

Social connectedness as a mediator between self-compassion and psychological distress in adolescents

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ABSTRACT

Psychological Distress is a condition of negative feelings that can be caused by psychological conditions, social and physical disorders that result in the emergence of negative emotions, disrupting psychosocial functions to trigger various maladaptive behaviors. Self-Compassion as a psychological component that encourages individuals to create feelings of compassion towards oneself, leads to foster human attitudes when facing adversity. Social connectedness is the ability of a person to develop feelings of connectedness with his social and environment and act in a broader experience by guiding feelings, thoughts, and behavior, especially in social situations. Self-Compassion is suspected to have an influence on low distress if mediated by high social connectedness. The design of this study is quantitative non-experimental using adaptations from original Psychological Instruments, Self-Compassion and Social Connectedness. This study involved 196 participants who were selected by non-random sampling technique with a purposive sampling model. The results showed 4 findings: 1) there is a positive effect between Self Compassion on Social Connectedness, 2) there is a negative effect of Social Connectedness on Psychological Distress, 3) there is a negative effect between Self compassion on Psychological Distress (4) Self Compassion indirectly effect Psychological distress in adolescents through Social Connectedness.

Keywords: *Psychological Distress, Self-Compassion, Social Connectedness*

Adolescence is marked by major changes including the need to adapt to physical and psychological changes, the search for identity and forming new relationships including expressing sexual feelings. This period is known as the period of stress & stress "a time when emotional tension increases in line with the needs of adolescents to build their identity (Santrock, 1998).

Identity development begins in adolescence. At this age, previous experience, roles and identification are integrated into a sense of integrated identity. There are several reasons why

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Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

the development of identity begins in adolescence. First, physiological changes pushing teenagers into the "new" body and entering into must be related to new sexual impulses. Second, the emergence of more critical cognitive abilities in making complex thinking about self and identity possible. Third, adolescence usually involves increasing demands in making choices and taking responsibility. Fourth and last, at this time a variety of accumulated experiences need to be integrated into personal identity (Erikson in Marcia, 1993). In modern society, the adolescent phase becomes a period where a person gets the label "starting to mature". This label makes them begin to adapt to their thoughts, responsibilities and attitudes with the demands of roles becoming more mature and as adult figures (Arnett, 2000).

Various demands for physical and psychological development, academic, social interaction, economic conditions, parents and conflicts in the family can largely be a source of stress on a teenager. The concepts of eustress and distress explain various responses to stress. Eustress are positive cognitive responses to stressors, this type of stress is associated with positive feelings and physical health while distress is severe stress related to negative feelings that can be caused by psychological, social or physical conditions (Kessler, Berglund, Demler, Jin, & Walters, 2005). The main factor that determines whether a stressor will cause distress or eustress is the perception and interpretation of a situation from each individual. Therefore, if adolescents' adaptability is poor to the demands of the adolescent phase, and parents and other adults are not continuously involved in giving instructions to their safety, adolescents can be involved in the risks of being trapped in criminal acts caused by themselves alone or by others (Kupriyanov, Sholokhov, Kupriyanov, & Zhdanov, 2014)

Based on the results of research, psychological distress is high in adolescents with low academic achievement, where the impression of failure in academic achievement disrupts their psychological well-being (Darcy & Siddique 1984, Myklestad, Roysamb, and Tambs 2011, Ystgaard, Tambs, and Dalgard 1999) besides that it is also high in adolescent victims of bullying behavior at school (Myklestad, Roysamb, and Tambs 2011) and adolescents with family conflicts, and parental divorce (Wilkinson-Lee, Zhang, Nuno, & Wilhelm, 2011; Ystgaard, Tambs, & Dalgard, 1999). Other studies, adolescents with chronic diseases carry the burden of the disease, and emotional problems. The prevalence of emotional distress in adolescents with chronic diseases, around 20%, is almost 3 times higher than their counterparts who do not suffer from chronic diseases (Sawyer, 2003). Extreme conditions of distress can have a variety of negative mental health consequences that may affect individual functioning and productivity. This description explains that distress that cannot be handled properly in adolescents' lives will seriously disrupt their physical and emotional health, destroy motivation and ability to succeed at school and damage their personal relationships. In other words, psychological distress is something that has a negative impact on individuals so individuals need to prevent the emergence of distress in themselves.

Usually individuals, including teenagers, do not realize that they are under stress. Stress will be higher due to lack of self-awareness to deal with stress. The analysis results obtained the prevalence of emotional distress in Indonesian adolescents 8.6%, while the national prevalence was 11.6%. Indicates adolescence is an initial period of mental emotional problems. This supports the statement that says 75% of emotional mental disorders occur before the age of 24 years, 50% arise before the age of 14 years. The median age of onset of anxiety and inability to control occurs at ages 11-15 years, while the median age of onset of drug abuse occurs at the age of 19-21 years. Mental emotional disorders, including drug

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

abuse contribute 50% of non-fatal DALYs among people aged 10-24 years (Kessler, Berglund, Demler, Jin, & Walters, 2005).

