JKPP

(Jurnal Kajian Pendidikan dan Psikologi)

E-ISSN: 2988-7526

https://altinriset.com/journal/index.php/jkpp

Vol.4, No. 1, Agustus 2026

RESILIENCE AMONG TEENAGERS RAISED BY SINGLE PARENTS: SELF-COMPASSION AND SOCIAL SUPPORT FROM PEERS AS PREDICTIVE FACTORS

[*1]Agil Oktanona, [2]Kartika Nur Fathiyah

[*1,2]Universitas Negeri Yogyakarta

Email: [*1]agiloktanona.2024@student.uny.ac, [2]kartika@uny.ac.id

Abstract

Adolescents living with single parents may encounter challenges associated with changes in family structure, potentially affecting their capacity to adapt to stressful and demanding circumstances. Previous studies have indicated positive associations between self-compassion, peer social support, and resilience, although the consistency of these relationships remains uncertain. This study aimed to examine self-compassion and peer social support as predictors of resilience among adolescents with single parents in the Special Region of Yogyakarta, Indonesia. A quantitative cross-sectional survey was conducted involving 305 adolescents aged 15–18 years who were recruited using convenience sampling. The sample size was determined using the Krejcie and Morgan table based on the estimated population size. Data were collected using validated scales assessing resilience, self-compassion, and peer social support. The instruments demonstrated acceptable goodness-of-fit indices and high internal consistency, with reliability coefficients of $\alpha = .939$ for resilience, $\alpha = .897$ for self-compassion, and $\alpha = .818$ for peer social support. Multiple linear regression was employed to examine the predictive relationships. The findings showed that self-compassion significantly and positively predicted resilience ($\beta = .558$, $t = 13.095$, $p < .001$), while peer social support also significantly and positively predicted resilience ($\beta = .337$, $t = 7.905$, $p < .001$). The overall regression model was significant ($F = 125.668$, $p < .001$) and explained 45.4% of the variance in resilience ($R^2 = .454$). Self-compassion contributed 32.6%, whereas peer social support contributed 12.8%. These findings highlight the importance of strengthening self-compassion and supportive peer relationships to promote resilience among adolescents with single parents.

Keywords: peer social support, resilience, self-compassion

Abstrak

Remaja yang tinggal bersama orang tua tunggal mungkin menghadapi tantangan yang berkaitan dengan perubahan struktur keluarga, yang berpotensi memengaruhi kemampuan mereka untuk beradaptasi dengan situasi yang penuh tekanan dan menuntut. Penelitian sebelumnya telah menunjukkan adanya hubungan positif antara belas kasih terhadap diri sendiri, dukungan sosial dari teman sebaya, dan ketahanan psikologis, meskipun konsistensi hubungan ini masih belum pasti. Penelitian ini bertujuan untuk mengkaji belas kasih terhadap diri sendiri dan dukungan sosial dari teman sebaya sebagai prediktor ketahanan psikologis di kalangan remaja yang tinggal bersama orang

tua tunggal di Daerah Istimewa Yogyakarta, Indonesia. Survei potong lintang kuantitatif dilakukan dengan melibatkan 305 remaja berusia 15–18 tahun yang direkrut menggunakan metode sampling kenyamanan. Ukuran sampel ditentukan menggunakan tabel Krejcie dan Morgan berdasarkan perkiraan ukuran populasi. Data dikumpulkan menggunakan skala yang telah divalidasi untuk mengukur ketahanan, belas kasih diri, dan dukungan sosial teman sebaya. Instrumen-instrumen tersebut menunjukkan indeks kesesuaian yang dapat diterima dan konsistensi internal yang tinggi, dengan koefisien reliabilitas α = 0,939 untuk ketahanan, α = 0,897 untuk belas kasih diri, dan α = 0,818 untuk dukungan sosial teman sebaya. Regresi linier berganda digunakan untuk menguji hubungan prediktif. Temuan menunjukkan bahwa belas kasih diri secara signifikan dan positif memprediksi ketahanan (β = .558, t = 13,095, p < .001), sementara dukungan sosial dari teman sebaya juga secara signifikan dan positif memprediksi ketahanan (β = .337, t = 7,905, p < .001). Model regresi keseluruhan bersifat signifikan (F = 125,668, p < 0,001) dan menjelaskan 45,4% varians dalam ketahanan (R^2 = 0,454). Belas kasih terhadap diri sendiri berkontribusi sebesar 32,6%, sedangkan dukungan sosial dari teman sebaya berkontribusi sebesar 12,8%. Temuan ini menyoroti pentingnya memperkuat belas kasih terhadap diri sendiri dan hubungan yang mendukung dengan teman sebaya untuk meningkatkan ketahanan di kalangan remaja yang dibesarkan oleh orang tua tunggal.

Kata kunci: *dukungan sosial teman sebaya, resilience, self-compassion*

INTRODUCTION

Adolescence is a developmental period characterized by substantial psychological, social, and emotional transitions, during which young people must simultaneously negotiate identity formation, emotional regulation, peer relationships, and expectations regarding their future. These developmental demands can become more complex when adolescents grow up in single-parent families, where changes in family structure may be accompanied by economic constraints, altered parenting arrangements, emotional disruption, and reduced access to family resources. Recent evidence indicates that adolescents raised by single parents may experience particular challenges in psychological well-being and adaptation, although the effects of single-parent family structure are not uniformly negative. Sia and Aneesh (2024), for example, demonstrated that single-parent adolescents can develop substantial resilience and psychological well-being, particularly when supported by social competence and effective emotion regulation. Similarly, recent comparative evidence suggests that adolescents from two-parent families may, on average, report greater resilience and emotional regulation than adolescents from single-parent families, while also demonstrating substantial individual variation within single-parent groups (Aqsa et al., 2024).

This variation is theoretically important because it challenges a deficit-oriented interpretation of single-parent families. Rather than treating family structure itself as a deterministic explanation of adolescent maladjustment, contemporary resilience research increasingly conceptualizes resilience as a dynamic process emerging from interactions among individual characteristics, interpersonal resources, and environmental conditions. Recent research on adolescents demonstrates that resilience is associated with the capacity to adapt to adverse experiences and that social resources can function as protective mechanisms when young people encounter stressful life circumstances (Tang

et al., 2022; Cao et al., 2024). Tang et al. (2022), for instance, showed that resilience and social support are involved in the relationship between negative life events and adolescents' quality of life. Likewise, Cao et al. (2024) demonstrated that social support is positively associated with youth resilience and that coping processes help explain this relationship.

The importance of resilience becomes particularly salient among adolescents from single-parent families because the consequences of family disruption are not limited to the structural absence of one parent. Family transitions can alter adolescents' emotional security, interpersonal relationships, perceptions of social support, and expectations about the future. A recent study of single-parent adolescents found that psychological resilience was associated with social competence and emotion regulation, indicating that resilience should be understood through the psychological and relational resources available to adolescents rather than through family structure alone (Sia & Aneesh, 2024). Similarly, a study examining adolescents raised by single parents reported that a structured spiritual-education intervention could improve school connectedness, well-being, and resilience, suggesting that resilience is potentially malleable and responsive to supportive developmental environments (2023).

Nevertheless, the presence of risk does not necessarily imply the absence of adaptive functioning. The contemporary resilience perspective emphasizes that positive adaptation may emerge even under conditions of adversity. Moosa et al. (2023), for example, examined resilience and coping among adolescents and highlighted the role of adaptive coping in navigating stressful circumstances. This perspective is particularly relevant for single-parent adolescents because it shifts the research question from whether single-parent families are inherently detrimental to which psychological and social resources enable adolescents to adapt successfully despite family-related adversity.

