the same generation. A thorough grasp of how generational identity affects coping choice and perceived benefit is hampered by these limitations.

Purpose and Significance of the Present Study

The current study aims to assess perceived coping efficacy and directly compare generations in terms of the coping mechanisms they reported using throughout major life events. This study addresses the drawbacks of previous studies that examined age groups separately by examining several generations within a single survey. By (a) connecting particular life experiences to coping mechanisms, (b) evaluating the perceived efficacy of coping strategies, and (c) contrasting adaptive and maladaptive coping mechanisms across generations, this study adds to the current literature. Understanding how different generations cope with life events can help community leaders, educators, the general public, mental health providers, and religious institutions provide generational-appropriate solutions. Effective outcomes might inform tailored psychoeducation, strengthen outreach initiatives, and deepen understanding of how generational context shapes psychological adaptation to uncertainty. The current study closes these gaps and contributes to our understanding of the changes in coping between generations and how they affect mental health outcomes.

Methods

Research Design

The study used a quantitative cross-sectional survey-based design to investigate how coping mechanisms change across generations during significant life events. Participants' generational identification, experience with significant life events, stress levels, coping methods, and perceptions of the effectiveness of those coping mechanisms will be reported in an anonymous Google Forms survey. The study's independent variables comprise Generation Z (18-29 years old), Millennials (30-45 years old), Generation X (46-61 years old), Baby Boomers (62-80 years old), and the Silent Generation (80-98 years old). The kinds of coping mechanisms employed, perceived stress levels, and reported effectiveness of coping mechanisms are among the major dependent variables. Coping mechanisms can be either maladaptive (like substance abuse or isolation) or adaptive (like therapy, exercise, and social support). This approach enables statistical comparisons of coping mechanisms people report using during important life events.

Participants

Adults from various generations aged 18 or older are included in the study. Since they are under 18 and cannot give informed consent, members of Generation Z born between 2008 and 2012 will not be allowed to participate. Convenience sampling was used to recruit participants, and the survey link was distributed online through social media and during the "Snacks for Psychology" Rochester Christian University Campus Event. Recruitment communications will urge people to freely participate in the study and provide a brief explanation of its goal.

Materials

A self-report online survey created by the researcher was used to gather data (Appendix B). Several questionnaire items are intended to measure demographic data, life events, stress levels, coping mechanisms used during those experiences, and the perceived effectiveness of those coping mechanisms.

The survey's initial portion gathers demographic data, such as gender, generational group, and race or ethnicity. Participants will indicate which generation— Gen Z, Millennials, Gen X, Baby Boomers, or the Silent Generation—they most strongly identify with. Due to age restrictions, participants who identify as Gen Z and were born between 2008 and 2012 will be excluded from the survey.

Questions on participants' experiences with significant life events are also included in the survey. A list of typical life events, including death of a loved one, divorce, personal illness or injury, job loss, retirement, financial difficulty, addiction, bullying, etc., will be listed for participants to select from. In addition to selecting all the life events that apply to the individual, participants can use the open-ended answer to list a life event that was not listed.

Using a researcher-created scale from 1-10, participants will rate both their current stress level and their stress level during the significant life event(s) they experienced to determine the psychological effect. Higher scores indicate greater reported stress. Using the same 10-point rating system, participants will also assess both their quality of life during the life event and their current quality of life using a researcher-created scale; higher scores indicate greater perceived quality of life.

After selecting all relevant coping strategies from the list, participants will report the coping techniques they used throughout the life event. Therapy, peer support, family/friend support, self-care activities, meditation, journaling, and religious practices are some of these coping mechanisms. Other choices include actions that can be indicative of maladaptive coping, such as doing nothing, withdrawing from others, or using drugs. An open-ended response option allows participants to offer more coping mechanisms.

Lastly, participants will be asked whether the coping mechanisms they employed were beneficial. Participants will rate the effectiveness of their coping skills on a five-point scale from 1 (least effective) to 5 (most effective) if they report that their coping skills were actually effective. If a participant reports that their coping mechanisms were ineffective, they will be given the chance to explain why and outline coping mechanisms they think might have worked better.

Procedure

The researcher will provide a link for participants to access the survey. Participants will read an informed consent form outlining the study's objectives, the voluntary nature of participation, potential risks and benefits, and confidentiality safeguards before starting the survey (Appendix A). Before answering the survey's questions, participants must express their willingness/consent to participate. The survey will automatically stop if a participant does not consent.

Completing the survey should take 10 to 15 minutes. Participants will respond to questions about their demographics, life experiences, coping mechanisms, stress levels, and perceived effectiveness of coping. Before submitting the survey, participants may leave at any time and skip any questions they feel uncomfortable answering.

Participants who report using maladaptive coping mechanisms will be given access to mental health support since the survey asks about potentially stressful life circumstances. The Substance Abuse and Mental Health Services Administration (SAMHSA) helpline and the 988 Suicide and Crisis Lifeline are two of these resources.

Data Analysis

Statistical analysis software will be used to examine the data. To summarize demographic traits, life experiences, coping mechanisms used, stress levels, and the perceived efficacy of coping mechanisms, descriptive statistics will be performed first. A one-way analysis of variance (ANOVA) will be used to compare coping behaviors across generational groups and investigate generational differences in coping techniques. *Post hoc* analyses were not conducted to identify differences among generations because the results were non-significant. The relationships among stress levels, coping mechanisms, and perceived coping efficacy may warrant further analysis. All statistical tests will use a significance threshold of $p < 0.05$, with a desired statistical power of 0.08.

Hypotheses

Compared to older generations (Baby Boomers and Generation X), younger generations (Millennials and Generation Z) are expected to report using more professional and adaptable coping mechanisms, including therapy, psychiatric or medical support, peer support, and structured self-care practices such as exercising, journaling, and meditation (Trudel-Fitzgerald et al., 2025). Younger generations (Millennials and Generation Z) may also demonstrate greater use of flexible, problem-focused, and emotion-focused coping strategies, as well as increased willingness to seek external support through online resources and mental health services. Additionally, Generation Z and Millennials are expected to report higher perceived stress and lower quality of life during and after major life events, potentially reflecting increased stress.

Results

Participants

A total of N=109 participants completed the survey. Participants were categorized into generational groups, including Generation Z (n= 54), Millennials (n= 25), Generation X (n= 13),

Baby Boomers (n= 14), and one participant in the Silent Generation. The Silent Generation was excluded, and two participants were excluded from the study because they were under 18. The sample included over 75% females and nearly 75% White/Caucasian participants. Other races with minimal prominence included Middle Easterners, Asians, and Indians.