There are many previous studies that examine the relationship of positive psychological variables with psychological distress to illustrate how much influence the positive psychological variables on psychological distress include well-being and resilience variables, most of which show consistent results.

The meta-analysis research consistently shows the results that Psychological Well-Being is negatively correlated with psychological distress (Winefield, Gill, Taylor, & Pilkington, 2012). Furthermore, it is known that there is a significant negative correlation between resilience and psychological distress in dengue victims (Ghaffar, 2014). In research using a sample of medical students and psychology students who show that there is low psychological distress in subjects who have high resilience (Bacchi & Licinio, 2017).

Research evidence from a variety of positive psychological variables on distress indirectly explains that with psychological abilities that function adaptively, can be an effort to overcome psychological distress, one of the psychological components considered to have an influence in explaining the adaptive psychological ability to reduce psychological distress is Self-Compassion. Many studies of Self Compassion that try to understand why some individuals are able to survive and even develop with the pressure they experience in their lives. Self-compassion involves caring and compassion for oneself in the face of difficulties or feeling inadequate (K. D. Neff, Kirkpatrick, & Rude, 2007). Self-Compassion has consistently been positively correlated with variables that describe psychological well-being, namely Well-Being, where psychological well-being contributes consistently to the low psychological distress in individuals.

Self-compassion includes 3 main components, namely: 1) self-kindness vs. self-assessment, humanity (Sense of common humanity) vs. isolation, and mindfulness vs. excessive identification. This process also involves the recognition of imperfections, opportunities for making mistakes, and facing life's difficulties are part of a variety of life experiences experienced by every human being. Self-compassion is appropriate to be grown in individuals with negative experiences so that individuals do not suppress painful feelings and avoid exaggerating the problems being faced (K Neff, 2003; Kristin Neff, 2003).

Self-Compassion increases well-being because it helps individuals to feel cared for, connected, and emotionally calm. Using social mental theory - which describes the principles of evolutionary biology, neurobiology, and attachment theory - proposes that Self-Compassion deactivates the threat system (related to feelings of insecurity, self-defense and limbic system) and activates the self-calming system (related to feelings of attachment, safety, and oxytocin - opioid system). Regarding the quality of calming down, Self-Compassion is considered to produce greater capacity for intimacy, effective regulation, exploration and success in overcoming the environment (Gilbert, 2005).

19 studies that examined Self-Compassion on psychological distress. Concludes that there is a negative correlation between Self Compassion and psychological pressure indexed by anxiety, depression and stress. Low Self-Compassion is the cause and or factor that maintains emotional difficulties. So it is proposed that, Self-Compassion can be an important factor to

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

be targeted as an intervention plan to overcome emotional stress on adolescents and improve psychological well-being of individuals (MacBeth & Gumley, 2012)

The results of research conducted by Neff mengui about Self-Compassion with Mental Health explained 2 findings, 1) there is a positive correlation between self-compassion with an increase in psychological well-being, 2) Self-Compassion helps the subject to rise and fight anxiety facing the threat of ego in the setting laboratory. Self-Compassion is also related to the use of connected versus separate languages when writing about the greatest weaknesses of self. Where self-compassion is negatively correlated with the use of first person pronouns like "I". Self-Compassion is also positively correlated with the use of pronouns of people such as "We" and positively correlated with high social references such as friends, family, communication, and other people. These results support the proposition that when considering self-weakness, an individual with high self-compassion is often involved in connecting with others and low on feelings of being separated from others. (K. D. Neff et al., 2007).

In addition, other studies have also found that Self-Compassion is negatively correlated with negative feelings such as anxiety and sadness (Barnard & Curry, 2011). Self-Compassion is also very strongly related to psychological health: higher scores on Self-Compassion are negatively related to self-criticism, depression, anxiety, contemplation, thought suppression, and neurotic perfectionism, but are positively related to life satisfaction, social connectedness, and emotional intelligence (KD Neff, Hsieh, & Dejitterat, 2005).

Other studies measure the effectiveness of Self-Compassion in an academic context by linking Self-Compassion and Academic Achievement. The results show that Self-Compassion is positively correlated with mastery goals, which involve the enjoyment of learning for students themselves. (K. D. Neff et al., 2005)

A person with good self-compassion characterizes an open attitude regarding failures or problems that he experiences and is open with other people so that it can ease the bad feeling he faces. That is the reason why the development of one's Self-Compassion develops well along with the individual's skills in social interaction. If it can be open to the problems being faced, then the individual tends to be open also to the surrounding environment or others. Individuals will be brave to share or share their experiences with others, so that individuals can easily form meaningful relationships with others. When meaningful relationships with other people are formed, individuals will be helped in overcoming stressors in their lives.

The presence of the Social Connectedness variable is predicted to be a mediator variable that is able to streamline the effect of Self-Compassion on the low psychological distress in the individual. Social connection refers to subjective awareness about its existence in establishing closeness and maintaining close relations with the social world, in seeing the number and diversity of relationships that are sufficient: thus enabling him to give and receive information, emotional support, and material assistance; creating value and ownership and; and encourage personal growth. The study found that Self-Compassion correlated significantly with social connectedness. In fact, additional analysis in this study found that individuals in the highest self-compartment quartile were very likely to judge themselves as well as they valued other people (K Neff, 2003).

