

Strengthening Mental Health for Adolescents in Orphanages Through the Role of Self-Disclosure and Self-Compassion

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ABSTRACT

Adolescence is a transition from childhood to adulthood, along with problems resulting in mental health. Therefore, parental assistance is required. However, teenagers living in orphanages have different life paths as they do not get as much affection as those with parents. Having self-disclosure and self-compassion may help tackle mental health problems. This study aimed to analyze the role of self-disclosure and self-compassion on adolescents' mental health in orphanages and determine the causes and solutions. The research used the mixed method with 43 samples of teen orphans aged 12-18 taken from the Daarut Taqwa Orphanage, Minggir, Sleman, Yogyakarta, Indonesia. Data collection techniques used interviews, observations, and research questionnaires. Qualitative data analysis used reduction, display, and conclusion techniques, while the quantitative data analysis using multiple linear regression. The results showed an effect of self-disclosure of 19.7% and the effect of self-compassion of 21.9% on the teen orphans' mental health. The other 58.4% were other factors such as upbringing, environment, and education. The multiple linear regression test results showed the effect of self-disclosure and self-compassion of 23%. Factors affecting the mental health of orphanage youth included the family background, e.g., families of domestic violence victims, victims of pornography and poor parenting. Strengthening mental health for orphanage adolescents can be done by instilling a consistent attitude of self-disclosure and self-compassion.

Keyword: Strengthening Mental Health, Adolescents, Orphanages Through, Role of Self-Disclosure, Self-Compassion

INTRODUCTION

Adolescents in developmental psychology are a phase of human growth from children to adults starting from 12-18 years old (Jahja, 2011). At this time, adolescents easily experience conflict among others and in the surrounding environment, which results in their mental health (Haryanti, Pamela, & Susanti, 2019). Therefore, it is necessary to have parental assistance to guide children according to their needs (Rahmawati, Listiyandini, & Rahmatika, 2019). However, not all adolescents receive parental assistance during their developmental phase because their parents have passed away (Jemimut, 2021). Moreover, the COVID-19 pandemic has increased the number of orphans in Indonesia (Setiawan, 2021). In addition, the economic factors of underprivileged families or abandoned children are reasons for entrusting childcare to an institution called an orphanage.

An orphanage is an institution that has a substitute function for the services of biological parents or children's families and is responsible for meeting the needs of foster children, such as physical, mental and social needs (Armis, 2015). Based on data from the Ministry of Social Affairs of the Republic of Indonesia, as of May 2021, 191,696 children were being cared for in 3,914 Child Welfare Institutions (LKSA) that oversee orphanages, foundations and centers throughout Indonesia (Setiawan, 2021). Teenagers who live in orphanages certainly feel a lack of parental love, resulting in them facing many problems, one of which is mental health (Vharensie, 2021). In addition, (Windu, 2021) stated that adolescents who live in orphanages tend to show behavioral and emotional disorders.

Self-disclosure and self-compassion can be a new approach to overcoming mental health disorders for adolescents who live in orphanages. Maintaining mental health in adolescents is important to avoid depression or excessive anxiety (Collishaw & Sellers, 2020). Adolescents' mental health disorders can become a serious problem if they are not treated immediately, even if they do not cause death, but these mental health disorders can cause deep suffering and harm those around them (Wibowo & Zen, 2020). Mental health disorder behaviors that often occur are feelings of sadness, fear, depression, and self-harm such as cutting, scratching, burning and hitting yourself until you get hurt. This behavior tends to be hidden and kept secret by adolescents with mental health disorders (Pietrangelo, 2019).

Adolescents with an open and self-compassionate attitude can be a good asset to facing all problems in life, especially problems that can interfere with adolescent mental health, such as anxiety, anger, fear, scratching, and hitting (Puspita, 2019). Therefore, through this self-disclosure and self-compassion approach, the researchers examined its role in adolescent mental health in more depth. This paper examined the effect of self-disclosure and self-compassion as a new approach to the mental health of adolescents living in orphanages. The meaning of this research variable is explained as follows.

