

Self compassion and hardiness in orphan teens

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KEYWORDS

Self-compassion
Hardiness
Orphan Teens
Orphanage
Population Study

ABSTRACT This research aimed to examine self-compassion's role as a predictor of hardiness in orphan teens. This research was population study involving of 32 teens from "X" Orphanage in Surakarta, Central Java as participants, consisted of 8 girls and 24 boys. Data was collected by using Self-compassion Scale (Reliability 0.860) and Hardiness Scale (Reliability = 0.743). Data was analysed by using Simple Linear Regression Analyses. The result showed that $r_{xy}=0.554$ ($p<0.05$) meaning that there was a significant correlation between self-compassion and hardiness in orphan teens. Self-compassion affects hardiness of orphan teens by the percentage of 30.7%.

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1. INTRODUCTION

Every teenagers need compassion and guidance in their social, emotional, and cognitive development. In reality, not every teenager is lucky enough to spend their TIME in a family. Instead, some of them spend their adolescence in orphanage. There are many reasons for this, such as low economy level (Bilson & Cox, 2007), absence of parents, intentionally neglected by their parents, domestic violence, not knowing who or where their relatives are, and natural disaster (Kristianti & Kristinawati, 2021). A research done by Musisi et al. (2007) shows that orphans are susceptible to emotional problem, deprivation of physical and psychological needs, and bullying. In addition to that, Gearing et al. (2013) found that orphans have higher rate of having psychosocial and behavior problem. They suffer from stigma and tend to show signs of negative emotion and depression more frequently compare to teenagers with complete parents. The claim is supported by previous study which shows that 55,6% of orphans are high in vulnerability, which makes their psychic and mental condition more susceptible (Onkari & Itagi, 2019), teenagers that live in orphanage have higher level of depression compared to teenagers that live in their home Wuon et al. (2016), 35% of 180 children live in orphanage have depression, most of them are in the age of 15-17 years and majority are females. Based on the level of depression there are 52% have mild depression, 23% in the moderate depression, 14% in severe depression, 9% have very severe depression and 38% of them have suicidal intentions (Ramagopal et al., 2016).

It is important to understand how these teenagers deal with their life, as they tend to face more challenge, compared to teenagers that spend their adolescence with their parents or relatives. According to Apelian & Nesteruk (2017), children that are separated from their parents are more

likely to have problems of adaptation, not having permanent place to stay, and financial issues. Those issues would cause some physical and mental problem, mainly depression, if it is not dealt properly (Mc Clatchey & Wimmer, 2014). Orphan teens show passive and apathetic demeanor, as they tend to withdraw themselves from their peers. They are more likely to feel desperate and feel inferior, which make some of them even more anxious (Tricahyani & Widi-asavitri, 2016). They lack support from their peers and more likely to get isolated. Because of this, they are likely to experience mental problems, such as low self-esteem, anxiety, depression, stress, aggression, and withdrawal (Ramagopal et al., 2016).

Tsuraya (2017) finding shows that orphans' withdrawal and lack of social skill result in issues with their peers and teachers. Minimum social aid causes them lack of compassion, attention, intensive care, and guidance which ends in academic issues (Rifai, 2015; Salifu & Somhlaba, 2014). In broader social context, competition is inevitable. Orphans need to compete with other kids. For these orphans, it is important to have such hardiness so that they would have the power to move forward and face challenges for their better future.

The concept of hardiness was prompted by Kobasa (1979), who proposed hardiness as an internal strength in facing the realities of life that consists of three components (control, commitment, and challenge). Individuals with hardiness believe that they have control over their experience (control), commit to their actions (commitment), and perceive changes as an opportunity to grow (challenge). Some studies found that hardiness is an important protective factor for individuals in tough situations. Eschleman et al. (2010) discovered that high level of hardiness protects individuals from mental disorder such as depression, anxiety, maladaptive coping, and stress. Hardiness makes an

individual more adaptive in the face of stressor, suffering, tragedy, and even traumatic experience. This claim is also supported by Azarian et al. (2016), who found that individual with high level of hardiness is unlikely to have anxiety, depression, and resentment. It has been empirically proven that individuals with higher level of hardiness would deal better with challenge, even in the worse condition. Hardiness is what makes an individual more able to adapt and confront stressors, tough condition, suffering and tragedy, even traumatic events. Hardiness would raise the probability of an individual to live a relatively normal life.