Preliminary Analyses and Data Screening

The dataset was examined for correctness, completeness, and potential outliers before the primary analysis was conducted. By examining response frequencies and identifying missing values for each variable, the data's completeness was evaluated. Overall, there were very few missing data points and very little variance in sample size between variables (e.g., fewer replies for perceived coping efficacy). All available responses were retained for analysis, as there was very little missing data. The only exception was removing participants from the overall count if they said they were under 18 or from the Silent Generation. Furthermore, because the sample size was too small for a meaningful comparison with other generational groups, participants in the Silent Generation were excluded from the analysis. This ensured that categories were adequately represented in the group analysis.

Additionally, the dataset was examined to make sure all results were accurate and within the anticipated measurement limits. For each variable, descriptive statistics were examined, including minimum and maximum values. There were no data entry errors or incorrect responses, as every response fell within the proper scale boundaries (e.g., 1-10 for stress and quality-of-life measures, and 1-5 for perceived coping efficacy). Visual analysis of the data, including boxplots and frequency distributions, was used to evaluate outliers. Severe or unexpected values can be identified using this strategy. Since no notable outliers were found, no additional data points were removed beyond those mentioned previously.

No statistically significant outliers were identified during data screening procedures. Additionally, assumptions for ANOVA including normality and homogeneity of variance, were assessed visually and determined to be adequately met. All analyses were conducted using an alpha level of $p < 0.05$ to determine statistical significance.

Descriptive Results

Life Events Across Generations

Generational groups differed in the average number of life events (Figure 1). On average, Baby Boomers reported the most life experiences. Given their longer lifespan and greater exposure to significant life events throughout time, this is to be anticipated.

Although significantly fewer than Baby Boomers, Generation X participants likewise reported a very high number of life events, indicating a comparable but somewhat shorter span of acquired experiences. Millennials, on the other hand, reported a modest number of life events, suggesting that although they have experienced many life transitions, their total exposure has been lower than that of earlier generations.

The average number of significant life events recorded by Generation Z was the lowest. The result is in line with their younger age, since, compared with previous generations, they have had less time to undergo significant life changes. All things considered, this pattern shows a distinct tendency: the number of life events recorded rises gradually with age, with each older generation reporting more experiences than the subsequent generation. Rather than being solely the result of innate generational differences, this probably reflects variations in developmental stage and cumulative life exposure. However, these results were not significant $F(3, 102) = 0.87$, $p > 0.05$.

Stress Levels

Significant life events are viewed as stressful regardless of age, as evidenced by high mean stress levels during these events across all generational groups. Millennials have the highest mean stress level (M = 8.44, SD = 1.56), followed by Generation Z (M = 8.19, SD = 2.07) and Generation X (M = 8.23, SD = 1.48). Although Baby Boomers reported a somewhat lower mean stress level (M = 7.00, SD = 2.80), their higher standard deviation indicates greater variation in how they experience stress (Figure 4). Overall, these results imply that although stress during significant life events is typically higher across generations, younger and middle-aged individuals may generally experience these events as being somewhat more stressful on average.

All generations' current stress levels were much lower, suggesting that perceived stress generally decreased over time after the life experience. Once more, Millennials reported the highest level of stress (M= 5.96, SD= 2.21), followed by Generation Z (M= 5.70, SD= 2.02), Generation X (M= 4.92, SD= 2.06), and the Baby Boomers (M= 4.64, SD= 2.37) (Figure 2). According to this trend, younger generations often have higher baseline stress levels than older generations, despite stress typically diminishing over time, especially after a significant life event.

All generation groups consistently saw a decrease in the mean change in stress levels (measured as stress during the life event minus present stress) (Figure 3), suggesting that individuals typically felt less stressed after the significant life event. Younger generations, especially Millennials and Generation Z, seemed slightly more affected by this reduction, suggesting a more noticeable change in perceived stress over time. Baby Boomers, on the other hand, showed a smaller-than-average shift, which might indicate either a lower initial stress

experience or more consistent stress levels over time. Despite observed mean differences, these variations were not statistically significant across generations ($p > 0.05$).

Quality of Life

All generational groups reported a lower quality of life during significant life events; Generation Z had the lowest mean (M = 4.60, SD = 2.37), followed by Baby Boomers (M = 4.80, SD = 1.87), Generation X (M = 5.30, SD = 2.30), and Millennials (M = 5.44, SD = 2.40) (Figure 5). In contrast, the current quality-of-life reports for all generations were better, suggesting a general improvement over time. Once more, Millennials had the best current quality of life (M = 8.00, SD = 1.47), followed by Baby Boomers (M = 7.7, SD = 1.40), Generation Z (M = 7.66, SD = 1.79), and Generation X (M = 7.80, SD = 1.06) (Figure 6). Overall improvements in quality of life were observed across all generational groups, as indicated by the mean change in quality of life (present quality of life minus quality of life during the life event) (Figure 7). The overall pattern of quality of life and improvement was consistent across all generations, despite some variation in both initial and current quality of life scores, especially with slightly lower quality of life ratings during significant life events among Generation Z and slightly higher current rates among Millennials. These results imply that although experiencing significant life events is linked to a lower quality of life, people, regardless of generation, typically recover meaningfully over time. These differences were not statistically significant, $F(3, 102) = 0.33$, $p > 0.05$.

Coping Strategy Frequencies

Coping strategy frequencies revealed distinct generational trends in coping choices. Adaptive and professional coping mechanisms, such as therapy, peer support, and self-care

routines, were more commonly favored by younger generations, especially Generation Z and Millennials. On the other hand, older generations such as Baby Boomers reported using religious rituals and interpersonal or familial support as their main coping strategies.

All generation groups reported using maladaptive coping mechanisms, such as substance abuse and isolation; the frequency of these behaviors differed by generation. Maladaptive coping is still a key component in psychological reactions to major life events, even though these tactics were often less approved than adaptive coping processes.

Inferential Analyses

A series of one-way analyses of variance (ANOVAs) was conducted to examine whether statistically significant differences existed between generational groups in stress levels and quality of life during and after major life events. These analyses allowed for comparison mean differences across Generation Z, Millennials, Generation X, and Baby Boomers. Statistical significance was evaluated using an alpha level of $p < 0.05$.

Generational Differences in Stress During/After the Life Event(s)

A one-way ANOVA was conducted to examine differences across generations in stress levels during and after major life events. Results indicated a non-significant effect of generation, $F(3, 102) = 0.49$, $p > 0.05$. Since the ANOVA was not significant, a post-hoc test was not conducted.

Generational Differences in Quality of Life During/After the Life Event(s)

A one-way ANOVA was conducted to examine differences across generations in quality of life during and after major life events. Results indicated a non-significant effect of generation,

$F(3, 102) = 0.33$, $p > 0.05$. Since the ANOVA was not significant, a post-hoc test was not conducted.