LITERATURE REVIEW

1. Self-Disclosure

According to Alter and Taylor in (Melumad & Meyer, 2020), self-disclosure is voluntarily telling others about

feelings, thoughts or other personal information. (DeVito, 2019) described self-disclosure by communicating one's secret message regarding the problems faced by others. Self-disclosure is openness about information regarding one's behavior, feelings and thoughts (Gamayanti, Mahardianisa, & Syafei, 2018). However, each message that is told varies in its self-disclosure depending on the perception to whom the message is told (Wheless, 1976). Derlega added that each individual would be more open in telling his secrets to his closest friends, family and loved ones (Pohan & Dalimunthe, 2017). Thus, self-disclosure tells information about secrets or problems experienced by those closest to them, such as friends or parents.

According to Wheeles in (Gamayanti et al., 2018), there are five indicators of self-disclosure: 1) Size or amount of self-disclosure is obtained from the quantity of time needed to tell stories about the problems experienced; 2) Valence is a positive or negative response from what you want to express. A person can talk about pleasant or self-deprecating things; 3) Honesty and accuracy, meaning that disclosure is limited to self-knowledge. A person can express his feelings honestly or exaggerate stories or lie; 4) Intention, meaning how much someone is willing to open up and reveal, how much someone can control the information conveyed to others; 5) Depth, meaning that someone tells a story in detail and the deepest of the problems experienced, familiarity is a factor in how deep the individual tells the problem.

According to Velasco in (Prawesti & Dewi, 2016), several factors influence a person to want to express their feelings openly, namely reciprocity, discussion topics, cultural norms and close relationships (familiarity). A person's close relationship is an important factor related to how intimate the openness of the problem is conveyed (Gamayanti et al., 2018). Meanwhile, Derlega in (Ifdil & Ardi, 2013) mentioned that gender influences self-disclosure, where men are more introverted than women. However, regardless of gender, the personality of someone who likes to tell stories (male/female) is also one factor in self-disclosure.

2. Self-Compassion

Neff defined self-compassion in psychology as the ability to be compassionate and positive about oneself when experiencing a failure, misfortune, or mistake, stay away from a harsh or judgmental attitude towards the problem, and realize that others may have similar experiences (Neff, 2003). Neff added that self-compassion would begin to develop in teenagers aged 14 – 18. In addition, according to Arslan in (Wardi & Ningsih, 2021), self-compassion is a response to suffering by paying attention and loving oneself, having the intention to help and understanding one's failure without judging it. (Murfield, Moyle, & O'Donovan, 2020) defined self-compassion, in general, as an acknowledgment to oneself and others for the suffering experienced, coupled with a commitment to try to alleviate and prevent the problem. Thus, self-disclosure is a sense of compassion or love for oneself in every

misfortune/problem experienced with a positive attitude and not judging excessively on the problem.

(Jiao & Segrin, 2022) mentioned six indicators to assess self-compassion: 1) Self-kindness is the tendency to be kind and understand oneself, not to overdo it or to judge the shortcomings/mistakes; 2) Human habits (Common Humanity) are beliefs that other people also have/make the same mistakes, making mistakes and failures are natural, realizing that humans are imperfect; 3) Attention (Mindfulness) is paying attention to all one's own needs rather than criticizing a problem negatively, accepting the situation experienced and thinking positively; 4) Assessment (self-judgment) is the attitude of someone who tends to fight, low self-esteem and criticize excessively from a problem; 5) Isolation is the feeling of not being able to solve the problems at hand, being fully responsible for all the difficulties experienced; and 6) Over-identification is an excessively negative response to a failure, fixating on one's weaknesses, causing depression.

Several factors affect a person's self-compassion. According to (Marizka, Maslihah, & Wulandari, 2019), dissatisfaction with oneself is an individual factor leading to a self-compassion attitude. (Moningka, 2013) found the factors that influence individuals in generating self-compassion attitudes are personality, social environment, parental roles, culture (Hartono, Aritonang, Ariska, Paula, & Barus, 2021), economic motivation, education, high self-confidence, gender and age. According to (Ratna et al., 2021), self-compassion is needed to protect oneself from depression and stress from the problems experienced. The closeness of foster parents is also a factor in bringing up the self-compassionate attitude of adolescents in orphanages (Neff, 2011).

3. Adolescents' Mental Health

According to the World Health Organization (WHO), mental health is a state of a person who maximizes his potential, can solve problems well, work productively and contribute to his community (WHO, 2014). Knopf in (Rianti & Hidayat, 2020) defined *mental health* as maximizing mental function to be more productive, have good relationships with others and adapt and solve problems. At the same time, individuals affected by mental health disorders can be defined as conditions that affect a person's mood or mood that can affect a person's ability to function in interacting with others.

