

The Role of Self-compassion to Depression in Teenagers Mediated by Emotion Regulation

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Abstract. Adolescence is a stage of development in life that is full of emotional turmoil, conflict, and stress, of which often lead to teenagers' vulnerability to depression symptoms. A potential serious case if the depression symptoms are not treated well includes risk of suicidal ideation and suicide behaviour. This research aims to investigate and test the role of self-compassion to depression symptoms in teenagers mediated by emotion regulation-cognitive reappraisal. Participants in this research were 627 teenagers ($N=627$) with an age range of 15-18 years old, including 508 girls (81%) and 119 boys (19%). Mediation analysis using Process by Andrew F. Hayes, model 4, shows that emotion regulation – cognitive reappraisal ($p=0.001$; $p<0.05$) mediates the role of self-compassion to depression symptoms in teenagers. Emotion regulation – cognitive reappraisal serves as a partial mediator to the role of self-compassion to depression symptoms. Teenagers with self-compassion treat themselves positively by realizing and accepting negative emotions that leads to reduction of these negative emotions. It improves the capability of cognitive reappraisal, that brings new interpretation towards a more positive view for reducing depression symptoms.

Keywords: depression; emotion regulation; self-compassion

Adolescence is a period of transition and crisis due to several significant changes occurring during this time across physical, cognitive, and psychosocial dimensions (Papalia et al., 2009). Teenagers are faced with development tasks that are different from children, which include tasks to establish self-identity, social relations with peers, develop interpersonal skills, develop a capability for making a decision, and reach emotional independence (Habermas & Reese, 2015; Kenny et al., 2013; Santrock, 2003). Teenagers who successfully overcome their development tasks well will tend to show positive effects, such as happiness and success, and are further ready for the next developmental tasks in adulthood (Coffey & Warren, 2020). Nevertheless, scholars have found that this was not always the case. Teenagers remain facing internal conflicts, intense emotional turmoil, and stress when adapting to their environment (Lathren et al., 2019). These negative emotions might lead to the risk of depression (Casey et al., 2010; McMahan et al., 2020).

American Psychiatric Association (2010) defines depression as a problem in feeling in which an individual feels sad, empty, despair, or loss of interest in several activities for two weeks or longer. According to DSM IV, depression symptoms are depressed feeling or mood, reduction of interest and appetite, the decrease of thinking ability and concentration, insomnia or hypersomnia,

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agitation, fatigue or the loss of power almost every day, feeling of worthlessness or guilt, thoughts and encouragement to commit suicide. In teenagers, depression signs are marked with feeling of emptiness, criticizing oneself excessively, feeling of guilt, and lack of spirit (K. Neff & Germer, 2018; Oltmanns & Emery, 2013; Warsiki, 2008).

In Indonesia, teenagers' depression is a serious issue. According to the Ministry of Health of the Republic of Indonesia, the prevalence of depression was 6.1% of the total population, 267.7 million people, whereas depression prevalence in the age group of 15-24 years old was 6.2% (National Institute of Health Research and Development, Indonesian Ministry of Health, 2018). According to research results by Peltzer and Pengpid (2018), depression prevalence in Indonesia was 21.8%. Teenagers in the age range of 15-19 years old show a prevalence of depression symptoms which is higher than other age groups and is found higher in girls (32%) than boys (26.6%). Peltzer and Pengpid (2018) further found the risk factors to cause depression in adolescents are the presence of conflict and stressors and lack of social support.

Depression in teenagers has evidently led to negative effects. For example, scholars such as Clayborne et al. (2019), Fombonne et al. (2001) found that teenagers with depression have a high risk of recurrence in adulthood, a problem in social relation, a tendency to fail in education, and unemployment. Moreover, depression is known to be closely related to suicidal thoughts that lead to suicide (Casey et al., 2010; McMahan et al., 2020). Noting the serious potential impact that depression might have in teenagers, scholars such as Gladstone et al. (2011) argue that there is a deep need to further understand protective factors of teenagers' depression, which can be used as guidelines to prevent depression in teenagers.