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

Research and literature show that people with low Self-Compassion experience discomfort in social situations, feel themselves misunderstood or isolated, dissatisfied with their relationship, this shows the characteristic of psychological distress. Furthermore, previous research confirms that the widespread social and relational difficulties experienced by those with low Self-Compassion can contribute to more general psychological distress, that is because an individual's function will decrease when he does not consider his social world (Lee, Draper, & Lee, 2001). A longitudinal study by a psychiatrist in adolescent psychiatrists with suicidal ideation and attempts, found that Self-Compassion is a protective factor that influences post-hospitalization adjustments. Improved perceptions of increased family connection after being hospitalized have protection from depressive symptoms and suicidal ideation (Czyz, Liu, & King, 2012).

Empirical studies find that Self Compassion is positively correlated with social competence, expectations, and self-esteem, and negatively correlates with anxiety, depressive symptoms, conformity, and psychological distress act as protectors from factors that cause interpersonal problems, loneliness, lack of rejection sensitivity and avoidance social (Czyz et al., 2012; Lee, Dean, & Jung, 2008; Lee & Robbins, 1998). William and Galliher collected data from a sample of students and found that Social-Compassion is a mediator between more specific forms of social support (forms of family, friends, colleagues) and depression and self-esteem. Analysis shows that Social Connectedness has a negative impact on depression and a positive effect on self-esteem (Williams & Galliher, 2006).

However, various research results show that psychological distress is not consistently high or low based on gender and age, the prevalence of psychological distress peaks at the age of 18-29 years and 80-89 years (Schieman, Van Gundy, and Taylor 2001), while Wiens (2016) citing research results on curves going up to middle age, decreasing around age 60 and increasing again in the 80s. Whereas Paul et al. (Paul, Ayis, and Ebrahim 2006) and Cairney and Krause (2009) found that there was an increase in the prevalence of psychological distress after 65 years. The results of a review of eight studies that discuss the distribution of distress over the life span and conclude that psychological distress studies are not consistent at a certain age. He attributed this inconsistency to the possibility of age bias in measuring pressure, to the effect of neuroticism which tends to decrease with age and cohort effects (Jorm 2000).

Until now, research on self-compassion and with a reduction in distress or psychological well-being, especially in adolescents, has not been synthesized using a systematic review or meta-analytic approach, therefore the potential value of self-compassion towards the adolescent population has not really been understood or quantified. So the researchers tried to estimate the magnitude of the relationship of self-compassion and psychological pressure in the adolescent population if mediated by social connectedness, given that in previous studies, social connectedness had a positive correlation with self-compassion and a negative correlation with psychological distress. Researchers hypothesize the presence of social connectedness will strengthen the negative correlation between self-compassion and psychological stress in adolescents, in line with previous findings in adults (MacBeth and Gumley 2012).

Based on the above reality, researchers will examine the effect of Self-Compassion on Psychological Distress by mediating Social Connectedness.

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

Self-Compassion and Psychological Distress

Adolescence is the fast period of an individual undergoing biological, cognitive, and social changes. This change in normative development can contribute to several mental health problems, such as increased stress. The main factor that determines whether a stressor will cause distress or eustress is the perception and interpretation of a situation from each individual (Kupriyanov & Zhdanov, 2014). Psychological distress is something that has a negative impact on individuals so individuals need to prevent the emergence of distress in individuals. Psychological distress is formed from anxiety, sadness, irritability, self-awareness, emotional vulnerability related to morbidity, decreased quality and duration of life, and increased use of health services (Winefield, Gill, Taylor, & Pilkington, 2012).

Stress severity in adolescence are significantly associated with anxiety, depression, and suicide. Stress that is not handled properly will have an impact on stunted development and psychosocial functions and is associated with serious comorbidities including depression and suicide (Byrne et al. 2007).

The global impact of psychological pressure on adolescents highlights the need to identify the psychological component that can be used to overcome distress in adolescents is self-compassion (MacBeth and Gumley, 2012; Sawyer, 2003)). The concept of self-compassion is rooted in a Buddhist philosophy where compassion towards oneself is considered to be identical with compassion for others (Neff 2004).

The self-compassion dimension proposes that self-compassion exists in the spectrum from high to low, and that self-service consists of three spectrums (each with the opposite nature): self-goodness vs. critical self-assessment (Self-Kindness vs. critical self-judgment), humanity vs. Isolation (common humanity vs. Isolation), and mindfulness vs. over-identification (mindfulness vs. over-identification) Neff (2003a).

The construction of self-kindness encapsulates the ability of individuals to respond to their own suffering with the warmth and desire to reduce their own pain. Furthermore common humanity reflects the ability of individuals to recognize that all humans share similar internal experiences and their suffering is not the only thing that has ever happened. Mindfulness consists of the ability to consider experiences and maintain a distance between self and emotions.