According to Lawrence in (Rianti & Hidayat, 2020), mental health disorders commonly occur in adolescents, such as depression, anxiety, hyperactivity, attention deficit, and emotional and behavioral disorders. The researchers found that mental health disorders experienced at the Daarut Taqwa Orphanage are teenagers with social anxiety, eating disorders and insomnia due to the trauma of being victims of domestic violence or family divorce.

There are six indicators in adolescent mental health according to (Aziz, 2015), which are divided into two aspects. First, the negative aspects include anxiety, depression, loss of control, and the positive aspects include

emotions, love, and satisfaction. An indicator of anxiety is a feeling of an uneasy heart because it is covered with worry and fear. An indicator of depression is a person's mental disorder characterized by feeling gloomy, sad and depressed. Furthermore, an indicator of loss of control is defined as expressing emotions beyond the normal limits, such as doing self-harm. Then, an emotional indicator is the same as anger or an outburst of feelings that develops and subsides in a short time. An indicator of love is feeling loved or cared for by others. Lastly, an indicator of satisfaction is feeling relieved or happy because the desires in his heart are fulfilled (KBBI, 2022).

Maintaining mental health for teen orphans is important because it affects their daily activities. Having a healthy mentality means not having any disorders that can interfere with the productivity of teenagers in activities (Rianti & Hidayat, 2020). Mentally healthy adolescents have a positive spirit to carry out worship, attend school and do activities according to the culture in the orphanage. A healthy mentality makes teenagers happy and does not experience problems that make them anxious or sad. Mental health affects teenagers' mindset to solve problems well and not think too much or blame themselves excessively (Faristiana & Yudhistira, 2022).

Several previous studies have examined the same topic in this paper, for example, Self-Disclosure with Resilience in Adolescent Women at the Orphanage (Kristianti & Kristinawati, 2021), Self-Compassion and Psychological Distress in Adolescents-a Meta-analysis by Work (Marsh, Chan, & Macbeth, 2018), and The Buffering Effect of Self-Compassion on the Relationship between Attachment Dimensions and Life Satisfaction of Female Adolescents Living in Orphanages (Menon & Mohan, 2020). However, none of them examined the role of self-disclosure and self-compassion on mental health in orphanages. Therefore, this paper has the value of novelty in a new approach through openness and self-compassion to improve the mental health of adolescents living in orphanages. This study aimed to analyze the role of openness and compassion on adolescents' mental health in orphanages and find the causal factors and ways to overcome the issues.

METHOD

Study Design

This research belonged to field research with a mixed method approach and used a sequential exploration design. Sequential exploration design is a research method that prioritizes qualitative data collection and then proceeds with quantitative data collection to explain findings from qualitative data (Arini, 2018).

Participants

This research took place at the Daarut Taqwa Orphanage, Minggir District, Sleman Regency, Yogyakarta, Indonesia. Based on the observations, the researchers chose the Daarut Taqwa Orphanage because half of the foster children were still teenagers with backgrounds of low-

income families and victims of domestic violence. The research population consisted of 101 teenagers and used non-probability sampling to select research subjects with the specifications of adolescents ranging from 12-18 years old to as many as 43 teenagers.

Measures

Data collection techniques used observation (by coming directly to the research location), interviews (with orphanage administrators) and instruments (with a Likert scale given to the respondents). The measuring instrument on self-disclosure used a measurement scale from research (Gamayanti et al., 2018) called Revised Self-Disclosure by Wheeles, adapted from Albes (2013) and tested the reliability of the research instrument item with a Cronbach's Alpha coefficient value of 0.89. Furthermore, the self-compassion measuring instrument used a measurement scale from (Jiao & Segrin, 2022) called the State Self-Compassion Scale by Neff, with a Cronbach's Alpha coefficient value of 0.95 in the reliability test. Finally, the mental health measuring tool uses a measurement scale from (Aziz, 2015) called The Mental Health Inventory by Viet and Were (1983) and had a Cronbach's Alpha coefficient value of 0.888 in the reliability test.