Scholars have found that various factors can cause depression. Internal factors are genetic, age, chemical structure, gender, and psychological factor (Henry et al., 2020; Santrock, 2003), whereas external factors are economic and social status, physical disability, smoking, conflict with parent, bullying, and stressful life event (Shah et al., 2020; Stolow et al., 2016; Zeller et al., 2015). In this study, the researcher focuses on two psychological factors, these are self-compassion and emotion regulation. Emotion regulation is a key aspect for regulating negative emotions that occur due to the intense emotion, conflict, and stress which cannot be completely avoided. K. Neff and Germer (2018) argue that these factors might increase teenagers' vulnerability to frustration, feeling hard to themselves, having low self-esteem, and guilt, and thus associated with the increase of depression symptoms (Pullmer et al., 2019). If such feelings persist, self-compassion is needed to adapt to depression.

A number of scholars have attempted to investigate the relationship between depression, self-compassion, and emotion regulation. Keel and Pidgeon (2017) found that emotional regulation mediated the relationship between self-compassion and depression among college students. In Indonesian context, Shapero et al. (2018) examined the role of self-compassion towards depression symptoms among college students in Surabaya and found that there is a significant role of self-compassion on depression symptoms among college students. A study from Ausie and Poerwandari (2021) illustrates the importance of considering the quality of self-compassion as an effort to reduce depression symptoms in college students. Maslita et al. (2021) examined the effect of

cognitive emotion regulation on depression in final year students in Indonesia showed that there was a significant influence between cognitive emotion regulation and depression. However, the study that understands the teenager's depression in Indonesia through self-compassion, and emotion regulation has yet to be conducted. Thus, this study aims to investigate the role of self-compassion to depression in teenagers mediated by emotion regulation.

Literature Review

Self-compassion is a loving attitude to oneself when facing failure, suffering, and imperfection (K. D. Neff, 2003a). Research by Krieger et al. (2016) concludes that low self-compassion places individuals at a higher risk to experience depression. An individual with low self-compassion often criticizes and blames oneself from an unpleasant experience. It makes individuals have a negative perception of themselves, environment, and future, so they easily experience depression (Santrock, 2003).

Depressive teenagers tend to focus their attention selectively on negative aspects of oneself and environment (Hankin et al., 2010). It then encourages them to develop a depressive way of thinking, i.e., self-criticism, guilt, and pessimism to the future, low self-esteem, and self-judgment. K. D. Neff, Kirkpatrick, et al. (2007) found that severe depression, teenagers imagine suicide until they try to commit suicide.

Finlay-jones (2017) and Pullmer et al. (2019) argue that self-compassion is required by teenagers to adapt and to face several problems which bring intense emotion, conflict, and stress in teenagers. Self-compassion has potency as a protective factor to depression. An individual with self-compassion is more open to accepting experience, while they do not avoid and punish themselves, therefore they are capable of facing problems with an affectionate attitude to oneself (K. D. Neff, Kirkpatrick, et al., 2007). An individual with self-compassion will respond to a problem in a way that is more adaptive to the unpleasant life event (Leary et al., 2007). Ferrari et al. (2018) explained that teenagers with high self-compassion tend to behave well to oneself through acceptance of negative emotional experience, while they do not easily criticize themselves and care about criticism from other people. It results in good social relations, low anxiety, and depression (K. D. Neff, 2003a; K. D. Neff & McGehee, 2010; K. D. Neff et al., 2008). Self-compassion is related to a more positive emotion, decrease of negative emotion, and decrease of depression symptoms (Finlay-jones, 2017; MacBeth & Gumley, 2012; K. D. Neff & McGehee, 2010; K. D. Neff, Rude, et al., 2007). Self-compassion is related to low self-criticism since self-criticism in teenagers can predict depression symptoms (Pullmer et al., 2019; Warren et al., 2016).

