

Research Article

Investigating The Effect of Self-Compassion and Perceived Social Support on Psychological Well-Being with The Mediating Role of Resilience in Orphan Adolescents

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Abstract

The purpose of this research is to investigate the impact of psychological well-being based on self-compassion, and perceived social support with the mediation of resilience. The statistical population of the research is made up of homeless teenagers in Tehran and Fars provinces, who lived in centers managed by a board of trustees and were selected using 143 available sampling methods. Participants completed the Rees et al. Self-Compassion Short Form Scale (SCSS), the Multidimensional Perceived Social Support Scale (MSPSS), the Adolescent Resilience Scale (ARS), and the Riff Psychological Well-Being Scale Short Form online. The modeling of structural equations was done using Smart PLS software, version 3.3. Based on the results of the measurement model of this research, the used tools had good reliability and validity. The structural model test also reported that all the direct and indirect connections of the model were significant. In examining the mediating contribution of resilience in the relationship between self-compassion and perceived social support with psychological well-being, the results of indirect coefficients and bootstrap tests showed that the indirect effect of these two variables on psychological well-being from the path of resilience is significant. The model's overall fit was calculated using the GoF index of 0.80. The findings of this research provide a better understanding of the dimensions of resilience, social support, and self-compassion, and how it relates to the psychological well-being of homeless adolescents.

Keywords: Self-compassion; Social support; Psychological well-being; Resilience; Orphan adolescents

Introduction

The definition of health has undergone various changes over the years. Today, in addition to physical health, one should also have psychological and mental health [1]. In their definition of well-being, Ryan and Desi (2001) present two approaches: hedonism and virtuousness. The hedonistic view is based on happiness, hedonism, and happiness, it is assumed that an ideal life means a life with happiness and pleasure and avoiding depression and unhappiness [2]. The purpose of life is to get maximum pleasure. Therefore, to achieve this goal, a person should focus on increasing positive emotions and eliminating negative ones to be more satisfied with life. On the opposite side, the emphasis of the meritorious approach is on the flourishing of human capabilities as life. Based on this, whatever is valuable for a person and following their real goals is considered important.

Virtue-oriented well-being, unlike hedonic-oriented well-being, is oriented to long periods of more than three months

[3]. Well-being is the main subject of positive psychology and its purpose is to discover factors such as positive emotions, engaging in activities, having interaction and relationships with others, finding meaning in life and feeling successful in pursuing personal goals. Riff defines psychological well-being as a set of psychological characteristics that are involved in positive human performance, which is a good indicator of negative mental health, such as depression and its consequences in the future of a person's life [4]. The six-dimensional concept of psychological well-being has been used as a comprehensive index of psychological performance in life in various studies and research. Based on this, the psychological well-being paradigm is related to different structures such as resilience and tenacity, life satisfaction, internal source of control, adaptive coping strategies, personality traits, and positive and negative emotions [5].

The results of previous research indicate that life events

and experiences such as relocation and the death of parents are related to a person's psychological well-being and that a teenager's deprivation of family support can have negative effects on his psychological well-being [6]. Each culture tries to provide mental health for the people of its society, including children, teenagers, and adults, based on its criteria [7]. Previous research on psychological well-being has mainly focused on the adult population [8] and few types of research have been conducted on psychological well-being in unaccompanied or abused adolescents. Nevertheless, the results of research conducted in the field of psychological well-being of adolescents indicate that factors such as self-compassion and psychological flexibility have a significant and positive relationship with psychological well-being and, as a result, reduce psychological distress in adolescents. The sense that the conscious compassion program for adolescents may increase the positive consequences of mental health and emotional resilience in the individual and act as a protector of the adolescent against the challenges of adolescence [9].

Self-compassion has great importance in the psychological well-being of adolescents [10]. The concept of self-compassion has its roots in Buddhist philosophy (self-compassion is considered the same as compassion for others and refers only to the inner self). Based on this philosophy, self-compassion refers to a healthy and positive attitude of a person about themselves, which includes self-love, self-understanding in times of suffering, and personal failures [11]. Nef and Dem [12] defined self-compassion as a bipolar three-component construct, including self-kindness versus self-judgment, human commonality versus isolation, and mindfulness versus extreme identification, and states that self-compassion in a person is on a spectrum. It exists from top to bottom. The research conducted in the adult population shows that self-compassion in adults leads to a reduction in the severity of anxiety and depression symptoms, and self-compassion has a negative relationship with mental disorders. In the adolescent population, researchers have reached the same results as adults, but more research is still needed [13].

Social support as an environmental factor can be used with psychological and social interventions, family counseling, support groups, and participation in social activities for potential changes in the individual's environment [14]. Social support is a complex and multidimensional structure that is conceptualized differently in different disciplines. In general, social support can be defined as help provided to others or received from others, which includes two structural and functional components. Structural support refers to the social network structure (size and complexity). While functional support refers to specific functions provided by interpersonal communication and can be: emotional (love, compassion, and empathy), informational (providing information and advice for problem-solving) and instrumental (tangible help with practical applications) [14]. Perceived social support is the extent to which a person perceives or experiences that he is loved, cared for, respected and valued, and considered part of a social network with support and commitment [15]. Perceived social support has more impact on a person's coping with stressful events than received social support. Perceived social support is usually helpful when a person believes in their family, or friends can support them. Among the dimensions of perceived social support, family support is the most important component that can act as a protective factor against depression, anxiety, and stressful conditions [16].

The findings of various research have also provided strong

evidence of the relationship between social support and psychological well-being in a person. Social support helps a person to reduce their level of stress. It also acts as a support factor for people who are in stressful life situations [6, 14]. Researchers believe that social support affects psychological well-being through behavioral and psychological mechanisms. Based on this, functional support (especially social support) is a predictor of a person's psychological health [14]. Also, the results of previous studies indicate that there is a positive and significant relationship between perceived social support and psychological well-being in adolescents [6].

Previous research has also emphasized the relationship between resilience and psychological well-being [1]. Resilience includes the set of intellectual and practical activities that a person can use to restore or maintain their internal and external balance when faced with a significant threat [5]. The relationship between resilience and psychological well-being is an interesting topic in the field of positive psychology, on which various research has been conducted [1, 16, 17]. Resilient people generally seem to be able to protect and maintain their physical and mental health.

These people can also recover quickly after stressful events. The resilience construct is considered a personality trait that moderates the negative effects of stress and promotes a person's adaptability [5]. In general, the results of the research conducted on the relationship between resilience and psychological well-being of adolescents indicate that adolescents see themselves on the path of growth and development, feel that they are exposed to new experiences, find their potential and feel they can manage their environment and tolerate stressful situations by trusting their relationships with others and the ability to empathize and be friendly with other people [5].

Although the relationship between self-compassion and social support with psychological well-being has been investigated independently in the research, this relationship can be moderated by some variables such as resilience [18]. The findings of previous research have shown that resilience moderates the impact of functional disabilities and different forms of physical diseases on psychological well-being. While lower levels of resilience are associated with anxiety, depression, and obsessive-compulsive symptoms [19], higher levels can lead to higher psychological well-being in an individual [20]. The research findings regarding the relationship between self-compassion and adaptability show that factors affecting self-compassion increase resilience in a person. For example, it can be mentioned that adolescents who have more self-compassion, have a more balanced view of themselves, less severe self-criticism, and have less negative reactions to unpleasant life events and therefore, in challenging situations of stress. May experience less stress and have higher psychological well-being.

In the explanation, it is possible to point out the effect of the self-compassion mindfulness sub-component in responding constructively in challenging situations, as well as the self-compassion sub-component of self-compassion, which increases self-worth in a person and reduces time devoted to negative emotions [17]. Resilience also affects psychological well-being by moderating the relationship between perceived social support and stress. Paying attention to the structural social needs (abundance of social interactions), functional (meeting emotional or instrumental needs), emotional, informational, and cognitive needs of the individual, along with training focused on mindfulness and cognitive and behavioral skills can improve

resilience, reduce stress levels and finally, can lead to the improvement of psychological well-being [19,20].

Psychological well-being is affected by different factors, none of which alone is enough, and the set of these factors affects the psychological well-being of a person. The lack of attention to mental health of adolescents, especially the orphaned or poorly supervised adolescents could lead to the development of mental disorders with long-lasting consequences and reduces the productive and safe capacity of societies. Therefore, acknowledging the abilities and mental disorders of adolescents provides the basis for identifying issues and planning appropriate policies for their health in the future. On the other hand, considering the number of orphaned teenagers and the many complications that lack of supervision has on the mental health of these teenagers, it is important to do research to investigate the influencing aspects of the psychological well-being of the orphaned teenagers more deeply. This research was conducted to study the relationship between self-compassion, perceived social support, and psychological well-being with the mediation of psychological resilience in homeless adolescents.

Methods

The current research was of the correlational type and based on structural equation modeling by the PLS-SEM method, in which psychological well-being is an endogenous dependent variable and self-compassion and perceived social support variables as exogenous ones, and psychological resilience is an independent endogenous variable. The statistical population of this research was 10-19-year-old orphaned teenagers who lived in care centers for orphaned children. Due to the insensitivity of PLS-SEM to the sample size [21], a total of 143 people participated in the research. Due to the existence of restrictions and special rules in accessing the sample group, the questionnaires were prepared online, and the participants completed and responded to the questionnaire online. The access link to 4 research questionnaires along with questions related to gender, age, and education was published on the online questionnaire system of Iran Information Science and Technology Research Institute (PRESA). This system allows secure sending and personalization of the answer link, and the analysis of questions is done by artificial intelligence. The link address of the questions of this research was provided to the statistical sample in two ways. First, the officials of the care centers for orphaned children were requested to send the address link to the coaches and staff of the center under their management so that it is available to the teenagers living in those centers. Due to the situation of the COVID-19 pandemic, teenagers' classes were held online for the past 2 years, in most cases teenagers had their mobile phones and tablets, and they could complete the questionnaires in a safe environment. At the same time, the access link to the questionnaires was sent to the people who had lived in these centers before. These people have left the care centers due to their age, but they have still maintained their friendship with other teenagers living in care centers for orphaned teenagers. The criteria for entering the research included the age of 11 to 19 years and the knowledge and satisfaction of participating in the study. Also, during the research period, these teenagers lived in care centers for orphaned adolescents. The exclusion criteria included non-cooperation in conducting the research due to the individual's non-cooperation and also not understanding the meaning of the questions.

Research tools

Psychological well-being of the short version of Ryff: This scale was designed according to the original version of the psychological well-being scale, which consisted of 84 questions [3]. The short form of the Ryff psychological well-being scale includes 18 questions and 6 main components (independence, mastery of the environment, personal growth, positive relationship with others, purposefulness in life and self-acceptance). Each component in this scale has 3 items. Answers are scored on a 5-point Likert scale from disagree to completely agree. The results obtained from the review of this version indicate that the factors have a relatively high correlation with the factors of the long form of the Ryff psychological well-being scale. The correlation of the short version of Ryff's psychological well-being scale with the original scale has been reported between 0.70 and 0.89 [22]. Also, the reliability of this questionnaire has been reported using Cronbach's alpha coefficient equal to 0.79 (3). This scale has been validated in Iran [23]. The results of this validation indicate that the six-factor model of this scale (self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth and independence) has a good fit. The internal consistency of this scale was reported using Cronbach's alpha in 6 factors of self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth, and appropriate independence.

Adolescent Resilience Scale (ARS): This scale was developed by Oshio et al [2002] to measure the psychological quality of resilience in teenagers, and it includes 21 items. Each item is answered on a 7-point Likert scale (not at all true to completely true). This scale consists of 3 dimensions seeking order, emotional order, and positive orientation toward the future. The internal consistency coefficients of the subscales and the overall resilience score have been reported appropriately in the research of Oshio et al [24].

Multidimensional Scale of Perceived Social Support (MSPSS): The Multidimensional Scale of Perceived Social Support is a 12-item instrument that was developed by Zimet, Dahl, Zimet, and Farley to measure social support from three sources: family, community, and friends [25]. Answers to the statements of this tool are measured on a seven-point Likert scale from completely disagree to completely agree. The minimum score of the person in the whole scale equals 12 and the maximum score equals 84. A higher score indicates greater perceived social support. The MSPSS has good internal and test-retest reliability as well as moderate construct validity. Cronbach's alpha coefficient was 0.88 for the whole scale and 0.91, 0.87, and 0.85 for important people, family, and friends' subscales respectively [25]. In the current study, Cronbach's alpha coefficient was obtained for the whole scale of 0.864 and the three subscales of a community (important people), 0.862, family 0.114, and friends 0.801.

Self-Compassion Short Form Scale (SCSS): This scale was developed by Rees, Pomir, Neff, and Van Gocht (2011) to create a short version of the Self-Compassion Scale (SCS). This scale has an almost perfect correlation ($r \geq 0.97$) with the long-form scale of the self-compassion questionnaire. Confirmatory factor analysis of this questionnaire confirmed the existence of 6 factors (same as the long version of the self-compassion questionnaire) [26]. This scale includes three bipolar components: self-compassion versus self-judgment, sense of human commonality versus isolation, and mindfulness versus over-iden-

tification (extreme identification). 12 articles examine these 6 scales. Options are set on a 5-point Likert scale of (1 = never, 2 = seldom, 3 = no opinion, 4 = almost always, and 5 = always). The total score of the test is obtained from the sum of the scores of the subscales. A higher score indicates greater self-compassion in the individual. The minimum score of this tool is 12 and the maximum score is 60. The creation and cross-validation of this questionnaire were confirmed with 2 samples from the Netherlands and one sample from England. The internal consistency (Cronbach's alpha) of this scale was equal to 0.86 in all samples. In the present study, Cronbach's alpha coefficient for the whole scale is 0.91, and for self-kindness subscales is 0.87. Self-judgment was calculated as 0.781, shared human experiences as 0.801, isolation as 0.784, mindfulness as 0.604, and extreme assimilation as 0.837.

Results

Descriptive Indices of Variables

In this section, the minimum, maximum, central, and dispersion indicators of the research variables are described. According to Table 1, the mean of self-compassion is 41.23, perceived social support is 38.84, resilience is 98.45 and psychological well-being is 63.03.

Table 1: Minimum, maximum, mean, and standard deviation of the total scores of research variables.

Variable	Number	Minimum	Maximum	Mean	Standard Deviation
Self-compassion	143	26	60	41/23	8/357
Perceived support	143	26	56	38/84	6/427
Resilience	143	74	126	45/98	11/601
Psychological well-being	143	44	88	63/03	9/192

Table 2: Path coefficients of the research model.

Path	Path Coefficient	T Statistics	P Values
Self-compassion -> Resilience	0/398	6/148	0/009
Self-compassion -> psychological well-being	0/188	2/335	0/021
Perceived social support -> resilience	0/442	7/125	0/000
Perceived social support -> psychological well-being	0/210	2/868	0/005
Resilience -> psychological well-being	0/310	6/148	0/000

Table 3: Coefficient of determination and adjusted coefficient of determination of the research model.

Variable	Coefficient of Determination	Adjusted Coefficient of Determination
Resilience	0/966	0/966
psychological well-being	0/955	0/955

Table 4: The results of the quality test of the measurement model.

Variable	Q ² (=1-SSE/SSO)
Self-compassion	0/715
Perceived Social Support	0/55
Resilience	0/614
Psychological well-being	0/761

Table 5: The prediction power of the research model.

Variable	Q ² (=1-SSE/SSO)
Resilience	0/789
Psychological well-being	0/823

In this section, the results of the structural model tests, including the significance tests of the path coefficients and the R² test are presented.

Considering that the T Statistics values of all the routes in the above table are higher than 1.96; therefore, the significance of the coefficients of the routes is confirmed.

R Squares measure: The coefficient of determination expresses the extent to which the dependent variable is explained by the independent variables. Since the coefficient of determination takes into account the number of independent variables and the sample size, and this causes the success rate of the model to be overestimated, another index called the adjusted coefficient of determination is used. Table 19:4 shows the values of the coefficient of determination and adjusted coefficient of determination related to the research model.

According to the results of Table 3, it can be said that the set of studied variables can explain 0.955 of the changes in psychological well-being.

Model quality tests: In this section, model quality tests include measurement model quality tests, structural model quality tests, and overall model tests.

The quality of the measurement model: Table 4 shows the results of the quality test of the measurement model. Considering that the numbers are positive, the quality of the measurement model is confirmed.

Structural model quality: The model should be able to predict endogenous variable markers. For this purpose, the predictive power index of the model or redundancy sharing is used. This index evaluates the structural model's ability to predict by a blind method. If the values obtained from this test are positive, then the quality of the structural model is confirmed. The predictive power of the model is presented in Table 5.

The result of the predictive power of the model in Table 5 showed that the predictive power of the model regarding the variables is high.

Model fit (GoF criterion): Since the models that have a variance-based approach do not have the same fit indices as the variance-based approaches, an index called GoF is used. After examining the fit of the measurement and structural parts of the model, the overall fit of the model is measured using the GoF index. The following formula is used to calculate this index.

To calculate the sum of R² values, it is divided by the number and multiplied by the average values of Communalities, and then the square root of the obtained number is calculated.

According to this formula, the Gof value obtained for the research model is equal to 0.80, which indicates a strong overall fit of the model. Therefore, the mentioned model can be considered a suitable model for the effects between research variables.

Examining the significant coefficients related to each of the hypotheses: The following table summarizes the significant results of path coefficients and hypothesis testing. If the minimum statistic is at the desired confidence level, the hypothesis is confirmed. Considering that the T-Statistics for all paths is more than 1.96, it can be said that all hypotheses are confirmed at a significance level of more than 95%.

Table 6: The results of the research hypothesis test.

Hypothesis	Path	Path Coefficient	T Statistics	P Values	Test Result
1	Self-compassion -> psychological well-being	0/188	2/335	0/021	confirmation
2	Perceived social support -> psychological well-being	0/210	2/868	0/005	confirmation
3	Resilience -> psychological well-being	0/310	6/148	0/000	confirmation
4	Self-compassion -> resilience -> psychological well-being	0/123	2/55	0/012	confirmation
5	Perceived social support -> resilience -> psychological well-being	0/137	2/874	0/005	confirmation

Discussion

The present study was conducted to investigate the relationship between psychological well-being based on self-compassion and perceived social support with the mediation of resilience. The results of this research were expressed in the form of a measurement model and a structural one. Based on the results of the measurement model of this research, the used tools had good reliability and validity. After confirming the measurement model, using the collected data and structural model tests, the research hypotheses were presented.

In the framework of the first research hypothesis, the direct effect of self-compassion on psychological well-being was analyzed. The findings showed that self-compassion has a positive and significant effect on the psychological well-being of homeless adolescents. This finding is in line with the findings of previous studies [10,13,18,20]. In sum, the results of these studies show that self-compassion has a significant positive relationship with psychological well-being. Explaining the relationship between self-compassion and psychological well-being can be done according to several theories. First is the goal theory, which assumes that the development of well-being in an individual is created as a result of achieving certain goals, and self-compassion can facilitate this process by reducing the emotional effects of individual failures during goal achievement.

Accordingly, self-compassion can even affect the setting of one's goals [12]. On the other hand, cognitive approaches to explaining the relationship between self-compassion and psychological well-being present a top-down and a bottom-up theories. In top-down theories, the development of psychological well-being in a person is done through positive memory bias and personality influence. A person with a strong sense of well-being focuses more on positive situations and blames events on pleasant memories. Self-compassion helps people to feel safe and through such a mentality, they do not face their mistakes and failures with harsh and negative emotions. On the other hand, bottom-up theories also believe that the development of psychological well-being is possible through a person's ability to evaluate the positive and negative experiences of her life in a balanced way.

Accordingly, although self-compassion may not directly enhance negative experiences, it can weaken them. As a result, self-compassion leads to a cognitive-emotional mindset that responds to one's negative experiences with self-compassion, mindfulness, and greater awareness of common issues among humans. Based on this process, self-compassion does not replace negative feelings, but cognitively integrates and balances negative and positive experiences in a person [18,20]. Neff states that self-compassion is a useful emotion regulation strategy in which painful or distressing emotions are not avoided, but instead maintained with kindness, understanding, and a sense of shared humanity. Thus, instead of avoiding social comparisons or overcompensating negative feelings about oneself through futile attempts to achieve higher social status, cultivating self-compassion may help people to unconditionally accept

their failures [12]. In summary, it can be stated that self-compassion is associated with lower levels of depressive symptoms and negative effects and higher levels of positive ones [18].

In the framework of the second research hypothesis, the direct effect of perceived social support on psychological well-being was analyzed. The findings showed that perceived social support has a positive and significant effect on the psychological well-being of homeless adolescents. This finding is in line with the findings of previous studies [6,14]. For explaining this result, we can refer to Desi and Ryan's theory, which state that social and contextual factors have a direct effect on people's well-being. In the process of interaction and social support, a person becomes aware of the effective ways of others in life, and with this cognitive capital, they can implement positive procedures and desirable behaviors to establish a satisfactory life for themselves.

Regarding the removal of the family component from the social support components realized in this research, it should be stated that the teenagers who are kept in these centers have different backgrounds in terms of access to their parents. Some of these teenagers have lost their parents in childhood and are referred to these centers due to the non-acceptance of their custody by another person. Others have a living parent, but due to addiction or mental and physical problems, they are not qualified to take care of the child. This problem causes a lack of the same understanding of family support in the sample of this research.

In the framework of the third hypothesis, the direct effect of resilience on psychological well-being was analyzed. The findings showed that resilience has a positive and significant effect on the psychological well-being of orphaned adolescents. This finding is in line with some findings [1,17,19]. In explaining the relationship between resilience and psychological well-being, it can be stated that resilience as a protective factor increases positive thoughts in a person and leads to healthy personality traits in a person. People with high resilience are less likely to consider an event as a stressful one, which in turn contributes to the psychological well-being of these people. Individuals with high resilience accept that obstacles in life are a part of every human being's life. These people have an internal locus of control and problem-solving skills and use favorable coping strategies that help them deal effectively with anxiety-provoking situations. Adolescence is a period when a person experiences many stressful situations. Resilience is the ability to bounce back quickly and effectively from stressful experiences; Therefore, after successfully facing stressful situations, teenagers feel that they have achieved and believe that they are strong enough to face any difficulty in the future. Based on this, it can be said that positive feelings are still strengthened in a person even after facing a difficult situation. Finally, resilience can affect a person's positive evaluations of themselves, their sense of growth, personal development, autonomy, and their belief in a meaningful and purposeful life, which ultimately affects their psychological well-being [1].

Also, the research results showed that the presented model of self-compassion, perceived social support, and resilience in the form of a model can predict psychological well-being. In examining the mediating contribution of resilience in the relationship between self-compassion and perceived social support with psychological well-being, indirect coefficients and the results of the Bootstrap test showed that the indirect effect of these two variables on psychological well-being from the path of resilience is significant. Self-compassion and perceived social support could lead to increased psychological well-being by increasing resilience. As it was stated earlier according to the research literature and the results of the current research are also in line with these findings that psychological well-being is affected by the variables of self-compassion and perceived social support. Several studies have emphasized the mediating effect of resilience in preventing the occurrence of many problems related to people's mental health [14,19].

The results of the present study showed that by introducing the resilience variable, the direct coefficient of self-compassion with psychological well-being decreased. Self-compassion can affect psychological well-being in two ways; First, in a direct way, and second with a resilient intermediary. The direct effect of self-compassion on psychological well-being was discussed, but regarding the mediating role of resilience, the findings showed that self-compassion affects psychological well-being with the mediating role of resilience. Also, the findings of the research showed that the direction of this effect is positive. In explaining this issue, it can be said that people who have high self-compassion may experience fewer psychological problems. These people try to avoid pain and suffering by feeling self-compassion. These people motivate themselves to make life changes and correct harmful behavior patterns. Modifying undesirable behavioral patterns leads to the emergence of active coping styles and increased resilience in a person, and ultimately improves and maintains a person's mental health. On the other hand, the existence of a self-supportive perspective and the use of problem-oriented strategies in self-compassionate people can increase resilience, especially the ability to deal with problems and reduce the degree of psychological distress, depression, and anxiety in a person. Based on this, a person can maintain his mental health. In addition, it should be noted that the ability to adapt well in people who have high self-compassion can lead to an increase in psychological well-being by providing an increase in resilience.

The findings of the present study also showed that the component of isolation provides a suitable explanation of compassion to the sample people themselves, and based on this, it can be stated that the unaccompanied adolescents of this study are facing perceived isolation. Isolation is the second dimension of self-compassion versus shared humanness and contributes to how people cognitively understand their relationships with others. Common humanity refers to one's ability to recognize that everyone is imperfect and that suffering is part of the human condition. At the same time, orphaned teenagers in centers with limited people feel lonely and isolated and cannot connect their being orphaned as a common human experience. Participants are confronted with the feeling that emotional pain, failure, or failure is only their own. These people consider their physical and appearance defects have led to their abandonment or the parents' lack of interest in them to be their own. This feeling is a threat to a person's sense of belonging. Looking at the high scores in adaptive emotion regulation strategies, it can also be explained that this perceived isolation may lead people to hide

their true personality and pretend to have different emotions because they fear rejection and further isolation. [6].

On the other hand, perceived social support also provides the basis for increasing the psychological well-being of the individual by increasing resilience. People have great potential to adapt in the face of life's adversities. However, this adaptation requires the functioning of many interactive systems within and around the individual. Thus, although several demographic, psychosocial, and biological factors are associated with resilience, each factor typically accounts for a relatively small portion of the variance, and interventions affecting resilience should target a wide range of factors, including promoting social support and social networks through supportive caregivers, family units, organizations, and communities. Such interventions will be more or less effective depending on the match between the source, type, and time of social support and the needs of the individual or the system [5,19]. The degree of people's flexibility is as much related to the individual's strengths as it is to the social environment and support circle of the individual. Availability of social support in all its forms – instrumental support, emotional support, and mindset support helps a person face challenges. Social support helps a person reduce stress reactions.

Regarding the model of this research, according to the findings, it was found that the sub-index of community social support (important people) provides a high explanation of its structure. This issue is significant from two points of view: On the one hand, in the study of the researcher, it was found that these children usually have an intimate relationship with an adult. These people usually include school teachers and coaches who have had a great emotional impact on these children. These people come to visit teenagers and, in most cases, they play the role of counselors for them. Most of these children are at a suitable level in terms of material facilities, and their biggest concern is not to be judged by society due to their family status and living conditions. This is because the officials of the centers are aware of the importance of communication and interaction of homeless teenagers with the society, and the emphasis of the officials of the welfare centers and the supervisors of these care centers is on supporting these people in the society.

In the model of this research regarding the components of resilience, it can be seen that all these components provide a high explanation of resilience. According to Ryff's theory [1989], adolescents tend to see themselves as growing and developing, are open to new experiences, want to understand their potential, have high trust in their relationships with others, can feel empathy, strong affection, and intimacy with other people and can manage their environment. The greater the adolescent's resistance to stressful situations, the higher the score in psychological well-being. The effect of using resilience skills causes a person to face difficult living conditions successfully. Resilience skills also reduce stress, increase self-confidence, improve individual competences, increase optimism and trust in instincts, positive acceptance of change and spiritual effects, and thus creating a healthy personality in a person [1] and it brings the ultimate increase in psychological well-being in people.

Conclusion

This study makes an important contribution to understanding the relationship between psychological well-being, self-compassion, perceived social support, and resilience in homeless adolescents. From Erikson's point of view, adolescence is the fundamental period of change and challenge of the internal

and external environment, and it is necessary to pay attention to the psychological well-being of adolescents in addition to their physical one. Considering that this research was conducted on teenagers living in care centers for orphaned children, the results of this research will help the officials of these centers to have a better understanding of psychological well-being and the factors affecting it in the adolescent period of orphaned children. The results obtained from this research will help educators, counselors, psychologists, and officials of care centers for homeless children to design and compile a more appropriate intervention program to reduce the psychological problems of these teenagers.

Considering the emphasis of the findings of this research on the importance of social interactions and friendship with peers on the psychological well-being of adolescents, it is possible to identify children who are at risk of behavioral problems. Considering the consequences of the mental trauma of adolescence during the individual's life and its future effects on the health of society, the results of this research can be used at the macro level to reduce the psychological distress of adolescents and improve the level of mental health there. It is suggested to use the results of this research to help teenagers better face the challenging period of adolescence better and how to deal with the stressful situations that especially unaccompanied teenagers face. In general, the findings of this research provide a better understanding of the dimensions of resilience, social support, self-compassion, and cognitive regulation of emotion and how it relates to the psychological well-being of homeless adolescents. The use of a self-report questionnaire limits us from a deep understanding of psychological variables.

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