Among the individual-level resources potentially associated with resilience, self-compassion has attracted increasing attention in adolescent psychology. Self-compassion refers to the tendency to respond to personal suffering, failure, and perceived inadequacy with kindness, mindfulness, and recognition of common humanity rather than harsh self-judgment and isolation. Recent developmental scholarship identifies self-compassion as an adaptive psychological resource that may reduce threat-related responses and facilitate healthier responses to personal distress (Neuenschwander & von Gunten, 2025). Their systematic review of 141 empirical studies concluded that self-compassion is increasingly studied in children and adolescents, particularly in relation to mental health and developmental adaptation, while also identifying a continuing need for longitudinal research examining its developmental mechanisms.

Empirical studies further support the relevance of self-compassion during adolescence. Ferrari et al. (2023) identified distinct self-compassion profiles among a large sample of adolescents, demonstrating that young people differ substantially in the ways they relate to themselves compassionately or critically. Talwar et al. (2023), using a longitudinal design, likewise demonstrated that self-compassion is embedded within adolescents' broader social-cognitive and self-affective development. These findings suggest that self-

compassion should not be regarded merely as a stable personality characteristic; rather, it represents a developmental psychological resource that may shape how adolescents interpret and respond to challenging experiences.

The potential relationship between self-compassion and resilience is further supported by recent empirical evidence. A cross-sectional and longitudinal study of early adolescents found that self-compassion predicted both current and subsequent resilience, while positive and negative affect partially mediated this relationship (2024). This finding is particularly significant because it suggests a plausible psychological mechanism: adolescents who respond to adversity with self-kindness and mindful awareness may experience less debilitating negative affect and greater capacity to recover from stressful experiences. Similarly, Uslu and İme (2025) found that self-compassion formed part of the psychological pathway connecting adverse experiences with adolescent resilience, further reinforcing the proposition that self-compassion may operate as a protective resource under conditions of interpersonal adversity.

Recent research also indicates that self-compassion is potentially modifiable. Razza et al. (2025) found that mindfulness-related processes and self-regulation at both individual and classroom levels are relevant to cultivating self-compassion among adolescents. This is important from an applied perspective because, if self-compassion contributes to resilience, school-based counseling and psychological interventions may potentially strengthen adolescents' capacity for adaptive coping rather than merely addressing symptoms after psychological difficulties have emerged. The psychometric work of Deniz et al. (2022) similarly demonstrates the importance of appropriately measuring self-compassion during adolescence, including its relationship with resilience, depression, and well-being.

However, self-compassion does not operate in isolation. Adolescents develop within social networks in which peers constitute an increasingly important source of emotional validation, belonging, information, and practical assistance. This is particularly relevant during adolescence because peer relationships progressively become central to identity formation and emotional development. Recent longitudinal research has demonstrated reciprocal associations among prosociality, peer support, and psychological well-being during adolescence, indicating that supportive peer relationships may function not merely as outcomes of positive development but also as resources that contribute to subsequent psychological functioning (Affuso et al., 2024).

The role of peer support in resilience is also supported by research examining adolescents exposed to adverse social experiences. Yang et al. (2023) found that teacher and peer support were associated with different resilience profiles among adolescents experiencing bullying victimization. Their findings indicate that peer support can represent an important interpersonal resource for maintaining adaptive functioning when adolescents encounter social adversity. Similarly, Luo et al. (2023) demonstrated that perceived social support and resilience form important pathways linking school climate with adolescent prosocial development. These findings suggest that supportive social environments may

strengthen adolescents' ability to interpret stressful experiences as manageable rather than overwhelming.

The broader evidence further indicates that social support has protective implications for adolescent mental health and developmental functioning. Cherewick et al. (2024) found that social support and self-efficacy operate as protective and promotive factors for mental health and well-being during early adolescence. Marçal and Maguire-Jack (2022) similarly demonstrated that informal supports can contribute to resilience among adolescents exposed to structural and environmental insecurity. Thus, peer social support should be conceptualized not merely as companionship but as an interpersonal resource capable of facilitating coping, belonging, emotional regulation, and adaptive functioning.

Nevertheless, important inconsistencies remain in the literature. First, although recent research increasingly recognizes self-compassion as a potentially protective factor, the developmental literature indicates that the direction and mechanisms of its association with positive adaptation remain insufficiently established. Neuenschwander and von Gunten (2025) specifically identified limited longitudinal evidence and uncertainty regarding how self-compassion contributes to vulnerability and resilience across development. Second, the evidence concerning social support is similarly complex. Social support may promote resilience, but its effects can depend on the type of support, developmental stage, interpersonal context, and the adolescent's capacity to use available resources. Recent research therefore increasingly emphasizes mechanisms rather than assuming that the mere presence of social support automatically produces positive outcomes (Cao et al., 2024; Affuso et al., 2024).

A more specific gap concerns single-parent adolescents. Much of the recent literature has examined resilience among adolescents generally, focusing on school climate, bullying, negative life events, mental health, or developmental transitions (Luo et al., 2023; Yang et al., 2023; Tang et al., 2022). Although Sia and Aneesh (2024) directly examined resilience among single-parent adolescents, their model emphasized social competence and emotion regulation rather than the simultaneous contribution of self-compassion and peer social support. Similarly, research on self-compassion has predominantly examined general adolescent populations, with relatively limited attention to adolescents whose family structures expose them to distinctive relational and emotional challenges. This creates an important contextual gap: the psychological and interpersonal resources that enable adolescents from single-parent families to remain resilient may differ from those operating in general adolescent populations.

The Indonesian context provides an especially relevant setting for addressing this gap. Adolescents in Indonesia develop within strongly relational social environments in which family, peers, school communities, and local social networks play substantial roles in psychological development. Yet empirical studies examining the simultaneous contribution of intrapersonal resources (self-compassion) and interpersonal resources (peer social support) to resilience among adolescents from single-parent families remain limited. This limitation is particularly apparent in the Special Region of Yogyakarta (Daerah Istimewa Yogyakarta/DIY), a setting characterized by diverse educational,

cultural, and family contexts. Consequently, examining resilience in this population can contribute not only to the empirical literature on single-parent families but also to culturally contextualized understanding of adolescent protective factors.

The present study therefore conceptualizes adolescent resilience as the outcome of an interaction between internal self-regulatory resources and external interpersonal resources. Self-compassion represents an intrapersonal mechanism through which adolescents can respond to family-related adversity without excessive self-blame, self-criticism, or emotional over-identification. Peer social support represents an interpersonal mechanism through which adolescents can obtain emotional validation, appreciation, assistance, and information when facing difficult circumstances. This dual-resource perspective is consistent with contemporary resilience research, which increasingly conceptualizes positive adaptation as emerging from interactions between individual capacities and supportive environments rather than from individual characteristics alone (Cao et al., 2024; Tang et al., 2022).

Accordingly, the central problem addressed in this study is not whether adolescents from single-parent families are inherently vulnerable, but why some adolescents demonstrate substantial resilience whereas others experience considerable difficulty adapting to family-related adversity. The proposed model addresses this question by examining whether self-compassion and peer social support independently and simultaneously predict resilience among adolescents from single-parent families in the Special Region of Yogyakarta. The study offers two principal contributions. First, theoretically, it integrates an intrapersonal protective factor and an interpersonal protective factor within a single explanatory framework for resilience in a specific high-relevance adolescent population. Second, empirically, it extends contemporary resilience research by focusing on single-parent adolescents in an Indonesian cultural context, thereby addressing the limited contextual diversity of existing evidence.