Relationship Between Variables

A Pearson Product-Moment correlation analysis was conducted to examine the relationship between changes in stress and quality of life during and after major life events. Results indicated a negative correlation between changes in stress and quality of life, $r(107) = -0.50$, $p < 0.001$. This indicates that higher stress is associated with lower quality of life, and lower stress is associated with higher quality of life.

Discussion

In addition to examining variations in stress, quality of life, and perceived coping efficacy, the study examined generational disparities in coping techniques used during major life events. Overall, the results show that different generations use different coping strategies, although many overlap; younger generations were more likely to use professional and adaptive coping techniques, while older generations were more likely to rely on interpersonal and religious approaches. Adaptive coping techniques were also associated with better psychological outcomes, including reduced stress and increased perceived effectiveness.

Generational Differences in Coping Strategies

Younger generations, especially Generation Z and Millennials, reported using family/friend support, therapy, peer support, and self-care techniques more frequently compared to Baby Boomers and Gen X, which aligns with other studies (Grelle et al., 2023; Trudel-Fitzgerald et al., 2025). This trend probably results from more individuals of these generations being exposed to mental health education, less stigma associated with psychological

services, and easier access to tools like online support groups and therapy. These results are consistent with younger generations' increasing societal normalization of mental health awareness.

In contrast, older generations, such as Baby Boomers, showed a greater reliance on family/friend support networks and on religious rituals than younger generations (Generation Z and Millennials). This aligns with other research indicating that older individuals are more likely to use faith-based coping and well-established social networks to manage stress and uncertainty (Sowan et al., 2023; Uzun & Arslan, 2025). When dealing with unpredictable life circumstances like illness or bereavement, these coping mechanisms may offer emotional stability and a sense of purpose. Crucially, these findings show that broader societal and generational factors influence coping mechanisms alongside personal preferences. The results show that each generation adopts methods that reflect the resources and traditions available to them, rather than suggesting that one generation copes "better" than another.

Stress and Recovery Across Generations

Participants reported higher stress levels during life events than their current levels across all age groups, indicating a consistent decrease in stress over time. This pattern suggests that individuals, regardless of generation, are generally able to recover psychologically from major life events. Even though there was no significant generational variation in stress reduction, the overall decline in stress highlights the potential role of coping mechanisms and the passage of time in the recovery process. These results align with other studies showing that people use both behavioral and cognitive coping strategies to adjust to life stressors (Chen et al., 2018).

Quality of Life Outcomes

The pattern of recovery shown in stress levels was further supported by reports that quality of life was greater in the present and lower during life events across all generations. This improvement implies that people may recover their well-being after major life events. The observed correlation between stress and quality of life, in which higher stress was associated with worse quality of life, aligns with previous research (Schlechter et al., 2026). As a whole, these results highlight the importance of healthy coping mechanisms in reducing the negative psychological effects of life's experiences.

Effectiveness of Coping Strategies

The association between coping method type and perceived efficacy was one of the study's most important conclusions. Significantly greater perceived efficacy was also reported by those who used adaptive coping methods, such as self-care, social support, and therapy. Maladaptive coping mechanisms, on the other hand, were associated with lower perceived benefits and a worse quality of life.

These results complement other studies showing that adaptive coping mechanisms are associated with superior psychological outcomes, such as lower stress levels and increased well-being (Grelle et al., 2023). The findings imply that although people of different generations may use different coping mechanisms, whether these mechanisms are maladaptive or adaptive significantly affects their effectiveness.

Non-Significant Findings and Variability

Most analyses did not yield statistically significant differences between generations, particularly in quality of life and stress. These results imply that overall coping outcomes may be more comparable across generations than anticipated, despite variations in coping mechanisms.

Due to individual variances and experiences, resources, and coping mechanisms, this lack of notable disparities may also be explained by heterogeneity within generations. These findings demonstrate the importance of considering individual characteristics alongside generational patterns.

Applications to Daily Living

The results of this study directly affect day-to-day living. First, some individuals underscore the importance of choosing adaptive coping mechanisms when handling stress from major life events. People who actively use problem-focused and supportive coping strategies may see greater gains in their overall well-being and reduced stress. The findings also imply that people can benefit from broadening their coping mechanisms beyond those customarily associated with their generation. For instance, although older people could benefit from more access to professional mental health treatments, younger people might gain from implementing long-term relationship or meaning-based coping mechanisms. Promoting adaptability in coping strategies may improve resilience throughout life.

Applications to the Common Good

These findings have significant relevance for society as a whole, especially regarding community support networks, healthcare delivery, and mental health awareness. The creation of focused mental health therapies that are sensitive to the requirements and preferences of various age groups can be aided by an understanding of generational disparities in coping. For instance, by identifying generational disparities in coping methods, healthcare personnel, such as nurses and mental health specialists, can utilize these results to customize patient care. While older patients could benefit from assistance that includes family engagement or spiritual resources,

younger patients might be more open to referrals for treatment or organized programs. These results can also guide public health campaigns and educational activities that support adaptive coping mechanisms. Communities can improve overall mental health outcomes and quality of life by reducing reliance on maladaptive behaviors and increasing understanding of effective coping strategies.

Limitations

When evaluating the study's findings, several limitations should be considered. First, individuals may overestimate or underestimate their coping strategies and efficacy when using self-report measures, which might lead to response bias. Second, the results cannot be applied to larger populations because convenience sampling was used. Furthermore, the study's cross-sectional design precludes causal inference. Although correlations between variables were found, it is impossible to say if coping mechanisms directly contributed to variations in stress or quality of life. To better understand these connections over time, longitudinal designs should be considered in a future study.

Future Directions

Future studies should use a more representative, varied sample to investigate age-related variations in coping. More understanding of how coping mechanisms change over time and how these changes affect long-term mental health outcomes may be possible through longitudinal research. Future research should also look at how effectively particular coping strategies work across generations and how cultural, social, and environmental variables influence coping practices.

Conclusions

Cultural norms, accessible support networks, and generational context all seem to affect how different generations handle significant life events. According to the study's findings, there is a consistent pattern of recovery over time, as evidenced by lower stress levels and better quality of life across all groups, even though all generations experience high levels of stress and lower quality of life during significant life events.

While there were no statistically significant differences in stress reduction across generations, descriptive patterns indicate that older generations, such as Baby Boomers, rely more on family support and religious or faith-based practices. In comparison, younger generations, especially Generation Z and Millennials, are more likely to use therapy, peer support, and self-care techniques. These variations probably reflect wider changes in society, such as younger individuals' greater knowledge of mental health issues and easier access to psychological services, as well as elderly persons' persistent reliance on conventional and community-based support.