Data Analysis

Quantitative data (instruments) helped find the effect of self-disclosure and self-compassion variables on the mental health of adolescents living in orphanages, while qualitative data (observations and interviews) found the factors causing mental health disorders of orphans and how to cope with mental health problems. Quantitative data analysis (questionnaire) used the SPSS version 20 application, namely simple linear regression, and multiple linear regression, to determine the effect of self-disclosure and self-compassion on the mental health of orphanage youth. Furthermore, qualitative data analysis (observation & interviews) using data reduction techniques, data display and concluding.

RESULT AND DISCUSSION

The purpose of the Results and Discussion is to state your findings and make a interpretations and/or opinions, *explain* the implications of your findings, and make suggestions for future research. Its main function is to answer the questions posed in the Introduction, explain how the results support the answers and, how the answers fit in with existing knowledge on the topic. The Discussion is considered the heart of the paper and usually requires several writing attempts.

1. The Role of Self-Disclosure in Mental Health Disorders of Adolescents at the Daarut Taqwa Orphanage

a. Self-Disclosure Descriptive Analysis

The following results were obtained based on the assessment made on the self-disclosure variable:



Figure 1. The result of the total score of the self-disclosure indikator

Based on Figure 1, the five indicators on the self-disclosure variable, the Intent indicator has the highest total score of 446. Teenagers at the Daarut Taqwa Orphanage like to express or tell other people their problems, such as their foster parents, caretakers, or the closest and trusted person. While the amount indicator has the lowest number, 186, it is inversely proportional to the Intent indicator, meaning that the quality or duration of storytelling related to problems experienced by teenagers is still lacking due to several factors. As explained by Mrs. Eri Wahyuningsih, the administrator of the Daarut Taqwa Orphanage that even though counseling facilities have been provided, teenagers rarely come to consult regarding their problems.

b. Self-Disclosure Variable Simple Linear Regression Test on Mental Health

The following results came from the data processing of the measurement scale of the self-disclosure variable:

Table 1. Calculation of ANOVA: Self-Disclosure

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|--------------|----------------|----|-------------|--------|-------------------|
| 1 Regression | 164.286 | 1 | 164.286 | 10.051 | .003 ^b |
| 1 Residual | 670.133 | 41 | 16.345 | | |
| Total | 834.419 | 42 | | | |

a. Dependent Variable: Mental Health b. Predictors: (Constant), Self-Disclosure

Based on Table 1, the calculated F value = 10,051 with a significance level of $0.03 < 0.05$, then the regression model can identify the

participation variable, or, in other words, the adolescent mental health variable influences the self-disclosure variable. Furthermore, to find out how big the value of the influence of self-disclosure on mental health is described in Table 2.

Table 2. Calculation of Self-Disclosure

| Summary Model | | | | |
|---------------|-------------------|----------|-------------------|----------------------------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | .444 ^a | .197 | .177 | 4.043 |

a. Predictors: (Constant), Self-Disclosure

Based on Table 2, the correlation/relationship (R) value is 0.444. Furthermore, the coefficient of determination (R Square) is 0.197, meaning that the influence of the self-disclosure variable on mental health is 19.7%.

c. Self-Disclosure Analysis of Adolescents at the Daarut Taqwa Orphanage

One way to raise self-disclosure in teenagers living in an orphanage is to provide counseling services (Astuti, Wasidi, & Sinthia, 2019). Based on observational data from the Daarut Taqwa Orphanage, researchers on July 17, 2022, found a counseling room as a consultation service for foster children's problems by presenting psychiatrists in collaboration with the Indonesian Doctors Association (IDI). This counseling service helps foster children to consult about their problems, both internal and external problems. This assistance certainly helps teenagers to want to talk and be open about what they are feeling and, at the same time, monitor their mental health development.

Mrs. Eri Wayuningsih, the administrator of the Daarut Taqwa Orphanage, explained when interviewed on July 17, 2022, that although counseling services have been provided, not all teenagers are willing to consult or tell stories because teenagers are embarrassed to tell their problems. Besides, there is a trauma factor in children who are victims of domestic violence, which results in the child not having a sense of trust. This counseling service has been established for less than a year and has not significantly influenced teenagers to consult. Teenagers are more open to the caretakers/foster

parents talking about positive and negative events because they have an emotional closeness with the orphanage teenagers. Hence, counseling services are currently only used to treat children who have mental health disorders that are categorized as severe, such as children who have eating disorders, difficulty adapting to the environment, or children who are victims of domestic violence.