Based on this rationale, the study aims to (1) examine the effect of self-compassion on resilience among adolescents from single-parent families in the Special Region of Yogyakarta; (2) examine the effect of peer social support on resilience; and (3) determine the simultaneous contribution of self-compassion and peer social support to adolescent resilience. The study hypothesizes that higher self-compassion and stronger peer social support will each be positively associated with resilience and that their combined contribution will provide a more comprehensive explanation of resilience than either predictor considered independently.

METHOD

Research Design

This study employed a quantitative cross-sectional survey design to examine the extent to which self-compassion and peer social support predict resilience among adolescents from single-parent families in the Special Region of Yogyakarta, Indonesia. A quantitative design was selected because the study sought to estimate the statistical relationships between clearly defined psychological constructs and to determine the unique and combined contributions of the predictor variables to adolescent resilience. The

study included three variables. Self-compassion (X_1) and peer social support (X_2) were specified as the predictor variables, whereas resilience (Y) was treated as the outcome variable. The analytical model was designed to estimate both the unique contribution of each predictor and their combined explanatory contribution to resilience.

The study used a cross-sectional approach in which all variables were measured at a single period of data collection. Accordingly, the regression coefficients should be interpreted as statistical associations and predictive relationships rather than causal effects. This distinction is important because the observational design did not involve experimental manipulation or random assignment of participants. The study was conducted among adolescents living with a single parent in the Special Region of Yogyakarta (*Daerah Istimewa Yogyakarta* [DIY]). The research procedures followed established principles of quantitative psychological research, including operational definition of constructs, standardized measurement, assessment of measurement quality, statistical assumption testing, and multivariable regression analysis.

Participants and Sampling Procedure

The target population consisted of adolescents aged 15–18 years who were living with a single parent in the Special Region of Yogyakarta. A participant was considered eligible if he or she (1) was between 15 and 18 years old, (2) lived in one of the five administrative areas of Yogyakarta Province, namely Sleman, Bantul, Gunungkidul, Kulon Progo, or Yogyakarta City, and (3) was being raised by a single parent as a consequence of either parental divorce or the death of one parent. Participants were recruited using nonprobability convenience sampling. Potential participants were approached through accessible community, educational, and social networks and were included only when they fulfilled the predefined eligibility criteria. Although convenience sampling limits statistical generalizability to the broader population of adolescents from single-parent families, it was considered appropriate for accessing a population that is relatively specific and not readily identifiable through a comprehensive sampling frame. The required sample size was determined using the Krejcie and Morgan sample-size approach, resulting in a target sample that was sufficient for the intended statistical analysis. The final sample consisted of 305 adolescents. The sample size also provided an adequate participant-to-predictor ratio for the planned multiple regression model involving two independent variables.

Table 1. Participant Characteristics by Gender

GENDER	N	%
MALE	123	40.3
FEMALE	182	59.7
TOTAL	**305**	**100.0**

Of the 305 participants, 182 (59.7%) were female and 123 (40.3%) were male. Thus, female adolescents constituted the majority of the study sample.

Table 2. Participant Characteristics by Age

AGE (YEARS)	N	%
15	19	6.2

16	85	27.9
17	106	34.8
18	95	31.1
TOTAL	**305**	**100.0**

Participants were distributed across the four age categories. The largest proportion was 17 years old (34.8%), followed by 18 years old (31.1%), 16 years old (27.9%), and 15 years old (6.2%).

Table 3. Participant Characteristics by Administrative Area

ADMINISTRATIVE AREA	N	%
SLEMAN	96	31.5
GUNUNGKIDUL	13	4.3
YOGYAKARTA CITY	127	41.6
BANTUL	62	20.3
KULON PROGO	7	2.3
TOTAL	**305**	**100.0**

The participants represented all five administrative areas of the Special Region of Yogyakarta. Yogyakarta City contributed the largest proportion of participants (41.6%), followed by Sleman (31.5%), Bantul (20.3%), Gunungkidul (4.3%), and Kulon Progo (2.3%).

Measurement Instruments

Three psychological instruments were used to assess the study variables: the Resilience Scale (RS), the Self-Compassion Scale (SCS), and the Peer Social Support Scale (PSSS). All instruments were administered using a four-point Likert-type response format. Because the original instruments were developed for different populations and contexts, the scales were adapted and modified to ensure their conceptual and linguistic suitability for Indonesian adolescents from single-parent families. The adaptation process included item refinement, expert evaluation, pilot testing, assessment of construct validity, item discrimination analysis, and reliability evaluation.

Resilience Scale

Resilience was measured using a modified version of the resilience instrument originally developed by Hidayat (2019), which was constructed on the basis of the resilience framework proposed by Connor and Davidson (2003).

The initial instrument consisted of 31 items representing five dimensions:

1. personal competence, high standards, and tenacity;
2. trust in one's instincts, tolerance of negative affect, and strengthening effects of stress;
3. positive acceptance of change and secure relationships with others;
4. control; and
5. spiritual influences.

Both positively and negatively worded items were included to reduce response-pattern bias. An example of a favorable item is, *"I continue to maintain warm social relationships*

with my friends at school even though I am currently going through some difficulties." An example of an unfavorable item is, *"I give up easily when I cannot do my work well."*

Responses were scored on a four-point scale ranging from 1 (strongly disagree) to 4 (strongly agree), with reverse scoring applied to negatively worded items. Following psychometric evaluation, 22 items were retained. The measurement model demonstrated satisfactory-to-excellent fit, with CFI = .990, SRMR = .0494, and RMSEA = .0289. Item discrimination coefficients ranged from .344 to .704, indicating adequate differentiation among respondents. The scale demonstrated excellent composite reliability (CR = .939), supporting its internal consistency for measuring resilience in the target population.

Self-Compassion Scale

Self-compassion was assessed using a modified Indonesian adaptation of the Self-Compassion Scale (SCS) developed by Sugianto et al. (2020), which was based on the conceptual framework originally proposed by Neff (2003).

1. The instrument consisted of 26 items representing six dimensions:
2. self-kindness;
3. self-judgment;
4. common humanity;
5. isolation;
6. mindfulness; and
7. over-identification.

The first, third, and fifth dimensions represent positive components of self-compassion, whereas self-judgment, isolation, and over-identification represent the corresponding negative dimensions. A favorable item was, *"I am kind to myself when I am experiencing suffering,"* whereas an unfavorable item was, *"I am disapproving and judgmental about my own flaws and inadequacies."*

All items were rated on a four-point Likert scale from 1 (strongly disagree) to 4 (strongly agree), with reverse scoring applied to negatively keyed items. The psychometric assessment indicated acceptable construct validity, with CFI = .935, GFI = .910, and RMSEA = .043. Item discrimination coefficients ranged from .580 to .737. The instrument also demonstrated high composite reliability (CR = .897), indicating adequate internal consistency for assessing self-compassion among adolescents from single-parent families.

Peer Social Support Scale

Peer social support was measured using a modified version of the scale developed by Hartati (2022), based on the social-support framework of Sarafino and Smith (2014).

The instrument contained 24 items covering four dimensions:

1. emotional support;
2. esteem or affirmative support;

3. instrumental support; and

4. informational support.

Illustrative items include, *"My friends are willing to listen to me when I want to share my concerns"* and *"I feel happy when my friends support me during difficult times."*

All items were positively worded and rated on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The measurement model demonstrated satisfactory fit (CFI = .975, SRMR = .0371, and RMSEA = .0584). Item discrimination coefficients ranged from .481 to .755, indicating adequate item differentiation. The instrument demonstrated satisfactory composite reliability (CR = .818), supporting its use for assessing perceived peer social support among the participants.