Importantly, the results imply that no generation is more adept at coping than another; instead, each generation uses coping mechanisms appropriate to its social environment and experiences. Overall, the noted improvements in stress and quality of life demonstrate people's resilience throughout their lives and emphasize the value of readily available, varied coping mechanisms to support psychological healing after significant life experiences.

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Figures

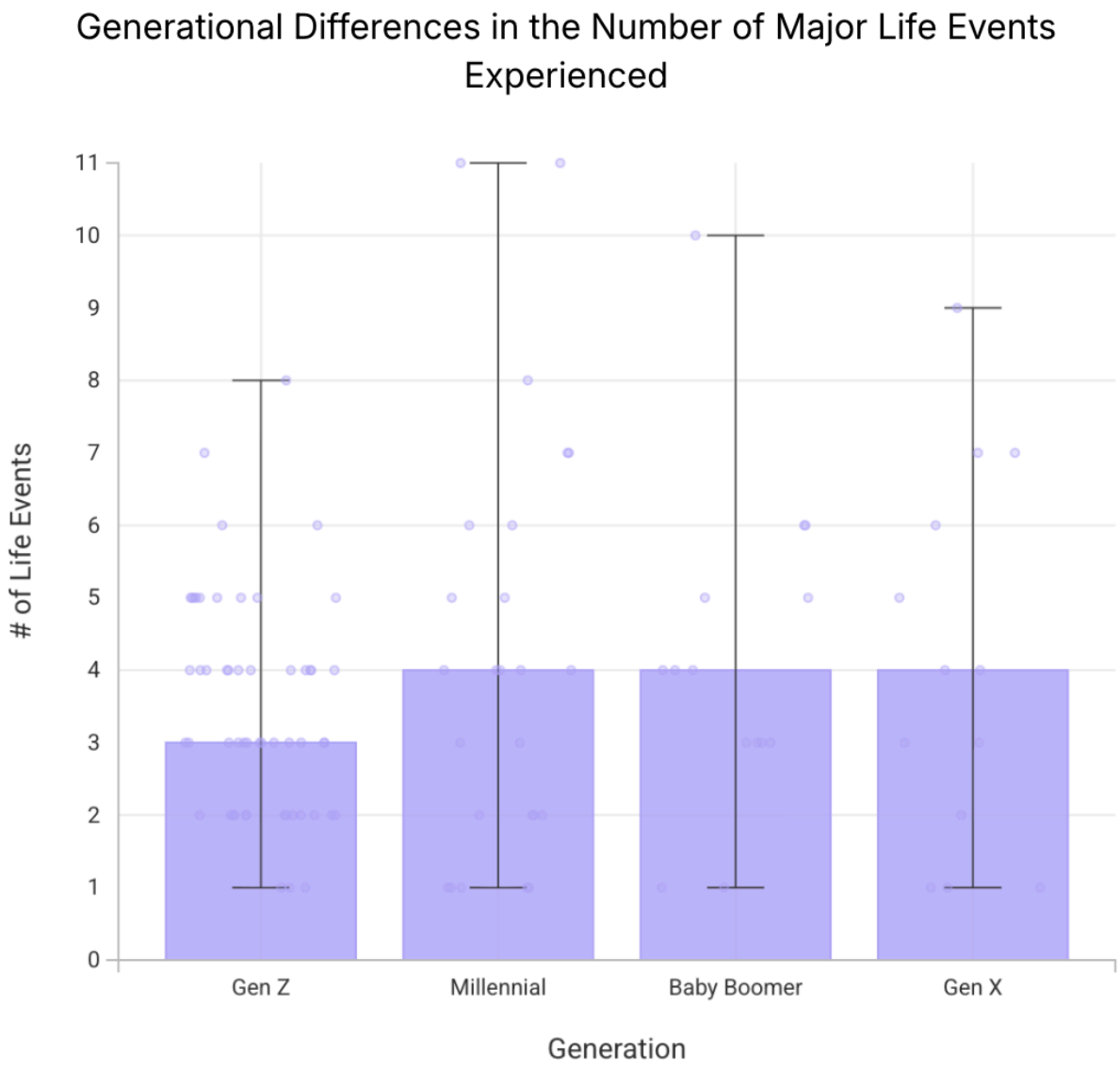

Figure 1. Generational Differences in the Number of Major Life Events Experienced. Purple bars represent the mean number of life events experienced by each generation, error bars represent the standard error of the mean (SEM), and the points represent individual participant responses. $F(3, 102) = 0.87$, $p = >.05$. The difference between generations and the number of life events was not statistically significant.