Hardiness in individuals comes from external and internal factors. The external factors are social aid and their relation with others. Meanwhile, their intrinsic positive attributes are regarded as the internal factors. Among many positive attributes, self-compassion is credited as one of the defining factors of hardiness. According to Neff & McGehee (2010), the construct of self-compassion provides alternative model to think about oneself which might increase the level of hardiness. Self-compassion is also described as the ability to consciously direct negative emotion with kindness and a sense of shared common humanity. It means that self-compassion can turn negative emotion into a positive emotion.

Besides positive emotion, self-compassion also grants an individual certain psychological advantages, such as self-esteem and a pro-social demeanour. It is also supported by Neff (2003), who claimed that self-compassion effectively averted individuals from depression and anxiety by setting their emotions into order. A theoretical study from Hidayati & Maharani (2013) shows that self-compassion can be an alternative spiritual concept represented as a strong and integrated self. Finally, this study purports to empirically verify the influence of self-compassion toward hardiness in orphan teens.

2. METHOD

This research is a population study with a saturated sample that consists of 32 teenagers from "X" orphanages in Surakarta, Central Jawa, Indonesia. Participants consist of 8 girls and 24 boys with an average 14.5 years old (SD +1.74). Data was collected by using Self-Compassion Scale with a Reliability Coefficient of 0.860 and the Hardiness Scale with a Reliability Coefficient of 0.743. Self-Compassion Scale is developed from six self-compassion aspects by Neff (2003), divided into three domains. Each domain consists of a set of opposition, such as: (1) self-kindness versus self-judgment describes an individual ability to accept and feel comfortable about their condition, especially when they are in pain and in need of attention; (2) common humanity versus isolation, which explains how individuals view themselves in relation to their pain and troubles; (3) mindfulness versus over-identification is how composed an individual is as he/she understands his/her feelings over the situation. Hardiness Scale is developed based on hardiness aspects proposed by Maddi (2013), which includes three aspects, i.e. (1) challenge, the ability to confront insufficiency of one's life; (2) commitment, the tenacity to stay engaged in confrontation and not to escape life's problem; (3) control, the capacity of an individual to manage and turn challenges into opportunity. The data is analysed using Simple Linear Regression Analysis after the assumption test of normality and linearity (Bangdiwala, 2018).

3. RESULTS AND DISCUSSION

Statistical assumption test reveals that the data have surpassed normality and linearity requirement. Normality test with One-Sample Kolmogorov Smirnov Test shows that both Self-Compassion Scale and Hardiness Scale data are normally distributed.(Table 1)

Table 1. Result of Normality Testing by One-Sample Kolmogorov-Smirnov Test (N=3)

	Skala1	Skala 2
Normal Parameters ^{a,b}		
Mean	48.78	28.03
Std. Deviation	7.010	4.239
Absolute	.101	.153
Most Extreme Differences		
Positive	.076	.110
Negative	.101	.153
Kolmogorov-Smirnov Z	.573	.865
Asymp. Sig. (2-tailed)	.898	.443

a. Test distribution is Normal.

b. Calculated from data.

Linearity test shows that self-compassion generates line that is linear with hardiness. (Table 2)

The hypothesis is tested using Simple Regression Analysis. The result shows an effect of self-compassion towards orphan teens' hardiness with the Rxy coefficient of 0,554 ($p \leq 0,05$). R-Square value from simple linear regression analysis shows that self-compassion has 30.7% involvement in hardiness. The other 69.3% is determined by other factors that are not discussed in this particular research.

One of the advantages of using Simple Linear Regression Analysis is that it shows a regression line which shows the relation of the predictor variable and the dependent variable. The line of regression is represented by the function of $Y=b+aX$ (Bangdiwala, 2018). Based on the data from Table 5, the constant of hardiness and coefficient of regression is 11.694 and 0.335, respectively. The regression line is described by the function $Y=11.694+0.335X$. It means that 1% increase in self-compassion would increase the hardiness level by 0.335.

This study affirms the hypothesis of a significant correlation between self-compassion and hardiness among orphan teens. Self-compassion is shown through their attitudes towards themselves when they are facing failures. Individuals with self-compassion are not likely to judge themselves harshly and not to give up on their insufficiencies. They realize that every obstacle they experience also happens to other people Neff (2015). Simply put, self-compassion is the ability to perceive personal experience as something humane and understand one's feeling without over-identification.

Individuals with a higher level of self-compassion are more conscious of their actions and responsibility. They tend to think of problems as controlled situations, which makes them psychologically more resilient (Neff, 2011) and better at coping with their emotions (Neff, 2015). Research from Uyanik & Çevik (2022) finds that self-compassion helps an individual to deal with stress, contributes to an

Table 2. Result of Linierity Test

		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	317.219	19	16.696	.836	.648
	Linearity	170.875	1	170.875	8.553	.013
	Deviation From Linearity	146.343	18	8.130	.407	.959
Within Groups		239.750	12	19.979		
Total		556.969	31			

a. Test distribution is Normal.
 b. Calculated from data.