In addition to self-compassion, emotion regulation is found to have relevance to depression symptoms in teenagers (Beveren et al., 2019; Young et al., 2019). Gross and John (2003) stated that emotion regulation is a set of processes in which individuals assess, solve, manage, and express emotion to achieve emotional balance. Silk et al. (2003) found that teenagers with high emotion regulation report lower depression symptoms, while teenagers with low emotion regulation report higher depression symptoms. Furthermore, Silk et al. (2003) explained that good emotion regulation are marked with higher positive affect and focus on the solution from a problem faced, while teenagers

with low emotion regulation are marked with intense negative affect, tending to avoid a problem and turning passive or aggressive to the situation faced.

Emotion regulation affects social life, adaptation skill, empathy, and behavioural change to be positive (Laible et al., 2010), while poor emotion regulation is marked by the uncontrollable emotional outburst. It brings the problem to teenagers and their environment when it is not managed well. Teenagers with intense negative emotion affect capability in making decisions. Low emotion regulation makes teenagers unable to think about a consequence from decisions which they make, so they decide something which is not right (Modecki et al., 2017). Besides, poor emotion regulation can trigger depression symptoms, risk of self-harm, and suicide (Estefan & Wijaya, 2014).

Teenagers need to minimize the depression symptoms with adaptive emotion regulation to pass adolescence which is full of intense emotional turmoil (Dochnal et al., 2019; Lathren et al., 2019; Wahyuni & Arsita, 2019). When intense negative emotion is experienced by teenagers without any settlement, it can slow the progress in their life. In solving intense negative emotions, teenagers must accept reality first by understanding and caring about themselves. Awareness, understanding, and compassion for oneself can be a beginning in solving the perceived negative emotions (Diedrich et al., 2014; Sirois et al., 2015).

Gross and John (2003) stated two strategies for emotion regulation, these are (1) expressive suppression which refers to the hampering of external emotional expression behaviour into the internal emotional condition in an individual, and (2) cognitive reappraisal as a cognitive change involving a process to reframe experience or to change the way of thinking about situation which can potentially bring emotion and change their emotional effect. The capability of self-compassion in teenagers is supported by adaptive emotion regulation. Adaptive emotion regulation can be a protective factor to face depression in teenagers. Cognitive reappraisal is a strategy of adaptive emotion regulation which has relevance with the decrease of depression symptoms (Aldao et al., 2010).

Krieger et al. (2016) stated that teenagers with high self-compassion can shape positive thought in the problem which they face, so it reduces the negative emotions. The use of cognitive reappraisal is found to relate to low depression symptoms through positive affect in individuals (Kudinova et al., 2018). The consistent use of cognitive reappraisal relates to the decrease of negative emotion in teenagers (Picó-Pérez et al., 2017; Rood et al., 2011).

Emotion regulation has a role as a change mechanism in relation between self-compassion and depression (Inwood & Ferrari, 2018). Self-compassion is found to improve the individual capability to tolerate negative emotion, and thus allow them to process and accept negative emotion which encourages the cognitive assessment of the problem to be more effective (Berking & Whitley, 2014; K. Neff & Germer, 2018). Self-compassion encourages adaptive emotion regulation which is more effective (Diedrich et al., 2017). Finlay-jones (2017) found that adaptive emotion regulation mediates the relation between self-compassion and depression. These findings show that potential self-compassion through emotion regulation-cognitive reappraisal can affect depression symptoms in teenagers.

As explained above, the researcher seeks to investigate the role of self-compassion to the depression symptoms in teenagers with emotion regulation-cognitive reappraisal as a mediating variable. This research aims to investigate and test the role of self-compassion to the depression symptoms in teenagers as mediated by the emotion regulation-cognitive reappraisal. Hypotheses of this research is that self-compassion has a role in the depression symptoms in teenagers as mediated by the emotion regulation-cognitive reappraisal.

Methods

Participants

Participants involved in this research were 627 teenagers aged 15-18 years old. There were 508 (81.0%) girls and 119 (19%) boys and most of these participants were from South Sulawesi (49.8%) and West Java (34.8%).

This research has been approved by the Ethics Committee of Faculty of Psychology, Gadjah Mada University, 4678/UN1/FPSi.1.3/SD/PT.01.04/2020. After obtaining the permit from the ethics committee, the researchers then contacted parents and teachers to get approval for taking research data from the participant. The description of research participants in general is shown in Table 1.