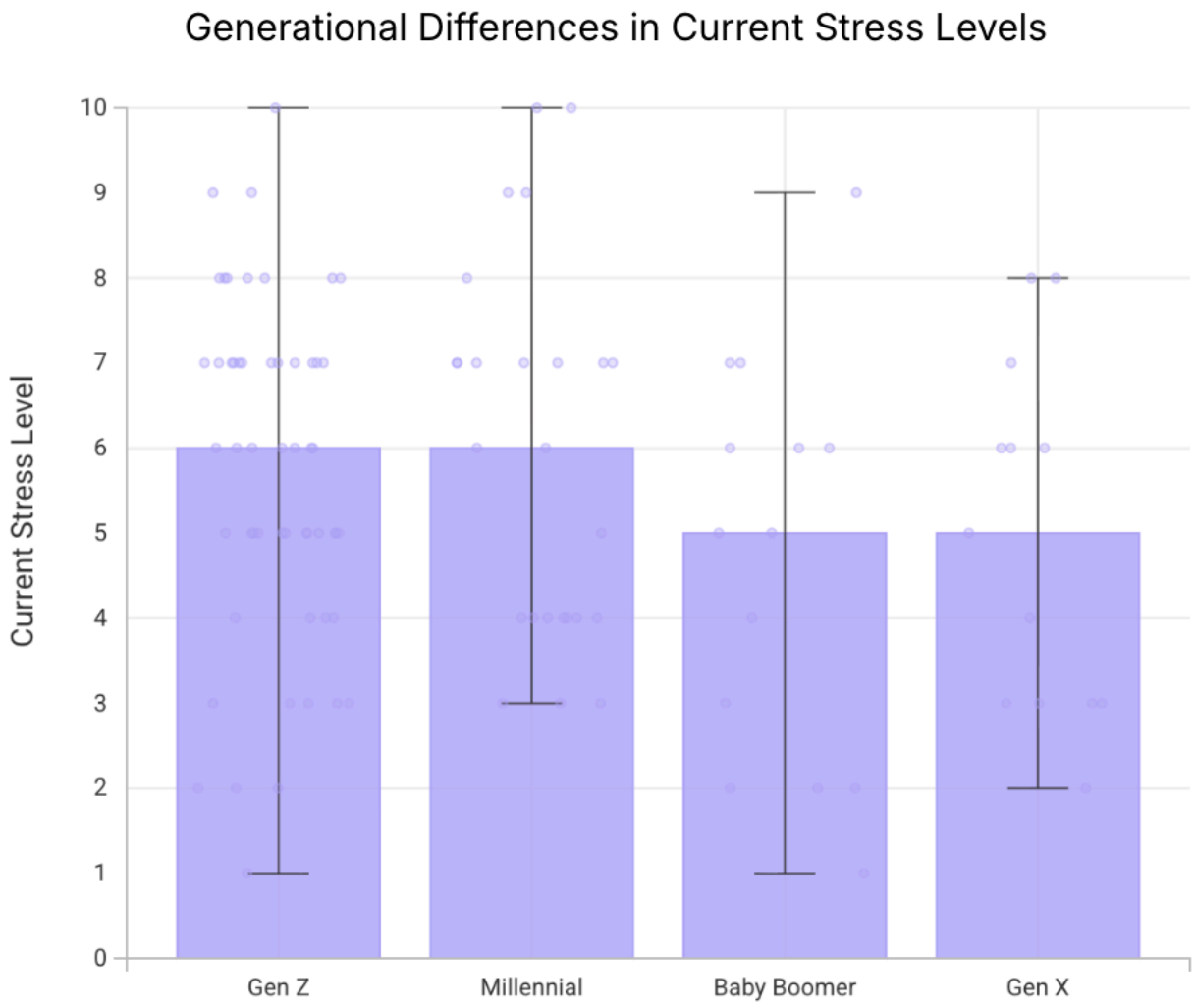

Figure 2. Generational Differences in Current Stress Levels. Purple bars represent the mean current stress level by generation, error bars indicate the standard error of the mean (SEM), and the points represent individual participant responses. $F(3, 102) = 1.64$, $p = >.05$. The difference between generations and the current stress level was not statistically significant.

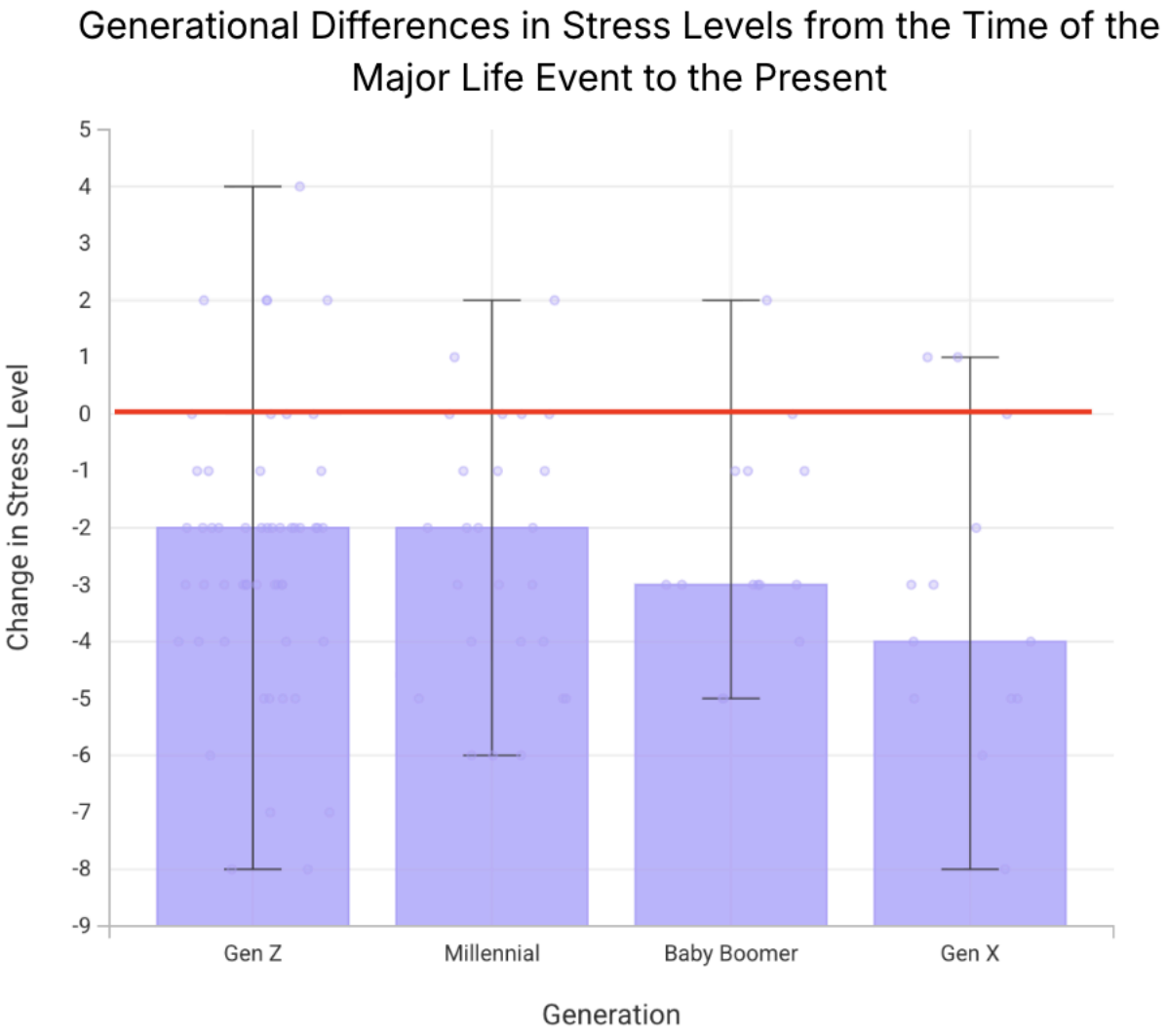

Figure 3. Generational Differences in Stress Levels from the Time of the Major Life Event to the Present. Purple bars represent the mean change in stress levels from the time of the major event to the present by generation, error bars indicate the standard error of the mean (SEM), points represent individual participant responses, and the horizontal red line at 0 indicates no change in stress level. $F(3, 102) = 0.49$, $p = >.05$. The change in stress levels from the time of the major life event to the present was not statistically significant in all generations.

