


Effects of Self-Compassion and Self-Disclosure on Mental Health through Spirituality: A Study on Adolescents in Orphanages

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Abstract

Some adolescents who live in orphanages may feel a lack of affection from their parents during their development; So, some orphanage adolescents experience a lack of guidance in dealing with problems in life, including mental health problems. To prevent this, it is necessary to have an attitude of self-compassion and self-disclosure of adolescents to their foster parents. In addition, it is necessary to strengthen the spirituality of orphanage adolescents to prevent adolescents from mental health disorders. This study aims to find a match and habit of the model of the influence of self-compassion and self-disclosure through spirituality on the mental health of orphanage adolescents. This research uses a survey method with a quantitative descriptive approach to correlational models. The study subjects were orphanage as many as 165 samples were taken randomly at 3 orphans in Yogyakarta. Research data were obtained from observations, interviews, and research questionnaires. Analyze the research data using SmartPLS version 3 software with a two-stage embedded second-order approach. The results of this study show that a match of the research model was found between structural results and empirical data. This study implies that strengthening mental health for adolescents living in foster care can be done by consistently instilling the value of spirituality and improving self-compassion attitudes.

INTRODUCTION

The issue of mental health has become a hot topic to discuss lately, one of them is mental health problems experienced in adolescence (Garcia-Carrion et al., 2019). According to Schreuders et al. (2019), adolescence is the age of entering a person's critical cycle to find one's identity and reach maturity. So, adolescents often experience conflicts between fellow teenagers and the surrounding environment. Therefore, adolescents are very likely to be exposed to mental health disorders when faced with various problems, especially when adolescents still have unstable emotions (Vharensie, 2021). There is a need for parental assistance during the adolescent development phase because it will help adolescents get through the consequences of their lives and avoid mental health disorders.

However, some teenagers are do not get parental assistance during the development phase. This is due to parents are left to work outside the city or parents of teenagers who have passed away (Babedi & Pillay, 2019). Coupled with the arrival of the Covid-19 pandemic, it has increased the number of orphans in Indonesia so that adolescent care is entrusted to orphanages (Guzder, 2021). The Ministry of Social Affairs of the Republic of Indonesia

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released data as of July 2021, Covid-19 has increased the number of orphans in Indonesia by 11,045 and 4 million stray (Prameswari, 2022). Meanwhile, according to data from Imperial College London, as of September 2021, there were 51,104 cases of children abandoned by their parents due to Covid-19 (Prameswari, 2022).

Some of the adolescents living in orphanages certainly feel the lack of affection of their parents, thus impacting orphanage teenagers who experience life problems such as mental health disorders (Duggal & Wadhawan, 2021). According to Auttama et al. (2021), orphanage adolescents tend to have unstable emotional behavior disorders that can hinder their mental health. Maintaining mental health is essential to avoid feelings of depression or excessive anxiety (Collishaw & Sellers, 2020). Adolescent mental health problems can become serious problems if not treated immediately because they can cause deep suffering and harm those around them (Odgers & Jensen, 2020).

Prevention of mental health disorders for orphanage adolescents are need to have an attitude of making peace with the problem, or in Psychological Science called self-compassion (Murfield et al., 2020). Self-compassion in orphanage adolescents needs to be instilled as a sign of gratitude that although they are not getting parental affection. In addition, orphanage adolescents also have an attitude of self-openness in expressing feelings and problems experienced or in Psychological Science called self-disclosure (Ester et al., 2020). Self-disclosure of orphanage teenagers can be interpreted by telling stories and expressing the feelings experienced to foster parents, so that the problems faced can be resolved and the best solution.

The spiritual level of orphanage adolescents also has a role in overcoming mental health problems. This is because spirituality is related to the relationship between adolescents and Allah SWT as a place to depend on all the problems experienced (Aziz et al., 2023). The spirituality built is by maintaining a good relationship between orphanage teenagers and Allah SWT, fellow humans, nature, and transcendent, and believes that maintaining these four relationships can provide purpose and change lives for the better (Westbrook et al., 2018).

Adolescents with a strong attitude of self-compassion, self-disclosure, and spirituality can be essential assets to face all problems in life, especially problems that can interfere with adolescent mental health, such as anxiety, anger, fear, and jealousy (Peng et al., 2022). Therefore, based on the background of the research problems above, this study aims to find a model of the influence of self-compassion and self-disclosure through spirituality as a new approach to strengthening the mental health of adolescents living in orphanages.

Literature Review

Mental Health

According to the World Health Organization (WHO), mental health is the state of a person who maximizes their potential, can solve problems well, work productively, and contribute to their community (WHO, 2014). At the same time, individuals affected by mental health disorders can be defined as conditions that affect a person's mood or mood that can affect a person's functioning ability to interact with others (Knopf, 2020). According to Turner et al. (2021), the types of mental health disorders common in adolescents include depression, anxiety, hyperactivity, attention center disorders, emotional disorders, and behavioral disorders.

Having a healthy mentality means not having any disturbances that can interfere with adolescent productivity in activities (Collishaw & Sellers, 2020). Mentally healthy teenagers have a positive spirit to carry out worship, school, and activities according to the culture in the orphanage. A healthy mentality makes teenagers cheerful and not experience problems that create anxiety or sadness. A healthy mentality affects the mindset of adolescents to solve problems well consistently and not overthink or blame themselves excessively (deLara, 2019).

Self-Compassion

Neff (2003) defines self-compassion as a person's ability to act reasonably with oneself and not judge oneself for the problems, shortcomings, or suffering experienced. Murfield et al. (2020) believe self-compassion is generally a recognition of oneself and others of the suffering that is being experienced, coupled with a commitment to solving and preventing the problem. Therefore, self-compassion can be expressed as compassion or compassion for oneself in every misfortune/problem experienced with a positive attitude and not excessively judging the problem.

Self-compassion in orphanage adolescents means that when faced with various problems in life, adolescents can accept them and not blame themselves when they come. Some of the roles of self-compassion in overcoming mental health disorders of adolescents living in orphanages are: First, reducing feelings of isolation. Self-compassion can help them to feel more connected to themselves and develop compassion towards themselves, which can be a source of support when they feel lonely (Kawitri et al., 2020). Second, reduce feelings of guilt and shame. Self-compassion can help them to accept themselves better and understand that everyone makes mistakes and experiences difficulties (Kawitri et al., 2019). Third, manage trauma and negative experiences. Self-compassion can help them cope with this trauma healthier by acknowledging their feelings without judging themselves (Beaton et al., 2022).

Self-Disclosure

Melumad & Meyer (2020) defines self-disclosure as voluntarily telling stories about feelings, thoughts, and private information to others they trust. Another opinion from DeVito (2019), self-disclosure is to communicate one's secret message regarding the problem at hand to others. Some of the definitions above can be concluded that self-disclosure is telling information about secrets or problems experienced by people closest to them, such as friends, parents, or loved ones.

Self-disclosure is important in maintaining the mental health of adolescents living in orphanages. Here are some of the roles of self-disclosure in maintaining adolescents' mental health in orphanages: First, reducing isolation and loneliness. Through self-disclosure, they can find a friend or caregiver they can trust to talk about their feelings. It helps reduce feelings of loneliness and increases the sense of connectedness (Aziz et al., 2023). Second, overcoming trauma and stored emotions. Self-disclosure can help them confront and cope with these feelings by discussing their experiences. This is the first step to recovery (Fitranti, 2021). Third, get support and guidance. Self-disclosure to orphanage caregivers can help teens get emotional support and guidance in coping with their mental health issues. This is important for developing effective coping strategies (Khan et al., 2023).

Spirituality

According to Makkar & Singh (2021), spirituality is an interpersonal and metaphysical relationship with a higher or transcendent power that can provide motivation, purpose, and a sense of connectedness with others. Hodapp & Zwingmann (2019) said that the concept of transcendent in spirituality is described by relationships vertically and horizontally. This follows the statement by Abdollahyar et al. (2019) that the vertical and horizontal relationship both have interrelated and inseparable dimensions. Based on several expert opinions regarding the description of spirituality above, spirituality is an awareness of the unity of the universe and the interrelationship of individuals within the universe.

Rationale of the Study

This paper has similar themes to previous research, including research entitled "The Relationship of Self-Compassion to the Resilience of Orphanage Adolescents" (Zaharuddin, & Wahyuni, 2021). From Esther et al. (2020) entitled "The Role of Self-Disclosure on the Resilience of Orphanage Adolescents". The last work from (Harjanti, 2021) was titled "Psychological Well-being in Orphanage Adolescents Reviewed from Internal Locus of Control and Spirituality". The similarity of the research theme is the analysis of the mental toughness of orphanage adolescents through the role or relationship of self-compassion, self-disclosure, and spirituality. The difference, as well as the novelty value of this study is the model of the influence of self-compassion and self-disclosure on strengthening the mental toughness of orphanage adolescents through spirituality.

Hypotheses

Based on the presentation of the background and theoretical foundations put forward, the researcher formulates the hypothesis as follows:

- H1: There is a positive and significant influence of self-compassion variables on the spirituality of orphanage adolescents.
- H2: There is a positive and significant influence of self-disclosure variables on the spirituality of orphanage adolescents.
- H3: There is a positive and significant influence of spirituality variables on the partial strengthening of adolescent mental health.
- H4: There is a positive and significant influence of self-compassion variables on strengthening the mental health of orphanage adolescents both directly and through spirituality variables.
- H5: There is a positive and significant influence of self-disclosure variables on strengthening the mental health of orphanage adolescents both directly and through spirituality variables.

METHODS

Research Design

This type of research is survey with a quantitative approach to correlational models. Observation, interviews, and research questionnaires on a Likert scale obtained research data. The research location refers to 3 places, namely Daarut Taqwa Orphanage, Minggir, Sleman DIY., Mafaza Orphanage, Yogyakarta City, DIY., and La Tazhaan Orphanage, Banguntapan, Bantul, DIY. The subjects of the study were foster children with an age range of 12-18 years, with as many as 165 respondents. The sampling technique used in this research is cluster random sampling.

Instrumentation

The measuring instrument or research instrument used in this study is an instrument from previous research; the instrument has been tested for credibility, namely with the value of Cronbach's Alpha coefficient $> .7$; this means that the instrument has been reliable for use in this study (Cortina, 1993). The indicators on each variable are explained as follows.

Mental Health

First, the *mental* health measurement tool uses a measurement scale from research from McGeown et al. (2018), namely *the Mental Toughness Scale-Adolescents Developed*. It has a Cronbach's Alpha coefficient value of .7 in its reliability test. There are 6 indicators in adolescent mental health according to research by McGeown, namely: 1) *Challenge* [C]; 2) *Interpersonal Confidence* [IC]; 3) *Confidence in Abilities* [CA]; 4) *Emotional Control* [EC]; 5)

Life Control [LC]; 6) *Commitment* [CM]. Each mental health dimension in this study has 3 objective indicators, with 18 mental health assessment indicators.

Self-Compassion

Furthermore, the second measuring instrument for the self-compassion variable uses a measurement scale from the study by Neff et al. (2021), the *Self-Compassion Scale for Youth*, with a Cronbach's Alpha coefficient value of 0.7 (reliable) in the reliability test. Research from Jiao & Segrin (2022) found that there are six indicators of self-compassion, namely: 1) *Self-Kindness* [SK]; 2) *Common Humanity* [CH]; 3) *Mindfulness* [MF]; 4) *Self-Judgment* [SJ]; 5) *Isolation* [IS]; and 6) *Over Identification* [OI]. Each dimension of self-compassion in this study has 3 indicators, with 18 self-compassion assessment indicators.

Self-Disclosure

The Third measuring instrument that researchers use for self-disclosure variables is the measurement scale from Gamayanti et al. (2018)'s research, namely the *Resolved Self-Disclosure Scale* by Wheeles adapted from Albes (2013); the instrument has been tested for the reliability of its research instrument items with a Cronbach's Alpha coefficient value of 0.89 (reliable). According to the results of research from Wheeles, it is stated that there are five indicators in self-disclosure, namely: 1) Amount [A]; 2) Valence [V]; 3) Honesty [H]; 4) Intent [I]; 5) Depth [D]. Each dimension in the self-disclosure of this study has 3 or 4 indicators, so there are 18 self-disclosure assessment indicators.

Spirituality

Finally, instruments on the spirituality variable use measuring instruments from research by Westbrook et al. (2018), the *Trait Sources of Spirituality Scale* (TSSS), which has a Cronbach's Alpha coefficient value of 0.96 (reliable) on its reliability test. According to Westbrook et al. (2018) there are 4 indicators in adolescent spirituality, including: 1) *Theistic Spirituality* [TS]; 2) *Nature Spirituality* [NS]; 3) *Human Spirituality* [HS]; 4) *Transcendence Spirituality* [TRS]. Each dimension of spirituality in this study has 6 indicators of assessment, so there are 24 indicators of spirituality assessment.

Construct Validity and Reliability

Evaluation of the measurement model at the construct stage of the validity and reliability test is called the outer model test. Hair et al. mentions that the validity construct test explains how suitable the measuring instrument can be used to measure the construct to be measured. The validity construct test is divided into convergent validity and discriminant validity. Convergent validity can be seen from the loading factor value used in determining the validity of a construct, and a construct is declared valid if it has a loading factor value of $> .7$ (Sarstedt 2017). In addition, convergent validity can also be seen from the Average Variance Extracted (AVE) value which is $> .5$ (Hair et al., 2019).

Furthermore, the discriminant validity is seen from the value of cross-loading value on the dimension statement items to the dimension itself must be greater than the value of the correlation in the statement item to other dimensions. If these conditions are met, the statement item only passes the discriminant validity test. The data processing results in the discriminant validity test are first described in the table of Fornell and Larcker Criterion value calculation results. Whereas the construct reliability test was conducted to show the internal consistency of the measuring instrument. Construct reliability testing includes composite reliability with expected criteria for composite reliability value $\geq .7$ (Ghozali & Latan, 2012).

Based on the results of testing on the *inner model*, the results can be used as data to see whether the hypotheses formulated in this study can be declared accepted or rejected. The

results of the inner model test obtained the T-statistical value, and the hypothesis can be accepted if the T-statistical value is greater than the T-table, which is 1,96 (α 5%). In addition, the hypothesis test can be seen from the value of the P-value, provided that the value must be $< .05$, meaning that the hypothesis is accepted.

Data Analysis

The research data was analyzed with the SmartPLS version 3.0 application with a second-order embedded two stages approach. Hair et al. (2019) mention that the second-order embedded two stages approach is carried out because each variable has a dimension, and each dimension has an indicator. Therefore, data analysis is carried out in two stages, namely dimensional-level and variable-level data analysis with inner model tests (validity and reliability tests), outer models (R-Square, F-Square, Q-Square, VIF, and model fit/goodness tests), and hypothesis tests.

RESULTS AND DISCUSSION

Results

Outer Model Test

The SmartPLS version 3.0 software was employed to test the outer and inner models, and the result is shown in Figure 1. The outer model analysis includes convergent validity, discriminant validity, and composite reliability.

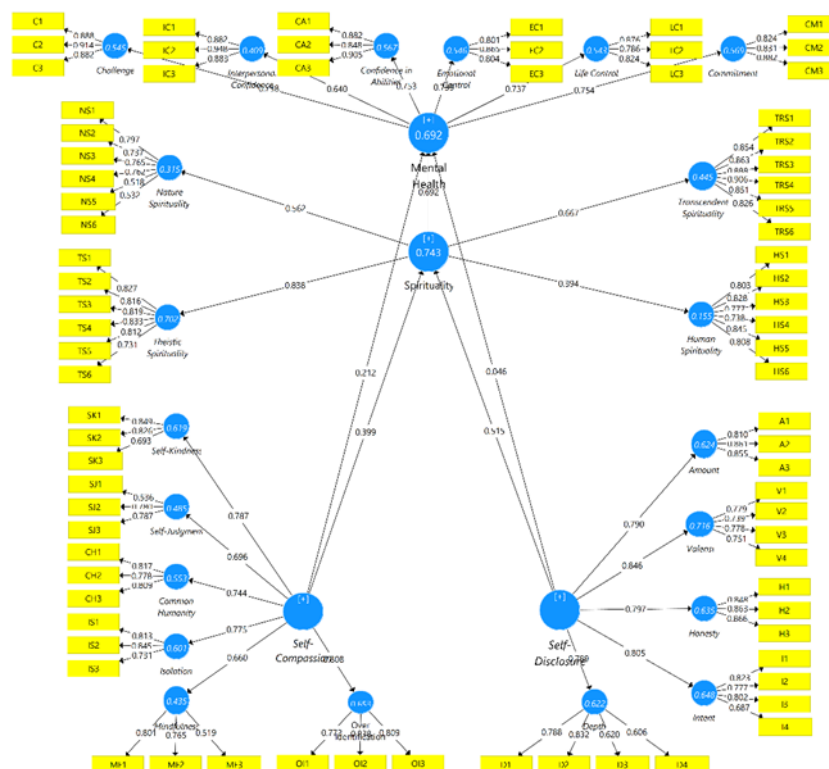


Figure 1. The outer model

Stage 1: Dimensional-level model evaluation (Convergent Validity Test)

The results of data processing in the convergent validity test at the dimension level are explained as follows in table 1.

Table 1. The value of the Loading Factor of each Variable

Variable	Dimension	Indicator	Loading Factor	Explanation
Self-Compassion	Self-Kindness	SK1	.849	Valid
		SK2	.826	Valid
		SK3	.693	Invalid
	Self-Judgment	SJ1	.536	Invalid
		SJ2	.780	Valid
		SJ3	.787	Valid
	Common Humanity	CH1	.825	Valid
		CH2	.775	Valid
		CH3	.812	Valid
	Isolation	IS1	.822	Valid
		IS2	.861	Valid
		IS3	.758	Valid
	Mindfulness	MF1	.801	Valid
		MF2	.765	Valid
		MF3	.519	Invalid
	Over Identification	OI1	.767	Valid
		OI2	.839	Valid
		OI3	.813	Valid
Self-Disclosure	Amount	A1	.810	Valid
		A2	.861	Valid
		A3	.855	Valid
	Valensi	V1	.779	Valid
		V2	.739	Valid
		V3	.778	Valid
		V4	.751	Valid
	Honesty	H1	.848	Valid
		H2	.863	Valid
		H3	.866	Valid
	Intent	I1	.823	Valid
		I2	.777	Valid
		I3	.802	Valid
		I4	.687	Invalid
	Depth	D1	.788	Valid
		D2	.832	Valid
		D3	.620	Invalid
		D4	.606	Invalid
Spirituality	Theistic Spirituality	TS1	.827	Valid
		TS2	.816	Valid
		TD3	.819	Valid
		TS4	.833	Valid
		TS5	.813	Valid
		TS6	.731	Valid
	Nature Spirituality	NS1	.797	Valid
		NS2	.737	Valid
		NS3	.765	Valid
		NS4	.762	Valid
		NS5	.518	Invalid
		NS6	.531	Invalid
	Human Spirituality	HS1	.803	Valid
		HS2	.828	Valid
		HS3	.777	Valid
		HS4	.738	Valid
		HS5	.845	Valid
		HS6	.808	Valid
	Transcendent Spirituality	TRS1	.854	Valid
		TRS2	.863	Valid
		TRS3	.888	Valid
		TRS4	.906	Valid
		TRS5	.851	Valid
		TRS6	.826	Valid
Mental Health	Challenge	C1	.888	Valid
		C2	.914	Valid
		C3	.882	Valid
	Interpersonal Confidence	IC1	.882	Valid

	IC2	.948	Valid
	IC3	.883	Valid
Confidence in Abilities	CA1	.903	Valid
	CA2	.882	Valid
	CA3	.848	Valid
Emotional Control	EC1	.801	Valid
	EC2	.865	Valid
	EC3	.804	Valid
Life Control	LC1	.876	Valid
	LC2	.786	Valid
	LC3	.824	Valid
Commitment	CM1	.824	Valid
	CM2	.831	Valid
	CM3	.882	Valid

Table 2. Variable Level Average Variance Expected Value

Dimension	AVE
Amount	.710
Challenge	.801
Commitment	.715
Common Humanity	.643
Confidence in Abilities	.772
Depth	.821
Emotional Control	.679
Honesty	.738
Human Spirituality	.641
Intent	.680
Interpersonal Confidence	.818
Isolation	.636
Life Control	.688
Mindfulness	.675
Nature Spirituality	.660
Over Identification	.651
Self-Judgment	.693
Self-Kindness	.785
Theistic Spirituality	.651
Transcendent Spirituality	.748
Valensi	.581

Based on Table 1, from all indicators of each dimension, there are 8 invalid indicators due to the loading factor value $< .7$, so they will be removed from data processing to not change the AVE value. Furthermore, the AVE values at the variable level are described in the table below. Based on the values presented in Table 2 above, the AVE value in each dimension $> .5$ is obtained, so all dimensions have met the convergent validity test requirements.

Discriminant Validity Test

The results of the data processing in the discriminant validity test are first described in the table of Fornell and Larcker Criterion value calculation results below. Based on the data in Table 3 above, it shows that the correlation value of each dimension to the dimension itself is more significant when compared to the value of the dimension correlation to other dimensions. So, the variables in this study have met the discriminant validity test based on the values of the Fornell and Larcker Criterion. In addition, the discriminant validity test can be seen from the cross-loading value to see the correlation value between variables.

Table 3. Variable Rate Fornell and Larcker Criterion Values

	A	C	CM	CH	CA	D	EC	H	HS	I	IC	IS	LC	MF	NS	OI	SJ	SK	TS	TRS	V
A	.842																				
C	.388	.895																			
CM	.454	.403	.846																		
CH	.474	.378	.367	.802																	
CA	.292	.472	.523	.336	.879																
D	.436	.243	.393	.433	.436	.906															
EC	.364	.477	.465	.420	.432	.360	.824														
H	.656	.462	.449	.506	.337	.443	.383	.859													
HS	.389	.473	.373	.293	.393	.319	.390	.390	.801												
I	.496	.342	.436	.474	.381	.527	.416	.490	.289	.825											
IC	.418	.413	.325	.333	.346	.351	.418	.420	.320	.423	.905										
IS	.472	.368	.374	.636	.435	.439	.432	.505	.316	.457	.345	.798									
LC	.301	.411	.571	.380	.477	.404	.470	.423	.327	.339	.311	.418	.830								
MF	.387	.291	.341	.347	.331	.384	.305	.302	.234	.332	.218	.465	.312	.822							
NS	.329	.260	.324	.302	.211	.264	.145	.372	.139	.318	.370	.276	.203	.153	.813						
OI	.538	.461	.468	.426	.456	.465	.456	.490	.332	.466	.439	.518	.436	.538	.328	.807					
SJ	.395	.394	.375	.293	.357	.349	.325	.323	.275	.447	.388	.310	.357	.340	.368	.550	.832				
SK	.433	.453	.428	.506	.417	.476	.375	.465	.480	.451	.367	.467	.420	.361	.290	.481	.540	.886			
TS	.513	.342	.500	.576	.333	.433	.418	.589	.122	.528	.440	.499	.462	.343	.425	.528	.394	.472	.807		
TRS	.413	.449	.456	.327	.454	.306	.400	.389	.014	.407	.346	.369	.463	.317	.016	.402	.316	.294	.372	.865	
V	.560	.423	.488	.464	.428	.530	.466	.567	.385	.622	.423	.500	.417	.368	.350	.505	.406	.503	.577	.374	.762

Table 4. Dimension-Level Composite Reliability Value

Dimension	Composite Reliability
Amount	.880
Challenge	.923
Commitment	.883
Common Humanity	.844
Confidence in Abilities	.911
Depth	.901
Emotional Control	.864
Honesty	.894
Human Spirituality	.915
Intent	.864
Interpersonal Confidence	.931
Isolation	.839
Life Control	.869
Mindfulness	.806
Nature Spirituality	.886
Over Identification	.848
Self-Compassion	.819
Self-Kindness	.880
Theistic Spirituality	.918
Transcendent Spirituality	.947
Valensi	.847

Table 5. Variable Level Loading Factor Value

Dimension	Loading Factor	Explanation
Amount	.7954	Valid
Challenge	.7202	Valid
Commitment	.7904	Valid
Common Humanity	.8034	Valid
Confidence in Abilities	.7588	Valid
Depth	.7240	Valid
Emotional Control	.7481	Valid
Honesty	.8057	Valid
Human Spirituality	.4860	Invalid
Intent	.7921	Valid
Isolation	.8245	Valid
Interpersonal Confidence	.6385	Invalid
Life Control	.7767	Valid
Mindfulness	.6588	Invalid
Nature Spirituality	.5648	Invalid
Over Identification	.7783	Valid
Self-Judgment	.6832	Invalid
Self-Kindness	.7656	Valid
Theistic Spirituality	.8569	Valid
Transcendent Spirituality	.7972	Valid
Valensi	.8375	Valid

Reliability

The reliability test of statement items on the research dimension is carried out with a composite reliability test. The results of the composite reliability value are described in the table 4. Based on data from Table 4 above, each variable has a composite reliability value of $\geq .7$. These results show that each variable has met the requirements of the composite reliability test, so it can be concluded that these four research variables can be said to be reliable.

Stage 2: Evaluation of the Variable-level Model (Convergent Validity Test)

The results of data processing in the convergent validity test at the variable level are explained as follows, in table 5. Based on Table 5 above, from all the dimensions of each variable, there are 5 invalid dimensions due to the loading factor value $< .7$. So, it will be removed from data processing not to change the AVE value. Furthermore, the AVE value at the variable level is described in the table below, in table 6. Based on the values in Table 6 above, the AVE value in each dimension $> .5$ is obtained, so all dimensions have met the convergent validity test requirements.

Discriminant Validity Test

The results of the data processing in the discriminant validity test are first described in the table of Fornell and Larcker Criterion value calculation results below, in table 7. The data results in Table 7 above show that the correlation value of each dimension to the dimension itself is more significant when compared to the value of the dimension correlation to other dimensions. So, the variables in this study have met the discriminant validity test based on the values of the Fornell and Larcker Criterion. In addition, the discriminant validity test can be seen from the cross-loading value to see the correlation value between variables.

Reliability

The results of the composite reliability value are described in the table below, table 8. Based on data from Table 8 above, each variable has a composite reliability value of $\geq .7$. These results show that each variable has met the requirements of the composite reliability test, so it can be concluded that these four research variables can be said to be reliable.

Inner Model Test

After the test on the outer model has been fulfilled, the next step is testing the inner model. The structural model analysis test (inner model) in this study consists of 5 tests, including the R Square, F Square, Predictive Relevance (Q^2), Collinearity Statistics (VIF), and the model fit and goodness test. The results of the inner analysis of the research model it is described in Figure 2.

Table 6. Variable Level Average Variance Expected (AVE) Value

Variable	AVE
Mental Health	.5764
Self-Compassion	.6293
Self-Disclosure	.6269
Spirituality	.6849

Table 7. Variable Rate Fornell and Larcker Values

Variable	Mental Health	Self-Compassion	Self-Disclosure	Spirituality
Mental Health	.7592			
Self-Compassion	.6888	.7933		
Self-Disclosure	.6569	.7586	.7918	
Spirituality	.6793	.6712	.7017	.8276

Table 8. Dimension-Level Composite Reliability Value

Variable	Composite Reliability
Mental Health	.8718
Self-Compassion	.8715
Self-Disclosure	.8934
Spirituality	.8128

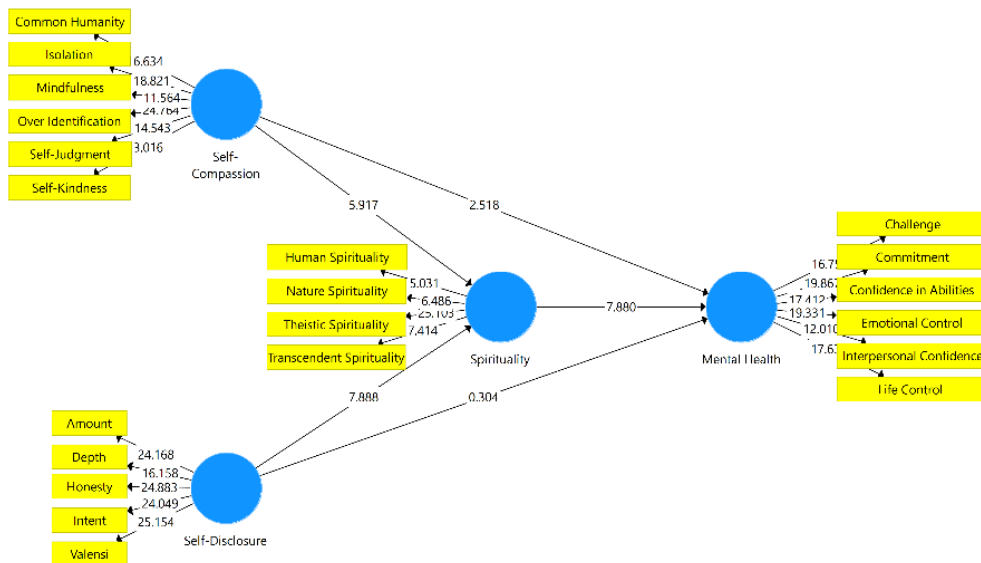


Figure 2. Inner Model Test Result

R-Square

The results of the research data processing obtained the R-Square value as follows, table 9. Based on the results of the calculation of the R-Square value in Table 9 above, it was found that the spirituality variable has an R-Square value of .5378. This shows that the self-compassion and self-disclosure variables affect the spirituality variable by 53,78% (moderation), and other variables outside this research model influence the other 46,22%. Meanwhile, the R-Square value for the mental health variable was .5697. This shows that self-compassion, self-disclosure, and spirituality influenced the mental health variables by 56,97% (moderation), and other variables outside this research model influenced another 43,3%.

Q-Square

The Stone Geisser Value (Q^2) is used to describe predictive relevance, whether the structural relevance of the model is good or not. The results of data processing for Q^2 values are explained in the following table 10.

Based on the results of the data presented in Table 10 above, it is known that the value of Q^2 in the mental health variable is $.3184 > 0$, so the mental health variable has an excellent predictive relevance value. While the value of Q^2 in the spirituality variable is $.3559 > 0$, or in other words, the spirituality variable also has an excellent predictive value of relevance.

Goodness of Fit

The match and goodness test of the model can be seen from the data processing results on the Standardized Root Mean Square Residual (SMSR) value and the Normal Fit Index (NFI) value. As for the results of processing data on the match and goodness test, it is explained in the fit summary table below, in table 11.

Based on the results of the data presented in Table 11 above, it was found that: SMSR values of $.0714 < .10$ (meet the criteria), so the model can be said to be fit. The model test is seen from the NFI test value; in this study, it shows an NFI value of .7855; the research model can be said to be fit and has a match or goodness of the model with research data of 78,55%. The results of the hypothesis test in this study obtained hypothesis test data of direct and indirect influence as described in the table 12 and 13.

Table 9. R-Square value (R^2)

Variable	R Square
Mental Health	.5697
Spirituality	.5378

Table 10. Stone Geisser Value (Q^2)

Variable	SSO	SSE	$Q^2 (=1-SSE/SSO)$
Mental Health	825,0000	562,3385	.3184
Self-Compassion	66.0000	66.0000	
Self-Disclosure	825,0000	825,0000	
Spirituality	33.0000	212,5450	.3559

Table 11. Fit Summary

Indicator	Saturated Model	Estimated Model
SRMR	.0714	.0714
NFI	.7855	.7855

Table 12. Hypothesis Test Value – Direct

Variable	O	M	SD	T	F	Information
→ Mental Health Self-Compassion	.3382	.3377	.0747	4,5294	.0000	Accepted
Self-Compassion → Spirituality	.3272	.3296	.0824	3,9731	.0001	Accepted
→ Mental Health Self-Disclosure	.1635	.1665	.0889	1,8380	.0661	Rejected
Self-Disclosure → Spirituality	.4535	.4532	.0772	5,8738	.0000	Accepted
Mental Health Spirituality →	.3376	.3357	.0789	4,2780	.0000	Accepted

Table 13. Hypothesis Test Value - Moderation

Variable	O	M	SD	T	F	Information
Self-Compassion → Spirituality → Mental Health	.1105	.1105	.0380	2,9036	.0037	Accepted
Self-Disclosure → Spirituality → Mental Health	.1531	.1521	.0445	3,4428	.0006	Accepted

Discussion

H1: The Influence of Self-Compassion on Spirituality

Based on the results as shown in Table 12 above, the first hypothesis (H1) has a T-statistical value of $3,9731 > 1,96$ ($\alpha 5\%$). In addition, the P-value is $.0001 < .05$. So that the first hypothesis (H1) is declared accepted, it means that self-compassion has proven to have a positive and significant effect on the spirituality of orphanage adolescents. The higher the adolescent's self-compassion, the higher the level of spirituality. The basis of the hypothesis test of this study proves this. The findings of the first hypothesis (H1) corroborate the previous theory: self-compassion has a positive and significant effect on spirituality (Hidayati et al., 2019). In addition, the theory of (Dewi et al., 2020) says that self-compassion attitudes influence the spirituality of former drug abusers.

H2: The Effect of Self-Disclosure on Spirituality

Based on the results as shown in Table 12 above, the second hypothesis (H2) has a T-statistical value of $5,8738 > 1,96$ ($\alpha 5\%$). In addition, the P-value is $.000 < .05$. So that the second hypothesis (H2) is declared accepted, it means that self-disclosure has proven to positively and significantly affect the spirituality of orphanage adolescents. The higher the self-disclosure of adolescents, the higher the level of spirituality. The basis of the hypothesis test of this study proves this. The findings of the second hypothesis (H2) above corroborate a pre-existing theory, among others, according to the theory (Hapsari, 2021) that self-disclosure can

affect spirituality with script therapy. Another theory from (Wiyono & Muhid, 2020) says that the self-disclosure of women with disabilities is to bring worship closer to God.

H3: The Effect of Spirituality on Mental Health

Based on the results as shown in Table 12 above, the third hypothesis (H3) has a T-statistical value of $4,278 > 1,96$ (α 5%). In addition, the P-value is $.000 < .05$. So that the third hypothesis (H3) is declared accepted, it means that spirituality has proven to have a positive and significant effect on the mental health of orphanage adolescents. The higher the spirituality value of adolescents, the higher the level of mental health. The basis of the hypothesis test of this study proves this. The third hypothesis (H3) findings corroborate the previous theory that spirituality can affect students' mental health levels (Wahyuni & Bariyyah, 2019). In addition, according to (Kao et al., 2020), spirituality and mental health have a positive influence. Another opinion (Hodapp & Zwingmann, 2019) is that spirituality and mental health have a positive and significant relationship and influence.

H4: The Effect of Self-Compassion on Mental Health

Based on the results as shown in Table 12 above, the fourth hypothesis (H4) has a T-statistical value of $4,5294 > 1,96$ (α 5%). In addition, the P-value is $.000 < .05$. So that the fourth hypothesis (H4) is declared accepted, it means that self-compassion has been shown to positively and significantly affect the mental health of orphanage adolescents. The higher the self-compassion of orphanage teenagers, the higher the level of mental health. The basis of the hypothesis test of this study proves this. The findings of the fourth hypothesis (H4) corroborate the previous theory, namely the role of self-compassion in improving health and quality of life in orphanage adolescents (Kawitri et al., 2020). In addition, self-compassion positively and significantly influences the resilience of orphanage adolescents (Kawitri et al., 2019). Another theory says low self-compassion attitudes can worsen mental health (Beaton et al., 2022).

Furthermore, look at the hypothesis test results based on Table 13. In that case, it shows that the influence of the self-compassion variable through spirituality on mental health, has a T-statistical value of $2,9036 > 1,96$ (α 5%). In addition, the P-value is $.0037 < .05$. So that the fourth hypothesis (H4) is declared accepted, it means that self-compassion through spirituality has positively and significantly affected the mental health of orphanage adolescents. The higher the self-compassion of orphanage adolescents through the moderation of spirituality, the higher the level of mental health. The basis of the hypothesis test of this study proves this. The research findings on the fourth hypothesis (H4) corroborate previous theories, including the role of self-compassion and spirituality in reducing depression in pregnant women (Chairunnisa & Fourianalistyawati, 2019). In addition, the role of self-compassion through spirituality can predict a person's depressive symptoms (Fenzel & Richardson, 2022).

H5: The Effect of Self-Disclosure on Mental Health

Based on the results as shown in Table 12 above, the fifth hypothesis (H5) has a T-statistical value of $1,8389 < 1,96$ (α 5%). In addition, the P-value is $.0661 > .05$. So that the fifth hypothesis (H5) is stated to be rejected, it means that self-disclosure has not been shown to affect the mental health of orphanage adolescents significantly. The basis of the hypothesis test of this study proves this.

The absence of a significant influence of the self-disclosure variable on mental health is directly caused because people who are too open (oversharing) about the problems faced by others can result in an increase in depression, where depression is one of the symptoms in a person experiencing mental health disorders (Laurentius et al., 2020). Over-sharing behavior is defined as conveying too much private information to others, which can be through direct communication or social media (Mawarniningsih et al., 2022). In addition, according to

(Akhtar, 2020), a person with an over-sharing attitude has a negative psychological impact. Therefore, the attitude of orphanage adolescents who are too open (self-disclosure) can result in the emergence of over-sharing behaviors that trigger the onset of mental health disorders. The findings of the fifth hypothesis (H5) reject the theory from (Yani & Nilawati, 2021) that there is a positive and significant influence between self-disclosure variables and mental health.

However, the results of the hypothesis test data based on Table 13 show that the influence of self-disclosure variables through spirituality on mental health, has a T-statistical value of $3,4428 > 1,96$ (α 5%). In addition, the P-value is $.0006 < .05$. So that the fifth hypothesis (H5) is declared accepted, it means that self-disclosure through spirituality has proven to positively and significantly affect the mental health of orphanage adolescents. The higher the self-disclosure of orphanage adolescents through the moderation of spirituality, the higher the level of mental health. The basis of the hypothesis test of this study proves this. The findings that there is a positive and significant influence of the self-disclosure variable through spirituality on the mental health of adolescents in orphanages, are new findings because no previous studies or theories mention it.

CONCLUSION

Based on the findings and discussion above, this study can be concluded that there is a positive and significant influence of self-compassion on the mental health of orphanage adolescents, both direct influence and influence through the medium of spirituality. There was no significant influence between the self-disclosure variable and the mental health of orphanage adolescents directly. However, there is a positive and significant influence of the self-disclosure variable and the mental health for orphanage adolescents through the spirituality mediator variable. Spirituality and adolescent mental health variables have a positive and significant influence. A matching research model was found between the structural analysis results and empirical data. Therefore, this study implies that strengthening mental health for adolescents living in orphanages is carried out by consistently instilling spirituality and increasing self-compassion.

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AUTHOR CONTRIBUTION STATEMENT

Conceptualization, AN; methodology, AK; validation, AK; formal analysis, AS; investigation, AN; data curation, AN & AS; writing—preparation of the original draft, AN & AS; writing—review and editing, AS; visualization, AS; Supervision, AK, and AN; project administration, AN; All authors have read and agree to the published version of the manuscript.

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