2. The Role of Self-Compassion on the Adolescents' Mental Health at the Daarut Taqwa Orphanage

a. Self-Compassion Descriptive Analysis

The following results came from the assessment made on the self-compassion variable.

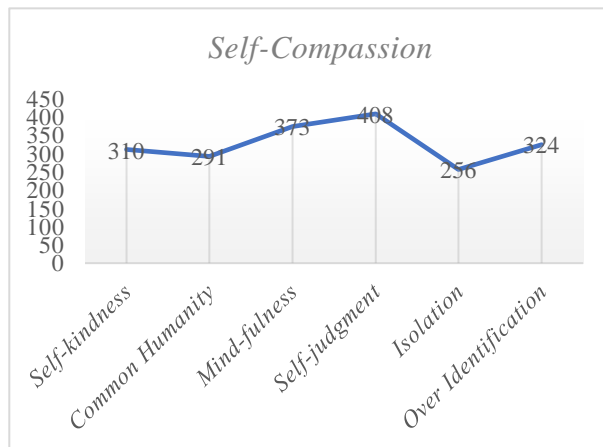


Figure 2. The Total Score of the Self-Compassion Indikator

Based on Figure 2, of the five indicators of the self-compassion variable, the self-judgment indicator has the highest total score of 408. Therefore, teenagers at the Daarut Taqwa Orphanage tend to be against, have low self-esteem and respond to problems in an excessively aggressive manner. At the same time, the isolation indicator has the lowest total score of 256. The teenagers at the Daarut Taqwa Orphanage are shy to express their problems and are less able to take responsibility for it. The indicator *isolation* getting the lowest score on the self-compassion variable was the openness in expressing their problems and trauma since some experienced unpleasant treatment or were victims of domestic violence (KDRT) and abandoned children.

b. Self-Compassion Variable Simple Linear Regression Test on Mental Health

The following results came from the data processing of the measurement scale of the self-compassion variable.

Table 3. Calculation of ANOVA: Self-Compassion

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|------------|----------------|----|-------------|--------|-------------------|
| Regression | 183.048 | 1 | 183.048 | 11.522 | .002 ^b |
| Residual | 651.370 | 41 | 15.887 | | |
| Total | 834.419 | 42 | | | |

Based on Table 3, the calculated F value is 11,522 with a significance level of 0.002 > 0.05. Therefore, the regression model can identify the participation variable. In other words, there is an influence of the self-compassion variable on the adolescent mental health variable. Furthermore, to find out how much of the value of the influence of self-compassion on mental health is described in Table 4.

Table 4. Calculation of Self-Compassion Summary Model

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .468 ^a | .219 | .200 | 3.986 |

a. Predictors: (Constant), Self-Compassion

b. Dependent Variable: Mental health

Based on Table 4, the correlation/relationship (R) value is 0.468. Furthermore, the coefficient of determination (R Square) is 0.219, meaning that the influence of the self-disclosure variable on mental health is 21.9%.

c. Self-Compassion Analysis of Adolescents at the Daarut Taqwa Orphanage

Self-compassion at Daarut Taqwa Orphanage is embedded through studies. According to the interview on July 17, 2022, Mrs. Eri Wahyuningsih, the administrator there, explained that the teenagers are always given an understanding that living in an orphanage is different from other teenagers who live with

parents in their house. However, she always motivates them to have similar opportunities to achieve a bachelor's degree, have academic and non-academic achievements, and have a chance of success. Therefore, the teenagers at the orphanage are expected to bring up self-compassion themselves.

Teenagers at the Daarut Taqwa Orphanage generally know that living in an orphanage must obey several rules. Therefore, the caretakers always try to fulfill their needs in education, health, daily needs, and guidance, so they can graduate one day and live independently. Although some are orphans or from disadvantaged families, a strong sense of self-compassion can help them be resilient, motivating them to rise and have an independent life. Self-compassion can positively affect them to love themselves and not blame fate, instead making it a spirit to live with gratitude and peace.