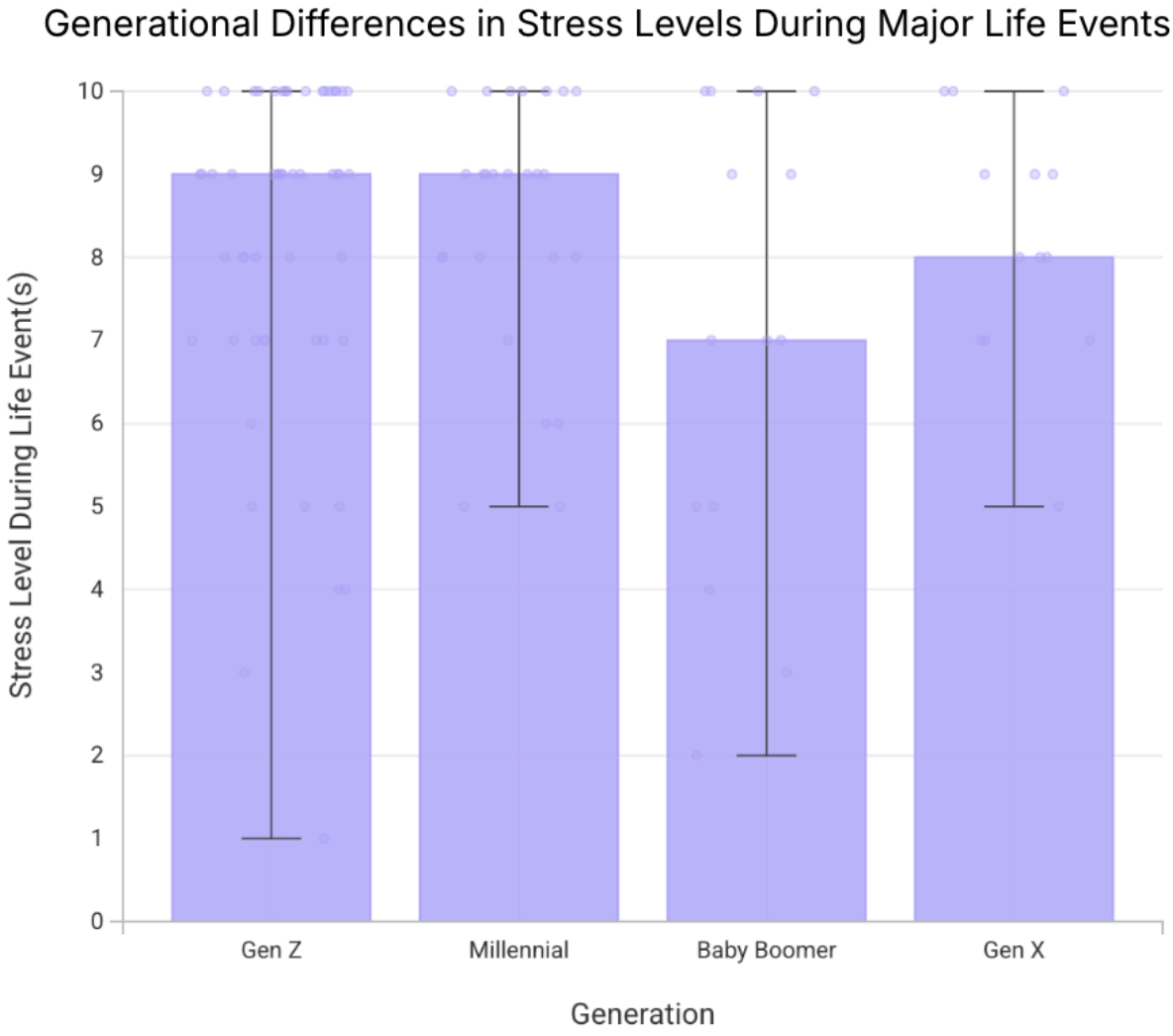

Figure 4. Generational Differences in Stress Levels During Major Life Events. Purple bars represent the mean stress level during major life events by generation, error bars indicate the standard error of the mean (SEM), and points represent the individual participant responses. $F(3, 102)= 1.68$, $p= >.05$. The stress level during the major life event(s) was not statistically significant across all generational groups.

Figure 5. Generational Differences in Quality of Life During Major Life Events. Purple bars represent the mean quality of life during major life events by generation, error bars indicate the standard error of the mean (SEM), and the points represent the individual participant responses. $F(3, 102)= 0.86$, $p= >.05$. The quality of life during major life events did not differ significantly across generations.