Table 3. Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.554 ^a	.307	.284	3.587

a. Predictors: (Constant): Self-compassion
 b. Dependent Variable: Hardiness

Table 4. ANOVA

Model		sum of Squares	df	Mean Square	F	Sig
1	Regression	170.875	1	170.875	13.277	.001 ^b
	Residual	386.093	30	12.870		
	Total	556.969	31			

a. Dependent Variable: Hardiness
 b. Predictors: (Constant): Self-compassion

individual level of success, and acts as self-control. Self-compassion helps individuals to make conscious decisions and to take responsibility for his/her actions.

A study by [Khosravi & Namani \(2022\)](#) on war-affected females shows the correlation between self-compassion and hardiness. Those who have a higher level of self-compassion exhibit more adaptability towards challenges and failures. They conclude that individuals with self-compassion would better evaluate themselves and let go of their maladaptive behaviour. This would sufficiently allow individuals to confront interpersonal conflicts and other issues that might happen in the future. A meta-analysis study [Kirby et al. \(2019\)](#) showed that the fears of accepting self-compassion and/or others cause poorer mental health. Self-Compassion and the meaning of life have a direct effect on psychological hardiness [Garavand et al. \(2022\)](#).

Hardiness is a personality variable that promotes resilience ([Bartone et al., 2018](#)). Hardiness is defined as a set of attitudes, beliefs, and behavioral proclivities that consists of three integrated positive components: commitment, control, and challenge ([Maddi, 2013](#); [Grgurinovic & Sindik, 2015](#)). According to [Maddi \(2013\)](#), hardiness is behavioural patterns and strategies that facilitate stress transformation into a growth opportunity. Kobasa and Maddi in

[Bissonnette \(1998\)](#) explain that resilience is developed since early life as a consequence of various life experiences. In short, hardiness is the behavioural pattern that supports an individual's resilience and ability to confront pressure and challenges, as well as turn stress into growth opportunities.

The research samples are teenagers between 12 to 18 years old, with an average hardiness level of 28.03 and an average self-compassion level of 48.78, which is in the middle category. This level of self-compassion can be elevated to support hardiness by managing the positive aspects of self-compassion, i.e. self-kindness, common humanity, and mindfulness. On the other side, minimise negative aspects such as self-judgement, isolation, and over-identification. Too much self-criticism would have a detrimental effect on an individual's mental health. Usually, it is manifested in the demoralized and destructive mindset that leads to other issues such as self-condescending and fear of failure. Self-compassion enables teenagers to evaluate themselves healthily and constructively. Therefore, self-compassion needs to be improved, especially among teenagers. The development of self-compassion has a positive correlation concerning hardiness and life quality. According to research done by [Kawitri et al. \(2020\)](#), the influence of self-compassion toward health-related quality of life (HRQoL) is significant on several dimensions of HRQoL, especially on the physical well-being, psychological well-being, parent relations and autonomy, and school environment. But unfortunately, it doesn't work on social support and peers' dimensions.

Despite the affirmed hypothesis, the research conclusion is not to be generalized. The result is limited since the research sample only consists of 32 respondents from a single orphanage in Surakarta, Central Java. To extend the generalization area, the following research should be able to increase the sample size. Besides that, measurement accuracy needs to be improved by refining the instrument's reliability, especially the hardiness scale.

4. CONCLUSIONS

Based on previous findings, self-compassion significantly affects the hardiness of orphan teens. The following research should be able to do an empirical study for developing of self-compassion module that would improve teens' hardiness. Generally speaking, teenagers face challenges from internal and external sources. Orphan teenagers are facing even more complex challenges. The following

Table 5. Coefficients^a

Model	Unstandardized		Standardized	t	Sig
	Coefficients		Coefficients		
	B	Std. Error	Beta		
Hardiness (Constant)	11.694	4.528		2.583	.015
Self-compassion	.335	.092	.554	3.644	.001

a. Dependent Variable: Hardiness

research is expected to help orphan teens develop self-compassion and hardiness to assist them in their life.

5. ACKNOWLEDGEMENT

First, the authors would like to thank Universitas Sebelas Maret (UNS) for funding through the Grant of Research Group. Secondly, thanks to the committee of ICCD for allowing us to present this article in The 9th International Conference on Community Development (ICCD) in the ASEAN 2022 at Dhurakij Pundit University, Bangkok, Thailand, on October 27-30, 2022.

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