Table 1
Description of Research Participant

| | | Amount | Percentage |
|-----------------|----------------|--------|------------|
| Gender | Female | 508 | 81.0% |
| | Male | 119 | 19.0% |
| Amount | | 627 | 100% |
| Age | 15 years old | 166 | 26.5% |
| | 16 years old | 223 | 35.6% |
| | 17 years old | 157 | 25.0% |
| | 18 years old | 81 | 12.9% |
| Amount | | 627 | 100% |
| Domicile | South Sulawesi | 312 | 49.8% |
| | West Java | 218 | 34.8% |
| | Others | 97 | 15.4% |
| Amount | | 627 | 100% |

Data Collection Method

There were three instruments used in the research. First, the Depression Scale – Centre for Epidemiologic Studies Depression Scale-Revised (CESD-R). CESD-R was compiled by Eaton et al. (2014) to measure depression symptoms level in teenagers. CESD-R scale consisted of 20 items that measured depression symptoms. This scale included symptoms of Sadness/Dysphoria, Loss of Interest, Appetite, Sleep, Thinking/Concentration, Guilt, Tiredness, Agitation, and Suicidal Ideation. Answer choices in CESD-R scale were (1= not at all or less than one day in the last week, 2 = 1-2 days

in the last week, 3 = 3-4 days in the last week, 4 = 5-7 days in the last week, 5 = almost every day for 2 weeks).

The CESD-R scale used in this research was a scale adopted by Tran et al. (2019) in the Indonesian language version. In a research by Tran et al. (2019), CESD-R scale has been used in teenager participants who showed reliability coefficient of Cronbach's Alpha, 0.90. Correlation coefficient of the total item was from 0.760 to 0.860. Based on the result, researchers did not conduct tests in CESD-R scale. In this research, CESD-R scale had the reliability coefficient of Cronbach's Alpha, which was 0.912, correlation coefficient of total item, which was 0.257-0.680. For items which reached correlation coefficient of at least 0.25, the differentiator was considered satisfying (Azwar, 2012).

Second, the Self-Compassion scale by K. D. Neff (2003b) which includes three aspects, namely self-kindness, common humanity, and mindfulness. There were 26 items on the self-compassion scale. Self-compassion had 13 favorable items and 13 unfavorable ones. Self-compassion scale used five alternative answers, namely Never, Seldom, Sometimes, Often, and Always. Scoring used for favorable items was Always (score 5), Often (score 4), Sometimes (score 3), Seldom (score 2), and Never (score 1), while the contrary applied to the unfavorable items.

The Self-Compassion scale used in this research has been adopted by Sugianto et al. (2020) into the Indonesian language version. Self-compassion scale has been used in teenagers and showed reliability coefficient of Cronbach's Alpha (0.872) and correlation coefficient of moving items from 0.26-0.57. Based on the result, researchers did not conduct tests on the Self-compassion scale. In this research, the self-compassion scale had a reliability coefficient of Cronbach's Alpha, 0.826, and correlation coefficient of total moving items from 0.298-0.559.

Last, the Emotion Regulation Questionnaire (ERQ) was compiled by Gross and John (2003), consisting of 10 items with 6 favorable items to measure Cognitive Reappraisal and 4 favorable items to measure Expressive Suppression. This research only used the Cognitive Reappraisal scale, which measured the tendency to control emotion by changing the individual way of thinking about the situation faced. All items were answered in a Likert scale of 7 points, starting from Very Unsuitable (1), Unsuitable (2), Slightly Unsuitable (3), Neutral (4), Slightly Suitable (5), Suitable (6), and Very Suitable (7).

Before data collection, Emotion Regulation Scale - Cognitive Reappraisal has passed the language adaptation process through translation from English to Indonesian language. Professional judgment process was then undertaken, inviting two psychologists and three students from the Master's Program in Psychology, Universitas Gadjah Mada. This process is to ensure the validity of the items that have represented all theoretical aspects which underlie measuring instrument construct. Items were assessed by giving scores 1 (irrelevant) - 7 (very relevant) in which the minimum V score required was 0.7. The calculation result of Aiken V in all items was 0.7-0.83, which means that all items in the Emotion Regulation-Cognitive Reappraisal scale were stated to be valid. Researchers then conducted a measuring instrument test on 126 teenagers. The result shows Cognitive Reappraisal scale with a reliability coefficient of Cronbach's Alpha (0.808) and correlation coefficient of total items from 0.381 to 0.705. In this research, Cognitive Reappraisal scale has a reliability coefficient of Cronbach's

Alpha, 0.863, and correlation coefficient of total items from 0.567 to 0.741.

Data were taken only by distributing broadcasts with a google form link containing informed consent and 3 scales (Depression Scale, Self-Compassion Scale, and Emotion Regulation Scale) to the participants.

Data analysis

After collecting data, the researcher conducted tabulation and data analysis. Before conducting the hypothesis test, the researcher conducted the assumption test first which included normality, linearity, multicollinearity, and heteroskedasticity tests. After the assumption test was completed, the hypothesis test was then conducted. Based on the objective and hypothesis of the research, a technique used to test hypotheses was mediation analysis PROCESS from Hayes. Researchers then conducted the difference test based on gender, using an independent sample T-Test analysis in IBM SPSS version 22.0.

Result

Assumption Test

The assumption test was first conducted using linear regression analysis. Results of normality ($p=0.200$; $p>0.05$) and linearity ($F=0.897$, $F=1.082$; deviation from linearity $p>0.05$) tests show normal and linear distribution data. Furthermore, the result of multicollinearity test shows that Tolerance value of every variable was above 0.1, while VIF was below 10, so it can be said that there were no multicollinearity symptoms (tolerance > 0.1 ; $SC= 0.773$; $CR= 0.675$, and $VIF<10$; $SC= 0.675$, $CR= 1.481$). The result of the heteroscedasticity test shows that the data distribution pattern in the scatter plot did not have a heteroscedasticity problem. Thus, the data of this research have met the requirement for linear regression analysis.

Hypothesis Test

Mediation test was conducted using Process by Andrew F. Hayes, model 4. Mediation analysis was conducted to investigate the role of self-compassion to the depression symptoms in teenagers as mediated by the emotion regulation-cognitive reappraisal

Table 2
Result of Role Analysis in Self-compassion to Cognitive Reappraisal

| Path | b | SE | T | p |
|---|-------|-------|--------|-------|
| Self-Compassion Cognitive Reappraisal (path a) | 0.222 | 0.021 | 10.706 | 0.001 |

Table 2 shows a significant relation between self-compassion and cognitive reappraisal ($b=0.222$, $p=0.001$; $p<0.05$).

Table 3
Result of Role Analysis in Cognitive Reappraisal to Depression

| Path | b | SE | T | p |
|---|-------|-------|--------|-------|
| Cognitive Reappraisal Depression (path b) | 0.373 | 0.684 | 5.4543 | 0.001 |

Table 3 shows that the role of cognitive reappraisal to depression is significant ($b=0.373$, $p=0.001$; $p<0.05$).

Table 4
Result of Role Analysis in Self-compassion to Depression through Cognitive Reappraisal

| Path | b | SE | T | p | R ² |
|--------------------------------------|--------|-------|----------|-------|----------------|
| Self-compassion*CR Depression (c) | -0.541 | 0.362 | -14.9334 | 0.001 | 0.2965 |

Based on Table 4, when the mediator variable, emotion regulation-cognitive reappraisal, was involved, the result shows that cognitive reappraisal ($p=0.001$; $p<0.05$) can mediate the relation between self-compassion and depression in which R^2 value was 0.2965. It can be concluded that cognitive reappraisal mediated the relation between self-compassion and depression symptoms with an effective contribution of 29.65%. It means that self-compassion plays a role in establishing emotion regulation-cognitive reappraisal, so it reduces depression symptoms.

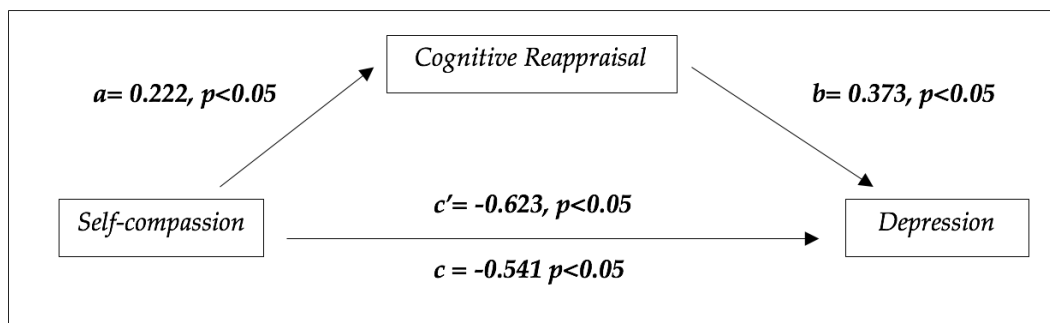
Table 5
Result of Direct Role Analysis in Self-compassion to Depression

| Path | b | SE | T | p | R ² |
|-------------------------------------|--------|-------|----------|-------|----------------|
| Self-compassion, Depression (c') | -0.623 | 0.385 | -16.1869 | 0.001 | 0.2631 |

Table 5 shows that self-compassion has a significantly direct effect on the depression symptoms ($p=0.001$; $p<0.05$). When self-compassion is higher, depression symptoms get lower. On the contrary, when self-compassion is lower, depression symptoms get higher. Emotion regulation – cognitive reappraisal serves as a partial mediator to the role of self-compassion relation to depression symptoms. Here is a visualization of the relationship between self-compassion, depression, and cognitive reappraisal.

Figure 1.

Result of Regression Analysis with Mediator



Additional Analysis

A difference test was conducted to understand how different depression symptoms in teenagers are based on their gender. The difference test was conducted using the Independent Sample T-Test.

Table 6
Difference of Depression Symptoms Based on Gender

| | Descriptive Statistic | | T-test for Equality Means | |
|---------------------------------|-----------------------|-----------------|---------------------------|---------------|
| | Female (N=508) | Male (N=119) | t | Sig |
| Sadness (Dysphoria) | 1.83 | 1.62 | 2.195 | *0.029 |
| Loss of Interest (Anhedonia) | 1.75 | 1.84 | -0.834 | 0.405 |
| Appetite | 1.72 | 1.55 | 1.949 | 0.053 |
| Sleep | 1.89 | 1.89 | 0.012 | 0.991 |
| Thinking/ Concentration | 2.00 | 2.03 | -0.332 | 0.740 |
| Guilt | 1.63 | 1.45 | 2.115 | *0.036 |
| Tired | 2.02 | 1.92 | 1.012 | 0.312 |
| Agitation | 2.00 | 1.85 | 1.403 | 0.161 |
| Suicidal Ideation | 1.30 | 1.31 | -0.150 | 0.881 |

*Significant gender difference, $p < 0.05$

Table 6 shows significant differences in depression symptoms, namely dysphoria between men and women ($t=2.195; p < 0.05, p=0.029$). It is known that dysphoria symptoms in female teenagers are higher (Mean= 1.83>1.62). In addition, a depression symptom, guilt, is found to have a significant difference between male and female teenagers ($t=2.115; p < 0.05, p=0.036$). It is known that guilt in female teenagers is higher (Mean= 1.63>1.45). Depression symptoms, such as the loss of interest, appetite, insomnia, concentration, fatigue, agitation, and suicidal ideation, show that there is no significant difference between male and female teenagers ($p > 0.05$).

Table 7
Difference of Self-Compassion Based on Gender

| Variable | Descriptive Statistic | | T-test for Equality Means | |
|----------|--|---|---------------------------|-------|
| | Female (N=508) M=87.24 SE=0.591 | Male (N=119) M=89.75 SE=12.988 | t | Sig |
| Gender | | | -1.861 | 0.063 |

Table 7 shows that the result of the independent sample t-test has no significant self-compassion difference between male and female teenagers ($t=-1.861$; $p>0.05$). It is shown in the difference of mean score in self-compassion between male teenagers ($M=89.75$) and female teenagers ($M=87.24$) which are not too significant.

Discussion

This research aims to investigate the role of self-compassion to depression symptoms with emotion regulation-cognitive reappraisal as a mediating variable. The research shows the result that emotional regulation of cognitive reappraisal mediates the positive relation between self-compassion and depression. Participants who have higher self-compassion show higher emotion regulation-cognitive reappraisal that reduces the depression symptoms. On the contrary, participants with lower teenagers' self-compassion show lower emotional regulation of cognitive reappraisal and have higher depression symptoms.

As such, the research findings expand literature on the role of self-compassion in reducing depression symptoms in teenagers. It is consistent with previous research that self-compassion and depression symptoms have negative relation (Bluth et al., 2017; Marsh et al., 2018).

Teenagers with self-compassion achieved an understanding process to the problem without criticizing themselves. Further, by understanding that problem, suffering, and failure are parts of life experiences as human beings (K. D. Neff & McGehee, 2010). Such an attitude will bring positive emotion to teenagers while reducing depression symptoms. K. D. Neff, Rude, et al. (2007) explained that individuals with self-compassion capability will feel comfortable in their social life and accept themselves. Teenagers with high self-compassion show awareness and acceptance of negative emotions and improve the capability to show more positive thoughts which will minimize depression symptoms. On the contrary, teenagers with low self-compassion show rejection and criticism of themselves. It makes teenagers feel meaningless while intensifying the depression symptoms.

Besides proving that self-compassion directly affects depression symptoms in teenagers, this research also found that emotion regulation has a role in self-compassion relation and depression symptoms. It is in line with a research by Finlay-jones (2017) that found self-compassion as an effective predictor of depression symptoms through good emotion regulation. Inwood and Ferrari (2018) found that emotion regulation has a role as a change mechanism in relation between self-compassion and depression. Change mechanism is the change of negative emotion which turns into a more positive emotion.

Self-compassion encourages adaptive emotion regulation, so it potentially improves the processing of negative emotion (Diedrich et al., 2017). Teenagers with high self-compassion capability will shape adaptive emotion regulation, namely cognitive reappraisal, therefore it is capable of reducing negative emotions as a consequence of several problems and pressures.

Poor emotion regulation leads to a difficulty in identifying, understanding, or accepting oppressive and painful situations (Gratz & Roemer, 2008). Emotion regulation is then affected by the capability of teenagers which is compassionate to themselves (self-compassion). When teenagers have negative motion, they solve it by showing full awareness, understanding, and caring for themselves. Teenagers with self-compassion are the

beginning in solving negative emotions by improving their cognitive capability (Diedrich et al., 2014; Sirois et al., 2015). K. D. Neff (2003a) explained that self-compassion helps teenagers to realize that painful feeling is not refused and avoided, but it needs to be acknowledged by accepting self-kindness, understanding that all problems are common for all people (common humanity), and having complete awareness without judging (mindfulness). After teenagers realize and accept a negative emotion, they can see the problem more clearly and reassess the problem faced.

The research shows the result that emotion regulation-cognitive reappraisal mediates the relation between self-compassion and depression. It is in line with a research by Diedrich et al. (2014) who found that an individual who applies self-compassion first has cognitive reappraisal capability which is more effective, so depression symptoms can be reduced more significantly. In teenagers with depression symptoms, the strategy of emotion regulation-cognitive reappraisal reduces emotional reactivity in responding to oppressive experience (Shapero et al., 2018). The use of cognitive reappraisal is found to relate to low depression symptoms through positive affect in individuals (Kudinova et al., 2018). The consistent use of cognitive reappraisal relates to the decrease of negative emotion in teenagers (Picó-Pérez et al., 2017; Rood et al., 2011).

Depressive teenagers tend to be dominated by negative emotions. When negative emotion dominates them, the capability of cognitive assessment in teenagers decreases, so they can show more depression symptoms when untreated continuously. Teenagers with self-compassion do not refuse and avoid problems, but they treat themselves with goodness, attention, and concern. Teenagers with self-compassion are encouraged to do what is required to help them in facing problems. Through self-compassion, teenagers treat themselves by realizing and accepting negative emotions. After realizing the problem and passing the acceptance process, intense negative emotion in teenagers is reduced. It improves the capability of cognitive assessment in teenagers. Teenagers can form a reassessment of the problem faced, so it brings new interpretation which was previously negative to be more positive for reducing depression symptoms.

Additional analysis shows differences in depression symptoms between male and female teenagers. In this research, female teenagers show guilt and depression or sadness, which was higher than male teenagers. It is in line with previous findings that female teenagers report guilt and depression moods which are higher than male teenagers (Bennett et al., 2005; Fiorilli et al., 2019). Female teenagers tend to be easily trapped to continuously think about problems faced without any settlement, compared with male teenagers (Girgus & Yang, 2015). Compared with men, women are oriented to interpersonal relationships that are harmonious and collaborative, rather than aggressive and competitive (Maccoby, 2002). Female teenagers show a need to establish interpersonal relationships that are deeper, compared to male teenagers (Chrisler & McCreary, 2010). Girls are more concerned about what their friends and environment think about themselves (Rudolph & Conley, 2005). Women are found to criticize themselves more easily and to use negative self-talk (DeVore, 2013), and this increases depressive mood and guilt in female teenagers. Additional analysis shows the result that there is no significant difference in male and female teenagers in depression symptoms, such as loss of interest, appetite, insomnia, concentration, fatigue, agitation, and suicidal ideation. It shows that many factors can show the difference in depression in teenagers.

Self-compassion, in male and female teenagers, did not show any difference. Previous research did not find any significant difference in self-compassion viewed from gender (Iskender, 2009; K. D. Neff et al., 2008; K. D. Neff & Pommier, 2013; Raque-Bogdan et al., 2011). Research by Sun et al. (2016) found that male and female teenagers show the same self-compassion related to understanding that problem is common for all people (common humanity) and they behave with full awareness without judging themselves (mindfulness), so this attitude has a positive effect to the relation with other people, autonomy, and personal growth in teenagers. Kehn and Ruthig (2013) show that gender role norm interacts with certain age and ethnic. Another reason that self-compassion is not different when viewed from gender is the age difference of participants which is not too significant. Theory about gender characteristic change states that men adopt a personality aspect that is more

feminine and passionate (Cournoyer & Mahalik, 1995). Another research found that gender roles will be more specific in certain cultures (Castillo et al., 2010; Goldberg et al., 2012).

Researchers noted limitations of this research, including geographical location of research participants were only from some regions and that they did not represent the teenage population in Indonesia. As such, the generalization of the research result is limited to participants in this research. Depression research in teenagers is based on internal factors and psychological factors in this case, while external factors can affect depression in teenagers, such as cultural factors, economic-social status, or stressful life events (Shah et al., 2020; Stolow et al., 2016).

Conclusion

This research found that self-compassion has a significant role in the depression symptoms in teenagers as mediated by the emotion regulation - cognitive reappraisal. Emotion regulation – cognitive reappraisal serves as a partial mediator to the role of self-compassion relation with depression symptoms. Besides, this research shows the difference in depression symptoms, namely guilt and depression mood which are higher in female teenagers, compared with male teenagers.

Recommendation

Further research can develop depression research in teenagers by involving more participants in several regions in Indonesia, examining external factors which can affect depression in teenagers, such as culture and stressful life events. Such findings can be a basis to develop training modules for self-compassion and emotion regulation for minimizing depression symptoms in teenagers. In practice, teachers and experts in the field of psychology can collaborate in providing psychoeducation that aims to improve awareness and knowledge in teenagers, related to factors that can prevent depression. Teachers and psychologists can further collaborate by providing training to teenagers through self-compassion and emotion regulation improvement, so teenagers can protect themselves from depression. For teenagers, it is suggested to get involved in school programs related to mental health, including training to improve self-compassion and emotion regulation.

Declarations

Acknowledgment

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Conflict of Interest

There is no potential conflict of interest in this research.

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Authors Contribution

AM and MS designing the study and writing the paper. AM performing the study and analyzing data.

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