Low Self-Compassion has been shown to be predictive of high depressive symptoms (Trollope 2009; Williams 2013), increased psychological distress, alcohol use problems, and serious suicide attempts (Tanaka et al. 2011). In a naturalistic longitudinal study, Zeller et al. (2015) found that higher levels of self-compassion at baseline were predictive of lower psychopathological (depression, post-traumatic stress, panic, and suicide) following traumatic events in adolescent samples. In addition, self-compassion has been identified to reduce the various negative effects of physical and psychological health on the adolescent population.

Játiva and Cerezo (2014) found that self compassion acts as a buffer between negative life experiences (such as victimization) and poor psychological outcomes in disadvantaged young people.

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

A meta-analytic research study found significant negative results between self-compassion and depression, that self-compassion mediates the relationship between stressful life experiences and depressive symptoms (MacBeth et al., 2017).

Other findings show that self-love and emotional intelligence are key regulatory processes in protecting against depressive symptoms in adolescents. It also appears that self-compassion can reduce risk behaviors that are driven by psychological distress in adolescents (Castilho et al 2016).

Self-Compassion increases well-being because it helps individuals to feel cared for, connected, and emotionally calm. Using social mental theory - which describes the principles of evolutionary biology, neurobiology, and attachment theory - explains the concept that self-affection disables threat systems (related to insecurity, self-defense and limbic systems) and activates self-calming systems (related to feeling of safe attachment, security, and oxytocin-opiate system). Compassion is thought to produce a greater capacity for intimacy, effective regulatory effects of exploration and success in overcoming the environment (Gilbert, 2005).

The findings show that self-compassion is strongly associated with psychological health: higher scores on Self-Compassion are negatively associated with self-criticism, depression, anxiety, contemplation, thought suppression, and neurotic neurotic perfectionism, and positively related to life satisfaction, connectedness social, and emotional intelligence (Neff, 2003)

Self-Compassion can help reduce anxiety because individuals will treat themselves well and recognize imperfect human nature, this condition reduces pressure and continues to receive positive evaluations.

Self-Compassion and Social Connectedness

Self-compassion is conceptualized from a general definition of compassion (Neff, 2003). Compassion is defined as a non-defensive way of not judging others for the suffering they experience, acknowledging and accepting the suffering experienced by themselves, with cognitive understanding and taking action to alleviate suffering (Gilbert, 2005).

Self-compassion is driven by a sense of connectedness with the suffering of others which in turn encourages them to show kindness to them; practice non-judgmental understanding of the inability and imperfections of others, and interpret failure or suffering as ordinary human experience.

Therefore, from the perspective of practicing self-compassion to oneself, Neff (2003) defines self-compassion as "touched by and open to one's suffering, not avoiding or severing relationships from others, generating the desire to calm one's suffering and heal oneself with goodness; practicing non-judgmental understanding of incompetence, imperfection, and not fulfilling expectations and being able to see one's experience as human experience in general that can be learned and interpreted".

Lee and Robbins (1998) Social Connectedness (social connectedness) as self-awareness that reflects the subjective awareness of closeness, togetherness and a sense of belonging to one's social environment ". Social connectedness involves how we relate to others and see ourselves related to these bonds and associations (Lee & Robbins, 1995). Social relationships

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

include affiliation with all people in the environment, such as family, peers, friends, school friends, coworkers, and people in the neighborhood or other people known through various activities in daily life (Lee & Robbins, 1998).

Self-Compassion and Social Connectedness have the same characteristics. Both have an emphasis on connectedness. Self-Compassion leads individuals to metacognitive activities, which induce recognition of certain experiences in self and others. The process of metacognitive activity reduces the egocentric feeling of separation and increases the feeling of connection, by destroying the cycle of self-absorption and over-identification. Enables individuals to see their own experiences in a greater perspective (Neff 2003). In fact, research has shown a significant positive relationship between Self-Compassion and Social Connectivity (Neff & McGehee, 2010)

Social Connectedness and Psychological Distress

Social Connectedness helps someone feel the social world where they live. The concept of relational schemes captures the nature of social connectivity everywhere. This is a worldview of how people relate to the social world around them Baldwin (1992)

A sense of connectedness is a broader experience which then guides feelings, thoughts, and behavior, especially in social situations. People with high levels of connectedness are better able to manage their own needs and emotions through cognitive processes (for example, self-evaluation, social comparison; lower). This ability makes them less likely to experience low self-esteem, anxiety, and depression. Ackard et al., 2006; Kerr et al., 2006; King et al., 1995; Resnick et al., 1997). Because individuals with high social connectedness can enter social situations and be mentally ready to identify and participate with others.

The findings explain that someone who has a high sense of social connectedness with others has greater tolerance and respect for differences and deviations (Lee, Draper, & Lee, 2001). Whereas individuals with low levels of social connectedness, on the other hand, cannot manage their needs and feelings effectively and are more vulnerable to low self-esteem, anxiety, and depression. They also have a low level of interpersonal trust and are more likely to avoid or withdraw from social opportunities that might strengthen their weak sense of connectedness. This individual behavior as solitary, separate, and reject interpersonal closeness. Although they want to identify with others and form relationships with others, they fail to truly develop or confirm a sense of connectedness. (Lee, Draper, & Lee, 2001).

People who experience low social connectedness experience most acute or recurring interpersonal failures in life (for example, neglect, peer rejection, isolation, criticism) experiencing emotional wounds in themselves are more likely to manifest low social connectedness in adulthood (Lee & Robbins, 1995) . That is, they have included more negative relationship experiences in their self-awareness. People with low connectedness tend to feel interpersonal away from others and from the world at large. They often see themselves as outsiders, feel misunderstood by others, have difficulty relating to the social world, and are uncomfortable in social situations. They are able to develop multiple relationships with people and groups, but they however feel a lack of a deep connection within themselves which then affects their ability to interact with the larger social world.

Someone with low social connectedness fails to develop the interpersonal behavior needed to maintain relationships later in life or conversely they develop dysfunctional interpersonal

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

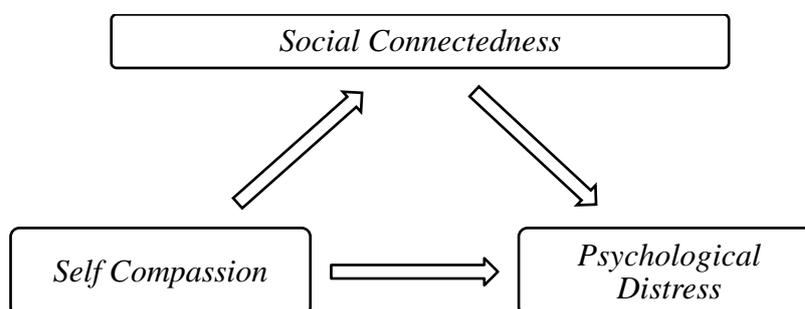
behavior. For example, children often imitate the behavior of their parents and siblings to feel close to them. Teenagers and adults in the same way identify shared interests and talents (for example, reading, sports) and develop appropriate interpersonal skills (for example, socialization, intimacy, assertiveness) to attract and maintain relationships. These various interpersonal behaviors draw people closer together and further validate the sense of connectedness. Ackard et al., 2006; Kerr et al., 2006; King et al., 1995; Resnick et al., 1997).

However, people with low connectivity do not have or show this according to interpersonal behavior; they instead rely on more dysfunctional interpersonal behaviors characteristic of people with insecure attachment styles (eg, avoidance and difficult to socialize, familiar, assertive). This dysfunctional behavior is adopted in an effort to avoid further criticism or rejection but ultimately leads to greater psychological distress (Lee & Robbins, 1995).

People with low social connectedness often experience loneliness, anxiety, jealousy, anger, depression, low self-esteem, and a number of other negative emotions (Baumeister & Leary, 1995). In addition, social connectedness is significantly associated with anxiety and poor self-esteem (Lee & Robbins, 1998). As the results of research People who present with feelings of loneliness, isolation, and alienation often report feelings of anxiety that accompany Ackard et al., 2006; Kerr et al., 2006; King et al., 1995; Resnick et al., 1997). This relationship between connectedness and anxiety has been indirectly studied in the past (Anderson & Harvey, 1988; Baumeister & Tice, 1990). So it can be concluded that individuals with social connectedness have more dysfunctional interpersonal behavior and this dysfunctional behavior in turn contributes more to psychological problems or difficulties.

Conversely, individuals with high social connectedness have more appropriate interpersonal behavior. The appropriate behavior in turn contributes to less psychological pressure.

Picture 1. Thinking Framework



Hypothesis

The hypothesis of this research is:

1. There is a positive effect of Self Compassion on Social Connectedness
2. There is a negative effect of Social Connectedness on Psychological distress
3. There is a negative effect between Self Compassion on Psychological Distress.
4. The Effect of Self Compassion on Psychological Distress in adolescents through Social Connectedness

METHODOLOGY

Research Design

Based on its purpose, this study uses non-experimental research. The type of research used is explanative as an explanation of the relationship between variables by describing the phenomena that occur (Sugiyono, 2015).

This research is also a non-experimental field study, in which the researcher cannot manipulate the variables he wants to study because it is carried out in everyday situations that have been given (Arikunto, 2006). This design has the aim to determine the relationships and interactions between psychological, sociological, educational variables in social structures. This research is expected to provide an explanation of Self Compassion and Psychological Distress mediated by Social Connectedness.

Subject

The population of this study is the adolescent population. This study involved 196 men and women, who met the characteristics of adolescents aged 12-19 years and the status of students / students who are in junior and senior high school education.

The sampling used in this study is the type of non-random sampling. Contains the understanding that not all people in the population have the same opportunity to be subject to research (Arikunto, 2006). The non-random sampling technique used was purposive sampling. Where the research sample is chosen based on certain characteristics determined by researchers in accordance with the research objectives.

Variables

In this study, there are three variables namely the independent variable (X), the dependent variable (Y) and the mediator variable (M). The independent variable (X) is Self-Compassion, the dependent variable (Y) is Psychological Distress and Mediator Variable (M) is Social-Connectedness.

Self-Compassion in this research is an attitude of affection or kindness towards oneself when facing problems in life and appreciates all forms of suffering, failure and lack of self by deploying 3 components, namely: self-kindness (kindness to oneself, nurturing and giving understanding to self when experiencing failure, suffering, or feeling inadequate), Common humanity (recognition of difficulties and limitations is part of imperfection as a human being) and Mindfulness (interpreting thoughts and feelings that arise, do not judge yourself, deny, or exaggerate the problem). Psychological Distress in this study is a negative condition such as pain, anxiety, and mental suffering that is characterized by several attributes such as feelings of inadequacy, emotional changes, and discomfort experienced by middle and high school adolescents and occurred in the past month.

Social Connectedness in this study is the attitude of maintaining social interaction that characterizes the attitude of understanding others, to participate in social activities, to feel close to others and to empathize.

Instruments

The research instrument used in this study uses three scales, namely: The scale used to measure the Self Compassion Scale (SCS) variable; (Neff 2003b) which measures aspects of self-kindness, self-judgment, common humanity, mindfulness, over-identification. Consists of

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

26 items that have a response choice (Ranging from "Almost never" to "Very Often"). High scores on a scale indicate individuals have high Self Compassion and vice versa.

The measurement of the Psychological Distress variable is the Kessler Psychological Distress Scale (K-10). This scale consists of ten questions and each question has five choices (1 = never, up to 5 = very often). The Cut of Score scale is 33. A high score on the scale means that individuals have a high level of psychological pressure and vice versa.

The measure of the Social-Connectedness variable is the SCF-Revise scale. Consists of 20 statement items, each item has 6 response choices (1 = Strongly disagree, to 6 = Strongly agree). High scores on the scale indicate individuals have high Social Connectedness and vice versa.

Based on the results of the try out, a validity and reliability test was performed using SPSS 23.00 for windows. From the validity test of items on the Psychological Distress scale conducted 1 time, no knockout items were found out of 10 items, with a validity index in the range of 0.329 to 0.639. While the reliability using Alpha Cronbach is 0.780.

The validity test of items on the Self Compassion scale conducted 2 times, 9 items were dropped out of 26 items, leaving 17 items with an index of validity in the range 0.173 to 0.358. While the reliability using Alpha Cronbach is 0.672.

From the validity test of items on the Social Connectedness scale conducted 2 times, 4 items were dropped out of 20 items, leaving 16 items with a validity index in the range 0.181 - 0.592. While the reliability using Alpha Cronbach is 0.806. It can be concluded that the Psychological Distress, Self -Compassion and Social Connectedness instruments used in this study meet the reliable standards when compared with the Cronbach alpha requirements of 0.6 or 60%.

Research Procedure

The research procedure was carried out during April to July 2018. Where the implementation includes 3 stages: First, it is resistant to preparation, which includes formulating problems and research subjects, making research designs, adapting and translating research scales, conducting tryouts, and testing the validity and reliability of the research scale. The second stage is conducting research. The third stage is to analyze data and report the results of research.

Data Analysis

Analysis of the data used in this study is Hayes analysis with the help of SPSS version 23.00 which has been installed with process macros. So it is known that the direct effect of the independent variable (Self Compassion) on the dependent variable (Psychological Distress) and to know the role of mediating variables (Social Connectedness) on the effect of Self Compassion on Psychological Distress (Preacher & Hayes, 2004). Analysis of indirect effects using the Sobel test (Preacher & Leonardelli, 2008).

Description of Research Variables

Statistical test results show the mean, standard deviation, and colinearity in each variable. Psychological Distress Variable has an average value (M = 3.35; SD = 0.716), Self-Compassion (M = 3.20; SD = 0.342), and Social Connectedness (M = 3.67; SD = 0.606).

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

Table 1. Mean, Standard deviation, and Relations between variables (N = 196)

| Variabel | Mean | SD | Self Compassion | Distress Psychology | Social Connectedness |
|------------------------|------|-------|-----------------|---------------------|----------------------|
| Self Compassion | 3.20 | 0.342 | 1 | -.223** | .251** |
| Psychological Distress | 3.35 | 0.716 | | 1 | -.442** |
| Social Connectedness | 3.67 | 0.606 | | | 1 |

Significant * $p < 0.05$; ** $p < 0.01$

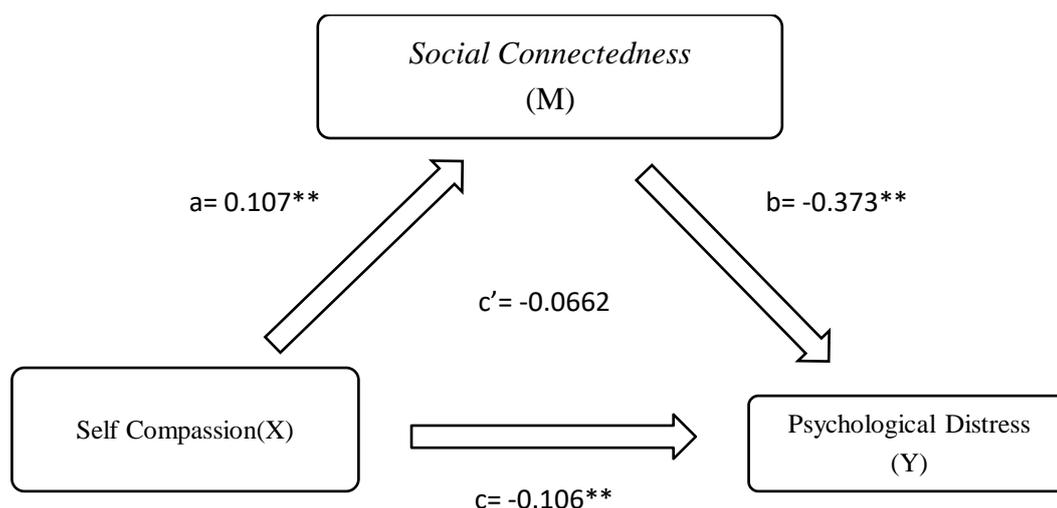
Hypothesis Analysis

The results of data analysis using the Hayes model with process macros indicate that it shows that there is a positive and significant effect between self-compassion on social connectedness ($\beta = 0.251$, $p = 0.01 < 0.05$), then the hypothesis is accepted. The second result, there is a negative and significant effect, Social Connectedness on Psychological Distress in adolescents (a) ($\beta = -0.442$; $p = 0.000 < 0.05$), then the hypothesis is accepted. Self-Compassion also has a significant negative effect with Psychological Distress ($\beta = -0.223$ $p = 0.01 < 0.05$), the hypothesis is accepted. The direct effect of self-compassion on psychological distress after social connectedness (c') shows insignificant results ($\beta = -0.139$; $p = 0.07 > 0.05$), these results indicate that the hypothesis is accepted. The test results show that there is an indirect effect of Self-Compassion on Psychological Distress through Social-Connectedness significantly different from 0 ($z = 0.102 < 1.96$; $p = 0.91$) then the fourth hypothesis is accepted. Hypothesis test results are shown in table 2

Table 2. Effects of Variables

| Variabel | Effect | SE | β | t | p |
|--|--------|-------|---------|--------|-------|
| Self Compassion to Social Connectedness (a) | 0.107 | 0.434 | 0.251 | 2.463 | 0.015 |
| Social Connectedness to Psychological Distress (b) | -0.373 | 0.545 | -0.442 | -6.855 | 0.000 |
| Self Compassion to Psychological Distress (c) | -0.106 | 0.334 | 0.223 | -3,179 | 0.001 |
| Self Compassion to Distress Psikologis (c') Mediated by Social Connectedness | -0.066 | 0.368 | -0.139 | -1.801 | 0.073 |

Picture 2. Regression Analysis Results



DISCUSSION

The results of hypothesis testing in this study indicate that (1) there is a positive effect between self-compassion on Social Connectedness (2) there is a negative effect of social connectedness on Psychological distress, (3) there is a negative effect between Self compassion on Psychological distress (4) Self Compassion indirect effect on Psychological distress in adolescents through Social Connectedness. Based on the results of hypothesis testing, shows that the lower the Self Compassion and Social Connectedness, the higher the Psychological Distress in adolescents. Conversely, the higher Self Compassion and Social Connectedness, the lower the Psychological distress in adolescents.

The first hypothesis shows that Self Compassion affects Social Connectedness in adolescents. The findings show that self-compassion is strongly associated with psychological health: higher scores on Self-Compassion are negatively related to self-criticism, depression, anxiety, thought suppression, mental suppression, and neurotic perfectionism, neurotic, and positively related to neurotic perfectionism. Life satisfaction, social connectedness, and emotional intelligence (Neff, 2003). The research shows that Self Compassion is positively correlated with a sense of social connectedness and good judgment on oneself and others (Neff, 2003a). That is because a good social connectedness is able to make someone move to share their feelings with others about difficulties and seek help for his misfortune so as to minimize the possibility of him to drag on sadness and sink in misfortune that happens to him, because even if he is in an unpleasant condition, someone will be able to come up with a mindful response (Neff, 2003a). Self-compassion gradually encourages individuals to maintain contact with reality and be socially connected, individuals will be driven to overcome emotions by developing a high understanding of learning their experiences and the experiences of others in problem-solving efforts when facing adversity. Which then will result in targeted actions to be released from the most difficult circumstances (Gerard, 2010).

The second hypothesis shows that social connectedness affects psychological distress in adolescents. Several previous studies have supported this finding. For example subjects with low social connectedness report high intensity experiencing loneliness, anxiety, jealousy, anger, depression, low self-esteem, and a number of other negative emotions (Baumeister & Leary, 1995). In addition, studies in a sample of adolescents consistently found results that social connectedness applied with attention, intimacy, and support by the family played a key role in better adjustment, including lower levels of depression, suicidal ideas, and suicide attempts, in the youth sample community, the sample youth community (Ackard et al., 2006; Kerr et al., 2006; King et al., 1995; Resnick et al., 1997). Other findings in research based on family interventions, consistently report that, an increase in good relationships with family members after a suicide crisis has an effect on decreasing the severity of depressive symptoms and suicide intentions at a rate in adolescent boys and girls. (Ackard et al., 2006; Borowsky et al., 2001; Eisenberg & Resnick, 2006).

These results support the theory that social connectedness is an important protective factor that can prevent adolescents from psychological distress and influence good adjustment in adolescents. With good social connectedness, teenagers will not develop feelings of isolation, but will develop their perception to connect with family, friends and people around them when they face problems.

The third hypothesis shows that self-compassion effects psychological distress. This result is in line with several previous findings that Self Compassion in adolescents is negatively

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

associated with negative feelings such as anxiety, shame, anger, nervousness and sadness (Barnard 2011). Individuals with high Self-compassion experience positive emotions (relaxed, happy and proud) that are also high (Barnard 2011). In addition, some researchers found a significant function of self-compassion expression carried out with gestalt techniques in reducing fear, anxiety and depression (Neff 2005; Ying, 2009). Research findings consistently explain that self-compassion is negatively correlated with depression, anxiety, self-criticism, and rumination and has a positive relationship with psychological traits such as happiness and optimism (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007). Two other studies also found that individuals who have high self-compassion are better at self-acceptance when they are in a negative situation and are able to control their perceptions compared to individuals with low levels of love-heart (Leary, Tate, Adams, & Allen, 2007; Neff, Kirkpatrick, & Rude, 2007). Self-compassion decreases psychological distress because it works to develop a positive internal processing system which is then used by individuals to feel sorry for and love themselves so that their behavior of blaming and self-loathing will decrease (Gilbert & Irons, 2005).

The fourth hypothesis shows that the effect of self-compassion has a positive effect on psychological distress in adolescents through the existence of social connectedness. The results of previous studies have proven there is an effect of psychological distress on self-compassion in adolescents, but it is not consistent in the high-low report, the strength of the relationship and its significance. However, after there is a significant (indirect) influence of social connectedness, it is evident that social connectedness is a mediator of the relationship between self-compassion and psychological distress. The coefficient c' results in partial mediation because c' is statistically significant and there is significant mediation (MacKinnon, Fairchild, & Fritz, 2007). Partial correlation is one where the effect of a variable is "taken from" the second variable, which correlates with the third. Partial correlation is the value obtained when we hold the third variable which is constant from the other two variables (Jose, 2013). Sobel Test results show that there is an indirect effect of Psychological distress on Self Compassion through Social Connectedness in adolescents significantly different from 0 ($z = 0.102 < 1.96$; $p = 0.91$) then the fourth hypothesis is accepted.

Similar to previous studies that there is a significant positive relationship between Social Connectedness and Self Compassion (Neff & McGehee, 2010, Wei et al., 2011). Self-compassion and Social Connectedness have the same characteristics. Both have an emphasis on connectedness. Thus leading individuals to metacognitive activities, which induce recognition of certain experiences within oneself and others. The process of metacognitive activity reduces the egocentric feeling of separation and increases the feeling of connection, by breaking the cycle of withdrawal and over-identification. Enables individuals to see their own experiences in a greater perspective (Neff 2003).

Besides Social Connectedness is a broader experience which then guides feelings, thoughts, and behavior, especially in social situations. People with high levels of connectedness are better able to manage their own needs and emotions through cognitive processes (for example, self-evaluation, social comparison; lower). This ability makes them less likely to experience psychological distress such as low self-esteem, anxiety, and depression (Baumeister & Leary, 1995).

Social Connectedness As a Mediator Between Self Compassion And Psychological Distress In Adolescents

The results of this study indicate that high psychological distress can affect self-compassion being low. But on the contrary, low psychological distress can affect a person has a high self-compassion because of the presence of social connectedness which can be a mediator to minimize the negative influence of psychological distress on social compassion in adolescents. In addition, this finding also provides information that the influence of psychological distress, self-compassion, and social connectedness using mediation models does not only occur in adults but also affects adolescents.

CONCLUSIONS AND IMPLICATIONS

The results of this study can be concluded that there is a positive effect between self-compassion on Social Connectedness, there is a negative effect Social connectedness on Psychological distress, there is a negative effect between Self compassion on Psychological distress, there is a positive effect of Self Compassion (indirectly) on Psychological Distress in adolescents through Social Connectedness. Based on the results of hypothesis testing, shows that the lower the Self Compassion and Social Connectedness, the higher the Psychological Distress in adolescents. Conversely, the higher Self Compassion and Social Connectedness, the lower the Psychological distress in adolescents.

This research has implications in the field of clinical psychology where clinicians can find out the effect of social connectedness on self-compassion and psychological distress in adolescents. This research is also useful for educating adolescents and all age groups to prevent the severity of psychological stress by developing social connectedness and self-compassion functions in daily life.

The implications for future researchers is to try to test other factors that can predict self-compassion and mediate with social connectedness, such as self-criticism, coping strategies, or thought suppression.

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Conflict of Interest

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