3. Analysis of the Adolescents' Mental Health at the Daarut Taqwa Orphanage

a. Mental Health Descriptive Analysis

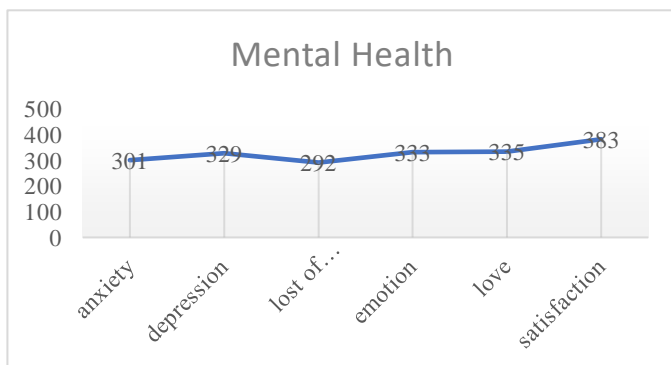


Figure 3. The Total Score of the Adolescent's Mental Health Indicator

Based on Figure 3, the satisfaction indicator has the highest total score of 383, showing that the youth at the Daarut Taqwa Orphanage feel relieved or satisfied with themselves and in solving their problems. At the same time, the indicator of losing control has the lowest total score of 292, meaning the teenagers can control their problems due to several factors, as expressed by Mrs. Eri Wahyuningsih as the administrator, that the orphanage has a program for teaching the value of Sufism in studies after dawn and sunset by foster parents or musrif/musrifah (foster parents' assistants). In addition, the parenting pattern of the orphanage management and foster parents is sufficient for the needs.

b. Analysis of the Adolescent's Mental Health at the Daarut Taqwa Orphanage

The following results came from the assessment of self-disclosure and self-compassion variables.

Table 5. Calculation of ANOVA: Self-Disclosure and Self-Compassion

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---------------|----------------|----|-------------|-------|-------------------|
| 1. Regression | 192.143 | 2 | 96.072 | 5.983 | .005 ^b |
| Residual | 642.275 | 40 | 16.057 | | |
| Total | 834.419 | 42 | | | |

a. Dependent Variable: Mental Health

b. Predictors: (Constant), Self-Disclosure, Self-Compassion

Based on Table 5, the calculated F value = 5.983 with a significance level of 0.05 = 0.05, then the regression model can identify the participation variable, or in other words, there is an effect of self-disclosure and self-compassion variables on the adolescent mental health variable. Furthermore, to find out how big the value of the influence of self-disclosure and self-compassion on mental health is described in Table 6.

Table 6. Calculation of Self-Disclosure and Self-Compassion Summary Model

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .480 ^a | .230 | .192 | 4.007 |

a. Predictors: (Constant), Self-Disclosure, Self-Compassion

Based on the calculation results in Table 6, the correlation/relationship (R) value is 0.480. Furthermore, the coefficient of determination (R Square) is 0.23, meaning that the influence of the self-disclosure and self-compassion variables on mental health is 23%.

4. Analysis of the Factors of Mental Health Disorders in Adolescents at the Daarut Taqwa Orphanage

The mental health of adolescents living in orphanages can be disturbed by several factors. According to (Zakiyah, Humaedi, & Santoso, 2017), bullying both in and outside the orphanage can cause mental health disorders, as in the viral news in November 2021 in Malang, where a teenage girl who lived in an orphanage was bullied by ten of her friends. She also experienced sexual harassment, which pressured her psychologically (Daulay, 2021). Besides bullying, at the Daarut Taqwa Orphanage, the factors that affect adolescents' mental health based on observations are the background of teenagers who come from problematic families, such as divorce, domestic violence, or pornographic acts victims.

The observations and interviews with Mrs. Eri Wahyuningsih on July 17, 2022, as the administrator of the Daarut Taqwa Orphanage, found some information related to the factors affecting adolescents' mental health who live in orphanages, including victims of domestic violence. Children experience domestic violence because they see their parents fighting and receive harsh treatment. According to (Yulianingsih, 2020), a disharmonious family will affect adolescents' mental health and behavior in a negative direction. Adolescents from broken homes will feel disappointment, sadness, inferiority and pain from seeing their parents separated. They will also become vindictive, blame their parents and themselves, lose a sense of warmth and security from their family, and be more aggressive (Harahap, Sukatno, & Warzuqni, 2021). Adolescents who are victims of domestic violence also make it difficult to socialize with the environment, and it is not easy to find new friends, so they avoid themselves from the community (Desmana, 2022).