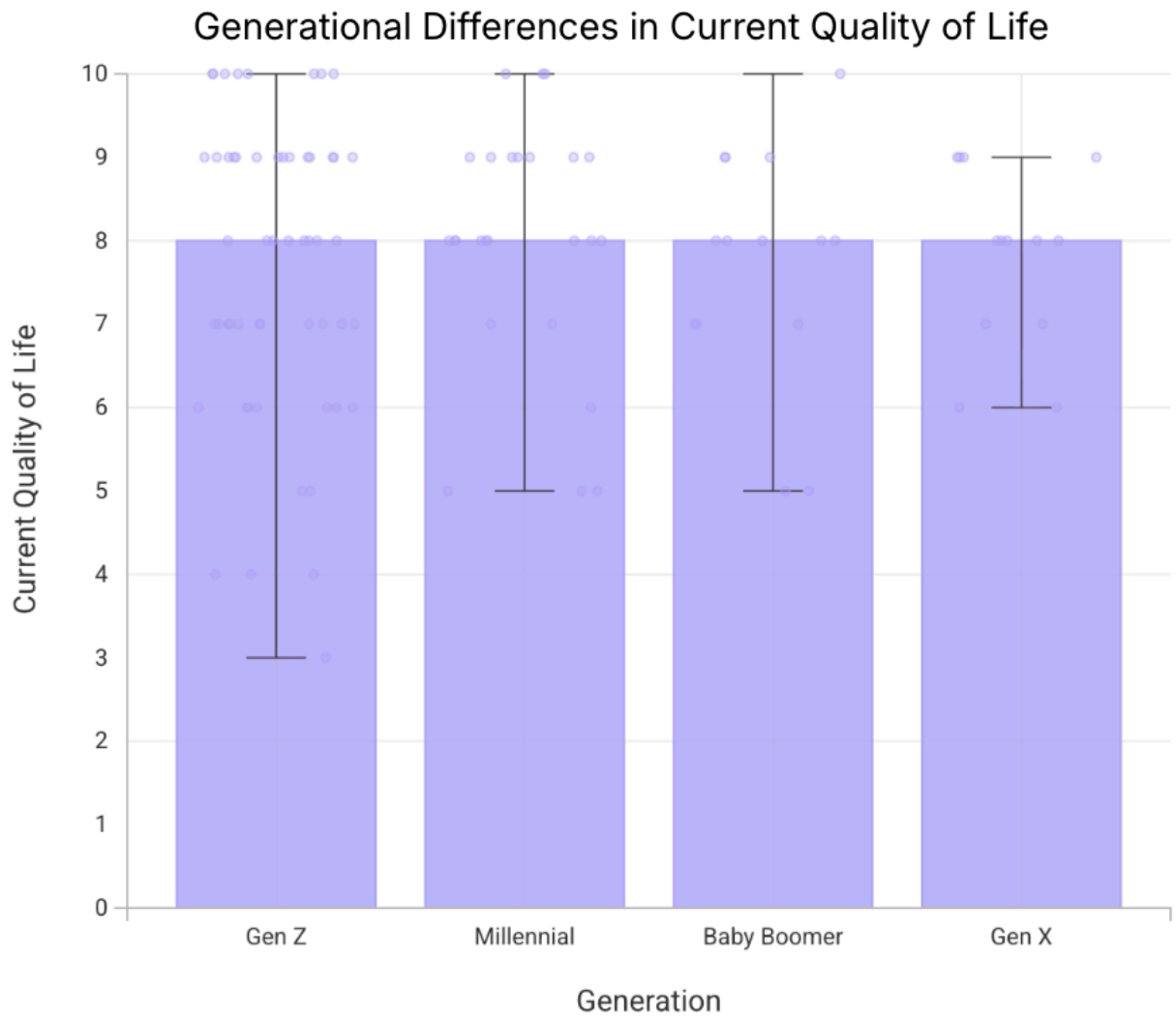

Figure 6. Generational Differences in Current Quality of Life. Purple bars represent the mean current quality of life by generation, error bars indicate the standard error of the mean (SEM), and the points represent the individual participant responses. $F(3, 102)= 0.26$, $p > .05$. There was no statistical significance in the current quality of life across all generations.

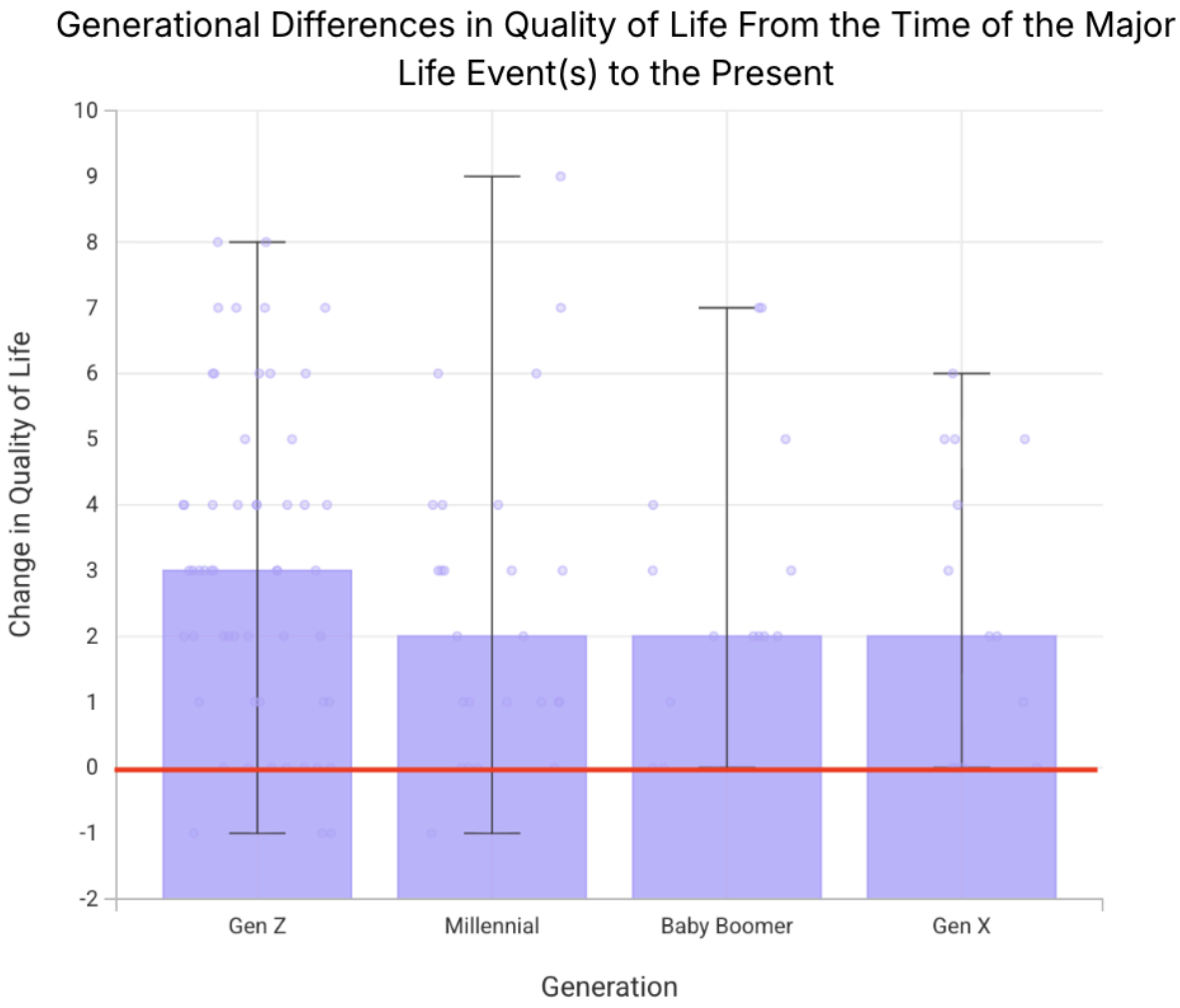

Figure 7. Generational Differences in Quality of Life From the Time of the Major Life Event(s) to the Present. Bars represent the mean change in quality of life from the time of the major life event(s) to the present by generation, error bars indicate the standard error of the mean (SEM), points represent individual participant responses, and the horizontal red line at 0 indicates no change in quality of life. $F(3, 102)= 0.33$, $p= >.05$. There was no statistical significance in generational differences in quality of life from the time of the major life event(s) to the present.

Appendix A - Consent Form

Your Right to Withdraw/Discontinue

You are free to discontinue your participation at any time without penalty. You may also skip any survey questions that make you feel uncomfortable. If you wish to withdraw from the study, please notify a member of the research team before submitting your data, at which point participation is considered finalized.