Table 4. Summary of Measurement Quality

CONSTRUCT	INITIAL ITEMS	RETAINED ITEMS	CFI	SRMR	RMSEA	CR
RESILIENCE	31	22	.990	.0494	.0289	.939
SELF-COMPASSION	26	26	.935	—	.043	.897
PEER SOCIAL SUPPORT	24	24	.975	.0371	.0584	.818

Note. CFI = Comparative Fit Index; SRMR = Standardized Root Mean Square Residual; RMSEA = Root Mean Square Error of Approximation; CR = Composite Reliability.

Instrument Adaptation and Validation Procedure

To enhance the validity of the measurement instruments, the adaptation process was conducted systematically. First, the conceptual definitions and dimensions of each construct were examined to ensure consistency between the original theoretical framework and the Indonesian research context. Second, item wording was reviewed and modified to improve linguistic clarity and age appropriateness for adolescents aged 15–18 years. Third, the revised instruments underwent **expert evaluation** to assess content relevance, clarity, and correspondence between individual items and their intended constructs. Fourth, a pilot administration was conducted to evaluate the functioning of the items before the instruments were used in the main study.

The pilot data were subsequently examined through item discrimination analysis and construct-validity testing. Items that failed to demonstrate adequate psychometric performance were excluded from the final instrument. Construct validity was evaluated using confirmatory factor analysis (CFA), while reliability was assessed using composite reliability. This procedure was intended to ensure that the instruments were not merely translated or reproduced from their original versions but were appropriately contextualized for Indonesian adolescents experiencing single-parent family circumstances.

Data Collection Procedure

Data were collected through a structured questionnaire administered to eligible participants. Before completing the questionnaire, participants received information

regarding the purpose of the research, the voluntary nature of participation, confidentiality of their responses, and their right to discontinue participation. Because the participants were adolescents, appropriate procedures for informed consent and, where applicable, parental or guardian consent and adolescent assent were followed in accordance with institutional and ethical requirements. Participants completed the three psychological scales independently. Researchers or research assistants were available to clarify procedural questions without influencing participants' responses. Completed questionnaires were checked for completeness before being included in the statistical analysis.

Data Screening and Statistical Analysis

Prior to hypothesis testing, the dataset was screened for completeness, potential outliers, and violations of the assumptions underlying multiple linear regression. Descriptive statistics were calculated to summarize the distributions of the study variables. The primary analysis used multiple linear regression to examine whether self-compassion and peer social support significantly predicted resilience. The regression model was specified as:

$$Y=\beta0+\beta1X1+\beta2X2+\varepsilon$$

where Y represents resilience, X_1 represents self-compassion, X_2 represents peer social support, β_0 represents the intercept, β_1 and β_2 represent the regression coefficients, and ε represents the residual term.

Before estimating the regression model, four principal assumptions were examined.

Normality

Residual normality was examined to determine whether the distribution of model residuals was sufficiently consistent with the assumptions of ordinary least squares regression. Normality was evaluated using statistical and graphical diagnostics rather than relying exclusively on a single significance test.

Linearity

Linearity was assessed to determine whether the relationship between each predictor and resilience could reasonably be represented by a linear function. Scatterplots and relevant statistical diagnostics were considered when evaluating this assumption.

Homoscedasticity

Homoscedasticity was examined to determine whether the variance of the regression residuals remained approximately constant across predicted values. This assessment was important because substantial heteroscedasticity may lead to inefficient estimates and biased standard errors.

Multicollinearity

Multicollinearity was examined using tolerance and variance inflation factor (VIF) statistics. These diagnostics were used to determine whether self-compassion and peer

social support were excessively correlated, which could undermine the stability and interpretability of the individual regression coefficients.

Hypothesis Testing

Three analytical questions guided the hypothesis testing.

First, the partial regression coefficient (t-test) was used to determine whether self-compassion significantly predicted resilience after controlling for peer social support.

Second, the same procedure was used to determine whether peer social support significantly predicted resilience after controlling for self-compassion.

Third, the F-test was used to evaluate whether the overall regression model significantly explained variation in resilience when self-compassion and peer social support were entered simultaneously.

The coefficient of determination (R^2) was calculated to estimate the proportion of variance in resilience explained jointly by the two predictor variables. The adjusted R^2 was also considered because it provides a less biased estimate of explained variance while accounting for the number of predictors included in the model.

Statistical significance was evaluated at $\alpha = .05$. In addition to statistical significance, the magnitude and direction of regression coefficients were considered when interpreting the findings.

Ethical Considerations

The study involved adolescents and addressed potentially sensitive family circumstances; therefore, ethical safeguards were incorporated throughout the research process. Participation was voluntary, and participants were informed about the research objectives and procedures before completing the questionnaire. Confidentiality and anonymity were maintained throughout data processing and reporting. No personally identifying information was included in the analytical dataset or published results. Participants were informed that they could decline to participate or discontinue their participation without academic or social consequences. Appropriate informed-consent and adolescent-assent procedures were applied in accordance with the requirements of the relevant research institution

RESULTS AND DISCUSSION

Preliminary Analysis and Regression Assumptions

Before testing the research hypotheses, a series of diagnostic analyses was conducted to determine whether the data met the assumptions required for multiple linear regression. The assumption tests included residual normality, linearity, homoscedasticity, and multicollinearity. These procedures were necessary to ensure that the estimated regression coefficients and inferential statistics could be interpreted appropriately.

Normality of Regression Residuals

Residual normality was examined using the Kolmogorov–Smirnov test. The analysis produced a test statistic of 0.049 with a significance value of **p = .071** (Table 4). Because the significance value exceeded .05, the null hypothesis of normally distributed residuals was retained. Thus, the residuals of the regression model did not significantly deviate from a normal distribution.

Table 4. Test of Residual Normality

VARIABLE	KOLMOGOROV–SMIRNOV STATISTIC	P
UNSTANDARDIZED RESIDUAL	0.049	.071

The result indicates that the normality assumption was adequately satisfied, allowing subsequent regression analyses to be conducted without evidence of substantial violation of residual normality.

Linearity

Linearity testing was conducted separately for the relationships between self-compassion and resilience and between peer social support and resilience. As shown in Table 5, the relationship between self-compassion and resilience was statistically significant in the linear component, $F = 162.725$, $p < .001$, while the deviation from linearity was nonsignificant, $F = 1.284$, $p = .131$. Similarly, the linear component of the relationship between peer social support and resilience was significant, $F = 51.620$, $p < .001$, whereas the deviation from linearity was nonsignificant, $F = 1.107$, $p = .329$.

Table 5. Linearity Tests

PREDICTOR–CRITERION RELATIONSHIP	LINEAR *F*	P	DEVIATION FROM LINEARITY *F*	P	INTERPRETATION
SELF-COMPASSION → RESILIENCE	162.725	< .001	1.284	.131	Linear
PEER SOCIAL SUPPORT → RESILIENCE	51.620	< .001	1.107	.329	Linear

These findings provide evidence that both predictor variables have linear relationships with resilience. Importantly, the nonsignificant deviation-from-linearity statistics indicate that there was no statistically detectable departure from linearity for either predictor.

Homoscedasticity

Homoscedasticity was evaluated to determine whether the variance of regression residuals remained reasonably constant across levels of the predictor variables. The results indicated nonsignificant values for both self-compassion ($p = .115$) and peer social support ($p = .251$). Both values exceeded the .05 threshold, indicating no statistical evidence of heteroscedasticity.

Table 6. Heteroscedasticity Test

PREDICTOR	P	INTERPRETATION
SELF-COMPASSION	.115	No evidence of heteroscedasticity
PEER SOCIAL SUPPORT	.251	No evidence of heteroscedasticity

Accordingly, the regression model satisfied the homoscedasticity assumption.

Multicollinearity

Multicollinearity was assessed using tolerance and variance inflation factor (VIF) statistics. As presented in Table 7, both predictors had identical tolerance values of 0.994 and VIF values of 1.006. These values are well within conventional diagnostic thresholds, indicating that self-compassion and peer social support were not excessively correlated in the regression model.

Table 7. Multicollinearity Diagnostics

PREDICTOR	TOLERANCE	VIF	INTERPRETATION
SELF-COMPASSION	0.994	1.006	No multicollinearity
PEER SOCIAL SUPPORT	0.994	1.006	No multicollinearity

Taken together, the diagnostic analyses indicate that the data satisfied the principal assumptions for multiple linear regression. The absence of substantial violations supports the use of regression coefficients, *t* tests, *F* tests, and the coefficient of determination in evaluating the proposed relationships.

Multiple Regression Analysis

Multiple linear regression was conducted to examine whether self-compassion and peer social support significantly predicted resilience among adolescents from single-parent families. The analysis included two predictor variables—self-compassion (X_1) and peer social support (X_2)—and resilience as the criterion variable (Y).

The estimated regression equation was:

Resilience = −6.140 + 0.559(Self-compassion) + 0.443(Peer social support)

The regression coefficients are presented in Table 8.

Table 8. Multiple Regression Coefficients Predicting Resilience

PREDICTOR	B	SE	B	*T*	P
CONSTANT	−6.140	4.518	—	−1.359	.175
SELF-COMPASSION	0.559	0.043	0.558	13.095	< .001
PEER SOCIAL SUPPORT	0.443	0.056	0.337	7.905	< .001

The results demonstrate that **self-compassion was a significant positive predictor of resilience**, $B = 0.559$, $\beta = 0.558$, $t = 13.095$, **$p < .001$**. Holding peer social support constant, a one-unit increase in self-compassion was associated with an estimated 0.559-unit increase in resilience.

Peer social support also emerged as a **significant positive predictor of resilience**, $B = 0.443$, $\beta = 0.337$, $t = 7.905$, **$p < .001$**. Thus, after controlling for self-compassion, higher peer social support was associated with higher resilience.

The standardized coefficients further indicate that self-compassion had the stronger statistical association with resilience ($\beta = 0.558$) compared with peer social support ($\beta = 0.337$). This finding suggests that although both predictors are important, the intrapersonal factor of self-compassion demonstrated a comparatively stronger contribution within the present regression model.

The negative intercept (−6.140) should not be interpreted substantively as an actual level of resilience because a value of zero on both psychological predictors may fall outside the meaningful range of the measurement scales. Rather, the intercept is a mathematical parameter required to specify the regression function.

Simultaneous Effect of the Predictors

The overall significance of the regression model was evaluated using an *F* test. As shown in Table 9, the regression model was statistically significant, $F(2, 302) = 125.668$, $p < .001$.

Table 9. Overall Regression Model

SOURCE	SS	DF	MS	*F*	P
REGRESSION	9,117.139	2	4,558.570	125.668	< .001
RESIDUAL	10,954.979	302	36.275		
TOTAL	20,072.118	304			

The significant model indicates that self-compassion and peer social support, considered jointly, significantly predicted resilience among adolescents from single-parent families. Therefore, the hypothesis concerning the simultaneous predictive effect of the two variables was supported.

Explained Variance

The coefficient of determination indicated that the regression model produced R = .674 and R^2 = .454 (Table 10). Thus, self-compassion and peer social support jointly explained 45.4% of the variance in resilience.

Table 10. Coefficient of Determination

MODEL	R	R^2	ΔR^2	ΔF	DF1	DF2	P
1	.674	.454	.454	125.668	2	302	< .001

The remaining 54.6% of the variance was attributable to factors not included in the present model. These may include other individual, relational, family, school, and contextual factors that were beyond the scope of this study. Importantly, the R^2 value should be interpreted as the proportion of sample variance explained by the statistical model, rather than as evidence that the predictors causally determine resilience.

DISCUSSION

Self-Compassion and Peer Social Support as Joint Predictors of Resilience

The central finding of this study is that self-compassion and peer social support jointly significantly predict resilience among adolescents from single-parent families in the Special Region of Yogyakarta. The regression model was statistically significant, $F(2, 302) = 125.668$, $p < .001$, with an R^2 of .454. Collectively, the two predictors explained 45.4% of the variance in adolescent resilience.

This finding supports a conceptualization of resilience as a multidimensional process shaped by the interaction between intrapersonal resources and interpersonal resources. For adolescents living with a single parent, resilience cannot be understood exclusively as an individual psychological capacity. Rather, their ability to adapt to family-related challenges is embedded within their relationships with themselves and with significant others. Self-compassion represents an internal psychological resource that may help adolescents respond to adversity with less self-criticism and greater emotional balance, whereas peer social support represents an external relational resource that may provide emotional validation, belonging, information, and practical assistance.

This pattern is theoretically consistent with contemporary resilience perspectives, which conceptualize positive adaptation as the outcome of interactions between individual capacities and supportive ecological environments. Masten (2018) emphasizes that resilience emerges from adaptive systems rather than from a single psychological trait.

Within this framework, the present findings suggest that adolescents' capacity to treat themselves compassionately and their access to supportive peer relationships operate as complementary resources in the process of adaptation.

The finding also extends previous research reporting associations between self-compassion, social support, and resilience. Sari and Prasetyaningrum (2023), for example, reported that self-compassion and social support were associated with stronger resilience, while Wahyuna and Alfian (2025) similarly found that self-compassion and social support were relevant to resilience among adolescents experiencing single-parent family circumstances. The present study contributes to this literature by examining both predictors simultaneously within a relatively large sample of 305 adolescents from different regencies and municipalities in the Special Region of Yogyakarta.

The finding is particularly important because the single-parent family context should not automatically be equated with psychological maladjustment. Adolescents may experience family disruption as stressful, but the psychological consequences of such circumstances vary according to available protective resources. Thus, the present results shift the analytical emphasis from the family structure itself toward the resources that facilitate positive adaptation within that structure.

Self-Compassion as the Stronger Predictor of Resilience

The partial regression analysis demonstrated that self-compassion was a significant positive predictor of resilience, $B = 0.559$, $\beta = 0.558$, $t = 13.095$, $p < .001$. Among the two predictors examined, self-compassion demonstrated the larger standardized coefficient. This suggests that, within the present sample and after statistically controlling for peer social support, adolescents with stronger self-compassion tended to report greater resilience. The finding is theoretically meaningful because adolescence is characterized by substantial psychological, social, and identity-related changes. Adolescents experiencing parental divorce or parental death may additionally encounter feelings of loss, insecurity, self-blame, or perceived difference from peers. Under these circumstances, self-compassion may function as an internal regulatory resource. Rather than interpreting adversity as evidence of personal inadequacy, adolescents with greater self-compassion may be more capable of acknowledging painful experiences without excessively judging themselves.

This interpretation is consistent with Neff's conceptualization of self-compassion as comprising self-kindness, common humanity, and mindfulness, accompanied by reduced self-judgment, isolation, and over-identification. These processes may be particularly relevant for adolescents from single-parent families because difficult family experiences can generate negative self-evaluations and feelings of social isolation. A compassionate orientation toward the self may interrupt these processes by enabling adolescents to recognize suffering without becoming excessively identified with it.

The present finding is also consistent with previous empirical evidence. Hikmah and Yuhbaba (2023) reported a positive role for self-compassion in resilience among adolescents who experienced parental loss. Similarly, Wahyuna and Alfian (2025) found

that self-compassion was associated with resilience among adolescents living with a single parent following parental divorce. Prabawa et al. (2023) likewise highlighted the relevance of self-compassion in psychological adaptation.

Theoretically, the relationship can be understood through an emotion-regulation mechanism. Adolescents who respond to personal difficulties with self-kindness may experience less secondary emotional distress arising from self-criticism. Mindful awareness may also enable them to recognize negative emotions without becoming overwhelmed by them. In turn, these processes may facilitate more adaptive coping responses and support recovery following stressful experiences. However, the present cross-sectional design does not permit a causal conclusion that self-compassion *causes* resilience. The appropriate interpretation is that higher self-compassion is statistically associated with and significantly predicts resilience within the regression model. Longitudinal or experimental research is required to establish temporal precedence and causal mechanisms.

Peer Social Support as an Interpersonal Resource

Peer social support also emerged as a significant positive predictor of resilience, $B = 0.443$, $\beta = 0.337$, $t = 7.905$, $p < .001$. Although its standardized coefficient was smaller than that of self-compassion, the result demonstrates that peer relationships remain an important correlate of resilience after accounting for individual self-compassion. This finding is particularly relevant during adolescence because peer relationships become increasingly important sources of emotional validation, identity development, belonging, and social comparison. Adolescents living with a single parent may encounter experiences that they perceive as difficult to discuss with family members. Supportive peers can therefore provide an alternative relational context in which adolescents feel understood and accepted.

Peer support may strengthen resilience through several complementary mechanisms. First, emotional support can reduce feelings of loneliness and psychological isolation. Second, informational support may provide adolescents with alternative perspectives for managing problems. Third, affirmation from peers may strengthen perceived self-worth. Fourth, practical assistance can reduce the immediate burden associated with stressful situations. These forms of support correspond with the multidimensional conceptualization of social support used in this study. The finding is consistent with previous research indicating that supportive peer relationships are associated with adolescent adjustment and resilience. Fadhil and Mardianto (2024), for example, found that peer social support contributed significantly to resilience. Similarly, Rueger et al. (2016) demonstrated the importance of perceived social support for adolescent psychological adjustment, while Wang et al. (2021) highlighted the role of peer relationships in adolescent social development and adjustment.

From a resilience perspective, peer support can be interpreted as a protective relational resource. Adolescents do not necessarily overcome adversity through individual effort alone. Supportive social environments can provide resources that enable individuals to

reinterpret stressful experiences, regulate emotions, and maintain engagement with everyday developmental tasks.

Nevertheless, the present finding should be interpreted alongside research reporting nonsignificant relationships between peer social support and resilience, such as Mubayyinah and Dasalinda (2023). Such inconsistencies suggest that the protective function of peer support may depend on contextual conditions, including the quality of peer relationships, perceived authenticity of support, social connectedness, and the types of stressors experienced by adolescents. Thus, future research should examine not only the quantity of peer support but also its quality, reciprocity, and perceived usefulness.

Relative Importance of the Two Predictors

An important feature of the regression results is the difference between the standardized coefficients. Self-compassion had $\beta = .558$, whereas peer social support had $\beta = .337$. Both predictors were statistically significant, but self-compassion demonstrated the stronger standardized association with resilience. This pattern suggests that internal psychological resources may be particularly salient for resilience in the present sample, although interpersonal resources remain statistically meaningful. Adolescents may encounter situations in which external support is unavailable or insufficient. In such circumstances, the ability to respond to one's own suffering constructively may become especially important.

At the same time, the findings should not be interpreted as demonstrating that self-compassion is universally more important than peer support. Standardized regression coefficients reflect the relative predictive contribution within this particular model and sample. They do not establish a general hierarchy of protective factors across all adolescents from single-parent families. A more theoretically appropriate interpretation is therefore that resilience appears to involve complementary layers of protection. Self-compassion provides an intrapersonal regulatory capacity, while peer social support provides an interpersonal resource. The simultaneous significance of both predictors reinforces the argument that resilience should be examined through an ecological and multilevel framework rather than through an exclusively individual psychological lens.

The 45.4% Explained Variance: Implications for Resilience Research

The R^2 value of .454 represents a substantial proportion of explained variance for a psychological regression model involving only two predictors. Nevertheless, 54.6% of the variance in resilience remained unexplained, demonstrating that resilience among adolescents from single-parent families is a complex phenomenon that cannot be reduced to self-compassion and peer social support alone. The unexplained variance creates an important direction for subsequent research. Potential variables include parenting quality, attachment security, family functioning, school connectedness, teacher support, socioeconomic conditions, emotion regulation, self-efficacy, optimism, religiosity or spirituality, coping strategies, and exposure to stressful life events. In the Indonesian context, cultural and religious resources may also be particularly relevant. This is especially important for research in the Special Region of Yogyakarta, where adolescents

are situated within diverse family, educational, religious, and community environments. Future studies could therefore move beyond a two-predictor model toward a multilevel resilience framework incorporating individual, family, peer, school, and community-level factors.

Overall Interpretation of the Findings

Taken together, the findings provide empirical support for all three proposed hypotheses:

1. Self-compassion and peer social support jointly significantly predict resilience among adolescents from single-parent families, $F(2, 302) = 125.668$, $p < .001$, $R^2 = .454$.
2. Self-compassion significantly and positively predicts resilience, $\beta = .558$, $t = 13.095$, $p < .001$.
3. Peer social support significantly and positively predicts resilience, $\beta = .337$, $t = 7.905$, $p < .001$.

The findings indicate that resilience among adolescents from single-parent families is associated with the combination of internal self-regulatory resources and external interpersonal resources. Self-compassion appears to have the stronger standardized association in the present model, while peer social support provides an additional and statistically significant contribution. Importantly, the study does not suggest that being raised in a single-parent family inevitably produces low resilience. Rather, the results indicate that adolescents in this family context possess psychological and social resources that are associated with their capacity to adapt positively to adversity. This distinction is theoretically important because it avoids pathologizing single-parent families and instead emphasizes the conditions that facilitate adolescent adaptation.

CONCLUSION

Based on the results of a study on self-compassion and peer social support as predictors of resilience in adolescents from single-parent families, the findings concluded that self-compassion and peer social support have a significant effect on resilience; that is, together, self-compassion and peer social support can predict resilience, accounting for 45.4% of the variance. Self-compassion has a significant effect on resilience, meaning that self-compassion can predict resilience with a contribution of 32.6%. Peer social support has a significant effect on resilience, meaning that peer social support contributes to and can predict resilience with a contribution of 32.6%. Based on the research findings, it is recommended that adolescents from single-parent families develop self-compassion through more positive self-acceptance, reduce the tendency to engage in excessive self-criticism, and manage their emotions adaptively. Additionally, establishing and maintaining good relationships with friends is also crucial for obtaining social support that can strengthen resilience. Future researchers are encouraged to select study subjects with diverse characteristics and to use systematic sampling techniques to broaden the generalizability of the research findings.

BIBLIOGRAPHY

Agustin, R., Mayangsari, M. D., & Achmad, R. A. (2025). Pengaruhan dukungan sosial orang tua terhadap kepercayaan diri pada remaja yang tinggal bersama orang tua tunggal. *Jurnal Kognisia, 6*(2), 85–93. https://doi.org/10.20527/kognisia.2023.10.011

Ahmad, F. (2025). *Pengaruh self-compassion terhadap resiliensi remaja di Lembaga Pembinaan Khusus Anak Kelas I Kota Medan* [Skripsi, Universitas Medan].

Affuso, G., Picone, N., De Angelis, G., Dragone, M., Esposito, C., Pannone, M., Zannone, A., & Bacchini, D. (2024). The reciprocal effects of prosociality, peer support and psychological well-being in adolescence: A four-wave longitudinal study. *International Journal of Environmental Research and Public Health, 21*(12), 1630. https://doi.org/10.3390/ijerph21121630

Amril, A. (2018). *Pencapaian identitas remaja dari orang tua tunggal (studi kasus orang tua tunggal perempuan di Desa Kanigoro, Kab. Bantul)* [Disertasi doktoral, Universitas Muhammadiyah Yogyakarta].

Amrina, Y. (2023). *Pengaruh dukungan sosial, self-disclosure, dan faktor demografis terhadap resiliensi remaja dengan orang tua yang bercerai* [Tesis, UIN Syarif Hidayatullah Jakarta].

Aqsa, Mahnoor, Yousaf, V., Bibi, A., & Alivi, S. M. (2024). Impact of single-parent and two-parent on resilience, life orientation, and emotional regulation among adolescents. *International Journal of Business and Economic Affairs, 9*(2), 83–89. https://doi.org/10.24088/IJBEA-2024-92008

Benatti, A. P., Campeol, Â. R., Machado, M. S., & Pereira, C. R. R. (2021). Single-parent families: A systematic literature review. *Psicologia: Ciência e Profissão, 41*, e209634.

Bluth, K., Campo, R. A., Futch, W. S., & Gaylord, S. A. (2017). Age and gender differences in the associations of self-compassion and emotional well-being in a large adolescent sample. *Journal of Youth and Adolescence, 46*(4), 840–853.

Cao, F., Li, J., Xin, W., & Cai, N. (2024). Impact of social support on the resilience of youth: Mediating effects of coping styles. *Frontiers in Public Health, 12*, 1331813. https://doi.org/10.3389/fpubh.2024.1331813

Cherewick, M., Lama, R., Rai, R. P., Dukpa, C., Mukhia, D., Giri, P., & Matergia, M. (2024). Social support and self-efficacy during early adolescence: Dual impact of protective and promotive links to mental health and wellbeing. *PLOS Global Public Health, 4*(12), e0003904. https://doi.org/10.1371/journal.pgph.0003904

Chu, P. S., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology, 29*(6), 624–645. https://doi.org/10.1521/jscp.2010.29.6.624

Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2013). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Routledge.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*(2), 76–82. https://doi.org/10.1002/da.10113

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publications.

Dai, B., He, Y., & Peng, M. (2025). Enhancing resilience in single-parent family adolescents in China: A randomized controlled trial based on home-school collaborative intervention. *BMC Public Health, 25*(1), 1–13. https://doi.org/10.1186/s12889-025-22662-y

Deniz, M. E., Satici, S. A., Doenyas, C., & Caglar, A. (2022). Self-Compassion Scale for Youth: Turkish adaptation and exploration of the relationship with resilience, depression, and well-being. *Child Indicators Research, 15*(4), 1255–1267. https://doi.org/10.1007/s12187-022-09915-7

Detta, B., & Abdullah, S. M. (2017). Dinamika resiliensi remaja dengan keluarga broken home. *Insight: Jurnal Ilmiah Psikologi, 19*(2), 71–86. https://doi.org/10.26486/psikologi.v19i2.600

Elfira, R. (2019). *Pengaruh self-compassion terhadap resiliensi remaja dengan orang tua yang bercerai* [Disertasi doktoral, Universitas Negeri Jakarta].

Eryılmaz, A., Yıldırım-Kurtuluş, H., & Yıldırım, M. (2024). A cross-sectional and longitudinal study on the mediation effect of positive and negative affects in the relationship between self-compassion and resilience in early adolescents. *Children and Youth Services Review, 161*, 107669. https://doi.org/10.1016/j.childyouth.2024.107669

Fachrial, L. A., & Herdiningtyas, K. (2023). Pengaruh self-compassion terhadap resiliensi pada remaja yang memiliki orang tua tunggal. *Jurnal Kesehatan dan Kedokteran, 2*(3), 25–31.

Fadhil, M., & Mardianto, M. (2024). Kontribusi dukungan sosial teman sebaya terhadap resiliensi pada remaja yang mengalami kehilangan akibat kematian orang tuanya. *Nusantara: Jurnal Ilmu Pengetahuan Sosial, 11*(2), 874–879. https://doi.org/10.31604/jips.v%25vi%25i.%25Y.%25p

Ferrari, M., Beath, A., Einstein, D. A., Yap, K., & Hunt, C. (2023). Gender differences in self-compassion: A latent profile analysis of compassionate and uncompassionate self-relating in a large adolescent sample. *Current Psychology, 42*, 24132–24147. https://doi.org/10.1007/s12144-022-03408-0

Field, A. (2020). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage Publications.

Gülen, Ö. S. (2019). *Interplay of parental involvement, school belonging, peer social support, and self-esteem in resilience of adolescents from low socioeconomic districts* [Unpublished doctoral dissertation, Middle East Technical University].

Hartati, T. S. (2022). *Pengaruh dukungan sosial teman sebaya dan empati terhadap perilaku prososial pada remaja* [Tesis, Universitas Negeri Yogyakarta].

Hayati, R., Junita, N., & Amalia, I. (2023). Resiliensi pada anak dari orang tua bercerai. *Insight: Jurnal Penelitian Psikologi, 1*(1), 11–24. https://doi.org/10.2910/insight.v1i1.10327

Hermansyah, M. T. (2019). Relationship between self-compassion and resilience among adolescents whose parents are divorced. *PEOPLE: International Journal of Social Sciences, 5*(2), 162–169. https://doi.org/10.20319/pijss.2019.52.162169

Hidayat, N. (2019). *Pengaruh dukungan sosial dan harapan terhadap resiliensi pada remaja* [Tesis, Universitas Negeri Yogyakarta].

Hikmah, R. R., & Yuhbaba, Z. N. (2023). *Hubungan self-compassion dengan resiliensi pada remaja yang kehilangan orang tua akibat kematian* [Disertasi doktoral, Universitas dr. Soebandi].

Hsieh, M. O., & Shek, D. T. (2008). Personal and family correlates of resilience among adolescents living in single-parent households in Taiwan. *Journal of Divorce & Remarriage, 49*(3–4), 330–348. https://doi.org/10.1080/10502550802221925

Ilmi, A. F. (2022). Manajemen resiliensi remaja pada keluarga single parent dari perceraian. *Bulletin of Counseling and Psychotherapy, 4*(2), 267–274. https://doi.org/10.51214/bocp.v4i2.192

Isfaiyah, I., Rahmawati, R., & Dalimunthe, R. Z. (2019). Hubungan dukungan sosial teman sebaya dengan resiliensi siswa serta implikasi terhadap bimbingan pribadi-sosial. *Jurnal Penelitian Bimbingan dan Konseling, 4*(2).

Kaya, B. (2024). Social support and subjective vitality among adolescents: The multiple mediation role of self-compassion and resilience. *Current Psychology, 43*(33), 26772–26786. https://doi.org/10.1007/s12144-024-06326-5

La Greca, A. M., & Harrison, H. M. (2018). Peer relations, friendships, and romantic relationships: Implications for adolescent adjustment following parental divorce. *Journal of Youth and Adolescence, 47*(1), 56–70. https://doi.org/10.1207/s15374424jccp3401_5

Li, M. H., & Preziosi, D. (2022). Developing resilience from attachment anxiety/avoidance: The roles of self-compassion and self-efficacy in an adolescent sample in the US. *International Journal for the Advancement of Counselling, 44*(2), 318–336. https://doi.org/10.1007/s10447-022-09468-y

Liu, A., Xu, B., Liu, M., Wang, W., & Wu, X. (2023). The reciprocal relations among self-compassion, posttraumatic stress disorder, and posttraumatic growth among adolescents after the Jiuzhaigou earthquake: A three-wave cross-lagged study. *Journal of Mental Health, 32*(3), 634–642. https://doi.org/10.1080/09638237.2023.2182411

Luo, Y., Ma, T., & Deng, Y. (2023). School climate and adolescents' prosocial behavior: The mediating role of perceived social support and resilience. *Frontiers in Psychology, 14*, 1095566. https://doi.org/10.3389/fpsyg.2023.1095566

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545–552.

Marçal, K. E., & Maguire-Jack, K. (2022). Informal supports, housing insecurity, and adolescent outcomes: Implications for promoting resilience. *American Journal of Community Psychology, 70*, 178–196. https://doi.org/10.1002/ajcp.12589

Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review, 10*(1), 12–31. https://doi.org/10.1111/jftr.12255

Moosa, A. S., Ng, D. X., Aau, W. K., Goy, W. T. T., Yang, C. R., Sim, E. H. A., Wee, J. D., & Tan, N. C. (2023). Resilience and coping behaviour among adolescents in a high-income city-state during the COVID-19 pandemic. *Scientific Reports, 13*, 4061. https://doi.org/10.1038/s41598-023-31147-0

Mubayyinah, M., & Dasalinda, D. (2023). Hubungan antara dukungan sosial teman sebaya dengan resiliensi akademik. *JIIP: Jurnal Ilmiah Ilmu Pendidikan, 6*(12), 9972–9977.

Mulia, L. O. (2014). *Hubungan dukungan sosial teman sebaya terhadap tingkat resiliensi remaja di panti asuhan* [Disertasi doktoral, Riau University].

Napora, E. W. (2017). Grandparental social support and communication with peers as predictors of resilience in adolescents from single-mother families. *Roczniki Psychologiczne, 20*(4), 795–814.

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D. (2023). Self-compassion: Theory, method, research, and intervention. *Annual Review of Psychology, 74*(1), 193–218. https://doi.org/10.1146/annurev-psych-032420-031047

Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*(3), 225–240. https://doi.org/10.1080/15298860902979307

Neuenschwander, R., & von Gunten, F. O. (2025). Self-compassion in children and adolescents: A systematic review of empirical studies through a developmental lens. *Current Psychology, 44*, 755–783. https://doi.org/10.1007/s12144-024-07053-7

Nguyen, V. T. (2024). Self-compassion and life satisfaction in Vietnamese adolescents: The mediating role of emotional and behavioral problems. *Mental Health and Social Inclusion, 28*(5), 910–921. https://doi.org/10.1108/MHSI-07-2023-0076

Noor Amalia, F., & Amini, S. (2015). *Hubungan antara konsep diri dengan resiliensi remaja pada keluarga orang tua tunggal* [Disertasi doktoral, Universitas Muhammadiyah Surakarta].

Nuraini, T. A. (2022). Remaja dengan orang tua yang bercerai. *Jurnal Edueco, 5*(1).

Oktaviana, M., & Kristinawati, W. (2022). Self-disclosure dengan resiliensi pada remaja dengan orang tua tunggal. *Jurnal Ilmiah Psyche, 16*(2), 83–92.

Pandya, S. P. (2023). Adolescents raised by single parents: Examining the impact of spiritual education lessons on school connectedness, wellbeing, and resilience. *Children and Youth Services Review, 148*, 106885. https://doi.org/10.1016/j.childyouth.2023.106885

Prabawa, A. F. I., Setyawan, N., Antika, E. R., Nadhita, G., & Lathifah, A. A. (2023). The contribution of self-compassion to influencing adolescent resilience. *Proceedings Series of Educational Studies*, 174–183.

Purnamasari, S. E., Rinaldi, M. R., Widiastuti, N., & Rachmat, V. M. (2024). Peran moderasi resiliensi: Apakah self-compassion memengaruhi subjective well-being pada remaja panti asuhan? *Psikodimensia, 23*(2), 205–213. https://doi.org/10.24167/psidim.v23i2.12739

Putri, D. T. A., & Rusli, D. (2020). Pengaruh dukungan teman sebaya terhadap resiliensi remaja pesantren modern Nurul Ikhlas. *Jurnal Riset Psikologi, 1*(1), 1–12.

Rahman, F. A. F., & Hidayati, I. A. (2024). *Hubungan dukungan sosial teman sebaya dan efikasi diri terhadap resiliensi remaja* [Disertasi doktoral, Universitas Muhammadiyah Surakarta].

Razza, R. A., Liu, Q., Feng, R., et al. (2025). Cultivating adolescents' self-compassion through mindfulness: The role of self-regulation at both the individual- and classroom-level. *Contemporary School Psychology, 29*, 843–854. https://doi.org/10.1007/s40688-025-00548-5

Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2016). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. *Journal of Youth and Adolescence, 45*(2), 217–237. https://doi.org/10.1007/s10964-015-0272-8

Sahib, F. A., & Aldoori, N. M. (2025). Adolescents' developmental challenges in single-parent families. *International Journal of Body, Mind and Culture, 12*(5). https://doi.org/10.61838/ijbmc.v12i5.1012

Sarafino, E. P., & Smith, T. W. (2014). *Health psychology: Biopsychosocial interactions*. John Wiley & Sons.

Sari, U. L., & Prasetyaningrum, J. (2023). *Hubungan antara self-compassion dan dukungan teman sebaya dengan resiliensi mahasiswa* [Disertasi doktoral, Universitas Muhammadiyah Surakarta].

Şerifoğlu, K., & Yilmaz, E. (2025). Psychological resilience and post-traumatic stress among adolescents affected by the February 6 Kahramanmaraş earthquake: The mediating role of self-compassion. *International Journal of Children's Spirituality*, 1–18. https://doi.org/10.1080/1364436X.2025.2558632

Sia, S. K., & Aneesh, A. (2024). Single-parent adolescents' resilience and psychological well-being: The role of social competence and emotion regulation. *Journal of Indian Association for Child and Adolescent Mental Health, 20*(3), 205–211. https://doi.org/10.1177/09731342241239441

Sugianto, D., Suwartono, C., & Sutanto, S. H. (2020). Reliabilitas dan validitas Self-Compassion Scale versi Bahasa Indonesia. *Jurnal Psikologi Ulayat, 7*(2), 177–191. https://doi.org/10.24854/jpu107

Talwar, V., Castellanos, M., & Bosacki, S. (2023). Self-compassion, social cognition, and self-affect in adolescence: A longitudinal study. *Self and Identity, 22*(1), 58–76. https://doi.org/10.1080/15298868.2022.2030400

Tang, Y., Ma, Y., Zhang, J., & Wang, H. (2022). The relationship between negative life events and quality of life in adolescents: Mediated by resilience and social support. *Frontiers in Public Health, 10*, 980104. https://doi.org/10.3389/fpubh.2022.980104

Ulfa, W. D. (2023). Resiliensi pada siswa dengan orang tua tunggal. *Proceedings Series of Educational Studies*, 139–149.

Uslu, B. N., & İme, Y. (2025). The link between psychological abuse and resilience among adolescents: A mediation analysis of emotional flexibility and self-compassion. *Child Indicators Research, 18*, 1707–1721. https://doi.org/10.1007/s12187-025-10256-4

Wahyuna, R., & Alfian, I. N. (2025). *Peran welas asih diri (self-compassion) dan dukungan sosial (social support) terhadap resiliensi remaja yang orang tuanya bercerai* [Skripsi, Universitas Airlangga].

Wang, C., Liu, W., & Li, X. (2021). Peer support and psychological resilience among adolescents: The mediating role of emotional intelligence. *Current Psychology, 40*(3), 1199–1208.

Yang, L., Xiong, Y., Gao, T., Li, S., & Ren, P. (2023). A person-centered approach to resilience against bullying victimization in adolescence: Predictions from teacher support and peer support. *Journal of Affective Disorders, 341*, 154–161. https://doi.org/10.1016/j.jad.2023.08.089