Another factor found was that some teenagers are victims of sexual harassment. Recently, especially in the Special Region of Yogyakarta, many cases of teenagers being victims of pornography. As reported in Suarajogja.id in July 2022 that there was harassment of a woman at Nol Kilometer, Yogyakarta, Indonesia, by a man with the initials TSN (Palupi, 2022). Teenagers victims of action porn, such as in the sexual harassment case above, have a traumatic impact on them and can disrupt their mental health (Mariyona, 2020). Everyone, including teen orphans, must be aware of sexual harassment. Sex education is required to track their sexual development and to maintain privacy and security from sexual harassment in orphanages.

Lastly, according to Ms. Dwi Wahyuningsih, poor parenting causes adolescent mental health problems. Parents must take care of their children well because parenting greatly impacts their children's development towards adulthood. According to (Rahmatullah & Diana, 2022), parenting is done by building the quality and frequency of communication between parents and children. Parenting has the goal of ensuring that children are always safe and healthy. Besides, parents can prepare

children to grow up to be productive human beings. Wrong parenting patterns, such as toxic parenting, can disturb children's mental health and affect children's behavior in daily life (Oktariani, 2021). Parenting should be a place of communication and strengthen the emotional closeness of children and parents so that children can open up. Therefore, a good relationship between parents and children can positively impact children's mental health.

5. Analysis of How to Overcome Mental Health Disorders of Teenage Orphans

The way to deal with adolescent mental health disorders at the Daarut Taqwa Orphanage is to provide counseling. There is a counseling room for teen orphans who want to consult about their problems inside and outside the orphanage. Psychiatrists and specialists assist in counseling in orphanages in child development in collaboration with the Indonesian Doctors Association (IDI). The researchers found that although they provided a counseling room, only a few teenagers wanted to consult because the counseling program was still running for less than a year, and the orphanage youth preferred to talk directly to the foster parents/caretakers. According to interview data with Mrs. Eri Wahyuningsih, the administrator of the Daarut Taqwa Orphanage said that:

“Remaja lebih sering bercerita langsung ke orang tua asuh/pengurus karena sudah memiliki kedekatan emosional, sehingga mereka lebih percaya menceritakan masalahnya ke kami” (wawancara, 2022).

“Teenagers often tell stories directly to their foster parents/caregivers because they already have an emotional closeness, so they are more confident in telling us about their problems.” (Interview, 2022)

Nevertheless, the counseling room is still used to deal with adolescents with mental health disorders due to domestic violence or bullying. The observations informed that the Daarut Taqwa Orphanage had handled teenagers with eating disorders and were afraid to adapt to the environment that some were afraid to sleep on the floor because of the trauma. Particular cases of mental health disorders are assisted by psychiatrists from IDI for therapy until the teenager recovers. Besides providing counseling, the Daarut Taqwa Orphanage embeds Sufism values by conducting the Koran, morning and evening remembrance, and studies at dawn and dusk. Embedding Sufism values aims to calm the hearts of teenagers, provide an understanding always to be grateful, obey worship, and implement a sense of compassion and self-awareness that everything is from Allah SWT and will return to Him.

In addition, the Sufism approach is useful for making pious teenagers devoted and willing to pray for their parents even though they have died or have no idea who their parents

are to divert negative thoughts, the Daarut Taqwa Orphanage has a Muslim fashion and hijab craft program (DeTe hijab) for young females interested in fashion. There is also a program for growing vegetables and raising goats (DeTe Farm) and a rihlah program or traveling to tourist attractions for the night. Usually, this rihlah program is held every school holiday because, according to Mrs. Eri Wahyuningsih, the teenager's enthusiasm for worship, study and activities in the orphanage began to decline, so refreshing or traveling was needed to raise their spirit. In addition, this rihlah improves a saturated mood or entertainment as a diversion of negative thoughts and improves mental health for teenagers.

CONCLUSION AND RECOMMENDATION

Self-disclosure and self-compassion could be a new approach to maintaining adolescents' mental health in orphanages. Based on the simple linear regression test, self-disclosure had an effect of 19.7%, and self-compassion had an influence of 21.9% on the mental health of adolescents living in orphanages. Another 58.4% were other factors such as parenting, environment, studies, and education. Based on the multiple linear regression, the variables of self-disclosure and self-compassion had an effect of 23% on mental health. Thus, self-disclosure and self-compassion influenced the mental health of teenage orphans.

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