Risks Involved in Participation

Care has been taken to minimize or eliminate significant risks during the procedures of this experiment. Potentialadversee effects that you may experience during the course of this study include: Temporary discomfort due to asking about life events, remembrance of hard times, leading to emotions of sadness, agony, and/or remorse, possible lack of direct benefit, as this study is not intended for personal counseling/recommendations, may cause anxiety and/or stress when reflecting on non-therapeutic coping strategies, those who feel distressed or uncomfortable are invited to reach out to the RCU MacKinnon Psychology and Counseling Center by emailing MSchroeder@rcu.edu.

Benefits of the Current Research

If successful, the results of this study will be used to identify the most effective coping strategy for specific life events, based on participants' ratings of therapeutic coping strategies. Participation in the experiment may lead participants to feel positive emotions, such as being seen, during stressful life events, a sense of belonging, and pride in using therapeutic coping strategies.

Confidentiality Statement

While the present study is collecting data such as ssinacola@rcu.edu, these data will remain confidential throughout the duration of the study. No identifying information will be collected, except the information you voluntarily provide. At no time will your personal information be available to anyone outside of the above research team.

Appendix B - Research Instrument

The Research Team

The following research is being conducted by a trained research team that may be reached at the following contacts:

Primary Researcher: Sophia Sinacola

Email: ssinacola@rcu.edu

Faculty Sponsor: Dr. Jessica J. Matyas

Email (preferred): JMatyas@rcu.edu, Office: (248) 218-2157

Purpose of the Study

The goal of this study is to examine everyday life events across generations and see how each generation copes with them. It is also to compare which generations chose helpful coping skills, and which generations chose non-helpful coping skills. In addition, by asking participants whether their coping skills were practical, this study aims to determine which coping skill is most helpful.

Procedures

This experiment is expected to take 10-15 minutes to complete. You will be asked to answer questions regarding life events you have experienced, coping methods, and whether you thought the coping methods worked. You are welcome to contact the research team after completing your participation. If you would like to learn more about the study's results, contact the primary researcher.

Your Right to Withdraw/Discontinue

You are free to discontinue your participation at any time without penalty. You may also skip any survey question that makes you feel uncomfortable. If you wish to withdraw from the study, please notify a member of the research team before submitting your data, at which point participation is considered finalized.

Risks Involved in Participation

Care has been taken to minimize or eliminate significant risks during the procedures of this experiment. Potential adverse effects that you may experience during the course of this study include:

- Temporary discomfort due to asking about life events
- Rememberance of hard times, leading to emotions of sadness, agony, and/or remorse
- Possible lack of direct benefit, as this study is not intended for personal counseling/recommendations
- May cause anxiety and/or stress when reflecting on non-helpful coping strategies

Those who feel distressed or uncomfortable are invited to reach out to the RCU MacKinnon Psychology and Counseling Center by emailing MSchroeder@rcu.edu.

Benefits of the Current Research

If successful, the results of this study will be used to identify the most effective coping strategy for specific life events, based on participants' ratings of helpful coping strategies. Participation in the experiment may lead participants to feel positive emotions, such as being seen, during stressful life events, a sense of belonging, and pride in using therapeutic coping strategies.

Confidentiality Statement

While the present study is collecting data and will be sent to ssinacola@rcu.edu, this data will remain confidential throughout the duration of the study. No identifying information will be collected, except the information you voluntarily provide. At no time will your personal information be available to anyone outside of the above research team.

Contact information for the RCU IRB Committee

If you have any questions about your rights as a research participant, you may contact the Chair of the Rochester Christian University Institutional Review Board at irb@rcu.edu

1. Signature of Informed Consent: I have read and understood the above information and voluntarily agree to participate. I understand that my participation in this study is entirely voluntary, and that I may withdraw my consent at any time
    - Yes, I consent to participate in the present study (moves to next page)
    - No, I would prefer not to participate (closes page)
2. Race/Ethnicity
    - White
    - Black/African American
    - Asian
    - American Indian/Alaska Native
    - Native Hawaiian/Pacific Islander
    - Middle Eastern
    - North African
    - Hispanic, Latino, or Spanish Origin

- Indian
- Other: _____

3. Gender
    - Male
    - Female
    - Prefer not to say
    - Other:_____
4. Which generation or age group do you identify with the most?
    - Gen Z (born 2008-2012) *will end participation due to being under 18
    - Gen Z (born 1997-2008)
    - Millennial (born 1981-1996)
    - Gen X (born 1965-1980)
    - Baby Boomer (born 1946-1964)
    - Silent Generation (born 1928-1945)
5. Select which Life Event(s) you have experienced at any time:
    - Death of a loved one (family and/or friend)
    - Divorce
    - Personal injury or illness
    - Job Loss/Dismissal
    - Retirement
    - Financial Crisis/Loss of property (had to file for bankruptcy, lost home, and/or gained significant debt)
    - Addiction to alcohol

- Addiction to drugs of any kind
- Other addiction
- Bullying
- Victim of a crime
- Significant burnout
- Gun violence
- Breakup of a relationship
- Abuse
- Other:_____

6. How stressed are you in life currently on a scale of 1-10 (1 being not stressed and 10 being the most stressed)
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6
    - 7
    - 8
    - 9
    - 10
7. How stressed were you during the life event(s) that you selected above on a scale of 1-10? (1 being not stressed and 10 being the most stressed)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

8. How was your quality of life during the time of the life event(s)? (1/10 being the poorest quality of life and 10 being the best quality of life)
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6
    - 7
    - 8
    - 9
    - 10

9. How is your current quality of life? (1/10 being the poorest quality of life and 10 being the best quality of life)
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6
    - 7
    - 8
    - 9
    - 10
10. Select which strategy/strategies you used to cope with the life event. (Select all that apply):
    - Therapy
    - Peer support
    - Family/friend support
    - Self-care
    - Meditation
    - Went to Dr/Psychiatrist for help
    - Exercise
    - Journaling
    - Went to church/performed religious practices

- Did nothing*
- Isolation*
- Turned to using substances (drugs/alcohol)*
- Other:_____

11. Do you feel comfortable continuing to participate?
    - Yes
    - No
12. If you selected “yes” to any of the asterisked coping skills, please see the resources below:

    SAMSHA 877-726-4727

    988 Suicide and Crisis Lifeline

    Face Addiction Now 833-202-HOPE

13. Do you feel the coping strategy or strategies helped?
    - Yes
    - No
14. If you said “yes” to the above question, rank on a scale of 1-5 how beneficial the coping strategy was (1 being the least beneficial and 5 being the most beneficial):
    - 1
    - 2
    - 3
    - 4
    - 5

15. If you said no, please explain why and list which coping strategy you feel would benefit you more

16. Is there anything else you would like to share about your above responses? If so, please elaborate here: